



ManhattanLife
Standing By You. Since 1850.

OmniFlex™ Short-Term Care Frequently Asked Questions

Questions: 800.842.7799

TIP: To quickly find your answer, use **Ctrl F** and search with a specific word. Works on Adobe or web browser.

Q: Why is OmniFlex™ not showing up on Agent Portal?

A: Once ManhattanLife producer appointment confirmation is received, agent is able to gain access to the ManhattanLife Agent Portal using that number.

NOTE: There is a 24-48 hour delay before OmniFlex will appear listed among the products able to be quoted/enrolled on ManhattanDirect 2.0.

If appointed but Agent Portal account creation is delayed, note that minor delays may still exist before OmniFlex is reflected among carriers able to be quoted/enrolled.

Q: What is the best email to reach OmniFlex™ Underwriting?

A: STCUnderwriting@manhattanlife.com. NOTE: If including HIPAA-sensitive information, please ensure security by using encryption.

Q: What is the best phone number to reach OmniFlex™ Underwriting?

A: **Health Prescreen:** 800-672-4535, option 9 (Prescreen), then option 2 (OmniFlex).

Interview Clarification Call ("PHI"): 800-672-4535, option 8 (PHI), then option 2 (OmniFlex).

Q: What are ManhattanLife's OmniFlex™ Underwriting hours?

A: **Monday - Thursday:** 8:00 a.m. to 5:00 p.m. Central Time

Friday: 8:00 a.m. to 2:00 p.m. Central Time

Q: What browsers work best when using ManhattanDirect 2.0 quoting & enrollment?

A: The ManhattanDirect 2.0 platform works best when using Google Chrome or Microsoft Edge browsers. Note: Using Mozilla FireFox or Microsoft Internet Explorer may result in unexpected errors.

Q: Are OmniFlex™ rates gender based?

A: No, currently unisex pricing is used.

Q: Does OmniFlex™ pricing increase after issue based on age bands?

A: No, in-force pricing does not increase based on age bands.

Q: Does OmniFlex™ save age?

A: No. Pricing is based on attained age.

Q: Rule on backdating OmniFlex™ app?

A: Backdating is not allowed on an OmniFlex application or forms.

Q: What are the OmniFlex™ Modal Premium loads?

A: Besides the Semi-Annual premium mode (a factor of .52 X Annual premium), the other premium modes do not have any premium loads. Annual = 1.0; Quarterly = 0.25; Monthly = 0.0833.

Q: Is the one-time \$25 policy application fee commissionable?

A: Yes, the policy fee is commissionable.

Q: If applying together on one application, does the one-time \$25 policy application fee cover both spouses?

A: No. The one-time \$25 application fee applies to each individual.

Q: Is premium collected with OmniFlex applications, or client billed for modal premium upon policy approval?

A: Currently no premium is collected with the application. If EFT is elected, the premium will be withdrawn upon policy issue. Clients choosing direct bill will be billed following the effective date.

Note: the one-time \$25 Policy Fee will be withdrawn/billed with the first modal premium.

Q: Can selecting a specific Effective Date impact the premium withdrawal/billing, and do you have examples?

A: Yes, choosing a specific Effective Date and Premium Draft Date (if EFT is elected), can impact when policy premiums and \$25 policy fee are collected. Refer to our *OmniFlex Premium Examples* flyer for more detail.

Q: If an applicant answers “No” to Tier 1 & Tier 2 underwriting questions, should I still list any medications the person is taking?

A: Yes, all prescribed medications should be provided on the application. OmniFlex underwriting includes a pharmaceutical check, and any discrepancies may prompt the need for a clarification call.

Q: For Tier 1 underwriting qualification, what - if any - limitations apply to the optional Hospital Indemnity Benefit?

A: For Tier 1 underwriting, just as the Daily Benefit Maximum is \$100 for the Facility Care Base & Home Health Care Rider, the same Daily Benefit Maximum of \$100 applies to Hospital Indemnity Benefits. Note: the 3, 6 and 20 day Benefit Period options all remain available.

Q: What is the e-Application signature process for OmniFlex™?

A: Unlike other carriers' processes for electronic application signatures, OmniFlex only requires the use of Mother's Maiden Name for client signature(s) and the agent signature is indicated by checking a box. Of course, all signatures are needed for paper and/or PDF fillable applications.

