

# The Affordable Choice

Solutions for Today for the Problems of Tomorrow



This is a Hospital Confinement and other Fixed Indemnity Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America



# Our Commitment

The New and Improved Affordable Choice...  
Remains the Only Choice

A Hospital Confinement and other Fixed Indemnity Insurance Policy

## New & Enhanced Benefits & Features

- No Deductibles
- Hospital Admission Benefit for First Inpatient Day
- Cancer Benefit Included

## Our Commitment to the Hospital Indemnity Marketplace!

Not many companies can boast that the Limited Benefit market is open for business based solely on actions it took to keep the market open. In fact, only one can and that is ManhattanLife.<sup>1</sup> We invested in our policyholders and on behalf of our agents to keep the Limited Benefit marketplace viable. Why? It was the right thing to do. We stand behind our plans as do thousands of agents and policyholders.

<sup>1</sup> For details, search *Central United Life Insurance Co. v. Burwell* – DC Circuit

“ Because HHS lacked authority to demand more of fixed indemnity providers than Congress required, the district court’s permanent injunction is hereby . . .

Affirmed. ”

Excerpt from United States Court of Appeals for  
the District of Columbia Circuit

(Central United Life Insurance Co., Et al., Appellees v. Sylvia Mathews Burwell In her Capacity as  
Secretary of U.S. Department of Health and Human Services, Et. al., Appellants)

Decided July 1, 2016

## Affordable Choice Fixed-Benefit Plans

Affordable Choice plans pay a set of daily benefits for covered services, regardless of what your provider charges.

### Example 1 Hospital Stay - Elite

| <i>Description of Transaction</i>   | <i>Amount:*</i>    |
|-------------------------------------|--------------------|
| Total Charges - 7 days              | \$41,660.41        |
| Total Adjustments/Network Discounts | 18,747.18 -        |
| <b>Current Balance</b>              | <b>\$22,913.23</b> |

#### Affordable Choice Pays

| <i>Description of Transaction</i> | <i>Amount:*</i>    |
|-----------------------------------|--------------------|
| Admission Benefit                 | 2,000.00           |
| Hospital Days at \$3,000          | 21,000.00          |
| <b>Total Paid</b>                 | <b>\$23,000.00</b> |

*\*Amounts based on Affordable Choice claims data. Results may vary.*

### Example 2 Routine preventive care exam with labs - Affordable Choice Classic

| <i>Service received:</i>     | <i>Cost:</i> | <i>Plan pays:</i> |
|------------------------------|--------------|-------------------|
| Preventive care/office visit | \$95         | \$50              |
| Laboratory test              | 90           | 25                |
| Total bill                   | \$185        |                   |
| MultiPlan network discounts* | 55           |                   |
| Classic pays                 | 75           |                   |
| <b>Your balance</b>          | <b>\$55</b>  |                   |

### Example 3 Broken radius in arm - Elite

| <i>Service received:</i>        | <i>Cost:</i> | <i>Plan pays:</i> |
|---------------------------------|--------------|-------------------|
| Emergency room/physician charge | \$1,444      | \$250             |
| Follow-up office visits (4)     | 465          | 300               |
| Follow-up x-rays (5)            | 475          | 375               |
| Total bill                      | \$2,384      |                   |
| MultiPlan network discounts*    | 596          |                   |
| Elite pays                      | 925          |                   |
| <b>Your balance</b>             | <b>\$863</b> |                   |

*\* Amounts based upon Affordable Choice claims data. Results may vary. These types of discounts in the healthcare industry have been around since 1952. These are contractually negotiated discounts between Multiplan and the hospitals and doctors. Discounts can vary among providers. Hospital discounts can be as much as 40 to 50% and doctors vary between 25 and 35%.*

