**ManhattanLife Insurance and Annuity Company**
**Outline of Medicare Supplement Coverage-Cover Page**
**Benefit Plans A, F, G, and N**

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F. ManhattanLife Insurance and Annuity Company offers four of the twelve plans available, Plans A, F, G, and N.

Note: A ✓ means 100% of the benefit is paid.

| Benefits | Plans Available to All Applicants | | | | | | | | | Medicare first eligible before 2020 only | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | A | B | D | G | G[1] | K | L | M | N | C | F | F[1] |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | | 50% | 75% | ✓ | ✓ Copays apply[3] | ✓ | ✓ | |
| Blood (first three pints) | ✓ | ✓ | ✓ | ✓ | | 50% | 75% | ✓ | ✓ | ✓ | ✓ | |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | | 50% | 75% | ✓ | ✓ | ✓ | ✓ | |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | | 50% | 75% | ✓ | ✓ | ✓ | ✓ | |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | | 50% | 75% | 50% | ✓ | ✓ | ✓ | |
| Medicare Part B deductible | | | | | | | | | | ✓ | ✓ | |
| Medicare Part B excess charges | | | | ✓ | | | | | | | ✓ | |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | |
| Out-of-pocket limit in 2024[2] | | | | | | $7,060[2] | $3,530[2] | | | | | |

[1] Plans F and G also have a high deductible option, which require first paying a plan deductible of $2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2] Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3] Plan N pays 100% of the Part B coinsurance, except for a copayment of up to $20 for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

**MANHATTANLIFE INSURANCE AND ANNUITY COMPANY**
**ANNUAL PREFERRED ATTAINED AGE PREMIUMS**
**FOR USE IN KANSAS ZIP CODES**
**660-662, 672**

