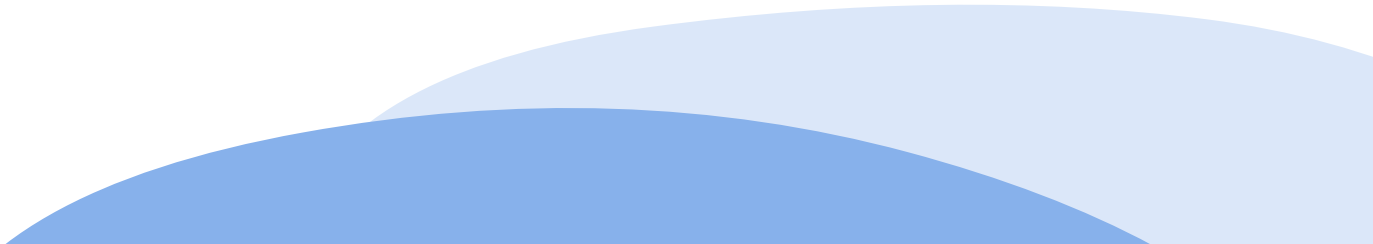


MyChoice Plan Review

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

MyChoice Plan Overview

- Hospital indemnity insurance through **Business Workers of America (BWA)**
 - **Flexible coverage** for various medical situations
 - **Comprehensive benefits** and support tools
 - **Significant cost savings** through medical bill repricing
 - **Extensive healthcare** navigation support
- 

Key Features and Benefits

Hospital Admission Benefits

ICU Confinement Benefits

Daily Hospital and ICU Coverage

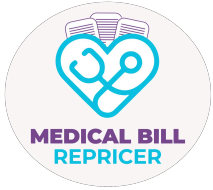
Surgical and Ambulance Benefits (varies by plan)

Prescription Savings through HealthWarehouse

EssentialCare®



Cost Management Tools

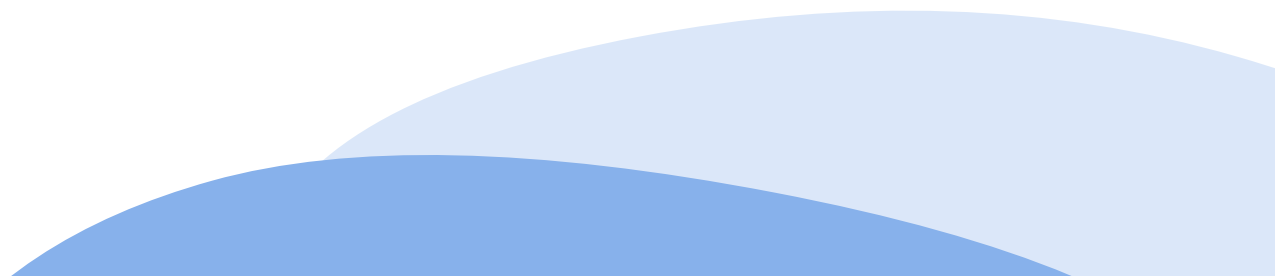


Medical Bill Repricing (MBR)


Reference-Based Pricing System

Financial Assistance Guidance


How MBR Works

1. Enroll through **BWA**
 2. Seek healthcare services
 3. Submit medical bills to **MBR**
 4. Receive Explanation of Benefits (**EOB**)
 5. Pay **reduced balance**
 6. **Experience cost savings**
- 

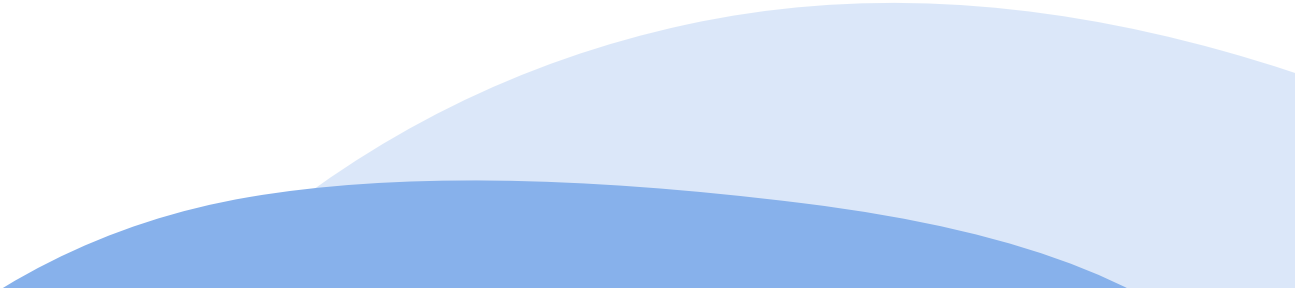
Preventive Care and Wellness

- **Annual Wellness** Exams
 - **Preventive Screenings**
 - **DirectLabs** provides lab services
- 

