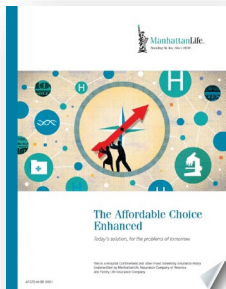




ManhattanLife™

Standing By You. Since 1850.™



Affordable Choice

Affordable Choice



The Affordable Choice

Four plans to choose from:

- Elite Plus
- Elite
- Classic Plus
- Classic

Accessibility- Simplified Underwriting

Flexibility- Telemedicine

Affordable Choice Increased Benefits



		Elite Plus	Elite	Classic Plus	Classic
Inpatient Hospital Confinement (per Inpatient Day)		\$6,000	\$4,000	\$3,000	\$2,000
Building Benefit Injury Reimbursement Inpatient Hospitalization Benefits increase 25% each year, years 2-5, for injury-related hospital stays. (per day)	Year 2	\$7,500	\$5,000	\$3,750	\$2,500
	Year 3	\$9,000	\$6,000	\$4,500	\$3,000
	Year 4	\$10,500	\$7,000	\$5,250	\$3,500
	Year 5	\$12,000	\$8,000	\$6,000	\$4,000
Emergency Room (Per day/calendar year maximum)		\$300/2 CY	\$300/2 CY	\$250/1 CY	\$250/1 CY
Urgent Care (Per day/calendar year maximum)		\$300/4 CY	\$300/4 CY	\$250/2 CY	\$250/2 CY
Doctor's Office Visit with Rollover (Per day/per calendar year)	\$200/10 days \$175/10 days \$125/8 days \$75/6 days				
	Rollover provision allows five-visit carryover per policy year.				
Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation (per day*)		\$150 Ground Ambulance \$1,500 Air Ambulance			

The Affordable Choice

In 2021 we increased benefits for :

- Inpatient Hospital Confinement
- Emergency Room for Elite and Elite Plus
- Urgent Care for Elite and Elite Plus
- Dr. Office Visit
- Ground and Air Ambulance

How you save with Affordable Choice

Low Cost Diagnostic Imaging



ManhattanLife has contracted with Green Imaging to provide diagnostic imaging services to you at a significantly discounted rate.

SERVICES

- MRI (Closed & Open)
- Mammography
- CT
- DXA
- PET/CT
- X-Ray
- Ultrasound
- Other
- Nuclear Medicine

For these services, you will not file with your insurance company. Instead, you'll pay for your procedure in advance (your price will include both the exam fee AND the radiologist fee) and receive a voucher for service.

HOW IT WORKS

- Your doctor has given you an order for diagnostic imaging services.
- Contact Green Imaging: TEXT: 713.524.9190; CHAT: greenimaging.net; CALL: 844.968.4647
- Green Imaging will quote your discounted price, schedule your procedure, take payment and send you a voucher for service.
- At your appointment, show your voucher instead of your insurance card.
- You will have no co-pay and will receive no additional bills after your exam
- Submit claim for reimbursement.
FAX: 713.821.6518; MAIL: ManhattanLife, Claims Department - P.O.Box 925309, Houston, TX 77292-5309; UPLOAD: Online Portal
- The report from your exam will be sent to your primary care physician.

How you save with Affordable Choice



Clients can stretch benefits farther with the First Health® Network.

The network card tells Doctor's and Hospitals that the insured is a network member who has instant access to:

- More than 810,000 physicians and healthcare professionals.
- Over 1.5 million service locations across all 50 states.
- More than 5,900 Hospitals
- Over 125,000 ancillary facilities.
- Network doctors carefully selected to promote **quality** outcomes.
- No paperwork to fill out as network doctors and hospitals file claims for the client.

By visiting www.firsthealthbp.com 24 hours a day, 7 days a week clients can find in network doctors, hospitals or any other care professional with access to the most detailed provider directory available.

Or call 1-800-226-5116 to reach a First Health Customer Service Specialist to assist in locating network providers.

How you save with Affordable Choice



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 can clients save with Rxedo?

The average savings is over 65% per prescription.

Using their Drug Pricing tool at www.findlowrx.com provides a list of pharmacies in your chosen zip code sorted from least to most expensive.

Sponsored Benefits - Teledoc



This is a very underutilized benefit that can give your client peace of mind to know that they can sit in the comfort of their own home and receive the medical care they need, 24/7. During the current state of the health environment there are more and more physicians who are turning to Telemedicine. This is for their own peace of mind, and they are still able to offer the same medical care as if the client was in their office face-to-face. This benefit features unlimited visits with no co-pay.