| Attained | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| Age | Plan A | Plan F | Plan G | Plan N | Plan A | Plan F | Plan G | Plan N |
| 0-64 | 1,789 | 2,182 | 1,798 | 1,147 | 2,055 | 2,509 | 2,066 | 1,319 |
| 65 | 1,789 | 2,182 | 1,798 | 1,147 | 2,055 | 2,509 | 2,066 | 1,319 |
| 66 | 1,789 | 2,182 | 1,798 | 1,147 | 2,055 | 2,509 | 2,066 | 1,319 |
| 67 | 1,789 | 2,182 | 1,798 | 1,147 | 2,055 | 2,509 | 2,066 | 1,319 |
| 68 | 1,792 | 2,221 | 1,801 | 1,178 | 2,061 | 2,555 | 2,072 | 1,354 |
| 69 | 1,850 | 2,295 | 1,859 | 1,214 | 2,129 | 2,640 | 2,139 | 1,396 |
| 70 | 1,904 | 2,372 | 1,914 | 1,250 | 2,190 | 2,726 | 2,200 | 1,437 |
| 71 | 1,961 | 2,448 | 1,971 | 1,303 | 2,256 | 2,815 | 2,268 | 1,499 |
| 72 | 2,028 | 2,523 | 2,039 | 1,355 | 2,332 | 2,901 | 2,345 | 1,558 |
| 73 | 2,096 | 2,599 | 2,108 | 1,407 | 2,412 | 2,989 | 2,423 | 1,618 |
| 74 | 2,164 | 2,702 | 2,176 | 1,467 | 2,489 | 3,107 | 2,502 | 1,688 |
| 75 | 2,243 | 2,819 | 2,252 | 1,535 | 2,578 | 3,242 | 2,592 | 1,765 |
| 76 | 2,325 | 2,932 | 2,335 | 1,592 | 2,673 | 3,371 | 2,686 | 1,831 |
| 77 | 2,420 | 3,048 | 2,431 | 1,649 | 2,783 | 3,506 | 2,797 | 1,898 |
| 78 | 2,525 | 3,174 | 2,538 | 1,708 | 2,904 | 3,649 | 2,919 | 1,963 |
| 79 | 2,641 | 3,308 | 2,656 | 1,769 | 3,039 | 3,806 | 3,053 | 2,033 |
| 80 | 2,770 | 3,451 | 2,785 | 1,838 | 3,188 | 3,969 | 3,204 | 2,114 |
| 81 | 2,914 | 3,602 | 2,928 | 1,938 | 3,350 | 4,141 | 3,367 | 2,227 |
| 82 | 3,067 | 3,761 | 3,084 | 2,045 | 3,527 | 4,326 | 3,546 | 2,351 |
| 83 | 3,235 | 3,931 | 3,250 | 2,160 | 3,721 | 4,521 | 3,740 | 2,485 |
| 84 | 3,416 | 4,110 | 3,435 | 2,287 | 3,930 | 4,729 | 3,949 | 2,630 |
| 85 | 3,616 | 4,301 | 3,633 | 2,424 | 4,157 | 4,948 | 4,178 | 2,788 |
| 86 | 3,807 | 4,486 | 3,826 | 2,559 | 4,377 | 5,158 | 4,400 | 2,943 |
| 87 | 4,006 | 4,681 | 4,027 | 2,700 | 4,608 | 5,384 | 4,631 | 3,105 |
| 88 | 4,208 | 4,889 | 4,230 | 2,843 | 4,839 | 5,624 | 4,863 | 3,269 |
| 89 | 4,412 | 5,111 | 4,434 | 2,989 | 5,072 | 5,879 | 5,098 | 3,436 |
| 90 | 4,616 | 5,321 | 4,637 | 3,134 | 5,307 | 6,121 | 5,334 | 3,604 |
| 91 | 4,807 | 5,518 | 4,830 | 3,268 | 5,526 | 6,345 | 5,554 | 3,760 |
| 92 | 4,994 | 5,720 | 5,018 | 3,404 | 5,743 | 6,577 | 5,771 | 3,916 |
| 93 | 5,179 | 5,904 | 5,206 | 3,537 | 5,957 | 6,789 | 5,986 | 4,067 |
| 94 | 5,361 | 6,090 | 5,388 | 3,667 | 6,165 | 7,003 | 6,195 | 4,217 |
| 95 | 5,537 | 6,275 | 5,567 | 3,795 | 6,369 | 7,217 | 6,400 | 4,364 |
| 96 | 5,660 | 6,407 | 5,687 | 3,877 | 6,508 | 7,368 | 6,541 | 4,461 |
| 97 | 5,772 | 6,535 | 5,800 | 3,956 | 6,640 | 7,515 | 6,672 | 4,549 |
| 98 | 5,882 | 6,659 | 5,913 | 4,031 | 6,766 | 7,657 | 6,798 | 4,635 |
| 99 | 5,988 | 6,779 | 6,018 | 4,104 | 6,887 | 7,796 | 6,922 | 4,720 |

**Premium payable other than annual will be determined according to the following factors:**

| Semi Annual | Quarterly | Monthly |
|---|---|---|
| 1/2 | 1/4 | 1/12 |

**There is a one time $25.00 policy fee.**
**A discount factor of .93 is applied for household discount applicants.**

**MANHATTANLIFE INSURANCE AND ANNUITY COMPANY**
**ANNUAL STANDARD ATTAINED AGE PREMIUMS**
**FOR USE IN KANSAS ZIP CODES**
**660-662, 672**

