

# Affordable Choice

## Fixed Indemnity Benefit Plan

### Agent Guide

ManhattanLife Insurance and Annuity Company  
Family Life Insurance Company

Agent Use Only



**ManhattanLife**<sup>TM</sup>

*Standing By You. Since 1850.*

# TABLE OF CONTENTS

---

<b>SECTION 1: Introduction</b> .....	3
<b>SECTION 2: Affordable Choice Plan Designs</b> .....	4
<b>SECTION 3: Affordable Choice Premiums</b> .....	5
<b>SECTION 4: Completing the Application</b> .....	6
<b>SECTION 5: Affordable Choice Plan Design Changes</b> .....	7
<b>SECTION 6: Replacement of Coverage</b> .....	7
<b>SECTION 7: Employer List Bill</b> .....	7
<b>SECTION 8: Monthly Bank Draft and Direct Bill</b> .....	8
<b>SECTION 9: Affordable Choice Underwriting Guidelines</b> .....	8
<b>SECTION 10: Underwriting Height and Weight Build Chart – Adult</b> .....	11
<b>SECTION 11: Underwriting Height and Weight Chart – Juvenile – Male/Female</b> .....	12
<b>SECTION 12: Decline – Maximum Weights by Height for Diabetics</b> .....	13
<b>SECTION 13: Partial List of Medications for Uninsurable Health Conditions</b> .....	14
<b>SECTION 14: Uninsurable Health Conditions</b> .....	15
<b>SECTION 15: Contractual Waiting Period</b> .....	17
<b>SECTION 16: Privacy Overview</b> .....	17
<b>SECTION 17: Limitations and Exclusions</b> .....	17
<b>SECTION 18: Limited Benefit Policy(ies)</b> .....	18

## I. Introduction

The July 1, 2016, decision by the United State Court of Appeals, in response to a ManhattanLife legal action, re-opened the door for the Limited Benefit Hospital indemnity market. On the precipice of these types of products disappearing from the market, the favorable ruling both by an earlier district court and the affirmation of the U.S. Court of Appeals, set in motion ManhattanLife's Hospital Indemnity products to remain a viable alternative in the market segment. It is what sets our company apart from others.

Since its introduction, Affordable Choice\* has been evolving. Over the past several years we have made several significant enhancements, including:

- Adding two new plan designs to the original two when the product launched;
- Adding Inpatient Daily Hospital Room benefit amounts of \$5,000 and \$1,500 to complement the \$3,000 and \$2,000 daily room benefit amounts;
- A new confinement benefit, increasing the daily room benefit by 25% beginning in Year 2 of a policy if hospitalized due to an accident;
- A new cancer benefit with per day amounts up to a total of 40 days per year;
- Adding additional doctor office visits (up to a maximum of 10) with a rollover provision to carry five visits over the next Policy Year;
- A new surgical schedule;
- Increased our Calendar Year maximum to \$1,000,000 and the Lifetime Maximum to \$5,000,000.

And, in late 2020, we launched significant enhancements to our Outpatient Benefits.

The hallmarks of Affordable Choice have been and remain:

**Affordability** – there are four available plan designs, allowing policyholders wide choice to suit their needs.

**Accessibility** – this product is an underwritten product, well suited for the Limited Benefit segment.

**Flexibility** – access to a telemedicine service, a large national network and patient advocacy services.

Affordable Choice is the only *choice* for agents.

\*Affordable Choice is not major medical insurance. The plan provides limited fixed indemnity benefits for hospital confinement and other specified events. Fixed indemnity amounts are paid in the amount stated on the Benefit Schedule for a Covered Event regardless of the cost of services. This plan does not provide expense reimbursement for charges based on the health practitioner's statement.

## II. Affordable Choice Plan Designs

There are four Affordable Choice plan designs. Elite Plus and Classic are new.