TELADOC.

Improving access to quality care while reducing costs to members.

Teledoc 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-based consultation that includes diagnosis and treatment of medical issues.

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

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.

One of our team had a family member who suddenly started having an allergic reaction to an unknown irritant. The family member was able to have the peace of mind that if their OTC treatment did not start combating the reaction, they knew they could utilize Telemedicine. Then a doctor could evaluate the reaction and prescribe any needed medications or even refer them to an Emergency Room or Urgent Care Center.

Sponsored Benefits Health Advocate



HealthAdvocate™

Health Advocacy offers you expert assistance with a wide range of healthcare and insurance-related issues

Support for every type of medical condition

- Explain health conditions, diagnoses and treatments, research treatment options
- Answer questions so you can make the right choices for your care

Coordinate medical care and additional services

- Facilitate any necessary pre-authorizations and coordinate benefits
- Provide in-hospital support and arrange post-discharge services and care
- Research and locate eldercare services

Research and arrange second opinions and tests

- Identify and connect you with leading specialists and Centers of Excellence
- Arrange for the transfer of medical records, lab results and X-rays

Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve claims and billing issues

Medical Bill Saver

It can be overwhelming to receive a large bill for medical or dental care. Health Advocate's Medical Bill Saver service can help. Our skilled negotiators can help lower your out-of-pocket costs on bills that are not covered by insurance.

- Send us your medical or dental bill of \$400 or more and we'll contact the provider on your behalf to negotiate a discount on the amount due*

RX Shopper

Rx Shopper can reduce your prescription costs by helping you find the lowest prices for your medications.

- Download and print your card, then bring it with you when filling your prescription to save up to 85%

We support the whole family

Health Advocate services are available to you as the primary policy holder, your spouse/partner, dependents, parents and parents-in-law.

Quickly reach us by phone, email and secure messaging

By phone: 866.969.3435

Email: Answers@healthadvocate.com

Web: www.healthadvocate.com/members

**Health Advocate will attempt to negotiate with providers on claim balances where allowed by states. Best attempts to reduce balances are made but specific percentage results are not guaranteed.*

There is a \$5.00 monthly administration fee for these two services Teledoc and Health Advocate Services.

Application Questions – Eligibility Questions



EXISTING COVERAGE(S)/REPLACEMENT(S)/ELIGIBILITY

- | | |
|---|--|
| 1. Do all members to be insured reside in the home of the applicant? If “NO,” provide details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has any applicant been declined for insurance due to health reasons? If “YES,” provide details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you actively at work now and have you worked at least 30 hours a week for the last three (3) months except for minor illnesses of 1 week or less or pregnancy? If “NO,” list person(s) and reason below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Is/are any proposed insured(s) now pregnant? If “YES,” provide details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are all applicants citizens of the U.S.? If “NO,” provide details below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you have existing health coverage? If “YES,” provide information regarding the policy(s) below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are any policy(s) intended to replace any other Insurance now in force? If “YES,” provide company name, policy number, and type of coverage below. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Provide additional information requested for questions 1- 7 in the space provided below:

Health Questions

HEALTH QUESTIONS

1. Has any person proposed for insurance had surgery within the last 5 years? ☐ Yes ☐ No
If "YES," list the person(s), provide date, reason, result, and if fully recovered:

2. Has any person had surgery advised but not yet performed? ☐ Yes ☐ No
If "YES," list the person(s) and provide the reason for their surgery:

3. Has any person proposed for insurance been seen within the last 12 months by a physician? ☐ Yes ☐ No If "YES," please list the person(s), types of treatment, and date last seen by the physician:

- 3a. Have any medications been prescribed in the last 12 months? ☐ Yes ☐ No If "YES," list the person(s), condition prescribed for, and dosage for each proposed insured (attach an additional sheet if necessary):

4. Has any person proposed for insurance been diagnosed or been treated by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS), "AIDS" related complex (ARC), or "AIDS" related conditions, or tested positive for Human Immunodeficiency virus (HIV) or its antibodies? ☐ Yes ☐ No If "YES," list the person(s):

5. To the best of your knowledge and belief, in the last 5 years has any person proposed for insurance now have or had cancer in any form including, carcinoma in situ? ☐ Yes ☐ No If "YES," list the person(s):

