

MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets those standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all certificate limitations. For an explanation of these standards and other important information, see "Wisconsin Guide to Health Insurance for People with Medicare," given to you when you applied for this policy. Do not buy this policy if you did not get this guide.

PREMIUM INFORMATION

The 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, underwriting class, state and zip code of residence.

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

RENEWABILITY

Your policy is guaranteed renewable and is subject to premium rate changes by class, based on attained age, sex, smoker/non-smoker, and state and zip code of residence of the insured. We will not cancel or non-renew this contract for any reason other than the nonpayment of premium or material misrepresentation.

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 your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to our 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 directly to you.

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.

Grievance - A grievance may be made by You or on Your behalf in writing to Us. A grievance is any dissatisfaction regarding our services, decision to rescind a policy, or claims practices.

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.

USUAL, CUSTOMARY, AND REASONABLE CHARGES (UCR)

This policy limits covered expenses to the usual, customary, and reasonable charge for services, in which usual and customary refer only to mandated benefits. We settle claims based on a specific methodology and the eligible amount of a claim may be less than the provider's billed charge. A usual charge is the actual charge by a provider for a given service. A charge is customary when it is within a range (as determined by the carrier) of usual charges billed by most physicians or other professional providers. A charge is reasonable when it meets the usual or customary criteria, whichever is less, or it may be reasonable if, in the opinion of an appropriate medical/surgical review committee of the carrier, it merits special consideration based on the nature and extent of treatment of the particular case.

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL PREFERRED PREMIUM RATES
FOR USE IN WISCONSIN ZIP CODES

530-534

Attained Age	Base Plan		Base Plan Part B Copay		Part A Ded Rider		Part B Ded Rider		Part B Excess Rider		Additional Home Care Rider		Foreign Travel Rider	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0-64	7,488	8,611	4,901	5,636	1,225	1,408	226	226	65	75	44	51	43	50
65	1,664	1,913	1,089	1,253	272	313	226	226	14	16	10	12	10	12
66	1,664	1,913	1,089	1,253	272	313	226	226	14	16	10	12	10	12
67	1,664	1,913	1,045	1,203	272	313	226	226	14	16	10	12	10	12
68	1,692	1,947	1,091	1,254	279	322	226	226	15	16	12	12	10	12
69	1,748	2,010	1,141	1,311	291	335	226	226	15	18	12	12	10	12
70	1,809	2,080	1,202	1,382	300	344	226	226	15	18	12	12	12	12
71	1,871	2,150	1,254	1,442	314	361	226	226	16	19	12	13	12	12
72	1,931	2,220	1,307	1,501	328	377	226	226	16	19	12	13	12	13
73	1,993	2,292	1,356	1,557	343	395	226	226	18	20	12	13	12	13
74	2,075	2,386	1,420	1,634	361	416	226	226	18	21	12	14	12	14
75	2,169	2,494	1,496	1,719	381	439	226	226	19	21	13	14	12	14
76	2,253	2,591	1,566	1,802	404	465	226	226	20	22	13	15	13	14
77	2,343	2,694	1,638	1,884	427	492	226	226	20	23	14	15	13	15
78	2,436	2,803	1,716	1,972	453	521	226	226	21	25	14	16	14	15
79	2,539	2,921	1,800	2,070	479	550	226	226	22	25	15	18	14	16
80	2,648	3,046	1,890	2,173	508	583	226	226	22	27	15	18	15	18
81	2,763	3,179	1,985	2,283	537	615	226	226	23	28	16	19	15	18
82	2,884	3,318	2,086	2,399	565	652	226	226	25	29	16	19	16	19
83	3,014	3,467	2,193	2,521	598	688	226	226	27	30	18	20	16	19
84	3,152	3,625	2,308	2,652	633	729	226	226	28	31	18	21	18	20
85	3,298	3,793	2,428	2,791	669	770	226	226	28	33	19	21	18	21
86	3,440	3,955	2,542	2,924	701	805	226	226	29	34	20	22	19	21
87	3,591	4,130	2,666	3,064	733	845	226	226	30	35	20	23	20	22
88	3,754	4,316	2,796	3,216	770	885	226	226	31	36	21	25	20	23
89	3,925	4,513	2,936	3,375	807	930	226	226	33	36	22	25	21	25
90	4,088	4,702	3,069	3,529	844	972	226	226	34	39	22	27	22	25
91	4,240	4,878	3,194	3,673	877	1,008	226	226	35	40	23	28	22	27
92	4,398	5,058	3,321	3,820	910	1,048	226	226	36	41	23	28	23	28
93	4,544	5,225	3,441	3,956	941	1,084	226	226	36	41	25	29	23	28
94	4,689	5,393	3,562	4,095	972	1,119	226	226	37	43	25	30	25	29
95	4,835	5,560	3,681	4,234	1,003	1,155	226	226	37	44	27	30	25	29
96	4,935	5,676	3,758	4,322	1,024	1,178	226	226	39	46	27	31	27	30
97	5,034	5,790	3,833	4,408	1,044	1,203	226	226	40	47	28	31	27	30
98	5,129	5,900	3,907	4,492	1,066	1,225	226	226	40	47	28	33	27	31
99	5,222	6,006	3,978	4,573	1,085	1,247	226	226	41	48	29	33	28	31

