



Group Cancer and Specified Disease Insurance

Policy Form M-9012-TX-LU
Underwritten by ManhattanLife

▶ Plan Features

- Donor Benefits
- Wellness Benefits
- Many Benefits have No Lifetime Maximum
- Covers Certain Lodging and Transportation
- Portable (take it with You)
- In and Out of Hospital benefits
- Pays regardless of other coverage

Benefit	Amount
Wellness Benefit. For Cancer screening tests including but not limited to: mammogram, flexible sigmoidoscopy, pap smear, chest X-ray, hemocult stool specimen, or prostate screen. No Lifetime Maximum	\$50 per calendar year
Positive Diagnosis Test. Payable for one diagnostic test that leads to positive diagnosis of Cancer or Specified Disease within 90 days of such test. This benefit is not payable if the same Cancer or Specified Disease recurs.	Actual Billed Charges up to \$300 per calendar year
First Diagnosis Benefit. One-time benefit payable when a Covered Person is first diagnosed with Cancer (other than Skin Cancer that is not invasive melanoma) or a Specified Disease. Must occur after the Certificate Effective Date.	\$5,000
Second and Third Surgical Opinions. Covers written opinions received after a Positive Diagnosis and before surgery. No Lifetime Maximum	Incurred Expenses
Non-Local Transportation. Payable for Non-Local travel to a Hospital, Radiation Therapy Center, Chemotherapy or Oncology Clinic, or any specialized treatment which is more than 60 miles and less than 700 miles from a Covered Person's home. No Lifetime Maximum	Actual billed charges by a common carrier or 50 cents per mile if a personal vehicle is used.
Adult Companion Lodging and Transportation. Payable for one adult companion to stay with a Covered Person who is confined in a Hospital that is more than 60 miles and less than 700 miles from his or her home. Covered expenses include a single room in a motel or hotel up to 60 days per confinement; and the actual billed charges for round trip coach fare by a common carrier or a mileage allowance for the use of a personal vehicle. This benefit is not payable for lodging expense incurred more than 24 hours before the treatment nor for lodging expense incurred more than 24 hours following treatment. No Lifetime Maximum	Up to \$75 per day for lodging. 50 cents per mile if a personal vehicle is used.
Ambulance. For ambulance service if the Covered Person is taken to a Hospital and admitted as an inpatient. No Lifetime Maximum	Incurred Expenses
Surgery. Covers actual surgeon's fee for an operation up to the amount listed on the schedule. Benefits for surgery performed on an outpatient basis will be 150% of the schedule benefit amount, not to exceed the actual surgeon's actual billed charges for the surgery. No Lifetime Maximum	Up to \$4,500
Donor Benefit Bone Marrow and Stem Cell Transplant. We will pay the following expenses incurred by the Covered Person and his or her live donor: (a) Medical expense allowance of two times the selected Hospital Confinement benefit. (b) Actual billed charges for round trip coach fare on a Common Carrier to the city where the transplant is performed; or personal automobile expense allowance of 50 cents per mile. Mileage is measured from the home of the Donor or Covered Person to the Hospital in which the Covered Person is staying. We will pay for up to 700 miles per Hospital stay. (c) Actual billed charges up to \$50 per day for lodging and meals expense for donor to remain near Hospital.	(a) Two (2) times the elected Hospital Confinement benefit. <i>See Rate Quote for Benefit Amount</i> (b) Actual billed charges for round trip coach fare; or personal automobile expense of 50 cents per mile. (c) Actual billed charges up to \$50 per day
Bone Marrow and Stem Cell Transplant. We will pay the benefit per Covered Person for surgical and anesthetic charges associated with bone marrow transplant and/or peripheral stem cell transplant	Incurred Expenses up to a combined lifetime maximum of \$15,000