| Attained | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| Age | Plan A | Plan F | Plan G | Plan N | Plan A | Plan F | Plan G | Plan N |
| 0-64 | 2,055 | 2,509 | 2,066 | 1,319 | 2,365 | 2,886 | 2,376 | 1,516 |
| 65 | 2,055 | 2,509 | 2,066 | 1,319 | 2,365 | 2,886 | 2,376 | 1,516 |
| 66 | 2,055 | 2,509 | 2,066 | 1,319 | 2,365 | 2,886 | 2,376 | 1,516 |
| 67 | 2,055 | 2,509 | 2,066 | 1,319 | 2,365 | 2,886 | 2,376 | 1,516 |
| 68 | 2,061 | 2,555 | 2,072 | 1,354 | 2,369 | 2,938 | 2,383 | 1,557 |
| 69 | 2,129 | 2,640 | 2,139 | 1,396 | 2,448 | 3,037 | 2,460 | 1,604 |
| 70 | 2,190 | 2,726 | 2,200 | 1,437 | 2,518 | 3,136 | 2,530 | 1,653 |
| 71 | 2,256 | 2,815 | 2,268 | 1,499 | 2,594 | 3,235 | 2,608 | 1,723 |
| 72 | 2,332 | 2,901 | 2,345 | 1,558 | 2,684 | 3,336 | 2,697 | 1,793 |
| 73 | 2,412 | 2,989 | 2,423 | 1,618 | 2,771 | 3,435 | 2,787 | 1,861 |
| 74 | 2,489 | 3,107 | 2,502 | 1,688 | 2,862 | 3,571 | 2,876 | 1,941 |
| 75 | 2,578 | 3,242 | 2,592 | 1,765 | 2,965 | 3,727 | 2,982 | 2,029 |
| 76 | 2,673 | 3,371 | 2,686 | 1,831 | 3,073 | 3,876 | 3,089 | 2,105 |
| 77 | 2,783 | 3,506 | 2,797 | 1,898 | 3,200 | 4,033 | 3,216 | 2,182 |
| 78 | 2,904 | 3,649 | 2,919 | 1,963 | 3,339 | 4,198 | 3,356 | 2,260 |
| 79 | 3,039 | 3,806 | 3,053 | 2,033 | 3,494 | 4,375 | 3,511 | 2,339 |
| 80 | 3,188 | 3,969 | 3,204 | 2,114 | 3,664 | 4,564 | 3,683 | 2,430 |
| 81 | 3,350 | 4,141 | 3,367 | 2,227 | 3,853 | 4,763 | 3,873 | 2,562 |
| 82 | 3,527 | 4,326 | 3,546 | 2,351 | 4,056 | 4,975 | 4,076 | 2,703 |
| 83 | 3,721 | 4,521 | 3,740 | 2,485 | 4,277 | 5,197 | 4,300 | 2,856 |
| 84 | 3,930 | 4,729 | 3,949 | 2,630 | 4,519 | 5,437 | 4,543 | 3,025 |
| 85 | 4,157 | 4,948 | 4,178 | 2,788 | 4,780 | 5,688 | 4,806 | 3,206 |
| 86 | 4,377 | 5,158 | 4,400 | 2,943 | 5,033 | 5,932 | 5,058 | 3,385 |
| 87 | 4,608 | 5,384 | 4,631 | 3,105 | 5,298 | 6,191 | 5,325 | 3,571 |
| 88 | 4,839 | 5,624 | 4,863 | 3,269 | 5,564 | 6,466 | 5,593 | 3,761 |
| 89 | 5,072 | 5,879 | 5,098 | 3,436 | 5,835 | 6,759 | 5,863 | 3,952 |
| 90 | 5,307 | 6,121 | 5,334 | 3,604 | 6,101 | 7,040 | 6,135 | 4,144 |
| 91 | 5,526 | 6,345 | 5,554 | 3,760 | 6,356 | 7,296 | 6,387 | 4,324 |
| 92 | 5,743 | 6,577 | 5,771 | 3,916 | 6,604 | 7,562 | 6,639 | 4,502 |
| 93 | 5,957 | 6,789 | 5,986 | 4,067 | 6,850 | 7,808 | 6,885 | 4,677 |
| 94 | 6,165 | 7,003 | 6,195 | 4,217 | 7,091 | 8,054 | 7,126 | 4,849 |
| 95 | 6,369 | 7,217 | 6,400 | 4,364 | 7,325 | 8,298 | 7,361 | 5,019 |
| 96 | 6,508 | 7,368 | 6,541 | 4,461 | 7,485 | 8,474 | 7,522 | 5,130 |
| 97 | 6,640 | 7,515 | 6,672 | 4,549 | 7,636 | 8,644 | 7,673 | 5,232 |
| 98 | 6,766 | 7,657 | 6,798 | 4,635 | 7,780 | 8,806 | 7,820 | 5,330 |
| 99 | 6,887 | 7,796 | 6,922 | 4,720 | 7,920 | 8,965 | 7,959 | 5,426 |