### AFFORDABLE CHOICE PLAN COMPARISON

#### Surgical and Hospitalization Benefits

	ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
<b>Inpatient Hospital Confinement</b> (per Inpatient Day)	\$6,000	\$4,000	\$3,000	\$2,000
<b>Building Benefit Injury Reimbursement</b> 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
	Year 3	\$9,000	\$6,000	\$4,500
	Year 4	\$10,500	\$7,000	\$5,250
	Year 5	\$12,000	\$8,000	\$6,000
<b>Hospital Admission Benefits</b> (for the first Inpatient Day per calendar year)	\$3,000	\$2,000	\$1,000	\$1,000
<b>Emergency Room</b> (Per day/calendar year maximum)	\$300/2 CY	\$300/2 CY	\$250/1 CY	\$250/1 CY
<b>Urgent Care</b> (Per day/calendar year maximum)	\$300/4 CY	\$300/4 CY	\$250/2 CY	\$250/2 CY
<b>Surgery Benefit</b> 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
<b>Ambulatory Surgical Benefit</b> 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
<b>Daily Assistant Surgeon Benefit</b>	Pays 20% of the eligible surgical benefit			
<b>Daily Anesthesiologist Benefit</b>	Pays 25% of the eligible surgical benefit			
<b>Doctor's Office Visit with Rollover</b> (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.			
<b>Prescription Benefit</b> (Per Day)	\$75	\$50	\$50	\$25
<b>Outpatient Medical Benefits</b> Preventative Services: (per service)	Colonoscopy	\$600	\$600	\$500
	Pap	\$300	\$300	\$250
	PSA	\$300	\$300	\$250
Laboratory Services: (per day)	Surgical Pathology	\$300	\$300	\$200
	Other Laboratory Services	\$50	\$50	\$50
Therapy Services: (per day for physical, occupational, speech)	\$75	\$75	\$50	\$50
Radiology Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)	\$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
<b>Ground and Air Ambulance</b> Limit of 2 daily benefits per calendar year for all ambulance transportation (per day*)	\$150 Ground Ambulance \$1,500 Air Ambulance			
<b>Allergy Shots and Immunization**</b> (child only) (per day allergy shots/immunizations)	\$10/\$25			
<b>Cancer Benefit</b> Pays for Radiation, Chemotherapy, & Immunotherapy (per day/ 40 days per calendar year)	\$2,000	\$2,000	\$1,000	\$1,000
<b>Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement</b>	\$1,000,000 calendar year limit			
<b>Prescription Benefit</b>	\$750 calendar year maximum			
<b>Allergy Shots and Immunization</b>	\$100 calendar year maximum			
<b>Lifetime Maximum</b>	\$5,000,000			

\* Please note benefit amounts may vary by state.

### III. Affordable Choice Premium

*Monthly Premiums are generic and may have state variations.*

#### AFFORDABLE CHOICE MONTHLY PREMIUMS

		ELITE PLUS	ELITE	CLASSIC PLUS	CLASSIC
Ages 18 - 29	Individual	\$172.43	\$130.06	\$101.92	\$75.67
	Individual and Spouse*	\$340.04	\$255.27	\$198.98	\$146.43
	Individual and Child(ren)	\$373.97	\$271.93	\$208.13	\$151.06
	Individual and Family**	\$569.05	\$416.46	\$319.64	\$232.08
Ages 30 - 39	Individual	\$217.88	\$164.28	\$126.02	\$94.83
	Individual and Spouse*	\$430.97	\$323.76	\$247.23	\$184.78
	Individual and Child(ren)	\$419.42	\$306.15	\$232.23	\$170.22
	Individual and Family**	\$659.85	\$484.84	\$367.80	\$270.38
Ages 40 - 49	Individual	\$259.43	\$195.87	\$148.06	\$112.46
	Individual and Spouse*	\$513.92	\$386.78	\$291.14	\$219.94
	Individual and Child(ren)	\$460.97	\$337.75	\$254.27	\$187.85
	Individual and Family**	\$742.93	\$548.00	\$411.83	\$305.61
Ages 50 - 64	Individual	\$367.21	\$278.76	\$205.02	\$158.46
	Individual and Spouse*	\$729.52	\$552.62	\$405.12	\$311.99
	Individual and Child(ren)	\$568.77	\$420.65	\$311.23	\$233.86
	Individual and Family**	\$958.35	\$713.69	\$525.68	\$397.57
	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.

## IV. Completing the Application

New Application submission can be done via Online enrollment, easy upload through Agent Resource Center, fax or regular mail.

