

CentralChoice

The CentralChoice in Supplemental Health Insurance Benefits

This is a Hospital Indemnity Insurance Policy



State Usage for Surgery Schedule (CUL-HPHI2010) - CO, KS*, MT, NM,; (C-HPHI-11) - ID

State usage for Daily Surgical Benefit (C-HPHI-14) - AL, AZ, AR, CA, GA, IA, IL, IN, KY, LA, MD, MO, MS, NC, NE, NV, OH, PA, OK, SC, SD, TN, TX, VA, WI, WV, WY; (FL-HPHI14) - DE, MI; (M-HPHI-14) - DC

**The Surgery Schedule does not apply to KS.*



CentralChoice Policy Highlights:

Policy Numbers: C-HPHI-14, C-HPHI-14-LA, C-HPHI-14-OK, C-HPHI-14-TX, FL-HPH14, CUL-HPHI2010, C-HPHI-11
(including state variations)

Individual Renewable - meaning the policy is Guaranteed Renewable providing policyholder security subject to our right to change premium rates.

Pre-Existing Conditions - with CentralChoice, pre-existing conditions (for covered medical conditions) are covered after the first 12 months.

No Ineligible Occupations - no occupational classes are excluded from any of the four plan designs.

All Provider plan - You may seek treatment from any doctor and any hospital. Our plans pay directly to the insured. You may benefit from negotiated discounts through the MultiPlan PPO Network.

No Utilization Review.

No Deductibles, Coinsurance or Lifetime Maximums (individual benefit maximums apply).

All **CentralChoice** plans feature a surgical benefit*, which is determined by the state in which the policy is sold. In the states of **CO, ID, MT, and NM**, CentralChoice includes a traditional **Surgical Schedule**. Surgical procedures in these surgical schedule states are covered the same whether received as inpatient or outpatient treatment.

In **AL, AR, AZ, CA, DC, DE, GA, IA, IL, IN, KY, LA, MD, MI, MO, MS, NC, NE, NV, OH, OK, PA, SC, SD, TN, TX, VA, WI, WV, and WY**, CentralChoice features a unique **Daily Surgical Benefit**, which provides a surgical amount for each day of a consecutive period of hospital confinement in which one or more surgeries take place, up to a maximum of 5 days per period of confinement. The **Daily Surgical Benefit** is provided for both **INPATIENT** while hospital confined and as **OUTPATIENT** at an **Ambulatory Surgical Center**. The surgical benefit is reduced to 25% of the daily surgical benefit rate when received as outpatient treatment at an Ambulatory Surgical Center.

** The Surgical Benefit does not apply in KS.*



The Two “Costs” of Healthcare

The first is the premium cost to have health insurance. The second is the cost associated with using it. If it is affordable but unsuitable due to high deductibles, co-insurance, and out-of-network charges then it is really not a manageable plan.

CentralChoice products include cost effective supplements to fill gaps left open with other products including both qualified major medical as well as limited benefit plans.

One of two possibilities will occur for you this year; you will either be hospital confined, or you will not. It is unlikely that many of us will exceed our deductible in a year without a hospital stay. So, in most years we wind up paying our insurance premiums **and** most or all of the cost of our treatment. But, if and when we are hospital confined, the high cost of treatment will likely have us reach the maximum out-of-pocket threshold of any qualified major medical plan level for even a relatively short confinement.

The Importance of **CentralChoice** as Supplemental Coverage

Our **PremierChoice** and **SelectChoice** package designs each feature a variety of both inpatient as well as outpatient benefits, including surgery. **CentralChoice** benefits can be paid to any hospital or doctor and when MultiPlan providers are used additional savings through negotiated discounts may be available.

What are now referred to as “qualified plan designs” feature deductible and coinsurance exposure over \$6,000 per person per year. This is above the premium cost. Many see the merit of purchasing the “qualified” Bronze plan and using the premium difference between that and more expensive designs to purchase supplemental insurance to “fill the gaps.”



Central*Choice* Plan Designs

Premier*Choice* - is particularly well suited to those aged 50-plus who have pre-existing medical conditions (remember, there is a 12-month wait on pre-existing conditions).

Select*Choice* - design is suitable for those with limited budget who desire an affordable plan to which they can add additional customized coverage for necessary Critical Illness, Cancer and Accidents. (Available separately) It provides a backbone for a quality portfolio of these additional supplemental policies.

Enhanced*Choice* - a versatile option, this plan can serve as a solid supplement to qualified major medical policy.

Essential*Choice* - a cost effective way to provide a variety of benefits used to “fill the gaps” in qualified major med plans. While the Supplement Plan is sufficient to supply the benefits necessary to reduce or even eliminate the out-of-pocket costs associated with an average period of hospital confinement when used with major medical, it should be supported by additional CI, Accident and Cancer policies whenever possible for the highest levels of protection.

