



NMIN Alliance

...dependable selections for an unsure future.

Cancer Care Plus Plan

Since 1990, more than 18 million new cancer cases have been diagnosed.¹ In the U.S., men have about a 1 in 2 lifetime risk of developing cancer; and for women the risk is about 1 in 3.¹ Cancer is the second leading cause of death in the U.S., exceeded only by heart disease.¹ More people are surviving Cancer. The National Cancer Institute estimates that approximately 9.6 million Americans with a history of cancer were alive in 2000.¹ The 5-year relative survival rate for all cancers combined is 63%.¹

¹ Source: American Cancer Society, Cancer Facts & Figures 2004

HIGHLIGHTS

- Single or Family Coverage
- Cancer Screening Benefit
- Hospitalization Benefits
- Benefit Payments Can Be Used To Pay Medical and Non-Medical Costs
- Surgery Benefits
- Guaranteed Renewable for Life

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PLAN BENEFITS

	Plan A	Plan B	Plan C
First Occurrence Benefit Rider* Pays a one-time monetary benefit when a Covered Person is diagnosed for the first time as having cancer (other than skin cancer) as defined in the policy. Not available for ages 65 and above.	\$1,000	\$2,500	\$5,000
Hospital Confinement Pays a monetary benefit for each day of Hospital Confinement, to a maximum of 70 days.	\$100 per day	\$150 per day	\$300 per day
Radiation and Chemotherapy Pays monetary benefits for Teleradio therapy, Radioactive Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drugs and Immunotherapy treatments, as defined in the policy.	Actual Charges** to a maximum of \$2,500 per month	Actual Charges** to a maximum of \$5,000 per month	Actual Charges** to a maximum of \$7,500 per month
Surgical Benefit Pays monetary benefits for covered surgeries in or out of the hospital based on a percentage of the maximum amount, according to the schedule shown in the policy.	Maximum per Surgery \$2,500	Maximum per Surgery \$3,000	Maximum per Surgery \$4,000
Cancer Screening Benefit Pays the amount you choose: \$50 or \$100 per calendar year for each insured person who has one of the following cancer screening tests performed: <ul style="list-style-type: none"> • Mammography Screening • Colonoscopy • Chest X-Ray • Flexible Sigmoidoscopy • CEA (blood test for colon cancer) • Hemoccult Stool Specimen 	\$50 or \$100 per calendar year for each insured person		

**Manhattan Assurance Company (MAN) will pay monetary benefits representing the actual charges for the covered services provided. 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. If this Policy is the Covered Person's only form of insurance coverage, the amount the covered Person is required to pay the provider for the covered services is the Actual Charge.

Underwritten by Manhattan Assurance Company, Houston, Texas. Cancer Care Plus Plan Policy Form Series CP4000 4/04, FOBR02 and FOB97. Refer to the policy for exact details. Refer to the policy for exact details. Product availability and benefits may vary by state.

Dread Diseases

Plan provides monetary benefits for the following Dread Diseases: 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 and Whooping Cough

In-Hospital Benefits

CUL pays the following monetary benefits when a Covered Person is treated for Cancer or a covered Dread Disease.

- **Prescribed Drugs and Medicines when Confined in Hospital**—Actual charges to a maximum of 20% of the Daily Hospital Confinement Benefit. This benefit is not payable for Confinement in a government or charity hospital.
- **Physician's Attendance**—CUL will pay a Physician's Attendance benefit of \$50 per day if the regular physician of the Covered Person makes a visit to the Covered Person in the Hospital.
- **Private Duty Nursing Service**—CUL will pay \$150 per day while confined in a hospital and a Private Duty Nursing Service is retained.
- **Ambulance**—CUL will pay \$250 per trip to transfer a Covered Person to or from a hospital for confinement as an inpatient. Maximum of three trips per year.
- **Government or Charity Hospital**—We will pay \$200 per day of confinement. We will pay \$200 per day of treatment if a Covered Person receives outpatient Teleradio therapy, Radioactive Isotopes Therapy, Chemotherapy, Chemotherapy Enhancer Drug, Anti-Nausea, and Immunotherapy. This benefit is in lieu of all other benefits provided in the Policy, except for transportation and lodging benefits.
- **Extended Benefits**—CUL will pay \$1,000 per day, beginning on the 71st day of one Period of Confinement in a hospital for treatment of Cancer or a Dread Disease. This benefit is payable in lieu of all other benefits payable for the same time period.

