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FirstChoice Blue Ribbon Series

The FirstChoice in Defined Health Insurance Benefits

This is a Hospital Indemnity Insurance Policy
Underwritten by MahattanLife Insurance and Annuity Company.

FCBRS-BR 0723

FirstChoice Blue Ribbon Series

The FirstChoice in Defined Health Insurance Benefits

Plans to Suit the Needs of American Consumers

Our agents and clients alike have told us what they want and need in the way of defined benefit health coverage and the result is the FirstChoice Blue Ribbon Series. Compare our strong benefits and modest premiums to any other plans in the industry, and you will understand why we consider FirstChoice Blue Ribbon Series to be the "best in class". We are equally proud of our liberal underwriting and dedication to client support.

Choose the Best Plan for you!

Compare our FirstChoice Blue Ribbon Series plan designs to any other "defined benefit" health plans in the industry!

At no time in history have more Americans had health insurance, but even good true group or individual ACA plans have exposure, in the form of deductibles and coinsurance (the many thousands of dollars of claims after the deductible that are "shared" by the plan and the insured.) By law, this exposure can exceed $8,000 each for up to two (2) members of the insured household Each Year! FirstChoice Blue Ribbon Series provides coverage for these specific needs.



Plan #1

Designed for individuals who have coverage at work or through "the exchange" but want to protect themselves from the high exposure of a hospital claim.

Plan #2

Tailored to those with a higher deductible ($3,000 or more) from their group coverage at work, their individual "exchange" ACA plan, or for those with a Faith Based Ministry program who would feel more comfortable with an underlying level of strong "guaranteed renewable" benefits. This strategy can also be used in conjunction with a high deductible Short Term Major Medical.

Plan #3

Designed for those individuals (or families) who do not wish to participate in the Federal ACA insurance plans for any reason, but who do want high levels of "guaranteed renewable" benefits.

Plan #4

Designed for those individuals (or families) who want the highest levels of "guaranteed renewable" benefits along with an Outpatient Diagnosis Procedure benefit that is only included in Plan #4.

36.2 million

Hospital Admission

In 2019, there were over **36.2 million** hospital admissions in the United States.[1] The average cost of a 3-day hospital stay is around $30,000 and average overnight hospital stay costs about $11,700.[2, 3]

Bankruptcy

Over **500,000** households file for bankruptcy each year because of the mountain of medical bills they cannot afford to pay. [4]

500,000 Household Bankruptcies

25% No Savings

Savings

For 2021, **25%** of survey respondents indicate having no emergency savings, up from 21% who said they didn't have any in 2020. Another 26% say they have some emergency savings, but not enough to cover expenses for three months. [5]

THERE ARE ABOUT 2.8 MILLION NONFATAL WORKPLACE ACCIDENTS AND INJURIES IN THE UNITED STATES' PRIVATE INDUSTRY EACH YEAR. [6]



[1-6] Source information on back.

Blue Ribbon Series Hospital Indemnity Plan Designs

Benefit	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum Indemnity Paid to an insured upon the first hospital confinement each year.	$1,500	$3,000	$3,000	$4,000
Hospital Injury Indemnity *(per day)* Maximum 365 days per period of confinement when the confinement is the result of an accident or injury.	$500	$1,000	$1,000	$1,000
First Hospital Confinement *(per day)* Paid on 2nd, 3rd, 4th, 5th and 6th days of confinement	$1,000	$1,000	$3,000	$4,000
Intensive Care Unit *(per day)* Limited to 20 days per confinement	$250	$500	$1,000	$2,000
Surgical* *(per day)* Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement.	$500	$1,000	$3,000	$4,000
Anesthesia* *(per day)* Daily benefit paid for each day that a surgical benefit is paid	$100	$200	$600	$800
Daily Room Benefit *(per day)* Payable per day of confinement up to 365 days	$100	$100	$500	$1,000
Private Duty Nurse *(per day)* Maximum 30 days per period of confinement (limitations apply)	$100	$100	$300	$500
Emergency Accident *(per day)* Limit 1 visit per accident/4 accidents per calendar year	$250	$250	$500	$500
Outpatient Sickness *(per day)* Limit 1 visit per sickness/maximum 4 visits per calendar year	$50	$50	$100	$150
Accidental Death and Dismemberment** Injury*** leading to dismemberment and/or death within the states allowed time period.	$10,000	$20,000	$75,000	$100,000
Outpatient Diagnosis Procedure *(per day)* Pays the Scheduled Benefit amount per day for each day a Covered Diagnostic Procedure is performed on an insured, 4 per insured person per year	X	X	X	$250

