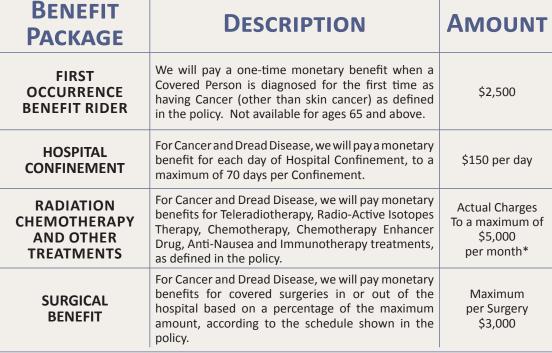
## Cancer Care Plus

Cancer and Dread Disease Insurance Policy



ML-4000





\* We 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.



We will pay the amount you choose: □ \$50 or □ \$100 per calendar year for each insured person who has one of the following cancer screening tests performed:

- 1. Mammography Screening
- 2. Flexible Sigmoidoscopy
- 3. Pap Smear (test only)
- 4. Thermography
- 5. Chest X-Ray
- 6. Hemoccult Stool Specimen
- 7. Colonoscopy
- 8. CEA (blood test for colon Cancer)
- 9. CA125 (blood test for ovarian Cancer)
- 10. PSA (blood test for prostate Cancer)
- 11. Serum Protein Electrophoresis



- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Diphtheria
- Encephalitis
- Epilepsy
- Legionnaire's Disease
- Lupus Erythematosus
- Meningitis
- Multiple Sclerosis

- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Reve'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

Additional Benefits and Exclusions apply, please refer to main CancerCare Plus brochure for a description of the important features of the policy. This information is considered incomplete without the main brochure.



Underwritten by: The Manhattan Life Insurance Company

Administrative Office: 10777 Northwest Freeway, Houston, TX 77092 Insert B 0810