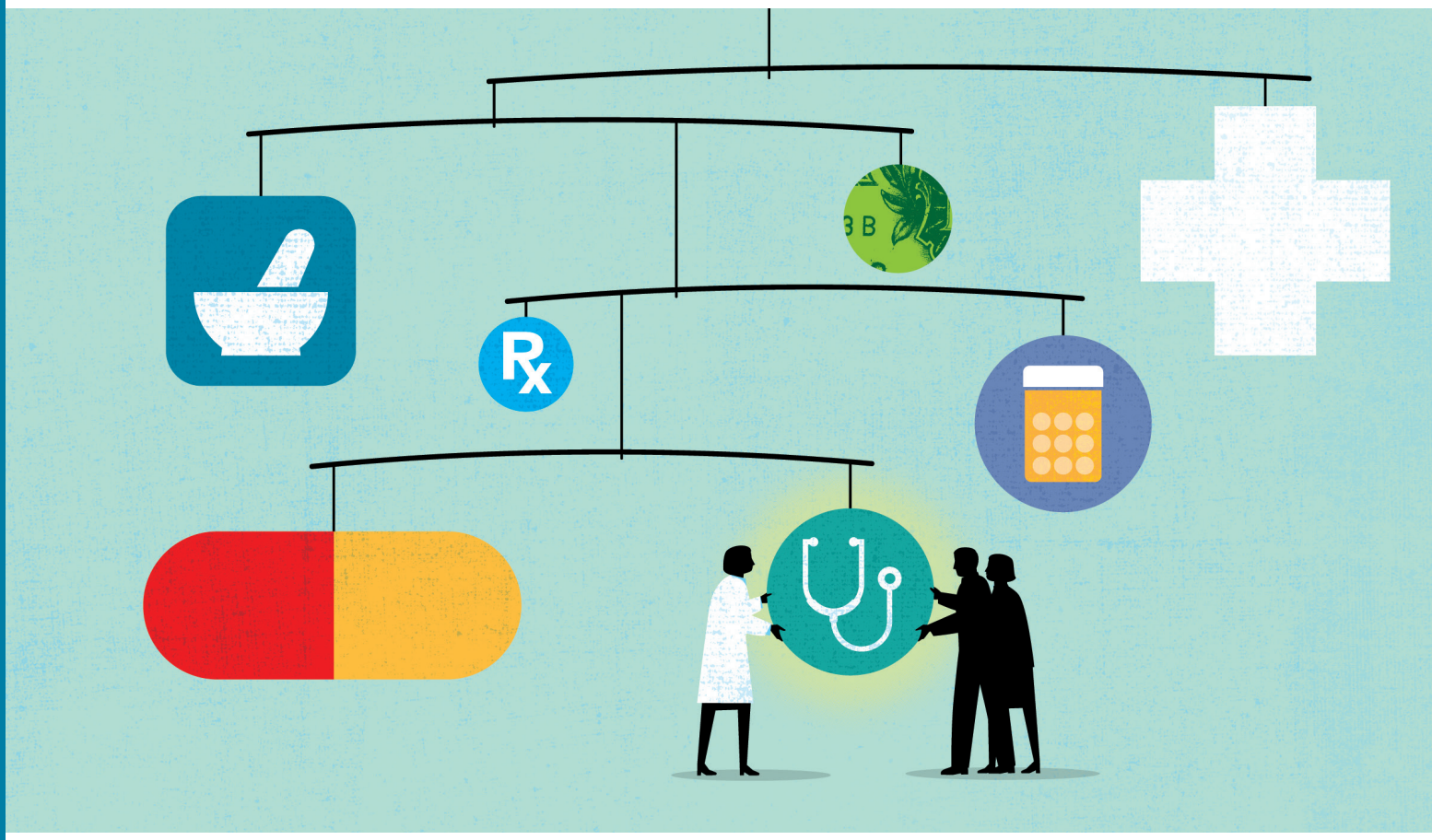
ManhattanLife™
*Standing By You. Since 1850.*



## ManhattanLife Lighthouse Series

# Home Health Care Select

*Providing health & financial security solutions when you need it most*

This is a Home Health Care Insurance Policy
Underwritten by: Standard Life and Casualty Insurance Company
and ManhattanLife Insurance and Annuity Company

HHCS-BR 0623

# Home Health Care Select

Individual Coverage from ManhattanLife

## Health. Value. Peace Of Mind.

If possible, wouldn't you rather recuperate from an injury or chronic illness in the comfort of your own home? A sudden illness, injury, or debilitating chronic condition can happen to any individual at any age.

ManhattanLife's Home Health Care Select Insurance is an affordable solution that provides both the flexibility and financial support you need to recover at home, surrounded by those you love. These plans can also minimize financial stress, allowing you to focus your energy on your own personal recovery.

