Designed Especially for:
UFCW Local 99

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 is 100% of Member benefit and 25% of Member benefit for Child(ren).
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 $500 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

UFCWL99-CI_0626

www.manhattanlife.com

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*, 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 one 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 with in a one month period.
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.
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.
Portability	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.
Benefit Reduction	Waived.
Recurrence Benefit	This provides a one-time additional benefit for the same condition if a covered participant is treatment-free for at least 6 months.
Wellness Screening	Pays a $50 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.
Progressive Disease*	100% of the benefit amount is paid for a confirmed diagnosis of one of the following diseases (as long as the benefit has not been used): ALS (Lou Gehrig's Disease), Multiple Sclerosis, Advanced Dementia/Advanced Alzheimer's, Advanced Parkinson's.
Infectious Diseases	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. *Called Disease Benefit in PA.*

**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 Fybrosis, Down Syndrome, Spina Bifida, Type 1 Diabetes.
Evaluation/Second Consultation Benefit	We will pay this benefit if we receive Proof of Loss that a covered person received a second opinion from a second physician for a covered critical illness that was originally diagnosed on or after the Effective Date of Insurance and while the covered person's insurance was in force. This benefit is payable once per covered critical illness.
Transportation/Lodging Benefit	We will pay the benefit shown in the schedule per day for lodging or travel if a covered person travels and receives physician prescribed treatment located at least100 miles from the covered person's residence. We will measure the mileage using the most direct route from the covered person's residence to the facility where treatment occurred. The physician prescribed treatment must not be available in your resident city. This benefit will not be paid if the Ambulance-Ground or Ambulance-Air benefit was paid for the same trip.
Family Member Transportation/Lodging Benefit	We will pay the benefit shown in the schedule per day for lodging and transportation of a covered person's adult family member when the covered person is confined in a hospital at least 50 miles from the covered person's residence due to a covered critical illness. We will measure the mileage using the most direct route from the covered person's residence to the hospital.

**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

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