

# AGENT GUIDE

SUPPLEMENTAL HEALTH INSURANCE

## Affordable Choice

*“Because HHS lacked authority to demand more of fixed indemnity providers than Congress required, the district court’s permanent injunction is hereby...*

*Affirmed.*

Excerpt from United States Court of Appeals for  
the District of Columbia Circuit

(Central United Life Insurance Co., Et al., Appelees  
v. Sylvia Mathews Burwell, In her Capacity as  
Secretary of U.S. Department of Health and  
Human Services, Et al., Appellants)

Decided July 1, 2016

This Agent Guide is for Agent training and use only.

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## 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's what sets our company apart from others.

Since its introduction, Affordable Choice\* has had two plan designs; we have made some changes effective as of 2019:

- Two new plan designs to complement the current Classic and Elite offerings
- A new cancer benefit with per day amounts up to a total of 40 days per year
- A new surgical schedule
- A new confinement benefit, increasing the daily room benefit beginning in Year 2 of a policy; and
- Increased Calendar Year and Lifetime Maximum amounts

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** – the product is a Simplified Underwriting 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
Inpatient Hospital Confinement (per Inpatient Day)		\$5,000	\$3,000	\$2,000	\$1,500
Building Benefit Injury Reimbursement Inpatient Hospitalization Benefits increase 25% each year, years 2-5, for injury-related hospital stays. (per day)	Year 2	\$6,250	\$3,750	\$2,500	\$1,875
	Year 3	\$7,500	\$4,500	\$3,000	\$2,250
	Year 4	\$8,750	\$5,250	\$3,500	\$2,625
	Year 5	\$10,000	\$6,000	\$4,000	\$3,000
Hospital Admission Benefits (for the first Inpatient Day per calendar year)		\$3,000	\$2,000	\$1,000	\$1,000
Emergency Room or Urgent Care (Per day/limit of 1 daily benefit per calendar year)		\$375	\$250	\$250	\$125
Surgery Benefit 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
Ambulatory Surgical Benefit 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
Daily Assistant Surgeon Benefit		Pays 20% of the eligible surgical benefit			
Daily Anesthesiologist Benefit		Pays 25% of the eligible surgical benefit			
Doctor's Office Visit with Rollover (Per day/per calendar year)		\$100/10 days	\$75/10 days	\$75/8 days	\$50/6 days
		Rollover provision allows five-visit carryover per policy year.			
Prescription Benefit (Per Day)		\$75	\$50	\$50	\$25
Outpatient Medical Benefits	Colonoscopy	\$300	\$300	\$300	\$300
	Preventative Services:	\$100	\$100	\$100	\$100
	Pap	\$100	\$100	\$100	\$100
	PSA	\$100	\$100	\$100	\$100
Laboratory Services: (per day)	Surgical Pathology	\$100	\$100	\$100	\$100
	Other Laboratory Services	\$50	\$25	\$25	\$25
Therapy Services: (per day for physical, occupational, speech)		\$25	\$25	\$25	\$25
Radiology Services: (per day: MRI/PET scan/ CT scan/mammogram/other radiology tests)		\$500/\$250/ \$200/\$150/\$75	\$500/\$250/ \$200/\$150/\$75	\$250/\$250/ \$200/\$100/\$50	\$250/\$250/ \$200/\$100/\$50
Calendar year limit for all Outpatient Benefits		\$3,000	\$2,000	\$2,000	\$1,000
Ground and Air Ambulance Limit of 2 daily benefits per calendar year for all ambulance transportation (per day)	Ground	\$150	\$100	\$100	\$100
	Air	\$1,000	\$1,000	\$1,000	\$500
Allergy Shots and Immunization (child only) (per day allergy shots/immunizations)		\$10/\$25	\$10/\$25	\$10/\$25	\$10/\$25
Cancer Benefit Pays for Radiation, Chemotherapy, & Immunotherapy (per day/40 days per calendar year)		\$2,000	\$2,000	\$1,000	\$1,000
Inpatient Hospital Confinement/ Building Benefit Injury Reimbursement		\$1,000,000 calendar year limit			
Prescription Benefit		\$750 calendar year maximum			
Allergy Shots and Immunization		\$100 calendar year maximum			
Lifetime Maximum		\$5,000,000			

