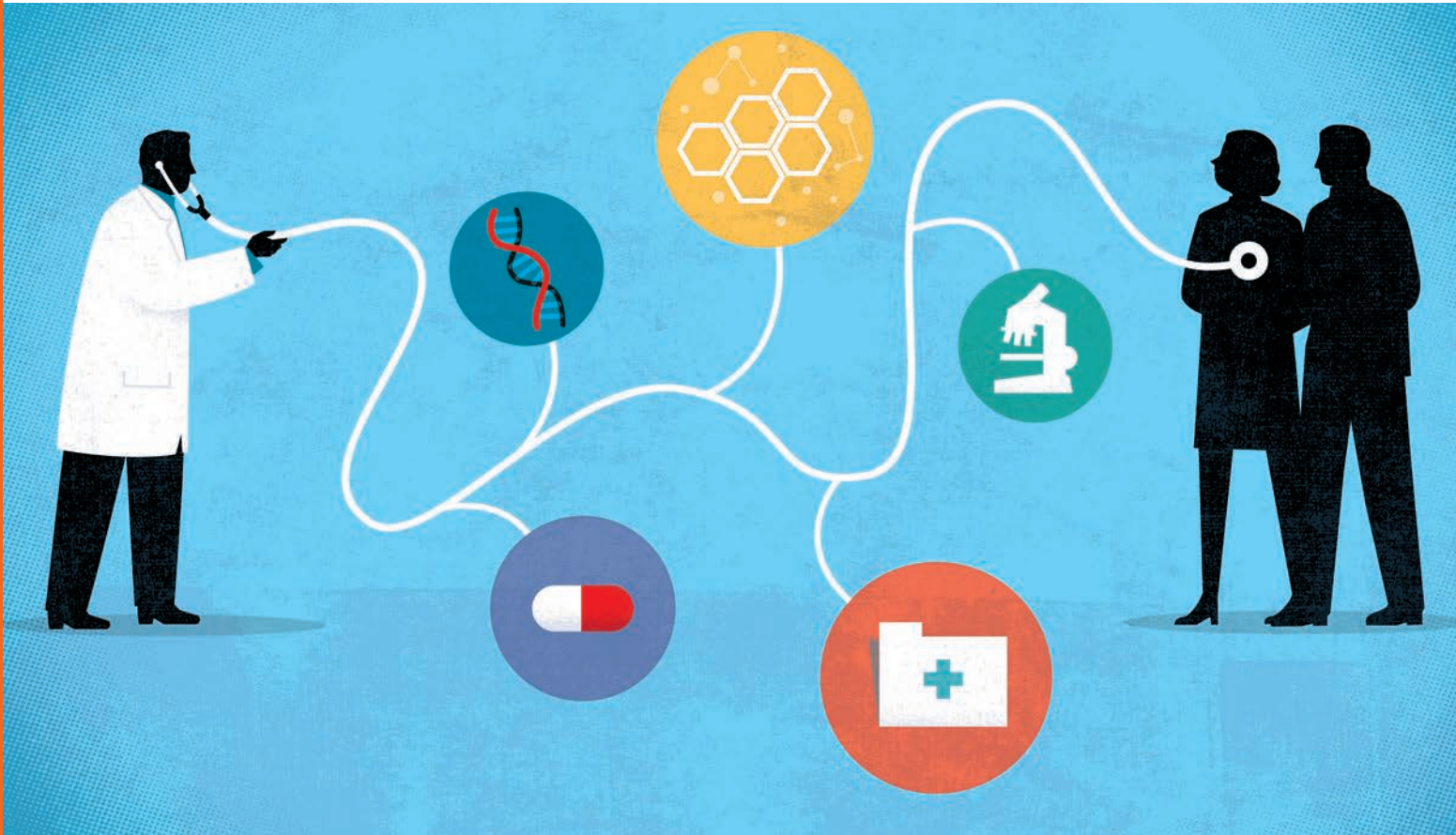




ManhattanLife™

Standing By You. Since 1850.



