



ManhattanLife[™]
Standing By You. Since 1850.

OmniFlex[™] Short-Term Care Frequently Asked Questions

Is the one-time \$25 policy application fee commissionable?

Yes, the policy fee is commissionable.

Is there a 30-day free look period with the OmniFlex[™] Short-Term Care?

Yes, the insured will have the opportunity to review the plan for 30-days.

Rule on backdating OmniFlex[™] app?

Backdating is not allowed on an OmniFlex[™] application or forms.

Why do some client's correspondence not include the OmniFlex[™] name and/or ManhattanLife?

OmniFlex[™] is the marketing name of the Short-Term Care plan that is underwritten by Standard Life and Casualty Insurance Company, a subsidiary of ManhattanLife. Consumer correspondence (and policy billing) may show Standard Life and Casualty instead of ManhattanLife.

NOTE: Actual company name appearing on policy & consumer materials may differ by state.

What notifications are made upon OmniFlex[™] policy approval?

Currently, ManhattanLife does not send any notifications/emails to the insured on policy approval. Insureds only receive their printed policy if that option is elected at time of application.

What policy print options are available for OmniFlex[™]?

Currently the application allows the policy print to be sent directly to the insured OR to the agent. If selected to go to insured, the agent can request a duplicate copy be mailed to his/her own address by emailing PolicyPrintRequest@manhattanlife.com (note policy number in subject line).

NOTE: A PDF copy of the policy print can be accessed within ManhattanLife' producer portal (ARC), under In-force Business > Agent Policy List. From there, select the insured's policy and click on the correspondence tab within the Policy Information pop-up.

Should a Policy Delivery Receipt be signed and returned to ManhattanLife?

Policy Delivery receipts should be signed and returned to Manhattan Life. We will attach a copy to the client's file. The policy receipt does not cause a delay in processing or commissions but the agent should ensure that the client returns the document. Policy receipts are required on all policies issued in Louisiana, Nebraska, South Dakota, and West Virginia. Two copies of the delivery receipt will be included in the policy package. One copy is to be left with the client, and the second copy must be signed and returned to ManhattanLife Assurance via fax or mail.

What if a change is made to the policy within the 30-day free look period?

An amendment will be sent to the client confirming the change. If the insured disagrees with the change, they must note and sign the amendment that the change is incorrect. If no response is received from the insured, we will assume the change is correct and attach the received amendment to the policy print.

OmniFlex™ Short-Term Care Frequently Asked Questions

Tech Questions

What browsers work best when using ManhattanDirect 2.0 quoting & enrollment?

The ManhattanDirect 2.0 platform works best when using Google Chrome or Microsoft Edge browsers.

NOTE: Using Mozilla FireFox or Microsoft Internet Explorer may result in unexpected errors.

Why is OmniFlex™ not showing up on Agent Portal?

Once ManhattanLife producer appointment confirmation is received, an agent is able to gain access to the ManhattanLife Agent Portal using that number.

NOTE: There is a 24-hour delay before OmniFlex™ will appear listed among the products able to be quoted/enrolled on ManhattanDirect 2.0.

If appointed but Agent Portal account creation is delayed, note that minor delays may still exist before OmniFlex™ is reflected among carriers able to be quoted/enrolled.

What is the e-Application signature process for OmniFlex™?

Unlike other carriers' processes for electronic application signatures, OmniFlex™ only requires the use of Mother's Maiden Name for client signature(s) and the agent signature is indicated by checking a box. Of course, all signatures are needed for paper and/or PDF fillable applications.

Underwriting

What is the best phone number to reach OmniFlex™ Underwriting?

Health Pre-screen: 800-672-4535, option 9 (Pre-screen), option 1 then option 2 (OmniFlex™).

Interview Clarification Call ("PHI"): 800-672-4535, option 8 (PHI), then option 2 (OmniFlex™).

What are ManhattanLife's OmniFlex™ Underwriting hours?

Monday - Thursday: 8:00 a.m. to 5:00 p.m. Central Time

Friday: 8:00 a.m. to 2:00 p.m. Central Time

Can a person own more than one OmniFlex™ plan?

No, clients may only buy one OmniFlex™ plan. However, there is no limitation on the person owning other Short-Term Care or Long-Term Care plans with other insurance companies.

Can an insured have both Home Health Care and Short -Term Care from ManhattanLife?

Yes and policies are treated individually.

If an applicant answers "No" to Tier 1 & Tier 2 underwriting questions, should I still list any medications the person is taking?

Yes, all prescribed medications should be provided on the application. OmniFlex™ underwriting includes a pharmaceutical check, and any discrepancies may prompt the need for a clarification call.

For Tier 1 underwriting qualification, what - if any - limitations apply to the optional Hospital Indemnity Benefit?

For Tier 1 underwriting qualification, the Daily Benefit Maximum for Hospital Indemnity Benefits is \$100.

NOTE: the 3, 6, and 20-day Benefit Period options all remain available.

Underwriting Continued

What are the guidelines for changing the effective date on the application?

At time of application, a future effective date may be requested. After the application has been submitted, the request to change the effective date must be made in writing within 60 days approved by ManhattanLife.

Do OmniFlex™ declines get reported to the Medical Information Bureau (MIB)?

No, declinations for coverage are not reported to the MIB.

Is each policyholder eligible for a 10% HH discount?

Yes.

Does Short-Term Care cover maternity?

No.

Where can I find the rates?