- Use the state version of application. The resident state of the applicant is the state that determines the version to be used. All applications can be found on the company website using your agent number and password.
- All applicants age 18 or over must sign the application.
- The company does not accept: Postdated checks, partial payments, applications with date altered, applications where white out is used, personal checks from the agent or agency.
- Be sure to ask the proposed insureds ALL health questions and the answers recorded on the application exactly as stated to you.

### Effective Dates:

- The effective date of the policy will be the policy date stated on the schedule page. It is not the date the application is signed.
- The company determines the effective date, when an application is approved by the Underwriting department.
- Insurance policies may not be effective on the 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup> of the month.
- If the bank draft application is submitted without premium, the first modal premium will be drafted once effective. Subsequent drafts will occur on the date requested; however, if no date is requested, the draft will occur on the date of the month on which the policy became effective.

### Issue Ages:

For Family or Individual/Spouse coverage, the premium will be determined based on the age of the older spouse on the date the application is signed, regardless of how it is listed on the application. (For Group List Bill the Employee's current age is used on the policy issue date)

### Processing Delays:

If an application is submitted with incomplete or missing information that is critical to the risk evaluation, an amendment to the application will be issued. Critical information includes but is not limited to: Plan choice, complete residential address, Date of Birth, any unanswered health questions, Applicants signature (mother's maiden name if applied online), replacement forms are not submitted, agent appointment not granted when the application was solicited or if the quoted premium is not accurate.

### Application Assistance:

If you have any questions about the application or about how to answer any of the questions on the application, please call Manhattan at 1-800-999-2971.

## Application Status:

For your convenience, you may access [www.manhattanlife.com](http://www.manhattanlife.com) at any time to verify the processing status on a submitted application.

### Application Status Codes:

- Data Entry - In the process of being keyed into the computer system
- Pending Information - Missing items identified during data entry
- Pending Agent Appointment- Application processed, but pending agent appointment
- Underwriting- Health history review
- Pending PHI- Pending telephone interview with applicant
- Withdrawn- Application closed
- Not Taken- Policy cancelled within the freelook period
- Decline- Not eligible for coverage
- Approved, future policy effective date- Application approved, pending future effective date
- Approve, Pending Premium draft- Application approved, but pending initial draft
- Active, Premium Paying- Policy Approved

## V. Affordable Choice Plan Design Changes

Below are some general guidelines if a policyholder wishes to change to a different plan design:

**Moving to a lower benefit amount:** Changes to a lower benefit plan can be changed at any time. An application should be completed indicating the change to the policy and what benefit plan is being applied for. The effective date will coincide with the termination date of the prior coverage.

**Moving to a higher benefit amount:** Changes to a higher benefit plan can be changed at policy anniversary. An application should be completed indicating the change to the policy and what benefit plan is being applied. The application is subject to underwriting and all questions should be answered on the application. The effective date will coincide with the termination date of the prior coverage.

There will be a pre-x period for the increased benefit amounts. Therefore, if claims are submitted during the first 12 months of the new coverage, medical records maybe ordered.

**Note: Plan Change applications cannot be submitted on-line. They should be submitted on paper applications and uploaded through the Agent Resource Center (Easy upload).**

## VI. Replacement of Coverage

- The replacement form is mandatory whenever replacement is involved.

## VII. Employer List Bill

- On payroll deduction business, you must submit a Premium Payment Agreement form (AIA0001). A true employer/employee relationship as outlined in this form must exist.
- For ManhattanLife to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office 14 days prior to the requested due date.

## VIII. Monthly Bank Draft and Direct Bill

- Bank drafts can be monthly, quarterly, semi-annual and annual.
- Direct bill can be quarterly, semi-annual and annual.
- 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.
- We require a voided sample check (payable to ManhattanLife Insurance and Annuity Company) along with a completed bank draft authorization form signed by the payor (not required for online submitted applications).
- 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.

The annual, semiannual and quarterly modes of payment are acceptable for all forms of payment.

We do not accept:

- post-dated checks;
- Credit Cards
- personal checks from an agent or agency
- partial payments;
- C.O.D. applications;

## IX. Affordable Choice Underwriting Guidelines

This guide provides information about the evaluation process utilized in underwriting and issuing Affordable Choice policies. Our goal is to issue insurance policies as quickly and efficiently as possible, while assuring proper evaluation of each risk. To accomplish this goal, writing agents may be contacted via email to advise him/her of any missing application item(s) or that a PHI (Personal History Interview) is required.

