



MyChoice Plan Review

Understanding the details and benefits of the **MyChoice Plan**

DISCLAIMER

This is a brief description of coverage and is subject to the terms, conditions, limitations, and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may not be available in all states.

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MyChoice Plan Overview

- Dedicated to improving the lives of American workers through **Business Workers of America Association (BWA)**
- **Healthcare and Wellness Programs** for better lifestyles
- **Educational Support** through scholarships and grants
- **Financial Assistance** and guidance
- **Advocacy and Support** services

Key Features and Benefits

Medical Bill Repricing

Healthcare Advocacy

Financial Assistance Guidance

Cash Benefits (varies by plan)

Prescription Savings through HealthWarehouse

Cost Management Tools

MBR Plus (Medical Bill Repricing)
Reference Based Pricing System
Concierge Healthcare Advocacy Support

How MBR Plus Works

1. Enroll through **BWA**
2. Pay \$25 pre-pay for primary care visits
3. Pay \$50 pre-pay for specialist visits
4. Receive Explanation of Benefits (**EOB**)
5. Submit bills for repricing
6. **Lower Out-of-Pocket Expenses**

Telehealth Services

- **24/7 Nurse Hotline**
- **Online Health Manager**
- **Health Information Library** available
- **Access to Care** anytime

Advocacy and Support Services

- **Concierge-Style** healthcare advocacy
- **Financial Assistance** guidance
- **Bill Negotiation** options
- **Personalized Advocacy** support



Benefits and Features

	Plan 1
Inpatient Hospital Confinement:	\$100
Intensive Care Confinement:	\$200
Hospital Benefits Year Maximum:	\$1,000,000 Calendar Year Limit
First Day Hospitalization Admission:	\$1,000
Ambulance Benefits:	Ground: \$100 Air: \$100
Emergency Room:	\$200
Surgical Benefit:	N/A
Ambulatory Outpatient Facility:	N/A
Assistant Surgeon:	N/A
Anesthesia:	N/A
Office Visit:	\$50
Wellness Visit:	\$50
Calendar Year Maximum Outpatient:	\$4,000
Lifetime Maximum:	\$5,000,000
Pre-existing Condition:	12/12
Portability:	Included

Plan 1 (1/2)

Inpatient Hospital Confinement

- \$100 per day
- Up to 10 days
- Not applicable in rehab units
- Subject to annual maximum

Intensive Care Confinement

- \$200 per day
- Up to 10 days

First Day Hospital Admission

- \$1,000 once per year

To file a claim please call 877-278-4668.

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 Insurance and Annuity Company. Applications will not be accepted under this offer until written acceptance of this offer, the Employer agreement and minimum Participation Requirements are received in ManhattanLife Insurance and Annuity Company's New Business Department.

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Benefits and Features

	Plan 1
Inpatient Hospital Confinement:	\$100
Intensive Care Confinement:	\$200
Hospital Benefits Year Maximum:	\$1,000,000 Calendar Year Limit
First Day Hospitalization Admission:	\$1,000
Ambulance Benefits:	Ground: \$100 Air: \$100
Emergency Room:	\$200
Surgical Benefit:	N/A
Ambulatory Outpatient Facility:	N/A
Assistant Surgeon:	N/A
Anesthesia:	N/A
Office Visit:	\$50
Wellness Visit:	\$50
Calendar Year Maximum Outpatient:	\$4,000
Lifetime Maximum:	\$5,000,000
Pre-existing Condition:	12/12
Portability:	Included

Plan 1 (2/2)

Ambulance Benefits

- \$100 ground transport
- \$100 air transport

Emergency Room Visits

- \$200 per visit

Not Covered

- Surgical, ambulatory outpatient, assistant surgeon, and anesthesia benefits are not covered

Hospital Benefits have a calendar year maximum of one million dollars and lifetime max of five million.

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Benefits and Features

	Plan 2
Inpatient Hospital Confinement:	\$300
Intensive Care Confinement:	\$500
Hospital Benefits Year Maximum:	\$1,000,000 Calendar Year Limit
First Day Hospitalization Admission:	\$1,000
Ambulance Benefits:	Ground: \$100 Air: \$200
Emergency Room:	\$200
Surgical Benefit:	N/A
Ambulatory Outpatient Facility:	N/A
Assistant Surgeon:	N/A
Anesthesia:	N/A
Office Visit:	\$50
Wellness Visit:	\$50
Calendar Year Maximum Outpatient:	\$4,000
Lifetime Maximum:	\$5,000,000
Pre-existing Condition:	12/12
Portability:	Included

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Plan 2 (1/2)