## Cancer Care Plus

*ManhattanLife Assurance's  
Cancer and Dread Disease Insurance -  
Financial Solutions, Treatment and Recovery*



# 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 1.6 million new cancer cases will be diagnosed.\*

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

- Approximately 13.7 million Americans with a history of cancer were alive in 2009.\*
- The five-year relative survival rate for all cancers diagnosed between 2003 - 2007 is 68%, up from 49% in 1975-1977.\*
- The National Institutes of Health estimated the overall costs for cancer in the year 2009 at \$216.6 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
- Long-distance calls
- 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 2014

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

BENEFIT PACKAGE OPTIONS	PLAN A	PLAN B	PLAN C	PLAN D
<p><b>Cancer Screening Test</b> 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.</p>	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.
<p><b>First Occurrence Benefit (Rider)</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.</p>	Pays \$1,000.	Pays \$2,500.	Pays \$5,000.	Pays \$10,000.
<p><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 the first 70 days of each period of confinement.</p>	Pays \$100 per day.	Pays \$150 per day.	Pays \$300 per day.	Pays \$150 per day.
<p><b>Surgical Benefit</b> Payable for surgeries performed in or out of the hospital to treat cancer or a specified dread disease. Benefit based on maximum amount according to schedule shown in policy.</p>	Pays maximum per surgery \$2,000.	Pays maximum per surgery \$3,000.	Pays maximum per surgery \$4,000.	Pays maximum per surgery \$4,000.
<p><b>Radiation, Chemotherapy and Immunotherapy*</b> We will pay the usual, reasonable, and customary 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. This benefit is not payable if treatment is received in a government or charity hospital.</p> <p><i>*Note - Immunotherapy must be FDA approved.</i></p>	Pays usual, reasonable, and customary charges, maximum \$2,500 per month.	Pays usual, reasonable, and customary charges, maximum \$5,000 per month.	Pays usual, reasonable, and customary charges, maximum \$7,500 per month.	Pays usual, reasonable, and customary charges, maximum \$5,000 per month.

**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 AND OTHER CARE FACILITY BENEFITS:

<p><b>Prescribed Drugs and Medicines</b> Usual, reasonable, and customary charges for drugs and medicines prescribed while confined in a hospital. Limited to the first 70 days for each period of confinement.</p>	<p>Usual, reasonable, and customary charges to a maximum of 20% of the Daily Hospital Confinement Benefit.</p>
<p><b>Physician's Attendance</b> If the physician visits during a confinement in the hospital.</p>	<p>\$50 per day</p>
<p><b>Ambulance</b> For transfer of a covered person to or from a hospital for confinement as an inpatient.</p>	<p>\$250 per trip 3 trips per year</p>
<p><b>Private Duty Nursing Service</b> When confined in a hospital and a private duty nursing service is retained.</p>	<p>\$150 per day</p>
<p><b>Extended Benefits</b> Beginning on the 71st day of one continuous period of hospital confinement for cancer or a dread disease. Payable in lieu of all other benefits payable for the same time period.</p>	<p>\$1,000 per day</p>
<p><b>Government or Charity Hospital</b> Pays a total benefit of \$200 per day of treatment for outpatient Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy, as indicated in the policy, received in a government or charity hospital. Paid in lieu of all other benefits except for transportation and lodging benefits.</p>	<p>\$200 per day</p>
<p><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.</p>	<p>\$100 for each day of confinement to a maximum of 70 days</p>
<p><b>Hospice Care</b> For confinement in a hospice care center for care provided if a covered person has diagnosed as terminally ill due to cancer or dread disease. Limited to a lifetime maximum of 180 days for confinement in a hospice care center, or 30 days if hospice services are provided in the covered person's home.</p>	<p>\$100 per day</p>



## 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.

- Usual, customary and reasonable charges to \$2,500 for medical expenses directly relating to the services provided to the donor during the transplant.
- Usual, customary and reasonable 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.
- Usual, customary and reasonable charges to \$75 per day for lodging and meal expenses incurred by the donor.

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

Usual, customary and reasonable 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**

- Usual, customary and reasonable 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.
- Usual, customary and reasonable 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.

