

Buckingham County Schools

Critical Illness

Helping protect you and your family with lump sum coverage



Critical Illness/Cancer voluntary coverages pay benefits to you

With our Critical Illness and Cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. During your recovery, you and your loved ones can rest a little easier knowing you won't have to deplete your bank accounts or take on additional debt to cover day-to-day living expenses.

Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home and for family visits.

In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other associated costs.

Here's how it works

All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers.



Critical Illness/Cancer Coverage

Coverage type	Voluntary Critical Illness cancer, and other critica		that includes coverage for vascular,			
	Policy Type:	Group				
Product	Policy Name:	Critical Illness				
	Policy Form:	M-8021				
		Employee:	18 – 69			
	Issue Ages:	Spouse:	18 – 69			
		Child:	Under age 26			
Eligibility	Criteria:	 Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 				
	Termination Age:	 Employee: Age 70 unless actively at work, then on last da of active employment. Spouse: When Employee terminates. Child: Age 26, or when Employee terminates, whichever earlier. 				
		Guarantee Issue	Simplified Issue*			
	Employee:	\$30,000	\$50,000			
Underwriting Offer	Spouse:	100% of the Employee's benefit	\$50,000			
	Child(ren):	50% of the Employee's benefit	\$25,000			
	Minimum to Issue:	5 enrolled or 1% of all elig	ible, whichever is greater.			
Target Participation	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment				
	Employee:	\$10,000 - \$50,000				
Benefit Amounts	Spouse:	\$5,000 - \$50,000, 100% o	f Employee election			
	Child(ren):	\$5,000- \$25,000, 50% of Employee election				

*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.



Benefits and Features Conditions

Covered Conditions		Percent Payment
	Muccouliel Information	100%
	Myocardial Infarction	100%
Cardiac Benefits	Coronary Heart Disease	25%
	Sudden Cardiac Arrest	100%
	Stroke	100%
Cerebral Vascular Disease Benefit	Ruptured Brain Aneurysm	10%
	Transient Ischemic Attack	10%
	Invasive	100%
Cancer	Non-Invasive	25%
Callee	Skin Cancer	\$250
	• 30 day waiting period	Waived
	Benign Brain Tumor	100%
	Major Organ Failure	100%
	End Stage Renal Failure*	100%
	• Coma	100%
	Severe Burns	100%
Other Specified Illness Category	Permanent Paralysis*	100%
	 Functional Loss of Hearing* 	100%
	 Functional Loss of Speech* 	100%
	Functional Loss of Sight*	100%
	Occupational HIV/Hepatitis*	100%

*not eligible for recurrence benefit.

Additional Occurrence Benefit	Included
Pre-existing Condition Limitation	Waived
Waiver of Premium for Disability	After 180 days
Portability	Included
Benefit Reduction	Waived



Employer Elected Optional Benefits

Recurrence	Included
Wellness Screening	\$50
Infectious Disease	 25% Benefit per condition. Covered Conditions: Cerebrospinal Meningitis Malaria Encephalitis Legionnaire's disease Necrotizing Fasciitis Osteomyelitis Tuberculosis
Childhood Condition Benefit*	 25% Benefit per condition. Covered Conditions: Cerebral Palsy Cleft Lip/Cleft Palate Cystic Fibrosis Down Syndrome Spina Bifida Type 1 Diabetes

*not eligible for recurrence benefit.

Progressive Disease*	100% Benefit per condition. Covered Conditions:
	ALS (Lou Gehrig's Disease)
	Multiple SclerosisAdvanced Dementia (including Alzheimer's)
	Advanced Parkinson's

*not eligible for recurrence benefit.



Benefit Definitions

ADDITIONAL OCCURRENCE BENEFIT: once benefits have been paid for a Critical Illness, a benefit is paid for an additional different Critical Illness when; 1) the Date of Diagnosis for the new Critical Illness is separated from the prior Critical Illness by at least six (6) consecutive months, and 2) the new Critical 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 with in a six (6) month period.

WAIVER OF PREMIUM FOR DISABILITY: This waives an Employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. Total Disability must start while policy is inforce, for employees ages 18-55.

PORTABILITY: Portable 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. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates the ported Certificate terminates.

PRE-EXISTING CONDITION LIMITATION: If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.

Optional Benefit Definition(s):

RECURRENCE: This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

INFECTIOUS DISEASE BENEFIT: Pays a benefit when a Covered Person has been diagnosed by a Physician with an Infectious Disease. An Infectious Disease means the following infectious or contagious diseases that are caused by organisms, such as bacteria, viruses, fungi, or parasites.

CHILDHOOD CONDITION BENEFITS: Pays a benefit upon a covered dependent child's initial date of diagnosis on or after the policy effective date for one of the childhood conditions listed.

PROGRESSIVE DISEASE: Pays a benefit when a covered person is unable to perform two or more Activities of Daily Living due to one of the Progressive Diseases listed. These must be diagnosed by a Physician after the effective date of this policy.



