



# ManhattanLife™

*Standing By You. Since 1850.*

Underwritten by ManhattanLife Insurance and Annuity Company

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## **CP4000 LIMITED CANCER AND DREAD DISEASE POLICY**

Policy Forms Series CP4000 4/04

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### **AGENT'S GUIDE**

For Proper Underwriting and Rates For Utah Only

# AGENT'S GUIDE

## GENERAL INFORMATION

CP4000 is a Limited Cancer and Dread Disease Policy. Coverage is not provided for any expenses due to sickness. **This guide is for use only in the state of Utah.**

## RENEWABILITY

Guaranteed renewable for life Subject to the company's right to change premiums.

## ACTUAL CHARGES

We will pay monetary benefits representing the actual charges for the covered services provided. "Actual Charges" means: the amount(s) actually paid by or on behalf of the covered person and accepted by the provider as full payment for the covered services provided. If this Policy is the covered person's only form of insurance coverage, the amount the covered person is required to pay, the provider for the covered services is the Actual Charge.

## BASE POLICY BENEFITS

**Hospital Indemnity:** Pays \$100 benefit each day while confined in the hospital for the first 70 days of each period of confinement.

**Prescribed Drugs and Medicines:** Pays actual charges up to 20% of daily hospital confinement benefit for first 70 days of hospital confinement.

**Surgical Benefit:** Pays for surgery in or out of the hospital. The surgical benefit will be based on the % of Max shown in the Schedule of Surgical Operations times the Surgical Table Maximum shown in the Policy Schedule, or one half the Daily Hospital Confinement Benefit shown on the Policy Schedule.

**Anesthesia:** Pays up to 25% of the amount payable under the Surgical Benefit.

**Additional Surgical Opinions:** Pays \$200 for a second opinion. This pays \$200 for a third opinion if the first two are in conflict.

**Artificial Limb and Prosthesis:** Pays actual charges to a maximum of \$1,500 per prosthetic device or artificial limb for prosthesis and reconstructive procedure to affix or implant it. This covers a maximum of two of the same type of device or limb.

**Attending Physician:** Pays \$50 per day for in-hospital physician's visits

**Private Duty Nurse:** Pays \$150 per day while confined in the hospital when authorized by a physician.

**Radiation, Chemotherapy or Immunotherapy:** Pays actual charges for treatments up to the monthly benefit amount purchased. Benefit includes charges for chemotherapy enhancer drugs and anti-nausea medication.

**Experimental Treatment:** Pays actual charges up to a lifetime maximum of **\$10,000** for experimental treatments and all related services or supplies. This is payable in lieu of any other benefits payable under this policy.

**Bone Marrow Transplant for Cancer:** Pays the actual charges up to a lifetime maximum of **\$10,000** for bone marrow transplants or other forms of stem cell rescue and all related services or supplies. Certain limitations and exceptions apply- see the policy for details.

**Physical, Occupational and Speech Therapy:** Pays **\$50** per therapy session up to lifetime maximum of **\$1,500**.

**Extended Care Facility:** Pays one-half of the Daily Hospital Confinement Benefit for each day of confinement to a maximum of 70 days. Confinement must be recommended by the physician and begin within 14 days following a covered hospital stay.

**Transportation and Lodging for Bone Marrow Donors:**

Pays

- a) actual charges up to **\$2,500** for medical expenses directly related to such transplant,
- b) actual charges for round trip coach fare on a common carrier or a personal automobile allowance of 50 cents per mile in excess of 50 miles one-way to the city where the transplant is performed, up to 700 miles round trip, and
- c) Actual charges up to **\$75** per day for lodging and meal expenses when donor has to remain near hospital. This payment is in lieu of any other benefit payable under this policy when the donor is a person insured under this policy.

**Transportation for Non-local Treatment Which Requires Hospital Confinement:** Pays

- a) actual charges for non-local round trip charges by common carrier to the nearest hospital that provides the prescribed treatment, or
- b) 50 cents per mile for personal automobile expenses in excess of 50 miles one way, up to 700 miles round trip.

