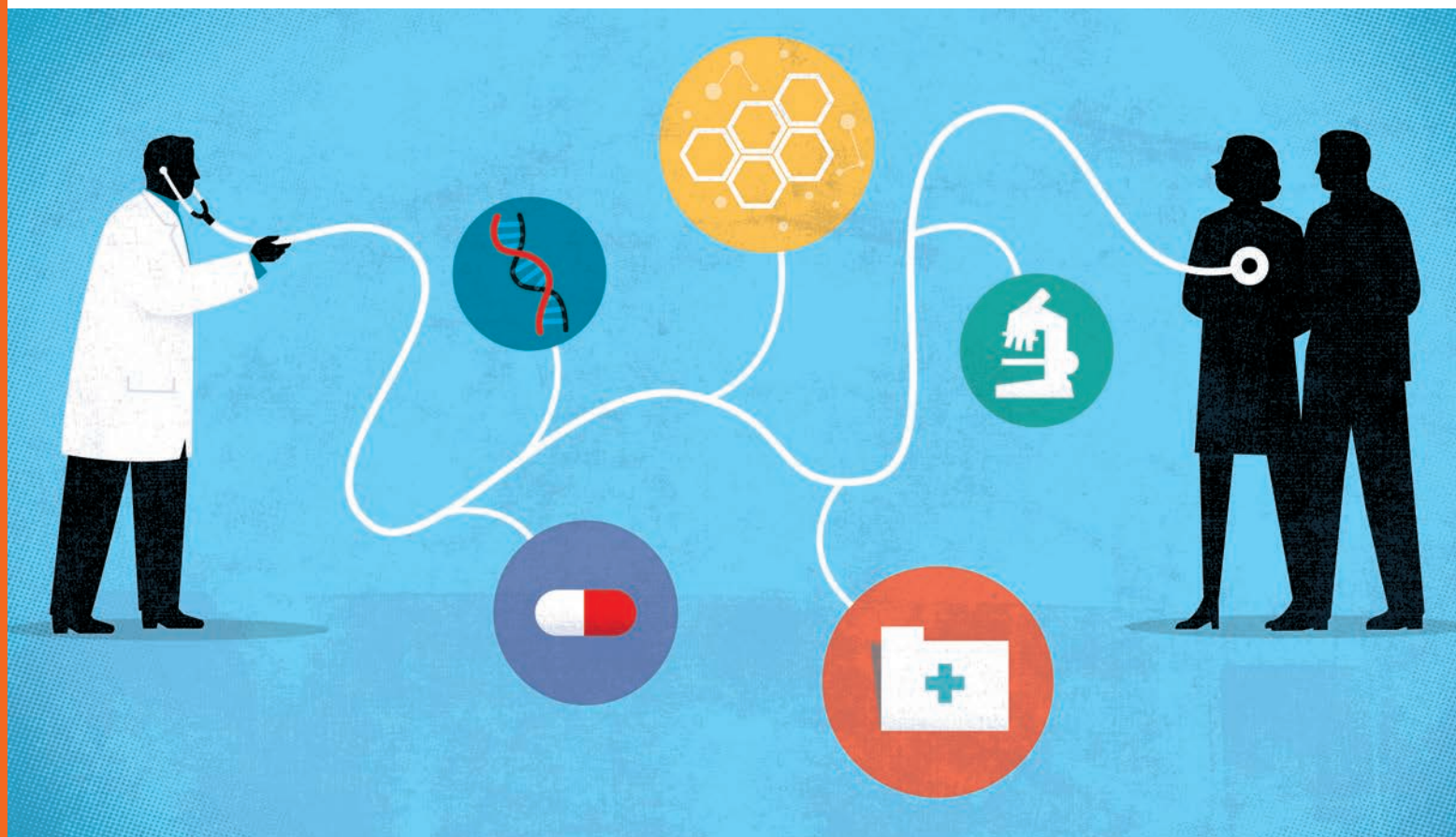




ManhattanLife™

*Standing By You. Since 1850.*



## Cancer Care Plus

*Cancer and Dread Disease Insurance -  
Financial Solutions, Treatment and Recovery*

