

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>

Benefit Amounts

Employees	\$15,000 or \$20,000
Spouse	\$7,500 or \$10,000 (50% of employee benefit amount)
Child	\$5,000 for each eligible child

Includes a \$50 Wellness Screening Benefit - payable annually, for each covered family member. 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.

We will pay each Benefit shown up to the Covered Person's Face Amount for each Specified Disease not exceeding the Maximum Issue Amount.

Covered Conditions

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| <ul style="list-style-type: none"> • Heart attack - 100% • Stroke - 100% • First diagnosis of internal cancer or malignant melanoma - 100% • Carcinoma in situ - 25% | <ul style="list-style-type: none"> • Skin Cancer - \$500 • Major Organ Transplant - 100% • End-stage renal failure - 100% • Alzheimer's - 100% |
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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, Loss of Speech/Hearing/Sight, End Stage Renal Disease.
Wellness Screening	Pays \$50 per covered insured each calendar year for the completion of one of the 21 approved health screens.
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 ManhattanLife Insurance and Annuity Company

M-8011



Benefit Definitions

WAIVER OF PREMIUM FOR DISABILITY: 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.

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. 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.

PRE-EXISTING CONDITION LIMITATION: If a member 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.

RECURRENCE: This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 12 months.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

This is not a complete disclosure of plan qualifications and limitations. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS. Underwritten by ManhattanLife Insurance and Annuity Company. Applications will not be accepted under this offer until written acceptance of this offer and the Employer Agreement and Participation Request are received in ManhattanLife Assurance Company of America's New Business Department.