Critical Illness Rates

Rate Assumption Information

Rate Structure:	Issue Age - tiered
Tobacco Status:	Uni-Tobacco
Rate Guarantee Period:	One (1) Year
Contributions:	100% Employee paid
Commissions:	Heaped
Takeover	Yes
Coverage Type:	Lump Sum
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment



PARTICIPATION EXPECTATION:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

Takeover Expectations

- The takeover/replacement policies will be underwritten on a Guarantee Issue basis.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.
- Takeover Provision The Pre-Existing Conditions Clause will be reduced by a number of months equal to the number of months the replaced coverage was in force, when all the following conditions are met:
 - ManhattanLife Assurance Company of America's coverage replaces a similar in force coverage.
 - The replaced coverage, including benefit amount and effective date, is submitted to ManhattanLife Assurance Company of America at the time of enrollment.
 - The replaced coverage was in force within 63 calendar days of the date of ManhattanLife Assurance Company of America's application.
 - The previous carrier's bill is submitted to ManhattanLife Assurance Company of America.
 - The applicant qualifies for coverage in accordance with ManhattanLife Assurance Company of America's underwriting offer.
 - The maximum amount of takeover coverage available is \$50,000.
- After the initial enrollment period is complete, takeover is no longer available.
- The takeover/replacement policies will be underwritten based on the Employee's age as of the Effective Date of Coverage with ManhattanLife.

Other Contingencies

- Total amount of Critical Illness and Cancer in force with all carriers including ManhattanLife cannot exceed \$100.000.
- Late enrollees will be accepted on an SI basis only, unless otherwise approved by underwriting.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- State of VA has sent guidance that the wellness benefits will not be compliant after 7/1/2025. If VA indicates we will need to remove wellness we will send notification to your broker and group with changes at time State requires.
- Please refer to the certificate/policy for full benefit and limitation information.



Critical Illness & Cancer Virginia

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Skin Cancer, and \$50 Wellness Screening Benefit.

Issue Age	Employee - NTU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.10	\$4.91	\$6.71	\$8.54	\$10.34	\$12.14	\$13.95	\$15.75	\$17.55	\$19.36
30-39	\$4.92	\$8.43	\$11.94	\$15.42	\$18.93	\$22.44	\$25.94	\$29.43	\$32.94	\$36.46
40-49	\$9.67	\$17.75	\$25.81	\$33.90	\$41.97	\$50.05	\$58.12	\$66.19	\$74.24	\$82.33
50-59	\$18.18	\$34.42	\$50.68	\$66.95	\$83.21	\$99.44	\$115.71	\$131.97	\$148.21	\$164.47
60-64	\$28.26	\$54.30	\$80.34	\$106.40	\$132.46	\$158.50	\$184.54	\$210.59	\$236.64	\$262.68
65-69	\$36.10	\$69.73	\$103.36	\$136.99	\$170.65	\$204.28	\$237.90	\$271.55	\$305.19	\$338.83

Issue Age		Employee & Spouse - NTU								
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.36	\$8.99	\$12.59	\$16.20	\$19.81	\$23.44	\$27.04	\$30.65	\$34.27	\$37.90
30-39	\$8.98	\$15.97	\$22.99	\$29.99	\$37.01	\$44.00	\$51.03	\$58.01	\$65.03	\$72.02
40-49	\$18.52	\$34.66	\$50.82	\$66.96	\$83.10	\$99.24	\$115.38	\$131.52	\$147.68	\$163.81
50-59	\$35.49	\$68.02	\$100.51	\$133.04	\$165.54	\$198.06	\$230.56	\$263.07	\$295.60	\$328.11
60-64	\$55.66	\$107.76	\$159.86	\$211.95	\$264.04	\$316.14	\$368.24	\$420.33	\$472.43	\$524.51
65-69	\$71.33	\$138.60	\$205.88	\$273.16	\$340.43	\$407.70	\$474.99	\$542.25	\$609.52	\$676.79
	*Spouse A	mount is 100	% of Employ	yee Amount.						

Issue Age		Employee & Children - NTU								
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.10	\$4.91	\$6.71	\$8.54	\$10.34	\$12.14	\$13.95	\$15.75	\$17.55	\$19.36
30-39	\$4.92	\$8.43	\$11.94	\$15.42	\$18.93	\$22.44	\$25.94	\$29.43	\$32.94	\$36.46
40-49	\$9.67	\$17.75	\$25.81	\$33.90	\$41.97	\$50.05	\$58.12	\$66.19	\$74.24	\$82.33
50-59	\$18.18	\$34.42	\$50.68	\$66.95	\$83.21	\$99.44	\$115.71	\$131.97	\$148.21	\$164.47
60-64	\$28.26	\$54.30	\$80.34	\$106.40	\$132.46	\$158.50	\$184.54	\$210.59	\$236.64	\$262.68
65-69	\$36.10	\$69.73	\$103.36	\$136.99	\$170.65	\$204.28	\$237.90	\$271.55	\$305.19	\$338.83
	*Child Amo	ount is 50% o	of Employee	Amount, cap	ped at \$25,0	00.				

