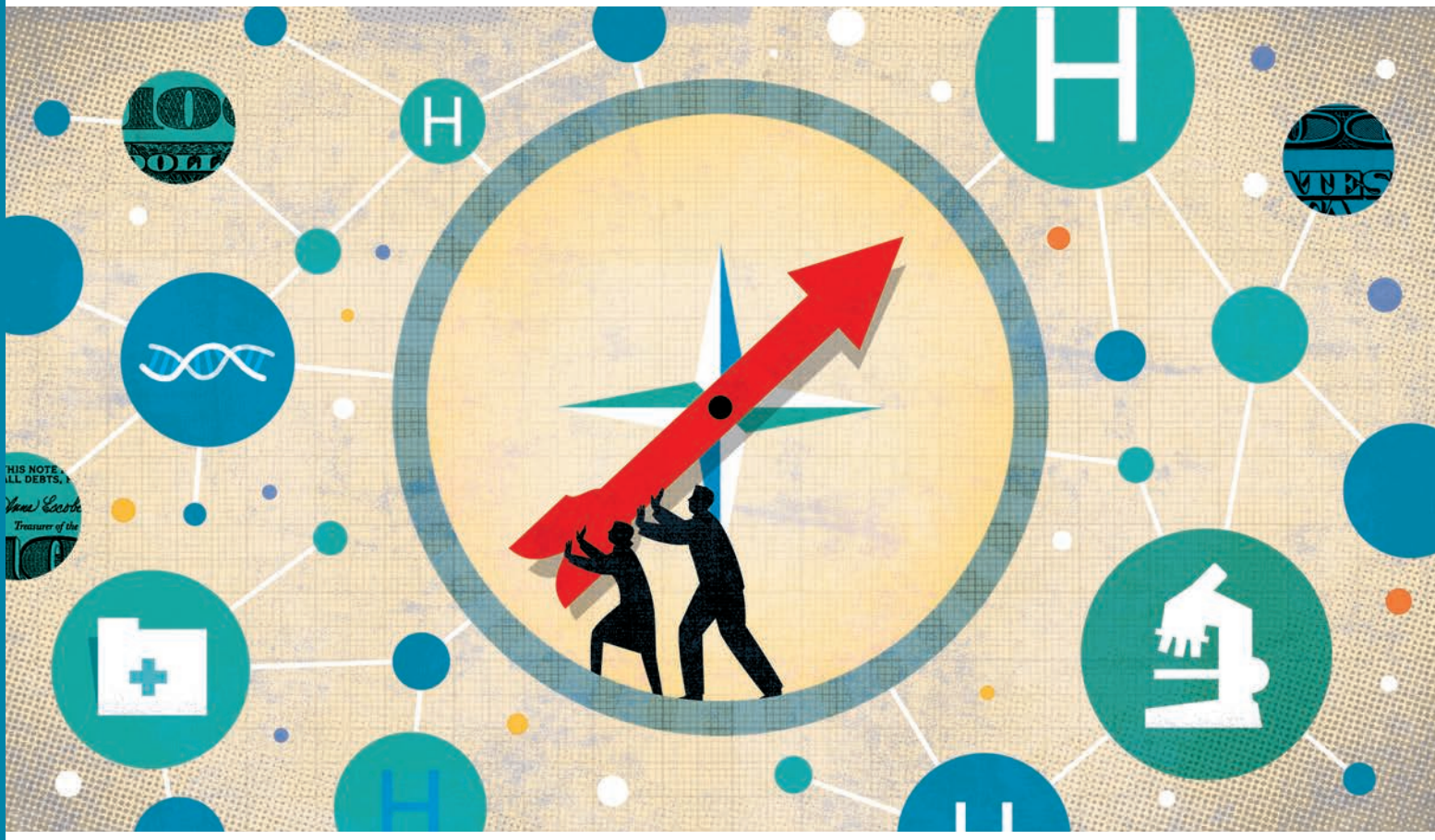
ManhattanLife™
Standing By You. Since 1850.



The Affordable Choice Enhanced

Healthcare Freedom Starts Here.

AFC7010-BR 1025

This is a Hospital Confinement and other Fixed Indemnity Insurance Policy
Underwritten by ManhattanLife Insurance and Annuity Company

Your Work, Your Way
Your Protection

A Hospital Confinement and other Fixed Indemnity Insurance Policy

In today's economy, healthcare shouldn't be luxury or a gamble. Whether you're building your own business, working gig jobs or stuck with a high-deductible plan, Affordable Choice delivers real finanical protection when you need it most. With immediate cash benefits, no network restrictions and premiums starting under $80, its healthcare coverage designed for how America works today.