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

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

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

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL STANDARD PREMIUM RATES
FOR USE IN WISCONSIN ZIP CODES
530-534

Attained Age	Base Plan		Base Plan Part B Copay		Part A Ded Rider		Part B Ded Rider		Part B Excess Rider		Additional Home Care		Foreign Travel Rider	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0-64	8,611	9,903	5,636	6,481	1,408	1,620	226	226	75	86	51	60	50	57
65	1,913	2,200	1,253	1,441	313	360	226	226	16	19	12	13	12	13
66	1,913	2,200	1,253	1,441	313	360	226	226	16	19	12	13	12	13
67	1,913	2,200	1,203	1,383	313	360	226	226	16	19	12	13	12	13
68	1,947	2,241	1,254	1,442	322	370	226	226	16	20	12	13	12	13
69	2,010	2,312	1,311	1,509	335	385	226	226	18	20	12	14	12	13
70	2,080	2,393	1,382	1,588	344	396	226	226	18	21	12	14	12	14
71	2,150	2,473	1,442	1,657	361	416	226	226	19	21	13	14	12	14
72	2,220	2,555	1,501	1,726	377	436	226	226	19	22	13	15	13	14
73	2,292	2,636	1,557	1,790	395	454	226	226	20	22	13	15	13	15
74	2,386	2,744	1,634	1,879	416	478	226	226	21	23	14	16	14	15
75	2,494	2,868	1,719	1,977	439	506	226	226	21	25	14	16	14	16
76	2,591	2,980	1,802	2,072	465	535	226	226	22	27	15	18	14	16
77	2,694	3,098	1,884	2,166	492	565	226	226	23	28	15	18	15	18
78	2,803	3,223	1,972	2,268	521	598	226	226	25	29	16	19	15	18
79	2,921	3,359	2,070	2,380	550	634	226	226	25	30	18	20	16	19
80	3,046	3,502	2,173	2,499	583	670	226	226	27	31	18	20	18	20
81	3,179	3,655	2,283	2,625	615	709	226	226	28	33	19	21	18	20
82	3,318	3,815	2,399	2,758	652	750	226	226	29	34	19	22	19	21
83	3,467	3,986	2,521	2,900	688	791	226	226	30	35	20	22	19	22
84	3,625	4,168	2,652	3,050	729	837	226	226	31	36	21	23	20	23
85	3,793	4,361	2,791	3,210	770	885	226	226	33	36	21	25	21	23
86	3,955	4,549	2,924	3,363	805	926	226	226	34	37	22	27	21	25
87	4,130	4,749	3,064	3,524	845	972	226	226	35	39	23	28	22	27
88	4,316	4,963	3,216	3,697	885	1,018	226	226	36	41	25	29	23	28
89	4,513	5,191	3,375	3,882	930	1,069	226	226	36	43	25	30	25	29
90	4,702	5,407	3,529	4,058	972	1,116	226	226	39	46	27	31	25	30
91	4,878	5,608	3,673	4,223	1,008	1,160	226	226	40	47	28	31	27	30
92	5,058	5,818	3,820	4,392	1,048	1,204	226	226	41	48	28	33	28	31
93	5,225	6,009	3,956	4,550	1,084	1,245	226	226	41	49	29	34	28	33
94	5,393	6,202	4,095	4,710	1,119	1,287	226	226	43	50	30	34	29	33
95	5,560	6,395	4,234	4,869	1,155	1,328	226	226	44	51	30	35	29	34
96	5,676	6,527	4,322	4,971	1,178	1,356	226	226	46	53	31	36	30	35
97	5,790	6,659	4,408	5,070	1,203	1,382	226	226	47	53	31	36	30	35
98	5,900	6,785	4,492	5,167	1,225	1,408	226	226	47	54	33	36	31	36
99	6,006	6,906	4,573	5,260	1,247	1,434	226	226	48	55	33	36	31	36