### **Important Information To Remember To Expedite Issue and Avoid PHI:**

- We run a Prescription Check on every application. To help avoid a PHI, make sure that all medications are listed with start date and diagnosis or reason for the medication and any dosage changes. For example: Question 3a on the application Lisinopril prescribed for high blood pressure 3 years ago, under control with no change in dosage.
- Make sure all questions are answered and details are provided for YES answers.
- Please enter height/weight for all applicants.

### **Personal History Interviews:**

Telephone interviews may be conducted to verify information as part of the application process.

Representatives are available Monday – Thursday 7 am to 6 pm and Friday 8 am to 5 pm CST and can be reached by dialing 1-800-877-7756 option 3.

**The following information is a guide on how a few specific diagnoses and/or situations are handled.**

**Arthritis – In any form:**

- Cannot be severe, debilitating, disabled or have surgery pending or recommended
- Cannot be Psoriatic
- Cannot require 2 or more medications or, require the use of steroids or immunosuppressants

**Asthma or Reactive Airway Disease:**

- Must be age 5 and above to be consider
- No hospitalizations or ER visits in the last 24 months for breathing issues/asthma attacks
- No oxygen use within the last 12 months
- Cannot be Chronic
- Cannot exceed BMI of 25
- More than one rescue inhaler within the last 24 months will be issued with an exclusion for Asthma or Reactive Airway Disease

**Cancer:**

- No treatment within the last 5 years for internal cancers
- Cannot have more than 1 occurrence of cancer
- Cannot have a history of Melanoma, Leukemia, Hodgkin's or Non-Hodgkin's Disease
- Basal cell or squamous cell carcinoma with recommended surgery that has not been completed yet will be issued with an exclusion

**Diabetes:**

Juvenile onset or the use of Insulin within the last 5 years will be declined for coverage

Applicants with a combination of high blood pressure, cholesterol and Type II Diabetes must be stable on their medications for a minimum of 6 months; this includes medication changes. In addition, they will be required to meet the following guidelines for consideration of coverage:

- Cannot exceed 2 oral diabetic medications
- Cannot exceed 2 high blood pressure medications
- Cannot exceed 1 high cholesterol medications
- Cannot exceed average blood pressure reading of 140/90
- Cannot have any cardiac history other than high blood pressure
- Cannot have a history of sleep apnea within the last 12 months
- Cannot have any complications related to diabetes \*\*\*\* See Complications of Diabetes

Applicants with a history of Gestational Diabetes will be required to be symptom and treatment free for a minimum of 6 months

\*\*\*\* Complications of Diabetes: Diabetic Neuropathy or Retinopathy, Erectile Dysfunction, Chronic Cystitis, Urinary Incontinence, Kidney Disease, Skin Ulcers, Amputations

**Disabled:**

- Applicants who are disabled will not be offered coverage

**Functionally Limiting Musculoskeletal Disease or Disorder:** Applicants with a history of Rheumatoid Arthritis may be considered for coverage based on the severity of condition. Applicants that are currently being treated with or have been treated with two or more medications, immunosuppressants or steroids would not be eligible for coverage:

**Hernia:**

Applicants with a history of hiatal, inguinal, umbilical or incisional hernia that has not been surgically corrected will be issued with an exclusion.

**High Blood Pressure:**

- Must be controlled for a minimum of 6 months, no medications changes in last 6 months, average blood pressure reading cannot exceed 140/90 for the last 6 months.
- Must be over age 25
- 18 and under will be declined
- 18-25 will require medical records review for cause of high blood pressure

**Pending Surgeries or Testing:**

- Applicants with minor pending surgeries may be considered with an exclusion based on the type of surgery in question.
- Applicants pending testing, biopsies, or any exams needed to establish care, will be postponed until results are received and a definitive diagnosis is made.

**Pregnancy:**

- An application submitted when the applicant, spouse or child is pregnant will be postponed, even if the pregnant person is not applying for coverage.
- Pregnant applicants will not be considered until pregnancy has been completed, and the mother has had a normal post-partum checkup and the newborn has had a normal 6-week check-up.
- All household applicants will be declined.