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Benefit	Amount
<p>Anesthesia. For services of an anesthesiologist during a Covered Person's surgery. For anesthesia in connection with the treatment of skin Cancer that is not invasive melanoma. No Lifetime Maximum</p>	<p>Up to 25% of surgical benefit paid. \$100 maximum per Covered Person for skin Cancer</p>
<p>Ambulatory Surgical Center. We will pay the surgery performed at an Ambulatory Surgical Center. No Lifetime Maximum</p>	<p>Up to \$250 per day</p>
<p>Drugs and Medicines. Payable for drugs and medicine received while the Covered Person is Hospital confined. No Lifetime Maximum</p>	<p>Up to \$25 per day, \$600 per calendar year</p>
<p>Outpatient Anti-Nausea Drugs. Payable for drugs prescribed by a Physician to suppress nausea due to Cancer or Specified Disease. No Lifetime Maximum</p>	<p>Up to \$250 per calendar year</p>
<p>Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy. Covers treatment administered by a Radiologist, Chemotherapist or Oncologist used to modify or destroy cancerous tissue. No Lifetime Maximum</p>	<p>Base: Incurred Expenses up to \$500 per day Buy-up: Incurred Expenses up to \$5,000 per month</p>
<p>Miscellaneous Diagnostic Charges. Covers incurred expenses for lab work or x-rays in connection with radiation and chemotherapy treatment. Service must be performed while receiving treatment(s) in Radiation, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy or within 30 days following a covered treatment.</p>	<p>Up to a lifetime maximum of \$5,000</p>
<p>Self-Administered Drugs. We will pay the expenses incurred for self-administered chemotherapy, including hormone therapy, or immunotherapy agents. This benefit is not payable for planning, monitoring, or other agents used to treat or prevent side effects, or other procedures related to this therapy treatment. No Lifetime Maximum</p>	<p>Up to \$2,000 per month</p>
<p>Colony Stimulating Factors. We will pay incurred expenses for: [a] cost of the chemical substances and [b] their administration to stimulate the production of blood cells. Treatment must be administered by an Oncologist or Chemotherapist. No Lifetime Maximum</p>	<p>Up to \$500 per month</p>
<p>Blood, Plasma and Platelets. For blood, plasma and platelets, transfusions, including administration, processing and procurement costs, and cross matching. No Lifetime Maximum</p>	<p>Incurred Expenses up to \$200 per day</p>
<p>Physician's Attendance. For one visit per day while Hospital confined. No Lifetime Maximum</p>	<p>\$35 per day</p>
<p>Private Duty Nursing Service. For private nursing services ordered by the Physician while Hospital confined. No Lifetime Maximum</p>	<p>\$100 per day</p>
<p>National Cancer Institute Designated Comprehensive Cancer Treatment Center Evaluation/Consultation Benefit. We will pay the actual billed charges if a Covered Person is diagnosed with Internal Cancer and seeks evaluation or consultation from a National Cancer Institute designated Comprehensive Cancer Treatment Center. If the Comprehensive Cancer Treatment Center is located more than 30 miles from the Covered Person's place of residence, We will also pay the transportation and lodging actual billed charges. This benefit is not payable on the same day a Second or Third Surgical Opinion Benefit is payable and is in lieu of the Non-Local Transportation Benefits of the policy.</p>	<p>Actual billed charges limited to a lifetime maximum up to \$750 for evaluation. Actual billed charges limited to a lifetime maximum up to \$350 for transportation and lodging.</p>
<p>Breast Prosthesis. Covers the prosthesis and its implantation if it is required due to breast cancer. No Lifetime Maximum</p>	<p>Incurred Expenses</p>
<p>Prosthetic or Orthotic Devices and Related Services. For purposes of this benefit, Prosthetic or Orthotic Devices and Related Services means the following: (a) a custom-fitted or custom-fabricated medical device that is applied to a part or the human body to correct a deformity, improve function, or relieve symptoms of a disease; (b) an artificial device to replace in whole or in part, an arm or a leg. (c) professional services related to the fitting and use of one of the above devices; or (d) the repair or replacement of an orthotic device except when necessitated by misuse or loss by a Covered Person.</p>	<p>Actual billed charges up to \$1,500 lifetime maximum per amputation.</p>
<p>Physical or Speech Therapy. Payable when therapy is needed to restore normal bodily function. No Lifetime Maximum</p>	<p>\$35 per session</p>
<p>Extended Benefits. If a Covered Person is confined in a Hospital for 60 continuous days, We will pay a Hospital Confinement Benefit beginning on the 61st day for Hospital Confinement. This benefit is payable in lieu of the Hospital Confinement Benefit. No Lifetime Maximum</p>	<p>Three (3) times the elected Hospital Confinement benefit. <i>See Rate Quote for Benefit Amount</i></p>
<p>Extended Care Facility. Limited to number of days of prior Hospital confinement. Must begin within 14 days after Hospital confinement, and be at the direction of the attending Physician. No Lifetime Maximum</p>	<p>\$50 per day</p>
<p>At Home Nursing. Limited to number of days of prior Hospital confinement. Must begin immediately following a Hospital confinement, and be authorized by the attending Physician. No Lifetime Maximum</p>	<p>\$100 per day</p>
<p>New or Experimental Treatment. We will pay the benefit for a Covered Person for New or Experimental Treatment prescribed by the attending Physician and received in the United States or in its territories. No Lifetime Maximum</p>	<p>Actual billed charges up to \$7,500 per calendar year</p>
<p>Hospice Care. If a Covered Person elects to receive hospice care, We will pay the benefit for care received in a Free Standing Hospice Care Center or at home. No Lifetime Maximum</p>	<p>\$50 per day</p>
<p>Government or Charity Hospital. Payable if the Covered Person is confined in a U. S. Government Hospital (including Veteran's Administration) or a Hospital that does not charge for its services (charity). Paid in lieu of all other benefits under the Policy. No Lifetime Maximum</p>	<p>\$200 per day</p>
<p>Hairpiece. We will pay for the benefit per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.</p>	<p>Actual billed charges up to a lifetime maximum of \$150</p>