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

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

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

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL PREFERRED PREMIUM RATES
FOR USE IN WISCONSIN ZIP CODES ALL EXCEPT
530-534

Attained Age	Base Plan		Base Plan Part B Copay		Part A Ded Rider		Part B Ded Rider		Part B Excess Rider		Additional Home Care		Foreign Travel Rider	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0-64	6,552	7,535	4,288	4,932	1,072	1,232	226	226	57	66	39	45	38	44
65	1,456	1,674	953	1,096	238	274	226	226	13	14	8	11	8	10
66	1,456	1,674	953	1,096	238	274	226	226	13	14	8	11	8	10
67	1,456	1,674	915	1,053	238	274	226	226	13	14	8	11	8	10
68	1,481	1,704	954	1,097	244	281	226	226	13	14	10	11	8	10
69	1,530	1,759	999	1,147	255	293	226	226	13	16	10	11	8	11
70	1,583	1,820	1,052	1,210	262	301	226	226	13	16	10	11	10	11
71	1,637	1,882	1,097	1,262	275	316	226	226	14	17	10	12	10	11
72	1,689	1,943	1,143	1,314	287	330	226	226	14	17	11	12	10	12
73	1,744	2,005	1,186	1,362	300	345	226	226	16	18	11	12	11	12
74	1,815	2,087	1,242	1,430	316	364	226	226	16	18	11	13	11	13
75	1,898	2,182	1,309	1,504	333	384	226	226	17	18	12	13	11	13
76	1,971	2,267	1,370	1,577	354	407	226	226	18	19	12	13	12	13
77	2,050	2,357	1,433	1,649	374	431	226	226	18	20	13	13	12	13
78	2,132	2,453	1,502	1,725	396	456	226	226	18	22	13	14	13	13
79	2,222	2,556	1,575	1,811	419	481	226	226	19	22	13	16	13	14
80	2,317	2,665	1,654	1,902	444	510	226	226	19	24	13	16	13	16
81	2,418	2,781	1,737	1,998	470	538	226	226	20	24	14	17	13	16
82	2,523	2,903	1,825	2,099	495	570	226	226	22	25	14	17	14	17
83	2,638	3,033	1,919	2,206	523	602	226	226	24	26	16	18	14	17
84	2,758	3,172	2,019	2,321	554	638	226	226	24	27	16	18	16	18
85	2,885	3,319	2,124	2,442	585	674	226	226	24	29	17	18	16	18
86	3,010	3,461	2,224	2,559	613	705	226	226	25	29	18	19	17	18
87	3,142	3,614	2,333	2,681	642	739	226	226	26	30	18	20	18	19
88	3,284	3,777	2,447	2,814	674	774	226	226	27	31	18	22	18	20
89	3,435	3,949	2,569	2,953	706	814	226	226	29	32	19	22	18	22
90	3,577	4,114	2,685	3,088	738	850	226	226	29	34	19	24	19	22
91	3,710	4,268	2,795	3,214	768	882	226	226	30	35	20	24	19	24
92	3,848	4,426	2,906	3,342	796	917	226	226	31	36	20	24	20	24
93	3,976	4,572	3,011	3,462	823	948	226	226	32	36	22	25	20	24
94	4,103	4,719	3,116	3,583	851	979	226	226	33	38	22	26	22	25
95	4,230	4,865	3,221	3,704	878	1,011	226	226	33	39	24	26	22	25
96	4,318	4,967	3,289	3,782	896	1,031	226	226	34	40	24	27	24	26
97	4,405	5,066	3,354	3,857	914	1,053	226	226	35	41	24	27	24	26
98	4,488	5,163	3,419	3,930	932	1,072	226	226	35	41	24	29	24	27
99	4,570	5,255	3,481	4,002	949	1,091	226	226	36	42	25	29	24	27