*\*Please note the addition of more Doctor's Office Visits, effective April 1, 2020*

### 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	\$160.97	\$116.78	\$93.85	\$65.16
	Individual and Spouse*	\$317.05	\$228.64	\$182.78	\$125.36
	Individual and Child(ren)	\$350.17	\$245.81	\$191.71	\$132.10
	Individual and Family	\$532.09	\$375.29	\$294.00	\$201.45
Ages 30 - 39	Individual	\$202.01	\$146.71	\$115.21	\$81.48
	Individual and Spouse*	\$399.18	\$288.56	\$225.56	\$158.05
	Individual and Child(ren)	\$391.22	\$275.75	\$213.08	\$148.43
	Individual and Family	\$614.08	\$435.11	\$336.69	\$234.07
Ages 40 - 49	Individual	\$239.66	\$174.50	\$134.82	\$96.60
	Individual and Spouse*	\$474.30	\$343.98	\$264.60	\$188.17
	Individual and Child(ren)	\$428.86	\$303.54	\$232.68	\$163.54
	Individual and Family	\$689.35	\$490.65	\$375.85	\$264.27
Ages 50 - 64	Individual	\$337.67	\$247.89	\$185.70	\$136.31
	Individual and Spouse*	\$670.38	\$490.82	\$366.44	\$267.64
	Individual and Child(ren)	\$526.90	\$376.95	\$283.58	\$203.27
	Individual and Family	\$885.24	\$637.35	\$477.55	\$343.65
	Child Only	\$172.21	\$117.46	\$89.13	\$60.97

\*In NV and OR, Spouse/Domestic Partner

## 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.

### 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



## 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).**

## Replacement of Coverage

- The replacement form is mandatory whenever replacement is involved.

## 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.
- In order for ManhattanLife Assurance to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office 24 days prior to the requested due date.

## 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 Assurance Company of America) 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;

## 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).

### **Telephone Interviews**

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

For telephone interviews, please dial 1-800-877-7756 option 3. Representatives are available Monday – Thursday 7am to 6pm and Friday 8am to 5pm CST.

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

### **Pending surgeries:**

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.

### **High Blood Pressure:**

- Must be controlled for a minimum of 12 months, no medications changes in last 12 months, average blood pressure reading cannot exceed 140/90 for the last 12 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

### **Asthma:**

- No hospital visits in the last 24 months for breathing issues/asthma attacks
- Must be age 5 and above
- If requires more than one rescue inhaler in the last 24 months, we will issue with asthma exclusion.
- Any Pulmonary condition requiring oxygen within the last 12 months will not be considered.

### **Pregnancy:**

- Pregnant applicants will not be considered until pregnancy has been completed, and the individual has had a normal post-partum check-up.
- All household applicants will be declined.

### **Diabetes:**

**Applicants with a history of Diabetes Type 2 must be controlled on no more than one oral medication for a minimum of 12 months, and not exceed the diabetes height and weight guidelines. Increase in dosage within the last 12 months would not indicate stability.**

Applicants with a combination of high blood pressure, cholesterol and Type II Diabetes must be stable on their medications for a minimum of 12 months; this includes medication changes. In addition, they will be required to meet the following guidelines for consideration of coverage:

- Cannot exceed 1 oral diabetic medication
- Cannot exceed 2 high blood pressure medications
- Cannot exceed 1 high cholesterol medication
- Must meet height and weight requirements for applicants with a history of diabetes
- Average blood pressure readings must not exceed 120/80



- No cardiac history (with the exception of HBP)
- Cannot have complications related to diabetes
- Cannot exceed 1 oral diabetic medication
- Cannot exceed 2 high blood pressure medications
- Cannot exceed 1 high cholesterol medication
- Must meet height and weight requirements for applicants with a history of diabetes
- Average blood pressure readings must not exceed 120/80
- No cardiac history (with the exception of HBP)
- Cannot have had a history of sleep apnea within the last 12 months
- Cannot have had any complications related to diabetes \*(please see the list of diabetes complications below) Applicants with a history of gestational diabetes will be required to be symptom and treatment free for six months.