**Premium payable other than annual will be determined according to the following factors:**

| Semi Annual | Quarterly | Monthly |
|---|---|---|
| 1/2 | 1/4 | 1/12 |

**There is a one time $25.00 policy fee.**
**A discount factor of .93 is applied for household discount applicants.**

**MANHATTANLIFE INSURANCE AND ANNUITY COMPANY**
**ANNUAL PREFERRED ATTAINED AGE PREMIUMS**
**FOR USE IN KANSAS ZIP CODES ALL EXCEPT**
**660-662, 672**

| Attained | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| Age | Plan A | Plan F | Plan G | Plan N | Plan A | Plan F | Plan G | Plan N |
| 0-64 | 1,647 | 2,009 | 1,655 | 1,056 | 1,893 | 2,310 | 1,903 | 1,215 |
| 65 | 1,647 | 2,009 | 1,655 | 1,056 | 1,893 | 2,310 | 1,903 | 1,215 |
| 66 | 1,647 | 2,009 | 1,655 | 1,056 | 1,893 | 2,310 | 1,903 | 1,215 |
| 67 | 1,647 | 2,009 | 1,655 | 1,056 | 1,893 | 2,310 | 1,903 | 1,215 |
| 68 | 1,650 | 2,045 | 1,658 | 1,084 | 1,898 | 2,353 | 1,907 | 1,247 |
| 69 | 1,704 | 2,113 | 1,712 | 1,118 | 1,960 | 2,431 | 1,970 | 1,285 |
| 70 | 1,753 | 2,185 | 1,762 | 1,151 | 2,016 | 2,510 | 2,026 | 1,323 |
| 71 | 1,806 | 2,254 | 1,814 | 1,200 | 2,078 | 2,592 | 2,089 | 1,380 |
| 72 | 1,867 | 2,323 | 1,878 | 1,248 | 2,147 | 2,671 | 2,159 | 1,435 |
| 73 | 1,930 | 2,393 | 1,941 | 1,295 | 2,221 | 2,752 | 2,231 | 1,490 |
| 74 | 1,993 | 2,488 | 2,003 | 1,350 | 2,292 | 2,861 | 2,304 | 1,554 |
| 75 | 2,066 | 2,596 | 2,074 | 1,414 | 2,373 | 2,985 | 2,386 | 1,626 |
| 76 | 2,141 | 2,700 | 2,150 | 1,466 | 2,462 | 3,104 | 2,473 | 1,686 |
| 77 | 2,228 | 2,807 | 2,239 | 1,519 | 2,562 | 3,228 | 2,575 | 1,747 |
| 78 | 2,325 | 2,923 | 2,337 | 1,573 | 2,674 | 3,360 | 2,688 | 1,808 |
| 79 | 2,432 | 3,046 | 2,446 | 1,628 | 2,798 | 3,504 | 2,811 | 1,872 |
| 80 | 2,551 | 3,178 | 2,564 | 1,693 | 2,935 | 3,655 | 2,950 | 1,946 |
| 81 | 2,683 | 3,316 | 2,696 | 1,785 | 3,085 | 3,813 | 3,101 | 2,051 |
| 82 | 2,824 | 3,463 | 2,839 | 1,883 | 3,248 | 3,983 | 3,265 | 2,165 |
| 83 | 2,979 | 3,620 | 2,993 | 1,989 | 3,426 | 4,163 | 3,444 | 2,288 |
| 84 | 3,145 | 3,784 | 3,163 | 2,106 | 3,619 | 4,354 | 3,636 | 2,422 |
| 85 | 3,329 | 3,960 | 3,345 | 2,232 | 3,828 | 4,556 | 3,847 | 2,567 |
| 86 | 3,505 | 4,131 | 3,523 | 2,357 | 4,031 | 4,750 | 4,051 | 2,710 |
| 87 | 3,688 | 4,311 | 3,708 | 2,486 | 4,243 | 4,958 | 4,264 | 2,859 |
| 88 | 3,874 | 4,502 | 3,895 | 2,618 | 4,456 | 5,178 | 4,478 | 3,010 |
| 89 | 4,062 | 4,706 | 4,083 | 2,752 | 4,670 | 5,414 | 4,695 | 3,164 |
| 90 | 4,250 | 4,899 | 4,270 | 2,886 | 4,886 | 5,636 | 4,911 | 3,318 |
| 91 | 4,426 | 5,081 | 4,447 | 3,009 | 5,088 | 5,842 | 5,114 | 3,462 |
| 92 | 4,599 | 5,267 | 4,620 | 3,134 | 5,288 | 6,056 | 5,314 | 3,606 |
| 93 | 4,769 | 5,437 | 4,793 | 3,257 | 5,485 | 6,251 | 5,512 | 3,745 |
| 94 | 4,936 | 5,608 | 4,962 | 3,377 | 5,677 | 6,449 | 5,705 | 3,883 |
| 95 | 5,098 | 5,778 | 5,126 | 3,494 | 5,865 | 6,646 | 5,893 | 4,019 |
| 96 | 5,212 | 5,900 | 5,237 | 3,570 | 5,993 | 6,784 | 6,023 | 4,108 |
| 97 | 5,315 | 6,017 | 5,341 | 3,643 | 6,114 | 6,920 | 6,144 | 4,189 |
| 98 | 5,416 | 6,131 | 5,444 | 3,712 | 6,230 | 7,050 | 6,260 | 4,268 |
| 99 | 5,514 | 6,242 | 5,541 | 3,779 | 6,342 | 7,179 | 6,373 | 4,346 |