** Surgery/Anesthesia subject to a combined Calendar Year Max of $50,000*
*** Please see policy for spouse and child coverage.*
**** Injury must be in accordance with terms and conditions of AD&D rider.*

Explanation of Plan Benefits

Lump Sum Indemnity

- Pays the benefit for the first time an Insured is confined to a Hospital due to a covered Injury or Sickness. This benefit is payable one time per Calendar Year per Insured. It is paid in addition to all other plan benefits.

First Hospital Confinement

- The First Hospital Confinement Benefit is paid for the first period of Hospital Confinement of each year. It is paid in addition to all other plan benefits.

Hospital Injury Indemnity

- Pays a Daily Benefit for each day an Insured is confined to a Hospital as the result of a covered injury. The benefit is paid per day of confinement up to 365 days! It is paid in addition to all other plan benefits.

Intensive Care Benefit

- This benefit pays a Daily Benefit for each day of confinement in a Hospital's Intensive Care Unit for any covered Injury or Sickness. This benefit is payable for up to 20 days for any Period of Confinement in addition to the Daily Room Benefit. Benefits begin on the first day of ICU Confinement.

Surgery

- Pays the Scheduled Benefit amount per day for each day of continuous hospital confinement during which one or more surgical procedures takes place, not to exceed 5 days per period of confinement. It is paid in addition to all other plan benefits. For surgical services rendered in an Ambulatory Surgical Center, pays 25% of the corresponding Scheduled Benefit amount for the day the surgery is performed.

Anesthesia

- The anesthesia benefit is paid for each day that a surgical benefit is paid. It is paid in addition to all other plan benefits.

Daily Room Benefit

- The Daily Room Benefit is paid for each day of a covered hospital confinement due to Sickness or Injury for up to 365 days. It is paid in addition to all other plan benefits.

Outpatient Sickness

- Pays the specified Benefit per day for each day treatment is received in an out-of-Hospital facility or a Hospital emergency room due to a covered Sickness. Limit 1 visit per Sickness. Maximum of 4 visits per calendar year for per insured.

Emergency Accident

- Pays a benefit for only one Emergency Care treatment per Injury. Any other Emergency Care treatments for the same Injury will not be subject to a benefit. Benefits for Emergency Care treatments are limited to 4 such treatments per Insured in a Calendar Year.

Private Duty Nursing

- Pays a Daily Benefit if the service of a private duty nurse is required for at least 8 hours per day while confined in a hospital. These benefits are offered for up to 30 days during any period of confinement due to injury or Sickness.

Accidental Death and Dismemberment

- Provides a Death or Dismemberment benefit if an Insured is injured and/or death occurs within the state allowed time period. Injury must be in accordance with the terms and conditions.

Outpatient Diagnosis Procedure

- Pays the per day benefit amount, up to the Calendar Year maximum shown on the Policy Schedule when any Insured incurs charges for any radiological or laboratory service while this Rider is in force. The procedure must be required due to a Covered Event. This benefit Rider is subject to a Calendar Year maximum shown on the Policy Schedule.

All benefits are paid in addition to one another, including the Hospital Injury Indemnity and ICU.

There is not limit to the number of separate hospital confinements or ICU confinements that can be covered per year or per lifetime. There is an annual limit of $50,000 per insured for the Surgical benefit only.

