

Critical Illness



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.

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

BENEFITS & FEATURES

Benefit Amount

Employee:
 • \$5,000 to \$50,000

Dependents:
 • Spouse: \$5,000 to \$50,000; Equal to 100% of employee election
 • Child: \$2,500 to \$25,000; Up to 50% of employee's coverage

Guaranteed Issue during open enrollment and subsequent annual open enrollments up to \$30,000 for Employee and Spouse and up to \$15,000 for child(ren)

Cardiac Conditions

100% of benefit amount paid upon treatment period or proof of loss for Myocardial Infarction
 100% of benefit amount paid upon treatment period or proof of loss for Sudden Cardiac Arrest
 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
 \$1,000 will pay upon diagnosis of Skin Cancer
 No waiting period for Cancer

BENEFITS & FEATURES

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).
Additional Occurrence	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 90 days, 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 in a 90 day period.
Pre-Existing Condition Limitation	If an employee 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.
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.
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.
Benefit Reduction	Waived.
Recurrence Benefit	This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least six months.
Wellness Screening	Pays a \$50 cash benefit when an employee has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.
Infectious Disease	50% of the benefit amount paid when a covered person has been diagnosed by a physician with an infectious disease. An infectious disease means the following covered conditions: Cerebrospinal Meningitis, Malaria, Encephalitis, Legionnaire's disease, Necrotizing Fasciitis, Osteomyelitis, Tuberculosis.
Childhood Condition Benefit*	100% of the benefit amount paid upon a covered dependent child's initial date of diagnosis on or after the policy effective date for one of the childhood conditions listed: Cerebral Palsy, Cleft Lip/Cleft Palate, Cystic Fibrosis, Down Syndrome, Spina Bifida, Type 1 Diabetes.
Progressive Disease*	100% of benefit amount paid per condition: ALS (Lou Gehrig's Disease), Multiple Sclerosis, Advanced Dementia (including Alzheimer's) and Advanced Parkinson's.

*Not eligible for recurrence benefit

Benefits and riders may vary by state and may not be available in all states.

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

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

Underwritten by ManhattanLife Insurance and Annuity Company

LBISD-CI_0426

www.manhattanlife.com

Critical Illness and Cancer Rates

Liberty Independent School District

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



Attained Age	Employee / Employee & Children - UniTobacco	
	Benefit:	
	\$10,000	\$20,000
18-24	\$1.95	\$3.91
25-29	\$2.06	\$4.11
30-34	\$3.29	\$6.59
35-39	\$3.56	\$7.12
40-44	\$5.61	\$11.21
45-49	\$7.65	\$15.31
50-54	\$12.37	\$24.74
55-59	\$17.53	\$35.07
60-64	\$23.41	\$46.81
65-69	\$31.60	\$63.19
70-74	\$35.66	\$71.33
75-79	\$39.63	\$79.25
80+	\$40.85	\$81.70

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

Attained Age	Employee & Spouse / Family - UniTobacco	
	Benefit:	
	\$10,000	\$20,000
18-24	\$3.91	\$7.81
25-29	\$4.11	\$8.22
30-34	\$6.59	\$13.17
35-39	\$7.12	\$14.24
40-44	\$11.21	\$22.43
45-49	\$15.31	\$30.62
50-54	\$24.74	\$49.48
55-59	\$35.07	\$70.13
60-64	\$46.81	\$93.63
65-69	\$63.19	\$126.38
70-74	\$71.33	\$142.65
75-79	\$79.25	\$158.50
80+	\$81.70	\$163.40

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

Note: Final implementation rate may vary slightly due to rounding

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