**Premium payable other than annual will be determined according to the following factors:**

| Semi Annual | Quarterly | Monthly |
|---|---|---|
| 1/2 | 1/4 | 1/12 |

**There is a one time $25.00 policy fee.**
**A discount factor of .93 is applied for household discount applicants.**

**MANHATTANLIFE INSURANCE AND ANNUITY COMPANY**
**ANNUAL STANDARD ATTAINED AGE PREMIUMS**
**FOR USE IN KANSAS ZIP CODES ALL EXCEPT**
**660-662, 672**

| Attained Age | Female | | | | Male | | | |
|---|---|---|---|---|---|---|---|---|
| | Plan A | Plan F | Plan G | Plan N | Plan A | Plan F | Plan G | Plan N |
| 0-64 | 1,893 | 2,310 | 1,903 | 1,215 | 2,178 | 2,657 | 2,187 | 1,396 |
| 65 | 1,893 | 2,310 | 1,903 | 1,215 | 2,178 | 2,657 | 2,187 | 1,396 |
| 66 | 1,893 | 2,310 | 1,903 | 1,215 | 2,178 | 2,657 | 2,187 | 1,396 |
| 67 | 1,893 | 2,310 | 1,903 | 1,215 | 2,178 | 2,657 | 2,187 | 1,396 |
| 68 | 1,898 | 2,353 | 1,907 | 1,247 | 2,182 | 2,705 | 2,194 | 1,434 |
| 69 | 1,960 | 2,431 | 1,970 | 1,285 | 2,254 | 2,797 | 2,265 | 1,477 |
| 70 | 2,016 | 2,510 | 2,026 | 1,323 | 2,318 | 2,888 | 2,330 | 1,522 |
| 71 | 2,078 | 2,592 | 2,089 | 1,380 | 2,388 | 2,979 | 2,401 | 1,587 |
| 72 | 2,147 | 2,671 | 2,159 | 1,435 | 2,471 | 3,072 | 2,483 | 1,651 |
| 73 | 2,221 | 2,752 | 2,231 | 1,490 | 2,552 | 3,163 | 2,566 | 1,714 |
| 74 | 2,292 | 2,861 | 2,304 | 1,554 | 2,636 | 3,288 | 2,649 | 1,787 |
| 75 | 2,373 | 2,985 | 2,386 | 1,626 | 2,730 | 3,432 | 2,745 | 1,868 |
| 76 | 2,462 | 3,104 | 2,473 | 1,686 | 2,830 | 3,569 | 2,844 | 1,938 |
| 77 | 2,562 | 3,228 | 2,575 | 1,747 | 2,946 | 3,713 | 2,961 | 2,009 |
| 78 | 2,674 | 3,360 | 2,688 | 1,808 | 3,075 | 3,865 | 3,090 | 2,081 |
| 79 | 2,798 | 3,504 | 2,811 | 1,872 | 3,217 | 4,029 | 3,233 | 2,154 |
| 80 | 2,935 | 3,655 | 2,950 | 1,946 | 3,374 | 4,203 | 3,392 | 2,238 |
| 81 | 3,085 | 3,813 | 3,101 | 2,051 | 3,548 | 4,386 | 3,567 | 2,359 |
| 82 | 3,248 | 3,983 | 3,265 | 2,165 | 3,735 | 4,581 | 3,753 | 2,489 |