**Transportation for Non-local Treatment Which Does Not Require Hospital Confinement:**

Pays

- a) 50 cents per mile for personal automobile expenses in excess of 50 miles one way, up to 700 miles round trip with a maximum of **\$1,500** per calendar year,
- b) actual charges for round trip coach fare on a common carrier or a personal automobile allowance of 50 cents per mile in excess of 50 miles one-way to the city where the treatment is performed, up to 700 miles round trip, and
- c) Actual charges up to **\$50** per day for lodging and meal expenses.

**Adult Companion Transportation and Lodging:**

Pays the following expenses up to a maximum of **\$1,000** per confinement for one adult companion to be near insured when insured is confined in a non-local hospital:

- a) Actual charges for non-local round trip coach fare by common carrier to the nearest hospital that provides the prescribed treatment or 50 cents per mile for personal automobile expenses in excess of 50 miles one way, up to 700 miles per round trip, and
- b) Actual charges up to **\$50** per day for lodging and meal expenses limited to number of days of such confinement.

**Outpatient Positive Diagnostic Testing:** Pays \$250 for the diagnostic test that leads to a positive diagnosis within 90 days of the test.

**Outpatient Surgery:** Pays a benefit equal to 150% benefit of the surgical schedule for outpatient surgery in a hospital or ambulatory surgical center and \$375 per operation for drugs, medicines and lab tests.

**Skin Cancer:** Pays actual charges up to the amount shown in the surgical schedule for the removal of skin cancer when the diagnosis is made by a pathologist. If the diagnosis is made by a physician other than a pathologist, \$150 per skin cancer operation up to calendar year maximum of \$600.

**Ambulance:** Pays \$250 per trip to transfer an insured person to or from the hospital for confinement as an inpatient.

**Hospice:** For terminally ill person, pays \$100 per day up to lifetime maximum of 180 days if in a hospice facility or hospital area designated as a hospice. This benefit has a maximum of 30 days if in covered person's home.

**Government or Charity Hospital:** Pays \$200 per day for confinement in a government or charity hospital. Payment is in lieu of all other policy benefits except for transportation and lodging benefits. Also pays \$200 per day of outpatient treatment for chemotherapy, radiation therapy or immunotherapy.

**Blood and Blood Plasma:** Pays the actual charges for blood, blood plasma and platelets up to \$5,000 per calendar year. Policy does not pay for blood that is donated or replaced.

**Breast Reconstruction/ Breast Prosthesis:** Pays actual charges for reconstructive surgery and an external or internal breast prosthesis following a mastectomy. There is a lifetime maximum of \$1,500 per breast.

**Home Health Care Services:** When services are provided by a Home Health Care Agency, we will pay one fourth the Daily Hospital Confinement benefit. Such care must be prescribed by a Physician and cannot be provided by a relative. Home Health Care Services will be limited to 180 days per lifetime.

**Hairpiece Benefit:** Pays a one-time benefit of \$100 for a hairpiece when hair loss is a result of cancer treatment.

**Rental or Purchase of Durable Medical Equipment:** Pays the actual charges up to \$500 per calendar year for

- a. a respirator or similar medical device,
- b. hospital bed or
- c. Wheel chair.

**Professional Mental Health Consultation:** Pays \$50 per session not to exceed a lifetime maximum of \$250.

**Tutor:** Pays \$25 per session for a tutor for a covered child under age 19 who is receiving treatment for a covered cancer or specified disease, up to a lifetime maximum of 50 sessions.

**Extended Benefits:** If a covered hospital confinement lasts for more than 70 days in a row, policy pays \$1,000 per day beginning on 71st day for treatment of Cancer or a Dread Disease. This is payable in lieu of all other policy benefits.

**Waiver of Premium:** If the Named Insured becomes Totally Disabled for 60 days as a result of a Positive Diagnosis of Cancer or a Dread Disease while this Policy is in force, We will waive the premiums that fall due while he or she is Totally Disabled. The Total Disability must begin before the policy anniversary following that person's attainment of age 60. To be eligible for this benefit, premiums must continue to be paid for 60 days after the commencement of Total Disability. Upon approval of this benefit, waiver of premiums will begin on the premium due date next following 60 days of continuous Total Disability. This provision does not apply to Total Disability of the Insured Spouse or Insured Child(ren).

