Chapel Hill Independent School District

Group Cancer and Specified Disease Insurance

Policy Form M-9012 TX

Underwritten by Manhattan Life Insurance and Annuity Company

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

*****All benefits may not be available to you. Please see Rate Quote for benefits offered.*****

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	Low $50 / High $75 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.	Low $2,500 / High $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 Low $3,000 / High $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. (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

BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

Benefit	
Hairpiece. We will pay for the benefit per Covered Person for a hairpiece when hair loss is a result of Cancer Treatment.	Actual billed charges up to a lifetime maximum of $150
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	Low $200 / High $300 per day

Other Specified Diseases Covered:

- Addison's Disease
- Amyotrophic Lateral Sclerosis
- Cystic Fibrosis
- Diphtheria
- Encephalitis
- Epilepsy
- Hansen's Disease
- Legionnaire's Disease
- Lupus Erythematosus
- Lyme Disease
- Malaria
- Meningitis (epidemic cerebrospinal)
- Multiple Sclerosis
- Muscular Dystrophy
- Myasthenia Gravis
- Niemann-Pick Disease
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's Syndrome
- Rheumatic Fever
- Rocky Mountain Spotted Fever
- Scarlet Fever
- Sickle Cell Anemia
- Tay-Sachs Disease
- Tetanus
- Toxic Epidermal Necrolysis
- Tuberculosis
- Tularemia
- Typhoid Fever
- Undulant Fever
- Whipple's Disease

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.

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.

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 with the exception that the Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy Benefit will be reduced by 50%. 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 employees 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.

Chapel Hill Independent School District

Group Cancer Quote - Semi-Monthly Rates

Final implemented rates may vary slightly due to rounding.

Effective Date - 9/1/2025

Situs State: Texas

Base Policy

Coverage Tier	Low	High
Employee Only	$8.76	$12.78
Family	$15.29	$23.66

Variable Benefit Elections

Benefit	Low	High
Hospital Confinement	$200 per day	$300 per day
Surgical	up to $3,000	up to $4,500
Radiation/Chemotherapy	$2,500 per month	$5,000 per month
First Diagnosis	$2,500	$5,000
Colony Stimulating Factors	$500 per month	$500 per month
Miscellaneous Diagnostic Charges	$2,500	$2,500
Self-Administered Drugs	$500 per month	$500 per month
Wellness	$50 per year	$75 per year

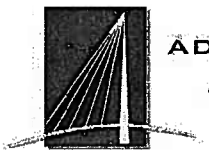
Optional Intensive Care Rider (ICR)

Rider amount selection is the choice of the Employee, and is independent of the option selected above

Coverage Tier	$325 per day
Employee Only	$0.44
Family	$0.88

Underwritten by:
ManhattanLife Insurance and Annuity Company

Administered by:



BAY BRIDGE ADMINISTRATORS

"Your solutions begin at the Bridge"®

P.O. Box 161690 - Austin, Texas 78716 - (800) 845-7519