- Usual, customary and reasonable 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.
- Usual, customary and reasonable charges to \$50 per day for lodging and meal expenses incurred. Limited to the number of days of the covered person's hospitalization.
- Usual, customary and reasonable 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>Anesthesia</b> 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>Additional Surgical Opinions</b> Pays for a second and third surgical opinion if the surgical opinions differ.</p>	<p>\$200 each opinion</p>
<p><b>Artificial Limb and Prosthesis</b> 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>Usual, customary and reasonable charges to \$1,500</p>
<p><b>Outpatient Surgery Benefit</b> 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.  Pays maximum of 150% of surgery shown in surgical benefits schedule.</p>
<p><b>Skin Cancer</b> 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.</p>	<p>Pays \$150 per calendar year. Maximum benefit \$600.</p>
<p><b>Breast Reconstruction/Breast Prosthesis</b> Usual, customary and reasonable 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 usual, customary and reasonable charges. Lifetime maximum of \$5,000.</p>
<p><b>Bone Marrow Transplant for Cancer</b> Usual, customary and reasonable 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 usual, customary and reasonable charges, lifetime maximum of \$10,000.</p>

## OTHER BENEFITS

<p><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.</p>	<p>Pays usual, customary and reasonable charges, to a lifetime maximum of \$10,000.</p>
<p><b>Physical, Occupational or Speech Therapy</b> \$50 for each 60-minute session for Physical, Occupational or Speech Therapy.</p>	<p>\$50 each session. Lifetime maximum of \$1,500.</p>
<p><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.</p>	<p>\$250 for a diagnostic test.</p>
<p><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.</p>	<p>Pays usual, customary and reasonable charges, to a maximum of \$5,000 per calendar year.</p>
<p><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.</p>	<p>Pays \$60 per day at home services, 180 days max per calendar year. Pays \$150 per day at home private duty nursing, 15 days max per calendar year. Pays \$50 per day at home physician visits, 15 days max per calendar year.</p>
<p><b>Hairpiece Benefit</b> One-time benefit for a hairpiece when hair loss is the result of cancer treatment.</p>	<p>Pays \$100</p>
<p><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.</p>	<p>Pays usual, customary and reasonable charges, maximum \$1,000 per calendar year.</p>
<p><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.</p>	<p>\$50 per session. Lifetime maximum of \$250.</p>

## OPTIONAL RIDERS (available at additional cost)

<p><b>Intensive Care Unit Rider</b> (Form Numbers ICUR 4000 GA) Benefits Reduce to ½ at age 70.</p> <p><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 for each day of such confinement, not to exceed 30 days during any one period of confinement.</p>	<p>Pays \$600 per day</p>
<p><b>Benefit for Step-Down Unit.</b> If a Covered Person is confined in a Step-Down Unit of a Hospital, we will pay for each day of such confinement, not to exceed 30 days during any one period of confinement.</p>	<p>Pays \$300 per day step down unit</p>
<p><b>Critical Care Benefit Rider</b> (Form Number CCBR 4000)</p> <p><b>Benefit for Heart Disease</b> - A Heart Disease benefit will be paid for the usual, customary and reasonable charges incurred by a Covered Person for the following due to Heart Disease: 1. pacemaker insertion; 2. angioplasty; and 3. heart catheterization. This benefit is limited to a lifetime maximum.</p>	<p>Pays usual, customary and reasonable charges to lifetime max \$2,500</p>
<p><b>Benefit for Heart Attack/Stroke</b> - A Heart Attack/Stroke benefit will be paid for the usual, customary and reasonable charges incurred by a Covered Person.</p>	<p>Pays usual, customary and reasonable charges to lifetime max \$5,000</p>



**ManhattanLife**<sup>™</sup>

*Standing By You. Since 1850.*

Underwritten by:  
ManhattanLife Assurance Company of America  
10777 Northwest Freeway, Houston, Texas 77092

Benefits and riders may vary by state and may not be available in all states.

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](https://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 Numbers CP 4000 GA 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**.