Health Questions pt.2

6. To the best of your knowledge and belief, within the last 12 months, has any person to be insured had elevated or rising prostate specific-antigen (PSA) or carcinoembryonic antigen (CEA) test, abnormal mammogram, abnormal pap smear, or abnormal biopsy? ☐ Yes ☐ No
If "YES," list the person(s): _____
7. To the best of your knowledge and belief, within the last 12 months, has any person to be insured, received treatment or had tests performed where the results were other than normal or still pending or received treatment for any abnormal tests? ☐ Yes ☐ No
If "YES," list the person(s) and details: _____
8. Within the past five years has any person proposed for insurance been diagnosed with, received treatment for, or been prescribed medication for any of the following conditions? ☐ Yes ☐ No
If "YES," circle the applicable condition(s) shown below and provide details(s) in the detail space below.
- | | |
|---|--|
| a. Alcoholism, Alcohol, Chemical Dependency, or Drug or Alcohol Abuse | j. Basal Cell or squamous cell carcinoma with recommended surgery that has not been completed |
| b. Autism Spectrum Disorders, Autism, Asperger's Disorder, Rett's Syndrome, Pervasive Developmental disorders, or Pervasive Developmental Delay | k. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Fibrotic Lung Disease, or Primary Pulmonary Hypertension |
| c. Heart Disorder, Heart Disease, Heart Attack, Coronary Bypass | l. Liver disorders, excluding fully recovered Hepatitis A |
| d. Peripheral Vascular Disease or Peripheral Arterial Disease | m. Diabetes (Type I or Insulin controlled) |
| e. Crohn's Disease or Ulcerative Colitis | n. Hernia Uncorrected |
| f. Kidney disorders, excluding Kidney Stone | o. Lupus |
| g. Osteomyelitis | p. Paralysis |
| h. Rheumatoid Arthritis | q. Sickle cell anemia |
| i. Stroke, Transient Ischemic Attack (TIA) or Brain Aneurysm | r. Tuberculosis (TB) |

Provide details for any "YES" answers to question 8 and list the person(s) (attach an additional sheet if necessary).

Affordable Choice New Rates (AFC7010)

AFFORDABLE CHOICE MONTHLY PREMIUMS

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Ages 18 - 29	Individual	\$172.43	\$130.06	\$101.92	\$75.67
	Individual and Spouse	\$340.04	\$255.27	\$198.98	\$146.43
	Individual and Child(ren)	\$373.97	\$271.93	\$208.13	\$151.06
	Individual and Family*	\$569.05	\$416.46	\$319.64	\$232.08
Ages 30 - 39	Individual	\$217.88	\$164.28	\$126.02	\$94.83
	Individual and Spouse	\$430.97	\$323.76	\$247.23	\$184.78
	Individual and Child(ren)	\$419.42	\$306.15	\$232.23	\$170.22
	Individual and Family*	\$659.85	\$484.84	\$367.80	\$270.38
Ages 40 - 49	Individual	\$259.43	\$195.87	\$148.06	\$112.46
	Individual and Spouse	\$513.92	\$386.78	\$291.14	\$219.94
	Individual and Child(ren)	\$460.97	\$337.75	\$254.27	\$187.85
	Individual and Family*	\$742.93	\$548.00	\$411.83	\$305.61
Ages 50 - 64	Individual	\$367.21	\$278.76	\$205.02	\$158.46
	Individual and Spouse	\$729.52	\$552.62	\$405.12	\$311.99
	Individual and Child(ren)	\$568.77	\$420.65	\$311.23	\$233.86
	Individual and Family*	\$958.35	\$713.69	\$525.68	\$397.57
	Child Only*	\$183.38	\$129.09	\$96.68	\$68.62

* Family rates include up to four children. Additional children are charged the Child rate.

Affordable Choice Underwriting Guidelines



The following information is a guide on how a few specific diagnoses and/or situations are handled.

Pending surgeries:

- Applicants with minor pending surgeries may be considered with an exclusion based on the type of surgery in question.
- Applicants pending testing, biopsies, or any exams needed to establish care, will be postponed until results are received and a definitive diagnosis is made.

High Blood Pressure:

- Must be controlled for a minimum of 6 months, no medications changes in last 6 months, average blood pressure reading cannot exceed 140/90 for the last 6 months.
- Must be over age 25; 18 and under will be declined
- 18-25 will require medical records review for cause of high blood pressure

Affordable Choice Underwriting Guidelines



Pregnancy:

- An application submitted when the applicant, spouse or child is pregnant will be postponed, even if the pregnant person is not applying for coverage.
- Pregnant applicants will not be considered until pregnancy has been completed, and the mother has had a normal post-partum checkup and the newborn has had a normal 6-week check-up.

