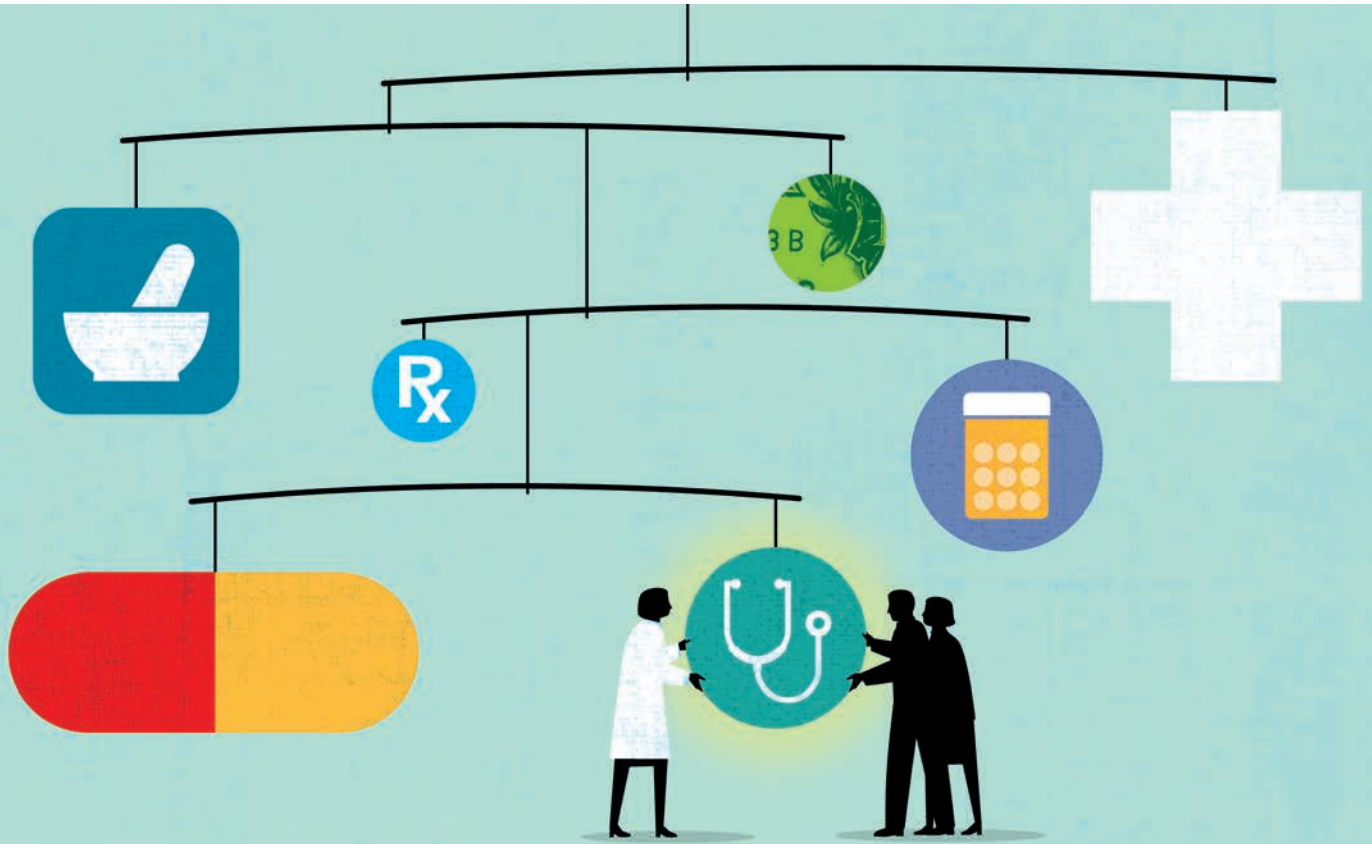




ManhattanLife[™]

Standing By You. Since 1850.



ManhattanLife Lighthouse Series **Home Health Care Select**

Providing health & financial security solutions when you need it most



Home Health Care Select

Individual Coverage from ManhattanLife

Health. Value. Peace Of Mind.

If possible, wouldn't you rather recuperate from an injury or chronic illness in the comfort of your own home? A sudden illness, injury, or debilitating chronic condition can happen to any individual at any age.

ManhattanLife's Home Health Care Select Insurance is an affordable solution that provides both the flexibility and financial support you need to recover at home, surrounded by those you love. These plans can also minimize financial stress, allowing you to focus your energy on your own personal recovery.

Plan Features & Benefits

- Issue Ages 45 - 89
- Guaranteed Renewable For Life
- 30 Day "Free Look" Period to Examine the Policy
- Simple Underwriting!
- Prescription Drug Benefits Available in Most States.

