ManhattanLife™

Standing By You. Since 1850.



PAID Enhanced

Personal Accident Indemnity Delivery

This is an Accident Only Insurance Policy
Underwritten by ManhattanLife Insurance and Annuity Company

PAIDEH-BR 0524

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NEW PLAN BENEFITS

- Urgent Care Facility
- Physician Follow-up Visits
- Chiropractor Visits
- Rehabilitation Unit - Admission
- X-Ray
- Paraplegia
- Quadriplegia
- Concussion
- Coma
- Ambulatory Surgical Center Facility and/or Outpatient Hospital Facility

You're injured, you need emergency treatment, and you end up confined in the hospital for five days. "Accidents happen," the old saying goes. "You can't plan on them, but you can plan FOR them."

People call them accidents for a reason; they are unplanned and can happen to anyone at the most inopportune times.

When an accident affects your livelihood or that of a family member, having a plan for the unexpected can be invaluable. ManhattanLife Assurance's Personal Accident Indemnity Delivery product (PAID) can provide you with a vital piece of that plan. The PAID plan **helps you pay for out-of-pocket expenses** and provides benefits to you or your family for many of the accidents that can happen without warning.

Additionally, You can choose the coverage that works best for you with our 24-hour, or off-the-job only plan options. Eligible issue ages are 18-84, and the policy is guaranteed renewable for life.*

**Subject to our right to change premium rates.*

Accidents Happen

- More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age. [1]
- There were approximately 2.8 million nonfatal workplace injuries and illnesses reported by private industry employers in 2017. [2]
- There were 882,730 occupational injuries and illnesses in 2017 that resulted in days away from work in private industry. [2]
- Those who've faced household medical bill problems report struggling to make payments, both for their medical and non-medical bills. 61% say they have been late on a payment for a medical bill, and 56% say they've missed a payment. Similarly 56% report being late and 46% report missing payments for non-medical. [3]

Sources for statistics: [1] disabilitycanhappen.org/disability-statistic March 28, 2018; [2] Bureau of Labor Statistics, 11/08/2018 News Release: Employer-Reported Workplace Injuries and Illnesses; [3] The Burden of Medical Debt: Results from the Kaiser Family Foundation/New York Times Medical Bills Survey, January 5, 2016

Our plan pays benefits for Accidents, big and small.

BENEFIT HIGHLIGHTS INCLUDE:

- Accidental Death
- Hospital Admission and Confinement*
- Intensive Care Unit*
- Air and Ground Ambulance*
- Emergency Room Treatment
- Burns*
- Emergency Dental
- Lodging
- Transportation
- Surgery*
- Physical Therapy*

Also included are benefits for dislocations, fractures, dismemberment, eye injuries, and major diagnostic exams. Benefits are outlined on the following page, and the policy explains in detail any limitations and/or exclusions.

**Denotes expanded benefits*

PRODUCT FEATURES

- Helps you pay for out-of-pocket expenses
- 2 options: 24-hour, or off-the-job only
- Issue ages 18 - 84
- Guaranteed renewable for life, subject to our right to change premium rates
- Choose one or two units



OPTIONAL ANNUAL WELLNESS BENEFIT RIDER*

For any of the examinations listed below, a one-time benefit of $60 per year per covered person will be paid:

- Annual Physical Examination
- Dental Exam
- Mammogram
- Pap Smear
- Eye Examination
- Immunization
- Flexible Sigmoidoscopies
- PSA Test
- Ultrasounds
- Blood Screening Test

The Policy must be in force 30 days before this benefit is payable.

** Not approved in CA, MI, MO and PA.*

Rider may not be available in all states.