# Affordable Choice Plan Comparison

## Surgical and Hospitalization Benefits

|  |        | ELITE PLUS                              | ELITE                               | CLASSIC PLUS                      | CLASSIC                           |
|--|--------|---|-------------------------------------|-----------------------------------|-----------------------------------|
| Inpatient Hospital Confinement<br>(per Inpatient Day)  |        | \$5,000                                 | \$3,000                             | \$2,000                           | \$1,500                           |
|  |        | \$1,000,000 calendar year limit         |                                     |                                   |                                   |
| Building Benefit Injury Reimbursement<br>Inpatient Hospitalization Benefits increase 25% each year, years 2-5, for injury-related hospital stays. (per day)  | Year 2 | \$6,250                                 | \$3,750                             | \$2,500                           | \$1,875                           |
|  | Year 3 | \$7,500                                 | \$4,500                             | \$3,000                           | \$2,250                           |
|  | Year 4 | \$8,750                                 | \$5,250                             | \$3,500                           | \$2,625                           |
|  | Year 5 | \$10,000                                | \$6,000                             | \$4,000                           | \$3,000                           |
| Hospital Admission Benefits<br>(for the first Inpatient Day per calendar year)   |        | \$3,000                                 | \$2,000                             | \$1,000                           | \$1,000                           |
| Emergency Room or Urgent Care<br>(Per day/limit of 1 daily benefit per calendar year)  |        | \$375                                   | \$250                               | \$250                             | \$125                             |
| Surgery Benefit<br>Limit of 1 daily benefit per calendar year, daily surgical benefits for both inpatient and outpatient surgery. The reimbursement schedule for 1 unit is similar to what is payable under the Medicare Physician Fee Schedule for surgeries. (Maximum benefit per calendar year) |        | 3 X<br>the policy fee<br>schedule       | 2.5 X<br>the policy fee<br>schedule | 2 X<br>the policy fee<br>schedule | 1 X<br>the policy fee<br>schedule |
| Ambulatory Surgical Benefit<br>If outpatient surgery is performed in an Ambulatory Surgical Center or Outpatient Hospital facility, the benefits payable include the surgical and anesthesia benefits in addition to per day ambulatory/outpatient facility benefit.                               |        | \$3,000                                 | \$2,500                             | \$2,000                           | \$1,000                           |
| Assistant Surgeon  |        | Pays a daily amount per day of surgery. |                                     |                                   |                                   |
| Anesthesiologist   |        | Pays a daily amount per day of surgery. |                                     |                                   |                                   |
| Doctor's Office Visit<br>(Per day/per calendar year)   |        | \$100/4 days                            | \$75/4 days                         | \$75/3 days                       | \$50/3 days                       |
| Prescription Benefit<br>(Per Day)  |        | \$75                                    | \$50                                | \$50                              | \$25                              |
|  |        | \$750 calendar year maximum             |                                     |                                   |                                   |
| Outpatient Medical Benefits  |        |   |                                     |                                   |                                   |
| Preventative Services: (per Colonoscopy/Pap/PSA)   |        | \$300/\$100/\$100                       | \$300/\$100/\$100                   | \$300/\$100/\$100                 | \$300/\$100/\$100                 |
| Laboratory Services: (per day for surgical pathology/other laboratory services)  |        | \$100/\$50                              | \$100/\$25                          | \$100/\$25                        | \$100/\$25                        |
| Therapy Services: (per day for physical, occupational, speech)   |        | \$25                                    | \$25                                | \$25                              | \$25                              |
| Radiology Services: (per day: MRI/PET scan/CT scan/ mammogram/other radiology tests)   |        | \$500/\$250/<br>\$200/\$150/\$75        | \$250/\$250/<br>\$200/\$100/\$50    | \$250/\$250/<br>\$200/\$100/\$50  | \$250/\$250/<br>\$200/\$100/\$50  |
| Calendar year limit for all Outpatient Benfits   |        | \$3,000                                 | \$2,000                             | \$2,000                           | \$1,000                           |
| Ground and Air Ambulance<br>Limit of 2 daily benefits per calendar year for all ambulance transportation (per day for ground/per day for air)  |        | \$150/\$1,000                           | \$100/\$1,000                       | \$100/\$1,000                     | \$100/\$500                       |
| Allergy Shots and Immunization (child only)<br>(per day allergy shots/immunizations)   |        | \$10/\$25                               | \$10/\$25                           | \$10/\$25                         | \$10/\$25                         |
|  |        | \$100 calendar year maximum             |                                     |                                   |                                   |
| Cancer Benefit<br>Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)  |        | \$2,000                                 | \$2,000                             | \$1,000                           | \$1,000                           |
| Lifetime Maximum   |        | \$5 million                             |                                     |                                   |                                   |

The plans shown above are limited benefit fixed-indemnity plans and benefits are per Covered Person. This is not a major medical insurance plan. Fixed-indemnity benefits are provided for hospital confinement and specified medical and surgical events. These benefits are paid in daily amounts for covered events without regard to the costs of services rendered. This plan does not provide expense reimbursement for charges based on your health care provider's statement.