| 83 | 3,426 | 4,163 | 3,444 | 2,288 | 3,939 | 4,786 | 3,959 | 2,630 |
| 84 | 3,619 | 4,354 | 3,636 | 2,422 | 4,161 | 5,006 | 4,183 | 2,785 |
| 85 | 3,828 | 4,556 | 3,847 | 2,567 | 4,402 | 5,238 | 4,425 | 2,952 |
| 86 | 4,031 | 4,750 | 4,051 | 2,710 | 4,634 | 5,462 | 4,657 | 3,116 |
| 87 | 4,243 | 4,958 | 4,264 | 2,859 | 4,879 | 5,701 | 4,903 | 3,288 |
| 88 | 4,456 | 5,178 | 4,478 | 3,010 | 5,123 | 5,954 | 5,150 | 3,463 |
| 89 | 4,670 | 5,414 | 4,695 | 3,164 | 5,373 | 6,224 | 5,399 | 3,639 |
| 90 | 4,886 | 5,636 | 4,911 | 3,318 | 5,618 | 6,482 | 5,649 | 3,816 |
| 91 | 5,088 | 5,842 | 5,114 | 3,462 | 5,852 | 6,718 | 5,881 | 3,981 |
| 92 | 5,288 | 6,056 | 5,314 | 3,606 | 6,081 | 6,963 | 6,113 | 4,145 |
| 93 | 5,485 | 6,251 | 5,512 | 3,745 | 6,307 | 7,190 | 6,340 | 4,307 |
| 94 | 5,677 | 6,449 | 5,705 | 3,883 | 6,530 | 7,416 | 6,561 | 4,465 |
| 95 | 5,865 | 6,646 | 5,893 | 4,019 | 6,744 | 7,641 | 6,778 | 4,621 |
| 96 | 5,993 | 6,784 | 6,023 | 4,108 | 6,892 | 7,803 | 6,927 | 4,723 |
| 97 | 6,114 | 6,920 | 6,144 | 4,189 | 7,031 | 7,959 | 7,065 | 4,817 |
| 98 | 6,230 | 7,050 | 6,260 | 4,268 | 7,164 | 8,109 | 7,201 | 4,908 |
| 99 | 6,342 | 7,179 | 6,373 | 4,346 | 7,293 | 8,255 | 7,328 | 4,996 |

**Premium payable other than annual will be determined according to the following factors:**

| Semi Annual | Quarterly | Monthly |
|---|---|---|
| 1/2 | 1/4 | 1/12 |

**There is a one time $25.00 policy fee.**
**A discount factor of .93 is applied for household discount applicants.**

## PREMIUM INFORMATION

ManhattanLife Insurance and Annuity Company may change your premium if a new table of rates is applicable to the policy. The change in the table of rates will apply to all covered persons in the same class on the date of change. Class is defined as attained age, sex, underwriting class, and state and zip code of residence.

Premiums are based on your attained age and will change on Your Policy Anniversary Date.

## DISCLOSURES

Use this outline to compare benefits and premiums among policies.

## READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and ManhattanLife Insurance and Annuity Company.

## RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to our Medicare Supplement Administrative Office at P. O. Box 925568, Houston, Texas 77292-5568. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

## CANCELLATION BY INSURED

You may cancel this Policy at any time by written notice delivered or mailed to Us, effective upon request or on such later date as may be specified in such notice. In the event of cancellation we shall make a pro-rata refund of any premium paid beyond the date of cancellation. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

## NOTICE

This policy may not fully cover all of your medical costs. Neither ManhattanLife Insurance and Annuity Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

## LIMITATIONS AND EXCLUSIONS

This Policy does not pay expenses related to any coverage that is limited or excluded by Medicare related to services not "reasonable and Medically Necessary" under the Medicare Program Standards for diagnosis or treatment of Injury or Sickness.

## REFUND OF PREMIUMS

The Policy does contain a Pro-Rata Refund provision which provides for the partial refund of premium upon death.

The Policy does contain a Cancellation By Insured provision which provides for a refund of premium upon surrender of the Policy.

## COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

**Review the application carefully before you sign it. Be certain that all information has been properly recorded.**

**Please refer to your policy for details.**

**PLAN A**
**MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD**

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOSPITALIZATION*** | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies: | | | |
| First 60 days | All but $1632 | $0 | $1632 (Part A deductible) |
| 61st thru 90th day | All but $408 a day | $408 a day | $0 |
| 91st day and after: | | | |
| — While using 60 lifetime reserve days | All but $816 a day | $816 a day | $0 |
| — Once lifetime reserve days are used: | | | |
| — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0** |
| — Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE*** | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: | | | |
| First 20 days | All approved amounts | $0 | $0 |
| 21st thru 100th day | All but $204 a day | $0 | Up to $204 a day |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | 3 pints | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE** | | | |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care | Medicare co-payment/ coinsurance | $0 |

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN A

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **MEDICAL EXPENSES –** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, | | | |
| First $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | $0 |
| **PART B EXCESS CHARGES** (Above Medicare Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | All costs | $0 |
| Next $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES –** TESTS FOR DIAGNOSTIC SERVICES | 100% | $0 | $0 |

## PARTS A & B

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOME HEALTH CARE** | | | |
| MEDICARE APPROVED SERVICES | | | |
| — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| — Durable medical equipment | | | |
| First $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | $0 |

## PLAN F

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOSPITALIZATION*** Semiprivate room and board, general nursing and miscellaneous services and supplies: | | | |
| First 60 days | All but $1632 | $1632 (Part A deductible) | $0 |
| 61st thru 90th day | All but $408 a day | $408 a day | $0 |
| 91st day and after: | | | |
| — While using 60 lifetime reserve days | All but $816 a day | $816 a day | $0 |
| — Once lifetime reserve days are used: | | | |
| — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0** |
| — Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE*** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: | | | |
| First 20 days | All approved amounts | $0 | $0 |
| 21st thru 100th day | All but $204 a day | Up to $204 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | 3 pints | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE** You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care | Medicare co-payment/ coinsurance | $0 |

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN F**

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **MEDICAL EXPENSES –** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, | | | |
| First $240 of Medicare Approved Amounts* | $0 | $240 (Part B deductible) | $0 |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | $0 |
| **PART B EXCESS CHARGES** (Above Medicare Approved Amounts) | $0 | 100% | $0 |
| **BLOOD** | | | |
| First 3 pints | $0 | All costs | $0 |
| Next $240 of Medicare Approved amounts* | $0 | $240 (Part B deductible) | $0 |
| Remainder of Medicare Approved amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES –** TESTS FOR DIAGNOSTIC SERVICES | 100% | $0 | $0 |

**PARTS A & B**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOME HEALTH CARE** MEDICARE APPROVED SERVICES | | | |
| — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| — Durable medical equipment | | | |
| First $240 of Medicare Approved Amounts* | $0 | $240 (Part B deductible) | $0 |
| Remainder of Medicare Approved Amounts | 80% | 20% | $0 |