PAID BENEFITS

BENEFIT DESCRIPTION	ONE-UNIT	TWO-UNITS
Accidental Death Within 90 days** of covered accident and caused by resulting injury/injuries. (in UT, 180 days; in WA, 365 days)	$25,000 Employee $10,000 Spouse* $5,000 Child	$50,000 Employee $20,000 Spouse* $10,000 Child
Accidental Death (Via Common Carrier) Death must occur within 90 days** of covered accident while fare-paying passenger on a common carrier (plane, bus, train) (in AK, or ferry). (in UT, 180 days; in WA, 365 days)	Accidental Benefit will be doubled	Accidental Benefit will be doubled
Accidental Dismemberment We will pay the applicable lump sum benefit indicated in the policy for dismemberment. A Covered Accident must occur within 90 days of the accident (in UT, 180). Benefits will be paid only once per Covered Person, per Covered Accident.	$625 - $40,000	$625 - $40,000
Air Ambulance Air transportation within 48 hours. Once per Covered Accident. (in PA, 30 days)	$1,000	$2,000
Ambulance Ground transportation within 90 days. Once per Covered Accident.	$100	$200
Ambulatory Surgical Center Facility and/or Outpatient Hospital Facility Max 1 per Accident.	$100	$200
Appliances Payable when a Covered Person receives a medical appliance, prescribed by a physician, as an aid in personal locomotion for on or Off-the-Job Injuries sustained in a Covered Accident. Benefits are payable for the following types of appliances: a wheelchair, a leg brace, a back brace, a walker, and/or a pair of crutches.	$125 per Covered Accident, per Covered Person.	$125 per Covered Accident, per Covered Person.
Blood, Plasma, and Platelets Transfusion, administration, cross-matching, typing and processing required within 90 days of a Covered Accident. Once per Covered Accident.	$300 primary insured $200 Spouse*/dep child	$300 primary insured $200 Spouse*/dep child
Burn Treated within 72 hours of a Covered Accident. Once per Covered Accident. *Spouse and Child (in PA, 30 days; in WA, 365 days)	Size & Degree up to $10,000	Size & Degree up to $20,000
Chiropractor Visit Max 5 visits per Covered Accident	$35 per day	$70 per day
Concussion We will pay if any Insured Person is diagnosed by a Physician with a concussion as a result of a Covered Accident. Payable once per Covered Accident.	$100	$200
Coma We will pay if any Insured Person is comatose in a Hospital setting for a duration of at least seven days as a result of a Covered Accident. Payable once per Covered Accident. (in WA, within 365 days from the time of the Covered Accident)	$5,000	$10,000
Dislocations Diagnosed within 90 days, correction with anesthesia by Physician and corrected by Open (surgical) or Closed (non-surgical) reduction.	$50 - $2,000 (policy contains complete schedule)	$100 - $4,000 (policy contains complete schedule)
Emergency Dental Work Once per Covered Accident regardless of teeth involved. (in WA, if the dental work is performed within 365 days from the time of the Covered Accident)	$150 repairs with crown $50 for extraction	$300 repairs with crown $100 for extraction
Emergency Room Treatment Treatment sought within 72 hours*** of Covered Accident. (in PA, 30 days; in WA, 365 days)	$200	$200

** In CA and NV, Spouse or Domestic Partner, In HI, Spouse or Reciprocal Beneficiary; ** in PA, 90 days does not apply; ***in TX, 72 hour limit does not apply*