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

**Hernia:** Applicants with a history of hiatal hernia must have been surgically treated and be symptom and treatment free for a minimum of 12 months.

**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:

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

1. We run a RX 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. Please refer to Question 3a on the application. If blood pressure is controlled, put that on the application with the length of time controlled.
2. Make sure to answer all questions and enter height and weight.
3. Preexisting conditions not covered until 13 month.

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

<i>Male</i>				<i>Female</i>			
Height		Average Weight	Decline	Height		Average Weight	Decline
Feet	Inches			Feet	Inches		
5	0	129	209+	4	8	107	185+
5	1	133	215+	4	9	110	190+
5	2	138	224+	4	10	113	195+
5	3	143	232+	4	11	115	199+
5	4	147	238+	5	0	118	204+
5	5	151	245+	5	1	121	209+
5	6	156	253+	5	2	124	215+
5	7	160	259+	5	3	128	221+
5	8	165	267+	5	4	131	227+
5	9	170	275+	5	5	134	232+
5	10	174	282+	5	6	137	237+
5	11	179	290+	5	7	141	244+
6	0	184	298+	5	8	145	251+
6	1	190	308+	5	9	150	260+
6	2	195	316+	5	10	153	265+
6	3	201	326+	5	11	159	275+
6	4	206	334+	6	0	164	284+
6	5	211	342+	6	1	168	291+
6	6	217	352+	6	2	172	298+
6	7	223	361+	6	3	176	304+
6	8	228	269+	6	4	181	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
Amacar	Hemophilia
Apokyn	*CNS Disorder
Avonex	*CNS Disorder
Azasan	*CNS Disorder
AZT	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	Aids
Dantrium	*CNS Disorder
Colitis Eldepryl	*CNS Disorder
Embrex	Rheumatoid Arthritis
Epogen	Kidney Failure, AIDS
Exelon Gold	Mental Disorder Rheumatoid Arthritis
Herceptin	Cancer
Hydrea	Cancer
Hydergine	Dementia
Imuran	Immunosuppression,
Insulin	Diabetes type 1
Interferon	IADS, Cancer, Heatitis
Indinavir	AIDS
Invirase	AIDS
Kepra	*CNS Disorder
Lemictal	*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	AIDS
Neoral	Immunosuppression
Neupro	*CNS Disorder
Nitroglycerin	Heart Attack
Paraplatin	Cancer
Parlodel	*CNS Disorder
Pegasys	
Permax	
Phenobarbital	
Prednisone	
Procrit	
Purinethol	
Remicade	
Requip	
Retrovir	
Rebif	
Ribavirin	
Riluzole	
Ritonavir	
Sandimmune	
Stalevo	
Sustiva	
Symmetrel	
Tasmar	
Teslac	
Thiotepa	
Tysabri	
VePesid	
Vincristine	
Viramune	
Zanosar	
Zelapar	

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

## 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 – Juvenile onset
Addison's disease	Blindness due to disease	Insulin use within the past 5 years
AIDS/HIV/ARC	Boeck's Sarcoid	2 diabetes medications prescribed
Alcoholism	Brain Tumor – malignant or benign	With more than 2 blood pressure medications prescribed
Alzheimer's Disease	Bronchitis - chronic	With more than 1 cholesterol medications prescribed
ALS - Amyotrophic Lateral Sclerosis	Buerger's Disease	Cardiac history
Amputation due to disease	Bundle Branch Block (left)	Complications of diabetes – neuropathy, retinopathy, kidney disease, abscess, cystitis, amputation
Aneurysm (abdominal, brain or thoracic aortic)	Bypass surgery - coronary	Sleep apnea
Angina	Cancer – Internal within the past 5 years or more than 1 occurrence	Build exceeding diabetes guidelines
Angioplasty	Cardiomyopathy	Gestational diabetes with treatment or symptoms within 6 months
Ankylosing Spondylitis	Carotid Artery Disease	
Anorexia	Central Nervous System Disorder	Dialysis
Aortic Regurgitation	Cerebral Palsy	Down's Syndrome
Aortic Stenosis/Insufficiency	Chorea	Drug Abuse – Prescribed or Illegal
Aplastic anemia	Cirrhosis of liver	Emphysema
Arrhythmia	Coarctation of Aorta	Epilepsy – Gran Mal
Arteriosclerosis/Atherosclerosis	Colitis in any form	Seizure within the past 2 years
Asthma – At ages of 5 and below	Colostomy	
Chronic	COPD (chronic obstructive pulmonary disease)	Encephalitis
With hospitalizations or ER visits within the past 2 years	Congenital Heart Defect Uncorrected	Endocarditis
Atrial Fibrillation	Congestive Heart Failure	Esophageal Varices
Atrial Septal Defect	Coronary Artery Disease	Heart Attack
Autism	Crohn's Disease	
Barrett's Esophagus pending any procedure or surgery	Cystic Fibrosis	

