



ManhattanLife™

Standing By You. Since 1850.



# Hospital Indemnity

*A Supplemental Health Insurance Benefits Plan*

This is a Hospital Indemnity Insurance Policy  
Underwritten by The Manhattan Life Insurance Company



# Hospital Indemnity

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## **POLICY HIGHLIGHTS:**

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

**Pre-Existing Conditions** - 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 three 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 our network.

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

## **THE IMPORTANCE OF HOSPITAL INDEMNITY AS SUPPLEMENTAL COVERAGE**

Our plan features a variety of both inpatient as well as outpatient benefits, including surgery. Benefits can be paid to any hospital or doctor and when FirstHealth network providers are used additional savings through negotiated discounts may be available.

# Hospital Indemnity plan designs featuring the Daily Surgical Benefits

BENEFIT*	Preferred	Basic	Value
<b>Daily Room Benefit</b> <i>Pays for each day of Hospital Confinement the insured is charged room and board by the hospital.</i>	\$150	\$100	\$50
<b>Lump Sum Indemnity</b> <i>Paid to an insured upon first hospital confinement each year</i>	\$600	\$400	No Benefit
<b>First Hospital Confinement</b> <i>Based on duration of first hospital confinement</i>	1 Unit	1 Unit	1 Unit
<b>Intensive Care Unit</b> <i>Limited to 20 days per confinement</i>	\$800	\$500	No Benefit
<b>Surgical 3 days</b> <i>Per day when confined and a covered surgical event takes place. Maximum of 5 days per confinement.</i>	\$1,000	\$1,000	\$1,000
<b>Emergency Accident</b> <i>Limited to 4 different covered injuries per calendar year per insured</i>	\$150	\$100	\$50
<b>Outpatient Sickness</b> <i>Limited to 4 different covered sicknesses per insured each calendar year.</i>	\$75	\$50	\$25
<b>Private Duty Nurse</b> <i>Limited to 30 days per confinement</i>	\$150	\$100	\$50
<b>Hospital Injury Indemnity</b> <i>See rider for specific amounts</i>	\$300	\$200	\$100
<b>Hospital Observation Benefit</b> <i>At least 24 continuous hours of care, but not more than 6 days per calendar year for each insured.</i>	See Policy Schedule		

## Hospital Indemnity Rates

*All rates are per individual.*

Monthly Rates	Adult - Individual or Spouse			Child
	18 - 39	40 - 59	60 - 69	0 - 17
Value	\$25.10	\$33.33	\$38.06	\$20.17
Basic	\$41.90	\$55.86	\$65.92	\$36.32
Preferred	\$54.70	\$72.89	\$86.88	\$48.97

Individual and Spouse would be twice the Individual rate shown.

Value plan for a couple age 40 - 59 would be:  $\$33.33 \times 2 = \$66.66$  monthly

Individual and child would be the individual rate plus the child rate.

Basic plan for a parent age 38 and a child would be:  $\$41.90 + \$36.32 = \$78.22$  monthly.

# Hospital Indemnity Benefits

## **DAILY ROOM BENEFIT:**

Pays a daily room benefit for each day of Hospital Confinement for an Insured for Injury or Sickness if admitted:

- a. at the direction of and under the supervision of a Physician;
- b. after the policy's effective date and while policy is active;
- c. due to Injury or Sickness that is not excluded by name or description in the Policy; and
- d. is the result in the insured being admitted to the Hospital for more than one calendar day.

Benefits payable will not exceed the Maximum Benefit Period for any Period of Confinement. For benefits to be payable, the Insured must have been charged room and board by the Hospital for each day of Hospital Confinement.

## **HOSPITAL INJURY INDEMNITY:**

For the Hospital Injury Indemnity daily benefit to be payable, the Hospital Confinement must:

- a. begin while this Rider is in force for the Insured;
- b. be at the direction and supervision of a Physician; and,
- c. be for treatment of an Injury.

The maximum number of days that We will pay during a Period of Confinement is 365.

