

Critical Illness



A Critical Illness and Cancer Plan:

- Pays a lump sum benefit directly to you if diagnosed with a serious illness, 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
- You or a covered member of your family are diagnosed with a covered critical illness, such as a heart attack, stroke or cancer
- Guaranteed Issue during open enrollment and subsequent annual open enrollments up to \$30,000 for Employee and Spouse and up to \$5,000 for child(ren)

Did you know?

The 5-year relative survival rate for all cancers combined that were diagnosed during 2009 through 2015 was 67%.

<https://www.cancer.org/latest-news/facts-and-figures-2020.html>

BENEFITS & FEATURES

Benefit Amount	Employee: • \$5,000 to \$50,000.	Dependents: • Spouse: \$2,500 to \$50,000; Equal to 100% of the employee's coverage. • Child: \$2,500 to \$5,000; up to 50% of employee's coverage.
Cardiac Conditions	100% of benefit amount paid upon treatment period or proof of loss for Myocardial Infarction. 25% of benefit amount paid at diagnosis for Coronary Heart Disease. 100% of benefit amount paid upon diagnosis of Sudden Cardiac Arrest.	
Cerebral Vascular Disease	100% of the benefit amount paid upon treatment or proof of loss for a Stroke. 10% of the benefit amount paid upon treatment or proof of loss for a Ruptured Brain Aneurysm. 10% of the benefit amount paid upon treatment or proof of loss for a Transient Ischemic Attack.	
Cancer	100% of the benefit amount paid upon treatment or proof of loss for Invasive Cancer. 25% of the benefit paid upon treatment or proof of loss for a Non-Invasive Cancer. \$250 benefit paid for skin cancer. No waiting period for Cancer.	
Other Specified Illnesses	100% of the benefit amount paid for one of the following illnesses or conditions: Benign Brain Tumor, Major Organ Failure, End- Stage Renal Failure*, Coma, Severe Burns, Permanent Paralysis*, Occupational HIV/Hepatitis*, Functional Loss of Sight, Speech or Hearing* as defined in the policy (certificate).	
Additional Occurrence	Pays a percentage of a critical illness listed if the occurrence is six months between the previous critical illness and new critical illness not caused by a critical illness for which benefits have been paid.	
Portability	Prior to age 70, not Totally Disabled, and after six months of continuous coverage, employees can take their coverage with them if they leave their employer as long as the master policy remains in effect.	
Waiver of Premium	Premiums will be waived for the insured if he or she is totally disabled as a result of a confirmed critical illness for at least 180 consecutive days. Total Disability must start while policy is in force, for employees ages 18-55.	

Benefits with an asterisk are not eligible for the recurrence benefit.

ADDITIONAL INCLUDED BENEFITS

Infectious Diseases	25% of the benefit amount is paid for one of the confirmed diagnosis of the following (as long as the benefit has not been used): Cerebrospinal Meningitis, Malaria, Encephalitis, Legionnaire's Disease, Necrotizing Fasciitis, Osteomyelitis, and Tuberculosis.
Progressive Diseases*	100% of the benefit amount is paid for a confirmed diagnosis of one of the following diseases (as long as the benefit has not been used): ALS (Lou Gehrig's Disease), Multiple Sclerosis, Advanced Dementia including Alzheimer's, and Advanced Parkinson's.
Childhood Condition Benefit*	100% of the benefit amount is paid for an eligible child for a confirmed diagnosis of one of the following conditions: Cerebral Palsy, Cleft Lip/Cleft Palate, Cystic Fybrois, Down Syndrome, Spina Bifida, Type 1 Diabetes.
Recurrence Benefit	This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.
Well-being Benefit	Wellness Screening Benefit pays \$50 for any one of the 21 covered tests per calendar year including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate.
Hospital Confinement	We will pay a \$100 daily benefit for a maximum of 30 days per calendar year if a Covered Person is admitted and initially Confined to a Hospital due to a Critical Illness occurring after the effective date. The following Hospital services are not eligible for benefits under this rider. <ul style="list-style-type: none">• treatment in the Emergency Department;• treatment on an outpatient basis; and, any Confinement to a Hospital for less than 24 hours.
Air Ambulance	We will pay \$1,000 if a Covered Person receives transportation in an Ambulance by air due to a covered Critical Illness. Transportation must be to a hospital. Covered once per critical illness.
Ground Ambulance	We will pay \$250 if a Covered Person receives transportation in an Ambulance by ground as a result of a covered Critical Illness. Transportation must be either to a hospital or from a hospital to the covered person's home. Covered once per critical illness.

PLAN PROVISIONS

Pre-existing Conditions	If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to policy effective date, no benefits will be paid for the first 12 months after the policy effective date. This provision has been waived.
Eligibility	<ul style="list-style-type: none">• Employee issue ages 18-69.• Full-time, benefit eligible employees, actively at work and working at least 20 hours per week.• Spouse issue ages 18-69; ineligible if employee is denied• Child issue ages 0-25; ineligible if employee is denied.
Termination Age	Employee - Age 70 unless actively at work, then on last day of active employment. Spouse - The earlier of Age 70 or when employee plan terminates. Child - The earlier of Age 26 or when the employee plan terminates, if plan terminates prior to child age 26.

