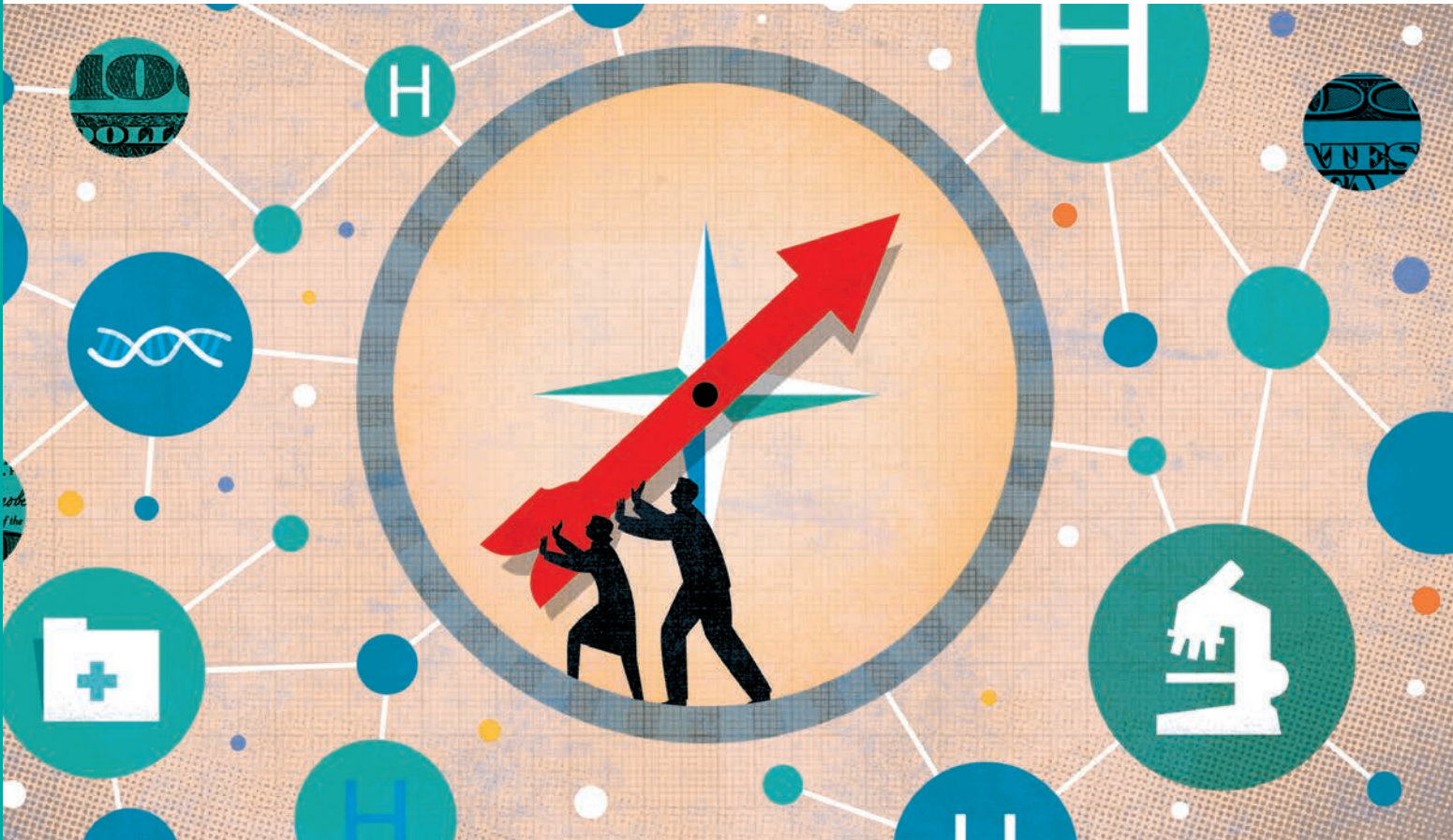




ManhattanLife™

Standing By You. Since 1850.



2024 Medicare Supplement

ManhattanLife Insurance and Annuity Company

This brochure is for solicitation of insurance, and contact will be made by an insurance agent or insurance company.



ManhattanLife Insurance and Annuity Company

Medicare Supplement

PROTECTION FROM THE BILLS MEDICARE DOESN'T PAY

Medicare was never meant to cover all of your doctor and hospital bills. Many people do not realize this and expect it to pay all doctor and hospital bills. Reliance on Medicare in this situation can mean financial difficulty with out-of-pocket expenses.

ManhattanLife Insurance and Annuity Company OFFERS 4* STANDARDIZED INSURANCE PLANS

The ManhattanLife Insurance and Annuity Company (“ManhattanLife”) Plans are designed to give you choices - choices you need to help cover health care costs today! Our Plans allow you to choose a Medicare Supplement Plan to suit your life’s situation, budget, and needs.