**OTHER SERVICES – NOT COVERED BY MEDICARE**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **FOREIGN TRAVEL – NOT COVERED BY MEDICARE** Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First $250 each calendar year | $0 | $0 | $250 |
| Remainder of charges | $0 | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum |

## PLAN G

## MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOSPITALIZATION*** | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies: | | | |
| First 60 days | All but $1632 | $1632 (Part A deductible) | $0 |
| 61st thru 90th day | All but $408 a day | $408 a day | $0 |
| 91st day and after: | | | |
| — While using 60 lifetime reserve days | All but $816 a day | $816 a day | $0 |
| — Once lifetime reserve days are used: | | | |
| — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0** |
| — Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE*** | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: | | | |
| First 20 days | All approved amounts | $0 | $0 |
| 21st thru 100th day | All but $204 a day | Up to $204 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | 3 pints | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE** | | | |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care | Medicare co-payment/ coinsurance | $0 |

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN G**
**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR**

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **MEDICAL EXPENSES –** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, | | | |
| First $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | Generally 80% | Generally 20% | $0 |
| **PART B EXCESS CHARGES** (Above Medicare Approved Amounts) | $0 | 100% | 0% |
| **BLOOD** | | | |
| First 3 pints | $0 | All costs | $0 |
| Next $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES –** TESTS FOR DIAGNOSTIC SERVICES | 100% | $0 | $0 |

**PARTS A & B**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOME HEALTH CARE** MEDICARE APPROVED SERVICES | | | |
| — Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| — Durable medical equipment | | | |
| First $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | $0 |

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **FOREIGN TRAVEL – NOT COVERED BY MEDICARE**<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First $250 each calendar year | $0 | $0 | $250 |
| Remainder of Charges | $0 | 80% to a lifetime maximum benefit of $50,000. | 20% and amounts over the $50,000 lifetime maximum |

## PLAN N

## MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOSPITALIZATION*** | | | |
| Semiprivate room and board, general nursing and miscellaneous services and supplies: | | | |
| First 60 days | All but $1632 | $1632 (Part A deductible) | $0 |
| 61st thru 90th day | All but $408 a day | $408 a day | $0 |
| 91st day and after: | | | |
| — While using 60 lifetime reserve days | All but $816 a day | $816 a day | $0 |
| — Once lifetime reserve days are used: | | | |
| — Additional 365 days | $0 | 100% of Medicare eligible expenses | $0** |
| — Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE*** | | | |
| You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital: | | | |
| First 20 days | All approved amounts | $0 | $0 |
| 21st thru 100th day | All but $204 a day | Up to $204 a day | $0 |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | 3 pints | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE** | | | |
| You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care | Medicare co-payment/ coinsurance | $0 |

****NOTICE**: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLAN N

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $240 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **MEDICAL EXPENSES –** IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, | | | |
| First $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | Generally 80% | Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | Up to $20 per office visit and up to $50 per emergency room visit. The co-payment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| **PART B EXCESS CHARGES** (Above Medicare Approved Amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | All costs | $0 |
| Next $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES –** TESTS FOR DIAGNOSTIC SERVICES | 100% | $0 | $0 |

**PLAN N**

**PARTS A & B**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **HOME HEALTH CARE**<br>MEDICARE APPROVED SERVICES<br>— Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| — Durable medical equipment<br>First $240 of Medicare Approved Amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare Approved Amounts | 80% | 20% | $0 |

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

| SERVICES | MEDICARE PAYS | PLAN PAYS | YOU PAY |
|---|---|---|---|
| **FOREIGN TRAVEL – NOT COVERED BY MEDICARE**<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | |
| First $250 each calendar year | $0 | $0 | $250 |
| Remainder of charges | $0 | 80% to a lifetime maximum benefit of $50,000. | 20% and amounts over the $50,000 lifetime maximum. |

You have purchased _____, and your premium will be $_____ on a(n) _____ basis.

_____ _____

**Agent's Signature** **Date**

_____

**Agent's Printed Name**

_____

**Agent's Address and Phone No.**