**THESE RIDERS ARE OPTIONAL AND HAVE AN ADDITIONAL COST**

<b>Intensive Care Unit Rider</b> (Form Number ICUR 4000 UT)	<b>Critical Care Benefit Rider</b> (Form Number CCBR 4000 UT)
<b>Benefits Reduce to ½ at age 70.</b>	
<b>Benefit for Intensive Care Unit</b>  If a Covered Person is confined in an Intensive Care Unit of a Hospital, We will pay the ICU Daily Benefit Amount of \$600 for each day of such confinement, not to exceed 30 days during any one period of confinement.	<b>Heart Disease Benefit</b>  A Heart Disease benefit will be paid for a Covered Person for the following due to Heart Disease. <ol style="list-style-type: none"><li>1. pacemaker insertion;</li><li>2. angioplasty; and</li><li>3. heart catheterization.</li></ol> This benefit is limited to a lifetime maximum of \$2,500.
<b>Benefit for Step-Down Unit</b>  If a Covered Person is confined in a Step-Down Unit of a Hospital, We will pay \$300 for each day of such confinement, not to exceed 30 days during any one period of confinement.	<b>Heart Attack and Stroke Benefit</b>  A Heart Attach/Stroke benefit will be paid for a Covered Person to a lifetime maximum of \$5,000 for a Heart Attack or Stroke.

**Pre-Existing Conditions**

These Riders do not provide benefits for loss or losses due to Pre-Existing Conditions that are incurred during the 6 months immediately prior to the Rider Date. In addition, a loss caused by a Pre-Existing Condition will not be covered if:

1. the Pre-Existing Condition was revealed in the application; or
2. We have specifically excluded the Pre-Existing Condition by name or specific description. However, a claim for a Pre-Existing Condition incurred after 6 months from the date these Riders become effective will be covered, unless that condition is excluded by name or specific description effective on the date of loss.

The benefits as specified in the Rider are payable in addition to all other indemnities set forth in the Policy and/or attached Riders, if any.

## **BENEFIT PACKAGES**

CP4000 has four plan offerings, A, B, C or D.

<b>BENEFIT PACKAGE</b>	<b>DESCRIPTION</b>	<b>PLAN A</b>	<b>PLAN B</b>	<b>PLAN C</b>	<b>PLAN D</b>
<b>First Occurrence Benefit Rider</b>	Pays a one-time monetary benefit when a Covered Person is diagnosed for the first time as having Cancer (other than skin cancer) as defined in the policy. Not available for ages 65 and above	\$1,000	\$2,500	\$5,000	\$10,000
<b>Hospital Confinement</b>	For Cancer and Dread Disease, pays a monetary benefit for each day of Hospital Confinement, to a maximum of 70 days per Confinement	\$100 per day	\$150 per day	\$300 per day	\$150 per day
<b>Radiation, Chemotherapy, and other Treatments</b>	For Cancer and Dread Disease, pays monetary benefits for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea and Immunotherapy treatments, as defined in the policy.	Actual Charges to a maximum of \$2,500 per month	Actual Charges to a maximum of \$5,000 per month	Actual Charges to a maximum of \$7,500 per month	Actual Charges to a maximum of \$5,000 per month
<b>Surgical Benefit</b>	For Cancer and Dread Disease, pays monetary benefits for covered surgeries in or out of the hospital based on a percentage of the maximum amount, according to the schedule shown in the policy or one half the Daily Hospital Confinement Benefit shown on the Policy Schedule.	Maximum per Surgery \$2,500	Maximum per Surgery \$3,000	Maximum per Surgery \$4,000	Maximum per Surgery \$4,000

\*The First Occurrence Benefit Rider is not available for age band 65 and above and is not included in the premium for employee, spouse, and children.

\*\*Cancer Screening Benefit Plan A is \$50. Plan B is \$50 or \$100. Plans C & D are \$100.