Telehealth Services

- **24/7 Virtual Doctor Visits**
 - **No Consultation Fees**
 - **Prescription services** available
 - **Convenient access** to care
- 

Advocacy and Support Services

- **Concierge-style** healthcare advocacy
 - **Provider selection** assistance
 - **Financial assistance** options
 - **Claims process** support
- 

MyChoice Low Plan (1/2)

Hospital Benefits

- Hospital Confinement: \$100/day
- ICU Confinement: \$200/day
- First Day Hospital Admission: \$1,000
- Hospital Year Maximum: \$1,000,000

Emergency Services

- Emergency Room: \$200
- Ground/Air Ambulance: \$100/\$100

Outpatient Care

- Office Visit: \$50
- Wellness Visit: \$50
- Calendar Year Maximum: \$4,000



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 |

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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MyChoice Low Plan (2/2)

Plan Limits

- Lifetime Maximum: \$5,000,000
- Pre-existing Conditions: 12/12

Additional Features

- Portability: Included
- No Surgical Benefits



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 |

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MyChoice Mid Plan (1/2)

Hospital Benefits

- Hospital Confinement: \$300/day
- ICU Confinement: \$500/day
- First Day Hospital Admission: \$1,000
- Hospital Year Maximum: \$1,000,000

Emergency Services

- Emergency Room: \$200
- Ground/Air Ambulance: \$100/\$200

Outpatient Care

- Office Visit: \$50
- Wellness Visit: \$50
- Calendar Year Maximum: \$4,000



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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MyChoice Mid Plan (2/2)

Plan Limits

- Lifetime Maximum: \$5,000,000
- Pre-existing Conditions: 12/12

Additional Features

- Portability: Included
- No Surgical Benefits



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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MyChoice High Plan (1/2)

Hospital Benefits

- Hospital Confinement: \$300/day
- ICU Confinement: \$500/day
- First Day Hospital Admission: \$1,000
- Hospital Year Maximum: \$1,000,000

Emergency Services

- Emergency Room: \$200
- Ground/Air Ambulance: \$100/\$300

Surgical Benefits

- Surgical Schedule: 1x Coverage
- Ambulatory Outpatient: \$500
- Assistant Surgeon: 1x Schedule
- Anesthesia: 1x 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 |

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

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MyChoice High Plan (2/2)

Outpatient Care

- Office Visit: \$75
- Wellness Visit: \$50
- Calendar Year Maximum: \$4,000

Plan Limits

- Lifetime Maximum: \$5,000,000
- Pre-existing Conditions: 12/12
- Portability: Included



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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Comparing the Plans

| Feature | Low Plan | Mid Plan | High Plan |
|---------------|-----------|-----------|-------------|
| Hospital | \$100/day | \$300/day | \$300/day |
| ICU | \$200/day | \$500/day | \$500/day |
| Office Visit | \$50 | \$50 | \$75 |
| Surgery | N/A | N/A | 1x Schedule |
| Air Ambulance | \$100 | \$200 | \$300 |

Definitions and Limitations

Hospital Benefits

- Hospital/ICU: 10-day max per stay
- First Day Admission: 1x per year
- Emergency Room: 1 visit per day

Surgical Benefits

- Based on surgical schedule
- Includes facility, anesthesia & assistant

Visit Limits

- Office: 3 visits per year
- Wellness: 1 visit per year

Plan Terms

- Pre-existing: 12-month wait
- Portability after 6 months
- Coverage ends at age 70



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.

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

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Key Takeaways and Reminders

- **MBR Services** reduce medical bills
 - **Telemedicine and Rx savings** included
 - **Preventive care** benefits
 - **BWA membership** required
- 

Thank You!

Continue to be great!