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

Semi Annual
1/2

Quarterly
1/4

Monthly
1/12

A discount factor of .93 is applied for household discount applicants
There is a one-time \$25 policy fee.

MANHATTANLIFE INSURANCE AND ANNUITY COMPANY
ANNUAL STANDARD PREMIUM RATES
FOR USE IN WISCONSIN ZIP CODES ALL EXCEPT
530-534

Attained Age	Base Plan		Base Plan Part B Copay		Part A Ded Rider		Part B Ded Rider		Part B Excess Rider		Additional Home Care		Foreign Travel Rider	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0-64	7,535	8,665	4,932	5,671	1,232	1,418	226	226	66	76	45	53	44	50
65	1,674	1,925	1,096	1,261	274	315	226	226	14	17	11	12	10	12
66	1,674	1,925	1,096	1,261	274	315	226	226	14	17	11	12	10	12
67	1,674	1,925	1,053	1,210	274	315	226	226	14	17	11	12	10	12
68	1,704	1,961	1,097	1,262	281	323	226	226	14	18	11	12	10	12
69	1,759	2,023	1,147	1,320	293	337	226	226	16	18	11	13	11	12
70	1,820	2,094	1,210	1,389	301	346	226	226	16	18	11	13	11	13
71	1,882	2,164	1,262	1,450	316	364	226	226	17	18	12	13	11	13
72	1,943	2,235	1,314	1,510	330	381	226	226	17	19	12	13	12	13
73	2,005	2,307	1,362	1,567	345	397	226	226	18	19	12	13	12	13
74	2,087	2,401	1,430	1,644	364	418	226	226	18	20	13	14	13	13
75	2,182	2,509	1,504	1,730	384	443	226	226	18	22	13	14	13	14
76	2,267	2,607	1,577	1,813	407	468	226	226	19	24	13	16	13	14
77	2,357	2,711	1,649	1,895	431	495	226	226	20	24	13	16	13	16
78	2,453	2,820	1,725	1,985	456	523	226	226	22	25	14	17	13	16
79	2,556	2,939	1,811	2,082	481	554	226	226	22	26	16	18	14	17
80	2,665	3,064	1,902	2,187	510	586	226	226	24	27	16	18	16	18
81	2,781	3,198	1,998	2,297	538	621	226	226	24	29	17	18	16	18
82	2,903	3,338	2,099	2,413	570	656	226	226	25	29	17	19	17	18
83	3,033	3,488	2,206	2,538	602	692	226	226	26	30	18	19	17	19
84	3,172	3,647	2,321	2,669	638	732	226	226	27	31	18	20	18	20
85	3,319	3,816	2,442	2,809	674	774	226	226	29	32	18	22	18	20
86	3,461	3,981	2,559	2,943	705	811	226	226	29	33	19	24	18	22
87	3,614	4,155	2,681	3,084	739	850	226	226	30	34	20	24	19	24
88	3,777	4,343	2,814	3,235	774	890	226	226	31	36	22	25	20	24
89	3,949	4,542	2,953	3,397	814	936	226	226	32	38	22	26	22	25
90	4,114	4,731	3,088	3,551	850	977	226	226	34	40	24	27	22	26
91	4,268	4,907	3,214	3,695	882	1,015	226	226	35	41	24	27	24	26
92	4,426	5,090	3,342	3,843	917	1,053	226	226	36	42	24	29	24	27
93	4,572	5,258	3,462	3,982	948	1,089	226	226	36	43	25	29	24	29
94	4,719	5,426	3,583	4,121	979	1,126	226	226	38	44	26	29	25	29
95	4,865	5,595	3,704	4,260	1,011	1,162	226	226	39	45	26	30	25	29
96	4,967	5,711	3,782	4,350	1,031	1,187	226	226	40	46	27	31	26	30
97	5,066	5,826	3,857	4,436	1,053	1,210	226	226	41	46	27	31	26	30
98	5,163	5,937	3,930	4,521	1,072	1,232	226	226	41	47	29	32	27	31
99	5,255	6,043	4,002	4,602	1,091	1,255	226	226	42	48	29	32	27	31