## ISSUE AGES AND PREMIUM AGES

- The Insured and spouse must be between ages 18 through 69 to apply for individual coverage. Between the ages of 18 and 64 for payroll group rates. Eligibility for coverage is determined by each adult age.
- Family Coverage is available for unmarried, dependent children under the age of 21. Unmarried children under the age of 25 may also be covered if enrolled as a full-time student in an accredited college or university. When the child reaches the limiting age, the child may “**convert**” to an individual policy without evidence of insurability, subject to the “**Conversion**” provision in the base policy.
- ManhattanLife uses the Employee’s current age on the policy issue date for payroll premium determination. Use the oldest participant age when determining the premium for two parent non- payroll rates.
- The Individual rates for the base plan must be used for the 65-69 age band even on payroll deduction. (Those rates do not include the FOB Rider, which is not available for ages 65+).

## UNDERWRITING AND EFFECTIVE DATES

- Coverage is **not** guaranteed.
- Our financial underwriting guidelines preclude individuals with multiple indemnity cancer policies. ManhattanLife will not issue a second indemnity Cancer plan to a proposed insured that already has an existing indemnity cancer policy. Proof of replacement is required.
- Only ONE Cancer Screening Benefit is allowed for each individual policyholder. You cannot offer the Cancer Screening Benefit with any cancer plan if the insured has an existing Cancer Screening Benefit on any other Policy (MIAC or other Associated Company). Exception: if the total of all existing benefits is \$50 annually or less, the cancer screening benefit rider will be allowed.
- The “**Effective Date**” of a policy will be the policy date stated on the policy schedule page. It is not the date the application is signed.
- Applicants who have been diagnosed with or been treated with skin cancer, at any time, will be considered for cancer coverage; however, skin cancer will be excluded from coverage for the life of the policy.
- With the exception of Hodgkin’s disease, leukemia, and melanoma, applicants who have not been diagnosed with or been treated for cancer, or any malignancy within the last ten years will be considered for cancer coverage (excluding the First Occurrence Benefit Rider).
- Persons who have a previous history of Hodgkin’s disease, leukemia or melanoma are not eligible.
- New payroll groups in a **Section 125 Cafeteria Plan** have a one year premium rate guarantee from the date the group is established with its initial enrollee policies. A copy of the face page of the Summary Plan Document (**SPD**) is required as proof.
- Additional policies/insureds to an existing payroll group will be at the premium rate in effect when the additional policies are issued.



## **COMPLETING THE APPLICATION**

- When applying for family coverage and there is no spouse, write “None” in the spouse section and state **“Children only to be covered”**.
- Applicants who have been diagnosed with or been treated with skin cancer, at any time, will be considered for cancer coverage; however, skin cancer will be an excluded from coverage for the life of the policy.
- Be sure to ask the proposed insureds ALL health questions and the answers recorded on the application exactly as stated to you.
- MIAC must have the full name of the person to be excluded and the health condition listed.
- All applicants age 18 or older must sign the application.
- Always take 60 seconds to recheck each application to make sure it is completed in its entirety and the premium calculated properly.
- When submitting an application on an existing payroll account, be sure to write the group number as well as the group name as it appears on the billing on the new application.
- ManhattanLife does not accept:
  - post-dated checks;
  - C.O.D. applications;
  - partial payments;
  - applications with the date altered;
  - applications where “white-out” has been used;
  - personal checks from an agent or agency.

## **REPLACEMENT OF COVERAGE**

- If an application is written in a state or territory other than that of the principal insured, you must state the city and state where the application was signed on the application. You must be licensed and appointed in that state.
- If you are replacing coverage, make sure you list any existing policies and complete the replacement information. The 30 day waiting period will be waived for Individual and monthly bank draft policies. For List bill groups replacing another carrier’s cancer policies, we will waive the 30 day waiting period.
- When replacing coverage, MIAC coverage begins when the policy with the former carrier expires for insureds who have never been diagnosed with cancer.
- The replacement form is mandatory whenever replacement is involved.
- ManhattanLife accepts business on monthly bank draft, list bill and direct bill methods of payment. The annual, semiannual and quarterly modes of payment are acceptable for all forms of payment. Payroll rates are only available for list billed payroll groups of 3 or more.
- All premium checks must be payable to ManhattanLife Insurance and Annuity Company.