**Underwriting Height/Weight  
Build Chart- Adult**

<b>Male</b>				<b>Female</b>			
Height		Minimum Weight	Maximum Weight	Height		Minimum Weight	Maximum Weight
Feet	Inches			Feet	Inches		
5	0	105	209	4	8	85	185
5	1	108	215	4	9	90	190
5	2	110	224	4	10	93	195
5	3	112	232	4	11	95	199
5	4	115	238	5	0	100	204
5	5	119	245	5	1	102	209
5	6	122	253	5	2	105	215
5	7	126	259	5	3	108	221
5	8	129	267	5	4	110	227
5	9	132	275	5	5	115	232
5	10	136	282	5	6	117	237
5	11	140	290	5	7	120	244
6	0	144	298	5	8	125	251
6	1	148	308	5	9	128	260
6	2	151	316	5	10	130	265
6	3	155	326	5	11	135	275
6	4	159	334	6	0	138	284
6	5	163	342	6	1	141	291
6	6	166	352	6	2	145	298
6	7	169	361	6	3	150	304
6	8	173	369	6	4	155	296

**Underwriting Height/Weight**  
***Juvenile - Male and Female***

Ages 0 – 2 Yrs	Minimum Lbs.	Maximum Lbs.	Ages 3 - 9 Yrs	Minimum Lbs.	Maximum Lbs.	Ages 10 - 14 Yrs	Minimum Lbs.	Maximum Lbs.
20"	5	14	30"	18	40	48"	44	92
24"	8	23	34"	22	44	52"	54	108
26"	10	26	38"	26	54	56"	63	126
28"	13	31	42"	33	64	60"	74	144
30"	15	36	46"	38	78	64"	87	166
32"	18	40	50"	46	94	68"	100	186
34"	21	42	54"	56	111	66"	94	176
36"	23	45	58"	66	128	72"	113	206
38"	26	48				76"	126	228
40"	29	52						

**Decline**  
***Maximum Weights by Height- for Applicants with Diabetes***

Height	STD
4'8"	150
4'9"	155
4'10"	161
4'11"	167
5'0"	173
5'1"	181
5'2"	189
5'3"	197
5'4"	206
5'5"	214
5'6"	223
5'7"	231
5'8"	239
5'9"	248
5'10"	256
5'11"	265
6'0"	273
6'1"	280
6'2"	287
6'3"	294
6'4"	301
6'5"	308
6'6"	315

## Partial List of Medications Associated with Uninsurable Health Conditions

This list is not all-inclusive. An application should not be submitted if a client is taking any of the following Medications:

Alkeran	Cancer
Amantadine	*CNS Disorder
Amicar	Hemophilia
Apokyn	*CNS Disorder
Avonex	*CNS Disorder
Azasan	Rheumatoid Arthritis, Lupus, Crohn's Disease
AZT	HIV/AIDS
Baclofen	*CNS Disorder
Betaseron	*CNS Disorder
Campral	Substance Abuse
Carbidopa	*CNS Disorder
Cogentin	*CNS Disorder
Colazal	Ulcerative Colitis
Copaxone	*CNS Disorder
Cytosan	Cancer
D4T	HIV/AIDS
Dantrium	*CNS Disorder
Eldepryl	*CNS Disorder
Embril	Rheumatoid Arthritis
Epogen	Kidney Failure, HIV/AIDS
Exelon	Dementia
Herceptin	Cancer
Hydrea	Cancer
Hydergine	Dementia
Imuran	Immunosuppressant
Insulin	Diabetes
Interferon	HIV/AD, Cancer, Hepatitis
Indinavir	HIV/AIDS
Invirase	HIV/AIDS
Keppra	*CNS Disorder
Lamictal	*CNS/Mental Disorder
Levodopa	*CNS Disorder
Magace	Cancer
Megestrol	Cancer
Melphalan	Cancer
Magace	Cancer
Megestrol	Cancer
Melphalan	Cancer
Methotrexate	Rheumatoid Arthritis
Mexitil	*CNS Disorder

