

# 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: \$2,500 - \$25,000. Equal to 50% of employee's coverage amount
- Child: \$2,500 to \$25,000. Equal to 50% of the employee's coverage amount

Guarantee Issue for employee is \$50,000. The spouse is \$25,000 and the child is 50% of the employee's benefit.

#### 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 treatment period or proof of loss for 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
- \$1,000 will pay upon diagnosis of Skin Cancer
- 30 day waiting period for Cancer - Waived

## BENEFITS & FEATURES

<b>Other Specified Illnesses</b>	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* and Bone Marrow/Stem Cell (not HSA compliant) as defined in the policy (certificate).
<b>Additional Occurrence</b>	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 zero consecutive 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 zero day period.
<b>Recurrence Benefit</b>	This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least six months.
<b>Wellness Screening</b>	Pays a \$100 cash benefit when a employee has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.
<b>Infectious Disease</b>	25% 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.
<b>Childhood Condition Benefit*</b>	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.
<b>Progressive Disease*</b>	100% of benefit amount paid per condition: ALS (Lou Gehrig's Disease), Multiple Sclerosis, Advanced Dementia (including Alzheimer's) and Advanced Parkinson's.
<b>Pre-Existing Condition Limitation</b>	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.
<b>Waiver of Premium</b>	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 inforce, for employees ages 18-55.

\*Not eligible for recurrence benefit

## BENEFITS & FEATURES

### 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. Insured's policy terminates at age 70, 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.

### Benefit Reduction

Waived.

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](http://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

RCISD-CI\_0426

# Critical Illness and Cancer Rates

## Royse City Independent School District

Displaying Monthly payroll deductions including Recurrence, Infectious Disease, Progressive Disease, Childhood Conditions, Sudden Cardiac Arrest, Bone Marrow Transplant, Skin Cancer and \$100 Wellness Screening Benefit.



Attained Age	Employee / Employee & Children - NTU									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-24	\$3.76	\$4.77	\$5.79	\$6.81	\$7.82	\$8.84	\$9.86	\$10.87	\$11.89	\$12.91
25-29	\$3.89	\$5.00	\$6.11	\$7.22	\$8.33	\$9.44	\$10.55	\$11.66	\$12.77	\$13.88
30-34	\$4.13	\$5.41	\$6.70	\$7.99	\$9.27	\$10.56	\$11.85	\$13.14	\$14.42	\$15.71
35-39	\$4.56	\$6.16	\$7.76	\$9.36	\$10.96	\$12.56	\$14.16	\$15.76	\$17.36	\$18.96
40-44	\$5.26	\$7.42	\$9.59	\$11.75	\$13.91	\$16.07	\$18.23	\$20.39	\$22.55	\$24.71
45-49	\$6.70	\$10.05	\$13.40	\$16.75	\$20.10	\$23.46	\$26.81	\$30.16	\$33.51	\$36.87
50-54	\$8.52	\$13.42	\$18.33	\$23.24	\$28.15	\$33.06	\$37.96	\$42.87	\$47.78	\$52.69
55-59	\$11.28	\$18.53	\$25.78	\$33.03	\$40.28	\$47.53	\$54.78	\$62.03	\$69.28	\$76.53
60-64	\$15.67	\$26.89	\$38.12	\$49.35	\$60.57	\$71.80	\$83.02	\$94.25	\$105.47	\$116.70
65-69	\$22.11	\$39.15	\$56.19	\$73.23	\$90.27	\$107.31	\$124.35	\$141.39	\$158.43	\$175.47
70-74	\$25.65	\$45.66	\$65.67	\$85.69	\$105.70	\$125.71	\$145.72	\$165.73	\$185.74	\$205.75
75-79	\$30.29	\$54.32	\$78.35	\$102.37	\$126.40	\$150.43	\$174.45	\$198.48	\$222.50	\$246.53
80+	\$31.36	\$56.20	\$81.04	\$105.88	\$130.72	\$155.56	\$180.40	\$205.24	\$230.07	\$254.91

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

Attained Age	Employee & Spouse / Family - NTU									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-24	\$6.21	\$7.73	\$9.26	\$10.78	\$12.31	\$13.83	\$15.36	\$16.88	\$18.41	\$19.93
25-29	\$6.42	\$8.09	\$9.75	\$11.41	\$13.08	\$14.74	\$16.41	\$18.07	\$19.74	\$21.40
30-34	\$6.81	\$8.74	\$10.67	\$12.60	\$14.53	\$16.46	\$18.39	\$20.32	\$22.25	\$24.19
35-39	\$7.51	\$9.91	\$12.32	\$14.72	\$17.12	\$19.52	\$21.92	\$24.32	\$26.72	\$29.12
40-44	\$8.65	\$11.89	\$15.13	\$18.37	\$21.61	\$24.85	\$28.10	\$31.34	\$34.58	\$37.82
45-49	\$10.91	\$15.94	\$20.97	\$26.00	\$31.03	\$36.06	\$41.08	\$46.11	\$51.14	\$56.17
50-54	\$13.78	\$21.14	\$28.50	\$35.86	\$43.23	\$50.59	\$57.95	\$65.31	\$72.67	\$80.03
55-59	\$18.13	\$29.01	\$39.88	\$50.76	\$61.63	\$72.51	\$83.38	\$94.26	\$105.13	\$116.01
60-64	\$24.93	\$41.76	\$58.60	\$75.44	\$92.28	\$109.12	\$125.96	\$142.79	\$159.63	\$176.47
65-69	\$34.89	\$60.45	\$86.02	\$111.58	\$137.14	\$162.70	\$188.26	\$213.82	\$239.38	\$264.94
70-74	\$40.50	\$70.52	\$100.53	\$130.55	\$160.57	\$190.58	\$220.60	\$250.62	\$280.63	\$310.65
75-79	\$47.77	\$83.81	\$119.85	\$155.89	\$191.93	\$227.97	\$264.01	\$300.05	\$336.09	\$372.13
80+	\$49.51	\$86.77	\$124.03	\$161.28	\$198.54	\$235.80	\$273.06	\$310.32	\$347.57	\$384.83

