

AFSCME Critical Illness



SUMMARY OF BENEFITS*

Critical Illness and Cancer pays a lump sum benefit directly to you, unless otherwise designated. Provides a benefit that can be used as you wish and pays in addition to any other coverage you may have. Coverage is available for you, your spouse and your children.

PLEASE NOTE: Benefits are paid for one condition. If there is another condition separated by six months, the Additional Occurrence benefit will apply.

Product Base	Group		
Coverage Type	Voluntary Critical Illness insurance is a group policy that includes coverage for heart/stroke, cancer, infectious diseases, other specified illnesses, and progressive diseases.		
BENEFITS & FEATURES			
Benefit Amount	<table><tr><td>Member:<ul style="list-style-type: none">• \$5,000 to \$50,000.</td><td>Dependents:<ul style="list-style-type: none">• Spouse: \$2,500 to \$25,000: Equal to half of the member's coverage.• Child: \$2,500 to \$5,000 for each eligible child.</td></tr></table>	Member: <ul style="list-style-type: none">• \$5,000 to \$50,000.	Dependents: <ul style="list-style-type: none">• Spouse: \$2,500 to \$25,000: Equal to half of the member's coverage.• Child: \$2,500 to \$5,000 for each eligible child.
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Cardiac Conditions	100% of benefit amount paid upon treatment period or proof of loss for Myocardial Infarction. 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. 30 Day waiting period for Cancer - provision has been waived.		
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	Pays a percentage of a critical illness listed if the occurrence is six months between the previous critical illness and new critical illness not caused by a critical illness for which benefits have been paid. <i>CT - no separation of conditions.</i>		
Portability	Prior to age 70 and after six months of continuous coverage, members can take their coverage with them if they leave their job as long as the master policy remains in effect.		
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.		

BENEFITS & FEATURES (continued)

Progressive Diseases	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, Multiple Sclerosis, Advanced Dementia/Advanced Alzheimer's, Advanced Parkinson's.
Recurrence Benefit	Provides an additional benefit for the same condition if a covered participant is treatment-free for at least 12 months. Available once for the lifetime of the insured. Please refer to the Critical Illness Policy for a complete list of covered conditions under the Benefit Recurrence Rider.
Wellness Screening	Benefit pays for any one of the 21 covered tests per calendar year including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. \$50
Loss of Work	Provides waiver of premium to members due to authorized strike, lockout, layoff, or job elimination. 30-day elimination period. Maximum benefit period is six months per occurrence; lifetime benefit maximum of 12 months.
Pre-existing Conditions	Waived

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 Voluntary Benefit products at www.disclosure.manhattanlife.com. Please review this information before applying for coverage.

The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made THIS POLICY PROVIDES LIMITED BENEFITS.

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

Insured by ManhattanLife Insurance and Annuity Company



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