ISSUE AGES: 18-64

BENEFITS AND FEATURES

- No Waiting Periods
- Cancer Benefit Included
- Hospital Admission Benefit
- Hospital Confinement
- Dr. Office Vist Rollovers
- Prescription Benefit
- Outpatient Services
- Surgery Benefit
- ER and Urgent Care
- No Networks Required
- Ground and Air Ambulance
- Lab and Radiology

WHO BENEFITS MOST

- Independent contractors & gig workers
- Small business owners
- People with high-deductible health plans
- Individuals wanting an extra layer of protection
- Individual's in-between jobs
- Aged off parents plan

SPECIFIED DISEASE RIDER (OPTIONAL)

Life's most serious health challenges shouldn't devastate your finances. Our optional Specified Disease Rider provides targeted cash benefits for major conditions like heart attacks, strokes, cancer and organ transplants. When facing this critical diagnosis, you'll receive benefits allowing you to focus on what matters most – your recovery.

Hospital costs per inpatient day vary significantly across the United States, with the national average sitting at $3,025.*

Join thousands who've chosen smart, affordable protection.

** https://nchstats.com/average-cost-of-hospital-stays-in-us/*

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
ELITE PLUS PLAN
No Specified Disease Rider

7-Day Hospital Stay for Pneumonia

Patient Profile: Sarah, age 52, ***Elite Plus coverage***

Scenario: Sarah developed severe pneumonia requiring hospitalization with IV antibiotics, respiratory therapy, labs and monitoring.

Affordable Choice Benefits Paid Benefit Descriptions	Benefit Amount
Hospital Admission Benefit (first inpatient day per calendar year)	$3,000.00
Inpatient Hospital Confinement (7 days at $6,000/day)	$42,000.00
Radiology Services - CT Scan (outpatienta benefit)	$700.00
Laboratory Services Other (per day)	$50.00
Doctor's Office Visit (post-discharge follow-up/1 of 10 CY max)	+ $200.00
Total Affordable Choice Benefits Paid:	**$45,950.00**

EXAMPLE 2
CLASSIC PLAN
With Specified Disease Rider

Routine Preventative Care - Cancer Diagnosis

Rider Details: $25,000 Deductible/$250,000 Calendar Year Maximum

Patient Profile: Michael, age 58, ***Classic coverage with Specified Disease Rider***

Scenario: Michael went for routine preventative care exam with lab work. Blood tests showed abnormal results leading to further testing and cancer diagnosis. Treatment included surgery and ongoing chemotherapy.

Affordable Choice Benefits Paid Benefit Descriptions	Benefit Amount
Base Plan Benefits:	
Preventative Services - Colonoscopy (per service)	$500.00
Laboratory Services - Surgical Pathology (per day)	$200.00
Doctor's Office Visit (follow-up consultation/1 of 6 CY max)	$75.00
Radiology Services - CT Scan	$300.00
Hospital Admission Benefit (first inpatient day per calendar year)	$1,000.00
Inpatient Hospital Confinement (3 days at $2,000/day)	$6,000.00
Surgery Benefit (thoracoscopy - per surgical fee schedule)	$998.68
Anesthesiologist Benefit (25% of surgical benefit)	$249.67
Cancer Benefit - Chemotherapy (20 days at $1,000/day)	+ $20,000.00
Subtotal Base Plan Benefits:	**$29,323.35**
Specified Disease Rider Benefits:	
Total Actual Charges (surgery, hospital, treatment)	$127,000.00
Less: AFC Base Plan Payment (paid by ManhattanLife)	- $29,323.35
Remaining Charges	**$97,676.65**
Less: Deductible (paid by insured to provider)	- $25,000.00
Specified Disease Rider Pays (paid by ManhattanLife)*:	**$72,676.65**
Total Affordable Choice Benefits Paid:	**$102,000.00**