Benefit	Amount
Rental or Purchase of Durable Goods. We will pay the incurred expenses for the rental or purchase of the following pieces of durable medical equipment: a respirator or similar mechanical device, brace, crutches, hospital bed, or wheelchair. No Lifetime Maximum	Up to \$1,500 per calendar year
Waiver of Premium. After 60 continuous days of disability due to Cancer or Specified Disease, We will waive premiums starting on the first day of policy renewal.	After 60 days
Hospital Confinement. Payable for each day a Covered Person is charged the daily room rate by a Hospital, for up to 60 days of continuous stay. The benefit for covered children under age 21 is two (2) times the Covered Person's daily benefit. No Lifetime Maximum	\$200 per day

Other Specified Diseases Covered:

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| <ul style="list-style-type: none"> • Addison's Disease • Amyotrophic Lateral Sclerosis • Cystic Fibrosis • Diphtheria • Encephalitis • Epilepsy • Hansen's Disease • Legionnaire's Disease • Lupus Erythematosus • Lyme Disease • Malaria | <ul style="list-style-type: none"> • Meningitis (epidemic cerebrospinal) • Multiple Sclerosis • Muscular Dystrophy • Myasthenia Gravis • Niemann-Pick Disease • Osteomyelitis • Poliomyelitis • Rabies • Reye's Syndrome • Rheumatic Fever • Rocky Mountain Spotted Fever | <ul style="list-style-type: none"> • Scarlet Fever • Sickle Cell Anemia • Tay-Sachs Disease • Tetanus • Toxic Epidermal Necrolysis • Tuberculosis • Tularemia • Typhoid Fever • Undulant Fever • Whipple's Disease |
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Pre-Existing Condition Limitation

During the first 12 months of a Covered Person's insurance, losses incurred for Pre-Existing Conditions are not covered. During the first 12 months following the date a Covered Person makes a change in coverage that increases his or her benefits, the increase will not be paid for Pre-Existing Conditions. After this 12 month period, however, benefits for such conditions will be payable unless specifically excluded from coverage. This 12 month period is measured from the Certificate Effective Date for each Covered Person.

Pre-Existing Condition means Cancer or a Specified Disease, for which a Covered Person has received treatment, care, services, or for which diagnostic test(s) have been recommended or for which medication has been prescribed during the 12 months immediately preceding the Certificate Effective Date of coverage for each Covered Person.

Exceptions and Other Limitations

The Policy pays benefits only for diagnoses resulting from Cancer or Specified Diseases, as defined in the Policy. It does not cover:

1. any other disease or sickness;
2. injuries;
3. any disease, condition, or incapacity that has been caused, complicated, worsened, or affected by:
 - a. Specified Disease or Specified Disease treatment; or
 - b. Cancer or Cancer treatment, or unless otherwise defined in the Policy
4. care and treatment received outside the United States or its territories;
5. treatment not approved by a Physician as medically necessary;
6. care and treatment by You or any person related to You by blood or marriage; and
7. Experimental Treatment by any program that does not qualify as Experimental Treatment as defined in the Policy.

Termination of Coverage

A Covered Person's insurance under the Policy will automatically terminate on the earliest of the following dates:

1. the date that the Policy terminates.
2. the date of termination of any section or part of the Policy with respect to insurance under such section or part.
3. the last day of the grace period.
4. the premium due date coinciding with or next following the date the Covered Person ceases to be a member of an eligible class.
5. the date the Policyholder no longer meets participation requirements.

Payment of Benefits

Benefits are payable for a Covered Person's Positive Diagnosis of a Cancer or Specified Disease that begins after the Certificate Effective Date and while this Certificate has remained in force.

Portability

On the date the Named Insured ceases to be a member of an eligible class have been continuously covered by the Policy for at least 6 months, are less than age 70, and not Totally Disabled, Named Insureds and their covered dependents will be eligible to exercise the portability privilege. Portability coverage may continue subject to the timely payment of premiums. Portability coverage will be effective on the day after insurance under the Policy terminates.

Subject to the Changes to Amount of Ported Coverage provision, insurance provided will be that which was in effect on the day prior to the Effective Date of Ported insurance. The terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. The initial portability premium rate is the rate in effect under the Policy for active Covered Persons who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date.

Covered Persons

Covered Person means any of the following:

- a. the Named Insured; or
- b. any eligible Spouse or Child, as defined and as indicated on the Certificate Schedule whose coverage has become effective;
- c. any eligible Spouse or Child, as defined and added to this Certificate by endorsement after the Certificate Effective Date whose coverage has become effective; or
- d. a newborn child (as described in the Eligibility Section).