### **MONTHLY BANK DRAFT AND DIRECT BILL**

- In completing a bank draft form, please print all information starting with the name of the bank to be drafted as well as their city and state.
- MIAC requires a voided sample check along with a completed bank draft authorization form signed by the payor.
- The ABA transit number section is obtained from the upper right hand corner of the voided check. This information is usually on the date line of the voided sample check.
- Under the account number section write the account number identically as it appears on the voided check. Do not include the check number.

### **PAYROLL LIST BILL**

- Payroll rates are only available for list billed payroll groups of 3 or more non-related employees.
- On payroll deduction business, you must submit a Premium Payment Agreement form (**PAYAGRMT-05-02**). A true employer/ employee relationship, as outlined in this form, must exist.
- In order for ManhattanLife to accommodate an employer and bill them as they instruct, we must have received all necessary material in the Home Office 24 days prior to the requested due date.
- New payroll groups in a **Section 125 Cafeteria Plan** have a one year guaranteed premium rate from the date the group is established with its initial enrollee policies. A copy of the face page of the Summary Plan Document (**SPD**) is required. Additional policies/insureds to an existing payroll group will be at the premium rate in effect when the additional policies are issued.
- An individual employee with a payroll deduction premium rate can switch to bank draft (**EFT**) for premium payments and keep the reduced payroll premium rate should the employee terminate employment.

## CP4000 CC and IC Rider Individual Rates - Monthly Bankdraft

<b>Critical Care Rider</b>	<b><i>Individual</i></b>	<b><i>1 Parent Family</i></b>	<b><i>2 Parent Family</i></b>
<b>Ages 18 – 44</b>	<b>\$2.75</b>	<b>\$3.00</b>	<b>\$3.69</b>
<b>Ages 45 – 54</b>	<b>\$3.50</b>	<b>\$3.75</b>	<b>\$4.63</b>
<b>Ages 55 – 64</b>	<b>\$4.75</b>	<b>\$5.00</b>	<b>\$6.19</b>
<b>Ages 65 – 69</b>	<b>\$5.50</b>	<b>\$5.75</b>	<b>\$7.13</b>

<b>Intensive Care Rider</b>	<b><i>Individual</i></b>	<b><i>1 Parent Family</i></b>	<b><i>2 Parent Family</i></b>
<b>Ages 18 - 44</b>	<b>\$7.92</b>	<b>\$8.64</b>	<b>\$10.62</b>
<b>Ages 45 - 54</b>	<b>\$10.08</b>	<b>\$10.80</b>	<b>\$13.32</b>
<b>Ages 55- 64</b>	<b>\$13.68</b>	<b>\$14.40</b>	<b>\$17.82</b>
<b>Ages 65 - 69</b>	<b>\$15.84</b>	<b>\$16.56</b>	<b>\$20.52</b>

## CP4000 CC and IC Rider - Payroll Deduction Rates

<b>Critical Care Rider</b>	<b><i>Individual</i></b>	<b><i>1 Parent Family</i></b>	<b><i>2 Parent Family</i></b>
<b>Ages 18 – 64</b>	<b>\$2.50</b>	<b>\$2.75</b>	<b>\$3.38</b>
<b>Ages 65 – 69</b>	<b>\$5.00</b>	<b>\$5.00</b>	<b>\$7.50</b>

<b>Intensive Care Rider</b>	<b><i>Individual</i></b>	<b><i>1 Parent Family</i></b>	<b><i>2 Parent Family</i></b>
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<b>Ages 18 – 64</b>	<b>\$7.20</b>	<b>\$7.92</b>	<b>\$9.72</b>
<b>Ages 65 - 69</b>	<b>\$14.40</b>	<b>\$14.40</b>	<b>\$21.60</b>