BENEFIT DESCRIPTION	ONE-UNIT	TWO-UNITS
Epidural Pain Management Payable when a Covered Person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or a physician's office for injuries sustained in a Covered Accident. (in WA, within 365 days from the time of the Covered Accident)	$100 paid no more than twice per Covered Accident, per Covered Person.	$100 paid no more than twice per Covered Accident, per Covered Person.
Eye Injury Treated by a physician within 90 days of Covered Accident. Must require surgery or removal of a foreign object. (in WA, 365 days)	$200	$200
Fractures Fractures requiring Surgical or Non-Surgical reduction within 90 days of Covered Accident. (In IN, 6 months)	$25 - $2,500 (any Insured) (policy contains complete schedule)	$50 - $5,000 (any Insured) (policy contains complete schedule)
Gunshot Wounds* Unintentional wound requiring confinement within 24 hours and surgery within 72 hours after the injury. Primary insured only. (in WA, 365 days)	$500	$500
Hospital/Intensive Care Unit Admission Confined within 180 days. (in WA, 365 days) Once per Covered Accident. (minimum of 20 hours)	$1,000 If admitted directly to ICU, add $500	$2,000 If admitted directly to ICU, add $1,000
Hospital Confinement Confined within 180 days. (in WA, 365 days) Maximum of 365 days.	$150 per day	$300 per day
Hospital Intensive Care Unit Confinement Within 30 days of Covered Accident. (in WA, 365 days) Maximum of 15 days. ICU paid in addition to Hospital Confinement	$300 per day	$600 per day
Knee Cartilage - Torn Treated by a physician within 60 days of Covered Accident. Must be repaired within 180 days. (in IN, 6 months of Covered Accident and within 185 days for repair; in WA, 365 days from time of Covered Accident and within 365 days for repair)	$500 *(less any benefit paid for arthroscopic surgery previously performed)* $100 for exploratory surgery	$1,000 *(less any benefit paid for arthroscopic surgery previously performed)* $200 for exploratory surgery
Laceration Lacerations requiring repair by a physician within 72 hours of a Covered Accident. (in WA, 365 days)	$50 - $400 (based on length of lacerations, see policy)	$100 - $800 (based on length of lacerations, see policy)
Lodging Companion Lodging when Insured is confined to a hospital more than 100 miles from home. Maximum of 30 days. (in PA, 75 miles)	$100 per night	$100 per night
Major Diagnostic Exams Angiogram, CT and CTA scan; MRI, MRA, or EEG as result of a Covered Accident. (in WA, receives within 365 days from time of Covered Accident)	$100 per calendar year	$200 per calendar year
Paraplegia We will pay if any Insured Person's lower portion of their body and both legs become completely paralyzed and cannot be recovered as the result of a Covered Accident. (in WA, within 365 days from time of Covered Accident)	$2,500	$5,000
Physicians Office Visit Within 60 days of Covered Accident. Once per Covered Accident. (in IN, 6 months; in WA, 365 days)	$75	$150
Physicians Follow-up Office Visits First follow-up must occur within 30 days of initial Physician Office Visit. (in WA, 365 days)	$25 / Max 6	$50 / Max 8
Physical Therapy Payable when a Covered Person receives emergency treatment for injuries sustained in a Covered Accident and later advised to seek treatment from a licensed physical therapist. Physical therapy must start within 30 days** of the Covered Accident (in WA, 365 days) or discharge from hospital and take place within six months after the accident.	$35 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.	$70 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.
Prosthesis Payable when a Covered Person requires use of a prosthetic device as a result of on or Off-the-Job Injuries sustained in a Covered Accident. (in WA, within 365 days from time of Covered Accident) This benefit is not payable for repair or replacement of prosthetic devices, hearing aids, wigs, or dental aids, to include false teeth.	$750 once per Covered Accident, per Covered Person.	$1,500 once per Covered Accident, per Covered Person.

