

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.

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

Coverage Amount

Employees	\$10,000 or \$20,000
Spouse	50% of employee benefit
Child	\$5,000

Includes a **\$50 Health Screening Benefit** – payable annually, including for covered family members. Qualified screenings include an oral cancer screening as part of a comprehensive dental exam, lipid panel, blood test for triglycerides, mammograms, colonoscopies, stress tests, and many others.

Pays up to 100% of the benefit amount for proof of loss of a covered and confirmed critical illness.

Cardiac Conditions	Cerebral Vascular Disease	Cancer*
<ul style="list-style-type: none"> • Myocardial Infarction • Sudden Cardiac Arrest • Coronary artery bypass surgery as a result of coronary artery disease – 25% 	<ul style="list-style-type: none"> • Stroke • Brain Aneurysm – 10% • Transient Ischemic Attack – 10% 	<ul style="list-style-type: none"> • Invasive Cancer • Non-Invasive Cancer – 25% • Skin Cancer – \$250

Other Specified Illnesses

<ul style="list-style-type: none"> • Benign Brain Tumor • Coma • Loss of Sight, Speech, Hearing 	<ul style="list-style-type: none"> • Major Organ Failure • Severe Burns • Permanent Paralysis 	<ul style="list-style-type: none"> • Occupational HIV/Hepatitis • End-Stage Renal Failure
--	--	---

*30 day waiting period for cancer diagnosis from effective date of policy.

Additional Included Benefits

Benefit Recurrence	Provides an additional benefit for the same condition (based on a covered list of conditions) if a covered participant is treatment-free for at least 12 consecutive months; available once per covered condition in the insured's lifetime. (Not eligible for Recurrence: Permanent Paralysis, Occupational HIV/Hepatitis, Loss of Speech/Hearing/Sight, End Stage Renal Disease.
Additional Occurrence Benefit	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 six (6) consecutive months, and 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 with in a six (6) month period.
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.
Portability	Portable on a direct-bill basis 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.
Waiver of Premium	This waives an Employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. Total Disability must start while policy is in force, for employees ages 18-55.

85.7 million American adults have high blood pressure.

*- Heart disease and stroke statistics—2017 update: a report from the American Heart Association
published online ahead of print January 25, 2017.*

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.

Underwritten by Manhattan Life Insurance Company

M-8011 Well-Being Benefit M-1775