FirstChoice Blue Ribbon Series Claim Examples

EXAMPLE 1

Cholecystectomy (Gall Bladder)

3 Day Stay

	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum	$1,500	$3,000	$3,000	$4,000
Hospital Injury	X	X	X	X
First Confinement	$2,000	$2,000	$6,000	$8,000
ICU	X	X	X	X
Surgical	$1,500	$3,000	$9,000	$12,000
Anesthesia	$300	$600	$1,800	$2,400
Daily Room Benefit	$300	$300	$1,500	$3,000
Private Duty Nurse	X	X	X	X
Emergency Accident	X	X	X	X
Outpatient Sickness	X	X	X	X
Accidental Death and Dismemberment	X	X	X	X
Outpatient Diagnosis Procedure	X	X	X	X
Benefit Payment	**$5,600**	**$8,900**	**$21,300**	**$29,400**

EXAMPLE 2

Sudden Injury due to a motor vehicle accident

8 Day Stay

	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum	$1,500	$3,000	$3,000	$4,000
Hospital Injury	$4,000	$8,000	$8,000	$8,000
First Confinement	$5,000	$5,000	$15,000	$20,000
ICU	X	X	X	X
Surgical	$2,500	$5,000	$15,000	$20,000
Anesthesia	$500	$1,000	$3,000	$4,000
Daily Room Benefit	$800	$800	$4,000	$8,000
Private Duty Nurse	X	X	X	X
Emergency Accident	X	X	X	X
Outpatient Sickness	X	X	X	X
Accidental Death and Dismemberment	X	X	X	X
Outpatient Diagnosis Procedure	X	X	X	X
Benefit Payment	**$14,300**	**$22,800**	**$48,000**	**$64,000**

EXAMPLE 3

Heart Bypass (3 days in ICU)

10 Day Stay

	Plan #1	Plan #2	Plan #3	Plan #4
Lump Sum	$1,500	$3,000	$3,000	$4,000
Hospital Injury	X	X	X	X
First Confinement	$5,000	$5,000	$15,000	$20,000
ICU	$750	$1,500	$3,000	$6,000
Surgical	$2,500	$5,000	$15,000	$20,000
Anesthesia	$500	$1,000	$3,000	$4,000
Daily Room Benefit	$1,000	$1,000	$5,000	$10,000
Private Duty Nurse	$1,000	$1,000	$3,000	$5,000
Emergency Accident	X	X	X	X
Outpatient Sickness	X	X	X	X
Accidental Death and Dismemberment	X	X	X	X
Outpatient Diagnosis Procedure	X	X	X	X
Benefit Payment	**$12,250**	**$17,500**	**$47,000**	**$69,000**

New FirstChoice Blue Ribbon Series Hospital Indemnity Plans:

- Your choice of four benefit packages
- No lifetime maximum benefit limits
- No deductibles
- Pays directly to you after easy claim filing
- Pays in addition to all other insurance
- No networks, use any doctor or hospital

The Two "Costs" of Healthcare

The first is the premium cost to have health insurance. The second is the out-of-pocket exposure when using it. If the premiums are affordable but unsuitable due to high deductibles, co-insurance, and out-of-pocket charges, it can create a financial burden difficult or impossible to overcome.

One of two possibilities will occur for you this year; you will either be confined to a hospital, or you will not. It is unlikely that many of us will exceed our deductibles 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 confined to a hospital, the high cost of treatment will likely have us reach the maximum out-of-pocket threshold of any qualified metal plan level for even a relatively short confinement.

The irony of today is that health insurance has never been easier to qualify for nor more expensive. Many see the merit of purchasing a lower-cost, qualified Bronze plan and using the amount saved in premiums to purchase supplemental health insurance. By doing so, particularly in years with a hospital stay, an individual can purchase a Bronze plan and a FirstChoice Plan 4 and could reduce or eliminate the out of pocket costs, often for less total premium expenditure than would have been required for a Silver or Gold plan alone.

Blue Ribbon Series Hospital Indemnity Plan Premiums

Rates are for the following states*:

