ManhattanLife Assurance Company of America

Cancer and Dread Disease Insurance Policy

HIGHLIGHTS OF COVERAGE FOR POLICY FORM CP4000MS

Cancer Screening Benefit (form number CSB98)

Pays Up to $100 Per Calendar Year Per Covered Person

Includes test such as mammograms, flexible sigmoidoscopy, pap smear, chest x-ray, colonoscopy, and prostate screen.

First Occurrence Benefit (form number FOB97)

Pays $10,000 Per Covered Person

Pays a one-time benefit when a covered person is diagnosed for the first time as having cancer (other than skin cancer) or a specified disease. Pays this benefit only once for each covered person.

RADIATION/CHEMOTHERAPY AND OTHER TREATMENTS

For Cancer and Dread Disease, will pay benefits for Teleradiotherapy, Radio-Active Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea and Immunotherapy treatments.

Monthly maximum of $5,000* (Low Plan) or $10,000* (High Plan) – pays Actual Charges for listed treatments.
*Based on Plan Selected

NO LIFETIME MAXIMUM

Artificial Limb and Prosthesis

Pays actual charges to a maximum of $1,500 per prosthetic device or artificial limb. (limit 2)

Surgical

Surgical benefit will be paid if a Covered Person has surgery in or out of the Hospital. Pays the percentage of maximum listed on the surgical schedule to maximum benefit of $4,000. It does not pay an amount which exceeds the actual surgeon's fees for the surgery.

Breast Prosthesis

Pays Actual Charge Incurred for a prosthesis to restore normal body contour lost due to breast cancer and the implantation of the prosthesis up to a lifetime maximum of $5,000. This benefit is in lieu of the surgical benefit.

Bone Marrow Transplant for Cancer

Pays actual charges incurred by a Covered Person for bone marrow transplants or other forms of stem cell rescue and all related services and supplies limited to lifetime maximum of $10,000.

Hospital Confinement

Daily Hospital Confinement will pay a monetary benefit for each day of confinement up to a maximum of 70 days per Confinement. $150* (Low Plan) or $300* (High Plan) per day.
*Based On Plan Selected

Experimental Treatment

Experimental Treatment benefit pays Actual Charges incurred by a Covered Person up to a lifetime maximum of $10,000 excludes Experimental bone marrow transplants.

Intensive Care Unit Optional Rider (form number ICUR 4000)

This rider is optional and has additional cost

Pays daily benefit of $600 for a maximum of 30 days per confinement when confined to a Hospital Intensive Care Unit due to cancer or dread disease.

Benefit amount reduces 50% when covered person reaches age 70.

This Policy Also Provides Specific Benefits For

Prescribed Drugs and Medicines	Private Duty Nursing Service	Additional Surgical Opinions
Physician's Attendance	Transportation and Lodging for Bone Marrow Donors	Extended Benefits
Extended Care Facility	Outpatient Positive Diagnosis Test	Outpatient Surgery Benefit
Adult Companion Transportation and Lodging	Ambulance	Hospice Care
Skin Cancer	Home Health Care Services	Hairpiece Benefit
Government or Charity Hospital	Professional Mental Health Consultation	Tutor
Rental or Purchase of Medical Equipment	Transportation for Non-Local Treatment	
Anesthesia	Physical, Occupational or Speech Therapy	

Covered Diseases: Cancer; Addison's Disease, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Diphtheria; Encephalitis; Epilepsy; Legionnaire's Disease; Lupus Erythematosus; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Neimann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome, Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle-Cell Anemia; Tay-Sachs Disease; Tetanus; Toxic Epidermal Necrolysis; Toxic Shock Syndrome; Tuberculosis; Tularemia;Typhoid Fever; Whipple's Disease; Whooping Cough

PLUS

All Benefits Are Payable in Addition to Any Other Insurance or Medicare	Benefits Provided for Cancer or Specified Disease Do Not Reduce Because of Age (Intensive Care Rider reduces 50% at age 70)
Guaranteed Renewable for Life	Portable- Take it with You if You Change Jobs or Retire

All Benefits are Subject to the Provisions of the Policy.
Read the Policy for Complete Descriptions of Benefits Provided and the Exceptions and Limitations.