**Benefit not approved in PA; **In IN, Physical Therapy must begin within 6 months.*





BENEFIT DESCRIPTION	ONE-UNIT	TWO-UNITS
Quadriplegia We will pay if any Insured Person's all four extremities (both arms and both legs) of their body become completely paralyzed and can not be recovered as a result of a Covered Accident. (in WA, within 365 days from time of Covered Accident)	$5,000	$10,000
Rehabilitation Unit - Admission We will pay the first day an insured person is transferred to a Rehabilitation Unit of a Hospital for treatment of an Injury sustained in a Covered Accident. (in WA, within 365 days from time of Covered Accident) This benefit will not be payable for the same day(s) that the Hospital Confinement Benefit is paid.	$500	$1,000
Rehabilitation Unit Payable when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a rehabilitation unit of a hospital for treatment for Injuries sustained in a Covered Accident. (in WA, within 365 days from time of Covered Accident)	$150 per day, limited to 30 days for each Covered Person, per period of Hospital Confinement and limited to a calendar year maximum of 60 days.	$150 per day, limited to 30 days for each Covered Person, per period of Hospital Confinement and limited to a calendar year maximum of 60 days.
Ruptured Disc We will pay for any and all ruptured disc(s) in the spine suffered by an Insured Person as the result of a Covered Accident. This amount will be paid once per Covered Accident.	$500	$1,000
Surgery Within 72 hours after a Covered Accident to repair internal injuries caused by the Covered Accident. (in WA, 365 days) Hernia repair not covered.* Once per Covered Accident.	$1,000 for thoracic, open abdominal $100 for exploratory surgery	$2,000 for thoracic, open abdominal $200 for exploratory surgery
Tendon/Ligament/Rotator Cuff We will pay for the surgical repair of any and all torn, ruptured, or severed tendons, ligaments, or rotator cuff which an Insured Person suffered as the result of a Covered Accident. Must be performed by a Physician within 90 days after the Covered Accident. (in IN, 6 months; in WA, 365 days)	$500 Exploratory: $100	$1,000 Exploratory: $200
Transportation Round trip when hospital confined and distance is more than 100 miles round trip from residence. (in WA, within 365 days from time of Covered Accident) Three round trips per Covered Accident.	$300 round trip	$300 round trip
Urgent Care Facility Within 60 days of Covered Accident. (in WA, 365 days) Once per Covered Accident.	$225	$225
X-Ray Max 1 per Calendar Year	$50	$100

**Does not apply in VA.*

PAID Rates

Available Payment Modes

List Bill Applications: **Weekly, Bi-Weekly, Semi-Monthly, Monthly**

Individual Applications: **Monthly**

Forms AK7025, AK7024 Accident Policy Rate Schedule								
	Weekly Premium		Bi-Weekly Premium		Semi-Monthly Premium		Monthly Premium	
	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units
24-Hour Coverage								
Individual	$4.23	$5.08	$8.46	$10.15	$9.17	$11.00	$18.33	$22.00
Individual/ Spouse*	$5.96	$7.38	$11.92	$14.77	$12.92	$16.00	$25.83	$32.00
Individual/ Child(ren)	$5.96	$7.38	$11.92	$14.77	$12.92	$16.00	$25.83	$32.00
Family	$7.69	$9.69	$15.38	$19.38	$16.67	$21.00	$33.33	$42.00
Off-the-Job Coverage Only								
Individual	$3.58	$4.15	$7.15	$8.31	$7.75	$9.00	$15.50	$18.00
Individual/ Spouse*	$5.60	$6.75	$11.19	$13.50	$12.13	$14.63	$24.25	$29.25
Individual/ Child(ren)	$5.60	$6.75	$11.19	$13.50	$12.13	$14.63	$24.25	$29.25
Family	$6.52	$8.08	$13.04	$16.15	$14.13	$17.50	$28.25	$35.00

Wellness Rider**				
	Weekly Premium	Bi-Weekly Premium	Semi-Monthly Premium	Monthly Premium
Individual	$0.69	$1.38	$1.50	$3.00
Individual/ Spouse*	$1.38	$2.77	$3.00	$6.00
Individual/ Child(ren)	$1.38	$2.77	$3.00	$6.00
Family	$2.08	$4.15	$4.50	$9.00

* In CA and NV, Spouse or Domestic Partner; *In HI, Spouse or Reciprocal Beneficiary*.

** *Not approved in CA, ID, MI, MO and PA.*

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Underwritten by:
ManhattanLife Insurance and Annuity Company
10777 Northwest Freeway, Houston, Texas 77092

Benefits and rider 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 PAID 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.

Policy Form Numbers: AK7025, AK7024 (including state variations)

Rider Form Number: AK7027 (including state variations)

This brochure only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you READ YOUR POLICY CAREFULLY.