Mirapex	*CNS Disorder
Myambutol	Tuberculosis
Myleran	Cancer
Nelfinavir	HIV/AIDS
Neoral	Immunosuppressant
Neupro	*CNS Disorder
Nitroglycerin	Heart Attack
Paraplatin	Cancer
Parlodol	*CNS Disorder
Pegasys	Cancer, Hepatitis
Permax	CNS Disorder
Phenobarbital	CNS Disorder
Prednisone	Rheumatoid Arthritis, Lupus, Lymphoma, Crohn's Disease
Procrit	Anemia caused by Kidney Failure or Cancer
Purinethol	Leukemia
Remicade	Autoimmune Diseases
Requip	CNS Disorder
Retrovir	HIV/AIDS
Rebif	CNS Disorder
Ribavirin	Hepatitis
Riluzole	CNS Disorder
Ritonavir	HIV/AIDS
Sandimmune	Immunosuppressant
Stalevo	CNS Disorder
Sustiva	HIV/AIDS
Symmetrel	Antiviral
Tasmar	CNS Disorder
Thiotepa	Cancer
Tysabri	CNS Disorder
VePesid	Cancer
Vincristine	Cancer
Viramune	HIV/AIDS
Zanosar	Cancer
Zelapar	CNS Disorder

\*CNS: Central Nervous System Disorder-  
Parkinson's Disease, Multiple Sclerosis, and Epilepsy

## XIV. Uninsurable Health Conditions

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.

**Uninsurable Health Conditions:** Application should not be submitted if an applicant has been diagnosed and/or treated for any of the following conditions within the past 5 years or had medical tests advised/performed where results are abnormal or still pending.

3 or more medications are being prescribed to control any 1 condition	Bedridden	Dementia
Acoustic Neuroma	Biopsy pending results or follow ups within the next 6 months	Diabetes – See Underwriting Guidelines
Addison’s disease	Blindness due to disease	Dialysis
AIDS/HIV/ARC	Boeck’s Sarcoid	Down’s Syndrome
Alcoholism	Brain Tumor – malignant or benign	Drug Abuse – Prescribed or Illegal
Alzheimer’s Disease	Bronchitis - chronic	Emphysema
ALS - Amyotrophic Lateral Sclerosis	Buerger’s Disease	Epilepsy – Grand Mal or Seizure within the past 2 years
Amputation due to disease	Bundle Branch Block (left)	Encephalitis
Aneurysm (abdominal, brain or thoracic aortic)	Bypass surgery - coronary	Endocarditis
Angina	Cancer – See Underwriting Guidelines	Esophageal Varices
Angioplasty	Cardiomyopathy	Heart Attack
Ankylosing Spondylitis	Carotid Artery Disease	Heart Disease or Disorder
Anorexia	Central Nervous System Disorder	Height and weight outside of guidelines
Aortic Regurgitation	Cerebral Palsy	Hemophilia
Aortic Stenosis/Insufficiency	Chorea	Hepatitis (other than Virus A)
Aplastic anemia	Cirrhosis of liver	High Blood Pressure – See Underwriting Guidelines
Arrhythmia	Coarctation of Aorta	Hodgkin’s Disease
Arteriosclerosis/Atherosclerosis	Colitis in any form	Hospitalized or confined to any health care institution Currently or within the past 3 months 3 or more times within the past 12 months
Asthma – See Underwriting Guidelines	Colostomy	Huntington’s Disease
Arthritis – All Types See Underwriting Guidelines	COPD (chronic obstructive pulmonary disease)	Hydrocephalus
Atrial Fibrillation	Congenital Heart Defect Uncorrected	Hydronephrosis
Atrial Septal Defect	Congestive Heart Failure	
Autism	Coronary Artery Disease	
Barrett’s Esophagus pending any procedure or surgery	Crohn’s Disease	
	Cystic Fibrosis	

