



ManhattanLife™

Standing By You. Since 1850.



PAID

Personal Accident Indemnity Delivery

This is a Accident Only Insurance Policy
Underwritten by ManhattanLife Assurance Company of America

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PLAN BENEFITS

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit Benefit
- Emergency Room Treatment
- Optional Wellness Benefits
- Disability Income Rider

You're injured, you need emergency treatment, and you end up confined in the hospital for five days. "Accidents happen," the old saying goes. "You can't plan on them, but you can plan for them."

People call them accidents for a reason; they are unplanned and can happen to anyone at the most inopportune times.

When an accident affects your livelihood or that of a family member, having a plan for the unexpected can be invaluable. ManhattanLife Assurance's Personal Accident Indemnity Delivery product (PAID) can provide you with a vital piece of that plan. The PAID plan **helps you pay for out-of-pocket expenses** and provides benefits to you or your family for many of the accidents that can happen without warning.

Additionally, our policy is flexible in both benefits and its options and is 24-hour, around-the-clock coverage. With PAID, eligible issues ages are **18-69**, and is **guaranteed renewable until age 70**, subject to our right to change premium rates.

Accidents Happen

- More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age. ¹
- There were approximately 2.8 million nonfatal workplace injuries and illnesses reported by private industry employers in 2017. ²
- There were 882,730 occupational injuries and illnesses in 2017 that resulted in days away from work in private industry. ²
- Those who've faced household medical bill problems report struggling to make payments, both for their medical and non-medical bills. 61% say they have been late on a payment for a medical bill, and 56% say they've missed a payment. Similarly 56% report being late and 46% report missing payments for non-medical. ³

Sources for statistics: ¹ disabilitycanhappen.org/disability-statistic March 28, 2018; ² Bureau of Labor Statistics, 11/08/2018 News Release: Employer-Reported Workplace Injuries and Illnesses; ³ The Burden of Medical Debt: Results from the Kaiser Family Foundation/New York Times Medical Bills Survey, January 5, 2016

Our plan pays benefits for Accidents, big and small.

BENEFIT HIGHLIGHTS INCLUDE:

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit
- Air and Ground Ambulance
- Emergency Room Treatment
- Emergency Dental
- Lodging
- Transportation
- Surgery

Also included are benefits for burns, dislocations, fractures, dismemberment, eye injuries, and major diagnostic exams. Benefits are outlined on the following page and the policy explains in detail any limitations and/or exclusions.



PRODUCT FEATURES

- Helps you pay for out-of-pocket expenses,
- 24-hour coverage,
- Issue ages 18 - 64,
- Guaranteed renewable to age 70, subject to our right to change premium rates.

PAID BENEFITS

BENEFIT DESCRIPTION	BENEFIT
Air Ambulance Air transportation within 48 hours. Once per Covered Accident.	\$500
Ambulance Ground transportation within 90 days. Once per Covered Accident.	\$100
Accidental Death Within 90 days of covered accident, and caused by resulting injury/injuries. (in UT, 180 days)	\$25,000 Employee \$10,000 Spouse* \$5,000 Child
Accidental Death (Via Common Carrier) Death must occur within 90 days of covered accident while fare-paying passenger on a common carrier (plane, bus, train). (in UT, 180 days)	Accidental Benefit will be doubled
Emergency Room Treatment Treatment sought within 72 hours of Covered Accident.	\$200
Hospital Admission Confined within 180 days. Once per Covered Accident. (minimum of 20 hours)	\$500
Hospital Confinement Confined within 180 days. Maximum of 90 days.	\$100 per day
Hospital Intensive Care Unit Within 30 days of Covered Accident. Maximum of 15 days.	\$200 per day
Major Diagnostic Exams Angiogram, CT and CTA scan; MRI, MRA or EEG as result of a Covered Accident.	\$100 per calendar year
Physicians Office/Urgent Care Within 60 days of Covered Accident. Once per Covered Accident.	\$50
Blood, Plasma and Platelets Transfusion, administration, cross-matching, typing and processing required within 90 days of a Covered Accident. Once per Covered Accident.	\$300 primary insured \$200 Spouse*/dep child

* In NV, Spouse or Domestic Partner.