Child (Children)

Child - means the Named Insured's unmarried Child, including a natural Child from the moment of birth, stepchild, foster or legally adopted Child (including a Child while the Named Insured is a party to a proceeding in which the adoption of such Child by the Named Insured is sought); a Child for whom the Named Insured is required by a court order to provide medical support, and grandchildren who are dependent on the Named Insured for federal income tax purposes at the time of application who is not yet age 26.

**Waiver Of Premium Due to Sanctioned
Strike Benefit Rider
Form Number M-BBR08**

In consideration of additional premium, this coverage will provide you with strike benefits.

I. Benefit - During the period of a sanctioned strike, the Company will credit to the Policy and to the Insured's coverage under the Policy an amount equal to the total monthly premiums for such coverage as well as the monthly premiums for any attached riders beginning on the 31st day of strike retroactively to the date the sanctioned strike began.

A sanctioned strike will be a strike by the union of which the Insured is a member and such strike has the endorsement of and has been ratified by the union's national leadership. The Company will not begin benefits until we have received written notification of the onset of a sanctioned strike and have received satisfactory proof of strike. The Company must receive written notification that the Insured is on strike during the first ninety days of the strike or as soon after as reasonably possible.

II. Benefit Period - The maximum benefit period for each period of sanctioned strike is six months. At least six months must separate each period of strike or the period of strike will be considered continuous. The maximum lifetime benefit is an accumulation of twelve months.

III. Strike - The Insured is considered on a sanctioned strike if:

1. The Insured is on strike for 31 consecutive days; and
2. The period of strike begins six months after the effective date of this Rider.

IV. Proof of Strike - Unless it is not possible to send proof earlier, the Company must receive proof of a sanctioned strike:

1. Within one year after notice of strike; and
2. During the lifetime of the Insured.

V. Termination of Benefits - The Company will stop crediting the total monthly premium when:

1. The Insured is no longer on strike;
2. The Rider has terminated; or
3. The maximum benefit period for the current period of strike has been reached.

VI. Termination of Rider - This Rider ends:

1. If the Insured is no longer employed by the unionized employer, as indicated on the application;
2. If the Insured is no longer a union member of the unionized employer, as indicated on the application;
3. If the premiums for the Policy are not paid before the end of the grace period;
4. If the owner of the Policy or the Insured files a written request to cancel this Rider;
5. If the base Policy is in default or lapse;
6. If the Insured dies;
7. If the Policy or the Insured's coverage under the Policy matures; or
8. If the maximum benefit is paid.

VII. General Provisions

INTERPRETATION - This Rider is a part of the Policy and Certificate to which it is attached. It is subject to the terms of the Policy and Certificate. If there is a conflict between the terms of the Policy, Certificate and the terms of this Rider, the Rider controls.

**Hospital Intensive Care Insurance Rider
Form Number M-BBR01**

This coverage will provide you with benefits if you go into a Hospital Intensive Care Unit (ICU).

Benefits

Your benefits start the first day you go into ICU. The benefit is payable for up to 45 days per ICU stay.

Hospital Intensive Care Confinement Benefit

Benefit of \$625 per day. It is reduced by one-half at age 75.

Double Benefits

We will double the daily benefits for each day you are in an ICU as a result of Cancer or a Specified Disease. We will also double the benefit for a Common Carrier injury. ICU confinement must occur within 48 hours of the Common Carrier injury.

Emergency Hospitalization and Subsequent Transfer to an ICU

We will pay the benefit selected by you for the highest level of care in a hospital that does not have an ICU, if you are admitted on an emergency basis, and you are transferred within 48 hours to the ICU of another Hospital.

Step Down Unit

We will pay a benefit equal to one half the chosen daily benefit for confinement in a Step Down Unit.

Exceptions and Other Limitations

Except as provided in Step Down Unit and Emergency Hospitalization and Subsequent Transfer to an ICU, coverage does not provide benefits for: surgical recovery rooms; progressive care; intermediate care; private monitored rooms; observation units; telemetry units; or other facilities which do not meet the standards for a Hospital Intensive Care Unit. Benefits are not payable: if you go into an ICU before the Certificate Effective Date; if you go into an ICU for intentionally self-inflicted bodily injury or suicide attempts; if you go into an ICU due to being intoxicated or under the influence of alcohol, drugs or any narcotics, unless administered on the advice of a Physician and taken according to the Physician's instructions. The term "intoxicated" refers to that condition as defined by law in the jurisdiction where the accident or cause of loss occurred.

This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company. This policy only covers cancer and the diseases specified above, unless the hospital intensive care rider is selected.

Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact us.

**Administered by:
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