Benefits with an asterisk are not eligible for the recurrence benefit.

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 Voluntary Benefit products at www.disclosure.manhattanlife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8021

Well-Being Benefit: M-1775

Underwritten by ManhattanLife Insurance and Annuity Company

COHS-CI_0925

Critical Illness and Cancer Rates

Texas

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



Issue Age Employee - UniTobacco

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	\$4.80	\$6.51	\$8.21	\$9.91	\$11.62	\$13.32	\$15.03	\$16.73	\$18.43
30-39	\$4.71	\$7.82	\$10.93	\$14.04	\$17.15	\$20.26	\$23.37	\$26.48	\$29.59	\$32.70
40-49	\$9.10	\$16.14	\$23.18	\$30.22	\$37.25	\$44.29	\$51.33	\$58.37	\$65.41	\$72.45
50-59	\$16.94	\$31.05	\$45.15	\$59.26	\$73.37	\$87.48	\$101.59	\$115.70	\$129.80	\$143.91
60-64	\$26.18	\$48.74	\$71.29	\$93.85	\$116.41	\$138.97	\$161.53	\$184.09	\$206.65	\$229.21
65-69	\$33.24	\$62.23	\$91.23	\$120.23	\$149.23	\$178.23	\$207.22	\$236.22	\$265.22	\$294.22

Issue Age Employee & Spouse - UniTobacco

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	\$8.77	\$12.17	\$15.58	\$18.99	\$22.40	\$25.81	\$29.21	\$32.62	\$36.03
30-39	\$8.57	\$14.79	\$21.02	\$27.24	\$33.46	\$39.68	\$45.90	\$52.12	\$58.35	\$64.57
40-49	\$17.36	\$31.43	\$45.51	\$59.59	\$73.67	\$87.74	\$101.82	\$115.90	\$129.97	\$144.05
50-59	\$33.01	\$61.22	\$89.44	\$117.66	\$145.87	\$174.09	\$202.31	\$230.52	\$258.74	\$286.95
60-64	\$51.49	\$96.60	\$141.72	\$186.84	\$231.96	\$277.08	\$322.19	\$367.31	\$412.43	\$457.55
65-69	\$65.60	\$123.60	\$181.60	\$239.59	\$297.59	\$355.58	\$413.58	\$471.57	\$529.57	\$587.57

*Spouse Amount is 100% of Employee Amount.

Issue Age Employee & Children - UniTobacco

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	\$4.80	\$6.51	\$8.21	\$9.91	\$11.62	\$13.32	\$15.03	\$16.73	\$18.43
30-39	\$4.71	\$7.82	\$10.93	\$14.04	\$17.15	\$20.26	\$23.37	\$26.48	\$29.59	\$32.70
40-49	\$9.10	\$16.14	\$23.18	\$30.22	\$37.25	\$44.29	\$51.33	\$58.37	\$65.41	\$72.45
50-59	\$16.94	\$31.05	\$45.15	\$59.26	\$73.37	\$87.48	\$101.59	\$115.70	\$129.80	\$143.91
60-64	\$26.18	\$48.74	\$71.29	\$93.85	\$116.41	\$138.97	\$161.53	\$184.09	\$206.65	\$229.21
65-69	\$33.24	\$62.23	\$91.23	\$120.23	\$149.23	\$178.23	\$207.22	\$236.22	\$265.22	\$294.22

*Child Amount is 50% of Employee Amount, capped at \$5,000.

Issue Age Employee & Children - UniTobacco

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	\$8.77	\$12.17	\$15.58	\$18.99	\$22.40	\$25.81	\$29.21	\$32.62	\$36.03
30-39	\$8.57	\$14.79	\$21.02	\$27.24	\$33.46	\$39.68	\$45.90	\$52.12	\$58.35	\$64.57
40-49	\$17.36	\$31.43	\$45.51	\$59.59	\$73.67	\$87.74	\$101.82	\$115.90	\$129.97	\$144.05
50-59	\$33.01	\$61.22	\$89.44	\$117.66	\$145.87	\$174.09	\$202.31	\$230.52	\$258.74	\$286.95
60-64	\$51.49	\$96.60	\$141.72	\$186.84	\$231.96	\$277.08	\$322.19	\$367.31	\$412.43	\$457.55
65-69	\$65.60	\$123.60	\$181.60	\$239.59	\$297.59	\$355.58	\$413.58	\$471.57	\$529.57	\$587.57

*Spouse Amount is 100% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$5,000.

NTU: Non-tobacco user; TU: Tobacco user

Note: Final implementation rate may vary slightly due to rounding

Policy: M-8021 | Well-Being Benefit: M-1775

Underwritten by ManhattanLife Insurance and Annuity Company

COHS-CI_0925

www.manhattanlife.com