Issue Age	Family - NTU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.36	\$8.99	\$12.59	\$16.20	\$19.81	\$23.44	\$27.04	\$30.65	\$34.27	\$37.90
30-39	\$8.98	\$15.97	\$22.99	\$29.99	\$37.01	\$44.00	\$51.03	\$58.01	\$65.03	\$72.02
40-49	\$18.52	\$34.66	\$50.82	\$66.96	\$83.10	\$99.24	\$115.38	\$131.52	\$147.68	\$163.81
50-59	\$35.49	\$68.02	\$100.51	\$133.04	\$165.54	\$198.06	\$230.56	\$263.07	\$295.60	\$328.11
60-64	\$55.66	\$107.76	\$159.86	\$211.95	\$264.04	\$316.14	\$368.24	\$420.33	\$472.43	\$524.51
65-69	\$71.33	\$138.60	\$205.88	\$273.16	\$340.43	\$407.70	\$474.99	\$542.25	\$609.52	\$676.79

*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$25,000.

NTU: Non-tobacco user; TU: Tobacco user

The proposed rates are for an effective date no later than 10/1/2024 Note: Final implementation rate may vary slightly due to rounding

Policy: M-8021

Underwritten by ManhattanLife Insurance and Annuity Company



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Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Skin Cancer, and \$50 Wellness Screening Benefit.

Issue Age	Employee - TU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.61	\$5.90	\$8.20	\$10.51	\$12.79	\$15.06	\$17.38	\$19.66	\$21.95	\$24.24
30-39	\$6.93	\$12.34	\$17.77	\$23.19	\$28.62	\$34.04	\$39.45	\$44.87	\$50.31	\$55.72
40-49	\$15.82	\$29.72	\$43.68	\$57.60	\$71.52	\$85.44	\$99.37	\$113.31	\$127.24	\$141.15
50-59	\$31.04	\$59.65	\$88.23	\$116.85	\$145.45	\$174.05	\$202.65	\$231.25	\$259.85	\$288.46
60-64	\$48.56	\$94.17	\$139.77	\$185.38	\$231.00	\$276.62	\$322.22	\$367.83	\$413.45	\$459.06
65-69	\$61.12	\$118.90	\$176.70	\$234.49	\$292.29	\$350.07	\$407.86	\$465.67	\$523.46	\$581.25

Issue Age		Employee & Spouse - TU								
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.36	\$10.97	\$15.52	\$20.12	\$24.70	\$29.31	\$33.86	\$38.45	\$43.04	\$47.64
30-39	\$12.98	\$23.82	\$34.68	\$45.52	\$56.36	\$67.19	\$78.06	\$88.88	\$99.72	\$110.56
40-49	\$30.76	\$58.64	\$86.48	\$114.35	\$142.19	\$170.06	\$197.90	\$225.76	\$253.62	\$281.49
50-59	\$61.24	\$118.44	\$175.64	\$232.85	\$290.05	\$347.26	\$404.45	\$461.67	\$518.87	\$576.08
60-64	\$96.26	\$187.47	\$278.71	\$369.93	\$461.15	\$552.37	\$643.60	\$734.82	\$826.05	\$917.26
65-69	\$121.37	\$236.96	\$352.54	\$468.14	\$583.72	\$699.30	\$814.89	\$930.48	\$1,046.06	\$1,161.64
	*Spouse A	mount is 100	% of Employ	yee Amount.						

Issue Age	Employee & Children - TU									
Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$3.61	\$5.90	\$8.20	\$10.51	\$12.79	\$15.06	\$17.38	\$19.66	\$21.95	\$24.24
30-39	\$6.93	\$12.34	\$17.77	\$23.19	\$28.62	\$34.04	\$39.45	\$44.87	\$50.31	\$55.72
40-49	\$15.82	\$29.72	\$43.68	\$57.60	\$71.52	\$85.44	\$99.37	\$113.31	\$127.24	\$141.15
50-59	\$31.04	\$59.65	\$88.23	\$116.85	\$145.45	\$174.05	\$202.65	\$231.25	\$259.85	\$288.46
60-64	\$48.56	\$94.17	\$139.77	\$185.38	\$231.00	\$276.62	\$322.22	\$367.83	\$413.45	\$459.06
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*Child Amount is 50% of Employee Amount, capped at \$25,000.										

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30-39	\$12.98	\$23.82	\$34.68	\$45.52	\$56.36	\$67.19	\$78.06	\$88.88	\$99.72	\$110.56
40-49	\$30.76	\$58.64	\$86.48	\$114.35	\$142.19	\$170.06	\$197.90	\$225.76	\$253.62	\$281.49
50-59	\$61.24	\$118.44	\$175.64	\$232.85	\$290.05	\$347.26	\$404.45	\$461.67	\$518.87	\$576.08
60-64	\$96.26	\$187.47	\$278.71	\$369.93	\$461.15	\$552.37	\$643.60	\$734.82	\$826.05	\$917.26
65-69	\$121.37	\$236.96	\$352.54	\$468.14	\$583.72	\$699.30	\$814.89	\$930.48	\$1,046.06	\$1,161.64

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