Transportation Benefits

- **Transportation and Lodging for Bone Marrow Donors**—(1) Pays actual charges to a maximum of \$2,500 for medical expenses directly relating to the services to the donor during the transplant; (2) Pays actual charges for round trip coach fare on a common carrier or a personal automobile allowance of \$0.50 per mile in excess of 50 miles one-way to the city where the transplant is performed not to exceed 700 miles round trip; (3) Pays actual charges to a maximum of \$75 per day for lodging and meal expenses incurred by a bone marrow donor.
- **Transportation for Non-Local Treatment Which Requires Hospital Confinement**—Pays actual charges for round trip coach fare on a common carrier to the nearest hospital or \$0.50 per mile for personal vehicle, in excess of 50 miles one way, not to exceed 700 miles per trip. The benefit will be paid if the attending Physician prescribes a treatment for Cancer or Dread Disease not available locally and requires Hospital Confinement.

- **Transportation and Lodging for Non-Local Treatment Which Does Not Require Hospital Confinement**—Pays actual charges for round trip coach fare on a common carrier to the facility that provides the prescribed treatment or \$0.50 per mile for personal automobile expenses in excess of 50 miles one way, to a maximum of \$1,500 per calendar year. Actual charges to a maximum of \$50 per day for lodging and meal expenses. The benefit will be paid if the attending Physician prescribes a treatment for Cancer or Dread Disease not available locally and does not require Hospital Confinement.
- **Adult Companion Transportation and Lodging**—Pays actual charges for lodging and meal expenses to a maximum of \$50 per day; actual charges for one round trip coach fare on a common carrier or personal automobile allowance of \$0.50 per mile, measured from the visiting Adult Companion's residence to the nearest Hospital in which the Hospitalized person is confined and is in excess of 50 miles one way. CUL will not pay the personal automobile allowance in excess of 700 miles round trip. Maximum \$2,500 per confinement.

Additional Benefits

- **Anesthesia**—Pays 25% of the amount payable under the Surgical Benefit. For skin Cancer operations, We will pay only \$50 for each skin Cancer operation.
- **Additional Surgical Opinions**—CUL will pay \$200 if a Covered Person obtains a second surgical opinion. If the second surgical opinion differs from the first, we will pay \$200 for a third surgical opinion.
- **Artificial Limb and Prosthesis**—Pays actual charges to a maximum of \$1,500 per prosthetic device or artificial limb. Benefits will be paid for only two of the same type of device or artificial limb. If a Breast Reconstruction and Breast Prosthesis benefit is payable, the Artificial Limb and Prosthesis benefit is not payable.
- **Experimental Treatment**—Pays actual charges to a lifetime maximum of \$10,000. Experimental Treatment must be received in the U.S. If the Experimental Treatment benefit is payable, no other benefit associated with the treatment, service, or procedure underlying the Experimental Treatment is payable.
- **Physical, Occupational or Speech Therapy**—CUL will pay \$50 for each 60-minute session to a lifetime maximum of \$1,500.
- **Extended Care Facility**—CUL will pay \$100 for each day of confinement to a maximum of 70 days. Such confinement must be at the recommendation of the attending Physician and begin within 14 days of a covered Hospital Confinement.
- **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. This benefit is limited to a lifetime maximum of \$10,000. Certain limitations and exceptions apply—see Policy for details.
- **Outpatient Positive Diagnosis Test**—CUL will pay \$250 if a Covered Person has an outpatient diagnostic test that leads to a positive diagnosis within 90 days of such test.
- **Outpatient Surgery Benefit**—Pays for outpatient surgery in a hospital or ambulatory surgical center 150% of the maximum amount for such surgery shown in the Surgical Benefits Schedule; and \$375 per operation for drugs, medicines and laboratory tests for the Covered Person.