**All plans may not be available in your state. Please refer to the Outline of Coverage your agent provided.*

INPATIENT HOSPITAL DEDUCTIBLE

Medicare Part A

Hospital deductibles have risen \$1,592 since 1968 - just 56 years!

\$1,632 in 2024 \$40 in 1968

ALL MEDICARE SUPPLEMENT PLANS OFFER THESE BENEFITS:

Part A Coinsurance pays if you are confined in a hospital. Should you require more than 60 continuous days of hospitalization, ManhattanLife will pay the coinsurance amounts up to the 150th** day of confinement and also for the first 3 pints of blood each year. Additionally, if you use your lifetime reserve days, ManhattanLife will provide coverage for up to an additional 365 days.

Part B Coinsurance pays the Medicare Part B coinsurance amount, reducing your out-of-pocket expenses when you require medical services. Plan N requires a co-payment of up to \$20 for an office visit, and up to \$50 co-payment for an emergency room visit.

***Assumes Emergency Reserve days and/or additional 365 days remain.*

Your ManhattanLife Benefits

Medicare Part A Hospital Coverage

Part A Deductible - ManhattanLife Plans F, G, and N all pay the \$1,632 inpatient hospital deductible for each benefit period.

First 60 Days - After your Part A deductible is met, Medicare pays 100% of Medicare of all eligible expenses for services from your 1st through 60th day of hospital confinement. Services include semi-private room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance - All ManhattanLife Plans pay up to \$408 a day when you're hospitalized from the 61st through the 90th day. When you're in the hospital from the 91st through 150th day, ManhattanLife Plans pay you up to \$816 a day for each lifetime reserve day used.

Extended Hospital Coverage - When you're in the hospital longer than 150 days during a Benefit Period, and you've exhausted your 60 Medicare lifetime reserve days, all ManhattanLife Plans pay the Part A Medicare 100% of Medicare eligible expenses for hospitalization at the Prospective Payment System (PPS) rate or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood - Under Medicare Part A (all plans), the first 3 pints of blood are paid by Medicare and by Manhattan Life; any additional amounts are paid 100% by Medicare.

Skilled Nursing Facility Care**

First 20 Days - Medicare pays all 100% of Medicare eligible expenses.

Coinsurance - ManhattanLife Plans F, G, and N pay up to \$204 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care - After you meet Medicare's requirements, including a doctor's certification of terminal illness, Medicare pays all but very limited co-payment or coinsurance for outpatient drugs and inpatient respite care. ManhattanLife Plans pay the Medicare co-payment or coinsurance.

Medicare Part B Physician's Services and Supplies

Part B Deductible - ManhattanLife Plan F pays the \$240 calendar year deductible.

Coinsurance - After the Part B deductible, all ManhattanLife Plans generally pay 20% of Medicare eligible expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service. Plan N requires the insured to pay a portion of Part B coinsurance or co-payments, up to \$20 co-payment for each covered office visit, including specialists, and up to \$50 co-payment for each covered Emergency Room (ER) visit. The ER co-payment will be waived if admitted to any hospital and the ER visit is covered as a Part A expense.

Excess Benefits - Your bill for Part B services and supplies may exceed the Medicare Eligible Expense. When that occurs, ManhattanLife Plan F and G pay 100% after deductible is met of the difference, up to the charge limitation established by Medicare.

Benefit for Blood - Under Medicare Part B (all plans), the first 3 pints of blood are paid 100% by Manhattan Life; any remainder of Medicare approved amounts require the patient to pay a deductible, then, Medicare pays 80%, and Manhattan Life pays 20%.

Additional Benefits

Emergency Care Received Outside of the U.S. - After you pay a \$250 calendar year deductible, ManhattanLife Plans F, G, and N pay you 80% of eligible billed expenses incurred for emergency care that began during the first 60 consecutive days of each trip outside of the U.S., that would have otherwise have been covered by Medicare if provided in the U.S., up to a lifetime maximum of \$50,000. Benefits are payable for emergency care you need immediately because of a covered injury or illness of sudden and unexpected onset.

***You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital.*

Your Plan – The Facts

ManhattanLife helps pay some 100% of Medicare eligible expenses not paid for by Medicare Part A and Medicare Part B. *There may be charges above what Medicare and ManhattanLife pay.*

Medicare Part A 100% of Medicare eligible expenses for hospital/skilled nursing facility care include expenses for semi-private room and board, general nursing, miscellaneous services and supplies.

Medicare Part B 100% of Medicare eligible expenses for medical services include expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

Medicare 100% of Medicare eligible expenses means expenses of the kind covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

A benefit period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the Medicare eligible expense you have to pay. It does not include Part A and B deductible amounts not paid by Medicare.

As Medicare deductibles and coinsurance increase, your ManhattanLife benefits will automatically increase. ManhattanLife benefits will not duplicate benefits paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31 day grace period.

Your policy is guaranteed renewable. Your policy cannot be canceled by us. It will be renewed as long as the premiums are paid on time.