The *SmartChoice*

**ManhattanLife Assurance has a variety of products well-suited
for today's changing environment.**

CriticalChoice, *Life insurance & Critical Illness*, (provided by Family Life Insurance Company)
Policy Numbers FGAP02, FGAP03 (including state variations)

Critical Protection & Recovery, *With or Without Optional Cancer*, Policy Numbers CI-A, CI-B
(including state variations)

Cancer Care Choice

Cancer Care Plus, *Cancer & Dread Disease Plan*, Policy Number CP 4000 4/04 (including
state variations)

Cancer First Occurrence, *"Lump Sum" Benefit*, Policy Numbers FOB98, FOB13 (including
state variations)

Accident Choice

Personalized Accident Indemnity Delivery (PAID), Policy Numbers HPACC13-24, HPACC13-
NOC (including state variations)

This brochure highlights the **CentralChoice** product; please see our other **SmartChoice**
brochure for additional details.

THIS IS A SUPPLEMENT HEALTH INSURANCE POLICY, AND IT IS NOT A SUBSTITUTE
FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER
MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH
YOUR TAXES.



CentralChoice

Hospital Indemnity plan designs

Featuring the Daily Surgical Benefits

State usage for Daily Surgical Benefit (C-HPHI-14) - AL, AZ, AR, CA, GA, IA, IL, IN, KY, LA, MD, MO, MS, NC, NE, NV, OH, OK, PA, SC, SD, TN, TX, VA, WI, WV, WY; (FL-HPHI14) - DE, MI; (M-HPHI-14) DC

BENEFIT	Premier Choice	Select Choice	Enhanced Choice	Essential Choice	Maximum Benefit/Yr*
Daily Room Benefit	\$500	\$400	\$100	\$50	\$182,500
RIDERS					
Lump Sum Indemnity (CUL-HRHS and CHPHIS14-NC) <i>Paid to an insured upon first hospital confinement each year</i>	\$1,000	\$1,000	\$500	\$100	\$1,000
First Hospital Confinement (CUL-HRFHC (2)) <i>Based on duration of first hospital confinement</i>	\$10,000 <i>over 6 days</i>	\$10,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$10,000
Intensive Care Unit (CUL-HRICU and CHRICU14-LA) <i>Limited to 20 days per confinement</i>	\$2,500 <i>per day</i>	\$2,000 <i>per day</i>	\$1,000 <i>per day</i>	\$500 <i>per day</i>	\$50,000
Private Duty Nurse (CUL-HRPN) <i>Limited to 30 days per confinement</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$7,500 <i>per confinement</i>
Surgical Plus (CHPHISP14 and CHPHISP14-LA) <i>Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement.</i>	\$3,000 <i>per day</i>	\$2,000 <i>per day</i>	\$1,000 <i>per day</i>	\$1,000 <i>per day</i>	\$15,000 <i>per confinement</i>
Anesthesia <i>Daily benefit amount paid for each day that a surgical benefit is paid for inpatient surgery.</i>	\$600 <i>per day</i>	\$400 <i>per day</i>	\$200 <i>per day</i>	\$200 <i>per day</i>	\$3,000 <i>per confinement</i>
Routine Benefits <i>Per calendar year for mammography screening/mammogram, pap smear, or PSA test.</i>	\$200 <i>per calendar year</i>	\$200 <i>per calendar year</i>	\$200 <i>per calendar year</i>	\$200 <i>per calendar year</i>	\$200 <i>per calendar year</i>
Emergency Accident ** (CUL-HREA) <i>Limited to 4 different covered injuries per calendar year per insured</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$1,000
Specified Injury Rider (CUL-HRSI) <i>See rider for specific amounts (not available in GA, MD NC and VA)</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	To a maximum of \$2,000 <i>per injury</i>
Outpatient Sickness ** (CHPHIOS14 and CHPHIOS14-LA)	\$100 <i>per sickness Limit 4 different sicknesses per year**</i>	\$75 <i>per sickness Limit 4 different sicknesses per year**</i>	\$50 <i>per sickness Limit 4 different sicknesses per year**</i>	\$25 <i>per sickness Limit 4 different sicknesses per year**</i>	\$400

* For the PremierChoice Plan, per calendar year per insured person, unless otherwise specified.

** Insured categories are the insured person, the insured person's spouse (in NV, spouse/domestic partner), and/or all of the insured person's dependent children. Maximum total of 4 different sicknesses per year for all dependent children, not per child.