### Plan Features & Benefits

- **Issue Ages 45 - 89**
- **Guaranteed Renewable For Life**
- **30 Day "Free Look" Period to Examine the Policy**
- **Simple Underwriting!**
- **Prescription Drug Benefits Available in Most States.**

## Home Health Care Select Benefits[1]

- Daily maximum benefit of $150 - $450 with a maximum benefit period of 365 days[2] for the following services in your home from an Approved Home Health Care Select Practitioner, subject to the eligibility conditions:

| | Classic | Premier | Deluxe |
|---|---|---|---|
| | $150 | $300 | $450 |
| Nursing Care | $75 | $150 | $200 |
| Physical Therapy | $75 | $150 | $200 |
| Speech Pathology | $75 | $150 | $200 |
| Occupational Therapy | $75 | $150 | $200 |
| Chemotherapy Specialist | $60 | $120 | $200 |
| Enterostomal Therapy | $50 | $100 | $200 |
| Medical Social Services | $100 | $200 | $300 |
| Respiration Therapy | $50 | $100 | $200 |

## Home Health Care Aide[1]

- Daily benefit for each day you require Home Health Care Aide Services in your home. Maximum benefit period of 60 days.

| Classic | Premier | Deluxe |
|---|---|---|
| $40 | $80 | $120 |

## Prescription Drug Benefit[1]

- Per prescription benefit of $10/Generic, or $25/Brand.

| Maximum Benefit per Policy Year | | |
|---|---|---|
| Classic | Premier | Deluxe |
| $300 | $600 | $600 |

## Restoration of Benefits[1]

- The Maximum Benefit Period for Home Health Care Select and Aide benefits will be restored if benefits have not been paid or required for 180 consecutive days.

*[1]See the Policy and/or Outline of Coverage for state-specific details.*

*[2]Maximum benefit period may vary by state.*

## Routine Annual Physical Examination Benefit Rider[3]

*(Not available in Colorado and Virginia)*

- One benefit per year for a Routine Annual Physical Examination, subject to a 12-month Waiting Period.

| Benefit |
|---|
| $150 |

## Accidental Death & Dismemberment Benefit Rider[3]

- Benefits for accidental death or an accidental bodily injury resulting in the loss of finger, toe, hand, arm, foot, leg, or sight. To be covered, death or dismemberment must occur within 90 days of the covered accident and while this policy and rider are in force.
- Lifetime maximum is $10,000.

| Accidental Death |
|---|
| $10,000 |

| Max. Dismemberment Benefit | |
|---|---|
| Sight, both eyes | $5,000 |
| Sight, one eye | $2,500 |
| Hand/arm/foot/leg (multi) | $5,000 |
| Hand/arm/foot/leg (single) | $2,500 |
| Finger or toe (multiple) | $500 |
| Finger or toe (single) | $250 |

## Home Medical Equipment Benefit Rider[3]

- Benefits paid when you need Home Medical Equipment prescribed by your Physician while receiving Home Health Care Select Services and/or Home Health Care Aide benefits.
- Lifetime maximum is $500.

| Benefit |
|---|
| $100 per piece |

| Home Medical Equipment Limited to |
|---|
| Mobility assistance |
| Transfer aids |
| Bathroom safety |
| Home accommodations |
| Personal medical equipment |

## Ambulance Benefit Rider[3]

*(Not available in Colorado)*

- Benefits paid for transportation in an Ambulance for Emergency Care, including transportation from one medical facility to another when health care services are provided during the trip.
- Lifetime maximum is $2,500.

| Benefit | |
|---|---|
| $200 per trip | |
| Per each one-way trip | 4 trips per year |

## Accident Expense Benefit Rider[3]

- Benefits for dislocations, fractures, or knee ligament tears when treated by a health care practitioner in a Hospital Emergency Room, Urgent Care Facility, or Physician's office within 48 hours of the Covered Accident.
- Lifetime maximum is $10,000.

| Max Amount per Accident | |
|---|---|
| Option 1 | Option 2 |
| $1,250 | $2,500 |

| Max. Accident Benefit | | |
|---|---|---|
| | Option 1 | Option 2 |
| Fracture, hip or skull | $1,250 | $2,500 |
| Dislocation Hip | $1,000 | $2,000 |
| Tear, knee ligament or meniscus | $500 | $1,000 |
| Dislocation Knee | $500 | $1,000 |
| Fracture, all other | $250 | $500 |

*[3]See the Rider and/or Outline of Coverage for state-specific details.*

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Underwritten by:
ManhattanLife Insurance and Annuity Company
10777 Northwest Freeway, Houston, TX 77092

Standard Life and Casualty Insurance Company
PO Box 510690; Salt Lake City, UT 84151-0690

For over 175 years, ManhattanLife Insurance and Annuity Company & Standard Life And Casualty Insurance Company have been helping individuals and businesses by providing innovative products and superior customer service. They also provide competitive Medical, Life, Cancer, and several other supplemental health insurance products with the personal attention you've come to expect from your insurance company. Additionally, they remain faithful to the core values on which our companies were founded: competitive products, personal service, and prudent financial management. Our Customer Service team is friendly, knowledgeable, and ready to help you.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a complete list for the Home Health Care Select product at **Disclosure.ManhattanLife.com**. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

**Policy Form Number:** AM7008 (including state variations)

**Policy Rider Forms:** AM7008AB, AM7008AC, AM7008DD, AM7008RE, AM7008DE, (including state variations)