This is a Cancer and Dread Disease - Only Policy  
Underwritten by ManhattanLife Insurance and Annuity Company



# Cancer Care Plus

*Cancer and Dread Disease Insurance*

A Cancer and Dread Disease - Only Insurance Policy

## Why Cancer Insurance?

### According to the American Cancer Society:

- In the United States, men have about a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.\*
- It is projected that on an annual basis over 1.8 million new cancer cases will be diagnosed.\*

### As advances in cancer treatment continue, more and more people will survive:

- Approximately 16.9 million Americans with a history of cancer were alive in 2019.\*
- The five-year relative survival rate for all cancers diagnosed between 2009 - 2015 is 69%, up from 55% in 1987-1989.\*
- The National Institutes of Health estimated the overall costs for cancer in the year 2020 at \$206 billion.

Although health insurance can help offset the costs of cancer treatment, you still may have to cover deductibles and copayments on your own.

### Additionally, cancer treatment can cause out-of-pocket expenses that aren't covered by traditional health insurance:

- Travel
- Food
- Lodging
- Childcare
- Household help

Meanwhile, living expenses such as car payments, mortgages or rent, and utility bills continue whether or not you are able to work. If a family member has to stop working to take care of you, the loss of income may be doubled. The Company helps provide an important safety net in fighting the financial consequences of cancer that result beyond traditional health insurance.

The Company pays benefits directly to you, unless assigned.  
You use the cash however you decide.

\* American Cancer Society - Cancer Facts and Figures 2020

# Cancer and Specified Disease Insurance Protection with Optional Critical Care Rider Available

BENEFIT PACKAGE OPTIONS	PLAN A	PLAN B	PLAN C	PLAN D
<b>Radiation, Chemotherapy and Immunotherapy*</b> We will pay the actual charges for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs, and Anti-Nausea and Immunotherapy drugs, as indicated in the policy, for the treatment of cancer or a specified dread disease. Benefits are based on the maximum monthly benefit amount selected. 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. This benefit is not payable if treatment is received in a government or charity hospital.  <i>*Note - Immunotherapy must be FDA approved.</i>	Pays actual charges, maximum \$2,500 per month.	Pays actual charges, maximum \$5,000 per month.	Pays actual charges, maximum \$7,500 per month.	Pays actual charges, maximum \$5,000 per month.
<b>Surgical Benefit</b> Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefits for surgical procedures are calculated as a percentage of the per-surgery maximum benefit amount selected.	Pays maximum per surgery \$2,500.	Pays maximum per surgery \$3,000.	Pays maximum per surgery \$4,000.	Pays maximum per surgery \$4,000.
<b>Cancer Screening Test</b> Payable for one annual cancer screening test, Payable for one annual cancer screening test, including but not limited to mammography screening, pap smear (test only); CA125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); hemocult stool specimen; flexible sigmoidoscopy; CEA (blood test for colon Cancer); colonoscopy; chest X-ray; thermography; or serum protein electrophoresis. Payment based on benefit amount selected. Not payable if received through any free-testing program or for any other cancer screening test for which a charge is not made.	Pays \$50 per calendar year.	Pays your choice of \$50 or \$100 per calendar year.	Pays \$100 per calendar year.	Pays \$100 per calendar year.
<b>First Occurrence Benefit (Rider)</b> <b>Form number FOBR02-WA</b> Payable when a Covered Person is diagnosed with Cancer for the first time. Payable only once for each Covered Person and not payable for skin Cancer. Not available for ages 65 and above.	Pays \$1,000.	Pays \$2,500.	Pays \$5,000.	Pays \$10,000.
<b>Daily Hospital Confinement Benefit</b> Payable when a Covered Person is confined to the hospital for the treatment of Cancer or a Dread Disease. Payment is based on the daily benefit amount selected. Payable for each day of a period of confinement of a Covered Person.	Pays \$100 per day.	Pays \$150 per day.	Pays \$300 per day.	Pays \$150 per day.