BENEFIT DESCRIPTION	BENEFIT
Burn Treated within 72 hours of a Covered Accident. Once per Covered Accident. *Spouse** and Child	\$375/150* for 2nd degree burns on at least 36% of the body \$750/300* for 3rd degree burns on at least 1% but less than 20% of the body \$5,000/2,000* for 3rd degree burns on 20% or more of the body
Emergency Dental Work Once per Covered Accident regardless of teeth involved.	\$150 repairs with crown \$50 for extraction
Dislocation (separated joint) Diagnosed within 90 days, correction with anesthesia by Physician and corrected by Open (surgical) or Closed (non-surgical) reduction.	\$50 - \$2,000 (policy contains complete schedule)
Fracture (broken bone) Fractures requiring Surgical or Non-Surgical reduction within 90 days of Covered Accident.	\$25 - \$2,500 (any Insured) (policy contains complete schedule)
Gunshot Wounds Unintentional wound requiring confinement within 24 hours and surgery within 72 hours after the injury. Primary insured only.	\$500
Laceration Lacerations requiring repair by a physician within 72 hours of a Covered Accident.	\$50 - \$400 (based on length of lacerations, see policy)
Lodging Companion Lodging when Insured is confined to a hospital more than 100 miles from home. Maximum of 30 days	\$100 per night
Eye Injury Treated by a physician within 90 days of Covered Accident. Must require surgery or removal of a foreign object.	\$200
Knee Cartilage - Torn Treated by a physician within 60 days of Covered Accident. Must be repaired within 180 days.	\$500 <i>(less any benefit paid for arthroscopic surgery previously performed)</i> \$100 for exploratory surgery
Transportation Round trip when hospital confined and distance is more than 100 miles round trip from residence. Three round trips per Covered Accident.	\$300 round trip
Surgery Within 72 hours after a Covered Accident to repair internal injuries caused by the Covered Accident. Hernia repair not covered. Once per Covered Accident.	\$1,000 for thoracic, open abdominal \$100 for exploratory surgery

** In NV, Spouse or Domestic Partner.



BENEFIT DESCRIPTION

Epidural Pain Management

Payable when a Covered Person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or a physician's office for on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for an epidural administered during a surgical procedure.

\$100 paid no more than twice per Covered Accident, per Covered Person.

Physical Therapy

Payable when a Covered Person receives emergency treatment for on or Off-the-Job Injuries sustained in a Covered Accident and later a physician advises the Covered Person to seek treatment from a licensed physical therapist. Physical therapy must be for on or Off-the-Job Injuries sustained in a Covered Accident and must start within 30 days of the Covered Accident or discharge from hospital. The treatment must take place within six months after the accident.

\$35 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.

Rehabilitation Unit

Payable when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a rehabilitation unit of a hospital for treatment of on or Off-the-Job Injuries sustained in a Covered Accident and a charge is incurred. The Rehabilitation Unit Benefit will not be payable for the same day(s) that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid. No lifetime maximum.

\$150 per day, limited to 30 days for each Covered Person per period of Hospital Confinement and limited to a calendar year maximum of 60 days.

Prosthesis

Payable when a Covered Person requires use of a prosthetic device as a result of on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for repair or replacement of prosthetic devices, hearing aids, wigs, or dental aids, to include false teeth.

\$750 once per Covered Accident, per Covered Person.

Accidental Dismemberment

We will pay the applicable lump sum benefit indicated in the policy for dismemberment. Dismemberment must occur as a result of on or Off-the-Job Injuries sustained in a Covered Accident and must occur within 90 (in UT, 180) days of the accident. Only the highest single benefit per Covered Person will be paid for dismemberment. Benefits will be paid only once per Covered Person, per Covered Accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit will be paid. Loss of use does not constitute dismemberment, except for the eye injuries resulting in at least 80% of vision that is permanently lost. See schedule in policy.

\$625 - \$40,000

Appliances

Payable when a Covered Person receives a medical appliance, prescribed by a physician, as an aid in personal locomotion for on or Off-the-Job Injuries sustained in a Covered Accident. Benefits are payable for the following types of appliances: a wheelchair, a leg brace, a back brace, a walker, and/or a pair of crutches.

\$125 per Covered Accident, per Covered Person.

PAID Rates

Form HPACC13-24 Accident Policy Rate Schedule	
Monthly Premium	
24-Hour Coverage	
Individual	\$18.33
Individual/Spouse	\$25.83
Individual/Child	\$25.83
Family	\$33.33

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the PAID product at **disclosure.manhattanlife.com**. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

Policy Form Numbers: HPACC13-NOC, HPACC13-NOC-LA, HPACC13-NOC-OK, HPACC13-NOC-TX, HPACC13-24, HPACC13-24-LA, HPACC13-24-OK, HPACC13-24-TX, HPACC15-NOC, HPACC15-24 (including state variations)

Rider Form Numbers: DIAR, DIASR, HRWEL2010 (including state variations)

This brochure only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you READ YOUR POLICY CAREFULLY.



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