Home Health Care Select Benefits¹

- Daily maximum benefit of \$150 - \$450 with a maximum benefit period of 365 days² for the following services in your home from an Approved Home Health Care Select Practitioner, subject to the eligibility conditions:

	Classic	Premier	Deluxe
	\$150	\$300	\$450
Nursing Care	\$75	\$150	\$200
Physical Therapy	\$75	\$150	\$200
Speech Pathology	\$75	\$150	\$200
Occupational Therapy	\$75	\$150	\$200
Chemotherapy Specialist	\$60	\$120	\$200
Enterostomal Therapy	\$50	\$100	\$200
Medical Social Services	\$100	\$200	\$300
Respiration Therapy	\$50	\$100	\$200

Home Health Care Aide¹

- Daily benefit for each day you require Home Health Care Aide Services in your home. Maximum benefit period of 60 days.

Classic	Premier	Deluxe
\$40	\$80	\$120

Prescription Drug Benefit¹

- Per prescription benefit of \$10/Generic, or \$25/Brand.

Maximum Benefit per Policy Year		
Classic	Premier	Deluxe
\$300	\$600	\$600

Restoration of Benefits¹

- The Maximum Benefit Period for Home Health Care Select and Aide benefits will be restored if benefits have not been paid or required for 180 consecutive days.

¹See the Policy and/or Outline of Coverage for state-specific details.

²Maximum benefit period may vary by state.

Routine Annual Physical Examination

Benefit Rider³

(Not available in Colorado and Virginia)

- One benefit per year for a Routine Annual Physical Examination, subject to a 12-month Waiting Period.

Benefit	
\$150	

Accidental Death & Dismemberment

Benefit Rider³

- Benefits for accidental death or an accidental bodily injury resulting in the loss of finger, toe, hand, arm, foot, leg, or sight. To be covered, death or dismemberment must occur within 90 days of the covered accident and while this policy and rider are in force.
- Lifetime maximum is \$10,000.

Accidental Death	
\$10,000	

Max. Dismemberment Benefit	
Sight, both eyes	\$5,000
Sight, one eye	\$2,500
Hand/arm/foot/leg (multi)	\$5,000
Hand/arm/foot/leg (single)	\$2,500
Finger or toe (multiple)	\$500
Finger or toe (single)	\$250

Home Medical Equipment Benefit Rider³

- Benefits paid when you need Home Medical Equipment prescribed by your Physician while receiving Home Health Care Select Services and/or Home Health Care Aide benefits.
- Lifetime maximum is \$500.

Benefit	
\$100 per piece	

Home Medical Equipment Limited to	
Mobility assistance	
Transfer aids	
Bathroom safety	
Home accommodations	
Personal medical equipment	

Ambulance Benefit Rider³

(Not available in Colorado)

- Benefits paid for transportation in an Ambulance for Emergency Care, including transportation from one medical facility to another when health care services are provided during the trip.
- Lifetime maximum is \$2,500.

Benefit	
\$200 per trip	
Per each one-way trip	4 trips per year

Accident Expense Benefit Rider³

- Benefits for dislocations, fractures, or knee ligament tears when treated by a health care practitioner in a Hospital Emergency Room, Urgent Care Facility, or Physician's office within 48 hours of the Covered Accident.

Max Amount per Accident	
Option 1	Option 2
\$1,250	\$2,500

Max. Accident Benefit		
	Option 1	Option 2
Fracture, hip or skull	\$1,250	\$2,500
Dislocation Hip	\$1,000	\$2,000
Tear, knee ligament or meniscus	\$500	\$1,000
Dislocation Knee	\$500	\$1,000
Fracture, all other	\$250	\$500

³See the Rider and/or Outline of Coverage for state-specific details.



Underwritten by:
ManhattanLife Insurance and Annuity Company
10777 Northwest Freeway, Houston, TX 77092
Standard Life and Casualty Insurance Company
PO Box 510690; Salt Lake City, UT 84151-0690

For over 170 years, ManhattanLife Insurance and Annuity Company & Standard Life And Casualty Insurance Company have been helping individuals and businesses by providing innovative products and superior customer service. They also provide competitive Medical, Life, Cancer, and several other supplemental health insurance products with the personal attention you've come to expect from your insurance company. Additionally, they remain faithful to the core values on which our companies were founded: competitive products, personal service, and prudent financial management. Our Customer Service team is friendly, knowledgeable, and ready to help you.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a complete list for the Home Health Care Select product at [Disclosure.ManhattanLife.com](https://www.disclosure.manhattanlife.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy Form Number: AM7008 (including state variations)

Policy Rider Forms: AM7008AB, AM7008AC, AM7008DD, AM7008RE, AM7008DE,
(including state variations)