The Affordable Choice

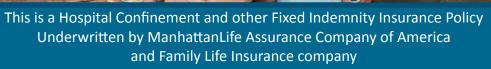
Solutions for Today for the Problems of Tomorrow













Our Commitment

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

A Hospital Confinement and other Fixed Indemnity Insurance Policy

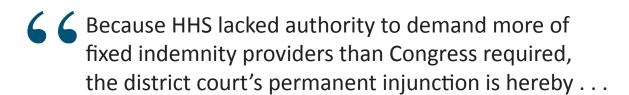
New & Enhanced Benefits & Features

- 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. 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.

¹ For details, search Central United Life Insurance Co. v. Burwell – DC Circuit



Affirmed. 9 9

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

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

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

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

Affordable Choice Pays

Description of Transaction	Amount:*
Admission Benefit	2,000.00
Hospital Days at \$3,000	21,000.00
Total Paid	\$23,000.00

^{*}Amounts based on Affordable Choice claims data. Results may vary.

Example 2 Routine preventive care exam with labs -

Affordable Choice Classic

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

Example 3 Broken radius in arm - Elite

Service received:	Cost:	Plan pays:
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	
Your balance	<i>\$863</i>	

^{*} 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

Suigh	icai ana	Tiospitalizati	on benefits		
		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Inpatient Hospital Confinement (per Inpatient Day)		\$5,000	\$3,000	\$2,000	\$1,500
Building Benefit Injury Reimbursement	Year 2	\$6,250	\$3,750	\$2,500	\$1,875
Inpatient Hospitalization Benefits	Year 3	\$7,500	\$4,500	\$3,000	\$2,250
increase 25% each year, years 2-5, for	Year 4	\$8,750	\$5,250	\$3,500	\$2,625
injury-related hospital stays. (per day)	Year 5	\$10,000	\$6,000	\$4,000	\$3,000
Hospital Admission Benefits (for the first Inpatient Day per calendar yea		\$3,000	\$2,000	\$1,000	\$1,000
Emergency Room or Urgent Care (Per day/limit of 1 daily benefit per calenda	r year)	\$375	\$250	\$250	\$125
Surgery Benefit 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 \$50,000 benefit per calendar year)		3 X the policy fee schedule	2.5 X the policy fee schedule	2 X the policy fee schedule	1 X the policy fee schedule
Ambulatory Surgical Benefit If outpatient surgery is performed in an Ambulatory Surgical Center or Outpatient F facility, the benefits payable include the sur and anesthesia benefits in addition to per d ambulatory/outpatient facility benefit.	gical	\$3,000	\$2,500	\$2,000	\$1,000
Daily Assistant Surgeon Benefit		P	ays 20% of the elig	ible surgical benef	it
Daily Anesthesiologist Benefit		Р	ays 25% of the elig	ible surgical benef	it
Doctor's Office Visit (Per day/per calendar year)		\$100/4 days	\$75/4 days	\$75/3 days	\$50/3 days
Prescription Benefit (Per Day)		\$75	\$50	\$50	\$25
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 surgice pathology/other laboratory services)	al	\$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 s CT scan/ mammogram/other radiology		\$500/\$250/ \$200/\$150/\$75	\$500/\$250/ \$200/\$150/\$75	\$250/\$250/ \$200/\$100/\$50	\$250/\$250/ \$200/\$100/\$50
Calendar year limit for all Outpatient Be	enfits	\$3,000	\$2,000	\$2,000	\$1,000
Ground and Air Ambulance Limit of 2 daily benefits per calendar year for ambulance transportation (per day for ground/per day for air)	or all	\$150/\$1,000	\$100/\$1,000	\$100/\$1,000	\$100/\$500
Allergy Shots and Immunization (child (per day allergy shots/immunizations)	only)	\$10/\$25	\$10/\$25	\$10/\$25	\$10/\$25
Cancer Benefit Pays for Radiation, Chemotherapy, & Immunoth (per day/40 days per calendar year)	nerapy	\$2,000	\$2,000	\$1,000	\$1,000
Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement			\$1,000,000 cale	endar year limit	
Prescription Benefit			\$750 calendar	year maximum	
Allergy Shots and Immunization		\$100 calendar year maximum			
	etime Maximum \$5,000,000				
			55 ()()	O OOO	

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

^{*}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
- Doctor's Office visit
- Outpatient Medical Benefits
- Surgery Benefits
- Emergency or Urgent Care

- \$5,000,000 Lifetime Benefit Maximum
 - NEVA

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
- click on, "Find a Provider"
- select your card network
- find your provider



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.

*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
Mobile App (App Store and Google Play):
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.thekarisgroup.com or call 1-855-399-4457

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. 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**. 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

AFC18, AFC18-LA, AFC18-OK, AFC18-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, or call their toll-free number at 800-318-2596.

Underwritten by
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and Family Life Insurance Company

Administrative Office 10777 Northwest Freeway, Houston, TX 77092

Toll Free Telephone: 800-669-9030