## **INTENSIVE CARE UNIT:**

If an Insured is confined in a Hospital's Intensive Care Unit due to an Injury or Sickness, we will pay the daily benefit shown on the Policy Schedule. We will pay this amount for each day of confinement for which there is a room and board charge by the Hospital, but not to exceed 20 days during any Period of Confinement, as defined in the Policy

## **SURGICAL PLUS BENEFIT:**

**Inpatient Surgery:** If a Physician performs surgery in a Hospital due to Injury or Sickness while the Rider is in force, We will pay the daily benefit amount of \$1,000 for each day an Insured is confined to a Hospital and has one or more surgeries during the confinement, subject to the Maximum Continuous Confinement Period of three days.

**Inpatient Surgery Anesthesia:** We will pay a benefit amount of \$200 for each day an inpatient surgical benefit is paid while the Rider is in force.

**Ambulatory Surgery:** If a Physician performs ambulatory surgery due to Injury or Sickness while the Rider is in force, We will pay the daily benefit amount of [\$125 to \$2,500] for the surgery that takes place in an Ambulatory Surgical Center.

**Ambulatory Surgery Anesthesia:** We will pay [\$25 to \$500] for each day an ambulatory surgical benefit is paid while this Rider is in force.

**Additional Benefits:** The Rider also includes Routine Benefits, Mammography Screening/Mammogram, Pap Smear, or PSA Test. The maximum benefit amount is \$200 per calendar year.

## **PRIVATE DUTY NURSE RIDER:**

Benefit payable for each day an Insured receives the services of a Private Duty Nurse during a Hospital Confinement up to a maximum of 30 days during any Period of Confinement.

The service must:

- a. be rendered as the result of an Injury or Sickness;
- b. be at the direction of and under the supervision of a Physician;
- c. be Medically Necessary and provided for at least 8 hours a day; and
- d. begin while the Rider is in force for the Insured.

Only one daily Benefit is payable for all Private Duty Nurse services received within a consecutive 24-hour period.

## **HOSPITAL INJURY INDEMNITY RIDER:**

We will pay the benefit shown or the Daily Hospital Indemnity benefit amount (whichever is less) for a Hospital Confinement which:

- a. begins while the Rider is in force for the Insured;
- b. is at the direction and supervision of a Physician; and
- c. for treatment of an Injury. The maximum number of days We will pay during a Period of Confinement is 365.

### LUMP SUM INDEMNITY RIDER:

Pays the benefit shown for an Insured's First Hospital Confinement, which:

- a. is due to Injury or Sickness;
- b. begins while the Rider is in force for the Insured; and
- c. is at the direction of and under the supervision of a Physician.

The benefit is limited to the First Hospital Confinement per each Calendar Year for each Insured.

### HOSPITAL OBSERVATION UNIT BENEFIT:

Benefit is payable when an Insured receives care in a Hospital Observation Unit for at least 24 continuous hours, but not more than 6 days per Calendar Year. Before benefits are payable, the Hospital Observation Unit stay must:

- a. be due to Injury or Sickness;
- b. begin while the Rider is in force for the Insured; and
- c. be at the direction of and under the supervision of a Physician.

The benefit amount will be the amount next to the total number of days in a Hospital Observation Unit as shown in the Hospital Observation Unit Schedule. The benefit amount is not a cumulative benefit, and it will not exceed the maximum benefit amount for each Insured for each Calendar Year.

### HOSPITAL OBSERVATION UNIT SCHEDULE

Total Days in a Hospital Observation Unit	Maximum Benefit Amount
One	\$0
Two	\$500
Three	\$1,000
Four	\$1,500
Five	\$2,000
Six	\$2,500

### FIRST HOSPITAL CONFINEMENT RIDER:

Pays the benefit shown an Insured's First Hospital Confinement which:

- a. is due to Injury or Sickness;
- b. begins while the Rider is in force for the Insured; and
- c. is at the direction of and under the supervision of a Physician.

The benefit is not a cumulative benefit and will not exceed the maximum benefit amount for the number of units purchased for each Insured, each Calendar Year.

### FIRST HOSPITAL CONFINEMENT SCHEDULE

Total Days of Hospital Confinement	Maximum Benefit Amount per Unit
One	\$0
Two	\$1,000
Three	\$2,000
Four	\$3,000
Five	\$4,000
Six	\$5,000

### FIRST HOSPITAL OBSERVATION UNIT BENEFIT:

We will pay this benefit when an Insured receives care in a Hospital Observation Unit for at least 24 continuous hours. Before benefits are payable, the First Hospital Observation Unit stay must:

- a. be due to Injury or Sickness;
- b. begin while the Rider is in force for the Insured; and,
- c. be at the direction of and under the supervision of a Physician.

