Out-of-Pocket Protection Plan

Agent Guide

ManhattanLife Insurance and Annuity Company

Agent Use Only

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General Information

The Out-of-Pocket Protection Plan is a hospital confinement protection plan for individuals and families. This policy provides for specific basic indemnity benefits, which will help consumers cover the financial gap that may result from increase deductibles and co-payments, and other benefit changes in their health insurance. It is a supplement to health insurance and not a substitute for major medical coverage and is not intended to be marketed as such.

Features

- Helps pay for deductibles and co-payments.
- Pays benefits directly to the insured, unless assigned, to help with hospital bills and out-of-pocket costs.
- Pays in addition to all other insurance and workers' compensation.
- Benefits included are
  - **Daily Inpatient Hospital Confinement Benefit** – A choice of a daily payment of $100 or $200 for inpatient hospital confinement (not a benefit for an observation room). Up to 10 days per hospital admission. *NOTE: Texas 31 days.*
  - **First Hospital Admission Benefit** - Three options available of $2,500, $5,000 or $6,350. One per calendar year.
  - **Doctor Office Visit** – Provides $50 for a doctor's office visit. Up to 2 per calendar year.
- Optional Benefits:
  - **Outpatient Surgery Benefit** – Three options to choose from of $1,000, $2,000 or $3,000 for outpatient surgery at an ambulatory surgical facility. Up to 2 per calendar year.
  - **Emergency Accident Benefit** – Provides a payment of $250 per accident benefit when an injury requires emergency care by a physician in an emergency room or urgent care facility. Up to 4 per calendar year.

Issue Ages and Premium Ages

- The Insured and spouse must be between ages 18 through 64 to apply for individual coverage. Eligibility for coverage is determined by each adult age.
- In computing premiums, the Company uses "Age Last Birthday" on these policy forms. The two parent family premium is based on the older age. No adult over age 64 is eligible.
- Issue ages: 18 - 64.
- Ages 65 – 69 are guaranteed renewable rates only.

Effective Dates

The “Effective Date” of a policy will be the policy date stated on the policy schedule page. It is not the date the application is signed. Policies will not be effective the 29, 30 or 31st of the month.

Conditionally Renewable

Policyholder has the right to renew the policy until the earliest of when he/she becomes insured under Medicare or attains age 69 if he/she pays the correct premium when due or within the Grace Period. We retain the right to change the premium rates on the policy. See the Premium section of the policy. Premiums are based on Policyholder’s issue age. The premium may change if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class on the date of the change. Class is defined as issue age and underwriting class. We reserve the right to terminate the policy.

Plan terminates at end of the month when you attain age 69 or the date you are insured under Medicare.

Underwriting

Individual Consideration may be given to applicants with a history of the following:

- Cataract (corrected)
- Diabetes (II)
- Hernia (surgically corrected)
- Lung Disorder (asthma)
- Mental or Nervous Disorder
- Currently (or within 3 months) hospitalized or confined to any health care institution.
- Functionally limiting musculoskeletal disease or disorder

Applicants with conditions noted as eligible for consideration will be required to meet the following guidelines:

Cataracts: Applicants with a history of cataracts will be required to be surgically treated and treatment and symptoms free for a minimum of 2 years.

Hospitalization: Consideration for applicants with a history of hospitalization will be given based on the severity of condition, and number of noted episodes within the last 5 years. Hospital visits within three month time frame for the same condition would be considered a single episode. Applicants that exceed 3 or more hospitalizations with in the last 5 years would not be eligible for coverage.

Uninsurable Health Conditions: Applications should not be submitted if an applicant has had any of the following conditions in the last 5 years:

- Addison's disease
- AIDS/HIV/ARC
- Alcoholism & Substance abuse
- Cerebral Palsy
- Cirrhosis of the liver
- Coronary Bypass
- Currently (or within 3 months) hospitalized or confined to any health care institution
- Diabetes Type I (except cases treated by diet alone)
- Functionally limiting musculoskeletal disease or disorder
- Grand Mal Epilepsy
- Encephalitis
- Heart Attack
- Heart Disease
- Hemophilia
- Hernia (Uncorrected)
- Hepatitis (Other than Virus A)
- Hodgkin's Disease
- Internal Cancer within 5 years
- Leukemia
- Lung Disorder (Emphysema, Chronic Obstructive Lung Disease COLD, Chronic Pulmonary Fibrosis)
- Mental or nervous disorder or disease or disorder of the central nervous system
- Multiple Sclerosis
- Paralysis
- Peripheral Vascular Disease or Peripheral Arterial Disease
- Rheumatoid Arthritis (requiring 2 or more medications)
- Ulcerative Colitis
- Sickle Cell anemia
- Chronic Kidney Disease
- Osteomyelitis
- Toxic Epidermal Necrolysis
- Amyotropic Lateral Sclerosis
- Muscular Dystrophy
- Poliomyelitis
- Sickle Cell Anemia
- Stroke or Brain Aneurysm
- Toxic Shock Syndrome
- Whipple's Disease
- Lupus Erythematosus
- Myasthenia Gravis
- Reye's Syndrome
- Tuberculosis

In addition to the above conditions, the following will also lead to a decline:

- History of elevated or rising PSA (Prostate Specific Antigen)
- Chronic narcotic use
- Currently Pregnant
- Medical advice/consultation or medical tests advised/performed where results are abnormal or still pending
- An implanted cardiac defibrillator or pacemaker
- Cannot have had a history of sleep apnea within the last 12 months
- Cannot have had any complications related to diabetes *(please see the list of diabetes complications below)

Complications of Diabetes: Diabetic neuropathy, diabetic retinopathy, erectile dysfunction, chronic cystitis, urinary incontinence, kidney disease, skin ulcers.