Monthly Payroll Rates			
Ages18-64	**Individual**	**1 Parent Family**	**Family**
Low Plan	$40.00	$45.12	$56.92
High Plan	$58.80	$66.08	$83.03
Intensive Care Rider	$7.20	$7.92	$9.72

Monthly Payroll Rates			
Ages 65-69	**Individual**	**1 Parent Family**	**Family**
Low Plan	$68.64	$71.76	$88.92
High Plan	$95.60	$95.60	$119.50
Intensive Care Rider	$14.40	$15.12	$18.72

Program Highlights: This is a brief description of the coverage available. The Policy contains limitations, exclusions and termination provisions. These Are Highlights of the Coverage Available See the Sales Brochure for Further Benefit and Premium Information.

Exclusions: Subject to the Time Limit on Certain Defenses provision, we will not pay any Benefits for loss caused by or resulting from:
1. injuries; 2. sickness, illness or bodily infirmity resulting from anything other than Cancer or a Dread Disease; 3. any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or a Dread Disease or as a result of Cancer or a Dread Disease treatment including side effects from Cancer or a Dread Disease treatment except as specifically covered; 4. any losses due to Cancer or a Dread Disease for which a Positive Diagnosis was made or treatment was received prior to the Effective Date; 5. any losses for which no charge was incurred by the Covered Person; 6. Experimental Treatment, except as specifically provided in the Experimental Treatment benefit or Bone Marrow Transplant benefit (Benefits for Experimental Treatment are limited to a lifetime maximum of $10,000. Benefits for Bone Marrow Transplants are limited to a lifetime maximum of $10,000. No other benefits are payable for such treatment.); 7. any care and/or treatment received outside the U.S. or its territories; 8. any care, confinement and/or treatment in a government or charity hospital except as specifically provided in the Government or Charity Hospital benefit; or 9. any Cancer or Dread Disease during the first two years following the Effective Date in connection with a loss that was incurred during the Waiting Period.

Termination of Insurance: A. Coverage under this Policy will end on the earlier of: (a) the date requested in writing by You; or (b) the end of the Grace Period if the required premium has not been paid. B. Coverage of Your Insured Spouse ends on the next premium due date after the date of divorce or legal separation from You, the Named Insured. C. Coverage of an Insured Child ends on the premium due date following: the attainment of age 21 (or age 25 if enrolled full-time in an accredited college or university); or marriage, whichever occurs first. However, coverage may be continued for a physically or mentally handicapped child who is incapable of self-sustaining employment and is dependent on You for support. Proof of this must be received at least 31 days before such child attains age 21. We reserve the right to require additional proof of such incapacity and dependency; however, we will not require such proof more than once a year after the dependent child attains age 25. D. If You die while this Policy is in force, Your Insured Spouse will be deemed to be the Named Insured. If Your spouse is not a Covered Family Member on the date of Your death, coverage will terminate according to the "Refund of Unearned Premium" provision. Except for death, premium accepted for coverage extending beyond the date, age or event specified for termination as to a Covered Family Member shall continue during the period for which an identifiable premium was accepted, except where such acceptance was predicated on a misstatement of age. Terminations by the Named Insured and refunds due upon the death of a Covered Person will be refunded according to the "Refund of Unearned Premium" provision. Termination under this provision shall not affect a claim existing on the date of such termination.

The following limitations apply to the Intensive Care Unit Rider:

Pre-Existing Conditions
These Riders do not provide benefits for loss or losses due to Pre-Existing Conditions that are incurred during the 12 months immediately prior to the Rider Date. In addition, a loss caused by a Pre-Existing Condition will not be covered if: 1. the Pre-Existing Condition was revealed in the application; or 2. we have specifically excluded the Pre-Existing Condition by name or specific description. However, a claim for a Pre-Existing Condition incurred after 2 years from the date these Riders become effective will be covered, unless that condition is excluded by name or specific description effective on the date of loss.

The benefits as specified in these Riders are payable in addition to all other indemnities set forth in the Policy and/or attached Riders, if any.

The following termination applies to the Intensive Care Unit Rider
Rider terminates upon termination of policy to which they are attached.