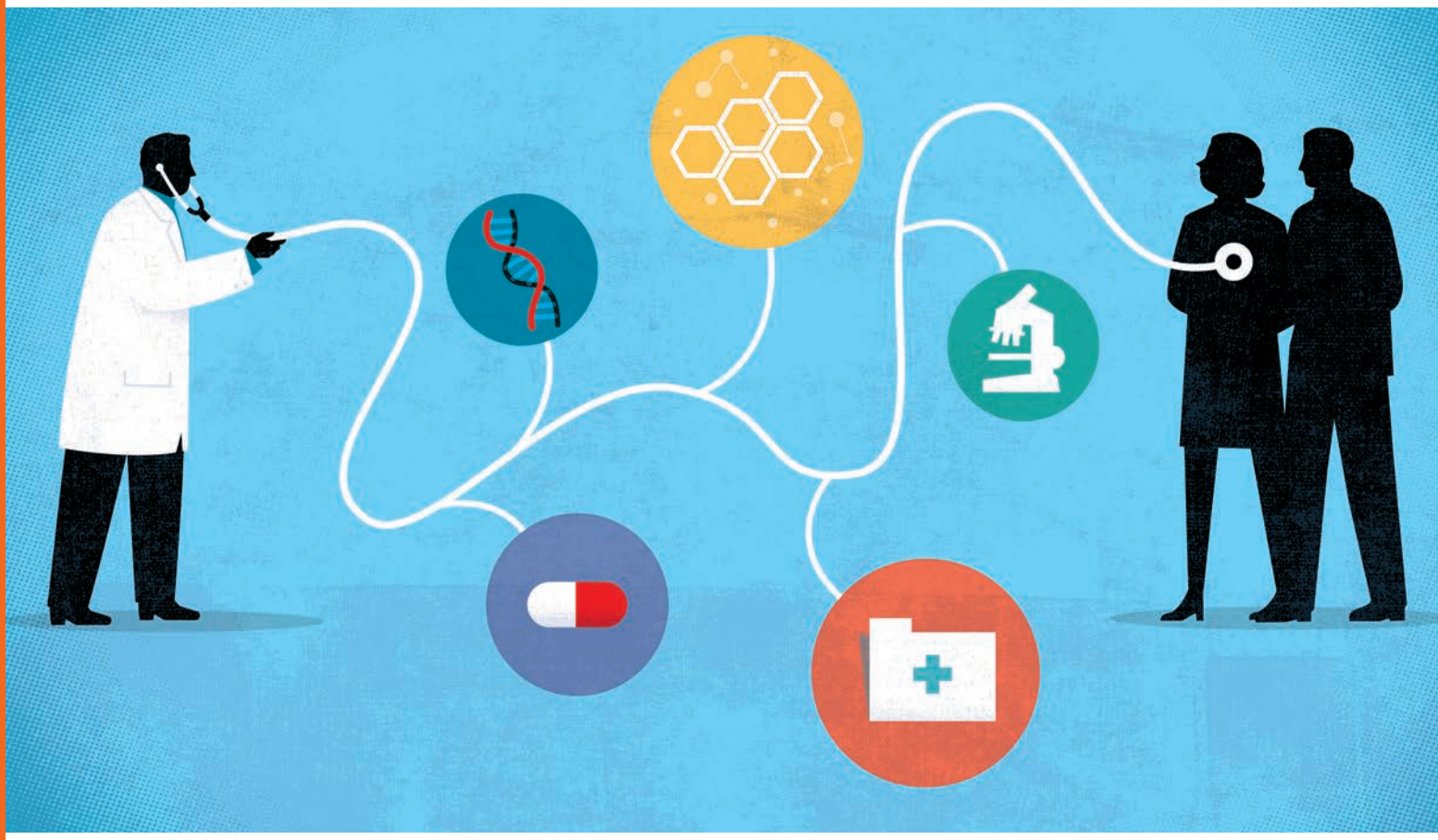
ManhattanLife™

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,
The Manhattan Life Insurance Company and
Family Life Insurance Company

CCP-BR 0420



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
Radiation, Chemotherapy and Immunotherapy* 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. **Note - Immunotherapy must be FDA approved.*	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.
Surgical Benefit 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.
First Occurrence Benefit (Rider) 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.
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. In PA, mammography screening is not available.	Pays $50 per calendar year. (MT only, $100 per calendar year.)	Pays your choice of $50 or $100 per calendar year. (MT only, $100 per calendar year.)	Pays $100 per calendar year. (CA and ID only, $50 per calendar year.)	Pays $100 per calendar year. (CA and ID only, $50 per calendar year.)
Daily Hospital Confinement Benefit 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.	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:

Ambulance We will pay for transfer of a covered person to or from a hospital for confinement as an inpatient. In CA, we will provide direct reimbursement to the medical transportation provider.	$250 per trip 3 trips per year
Physician's Attendance We will pay a Physician's Attendance benefit if the regular physician visits during a confinement in the hospital.	$50 per day
Prescribed Drugs and Medicines 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.
Government or Charity Hospital 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.	$200 per day
Extended Benefits 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.	$1,000 per day

OTHER CARE FACILITY BENEFITS:

Hospice Care For confinement in a hospice care center for care provided if a covered person has been 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.	$100 per day
Extended Care Facility 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. ID, IL and WV, pays actual charges incurred to the greater of $100 or one-fourth of the Daily Hospital Confinement Benefit.	$100 for each day of confinement to a maximum of 70 days
Private Duty Nursing Service We will pay 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.