Q: What notifications are made upon OmniFlex™ policy approval?

A: Currently, ManhattanLife does not send any notifications/emails to the insured on policy approval. Insureds only receive their printed policy if that option is elected at time of application.

Q: Why does some client correspondence not include the OmniFlex™ name and/or ManhattanLife?

A: OmniFlex is the marketing name of the Short-Term Care plan that is underwritten by Standard Life and Casualty Insurance Company, a subsidiary of ManhattanLife. Consumer correspondence (and policy billing) may show Standard Life and Casualty instead of ManhattanLife.

NOTE: Actual company name appearing on policy & consumer materials may differ by state.

Q: Once the OmniFlex™ policy is effective, will the insured need to sign a delivery receipt?

A: A signed policy delivery receipt is a state requirement, so it depends on which state your client lives

Q: What policy print options are available for OmniFlex™?

A: Currently the application allows the policy print to be sent directly to the insured OR to the agent. If elected to go to insured, the agent can request a duplicate copy be mailed to his/her own address by emailing PolicyPrintRequest@manhattanlife.com (note policy number in subject line).

NOTE: A PDF copy of the policy print can be accessed within ManhattanLife's producer portal (ARC), under Inforce Business > Agent Policy List > select the insured's policy, and click on the Correspondence tab within the Policy Information pop-up.

Q: What are the guidelines for changing the effective date on the application?

A: At time of application, a future effective date may be requested. After the application has been submitted, the request to change the effective date must be made in writing within 30-days and approved by ManhattanLife.

Q: Do OmniFlex™ declines get reported to the Medical Information Bureau (MIB)?

A: No, declinations for coverage are not reported to the MIB.

Q: Can a person own more than one OmniFlex™ plan?

A: No, clients may only purchase one OmniFlex plan. However, there is no limitation on the person owning other STC or LTC plans with other insurance companies.

Q: If multiple STC/LTC plans are owned by an individual, will both pay benefits at claim time?

A: Yes. OmniFlex does not limit benefit payments based on what other insurance companies pay (there is no coordination of benefits between insurance companies).

Q: When the optional Simple Inflation Benefit is chosen, can the applicant choose whether it would apply just to Facility or Home Health Care?

A: No. When the optional Simple Inflation Benefit is purchased, it automatically applies to both Facility and Home Health Care benefits (if HHC Rider is chosen).

Q: Can the rates on in-force OmniFlex™ plans ever increase?

A: Any insurance company that offers a Guaranteed Renewable, limited indemnity benefit STC product could potentially file for - and have states approve - premium rate increases based on an entire policy class. However, this is rare in the indemnity STC marketing overall.

As an added protection, OmniFlex has an innovative, 5-year benefit ramp-up design which helps a avoid adverse selection and protects the carrier from claims in the first few years of policy life. Plus, the simple inflation rider capping at 2x the Daily Benefit will further help ManhattanLife/Standard Life avoid future rate increases on existing policies.

Q: Can a policyholder receive both Fast-50 and Indemnity benefits at the same time?

A: No. Its either one or the other.

Q: How frequently can an insured switch between receiving Fast-50 Cash and Indemnity benefits?

A: Currently there is no policy language limiting the timeframe. Requests to switch between Fast-50 and Indemnity benefits should be made to ManhattanLife in writing.

Q: How does the Restoration of Benefits work on OmniFlex™?

A: After a period of 180 days in which no care is required and no benefit paid out, the Facility Care and/or Home Health Care Benefit Period restores. Restoration could be used multiple times, until the corresponding Lifetime Maximum Benefit Period (2x Benefit Period) is reached.

Q: Under Home Health Aid benefit, can the insured use licensed Home Care companies like Amada, Visiting Angels, etc?

A: As long as included in the plan of care, these services could be covered with full Home Health Care Indemnity Benefit in OmniFlex.

Q: How much for Generic drugs and how much for Brand name?

A: Immediately after effective date, OmniFlex will reimburse \$10 for Generic and \$25 for Brand name prescriptions/refills, up to \$300 per year.

Q: Are OmniFlex™ benefits received by the insured tax-free?

A: No, OmniFlex benefits received may create a taxable event. Clients should contact a Tax Expert for tax advise based on their specific circumstances.



AN INTEGRITY COMPANY

QUESTIONS?

Call our Marketing Team at **800.842.7799** or email **marketing@goldencareusa.com**.

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