Premium rate adjustments may be made based on current health care cost experience for benefits paid. ManhattanLife reserves the right to establish new premium rates for all insureds based on a class basis, but only after giving you advance notice. *However, we will not increase premiums based on your own claims. Rates may be based on your age and premiums may increase.*

You're covered immediately. There is no waiting period for pre-existing conditions. Benefits will be paid from the time your policy is in force.

ManhattanLife Medicare Supplement Plans will not pay for:

- Expenses incurred while the policy is not in force except as provided in the Extension of Benefits section;
- Hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while the policy is not in force;
- That portion of any expense incurred which is paid for by Medicare;
- Services for non-Medicare eligible expenses, including but not limited to, routine exams, take-home drugs and eye refractions;
- Services for which a charge is not normally made in the absence of insurance; or
- Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

THIS IS A BRIEF DESCRIPTION of your coverage. For complete information on benefits, exceptions and limitations, *PLEASE READ YOUR ACCOMPANYING OUTLINE OF COVERAGE.*

Neither ManhattanLife nor its agents are connected in any way with the federal or state government or Medicare.

**States that will not increase based on age: AZ, GA, ID, MO*



Medicare Plans*

	Medicare Pays	Plan A Pays	Plan F** Pays	Plan G Pays	Plan N Pays
Medicare Part A Hospital Coverage					
Deductible	All but \$1,632	–	\$1,632	\$1,632	\$1,632
First 60 days	100%	–	–	–	–
61st thru 90th Day	All but \$408	Up to \$408	Up to \$408	Up to \$408	Up to \$408
91st thru 150th Day	All but \$816	Up to \$816	Up to \$816	Up to \$816	Up to \$816
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	–	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood First Three Pints	100% paid by Medicare and ManhattanLife	100% paid by Medicare and ManhattanLife	100% paid by Medicare and ManhattanLife	100% paid by Medicare and ManhattanLife	100% paid by Medicare and ManhattanLife
Additional Amounts	100%	0%	0%	0%	0%
Hospice Care	All but very limited co-payment/coinsurance for outpatient drugs & inpatient respite care	Medicare co-payment/ coinsurance	Medicare co-payment/ coinsurance	Medicare co-payment/ coinsurance	Medicare co-payment/ coinsurance
Skilled Nursing Facility Care					
First 20 Days	All approved amounts	–	–	–	–
21st thru 100th Day	All but \$204 a day	–	Up to \$204	Up to \$204	Up to \$204
Medicare Part B In or Out of the Hospital and Outpatient Hospital Treatment					
First \$166 of Medicare Approved Amounts	–	\$0	\$240 Part B Deductible	–	Up to \$20 co-payment for office visit
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	Generally 20%	Generally 20%	Up to \$50 co-payment for ER
Excess Benefits	–	–	100% up to Medicare's Limit	100% up to Medicare's Limit	–
Benefit for Blood First Three Pints	\$0	100%	100%	100%	100%
Additional Amounts After Deductible is Met	80% paid by Medicare 20% paid by Manhattan Life	80% paid by Medicare 20% paid by Manhattan Life	80% paid by Medicare 20% paid by Manhattan Life	80% paid by Medicare 20% paid by Manhattan Life	80% paid by Medicare 20% paid by Manhattan Life
Clinical Laboratory Services/ Tests for Diagnostic Services	100%	0%	0%	0%	0%
Additional Benefits					
Emergency Care Received Outside the U.S.	–	–	Up to \$50,000	Up to \$50,000	Up to \$50,000

*All plans may not be available in your state. Please refer to the Outline of Coverage your agent provided.

**Plan F is only available for those first eligible for Medicare prior to January 1, 2020.

PARTS A & B					
Services	Medicare Pays	Plan A Pays	Plan F** Pays	Plan G Pays	Plan N Pays
Home Health Care Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable Medical Equipment • First \$166 of Medicare approved amounts	\$0	\$0	After you pay \$1,632 deductible, plan pays, \$240 Part B Deductible	\$0	\$0
Approved Amounts	80%	20%	20%	20%	20%



ManhattanLife[™]

Standing By You. Since 1850.

Underwritten by:

ManhattanLife Insurance and Annuity Company

Administrative Office: 10777 Northwest Freeway, Houston, TX 77092

Toll Free Telephone: 800-877-7703

ManhattanLife Medicare Supplement Plans

For Claims, Please Call:

1-800-877-7703

This brochure is an illustration, not a contract. Consult your Outline of Coverage for a complete description of benefits available to you.

Receipt

Received from _____

this _____ day of _____ the sum of \$ _____

being the payment of _____ Premium.

This insurance applied for shall not take effect until the effective date of the policy and the payment of the first premium. In the event the application is declined, any payments made by the applicant will be returned.

Agent's Signature

**Make checks payable to The ManhattanLife Insurance and Annuity Company.
Do not make payable to agent or leave payee blank.**