

Hospital Indemnity

Providing supplemental hospital benefits for you and your family



Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

Here are some more benefits to you

- Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Assurance Company of America. Applications will not be accepted under this offer until written acceptance of this offer and the Employer Agreement and Participation Request are received in ManhattanLife Assurance Company of America's New Business Department.

Hospital Indemnity

| Coverage type | Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays. | | |
|----------------------|--|---|-----------------|
| Product | Policy Type: | Group | |
| | Policy Name: | Hospital Indemnity Insurance | |
| | Policy Form: | M-8019 | |
| Eligibility | Issue Age: | Employee: | 18-90 |
| | | Spouse: | 18-90 |
| | | Child: | Under age 26 |
| | Criteria: | <ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. | |
| | Termination Age: | <ul style="list-style-type: none"> EE: Age 91 unless actively at work, then on last day of active employment. SP: Age 91, or when Employee terminates, whichever is earlier. Child: Age 26, or when Employee terminates, whichever is earlier. | |
| | | Coverage Tier | Guarantee Issue |
| Underwriting Offer | | Employee: | Guarantee Issue |
| | | Spouse: | Guarantee Issue |
| | | Child(ren): | Guarantee Issue |
| Target Participation | Minimum to Issue: | 5 Employee applications or 1% of eligible Employees, whichever is greater. | |
| | Guarantee Issue: | Waived, expectation of 15% of all eligible enrolled by end of the enrollment. | |

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Benefits and Features

| | Option Two |
|---|-------------------------------|
| Hospital Indemnity | \$200 |
| Pre-existing Condition Limitation | Waived |
| Maternity Waiting Period | 300 Day Waiting Period-Waived |
| Portability | None |
| Waiver of Premium | Included |
| First Admission | \$1,500 |
| Intensive Care/Cardiac Care/ Burn Unit | \$200 |
| Wellness Screening | \$50 |

Definitions

HOSPITAL INDEMNITY BENEFIT: If a covered person is confined as an inpatient in a hospital, pays a daily benefit. Hospital confinement must be for at least 18 hours. Max 30 days.

WAIVER OF PREMIUM: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-55.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

FIRST HOSPITAL ADMISSION BENEFIT: If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient.

INTENSIVE CARE (ICU)/CARDIAC CARE (CCU)/BURN UNIT BENEFIT: Pays a daily benefit when confined to an intensive care unit. Max 30 days Hospital confinement must be for at least 18 hours as an inpatient.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

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Rate Assumption Information

| | |
|-----------------------------------|---|
| Rate Structure: | Composite |
| Tobacco Status: | Uni-tobacco |
| Rate Guarantee Period: | One (1) Year |
| Contributions: | 100% Employee Paid |
| Takeover: | Yes |
| Commissions: | Heaped |
| Coverage Type: | Non-Occupational |
| Benefits Included: | As shown above in the Benefits and Optional Benefits sections. |
| Participation Expectation: | Waived, expectation of 15% of all eligible enrolled by end of the enrollment. |

| Monthly (12) premium | | | | |
|----------------------|----------|-----------------|---------------------|---------|
| Benefit: | Employee | Employee/Spouse | Employee/Child(ren) | Family |
| Option 2 | \$32.88 | \$62.29 | \$49.58 | \$78.97 |

| Tenthly (10) premium | | | | |
|----------------------|----------|-----------------|---------------------|---------|
| Benefit: | Employee | Employee/Spouse | Employee/Child(ren) | Family |
| Option 2 | \$39.45 | \$74.74 | \$59.51 | \$94.76 |

Note: Final implementation rate may vary slightly due to rounding

PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period. At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

OTHER CONTINGENCIES

- ManhattanLife Assurance Company of America's Group Hospital Indemnity product is a true supplemental product. All applicants must be enrolled in a group health insurance plan to be eligible for benefits.
- Only one level may be sold to a group, unless pre-approved by underwriting.
- Rates may change if the SIC code changes.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- Employer must have an in force medical plan offered to all eligible Employees.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Please refer to certificate/policy for full benefit and limitation information.

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