Diabetes: Applicants with a combination of high blood pressure and type II diabetes must have been stable on their medications for a minimum of 18 months; this includes medication changes or increasing adjustments. In addition, they will be required to meet the following guidelines for consideration of coverage:

- Cannot exceed 1 oral diabetic medication
- Cannot exceed 2 high blood pressure medications
- Must meet height and weight requirements for applicants with a history of diabetes (BMI must be 29 or less)
- No history of tobacco use within last 12 months
- Normal blood pressure
- No cardiac history (with the exception of HBP)

Hernia: Applicants with a history of hiatal hernia must have been surgically treated and be symptom and treatment free for a minimum of 6 months.

Functionally Limiting Musculoskeletal Disease or Disorder: Applicants with a history of Rheumatoid arthritis may be considered for coverage based on the severity of condition. Treatment may not exceed two medications. In addition, applicants that are currently being treated with or have been treated with any of the following medications would not be eligible for coverage:

- Methotrexate
- Gold
- Humira
- Abatacept
- Ridaura

Coverage will not be offered if the applicant has arthritis that is crippling, has led to a disability or to those who have been recommended to have joint replacement.

Lung Disorder: Applicants with a history of asthma must be stable on no more than two inhalers, and must not exceed a BMI of 25 for a minimum of 1 year. Applicants with a history of a nebulizer and oxygen use would not be eligible for coverage.

Mental or Nervous Disorder: Applicants with a history of mental or nervous health disorders may be eligible for coverage based on the severity of condition. Applicants that are currently being treated with or have been treated with any of the following medications within the last 5 years would not be eligible for coverage:

- Abilify
- Cymbalta
- Geodon
- Lamictal
- Remeron
- Risperdal
- Seroquel

**Generic versions and other brand names of the above listed medications apply*

Applicants may not have more than 2 risk factors to be eligible for coverage. For example, applicants that are being treated for a condition of diabetes and high blood pressure may not also be receiving treatment for high cholesterol. Applicants with a history of gestational diabetes will be required to be symptom and treatment free for a minimum of six months and have had a normal follow up post-natal visit.

Completing the Application

- Use Application form number GAP15DVH and its state variations.
- Be sure to ask the proposed insureds ALL health questions and record the answers on the application exactly as stated to you.
- All applicants age 18 or older must sign the application.

Replacement of Coverage

- The replacement form is mandatory whenever replacement is involved.

Monthly Bank Draft and Direct Bill

- In completing a bank draft form, please print all information starting with the name of the bank to be drafted as well as their city and state.
- Applicants can select the date their premiums are drafted from their account (29, 30 or 31st cannot be used).
- ManhattanLife Assurance/Family Life (MAC/FLIC) requires a voided sample check along with a completed bank draft authorization form signed by the payor on paper applications submitted.
- The ABA transit number section is obtained from the upper right hand corner of the voided check. This information is usually on the date line of the voided sample check.
- Under the account number section write the account number identically as it appears on the voided check. Do not include the check number.
    - MAC/FLIC accepts business on monthly bank draft, list bill and direct bill methods of payment. The annual, semi-annual, and quarterly modes of payment are acceptable for all forms of payment.
    - All premium checks must be payable to ManhattanLife Assurance Company of America or Family Life Insurance Company.
- MAC/FLIC does not accept: post-dated checks;
    - C.O.D. applications;
    - partial payments;
    - applications with the date altered;
    - applications where “white-out” has been used;
    - personal checks from an agent or agency.

Employer List Bill

On payroll deduction business, you must submit a Premium Payment Agreement form (PAYAGRMT-05-02). A true employer/ employee relationship as outlined in this form must exist.

In order for MAC/FLIC to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office by 24 days prior to the requested due date.

This Policy does not provide expense reimbursement for charges based on Policyholder’s health care provider’s statement.

Build Chart - Adult

Male				Female			
Height		Average Weight	Decline	Height		Average Weight	Decline
Feet	Inches			Feet	Inches		
5	0	129	209+	4	8	107	185+
5	1	133	215+	4	9	110	190+
5	2	138	224+	4	10	113	195+
5	3	143	232+	4	11	115	199+
5	4	147	238+	5	0	118	204+
5	5	151	245+	5	1	121	209+
5	6	156	253+	5	2	124	215+
5	7	160	259+	5	3	128	221+
5	8	165	267+	5	4	131	227+
5	9	170	275+	5	5	134	232+
5	10	174	282+	5	6	137	237+
5	11	179	290+	5	7	141	244+
6	0	184	298+	5	8	145	251+
6	1	190	308+	5	9	150	260+
6	2	195	316+	5	10	153	265+
6	3	201	326+	5	11	159	275+
6	4	206	334+	6	0	164	284+
6	5	211	342+	6	1	168	291+
6	6	217	352+	6	2	172	298+
6	7	223	361+	6	3	176	304+