## The following defines the list of Dread Diseases covered under the Policy:

- Addison's Disease • Muscular Dystrophy • Tay-Sachs Disease • Amyotrophic Lateral Sclerosis • Myasthenia Gravis • Tetanus
- Diphtheria • Niemann-Pick Disease • Toxic Epidermal Necrolysis • Encephalitis • Osteomyelitis • Toxic Shock Syndrome
- Epilepsy • Poliomyelitis • Tuberculosis • Legionnaire's Disease • Reye's Syndrome • Tularemia • Lupus Erythematosus
- Rheumatic Fever • Typhoid Fever • Meningitis • Rocky Mountain Spotted Fever • Whipple's Disease • Multiple Sclerosis
- Sickle-Cell Anemia • Whooping Cough



## HOSPITAL BENEFITS

<b>Ambulance</b> For transfer of a covered person to or from a hospital for confinement as an inpatient.	\$250 per trip 3 trips per year
<b>Physician's Attendance</b> If the regular physician visits during a confinement in the hospital.	\$50 per day
<b>Prescribed Drugs and Medicines</b> Actual charges for drugs and medicines prescribed while confined in a hospital. Limited to the first 70 days for each period of confinement.	Actual charges to a maximum of 20% of the Daily Hospital Confinement Benefit.

## OTHER CARE FACILITY BENEFITS

<b>Hospice Care</b> For confinement in a hospice care center or a Covered Person's home for care provided if a Covered Person has been diagnosed as terminally ill due to Cancer or Dread Disease.	Pays same as shown under the Hospital Confinement Benefit.
<b>Extended Care Facility</b> Confinement must be recommended by the attending physician and begin within 14 days of a covered hospital confinement. All days for which a Hospital Confinement benefit is paid will be included in determining the maximum of 70 days for the Extended Care Facility benefit.	\$100 for each day of confinement to a maximum of 70 days
<b>Private Duty Nursing Service</b> When confined in a hospital and a private duty nursing service is retained.	\$150 per day



# TRANSPORTATION BENEFITS

## Transportation and Lodging for Bone Marrow Donors

Paid for a donor who is either a covered person, or someone donating to a covered person. When a covered person is the donor, this benefit is payable in lieu of any other benefits payable under the policy.

- Actual charges to \$2,500 for medical expenses directly relating to the services provided to the donor during the transplant.
- Actual charges for round trip coach fare on a common carrier, or a personal automobile allowance of 50 cents per mile if distance is more than 50 miles one-way. Maximum 700 miles round trip.
- Actual charges to \$75 per day for lodging and meal expenses incurred by the donor.

## \*Transportation for Non-Local Treatment Which Requires Hospital Confinement

Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one-way. Maximum 700 miles round trip.

Prescribed treatment must not be available locally and must require hospital confinement.

## \*Transportation and Lodging for Non-Local Treatment Which Does Not Require Hospital Confinement

- Actual charges for round trip coach fare, or a personal automobile allowance of 50 cents per mile if the distance is more than 50 miles one-way, maximum 700 miles round trip. Maximum of \$1,500 per calendar year.
- Actual charges to \$50 per day for lodging and meal expenses. Payable only for the days you receive treatment for cancer or dread disease for which a benefit is payable.

Prescribed treatment must not be available locally and must not require hospital confinement.

## \*Adult Companion Transportation and Lodging

Payable only for an adult companion residing and traveling within the continental United States.

- Actual charges for one adult companion to be near a covered person who is hospital confined in a non-local hospital for covered treatments. Maximum \$2,500 per confinement.
- Actual charges to \$50 per day for lodging and meal expenses incurred. Limited to the number of days of the covered person's hospitalization.
- Actual charges of one round trip coach fare, or a personal automobile allowance of 50 cents per mile, if the distance is more than 50 miles one-way. Maximum 700 miles round trip.

*\*Not payable for periodic checkups, cancer screening tests, or for treatments, services, or procedures for which a benefit is not payable under this policy*