CentralChoice Daily Surgical Benefits Premiums

State usage for Daily Surgical Benefits Premium
AL, AZ, AR, DC, DE, IA, IL, IN, KY, LA, MD, MI, MS, NE, NV, OH, OK, SC, TN, TX, WI, WV, WY
(Specified Injury Rider is not available in MD)

Monthly Rates	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$189.00	\$158.35	\$70.90	\$49.15
Single w/Spouse (in NV, Spouse/Domestic Partner)	\$371.25	\$309.95	\$135.05	\$91.55
Single w/Children	\$306.55	\$255.00	\$115.40	\$78.70
Family	\$488.80	\$406.60	\$179.55	\$120.70

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State Specific Plan Variations for Daily Surgical Benefit States

State	Variation
Georgia & Virginia	The Specified Injury Rider is not available.
Missouri	The Outpatient Sickness Rider and Surgery Plus is not available. Instead, the Surgery (CHPISS14) is used.
North Carolina	The Specified Injury Rider is not available.
Pennsylvania	The Surgery Plus is not available. Instead, the Surgery (CHPISS14-PA) is used.
California and South Dakota	The benefits are the same as the generic states, but are priced differently. The rates for these states are listed below

CA	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$210.65	\$180.28	\$91.01	\$66.69
Single w/Spouse	\$394.30	\$333.56	\$166.02	\$117.38
Single/Children	\$333.93	\$278.19	\$144.40	\$98.61
Family	\$517.58	\$431.47	\$219.41	\$149.30

GA & VA	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$185.50	\$154.85	\$67.40	\$45.65
Single w/Spouse	\$366.00	\$304.70	\$129.80	\$86.30
Single/Children	\$301.30	\$249.75	\$110.15	\$73.05
Family	\$481.80	\$399.60	\$172.55	\$113.70

MO	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$165.40	\$141.40	\$60.60	\$42.50
Single w/Spouse	\$324.05	\$276.05	\$114.45	\$78.25
Single/Children	\$258.95	\$220.03	\$93.10	\$65.65
Family	\$417.60	\$354.70	\$146.95	\$101.40

NC	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$185.50	\$154.85	\$67.40	\$45.65
Single w/Spouse	\$366.00	\$304.70	\$129.80	\$86.30
Single/Children	\$301.30	\$249.75	\$110.15	\$73.05
Family	\$481.80	\$399.60	\$172.55	\$113.70

PA	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$180.00	\$152.35	\$67.90	\$46.15
Single w/Spouse	\$353.25	\$297.95	\$129.05	\$85.55
Single/Children	\$297.55	\$249.00	\$112.40	\$75.30
Family	\$470.80	\$394.60	\$173.55	\$114.70

SD	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$186.50	\$156.35	\$70.40	\$48.90
Single w/Spouse	\$366.25	\$305.95	\$134.05	\$91.05
Single/Children	\$302.55	\$251.80	\$114.60	\$77.90
Family	\$482.30	\$401.40	\$178.25	\$120.05

CentralChoice

Hospital Indemnity plan designs

Featuring the Surgical Schedule

State Usage for Surgery Schedule (CUL-HPHI2010) - CO, MT, NM; (C-HPHI-11) - ID

BENEFIT	Premier Choice	Select Choice	Enhanced Choice	Essential Choice	Maximum Benefit/Yr*
Daily Room Benefit	\$500	\$400	\$100	\$50	\$182,500
RIDERS					
Lump Sum Indemnity (CUL-HRSL) <i>Paid to an insured upon first hospital confinement each year</i>	\$1,000	\$1,000	\$500	\$100	\$1,000
First Hospital Confinement (CUL-HRFHC) <i>Based on duration of first hospital confinement</i>	\$10,000 <i>over 6 days</i>	\$10,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$5,000 <i>over 6 days</i>	\$10,000
Intensive Care Unit (CUL-HRICU) <i>Limited to 20 days per confinement</i>	\$2,500 <i>per day</i>	\$2,000 <i>per day</i>	\$1,000 <i>per day</i>	\$500 <i>per day</i>	\$50,000
Private Duty Nurse (CUL-HRPN) <i>Limited to 30 days per confinement</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$250 <i>per day</i>	\$7,500 <i>Per confinement</i>
Surgical (CUL-HRSUR and CHPHISS) <i>(Does not apply in KS) Details may vary, see Surgical Schedule</i>	\$10,000	\$5,000	\$5,000	X	\$10,000 <i>UNLIMITED times</i>
Anesthesia Benefit	\$2,500	\$1,250	\$1,250	X	
Emergency Accident ** <i>(CUL-HREA) (Does not apply in KS) Limited to 4 different covered injuries per calendar year per insured</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$250 <i>per accident</i>	\$1,000
Specified Injury (CUL-HRSI) <i>(Does not apply in KS) See rider for specific amounts</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	\$25 - \$2,000 <i>Depending on injury</i>	<i>To a maximum of \$2,000 per injury</i>
Outpatient Sickness ** <i>(CUL-HROS) (Does not apply in KS)</i>	\$100 <i>per sickness</i> Limit 4 different sicknesses per year**	\$75 <i>per sickness</i> Limit 4 different sicknesses per year**	\$50 <i>per sickness</i> Limit 4 different sicknesses per year**	\$25 <i>per sickness</i> Limit 4 different sicknesses per year**	\$400