Ileitis	Patent Ductus Arteriosus	Stroke – More than 1
Ileostomy	Paralysis	With residuals such as
Immunodeficiency Disorder other than AIDS or ARC	Parkinson's Disease	memory loss, difficulty with
Irregular Heart Beat	Paroxysmal Atrial Tachycardia	speech, paralysis
Kawasaki Disease	Pericarditis	Occurrence prior to age 45
Kidney Disease	Peripheral Arterial Disease	Suicide Attempt
Kidney Failure	Peripheral Vascular Disease	Surgery pending, suggested or
Leukemia	Poliomyelitis	completed but not released
Lou Gehrig's Disease (ALS)	Polycystic Kidney Disease	from doctor's care
Lupus in any form	Polycythemia	Tay-Sachs Disease
Lyme Disease - Present	Polymyalgia Rheumatica	Tetralogy of Fallot
Lymphoma	Porphyria	Thalassemia
Melanoma	Pott's Disease	Thrombophlebitis
Mental Retardation	Pregnancy – See Underwriting	TIA – Transient Ischemic Attack
Mitral Regurgitation	Guidelines	More than 1
Mitral Stenosis	PSA, history of elevation	With residuals such as
Multiple Sclerosis	Pulmonary Embolism or	memory loss, difficulty with
Muscular Dystrophy	Infarction	speech, paralysis
Myasthenia Gravis	Pulmonary Stenosis	Occurrence prior to age 45
Myocarditis	Pyelitis	Tourette's Syndrome
Narcotic Use - Chronic	Pyelonephritis	Toxic Epidermal Necrolysis
Nephrectomy	Pyloric Stenosis	Toxic Shock Syndrome
Nephrosis	Renal failure	Tuberculosis
Neurofibromatosis	Respiratory Distress Syndrome	Ulcerative Colitis
Niemann-Pick Disease	Retinopathy	Valve Replacement
Organ Transplant	Reye's Syndrome	Vasculitis
Osteoarthritis – severe, debilitating or surgery pending or suggested	Rheumatoid Arthritis – See Underwriting Guidelines	Ventricular Septal Defect – Still open
Osteomyelitis	Sarcoidosis	Von Reckinghausen's Disease/Tumor
Osteosarcoma	Scleroderma	Whipple's Disease
Opioid use	Shunt – Any kind	
Pacemaker – Can be considered if stable for 2 yrs	Sickle Cell Anemia	
Pancreatitis	Sleep Apnea	
	Spina Bifida	
	Stent Placement	

## XV. Contractual Waiting Period

There is no waiting period for Affordable Choice; however, there is a 12-month pre-existing condition clause.

## XVI. Privacy Overview

ManhattanLife must adhere to various legal and regulatory requirements, and it is the responsibility of all licensed insurance agents to be aware of insurance laws and regulations of their state so that they conduct all sales activities in a manner that complies with those laws and regulations.

Additionally, Manhattan Life has set high standards in connection with the sale and servicing of our insurance products. Agents are expected to conduct business with honesty and integrity, as outlined in ManhattanLife's Sales Representative Agreement.

The Sales Representative Agreement provides an overview of ethical and compliance expectations as they relate to advertising, field conduct, disclosure, suitability, replacement, and unfair trade practices. This Sales Representative Agreement is not intended to be a complete listing of all compliance requirements.

**Personally identifiable information** (PII) is information that clearly identifies a distinct individual (a consumer, customer, associate, or agent). Examples of PII are an individual's name, address, Social Security number, information about health, finances, and other information that is not generally available to the public.

A copy of the consumer privacy notice is available at [www.manhattanlife.com](http://www.manhattanlife.com). Agents are required to review this form to familiarize themselves with how ManhattanLife handles PII and what consumers can do to change or access it.

## XVII. Limitations and Exclusions

*Limitations and exclusions vary by state and by product, and the language below is the standard language. Please reference a state-specific policy book for state-specific language.*

## XVIII. Limited Benefit Policy(ies)

*All policies are issued by ManhattanLife Insurance and Annuity Company (administrative office in Houston, TX).*

*For agent information only. This material should not be distributed to the public or used in any solicitation. Insurers and their representatives are not permitted by law to offer tax or legal advice. The general and educational information here supports the sales, marketing and service of insurance policies. Based upon an individual's or group's particular circumstances and objectives, specific advice should be sought from their own qualified and duly licensed independent tax or legal advisers.*

Policy form series: AK7010 (including state variations)

Manhattan Insurance Group is affiliated with the following companies: Manhattan Life Insurance Company, ManhattanLife Insurance and Annuity Company, Family Life Insurance Company and Investors Consolidated Insurance Company. Our offices are located in Houston, Texas, Miami, Florida and New York, New York

ManhattanLife Insurance and Annuity Company  
Administrative Office:  
10777 Northwest Freeway  
Houston, TX 77092  
[Manhattanlife.com](http://Manhattanlife.com)