## Affordable Choice Monthly Premiums

|              |                           | ELITE PLUS | ELITE    | CLASSIC PLUS | CLASSIC  |
|--------------|---------------------------|------------|----------|--------------|----------|
| Ages 18 - 29 | Individual                | \$163.41   | \$119.65 | \$89.30      | \$69.00  |
|              | Individual and Spouse*    | \$321.96   | \$234.38 | \$173.67     | \$133.06 |
|              | Individual and Child(ren) | \$351.47   | \$249.20 | \$179.81     | \$138.70 |
|              | Individual and Family     | \$535.65   | \$381.59 | \$276.51     | \$212.25 |
|              | Child Only                | \$165.81   | \$117.75 | \$82.27      | \$63.35  |
| Ages 30 - 39 | Individual                | \$210.75   | \$152.59 | \$113.40     | \$87.08  |
|              | Individual and Spouse*    | \$416.55   | \$300.24 | \$221.83     | \$169.18 |
|              | Individual and Child(ren) | \$398.81   | \$282.15 | \$203.91     | \$156.77 |
|              | Individual and Family     | \$630.23   | \$447.42 | \$324.66     | \$248.37 |
|              | Child Only                | \$165.81   | \$117.75 | \$82.27      | \$63.35  |
| Ages 40 - 49 | Individual                | \$253.91   | \$182.99 | \$135.37     | \$103.70 |
|              | Individual and Spouse*    | \$502.85   | \$361.01 | \$265.73     | \$202.40 |
|              | Individual and Child(ren) | \$441.95   | \$312.54 | \$225.86     | \$173.39 |
|              | Individual and Family     | \$716.61   | \$508.26 | \$368.62     | \$281.63 |
|              | Child Only                | \$165.81   | \$117.75 | \$82.27      | \$63.35  |
| Ages 50 - 64 | Individual                | \$365.82   | \$263.02 | \$209.60     | \$147.25 |
|              | Individual and Spouse*    | \$726.63   | \$521.05 | \$414.18     | \$289.51 |
|              | Individual and Child(ren) | \$553.92   | \$392.60 | \$312.19     | \$216.97 |
|              | Individual and Family     | \$940.30   | \$668.23 | \$530.71     | \$368.69 |
|              | Child Only                | \$165.81   | \$117.75 | \$82.27      | \$63.35  |

\*In NV and OR, Spouse/Domestic Partner



# The Right Plan for Changing Times

For today's medical uncertainties, people want a product to give them the Peace-of-Mind needed to plan for tomorrow.

- **Affordability** - Choose from four plan options; find the one that fits your budget.
- **Accessibility** - Only a few medical questions on the application.
- **Flexibility** - Keep your own doctors; choose from individual or family coverage, and access network discounts.

## Affordable Choice

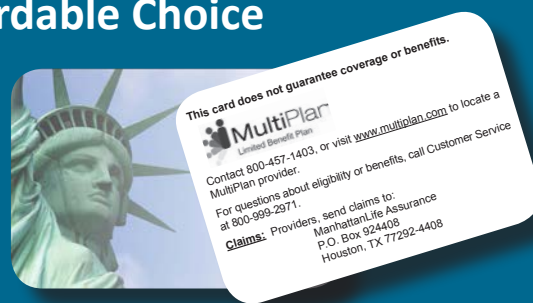
This plan pays a daily benefit amount for services.

- Inpatient Benefits
- Hospital Admission Benefit
- Surgery Benefits
- Doctor's Office visit
- Outpatient Medical Benefits
- Emergency or Urgent Care
- \$5,000,000 Lifetime Benefit Maximum

**NEW!** Teladoc/Karis 360 (not included in child only policy)

## Get more by having Affordable Choice

Your Affordable Choice coverage comes with an identification card to streamline your doctor office visits. It also comes with access to a large network of doctors and other health services available through the MultiPlan network.



## How you save with Affordable Choice



In addition to payments that help pay medical services, Affordable Choice helps get you more for your

money with the **MultiPlan\* series of networks.**

**MultiPlan** is one of the oldest and largest networks. Currently, MultiPlan contracts with over 770,000 respected practitioners, 5,000 hospitals, and 70,000 ancillary care facilities, so it is not difficult to find a participating provider in any area of the country.