Heart Disease or Disorder	Lymphoma	Pott's Disease
Height and weight outside of guidelines	Melanoma	Pregnancy (current) within the family including the male spouse and any children
Hemophilia	Mental Retardation	PSA, history of elevation
Hernia (uncorrected)	Mitral Regurgitation	Psoriatic arthritis
Hepatitis (other than Virus A)	Mitral Stenosis	Pulmonary Embolism or Infarction
High blood pressure – Not controlled for 12 months	Multiple Sclerosis	Pulmonary Stenosis
Medication changes within 12 months	Muscular Dystrophy	Pyelitis
Average blood pressure reading exceeding 140/90 for the past 12 months	Myasthenia Gravis	Pyelonephritis
Treatment under the age of 18	Myocarditis	Pyloric Stenosis
Treatment for ages 18-25 will be withdrawn for medical records	Nephrectomy	Renal failure
Hodgkin's Disease	Nephrosis	Respiratory Distress Syndrome
Hospitalized or confined to any health care institution	Neurofibromatosis	Retinopathy
Currently or within the past 3 months	Niemann-Pick Disease	Reye's Syndrome
3 or more times within the past 12 months	Organ Transplant	Rheumatoid Arthritis requiring 2 or more medications, immunosuppressants or steroid use
Huntington's Disease	Osteoarthritis – severe, debilitating or surgery pending or suggested	Sarcoidosis
Hydrocephalus	Osteomyelitis	Scleroderma
Hydronephrosis	Osteosarcoma	Shunt – Any kind
Ileitis	Narcotic use – chronic	Sickle Cell Anemia
Ileostomy	Opioid use	Sleep Apnea
Immunodeficiency Disorder other than AIDS or ARC	Pacemaker	Spina Bifida
Irregular Heart Beat	Pancreatitis	Stent Placement
Kawasaki Disease	Patent Ductus Arteriosus	Stroke – More than 1
Kidney Disease	Paralysis	With residuals such as memory loss, difficulty with speech, paralysis
Kidney Failure	Parkinson's Disease	Occurrence prior to age 45
Leukemia	Paroxysmal Atrial Tachycardia	Suicide Attempt
Lou Gehrig's Disease (ALS)	Pericarditis	Surgery pending, suggested or completed but not released from doctor's care
Lupus in any form	Pericarditis	Tay-Sachs Disease
Lyme Disease - Present	Peripheral Arterial Disease	Tetralogy of Fallot
	Peripheral Vascular Disease	Thalassemia
	Poliomyelitis	
	Polycystic Kidney Disease	
	Polycythemia	
	Polymyalgia Rheumatica	
	Porphyria	



Thrombophlebitis	Tourette's Syndrome	Vasculitis
TIA – Transient Ischemic Attack	Toxic Epidermal Necrolysis	Ventricular Septal Defect – Still open
More than 1	Toxic Shock Syndrome	Von Reckinghausen's Disease/Tumor
With residuals such as memory loss, difficulty with speech, paralysis	Tuberculosis	Whipple's Disease
Occurrence prior to age 45	Ulcerative Colitis	
	Valve Replacement	

## Contractual Waiting Period

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

## 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.

## 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.*

## Limited Benefit Policy(ies)

*All policies are issued by ManhattanLife Assurance Company of America (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: AFC20 (including state variations)*

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

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