*Up to $250,000 CY max

Amounts based upon Affordable Choice claims data. Results may vary. These are contractually negotiated discounts between a network 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 (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
Hospital Admission Benefits (for the first Inpatient Day per calendar year)		$3,000	$2,000	$1,000	$1,000
Hospital Observation Benefits First 24-47 hours in an Observation Unit 48 hours or more in an Observation Unit Maximum Benefit ($1,000,000 per CY)		$3,000 per day $4,500 per day	$2,000 per day $3,000 per day	$1,500 per day $2,250 per day	$1,000 per day $1,500 per day
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
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 Benefit ($50,000 per CY)		3 X the scheduled amount	2.5 X the scheduled amount	2 X the scheduled amount	1 X the scheduled amount
Ambulatory Surgical Benefit 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
Daily Assistant Surgeon Benefit		Pays 20% of the eligible surgical benefit			
Daily Anesthesiologist Benefit		Pays 25% of the eligible surgical benefit			
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			
Prescription Benefit (per day)		$75	$50	$50	$25
Outpatient Medical Benefits Preventative Services: (per service)	Colonoscopy	$600	$600	$500	$500
	Pap	$300	$300	$250	$250
	PSA	$300	$300	$250	$250
Laboratory Services: (per day)	Surgical Pathology	$300	$300	$200	$200
	Other Laboratory Services	$50	$50	$50	$50
Therapy Services: (per day for physical, occupational, speech)		$75	$75	$50	$50
Radiology Services: MRI/PET scan/CT scan/ mammogram/other radiology tests (per day)		$700/$700/ $700/$300/$250	$600/$600/ $600/$300/$250	$500/$500/ $500/$250/$200	$300/$300/ $300/$250/$200
Calendar year limit for all Outpatient Benefits		$8,000	$6,000	$4,000	$4,000
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			
Allergy Shots and Immunization** (child only) (per day allergy shots/immunizations)		$10/$25			
Cancer Benefit Pays for Radiation, Chemotherapy & Immunotherapy (per day/40 days per calendar year)		$2,000	$2,000	$1,000	$1,000
Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement		$1,000,000 calendar year limit			
Prescription Benefit		$750 calendar year maximum			
Allergy Shots and Immunization		$100 calendar year maximum			
Lifetime Maximum		$5,000,000			

** In MI, only one per day benefit will be paid per day, regardless of how many trips are made for that day. ** In MI, Immunization does not apply.*

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 WITHOUT THE SPECIFIED DISEASE RIDER

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Ages 18 - 29	Individual	$174.43	$132.06	$103.92	$77.67
	Individual and Spouse*	$342.04	$257.27	$200.98	$148.43
	Individual and Child(ren)	$375.97	$273.93	$210.13	$153.06
	Individual and Family**	$571.05	$418.46	$321.64	$234.08
Ages 30 - 39	Individual	$219.88	$166.28	$128.02	$96.83
	Individual and Spouse*	$432.97	$325.76	$249.23	$186.78
	Individual and Child(ren)	$421.42	$308.15	$234.23	$172.22
	Individual and Family**	$661.85	$486.84	$369.80	$272.38
Ages 40 - 49	Individual	$261.43	$197.87	$150.06	$114.46
	Individual and Spouse*	$515.92	$388.78	$293.14	$221.94
	Individual and Child(ren)	$462.97	$339.75	$256.27	$189.85
	Individual and Family**	$744.93	$550.00	$413.83	$307.61
Ages 50 - 64	Individual	$369.21	$280.76	$207.02	$160.46
	Individual and Spouse*	$731.52	$554.62	$407.12	$313.99
	Individual and Child(ren)	$570.77	$422.65	$313.23	$235.86
	Individual and Family**	$960.35	$715.69	$527.68	$399.57
	Child Only**	$183.38	$129.09	$96.68	$68.62

* In IL, spouse or civil union partner

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



Specified Disease Rider

Extra protection when a serious diagnosis changes everything.

The Specified Disease Rider elevates your protection to a new level. Your Affordable Choice base plan provides daily cash benefits for hospital confinement, surgery and medical services. Add the Specified Disease Rider and you gain up to $500,000 in additional coverage specifically for catastrophic conditions. This dual-layer approach ensures you're protected against both the everyday healthcare expenses and the financially devastating costs of life-altering illnesses.