Inpatient Hospital Confinement

- \$300 per day
- Up to 10 days

Intensive Care Confinement

- \$500 per day
- Up to 10 days

First Day Hospital Admission

- \$1,000 once per year



Benefits and Features

	Plan 2
Inpatient Hospital Confinement:	\$300
Intensive Care Confinement:	\$500
Hospital Benefits Year Maximum:	\$1,000,000 Calendar Year Limit
First Day Hospitalization Admission:	\$1,000
Ambulance Benefits:	Ground: \$100 Air: \$200
Emergency Room:	\$200
Surgical Benefit:	N/A
Ambulatory Outpatient Facility:	N/A
Assistant Surgeon:	N/A
Anesthesia:	N/A
Office Visit:	\$50
Wellness Visit:	\$50
Calendar Year Maximum Outpatient:	\$4,000
Lifetime Maximum:	\$5,000,000
Pre-existing Condition:	12/12
Portability:	Included

To file a claim please call **877-278-4668**.

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Plan 2 (2/2)

Ambulance Benefits

- \$100 ground transport
- \$200 air transport

Emergency Room Visits

- \$200 per visit

Plan 3 (1/2)

Inpatient Hospital Confinement

- \$300 per day
- Up to 10 days

Intensive Care Confinement

- \$500 per day
- Up to 10 days

First Day Hospital Admission

- \$1,000 once per year

Ambulance Benefits

- \$100 ground transport
- \$300 air transport

Emergency Room Visits

- \$200 per visit

Surgical Benefit

- 1x Surgical Schedule



Benefits and Features

	Plan 3
Inpatient Hospital Confinement:	\$300
Intensive Care Confinement:	\$500
Hospital Benefits Year Maximum:	\$1,000,000 Calendar Year Limit
First Day Hospitalization Admission:	\$1,000
Ambulance Benefits:	Ground: \$100 Air: \$300
Emergency Room:	\$200
Surgical Benefit:	1x Surgical Schedule
Ambulatory Outpatient Facility:	\$500
Assistant Surgeon:	1x Surgical Schedule
Anesthesia:	1x Surgical Schedule
Office Visit:	\$75
Wellness Visit:	\$50
Calendar Year Maximum Outpatient:	\$4,000
Lifetime Maximum:	\$5,000,000
Pre-existing Condition:	12/12
Portability:	Included

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Benefits and Features

	Plan 3
Inpatient Hospital Confinement:	\$300
Intensive Care Confinement:	\$500
Hospital Benefits Year Maximum:	\$1,000,000 Calendar Year Limit
First Day Hospitalization Admission:	\$1,000
Ambulance Benefits:	Ground: \$100 Air: \$300
Emergency Room:	\$200
Surgical Benefit:	1x Surgical Schedule
Ambulatory Outpatient Facility:	\$500
Assistant Surgeon:	1x Surgical Schedule
Anesthesia:	1x Surgical Schedule
Office Visit:	\$75
Wellness Visit:	\$50
Calendar Year Maximum Outpatient:	\$4,000
Lifetime Maximum:	\$5,000,000
Pre-existing Condition:	12/12
Portability:	Included

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Plan 3 (2/2)

Ambulatory Outpatient Facility

- \$500 per visit

Assistant Surgeon

- 1x Surgical Schedule

** Anesthesia**

- 1x Surgical Schedule

Office Visits

- \$200 per visit

*

Wellness Visits*

- \$200 per visit

Comparing the Plans

Feature	Plan 1	Plan 2	Plan 3
Inpatient Hospital Confinement	\$100/day	\$300/day	\$300/day
Intensive Care Confinement	\$200/day	\$500/day	\$500/day
First Day Hospital Admission	\$1,000	\$1,000	\$1,000
Ambulance Benefits	\$100 ground, \$100 air	\$100 ground, \$200 air	\$100 ground, \$300 air
Emergency Room Visits	\$200/visit	\$200/visit	\$200/visit
Surgical Benefit	n/a	n/a	1x surgical schedule
Ambulatory Outpatient Facility	n/a	n/a	\$500/visit
Assistant Surgeon	n/a	n/a	1x surgical schedule
Anesthesia	n/a	n/a	1x surgical schedule
Office Visits	n/a	n/a	\$75/visit
Wellness Visits	n/a	n/a	\$50/visit

Exclusions and Limitations

Inpatient Hospital Confinement

- Daily benefit for up to 10 days
- Not applicable in rehab units
- Subject to annual maximum

Intensive Care Confinement

- Daily benefit for up to 10 days

First Day Hospital Admission

- Once per calendar year

Ambulance Benefits

- Per trip, limited to one trip per year

Maximum Benefits

- Hospital Benefits have a calendar year maximum of one million dollars. Outpatient has a calendar year max of four thousand and lifetime max of five million for all benefits.