AL, AR, AZ, CA, DE, FL, GA, IA, IL, IN, LA, MD, MI, MS, NC, NE, OH, OK, PA, SC, TN, TX, VA, WI and WV

Plan 1	Employee	Emp / Spouse	Emp / Children	Family
18-39	$53.60	$99.90	$95.82	$142.12
40-59	$72.65	$137.85	$114.87	$180.07
60-65*	$84.35	$161.10	$126.57	$203.32
Plan 2	**Employee**	**Emp / Spouse**	**Emp / Children**	**Family**
18-39	$73.50	$139.40	$132.93	$198.83
40-59	$101.75	$195.60	$161.18	$255.03
60-65*	$119.40	$230.60	$178.83	$290.03
Plan 3	**Employee**	**Emp / Spouse**	**Emp / Children**	**Family**
18-39	$148.60	$287.95	$271.29	$410.64
40-59	$202.50	$394.62	$325.19	$517.32
60-65*	$239.60	$467.70	$362.29	$590.39
Plan 4	**Employee**	**Emp / Spouse**	**Emp / Children**	**Family**
18-39	$233.08	$456.16	$425.46	$648.54
40-59	$315.05	$618.60	$507.43	$810.98
60-65*	$375.60	$738.20	$567.98	$930.58

** In CA, the third age band is 60-64*

FAQ

These frequently asked questions and their answers will provide a basic understanding of the First*Choice* Blue Ribbon Series Limited Benefit Hospital Indemnity Policy.

Q: What is First*Choice*?

A: First*Choice is a package of Simplified Issue, Guaranteed Renewable, Health Insurance benefits underwritten by ManhattanLife Insurance and Annuity Company and marketed through independent licensees.*

Q: What do you mean by "Guaranteed Renewable?"

A: *Unlike most plans, FirstChoice is a guaranteed renewable policy, not a certificate of a group master policy. Once issued, the plan is Guaranteed Renewable to the first policy anniversary after attaining age 65, and 'conditionally renewable' annually until the policy anniversary after age 70, or becomes eligible for Medicare.*

Q: Is First*Choice* a "qualified" plan under Healthcare Reform?

A: *No,* First*Choice is not a Health Benefits Plan, and does not qualify as Creditable Coverage under HIPAA, nor does it constitute 'minimal essential coverage' under PPACA. No waiver is provided for applicants with a Certificate of Creditable Coverage from a prior plan, and none is offered after termination. Owning any FirstChoice plan design will not satisfy a requirement for 'qualified coverage' and will not otherwise impact any tax penalties that may be owed.*



FAQ continued

Q: Does my First*Choice* plan include a PPO discount program?

A: *For the new FirstChoice Blue Ribbon Series plan designs all feature industry giant First Health Network to provide repricing for hospitalization, imaging, office visits, and more at any of their providers nationwide!*

Q: Are the Blue Ribbon Series plans "HSA qualified"?

A: *HSA funds may not be used to pay for a Blue Ribbon plan premium. In addition, all Blue Ribbon Series plan designs feature benefits that are mentioned under IRS 223, and by owning such benefits, may restrict the client from making a tax-deductible contribution to an HSA account. Clients are encouraged to seek the advice of their accounting and tax professionals.*

Q: May an insured purchase more than one First*Choice* HI plan?

A: *No, an individual may only be covered by one* First*Choice HI policy at any given time, regardless of Series. They are encouraged to purchase CancerCare Plus, First Occurrence Cancer, CPR CI, PAID Accident, Dental, Vision and Hearing, and other quality ManhattanLife Policies.*



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Text: 713-524-9190

Email: info@greenimaging.net

Web: https://greenimaging.net/

Green Imaging

**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.*

How you save with First Choice

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- Behavioral Health
- Healthcare Liaison's

Email: memberservices@navigohealth.com

Web: https://manhattanlife.telahealthconsultants.com/

Phone: 1-877-544-0171

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Health Advocate

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)



ManhattanLife™
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Toll Free Telephone: 800-669-9030

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 FirstChoice 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: HIP, HIP-LA, HIP-OK, HIP-TX (including state variations)

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.

SOURCE INFORMATION

[1] *https://www.statista.com/statistics/459718/total-hospital-admission-number-in-the-us/*
[2] *https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-costs/*
[3] *https://www.peoplekeep.com/blog/infographic-how-much-does-a-hospital-stay-cost*
[4] *https://www.healthinsurance.com/learning-center/article/hospital-indemnity-insurance-101*
[5] *https://www.cnbc.com/2021/07/28/51percent-of-americans-have-less-than-3-months-worth-of-emergency-savings.html*
[6] *https://www.zippia.com/advice/workplace-injury-statistics/*

BMC AGENCY, INC

FirstChoice Blue Ribbon Series is proudly provided through the independently licensed agents of: BMC Agency, Inc.

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