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

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

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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	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1632	\$0 OR <input type="checkbox"/> OPTIONAL PART A DEDUCTIBLE RIDER*	\$1632 OR \$0
	61 st to 90 th days	All but \$408 per day	\$408 per day	\$0
	91 st day and after while using 60 lifetime reserve days	All but \$816 per 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	\$0
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
	21 st through 100 th day	All but \$204 per day	Up to \$204 a day \$0	\$0
	101 st day and after	\$0		All costs
INPATIENT PSYCHIATRIC CARE In patient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	All costs that exceed the lifetime maximum
BLOOD	First 3 pints	\$0	3 pints	\$0
	Additional Amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill, and you elect to receive these services		All but very limited copayment or coinsurance for outpatient drugs and inpatient respite care	Medicare Copayment or coinsurance	\$0

*These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, we, the insurer, stands in place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits".

MEDICARE SUPPLEMENT POLICIES – PART B BENEFITS

SERVICES	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
MEDICAL EXPENSES Eligible expenses for physician's services, in-patient and out-patient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$240 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 OR <input type="checkbox"/> OPTIONAL PART B DEDUCTIBLE RIDER*** Generally 20%; OR <input type="checkbox"/> OPTIONAL PART B EXCESS CHARGES RIDER**	\$240 (Part B Deductible) OR \$0 Charges that exceed Medicare Eligible Expenses OR \$0
BLOOD	First 3 pints Next \$240 of Medicare approved amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$240 Part B deductible 20%	\$0
CLINICAL LABORATORY SERVICES – Tests for diagnostic services		100%	\$0	\$0
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits per Calendar Year, OR <input type="checkbox"/> OPTIONAL ADDITIONAL HOME HEALTH CARE RIDER**	All expenses beyond 40 visits per Calendar Year OR All expenses beyond 365 visits per year.
FOREIGN TRAVEL – NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA	First \$250 each calendar year Remainder of charges	\$0 	\$250	20% and amounts over the \$50,000 lifetime maximum. 80% to a lifetime maximum benefit of \$50,000
PREVENTIVE MEDICAL CARE BENEFIT –NOT COVERED BY MEDICARE. Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$120 each calendar year Additional charges	\$0 \$0	\$120 \$0	\$0 All Costs

***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.**

****These are optional riders. You purchased this benefit if the box is checked and you paid the premium.**

*****The Part B Deductible Rider is only available if You were eligible for Medicare prior to January 1, 2020.**

LIMITATIONS AND EXCLUSIONS

- Nursing home care costs beyond what is covered by Medicare and the 30-day skilled nursing care, which includes physical or occupational therapy, speech language pathology or respiratory care.
- Physician charges above Medicare's approved charge.
- Outpatient prescription drugs.
- Most care received outside of the United State of America.
- Dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.
- Coverage for emergency care anywhere or for care received outside the service area if this care is treated differently than other covered benefits.
- Usual, customary, and reasonable (UCR) limitations, in which usual and customary charges apply only to mandated benefits.

The outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

The policy is guaranteed renewable as long as you live, provided you continue to pay the premiums when due. The premium may change if a new table of rates is applicable to the policy.

MEDICARE SUPPLEMENT PREMIUM INFORMATION

ANNUAL PREMIUM

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

BASIC MEDICARE SUPPLEMENT COVERAGE

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

Each of these riders may be purchased separately.

☐ **Rider A - Medicare Part A deductible**

100% of Part A deductible.

☐ **Rider B – Additional Home Health Care**

Coverage for Home Health Care visits shall, when combined with coverage under Parts A and B of Medicare, produce an aggregate coverage of 365 Home Care visits per Calendar Year subject to all of the terms and conditions stated in the policy.

☐ **RIDER C IS AVAILABLE ONLY TO THOSE FIRST ELIGIBLE FOR MEDICARE BEFORE JANUARY 1, 2020:**

Rider C – Medicare Part B deductible

100% of Part B deductible. **Rider 2 - Medicare 50% Part A deductible**

50% of Part A deductible.

☐ **Rider D– Medicare Part B Copayment or Coinsurance Rider**

Copayment or coinsurance will be the lesser of \$20 per office visit or the Medicare Part B coinsurance and the lesser of \$50 per emergency room visit or the Medicare Part B coinsurance in addition to Part B deductible.

B deductible.

☐ **Rider E – Medicare Part B Excess Charges Rider**

Covers difference between eligible charge and limiting charge.

☐ **Rider F – Foreign Travel Emergency Rider**

After a \$250 deductible, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. during the first 60 days of a trip with a lifetime maximum of \$50,000.

TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS

(NOTE: The soliciting agent will enter the appropriate premium amounts and the total at the time this outline is given to the applicant.)

IN ADDITION TO THIS OUTLINE OF COVERAGE, MANHATTANLIFE INSURANCE AND ANNUITY COMPANY WILL SEND YOU AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES AND WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.

SUMMARY OF ADDITIONAL COVERAGE REQUIRED BY APPLICABLE WISCONSIN LAWS	
SKILLED NURSING FACILITY CARE	Thirty (30) days of skilled nursing care in a Skilled Nursing Facility. The facility does not need to be certified by Medicare and the stay does not have to meet Medicare's definition of skilled care. No prior hospitalization is required.
KIDNEY DISEASE	Inpatient and outpatient expense for dialysis, transplantation, or donor-related services of kidney disease up to \$30,000 in any calendar year.
CHIROPRACTOR	The usual and customary expense for services provided by a chiropractor, even if Medicare does not cover the claim.
DIABETES (NONPRESCRIPTION)	Coverage for the usual and customary expenses incurred for costs of non-prescription insulin or any other non-prescription equipment and supplies for the treatment of diabetes. This does not include any other outpatient non-prescription or prescription medications. This benefit will not duplicate expenses paid by Medicare.
PREVENTATIVE HEALTH CARE SERVICES	Coverage for preventive health care services not covered by Medicare and as determined to be medically appropriate by an attending Physician. Reimbursement shall be for the actual charges up to \$120 per calendar year. This benefit will not duplicate expenses paid by Medicare.
HOSPITAL AND AMBULATORY SURGERY CENTER & ANESTHESIA CHARGES FOR DENTAL CARE	This benefit is limited to specific conditions and circumstances.
BREAST RECONSTRUCTION POST MASTECTOMY	Coverage of breast reconstruction of the affected issue incident to a mastectomy.