



Critical Illness and Cancer



Receive a Benefit if You are Diagnosed With a Serious Illness

A Critical Illness and Cancer Plan:

- Pays a lump sum benefit directly to you, unless otherwise designated
- Provides a benefit that can be used as you wish
- Pays in addition to any other coverage you may have
- Can cover you, your spouse and your children

According to the American Heart Association,

approximately every 40 seconds an American will have a heart attack. The estimated annual incidence of heart attacks in the United States is 720,000 new attacks and 335,000 recurrent attacks.

~ <https://www.healthline.com/health/heart-disease/statistics#10>

What does critical illness and cancer coverage do?

- Member benefit election amount \$10,000 or \$15,000.
- Spouse benefit if elected is 50% of Member benefit
- Child coverage if elected is \$5,000.

Cardiac	Cancer	Cerebral Vascular Disease
Pays 100% of benefit amount for <ul style="list-style-type: none"> • Myocardial Infarction (Heart Attack) Pays 25% of benefit amount <ul style="list-style-type: none"> • Coronary Heart Disease 	Pays 100% of benefit amount for <ul style="list-style-type: none"> • Invasive cancer Pays 25% of benefit amount <ul style="list-style-type: none"> • Non-Invasive cancer Pays \$250 for <ul style="list-style-type: none"> • Skin cancer 	Pays 100% of benefit amount for <ul style="list-style-type: none"> • Stroke Pays 10% of benefit amount for <ul style="list-style-type: none"> • Ruptured Brain Aneurysm • Transient Ischemic Attack

Other Critical Illness

Pays 100% of benefit per condition

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| <ul style="list-style-type: none"> • Benign Brain Tumor • Major Organ Failure • End Stage Renal Failure* • Coma • Severe Burns | <ul style="list-style-type: none"> • Permanent Paralysis* • Functional Loss of Hearing* • Function Loss of Speech* • Function Loss of Sight* |
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**not eligible for recurrence benefit*

Plan Features



- **Additional Occurrence Benefit:** Once benefits have been paid for a Critical Illness, a benefit is paid for an additional different Critical Illness when; 1) date of diagnosis is separated from the prior Critical Illness by at least 6 months and 2) the new illness is not caused by a Critical Illness for which benefits have been paid, and 3) a benefit is not paid for more than one critical illness within a 6 month period.
- **Pre-existing condition** limitation waived.
- **Waiver of Premium for Disability:** Premiums are waived if the primary insured is totally disabled for more than 180 days after the effective date of coverage. Total Disability must start while policy is in force, for employees ages 18-55.
- **Portability** included after six months of continuous coverage if group master policy remains in force and the insured is less than age 70, not Totally Disabled, and no longer actively at work for the Employer.
- **No benefit reductions** due to age
- **Recurrence Benefit:** Allows for one additional benefit payment in one benefit category if a person is diagnosed for a second time for the same illness after being treatment-free for at least 12 months for specific conditions.
- **Wellness Screening:** Pays a \$50 cash benefit when a member has one or more of the 21 covered screening tests. This screening is paid once per covered person per calendar year.
- **No waiting period** on cancer benefit.

PLAN PROVISIONS

Eligibility	<ul style="list-style-type: none">• Full-time, benefit eligible employees, actively at work and working at least 20 hours per week.• Member issue ages 18-69• Spouse issue ages 18-69• Child issue ages under age 26
Termination Age	<ul style="list-style-type: none">• Member: Coverage terminates at age 70, unless actively at work, then on last day of active employment.• Spouse: Coverage terminates when Member terminates.• Child: Coverage terminates at age 26, or when Member terminates, whichever is earlier.

IMPORTANT NOTICE: The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage” and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to www.ManhattanLife.com/Disclosure. Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.