The benefit amount will be the amount next to the total number of days in a Hospital Observation Unit. The benefit amount is not a cumulative benefit, and it will not exceed the maximum benefit amount for each Insured for each Calendar Year.

### HOSPITAL OBSERVATION UNIT SCHEDULE

Total Days in a Hospital Observation Unit	Maximum Benefit Amount
One	\$0
Two	\$500
Three	\$1,000

Any Observation Unit stay in excess of 72 hours, the benefit paid will be the corresponding benefit for the First Hospital Confinement Benefit based on the number of days in the Hospital, but not to exceed 6 days of Total Confinement in the Hospital. In this case, only the First Hospital Confinement Benefit will be paid.

### OUTPATIENT SICKNESS RIDER:

If an Insured requires outpatient treatment due to a Sickness and such treatment is rendered in:

- a. an out-of-Hospital facility, then We will pay the daily benefit; or
- b. a Hospital emergency room, then We will pay 1.5 times the daily benefit.

The daily benefit pays as shown. Outpatient treatment must be provided by a Physician is as a daily benefit for only one outpatient treatment per Sickness. Benefits are limited to 4 different Sicknesses per Insured each Calendar Year.

### EMERGENCY ACCIDENT RIDER:

If an Insured is Injured and requires Emergency Care by a Physician, the benefit pays as shown. The Emergency Care must be rendered in an emergency room of a Hospital or in a Physician's office and be received within 72 hours of the Injury.

This Rider pays a benefit for only one Emergency Care treatment per Injury. Benefits are limited to four daily treatments per Insured in a Calendar Year.



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Underwritten by:

Manhattan Life Insurance Company

Administrative Office: 10777 Northwest Freeway, Houston, TX 77092

Toll Free Telephone: 800-669-9030

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Hospital Indemnity product at [disclosure.manhattanlife.com](http://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.



### **Hospital Avanzada (Preferred)**

<b>Beneficio</b>	<b>Indemnización</b>
Pago diario por hospitalización	<b>\$150</b>
Indemnización De Pago Único	<b>\$600</b>
Primera hospitalización	<b>1 Unidad</b>
Unidad de Cuidado Intensivo	<b>\$800</b>
Cuidado Quirúrgico	<b>\$1,000</b>
Visita a Sala de Emergencias por accidente	<b>\$150</b>
Cuidado Ambulatorio Por Enfermedad	<b>\$75</b>
Enfermera Privada	<b>\$150</b>
Indemnización Por Hospitalización Por Accidente	<b>\$300</b>

**Primera hospitalización paga máximo de 6 días por unidad por año.**

<b>Días de primera hospitalización</b>	<b>Beneficio</b>
1	\$0
2	\$1,000
3	\$2,000
4	\$3,000
5	\$4,000
6	\$5,000

### **Costo**

<b>Edad</b>	<b>0 – 17</b>	<b>18 – 39</b>	<b>40 – 59</b>	<b>60 – 69</b>
<b>Prima – Individual</b>	<b>\$48.97</b>	<b>\$54.70</b>	<b>\$72.89</b>	<b>\$86.88</b>