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Additional Benefits (continued)

- **Skin Cancer**—CUL will pay \$150 for removal of skin Cancer when the diagnosis is made by a physician other than a pathologist to a maximum of \$600 per calendar year. If diagnosed by a pathologist, pays according to Surgical Benefits Schedule.
- **Hospice Care**—CUL will pay \$100 per day for care provided by a Hospice if the Covered Person has been diagnosed as terminally ill due to Cancer or Dread Disease. This benefit is payable for confinement in a Hospice care center; and is limited to a lifetime maximum of 180 days or, if in the Covered Person's home, limited to a lifetime maximum of 30 days.
- **Blood and Blood Plasma**—Pays actual charges incurred by a Covered Person for blood, blood plasma and platelets inserted into a Covered Person to a maximum of \$5,000 per calendar year.
- **Breast Reconstruction and Prosthesis**—Pays actual charges incurred for reconstructive surgery; including an external breast or an internal breast prosthesis and the surgeon's fee for implantation following a mastectomy.
- **Home Health Care Services**—CUL will pay (1) \$60 per day for services provided at home not to exceed a maximum of 180 days per calendar year; (2) \$150 per day for private duty nursing at home not to exceed a maximum of 15 days per calendar year; (3) \$50 per day for physician's visits at home not to exceed 15 days per calendar year. This benefit is in lieu of all other benefits provided in this policy.
- **Hairpiece Benefit**—CUL will pay a one-time benefit of \$100 for a hairpiece when hair loss is the result of Cancer treatment.
- **Rental or Purchase of Durable Medical Equipment**—Pays actual charges incurred by a Covered Person to a maximum of \$1,000 per calendar year for the rental or purchase of: a respirator or similar mechanical device, brace, crutches, hospital bed or wheelchair.
- **Professional Mental Health Consultation**—CUL will pay \$50 per session if a Covered Person is receiving treatment for Cancer or a Dread Disease for which benefits are payable under this policy. This benefit is limited to a lifetime maximum benefit of \$250.
- **Tutor**—A Tutor Benefit of \$25 per 60-minute session will be paid for an Insured Child under age 19 who is receiving treatment for a covered Cancer or Dread Disease for which benefits are payable under this policy. Limited to a lifetime maximum of 50 sessions.

Optional Riders

Intensive Care Unit Rider (Form Series ICUR 4000)

- **Benefit for Intensive Care Unit**—If a Covered Person is confined in an Intensive Care Unit of a hospital, CUL will pay the ICU daily benefit amount of \$600 for each day of such confinement, not to exceed 30 days during any one period of confinement.
- **Benefit for Step-Down Unit**—If a Covered Person is confined in a Step-Down Unit of a hospital, CUL will pay \$300 for each day of such confinement, not to exceed 30 days during any one period of confinement. Benefits reduce to ½ at age 70.

Critical Care Benefit Rider (Form Series CCBR 4000)

- To a maximum of \$2,500 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 of \$2,500.

Policy Form Series CP4000 4/04, FOBR02 (including state variations) and First Occurrence Benefit Rider Form Series FOB97 (including state variations)

** Not available for ages 65 and above*

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Manhattan Assurance Company / Houston, Texas

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Manhattan Assurance Company (MAN) specializes in providing insurance to employees on a payroll deduction basis. Since 1963 MAN has served its clients with a diverse portfolio of products designed to meet individual needs of employees and their families through the convenience of payroll deduction. Responsive customer service and prompt payment of claims is a constant goal MAN strives to achieve for all policyholders and group clients.

MAN has received a secure rating from The A.M. Best Company for more than 20 years. The A.M. Best Company describes secure insurers as "having a strong or good ability long term to meet their obligations to policyholders". They also state: "Insurers classified in the secure rating categories maintain a level of financial strength that is not vulnerable to unfavorable changes in the business, economic or regulatory environment." Ratings within the secure category range from A++ to B+. Manhattan assurance has the B++ rating.

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