Agents must review all exclusions and limitations with the consumer to ensure full understanding



Definitions

INPATIENT HOSPITAL CONFINEMENT BENEFIT: Pays a daily benefit for each day, to a max of 10 days, there is a charge for Inpatient room and board during a Confinement Period under the orders of a Health Care Practitioner for care of Sickness or Injury. Benefits under this provision are not payable when the confinement is in a Rehabilitation Unit due to Sickness or Injury. This benefit is not paid in addition to the Hospital Observation Benefit or Intensive Care Unit Hospital Confinement Benefit. This Benefit is subject to the Hospital Benefits Calendar Year Maximum.

INTENSIVE CARE UNIT CONFINEMENT: Pays a daily benefit for each day a Covered Person is confined, to a max of 10 days, and there is a charge for room and board for one of the following, an Intensive Care Unit (ICU); a Cardiac Care Unit; or a Burn Unit. This benefit is not paid in addition to the Hospital Observation Benefit or Inpatient Hospital Confinement Benefit. This Benefit is subject to a per day and the Hospital Benefits Calendar Year Maximum.

FIRST DAY HOSPITAL ADMISSION: Pays a benefit for the first day a Covered Person is admitted as Inpatient during a Calendar Year. If one Period of Confinement spans parts of two Calendar Years, only one benefit is payable. This benefit is subject to a Calendar Year Maximum.

AMBULANCE BENEFIT: Pays a per trip benefit when ground or air transportation in an ambulance is used by a Covered Person who needs Emergency Treatment for Sickness or Injury. This benefit is subject to a Calendar Year Maximum of 1 trips per year.

EMERGENCY ROOM BENEFIT: Pays a daily benefit for each day, to a max of 1 day, to a Covered Person receives care in an Emergency Room. This benefit is subject to a Calendar Year Maximum.

SURGERY BENEFIT: Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable surgery column of the Surgical Schedule for a covered surgery, each day a covered surgery is performed on a Covered Person. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

AMBULATORY/OUTPATIENT FACILITY BENEFIT: Pays a daily benefit for each day a Covered Person has a covered surgical procedure in an Ambulatory Surgical Center or Outpatient Hospital Facility. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

ANESTHESIA BENEFIT: Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable anesthesia column of the Surgical Schedule for a covered surgery, each day a Covered Person receives anesthesia for a covered surgical procedure. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

ASSISTANT SURGEON BENEFIT: Pays a daily benefit, which is determined by the unit(s) shown on the Schedule of Benefits times the amount shown on the applicable assistant surgeon column of the Surgical Schedule for a covered surgery, each day a Covered Person receives assistance from an assistant surgeon during a covered surgical procedure. This benefit is subject to the Surgical Benefits Calendar Year Maximum.

OFFICE VISIT BENEFIT: Pays a daily benefit, to a max of 3 days, when a Covered Person receives covered health care in a Health Care Practitioner's office for Sickness or Injury. Office Visits are subject to Calendar Year Maximum. This benefit is not payable in addition to the Wellness Visit Benefit.

WELLNESS BENEFIT: Pays a daily benefit, to a max of 1 day, when a Covered Person undergoes a Wellness Visit with a Health Care Practitioner. This benefit is subject to a Calendar Year Maximum of 1 (one) time. This benefit is not payable in addition to the Office Visit Benefit.

PRE-EXISTING CONDITION: Benefits are not payable for events that result from or are related to a Pre-Existing Condition, or its complications, until the Covered Person has been continuously insured under their Certificate for 12 months. After this period, benefits will be available for Covered Events resulting from or related to a Pre-Existing Condition, or its complications, provided the Covered Event occurs while the Policy and a Covered Person's Certificate is in force.

PORTABILITY: Portability allows an eligible Member to keep this Policy's Benefits at certain times when His coverage would otherwise end. Subject to the Portability Benefit Conditions and Limitations provision, a covered Member may port benefits when He or She has been continuously covered by this Policy for at least 6 months; is less than Age 70; is not Totally Disabled; and is no longer Actively at Work as an Member. This Policy must be in force on the date that the covered Member ports their coverage. This coverage ends when the Master Policy terminates.

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Key Takeaways and Reminders

- ** Coverage** benefits
- **Advocacy and Support** included
- **Cost Management Tools** benefits
- **Eligibility Criteria** required

Thank You!

Continue to be great!



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