



**THE MANHATTAN LIFE**  
INSURANCE COMPANY SM



# 2017 Medicare Supplement

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

# Manhattan Life - 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. Reliance on Medicare in this situation can mean financial difficulty with out-of-pocket expenses.

## Manhattan Life Offers 8\* Standardized Insurance Plans

The Manhattan Life Insurance Company 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 all states.

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

## Initial Hospital Deductible

**Medicare Part A**  
hospital deductibles  
have risen \$1,276  
since 1968 -  
just 49 years!

**\$1,316**  
**2017**

**\$40**

**1968**

## All Medicare Supplement Plans Offer These Benefits:

**Part A Coinsurance** pays if you are confined to a hospital. Should you require more than 60 continuous days hospitalization, Manhattan Life 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, Manhattan Life 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 the emergency room.

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



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# Your Manhattan Life Benefits

## Medicare Part A Hospital Coverage

**Deductible** - Manhattan Life Plans B, C, D, F, G and N all pay the \$1,316 inpatient hospital deductible for each benefit period. Plan M pays 50% of the Part A Deductible.

**First 60 Days** - After the Part A deductible, Medicare pays 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 Manhattan Life Plans pay up to \$329 a day when you're hospitalized from the 61st through the 90th day. And when you're in the hospital from the 91st through 150th day, Manhattan Life Plans pay you up to \$658 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 Manhattan Life Plans pay the Part A Medicare eligible expenses for hospitalization, paid 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** - Medicare has one calendar year deductible for blood that is the cost of the first three pints needed. All Manhattan Life Plans pay this deductible.

## Skilled Nursing Facility Care

**First 20 Days** - Medicare pays all eligible expenses.

**Coinsurance** - Manhattan Life Plans C, D, F, G, M and N pay up to \$164.50 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. Manhattan Life Plans pay the Medicare co-payment or coinsurance.

## Medicare Part B Physician's Services and Supplies

**Deductible** - Manhattan Life Plans C and F pay the \$183 calendar year deductible.

**Coinsurance** - After the Part B deductible, all Manhattan Life 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, Manhattan Life Plan F and G pay 100% of the difference, up to the charge limitation established by Medicare.

**Benefit for Blood** - Medicare has one calendar year deductible for blood that is the cost of the first three pints needed. All Manhattan Life Plans pay this deductible.

## Additional Benefits

### **Emergency Care Received Outside the U.S.** -

After you pay a \$250 calendar year deductible, Manhattan Life Plans C, D, F, G, M 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 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 health care you need immediately because of a covered injury or illness of sudden and unexpected onset.

# Your Plan - The Facts

**Manhattan Life** helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and Manhattan Life pay.**

**Medicare Part A 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 eligible expenses for medical services** include expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

**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 Manhattan Life benefits will automatically increase. Manhattan Life 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 cancelled. 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. Manhattan Life 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 automatically on each policy anniversary date, based on the age you attain\*.

**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.

**Manhattan Life 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 Manhattan Life nor its agents** are connected in any way with the federal or state government or Medicare.

# Medicare Plans\*

	Medicare Pays	Plan A Pays	Plan B Pays	Plan C Pays	Plan D Pays	Plan F Pays	Plan G Pays	Plan M Pays	Plan N Pays
<b>Medicare Part A Hospital Coverage</b>									
<b>Deductible</b>	All but \$1,316	--	\$1,316	\$1,316	\$1,316	\$1,316	\$1,316	50% of Deductible	\$1,316
<b>First 60 days</b>	100%	--	--	--	--	--	--	--	--
<b>Coinsurance 61-90 days</b>	All but \$329	Up to \$329	Up to \$329	Up to \$329	Up to \$329	Up to \$329	Up to \$329	Up to \$329	Up to \$329
<b>Coinsurance 91-150 days</b>	All but \$658	Up to \$658	Up to \$658	Up to \$658	Up to \$658	Up to \$658	Up to \$658	Up to \$658	Up to \$658
<b>Extended Hospital Coverage (up to an additional 365 days in your lifetime)</b>	--	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
<b>Benefit for Blood First Three Pints</b>	\$0	Three Pints	Three Pints	Three Pints	Three Pints	Three Pints	Three Pints	Three Pints	Three Pints
<b>Additional Amounts</b>	100%	--	--	--	--	--	--	--	--
<b>Hospice Care</b>	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	Medicare co-payment/coinsurance	Medicare co-payment/coinsurance	Medicare co-payment/coinsurance	Medicare co-payment/coinsurance
<b>Skilled Nursing Facility Care</b>									
<b>First 20 Days</b>	100%	--	--	--	--	--	--	--	--
<b>Coinsurance 21 - 100 Days</b>	All but \$164.50 a day	--	--	Up to \$164.50	Up to \$164.50	Up to \$164.50	Up to \$164.50	Up to \$164.50	Up to \$164.50
<b>Medicare Part B Physician Services and Supplies</b>									
<b>Deductible</b>	--	--	--	\$183	--	\$183	--	--	--
<b>Coinsurance</b>	Generally 80%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Generally 20%	Up to \$20 co-payment for office visit Up to \$50 co-payment for ER
<b>Excess Benefits</b>	--	--	--	--	--	100% up to Medicare's Limit	100% up to Medicare's Limit	--	--
<b>Benefit for Blood First Three Pints</b>	\$0	Three pints	Three Pints	Three Pints	Three Pints	Three Pints	Three Pints	Three Pints	Three Pints
<b>Additional Amounts</b>	100%	--	--	--	--	--	--	--	--
<b>Additional Benefits</b>									
<b>Emergency Care Received Outside the U.S.</b>	--	--	--	Up to \$50,000	Up to \$50,000	Up to \$50,000	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.

# Manhattan Life

## 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

**Underwritten by:  
The Manhattan Life Insurance Company**

**10777 Northwest Freeway, Suite 600  
Houston, Texas 77092**

**1-800-877-7703**

**Make checks payable to The Manhattan Life Insurance Company.  
Do not make payable to agent or leave payee blank.**