**\*\*Nota: Beneficio de Telemedicina costo mensual por póliza \$7.00 (cargo adicional a la prima).**





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- **Tele Medicina**
  - 24/7/365 Consulta médica telefónica de salud física/mental y dermatología.
- **Pago por hospitalización diaria**
  - Paga beneficio hasta 365 días por asegurado.
- **Pago inmediato "Lump Sum"**
  - Primera hospitalización en el año por asegurado.
- **Primera hospitalización**
  - Paga hasta 6 días según descrito por unidad, 1 unidad por año.
- **Cuidado Intensivo**
  - Máximo 20 días por hospitalización.
- **Cuidado Quirúrgico**
  - Beneficio hasta **\$1,000** diarios por procedimiento quirúrgico mientras se encuentra **hospitalizado**, con máximo de 3 días.
- **Cirugías Ambulatorias**
  - Beneficio hasta \$2,500 dependiendo de cirugía realizada.
  - Anestesia para cirugía ambulatoria desde \$25 hasta \$500.
- **Beneficio adicional de rutina**
  - \$200 por año calendario por pruebas preventivas: PAP, Mamografía, Prueba PSA.
- **Emergencia por accidente**
  - Indemnización por visita a sala de emergencias dentro de las primeras 72 horas luego del accidente.
  - Cubre hasta 4 tratamientos ambulatorios realizados en oficinas médicas.
- **Enfermera privada**
  - Beneficio mientras se está hospitalizado.  
Periodos consecutivos de 247 horas, mínimo 8 horas al día, con un máximo de 30 días.
- **Indemnización Por Hospitalización Por Accidente**
  - Hospitalización por herida y/o accidente, máximo 365 días.



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## Hospital Básica (Value)

Beneficio	Indemnización
Pago diario por hospitalización	<b>\$50</b>
Indemnización De Pago Único	<b>\$0</b>
Primera hospitalización	<b>1 Unidad</b>
Unidad de Cuidado Intensivo	<b>\$0</b>
Cuidado Quirúrgico	<b>\$1,000</b>
Visita a Sala de Emergencias por accidente	<b>\$50</b>
Cuidado Ambulatorio Por Enfermedad	<b>\$25</b>
Enfermera Privada	<b>\$50</b>
Indemnización Por Hospitalización Por Accidente	<b>\$100</b>

**Primera hospitalización paga máximo de 6 días por unidad por año.**

Días de primera hospitalización	Beneficio
1	\$0
2	\$1,000
3	\$2,000
4	\$3,000
5	\$4,000
6	\$5,000

## Costo

Edad	0 – 17	18 – 39	40 – 59	60 – 69
<b>Prima – Individual</b>	<b>\$20.17</b>	<b>\$25.10</b>	<b>\$33.33</b>	<b>\$38.06</b>

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- **Cuidado Intensivo**
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- **Cuidado Quirúrgico**
  - Beneficio hasta **\$1,000** diarios por procedimiento quirúrgico mientras se encuentra **hospitalizado**, con máximo de 3 días.
- **Cirugías Ambulatorias**
  - Beneficio hasta \$2,500 dependiendo de cirugía realizada.
  - Anestesia para cirugía ambulatoria desde \$25 hasta \$500.
- **Beneficio adicional de rutina**
  - \$200 por año calendario por pruebas preventivas: PAP, Mamografía, Prueba PSA.
- **Emergencia por accidente**
  - Indemnización por visita a sala de emergencias dentro de las primeras 72 horas luego del accidente.
  - Cubre hasta 4 tratamientos ambulatorios realizados en oficinas médicas.
- **Enfermera privada**
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  - Periodos consecutivos de 247 horas, mínimo 8 horas al día, con un máximo de 30 días.
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### **Hospital Intermedia (Basic)**

<b>Beneficio</b>	<b>Indemnización</b>
Pago diario por hospitalización	<b>\$100</b>
Indemnización De Pago Único	<b>\$400</b>
Primera hospitalización	<b>1 Unidad</b>
Unidad de Cuidado Intensivo	<b>\$500</b>
Cuidado Quirúrgico	<b>\$1,000</b>
Visita a Sala de Emergencias por accidente	<b>\$100</b>
Cuidado Ambulatorio Por Enfermedad	<b>\$50</b>
Enfermera Privada	<b>\$100</b>
Indemnización Por Hospitalización Por Accidente	<b>\$200</b>

**Primera hospitalización paga máximo de 6 días por unidad por año.**

<b>Días de primera hospitalización</b>	<b>Beneficio</b>
1	\$0
2	\$1,000
3	\$2,000
4	\$3,000
5	\$4,000
6	\$5,000

### **Costo**

<b>Edad</b>	<b>0 – 17</b>	<b>18 – 39</b>	<b>40 – 59</b>	<b>60 – 69</b>
<b>Prima – Individual</b>	<b>\$36.32</b>	<b>\$41.90</b>	<b>\$55.86</b>	<b>\$65.92</b>

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