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**NTU: Non-tobacco user; TU: Tobacco user**

**Note:** Final implementation rate may vary slightly due to rounding

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	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-24	\$3.88	\$5.00	\$6.13	\$7.26	\$8.39	\$9.52	\$10.65	\$11.78	\$12.91	\$14.03
25-29	\$4.12	\$5.44	\$6.77	\$8.09	\$9.41	\$10.74	\$12.06	\$13.39	\$14.71	\$16.03
30-34	\$4.57	\$6.25	\$7.94	\$9.62	\$11.30	\$12.99	\$14.67	\$16.35	\$18.04	\$19.72
35-39	\$5.33	\$7.58	\$9.84	\$12.09	\$14.35	\$16.61	\$18.86	\$21.12	\$23.37	\$25.63
40-44	\$6.64	\$9.95	\$13.25	\$16.56	\$19.86	\$23.17	\$26.48	\$29.78	\$33.09	\$36.40
45-49	\$9.47	\$15.13	\$20.79	\$26.45	\$32.11	\$37.77	\$43.43	\$49.09	\$54.76	\$60.42
50-54	\$13.00	\$21.67	\$30.34	\$39.01	\$47.69	\$56.36	\$65.03	\$73.70	\$82.37	\$91.05
55-59	\$17.97	\$30.86	\$43.74	\$56.63	\$69.52	\$82.40	\$95.29	\$108.18	\$121.06	\$133.95
60-64	\$25.86	\$45.90	\$65.93	\$85.97	\$106.00	\$126.03	\$146.07	\$166.10	\$186.13	\$206.17
65-69	\$36.95	\$67.01	\$97.08	\$127.14	\$157.21	\$187.27	\$217.34	\$247.40	\$277.47	\$307.53
70-74	\$42.01	\$76.28	\$110.54	\$144.81	\$179.07	\$213.34	\$247.60	\$281.87	\$316.13	\$350.39
75-79	\$47.81	\$87.07	\$126.34	\$165.61	\$204.88	\$244.15	\$283.42	\$322.68	\$361.95	\$401.22
80+	\$48.44	\$88.06	\$127.69	\$167.31	\$206.94	\$246.56	\$286.19	\$325.81	\$365.43	\$405.06

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Attained Age	Employee & Spouse / Family - TU									
	Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000
18-24	\$6.39	\$8.08	\$9.77	\$11.47	\$13.16	\$14.85	\$16.55	\$18.24	\$19.93	\$21.63
25-29	\$6.78	\$8.76	\$10.75	\$12.73	\$14.72	\$16.70	\$18.69	\$20.68	\$22.66	\$24.65
30-34	\$7.50	\$10.02	\$12.55	\$15.08	\$17.60	\$20.13	\$22.65	\$25.18	\$27.70	\$30.23
35-39	\$8.73	\$12.11	\$15.49	\$18.88	\$22.26	\$25.64	\$29.03	\$32.41	\$35.79	\$39.18
40-44	\$10.82	\$15.78	\$20.74	\$25.70	\$30.66	\$35.62	\$40.58	\$45.54	\$50.50	\$55.46
45-49	\$15.30	\$23.79	\$32.28	\$40.78	\$49.27	\$57.76	\$66.25	\$74.74	\$83.24	\$91.73
50-54	\$20.86	\$33.86	\$46.87	\$59.88	\$72.89	\$85.90	\$98.91	\$111.92	\$124.92	\$137.93
55-59	\$28.70	\$48.03	\$67.36	\$86.69	\$106.02	\$125.35	\$144.68	\$164.01	\$183.34	\$202.66
60-64	\$40.91	\$70.96	\$101.01	\$131.06	\$161.11	\$191.16	\$221.22	\$251.27	\$281.32	\$311.37
65-69	\$58.07	\$103.17	\$148.26	\$193.36	\$238.46	\$283.55	\$328.65	\$373.75	\$418.84	\$463.94
70-74	\$66.09	\$117.49	\$168.89	\$220.28	\$271.68	\$323.08	\$374.47	\$425.87	\$477.27	\$528.67
75-79	\$75.18	\$134.08	\$192.98	\$251.88	\$310.79	\$369.69	\$428.59	\$487.49	\$546.40	\$605.30
80+	\$76.26	\$135.70	\$195.14	\$254.57	\$314.01	\$373.45	\$432.88	\$492.32	\$551.76	\$611.20

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