## SURGICAL BENEFITS

<p><b>Bone Marrow Transplant for Cancer</b></p> <p>Actual charges incurred for bone marrow transplants or other forms of stem cell rescue and all related services and supplies. Lifetime maximum of \$10,000. This benefit is in lieu of any other benefit associated with the treatment, service, or procedure underlying Bone Marrow Transplant, with the exception of the Transportation and Lodging for Bone Marrow Donors benefit.</p>	<p>Pays actual charges, lifetime maximum of \$10,000.</p>
<p><b>Breast Reconstruction/Breast Prosthesis</b></p> <p>Actual Charges incurred for reconstructive surgery, and an external or internal breast prosthesis and the surgeon's fee for implantation following a mastectomy. Lifetime maximum of \$5,000. This benefit is in lieu of the surgical benefit provided in this policy.</p>	<p>Pays actual charges. Lifetime maximum of \$5,000.</p>
<p><b>Artificial Limb and Prosthesis</b></p> <p>Pays per prosthetic device or artificial limb and the reconstructive procedure to affix or implant it. Benefits limited to only two of the same type of prosthetic device or artificial limb. Not payable if a breast reconstruction and breast prosthesis benefit is payable.</p>	<p>Actual charges to \$1,500</p>
<p><b>Outpatient Surgery Benefit</b></p> <p>Payable for outpatient surgery in a hospital or ambulatory surgical center. Not payable for surgery in a physician's office or clinic, or for skin cancer treatment.</p>	<p>Pays \$375 per operation for drugs, medicines and lab tests.</p> <p>Pays maximum of 150% of surgery shown in surgical benefits schedule.</p>
<p><b>Additional Surgical Opinions</b></p> <p>Pays for a second and third surgical opinion if the surgical opinions differ.</p>	<p>\$200 each opinion</p>
<p><b>Anesthesia</b></p> <p>Pays for the procedure in which anesthesia is used. We will pay \$50 for the administration of anesthesia for each skin cancer operation.</p>	<p>Pays 25% of the surgical benefit amount paid</p>
<p><b>Skin Cancer</b></p> <ul style="list-style-type: none"> <li>If the diagnosis is made by a physician other than a pathologist, \$150 for removal of skin cancer to a maximum of \$600 per calendar year.</li> <li>If the diagnosis is made by a pathologist, actual charges to the maximum amount for such surgery shown in the surgical benefits schedule.</li> </ul>	<p>Pays \$150 per calendar year. Lifetime maximum benefit \$600.</p>

## OTHER BENEFITS

<b>Home Health Care Services</b> Payable when services are provided by a licensed home health care agency. Benefit paid in lieu of all other policy benefits. Must be prescribed by a physician and cannot be provided by a relative.	Pays same as shown under the Hospital Confinment Benefit.
<b>Rental or Purchase of Durable Medical Equipment</b> For the rental or purchase of a respirator or similar mechanical device; brace; crutches; hospital bed; or a wheel chair.	Pays actual charges, maximum \$1,000 per calendar year.
<b>Professional Mental Health Consultation</b> For a consultation with a licensed mental health professional when receiving treatment for cancer or a dread disease. The licensed mental health professional may not be a relative.	\$50 per session. Lifetime maximum of \$250.
<b>Outpatient Positive Diagnosis Test</b> For a diagnostic test that leads to a positive diagnosis within 90 days of such test. Payable once per diagnosis.	\$250 for a diagnostic test
<b>Experimental Treatment</b> Treatment must be received in the United States or its territories. This benefit is in lieu of all other benefits payable for the treatment of cancer or dread disease.	Pays actual charges, to a lifetime maximum of \$10,000.
<b>Blood and Blood Plasma</b> For blood, blood plasma and platelets inserted into a covered person. Not payable for blood which is donated or replaced.	Pays actual charges, to a maximum of \$5,000 per calendar year.
<b>Hairpiece Benefit</b> One-time benefit for a hairpiece when hair loss is the result of cancer treatment.	Pays \$100
<b>Physical, Occupational or Speech Therapy</b> \$50 for each 60-minute session for Physical, Occupational or Speech Therapy.	\$50 each session. Lifetime maximum of \$1,500.
<b>Tutor</b> Tutor session for an insured child under age 19, when the child is receiving treatment for cancer or a dread disease.	\$25 per 60-minute. Lifetime maximum of 50 sessions.



**ManhattanLife**<sup>TM</sup>

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Underwritten by:

ManhattanLife Insurance and Annuity Company

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This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Cancer Care Plus product at **disclosure.manhattanlife.com**. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

Policy Form NumberCP 4000 WA 4/04

This brochure only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you READ YOUR POLICY CAREFULLY.