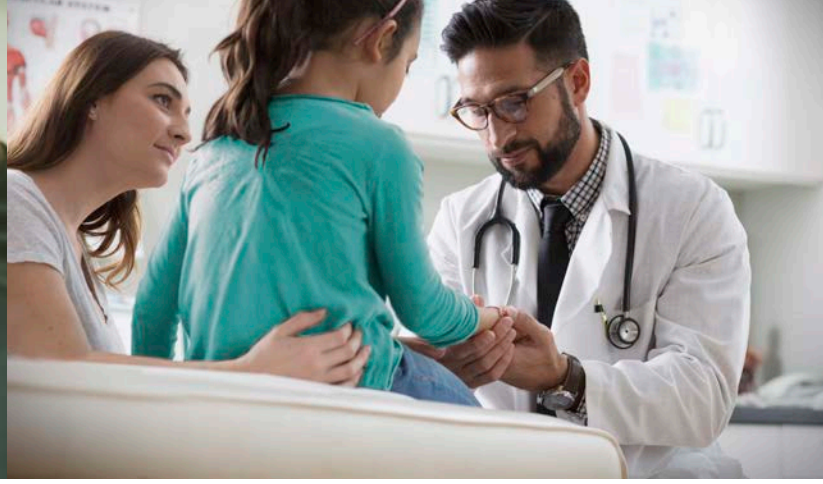
*Adult Companion Transportation and Lodging

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

Bone Marrow Transplant for Cancer 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. In AR, additional benefits may be available for a live donor.	Pays actual charges, lifetime maximum of $10,000.
Breast Reconstruction/Breast Prosthesis Actual Charges incurred for reconstructive surgery, and an external or internal breast prosthesis and the surgeon's fee for implantation following a mastectomy. Except in OK, lifetime maximum of $5,000. This benefit is in lieu of the surgical benefit provided in this policy.	Pays actual charges. Lifetime maximum of $5,000.
Artificial Limb and Prosthesis 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.	Actual charges to $1,500
Outpatient Surgery Benefit 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.	Pays $375 per operation for drugs, medicines and lab tests. Pays maximum of 150% of surgery shown in surgical benefits schedule.
Additional Surgical Opinions Pays for a second and third surgical opinion if the surgical opinions differ.	$200 each opinion
Anesthesia Pays for the procedure in which anesthesia is used. We will pay $50 for the administration of anesthesia for each skin cancer operation.	Pays 25% of the surgical benefit amount paid
Skin Cancer • If the diagnosis is made by a physician other than a pathologist, $150 per calendar year for removal of skin cancer to a lifetime maximum of $600 . • If the diagnosis is made by a pathologist, actual charges to the maximum amount for such surgery shown in the surgical benefits schedule.	Pays $150 per calendar year. Lifetime maximum benefit $600.

OTHER BENEFITS

Home Health Care Services 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. In ID, IL, and WV, pays the greater of $60 or one-fourth the Daily Hospital Confinement benefit.	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.
Rental or Purchase of Durable Medical Equipment 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.
Professional Mental Health Consultation 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.
Outpatient Positive Diagnosis Test 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.
Experimental Treatment 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.
Blood and Blood Plasma 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.
Hairpiece Benefit One-time benefit for a hairpiece when hair loss is the result of cancer treatment.	Pays $100
Physical, Occupational or Speech Therapy $50 for each 60-minute session for Physical, Occupational or Speech Therapy.	$50 each session. Lifetime maximum of $1,500.
Tutor 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.
Mammography Benefit In CA, ID and MT only, pays actual charges for a mammography screening administered to a Covered Person according to the schedule listed in the policy.	Pays actual charges to a maximum of $70.
Pap Smear Benefit In CA only, pays the actual charges for one Pap Smear each year administered to each female Covered Person age 18 or older.	Pays actual charges to a maximum of $75.

OPTIONAL RIDERS (available at additional cost)

Intensive Care Unit Rider (Form Numbers ICUR 4000, ICUR 4000 ID, ML-ICUR 4000, FL ICUR4000) (including state variations) Benefits Reduce to ½ at age 70. **Benefit for Intensive Care Unit**. 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.	Pays $600 per day
Benefit for Step-Down Unit. 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.	Pays $300 per day step down unit
Critical Care Benefit Rider (Form Number CCBR 4000, CCPR 4000 ID, ML-CCBR 4000, FL CCBR 4000) (including state variations) **Benefit for Heart Disease** - A Heart Disease benefit will be paid for the actual 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.	Pays Actual charges to lifetime max $2,500
Benefit for Heart Attack/Stroke - A Heart Attack/Stroke benefit will be paid for the actual charges incurred by a Covered Person.	Pays Actual charges to lifetime max $5,000

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Underwritten by:
ManhattanLife Insurance and Annuity Company
The Manhattan Life Insurance Company
Family Life Insurance Company
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**. 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 4/04, CP 4000 ID, CP 4000 LA 4/04, CP 4000 MT 9/09 and CP 4000 TX 4/04, CP 4000 OK 4/04, ML-4000 4/04, FL 4000 8/09 (including state variations)

For use with states: AL, AR, AZ, CA, CO, CT, DC, DE, IA, ID, LA, MD, MN, MO, MS, MT, NC, NE, NH, NM, NV, OH, OK, OR, RI, SC, TX, VT, WI, WV and WY.

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.