Policy Features:

- The Specified Disease Rider has four deductible and two calendar year maximum options to choose from, providing flexibility in plan design
- This policy provides benefits that are a direct result of a Specified Disease
- Provides a lifetime maximum of $2,000,000 in benefits

Calendar Year Maximum:

- $250,000
- $500,000

Deductible:

- $25,000
- $50,000
- $75,000
- $100,000

Covered Conditions:

- Amputation
- Amyotrophic Lateral Sclerosis (ALS)
- Angioplasty
- Cancer (Internal Cancer)
- Coronary Artery Bypass Surgery
- End Stage Renal Failure
- Heart Attack
- Heart Valve Surgery
- Implantable Cardiac Defibrillator
- Joint Replacement
- Major Organ Failure/Major Organ Transplant
- Pacemaker Implant
- Ruptured Aneurysm
- Stroke (Ischemic or Hemorrhagic)



SPECIFIED DISEASE RIDER RATES

Calendar Year Maximum Benefit of $250,000

DEDUCTIBLE OPTIONS		Individual	Individual and Spouse*	Individual and Child(ren)	Individual and Family**
$25,000	18-29	$23.17	$46.34	$55.11	$86.27
	30-39	$34.87	$69.74	$66.81	$109.67
	40-49	$71.83	$143.66	$103.77	$183.58
	50-64	$159.27	$318.54	$191.21	$358.46
	Child**	$26.62			
$50,000	18-29	$13.48	$26.96	$33.13	$51.52
	30-39	$20.28	$40.57	$39.94	$65.14
	40-49	$41.78	$83.56	$61.43	$108.13
	50-64	$92.64	$185.29	$112.30	$209.85
	Child**	$16.38			
$75,000	18-29	$9.06	$18.11	$22.59	$35.03
	30-39	$13.63	$27.26	$27.16	$44.18
	40-49	$28.07	$56.14	$41.61	$73.07
	50-64	$62.25	$124.49	$75.78	$141.41
	Child**	$11.28			
$100,000	18-29	$6.32	$12.65	$15.89	$24.60
	30-39	$9.52	$19.04	$19.08	$30.99
	40-49	$19.60	$39.21	$29.17	$51.16
	50-64	$43.47	$86.94	$53.03	$98.89
	Child**	$7.97			

Calendar Year Maximum Benefit of $500,000

DEDUCTIBLE OPTIONS		Individual	Individual and Spouse*	Individual and Child(ren)	Individual and Family**
$25,000	18-29	$25.79	$51.59	$62.82	$97.87
	30-39	$38.82	$77.64	$75.84	$123.92
	40-49	$79.96	$159.93	$116.98	$206.20
	50-64	$177.30	$354.61	$214.33	$400.89
	Child**	$30.85			
$50,000	18-29	$16.10	$32.20	$40.84	$63.12
	30-39	$24.23	$48.47	$48.97	$79.38
	40-49	$49.92	$99.83	$74.65	$130.75
	50-64	$110.68	$221.36	$135.42	$252.28
	Child**	$20.61			
$75,000	18-29	$11.68	$23.36	$30.30	$46.63
	30-39	$17.58	$35.16	$36.20	$58.43
	40-49	$36.21	$72.41	$54.82	$95.69
	50-64	$80.28	$160.57	$98.90	$183.84
	Child**	$15.51			
$100,000	18-29	$8.95	$17.90	$23.59	$36.20
	30-39	$13.47	$26.93	$28.11	$45.24
	40-49	$27.74	$55.48	$42.38	$73.78
	50-64	$61.51	$123.01	$76.15	$141.32
	Child**	$12.20			

* In IL, spouse or civil union partner

** Family rates include up to four children. Additional children are charged the Child rate. Rider not available for children-only coverage.

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Standing By You. Since 1850.

Underwritten by:
ManhattanLife Insurance and Annuity Company
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092
Toll Free Telephone: 800-877-7792

Low Cost Ancillary Services

Ancillary Services

Value-Added Benefits That Save You More

Your Affordable Choice coverage includes access to money-saving health care services: telemedicine visits, prescription discounts up to 80%, discounted lab work and imaging, plus personal health care advocates to help manage medical bills. These services work alongside your cash benefits to maximize your health care value and minimize your out-of-pocket costs.

First Health Network
Over 1.5 Million Service Locations

Green Imaging
Easy, affordable medical imaging.
Discounted Imaging Services

CARE GUIDE
Health Advocacy

EasyCare2go™
24/7 Doctors Nationwide
Telemedicine and Discount Prescriptions

DirectLabs®
Direct Laboratory Services, LLC
Discounted Lab Work

Network and prescription drug are not part of this policy. First Health Network and RxEDO are value added healthcare programs from other providers designed to enhance your healthcare experience without additional cost to you.
Listed above are three added sponsored benefits that are not part of the policy. There is a $7.00 monthly administration fee for these two services included in the premium. (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**. 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 AK7010, AK7010LA, AK7010OK, AK7010TX (including state variations)

Rider Form Numbers AS7006

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.