You save an average of 20-30% off inpatient and outpatient hospital charges when you use the **MultiPlan Network.**

To learn more about finding a "Provider in Four Easy Steps" go to:

- [www.multiplan.com](http://www.multiplan.com)
- click on, "Find a Provider"
- select your card network
- find your provider



**Prescription  
Benefit Partner**  
[www.rxedo.com](http://www.rxedo.com)

### **RXedo Prescription Benefit Partner:\***

- Discounts to 80%
- Completely free to use
- Accepted at over 67,000 pharmacies nationwide
- Discounts on over 10,000 medications

How much will you save?

Average savings over 65% per prescription.

Use the Drug Pricing tool to price prescription at pharmacies in your zip code. The results will be by least cost pharmacies first. To use the Drug Pricing tool, click the drug pricing link provided at [www.findlowrx.com](http://www.findlowrx.com).

\*Network and prescription drug are not part of this policy. Multiplan and RXedo are value added healthcare programs from other providers designed to enhance your healthcare experience without additional cost to you.

# Sponsored Benefits



Improving access to quality care  
while reducing costs to members.

Teladoc is a modern day house call with immediate access to a network of board-certified physicians. Physicians are available anytime, anywhere for personalized, secure, web or phone-base consultation that includes diagnosis and treatment of medical issues.

#### Members can use 24/7 Physician Consultations:

- For common, acute conditions that can be treated without a face-to-face visit.
- From anywhere - at home, at work or on the road.
- After hours - during the evening, on weekends or holidays.
- When they cannot reach their primary care physician.

#### Product Highlights:

- Convenient, timely consultations available to members anytime.
- Reduces claims costs for benefit plans and saves members time and out-of-pocket costs.
- Offers a fast, affordable alternative for minor medical problems and health issues.
- All physicians are licensed, board certified and based in the U.S.
- Visit Fee is \$0.00

For more information go to

Online: [www.teladoc.com](http://www.teladoc.com)

Mobile App (App Store and Google Play):  
[www.teladoc.com/mobile](http://www.teladoc.com/mobile)

or call

1-800-Teladoc (835-2362)

Advocating for the patient, saving  
members time and money before,  
during and after a healthcare event



Karis360 helps policyholders save on out-of-pocket expenses, in finding doctors, assists in searching and comparing facilities, providers, and prescription costs, as well as many other services. Karis360 offers 3 services to policyholders.

#### Karis Bill Negotiator

- Works directly with healthcare providers to help reduce out-of-pocket expenses.
- Negotiates directly with providers and collection agencies to try and reduce medical bill balances.
- Works with providers to develop payment plans.

#### Karis Healthcare Navigator

- Provides each member a personal, expert advisor to address healthcare-related questions and concerns.
- Services include, but are not limited to: physician and healthcare facility searches, prescription cost search, health cost estimates, alternative medicine, laboratory and imaging services, elder care solutions, appointment scheduling.

#### Karis Surgery Saver

- Helps members when a non-emergency surgical procedure is being considered.
- Specialized Advisors provide cost, quality and availability comparison of up to 5 facilities in the area.

For more information go to  
[www.thekarigroup.com](http://www.thekarigroup.com)

*Karis360 is not insurance and does not provide funds to pay for bills. This is a best-efforts service and results can not be guaranteed.*

**Listed above are two added sponsored benefits that are not part of the policy.  
There is a \$5.00 monthly administration fee for these two services.  
(Not included in Child Only Policy)**

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Affordable Choice product at **[disclosure.manhattanlife.com](https://disclosure.manhattanlife.com)**. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

**Policy Form Numbers**

AFC, AFC-LA, AFC-OK, AFC-TX (including state variations)

**Rider Form Numbers**

AFCDXRD, AFCDXRD-LA, AFCCARD, AFCCARD-TX  
(including state variations)

This product does not constitute comprehensive health insurance coverage (often referred to as, “major medical coverage”). Therefore, this product does not satisfy the requirement of Minimum Essential Coverage under the Federal Patient Protection and Affordable Care Act. For additional information, you can contact us, refer the official federal website at [www.healthcare.gov](http://www.healthcare.gov), or call their toll-free number at 800-318-2596.

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