Cancer:

- No treatment within the last 5 years for internal cancers.
- Cannot have more than 1 occurrence of cancer
- Cannot have a history of Melanoma, Leukemia, Hodgkin's or Non-Hodgkin's Disease
- Basal cell or squamous cell carcinoma with recommended surgery that has not been completed yet will be issued with an exclusion

Affordable Choice Underwriting Guidelines



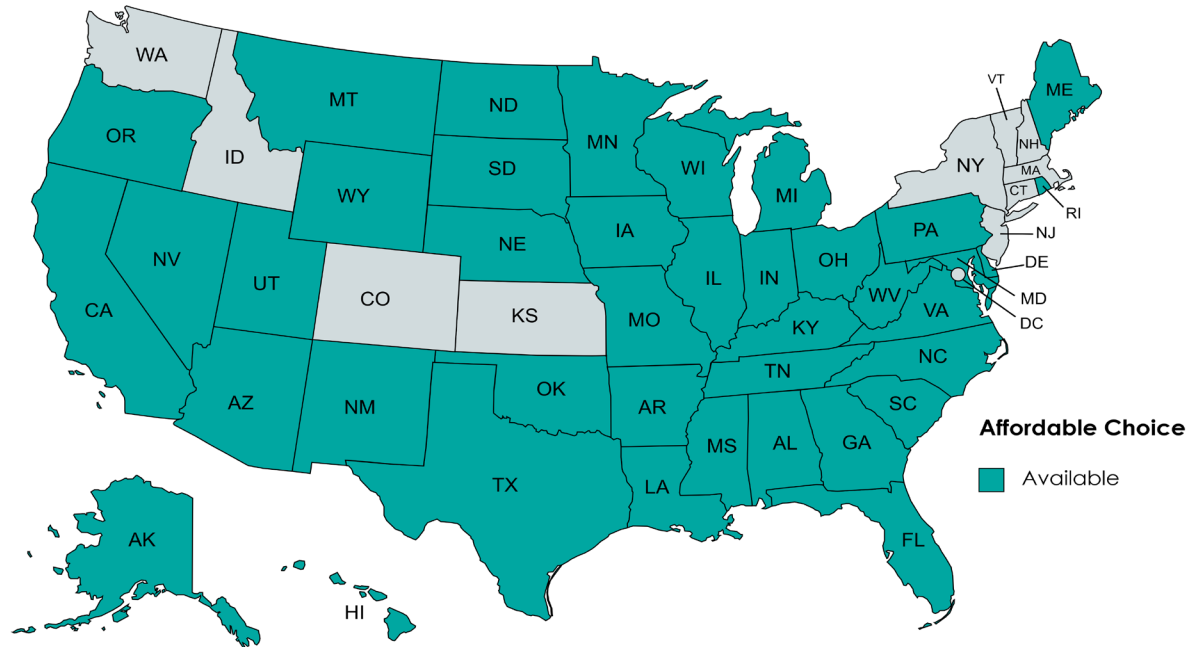
Important Information To Remember To Expedite Issue and Avoid PHI (Personal Health Interview)

1. We run a prescription check on **every** application. To help avoid a PHI, make sure that **all** medications are listed with start date and diagnosis or reason for the medication. Please refer to Question 3a on the application. If blood pressure is controlled, put that on the application with the length of time controlled.
2. Make sure to answer all questions and enter height and weight.
3. If applicant has a condition, please make sure to review the agent guide to verify if it is an acceptable condition.
4. Pre-existing conditions will not be not eligible for payment until after your policy has been active for 12 full months.

Key Points

- Rate stability – no attained age
- First Hospital Admission Day One Benefit compliments the Daily Room Benefit.
- Daily Room Benefit does not reduce for sickness admissions.
- No Deductible
- Unisex rates (no male/female rates)

AFFORDABLE CHOICE (AK7010) PRODUCT MAP



Standing By You. Since 1850.™



*"We thrive in the pursuit
of opportunity — not just for ourselves
but for our partners as well. Our growth
in turn helps us to continue to offer
superior products and services to
producers and policyholders."*

- DAVID HARRIS, CEO

Contact Information



- info@breezefmo.com



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