

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>

GUARANTEE ISSUE BENEFIT AMOUNTS

Employee	\$5,000 - \$50,000
Spouse	\$5,000 - \$50,000, 100% of Employee benefit
Child	\$2,500 - \$25,000, 50% of the Employee benefit

BENEFITS & FEATURES

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
- Waiting period – Waived

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*, bone marrow/stem cell (not HSA compliant), 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 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 within a 90 day period.
Pre-Existing Condition Limitation	If an insured 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 after the effective date of coverage. Total Disability must start while policy is in force, for employees ages 18-55.
Portability	Portable after six months of continuous coverage if the group master policy remains in force and the insured is under 70 years old, 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. For ported certificates the insured's policy terminates at age 70 and dependents terminate when the spouse attained age is 70 or the child attained age is 25. If the policy terminates then the ported certificate terminates.
Benefit Reduction	Waived.

*Not eligible for recurrence benefit

RIDERS

Recurrence This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 6 months.	Included
Wellness Screening Pays a cash benefit when an insured has one or more of the 21 covered screening tests. Payable once per covered person per calendar year.	\$100
Infectious Disease Pays a percentage 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.	25%
Childhood Condition* Pays a percentage 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.	100%

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

Underwritten by ManhattanLife Insurance and Annuity Company

LVISD-CI_0426

www.manhattanlife.com

RIDERS

Progressive Disease*

Pays a percentage of the benefit amount paid per condition: ALS (Lou Gehrig's Disease), multiple sclerosis, advanced dementia (including Alzheimer's) and advanced Parkinson's.

100%

Hospital Confinement

Pays a benefit per day if a covered person is admitted and initially confined to a hospital due to a critical illness occurring after the effective date. For purposes of this benefit, the following hospital services are not eligible: treatment in the emergency room department, treatment on an outpatient basis, and any confinement to a hospital for less than 24 hours. This benefit is payable up to a maximum of 30 days per covered person per calendar year.

\$100

Bone Marrow/Stem Cell Transplant

Payable for a bone marrow or stem cell transplant to replace damaged or destroyed bone marrow due to a covered condition, including aplastic anemia, congenital, neutropenia, severe immunodeficiency syndromes, sickle cell anemia, thalassemia, Fanconi anemia, leukemia, lymphoma or multiple myeloma. This benefit is not HSA compliant.

Included

*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

Critical Illness and Cancer Rates

La Vernia Independent School District

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



Attained Age

Employee / Employee & Children - UniTobacco

Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24	\$3.39	\$5.21	\$7.03	\$8.85	\$10.67	\$12.49	\$14.31	\$16.13	\$17.95	\$19.77
25-29	\$4.45	\$6.84	\$9.23	\$11.62	\$14.01	\$16.41	\$18.80	\$21.19	\$23.58	\$25.97
30-34	\$5.80	\$9.10	\$12.40	\$15.70	\$19.00	\$22.30	\$25.60	\$28.90	\$32.20	\$35.50
35-39	\$7.93	\$12.68	\$17.43	\$22.19	\$26.94	\$31.69	\$36.44	\$41.20	\$45.95	\$50.70
40-44	\$10.08	\$16.49	\$22.90	\$29.32	\$35.73	\$42.14	\$48.56	\$54.97	\$61.39	\$67.80
45-49	\$11.49	\$19.27	\$27.05	\$34.82	\$42.60	\$50.38	\$58.16	\$65.93	\$73.71	\$81.49
50-54	\$13.08	\$22.32	\$31.56	\$40.80	\$50.04	\$59.28	\$68.52	\$77.76	\$87.01	\$96.25
55-59	\$14.39	\$24.97	\$35.54	\$46.12	\$56.69	\$67.27	\$77.84	\$88.42	\$98.99	\$109.57
60-64	\$15.76	\$28.02	\$40.28	\$52.54	\$64.80	\$77.06	\$89.32	\$101.58	\$113.84	\$126.10
65-69	\$16.91	\$31.03	\$45.14	\$59.25	\$73.37	\$87.48	\$101.59	\$115.70	\$129.82	\$143.93
70+	\$20.52	\$38.79	\$57.07	\$75.35	\$93.63	\$111.90	\$130.18	\$148.46	\$166.74	\$185.01

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

Attained Age

Employee & Spouse / Family - UniTobacco

Benefit:	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-24	\$7.38	\$11.27	\$15.16	\$19.05	\$22.94	\$26.83	\$30.72	\$34.62	\$38.51	\$42.40
25-29	\$9.65	\$14.83	\$20.01	\$25.19	\$30.37	\$35.55	\$40.73	\$45.91	\$51.09	\$56.27
30-34	\$12.53	\$19.66	\$26.78	\$33.91	\$41.03	\$48.15	\$55.28	\$62.40	\$69.53	\$76.65
35-39	\$16.92	\$27.18	\$37.43	\$47.68	\$57.94	\$68.19	\$78.44	\$88.70	\$98.95	\$109.20
40-44	\$21.45	\$35.50	\$49.55	\$63.61	\$77.66	\$91.71	\$105.76	\$119.81	\$133.87	\$147.92
45-49	\$25.15	\$42.84	\$60.52	\$78.21	\$95.89	\$113.58	\$131.26	\$148.95	\$166.63	\$184.32
50-54	\$29.51	\$51.35	\$73.18	\$95.02	\$116.85	\$138.69	\$160.52	\$182.36	\$204.20	\$226.03
55-59	\$33.13	\$58.72	\$84.31	\$109.90	\$135.48	\$161.07	\$186.66	\$212.25	\$237.84	\$263.42
60-64	\$36.24	\$65.64	\$95.04	\$124.43	\$153.83	\$183.23	\$212.63	\$242.02	\$271.42	\$300.82
65-69	\$37.80	\$70.26	\$102.72	\$135.17	\$167.63	\$200.09	\$232.55	\$265.01	\$297.47	\$329.93
70+	\$45.48	\$86.69	\$127.90	\$169.11	\$210.32	\$251.53	\$292.74	\$333.95	\$375.17	\$416.38

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

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

Underwritten by ManhattanLife Insurance and Annuity Company

LVISD-CI_0426