* For the PremierChoice Plan, per calendar year per insured person, unless otherwise specified.

** Insured categories are the insured person, the insured person's spouse, and/or all of the insured person's dependent children. Maximum total of 4 different sicknesses per year for all dependent children, not per child.

*** Lesser amounts apply for Spouse and Child

Sample CentralChoice Surgical Schedule Premiums

Monthly Rates	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$197.70	\$159.15	\$66.80	\$45.05
Single w/Spouse	\$388.65	\$311.55	\$126.85	\$83.35
Single w/Children	\$330.05	\$261.50	\$111.40	\$73.30
Family	\$521.00	\$413.90	\$170.45	\$111.60

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State Specific Plan Variations for Surgical Schedule States



State	Variation
Colorado	The benefits are the same as the generic states, but are priced differently. The rates for these states are listed below
Kansas	The Emergency Accident Rider, Out Patient Sickness Rider, Specified Injury Rider Surgery and Surgery Plus Riders is not available.

CO	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$179.77	\$144.93	\$61.11	\$41.47
Single w/Spouse	\$352.94	\$283.26	\$115.62	\$76.34
Single/Children	\$301.98	\$239.45	\$101.44	\$67.56
Family	\$475.15	\$377.78	\$155.95	\$102.43

KS	Premier Choice	Select Choice	Enhanced Choice	Essential Choice
Single	\$146.75	\$126.85	\$50.15	\$32.05
Single w/Spouse	\$288.50	\$248.70	\$95.30	\$59.10
Single/Children	\$225.50	\$194.10	\$74.65	\$47.20
Family	\$367.25	\$315.95	\$119.80	\$74.25

A Smart*Choice* Claim Example Featuring the Daily Surgical Benefits

Making a smart choice, this 52-year-old male purchased a CentralChoice Premier Choice Plan (Defined Benefit coverage) along with Critical Choice (Critical Protection and Recovery). He has heart bypass surgery with a 7-day hospital confinement, three of those in the Intensive Care unit. He also owns an Accident policy.

Central*Choice* Premier Choice Policy Design:

Daily Room Benefit		
\$500/day X 7 days hospital confinement	=	\$3,500
Indemnity Rider		
first hospital confinement of any given year of \$1,000	=	\$1,000
First Hospital Confinement Rider		
over first 6 days of "first hospital confinement" of the year	=	\$10,000
Surgical Rider		
\$3,000 per day of a continuous confinement in which one or more surgeries takes place, maximum of 5 days per confinement. 5 X \$3,000	=	\$15,000
Anesthesia		
\$600/day for each day that a surgical benefit is paid. \$600 X 5 days	=	\$3,000
Intensive Care		
\$2,500 per day in ICU, up to 20 consecutive days. 3 X \$2,500	=	\$7,500
Total Central<i>Choice</i> Premier Choice benefits paid		\$40,000

Critical Protection and Recovery Critical Illness Policy

First Occurrence Benefit	=	\$10,000
Monthly Income Benefit		
10% of FOB above (\$1,000) X 12 months	=	\$12,000
Hospital Confinement Benefit		
\$300 per day confined for treatment for a covered incident, X 7 <i>(Could also include benefits for Transportation, Lodging, and Air or Ground Ambulance)</i>	=	\$2,100
Total CPR Benefits paid		\$24,100

PAID Accident Plan - No benefits payable for this condition

Total Benefits for Procedure	=	\$64,100
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**The examples shown are hypothetical and may vary depending on plan(s) selected.*



Sponsored Benefits



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- 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

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Mobile App (App Store and Google Play):
www.teladoc.com/mobile

or call

1-800-Teladoc (832-2362)

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 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.

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.

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.

**Listed above are two added sponsored benefits that are not part of the policy.
There is a \$5.00 monthly administration fee for these two services.
(Not included in Child Only Policy)**

For additional information about this or any of the other quality products from ManhattanLife Assurance, please contact your CentralChoice Marketing Director.

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 Central 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.

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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Manhattan Life Insurance Company
Family Life Insurance Company

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