

Designed Especially for:

UFCW Local 1102



ManhattanLife™

Standing By You. Since 1850.

# 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

Guarantee Issue for Member: Up to \$50,000.

Guarantee Issue for Spouse and Child(ren): 50% of member's benefit.

#### Cardiac Conditions

100% of benefit amount paid upon treatment period or proof of loss for Myocardial Infarction or 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

\$250 will pay upon diagnosis of non-melanoma Skin Cancer

30 day waiting period for Cancer - Waived

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

Underwritten by ManhattanLife Insurance and Annuity Company

UFCWL1102-CI\_0626

[www.manhattanlife.com](http://www.manhattanlife.com)

## 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*, Bone Marrow/Stem Cell, Functional Loss of Sight*, Speech or Hearing* 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 one (1) consecutive month, 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 within a one (1) month period.                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Pre-existing Condition Limitation</b> | 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <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. For members ages 18-55.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Portability</b>                       | Prior to age 70 and after six months of continuous coverage, members can take their coverage with them if they leave their employer as long as the master policy remains in effect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Benefit Reduction</b>                 | Waived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <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 3 months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Wellness Screening</b>                | Pays a \$100 cash benefit when a member has one or more of the 21 covered screening tests: Blood Test for Triglycerides, Blood Glucose Test A1C1 Test (Diabetes), Bone Marrow Testing, CA-125 (Ovarian Cancer), CA 15-3 (Breast Cancer), CEA (Colon Cancer), Chest X-ray, Colonoscopy, Flexible Sigmoidoscopy, Hemoccult Stool Analysis, Lipid Panel (total cholesterol count), Mammography (including breast ultrasound), Oral Cancer Screening (as part of a comprehensive dental exam), Pap Smear (including ThinPrep Pap), PSA (Prostate Cancer), Serum Protein Electrophoresis (test for myeloma), Stress (EKG), Stress Test (bike or treadmill), 3 blood pressure readings in 14 days with Health Care Practitioner attestation, Water Displacement Test (Obesity) and Skin Caliper Test (Obesity). This screening benefit is payable once per covered person per calendar year. |
| <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>Infectious Diseases</b>               | 25% of the benefit amount is paid for one of the confirmed diagnosis of the following (as long as the benefit has not been used): Cerebrospinal Meningitis, Malaria, Encephalitis, Legionnaire's Disease, Necrotizing Fasciitis, Osteomyelitis, Tuberculosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

*\*Not eligible for recurrence benefit*

## BENEFITS & FEATURES

### Childhood Condition Benefit

25% of the benefit amount is paid for an eligible child for a confirmed diagnosis of one of the following conditions: Cerebral Palsy, Cleft Lip/Cleft Palate, Cystic Fybro-sis, Down Syndrome, Spina Bifida, Type 1 Diabetes.

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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