## RATES FOR PLANS A-B

PREMIUMS MUST BE CALCULATED ON THE BASIS OF MODE OF PAYMENT SELECTED

PLAN A BANK DRAFT	<i>Individual</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>
<b>Ages 18 – 44</b>	<b>\$23.22</b>	<b>\$25.44</b>	<b>\$31.48</b>
<b>Ages 45 – 54</b>	<b>\$29.56</b>	<b>\$31.78</b>	<b>\$39.73</b>
<b>Ages 55 – 64</b>	<b>\$40.34</b>	<b>\$42.68</b>	<b>\$53.68</b>
<b>Ages 65 – 69*</b>	<b>\$44.44</b>	<b>\$46.46</b>	<b>\$57.57</b>

PLAN A PAYROLL	<i>Individual</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>
<b>Ages 18 - 64</b>	<b>\$21.08</b>	<b>\$23.30</b>	<b>\$28.75</b>

PLAN B BANK DRAFT	<i>Individual</i>		<i>1 Parent Family</i>		<i>2 Parent Family</i>	
<b>Ages 18 –44</b>	<b>\$33.08</b>	<b>\$36.38</b>	<b>\$36.37</b>	<b>\$39.97</b>	<b>\$45.22</b>	<b>\$49.65</b>
<b>Ages 45 – 54</b>	<b>\$42.12</b>	<b>\$45.42</b>	<b>\$45.40</b>	<b>\$49.00</b>	<b>\$57.33</b>	<b>\$61.76</b>
<b>Ages 55 – 64</b>	<b>\$57.72</b>	<b>\$61.02</b>	<b>\$61.30</b>	<b>\$64.90</b>	<b>\$78.02</b>	<b>\$82.45</b>
<b>Ages 65 – 69*</b>	<b>\$61.16</b>	<b>\$67.76</b>	<b>\$63.94</b>	<b>\$70.54</b>	<b>\$79.23</b>	<b>\$87.48</b>

PLAN B PAYROLL	<i>Individual</i>		<i>1 Parent Family</i>		<i>2 Parent Family</i>	
<b>Ages 18 - 64</b>	<b>\$30.00</b>	<b>\$33.00</b>	<b>\$33.28</b>	<b>\$36.58</b>	<b>\$41.23</b>	<b>\$45.28</b>

\*The First Occurrence Benefit Rider is not available for age band 65 and above and is not included in the premium for employee, spouse, and children.

## RATES FOR PLANS C-D

PREMIUMS MUST BE CALCULATED ON THE BASIS OF MODE OF PAYMENT SELECTED

<b>PLAN C BANK DRAFT</b>	<i>Individual</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>
<b>Ages 18 – 44</b>	<b>\$52.67</b>	<b>\$58.14</b>	<b>\$72.77</b>
<b>Ages 45 – 54</b>	<b>\$66.18</b>	<b>\$71.65</b>	<b>\$91.70</b>
<b>Ages 55 – 64</b>	<b>\$90.03</b>	<b>\$96.25</b>	<b>\$124.47</b>
<b>Ages 65 – 69*</b>	<b>\$92.84</b>	<b>\$97.06</b>	<b>\$120.27</b>

<b>PLAN C PAYROLL</b>	<i>Individual</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>
<b>Ages 18 - 64</b>	<b>\$47.70</b>	<b>\$53.17</b>	<b>\$66.22</b>

<b>PLAN D BANK DRAFT</b>	<i>Individual</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>
<b>Ages 18 – 44</b>	<b>\$44.32</b>	<b>\$49.44</b>	<b>\$62.83</b>
<b>Ages 45 – 54</b>	<b>\$55.58</b>	<b>\$60.70</b>	<b>\$80.20</b>
<b>Ages 55 – 64</b>	<b>\$76.48</b>	<b>\$82.80</b>	<b>\$111.03</b>
<b>Ages 65 – 69</b>	<b>\$68.64</b>	<b>\$68.64</b>	<b>\$85.80</b>

<b>PLAN D PAYROLL</b>	<i>Individual</i>	<i>1 Parent Family</i>	<i>2 Parent Family</i>
<b>Ages 18 - 64</b>	<b>\$40.00</b>	<b>\$45.12</b>	<b>\$56.92</b>

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