Due to the complexities and number of possible pricing outcomes, there is no traditional rate guide for this product. We have however created a Quick Quote tool within 2.0 Direct. Simply login to 2.0 and begin a Short-Term Care Quote. After answering the first 2 questions in you will see an option for Quick Quote.

Is there a height/weight chart used in UW for STC?

No. There are no build requirements for Omni-Flex Short-Term Care.

Rates

Are OmniFlex™ rates gender based?

No, unisex pricing is used.

Does OmniFlex™ pricing increase after issue based on age bands?

The is an ISSUE AGE product. Rates do not increase as the customer gets older.

Is OmniFlex™ Issue or Attained age?

Issue age.

What are the OmniFlex™ Modal Premium loads?

Besides the Semi-Annual premium mode (a factor of .52 X Annual premium), the other premium modes do not have any premium loads.

Annual = 1.0; Quarterly = 0.25; Monthly = 0.0833

Can the rates on in-force OmniFlex™ plans ever increase?

Any insurance company that offers a Guaranteed Renewable, limited indemnity benefit Short-Term Care product could potentially file for - and have states approve - premium rate increases based on an entire policy class.

OmniFlex™ Short-Term Care Frequently Asked Questions

Benefits

Can a policyholder receive both Fast-50 and Indemnity benefits at the same time?

No. It's either one or the other.

If multiple Short-Term Care/Long-Term Care plans are owned by an individual, will both pay benefits at claim time?

Yes. OmniFlex™ does not limit benefit payments based on what other insurance companies pay (there is no coordination of benefits between insurance companies).

How does the Restoration of Benefits work on OmniFlex™?

After a period of 180 days in which no care is needed and no benefit paid out, the Facility Care and/or Home Health Care Benefit Period restores. Restoration could be used multiple times, until the corresponding Lifetime Maximum Benefit Period (2x Benefit Period) is reached.

How much for Generic drugs and how much for Brand name?

Immediately after the effective date, OmniFlex™ will reimburse \$10 for Generic and \$25 for Brand name prescriptions/refills, up to \$300 per year.

Under Home Health Aid benefit, can the insured use licensed Home Care companies like Amada, Visiting Angels, etc.?

As long as included in the plan of care, these services could be covered with full Home Health Care Indemnity Benefit in OmniFlex™.

When the optional Simple Inflation Benefit is chosen, can the applicant choose whether it would apply just to Facility or Home Health Care?

No. When the optional Simple Inflation Benefit is bought, it automatically applies to both Facility and Home Health Care benefits (if Home Health Care Rider is chosen).

How often can an insured switch between receiving Fast-50 Cash and Indemnity benefits?

Currently there is no policy language limiting the timeframe. Requests to switch between Fast-50 and Indemnity benefits should be made to ManhattanLife in writing.

Does OmniFlex™ Indemnity benefit pay outside of the United States?

No, OmniFlex™ benefits are not payable outside of the United States.

If the Home Health Care Rider is paid and then insured goes into a facility, would the Facility Benefit pay? Are they paid separately and independent of each other?

An insured would either be on a Home Health Care claim or on a Facility Care claim. The Home Health Care rider would pay separate from someone in a facility.

After the Elimination Period is satisfied, is a check mailed immediately, or at the end of the month?

The insured would only be eligible for benefits for the days services were rendered. After services are rendered, a claim will need to be filed showing the detail of those services.

Benefits Continued

What is the timing for claim checks to be mailed to the policyholder?

Checks are mailed after the claim is processed.

Can insured decrease or increase benefits at any time?

Yes, an insured can request increased benefits by submitting a new application and going through the underwriting process. A new application is also required to decrease benefits; however, underwriting is not required.

How is the Restoration of Benefits being administered?

After receiving facility care, or home health care benefits, if the insured has not received any benefits for 180 days, has been able to fully perform their ADLs, and has not needed any substantial supervision due to a cognitive impairment, we will restore their benefit period to its original benefit period. This restoration of benefits is regardless of whether or not the insured has used their entire benefit period. The insured would still be subject to the lifetime maximum benefit period outlined in the policy.

Would they get to keep the existing daily benefit amounts after they drop the inflation rider (if not, please clarify)? In addition, how would the new rate be calculated?

No, if the inflation rider benefit was dropped and therefore no longer part of the benefit package, the revised rate would be calculated based on the insured's original age and daily benefit amount selected. As an example, if the insured drops the simple inflation rider in the 8th year of the policy, their daily benefit amount would have matured as of the 5th policy anniversary date and then started growing with the inflation rider at that point. However, with the inflation rider no longer in place, the daily benefit amount would match the original amount selected at time of application with the rate in place for that base benefit.

If a client personally pays \$0 for their prescriptions and/or they are already receiving some other prescription benefit (i.e. some other Home Health Care or Short-Term Care plan, etc), do they still receive the OmniFlex™ Prescription Drug Benefit?

Yes

Is a prescription for Marijuana for treatment of anxiety or mild depression insurable?

Yes, they would be insurable.

Does ManhattanLife allow facilities (nursing home, assisted living, etc.) to file a claim on behalf of the policyholder, whereby ManhattanLife then pays the claim directly to the facility, per the terms of the policy?

Certainly, Manhattan Life can make direct payments to the facility. However, we kindly request a signed authorization form from the insured to proceed. Moreover, providers have the option to submit their own detailed invoice along with a payment release signed by the policyholder. Alternatively, they can also submit a CMS 1500 claim form with the insured's signature authorizing payment.