

# The Affordable Choice

This is a Hospital Confinement and other Fixed Indemnity Insurance Policy  
Underwritten by ManhattanLife Assurance Company of America  
Administrative Office: 10777 Northwest Freeway, Houston, TX 77092  
Toll Free Telephone: 800-669-9030

## Right to Examine Policy for 10 Days

If you are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded and Your coverage will be void from the Effective Date. In OK, if we do not return any premium or moneys paid within 30 days from the date of cancellation, We will pay interest on the proceeds.

## Pre-Existing Conditions Limitation (varies by state)

We will not pay benefits for events that result from or are related to a pre-existing condition, or its complications\*, until the covered person has been continuously insured under this plan for 12 months. After this period, benefits will be available for events resulting from or related to a pre-existing condition, or its complications\*, provided that the covered event occurs while this plan is in force.

*\*In NC, "or its complications does not apply)*

## Termination

The Policyholder may cancel this plan at any time by sending Us written notice.

The Policy will terminate at 12:01 a.m. local time at the Policyholder's state of residence on the earliest of the following date:

- The end of the month you attain age 65.
- The date We receive a request in writing or by telephone to terminate this policy or a later date that is requested by the Policyholder.
- The date this policy lapses for nonpayment of premium subject to the Grace Period provision in the Premium Provision section.
- The date there is fraud or material misrepresentation made by or with the knowledge of any Covered Person applying for this coverage or filing a claim for benefits.
- The date all plans the same as this one are non-renewed in the state in which this Policy was issued or the state in which the Policyholder presently resides.
- The date We terminate or nonrenew all individual market hospital-indemnity insurance plans in the state in which the Policy was issued or the state in which You presently reside. We will give You advance notice (in NV, 60 days advance written notice) (in OR, 10 days) as required by state law, of the termination of Your coverage.
- The date the Policyholder moves to a state where We do not provide insurance under a plan with the same plan design as the Policy, We reserve the right to terminate this coverage.
- For a Dependent, the date a Covered Dependent no longer meets the Dependent definition in the policy. We will pay benefits to the end of the time for which We have accepted premiums.

## Exclusions

This plan provides benefits only for Covered Events identified in the Hospital Confinement and Other Fixed Indemnity Benefits section. We will not pay benefits for claims resulting, whether directly or indirectly, from Events or loss related to or resulting from any of the following:

1. Except in GA and NC, sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
2. War or any act of war, whether declared or undeclared (in NC, except for acts of terrorism against the general population) (in OK, while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer).
3. Participation in the military service of any country or international organization.
4. Treatment, services or supplies that: a. Except in GA and SD, are not part of a specifically listed Covered Event shown on the Benefit Schedule. b. Are due to complications of a non-covered service. c. Are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section. d. Are provided in a student health center or by or through a school system.

5. Glasses, contact lenses, vision therapy, exercise or training, surgery including any complications arising therefrom to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine.
6. Hearing care that is routine; any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.
7. Treatment for foot conditions including, but not limited to: a. Flat foot conditions. b. Foot supportive devices, including orthotics and corrective shoes. c. Foot subluxation treatment. d. Corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. e. Hygienic foot care that is routine.
8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for a Dental Injury.
9. Except in NM, NC, and ND, treatment of Temporomandibular Joint Dysfunction and Craniomandibular Joint Dysfunction; any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw).
10. Treatment of Mental/Nervous Disorders or Substance Abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs (in OR, alcoholism) and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders or Substance Abuse.
11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services; nutritional counseling.
12. Organ, tissue or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification and donor activation.
13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us.
14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas.
15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
16. Prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date.
17. Treatment, services, and supplies for: a. Home Health Care. b. Hospice Care. c. Skilled Nursing Facility care, Inpatient rehabilitation services. d. Custodial Care, respite care, rest care, supportive care, homemaker services. e. Phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; Telemedicine Services or Telehealth Services or technology that facilitates access to a Health Care Practitioner. f. Treatment, services or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider. g. Treatment or services provided by a standby Health Care Practitioner. h. treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer.
18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.
19. Treatment, services and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire.
20. Treatment, services and supplies related to: maternity, pregnancy (except Complications of pregnancy), routine well newborn care at birth including nursery care, abortion.
21. Treatment for or treatment use of: a. Genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing. b. Services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception. c. Sterilization. d. Cryopreservation of sperm or eggs. e. Surrogate pregnancy. f. Fetal surgery, treatment or services. g. Umbilical cord stem cell or other blood component harvest and storage in the absence of a Sickness or an Injury. h. except in NM, circumcision.

22. Except in LA, spinal and other adjustments, manipulations, subluxation treatment and/or services.
23. Treatment for: behavior modification or behavioral (conduct) problems; learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living.
24. Treatment for or through use of: a. Non-medical items, self-care or self-help programs. b. Aroma therapy. c. Meditation or relaxation therapy. d. Naturopathic medicine. e. Treatment of hyperhidrosis (excessive sweating). f. Acupuncture, biofeedback, neurotherapy, electrical stimulation (in LA, unless administered by a licensed chiropractor acting within the scope of their chiropractic license). g. Inpatient treatment of chronic pain disorders. h. Treatment of spider veins. i. Family or marriage counseling. j. Applied behavior therapy treatment for autistic spectrum disorders. k. Smoking deterrence or cessation. l. Snoring or sleep disorders. m. Change in skin coloring or pigmentation. n. Stress Management.
25. Except in SD, a sickness of Injury resulting from abuse or overdose of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner (in IL, being under the influence of any over-the-counter drug unless administered in accordance to the manufacturer's instructions) In GA, a Sickness or Injury resulting from the Covered Person being intoxicated, as defined by the State of occurrence, or under the influence of a narcotic, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner. In OK, "abuse or overdoes" does not apply. In VA, a Sickness or Injury resulting from the Covered Person being drunk, or under the influence of any narcotic unless taken on the advice of the Covered Person's Health Care Practitioner.
26. Treatment of Sickness or an Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony. in GA, a Sickness or Injury when a contributing cause was the Covered Person's commission of a felony, or attempt to commit a felony, or to which a contributing cause was the Covered Person being engaged in an illegal occupation. In NE, treatment of Sickness or an Injury when a contributing cause of the condition was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation. In VA, treatment of Sickness or an injury when a contributing cause of the condition was the Covered Person attempt to commit or participation in or commission of a felony or from the Covered Person engaging in an illegal occupation.
27. Services ordered, directed or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, (in SD, unless the Immediate Family Member is the only Health Care Practitioner in the area provided that the Health Care Practitioner is acting with the scope of practice), employer of a Covered Person or a person who ordinarily resides with a Covered Person.
28. Any amount in excess of the Maximum Lifetime Benefit or any other Maximum Benefit limitation for covered Scheduled Benefits.
29. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary.
30. Treatment, services and supplies for Experimental or Investigational Services.
31. Except in TX, treatment incurred outside of the United States.
32. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury (in MO, while sane).  
**In LA only**, the Covered Person being intoxicated or being under the influence of narcotics unless administered on the advice of the Covered Person's Health Care Practitioner.  
**In LA only**, the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the insured being engaged in an illegal occupation.  
**In NC only**, Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.  
**In WV only**, a sickness or Injury resulting from the Insured being intoxicated or under the influence of any narcotic unless administered on the advice of the Covered Person's Health Care Practitioner.

Policy Form Numbers: C-AFF, C-AFF-LA, C-AFF-OK, C-AFF-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](http://www.healthcare.gov), or call their toll-free number at 800-318-2596.



ManhattanLife™