

Critical Illness

SUMMARY OF BENEFITS*



Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

PLEASE NOTE: Benefits are paid for one condition. If there is another condition separated by six months, the Additional Occurrence benefit will apply.

Coverage Type	Voluntary Critical Illness insurance is a group policy that includes coverage for heart/stroke, cancer, other specified illnesses, and progressive diseases.	
BENEFITS & FEATURES		
Benefit Amount	Employee: •\$5,000 to \$50,000	Dependents: • Spouse: \$2,500 to \$25,000 - 50% of Employee amount. • Child: 25% of Employee amount up to \$12,500.
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.	
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**.	
Other Specified Illnesses	100% of the benefit amount paid for one of the following illnesses or conditions, for any unused benefit available: 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).	
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, Tuberculosis.	
Progressive Diseases	50% 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, Multiple Sclerosis, Advanced Dementia/Advanced Alzheimer's, Advanced Parkinson's.	
Childhood Condition Benefit	25% 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 Fibrosis, Down Syndrome, Spina Bifida, Type 1 Diabetes.	



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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.
Recurrence Benefit	Provides an additional benefit for the same condition if a covered participant is treatment-free for at least 12 months. Available once for the lifetime of the insured. Please refer to the Critical Illness Policy for a complete list of covered conditions under the Benefit Recurrence Rider.
Wellness Screening	Benefit pays 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. \$100.
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.
Portability	Prior to age 70 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.

PLAN PROVISIONS

Pre-existing Conditions	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	<p>Employee - Age 70 unless actively at work, then on last day of active employment.</p> <p>Spouse - The earlier of Age 70 or when employee plan terminates.</p> <p>Child - The earlier of Age 26 or when the employee plan terminates, if plan terminates prior to child age 26.</p>

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

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Displaying Semi-Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, and \$100 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
18-29	\$2.01	\$2.67	\$3.33	\$3.99	\$4.65	\$5.30	\$5.96	\$6.62	\$7.28	\$7.94
30-39	\$2.74	\$4.12	\$5.51	\$6.90	\$8.28	\$9.67	\$11.06	\$12.44	\$13.83	\$15.22
40-49	\$4.64	\$7.93	\$11.22	\$14.51	\$17.79	\$21.08	\$24.37	\$27.66	\$30.95	\$34.24
50-59	\$7.84	\$14.34	\$20.83	\$27.32	\$33.81	\$40.31	\$46.80	\$53.29	\$59.79	\$66.28
60-64	\$11.51	\$21.66	\$31.82	\$41.98	\$52.13	\$62.29	\$72.44	\$82.60	\$92.76	\$102.91
65-69	\$14.30	\$27.26	\$40.21	\$53.16	\$66.11	\$79.07	\$92.02	\$104.97	\$117.92	\$130.88

Issue Age	Employee & Spouse - UniTobacco									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$3.29	\$4.28	\$5.27	\$6.25	\$7.24	\$8.23	\$9.22	\$10.21	\$11.20	\$12.19
30-39	\$4.38	\$6.46	\$8.54	\$10.62	\$12.70	\$14.78	\$16.86	\$18.94	\$21.02	\$23.10
40-49	\$7.23	\$12.17	\$17.10	\$22.03	\$26.97	\$31.90	\$36.83	\$41.77	\$46.70	\$51.63
50-59	\$12.04	\$21.78	\$31.52	\$41.26	\$51.00	\$60.73	\$70.47	\$80.21	\$89.95	\$99.69
60-64	\$17.53	\$32.77	\$48.00	\$63.24	\$78.47	\$93.71	\$108.94	\$124.18	\$139.41	\$154.65
65-69	\$21.73	\$41.16	\$60.59	\$80.02	\$99.45	\$118.87	\$138.30	\$157.73	\$177.16	\$196.59

*Spouse Amount is 50% 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
18-29	\$2.01	\$2.67	\$3.33	\$3.99	\$4.65	\$5.30	\$5.96	\$6.62	\$7.28	\$7.94
30-39	\$2.74	\$4.12	\$5.51	\$6.90	\$8.28	\$9.67	\$11.06	\$12.44	\$13.83	\$15.22
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65-69	\$14.30	\$27.26	\$40.21	\$53.16	\$66.11	\$79.07	\$92.02	\$104.97	\$117.92	\$130.88

*Child Amount is 25% of Employee Amount, capped at \$5,000.

Issue Age	Family - UniTobacco									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-29	\$3.29	\$4.28	\$5.27	\$6.25	\$7.24	\$8.23	\$9.22	\$10.21	\$11.20	\$12.19
30-39	\$4.38	\$6.46	\$8.54	\$10.62	\$12.70	\$14.78	\$16.86	\$18.94	\$21.02	\$23.10
40-49	\$7.23	\$12.17	\$17.10	\$22.03	\$26.97	\$31.90	\$36.83	\$41.77	\$46.70	\$51.63
50-59	\$12.04	\$21.78	\$31.52	\$41.26	\$51.00	\$60.73	\$70.47	\$80.21	\$89.95	\$99.69
60-64	\$17.53	\$32.77	\$48.00	\$63.24	\$78.47	\$93.71	\$108.94	\$124.18	\$139.41	\$154.65
65-69	\$21.73	\$41.16	\$60.59	\$80.02	\$99.45	\$118.87	\$138.30	\$157.73	\$177.16	\$196.59

*Spouse Amount is 50% of Employee Amount. Child Amount is 25% of Employee Amount, capped at \$5,000.