# Employee Critical Illness Plus · · ·



FAMILY MATTERS. NO MATTER WHAT.®

## Financial Protection for the Unexpected

- Includes cancer benefit
- Initial occurrence
- Additional occurrence
- Reoccurrence

- Spouse coverage available
- Child coverage at no additional cost
- Health screening benefit

120 Royall Street, Canton, MA 02021 | 18135 Burke Street - Suite 120, Omaha, NE 68022

Approved for use in: PA

#### **ELIGIBILITY**

#### **Individual eligibility**

All full-time employees, as defined by the master policy are eligible. If an employee is eligible, his/her spouse ages 18-69, is eligible for coverage.

#### Spouse coverage available

The employee may elect to apply for spouse coverage. Benefit amounts for the spouse are up to 50% of the employee amount. If the employee does not meet the underwriting requirements, the spouse may still be eligible for coverage. Spouse means a person of the opposite or same sex recognized as the insured's spouse/partner under the laws of the state.

#### **Child coverage available**

Each eligible child is covered at 25% of the primary insured amount at no additional charge. The definition of children may vary by state. Please review your certificate carefully.

#### **Effective date of coverage**

Coverage is effective on the date the application is signed, provided that the employee is actively at work and premiums for the coverage are paid.

#### **Portability**

The coverage is portable providing your coverage has been in force for one month after your certificate date and the group contract remains in force. Coverage will be continued at the same premium and coverage amounts then in force.

#### **PLAN BENEFITS**

#### **Initial occurrence benefit**

Lump sum benefits payable upon initial diagnosis of a covered illness or condition. Employee benefit amounts are available from \$5,000 to \$50,000.

#### Additional occurrence benefit

If an insured collects benefits for a Critical Illness under the plan and later has one of the remaining covered illnesses/ procedures, then we will pay the benefit amount for each additional illness provided the occurrences are separated by at least six months.

#### **Re-occurrence** benefit

If an insured collects benefits for a covered condition and is later diagnosed with the same condition, we will pay the benefit again provided that the two dates of diagnosis are separated by at least six months. (12 months treatment free for cancer/carcinoma in situ).

Covered Specified Critical Illnesses	Percent of Benefit
Cancer	100%
Carcinoma in situ	30%
Skin cancer	\$300 one-time (lifetime)
Heart attack (myocardial infarction)	100%
Coronary artery bypass surgery	30%
Angioplasty & stent insertion	30%
Stroke (apoplexy or cerebral vascular accident)	100%
Coma	100%
Paralysis	100%
Severe burns	100%
Major organ transplant	100%
Alzheimer's disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of sight/speech/hearing	100%
End stage renal disease	100%
Benign brain tumor	100%

Eligible children are also covered for the following childhood specified critical illnesses at 25% of the employee benefit amount:

- Cerebral palsy
- · Cleft lip or palate
- Down syndrome
- Cystic fibrosis
- · Spina bifida

All covered conditions are subject to the definitions found in the employee's certificate.

### **Employee Critical Illness Plus**

#### **Tobacco/No Tobacco Premium Rates**

Rates include the following: Specified Critical Illness including cancer and the \$50 Health Screening Benefit Rider. Spouse is eligible to apply for up to 50% of the employee amount. Includes 25% benefit for eligible children.

Employee	Non-Tol	pacco Rat	Face Purchase – Monthly Premiums							
Issue Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	\$4.72	\$7.63	\$10.54	\$13.45	\$16.37	\$19.28	\$22.19	\$25.10	\$28.02	\$30.93
30 - 39	\$7.21	\$12.62	\$18.03	\$23.44	\$28.85	\$34.25	\$39.66	\$45.07	\$50.48	\$55.89
40 - 49	\$11.68	\$21.56	\$31.44	\$41.32	\$51.20	\$61.08	\$70.96	\$80.84	\$90.71	\$100.59
50 - 59	\$18.65	\$35.50	\$52.35	\$69.20	\$86.05	\$102.90	\$119.75	\$136.60	\$153.45	\$170.30
60+	\$30.51	\$59.21	\$87.91	\$116.62	\$145.32	\$174.02	\$202.73	\$231.43	\$260.13	\$288.84
Employee <sup>·</sup>	Tobacco	Rates					Face	Purchase ·	- Monthly	Premiums
Employee <sup>*</sup> Issue Ages		Rates \$10,000	\$15,000	\$20,000	\$25,000	\$30,000	Face \$35,000	Purchase \$40,000	- <i>Monthly</i> \$45,000	Premiums \$50,000
			<b>\$15,000</b> \$13.97	<b>\$20,000</b> \$18.02	<b>\$25,000</b> \$22.07	<b>\$30,000</b> \$26.13				
Issue Ages	\$5,000	\$10,000	•	•	•	•	\$35,000	\$40,000	\$45,000	\$50,000
18 - 29	<b>\$5,000</b> \$5.86	<b>\$10,000</b> \$9.91	\$13.97	\$18.02	\$22.07	\$26.13	<b>\$35,000</b> \$30.18	<b>\$40,000</b> \$34.24	<b>\$45,000</b> \$38.29	<b>\$50,000</b> \$42.34
18 - 29 30 - 39	<b>\$5,000</b> \$5.86 \$10.33	<b>\$10,000</b> \$9.91 \$18.86	\$13.97 \$27.39	\$18.02 \$35.92	\$22.07 \$44.45	\$26.13 \$52.98	<b>\$35,000</b> \$30.18 \$61.51	<b>\$40,000</b> \$34.24 \$70.04	<b>\$45,000</b> \$38.29 \$78.56	<b>\$50,000</b> \$42.34 \$87.09
18 - 29 30 - 39 40 - 49	<b>\$5,000</b> \$5.86 \$10.33 \$19.07	<b>\$10,000</b> \$9.91 \$18.86 \$36.33	\$13.97 \$27.39 \$53.59	\$18.02 \$35.92 \$70.85	\$22.07 \$44.45 \$88.11	\$26.13 \$52.98 \$105.38	\$35,000 \$30.18 \$61.51 \$122.64	\$40,000 \$34.24 \$70.04 \$139.90	\$45,000 \$38.29 \$78.56 \$157.16	\$50,000 \$42.34 \$87.09 \$174.42

Spouse No	n-Tobac	co Rates	Face Purchase – Monthly Premiums							
Issue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18 - 29 30 - 39	\$3.26 \$4.51	\$4.72 \$7.21	\$6.17 \$9.92	\$7.63 \$12.62	\$9.09 \$15.33	\$10.54 \$18.03	\$12.00 \$20.73	\$13.45 \$23.44	\$14.91 \$26.14	\$16.37 \$28.85
40 - 49 50 - 59	\$6.74 \$10.23	\$11.68 \$18.65	\$16.62 \$27.08	\$21.56 \$35.50	\$26.50 \$43.93	\$31.44 \$52.35	\$36.38 \$60.78	\$41.32 \$69.20	\$46.26 \$77.63	\$51.20 \$86.05
60+	\$16.16	\$30.51	\$44.86	\$59.21	\$73.56	\$87.91	\$102.27	\$116.62	\$130.97	\$145.32

S	pouse To	bacco R	ates	Face Purchase – Monthly Premiums							
	lssue Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
	18 - 29	\$3.83	\$5.86	\$7.89	\$9.91	\$11.94	\$13.97	\$15.99	\$18.02	\$20.05	\$22.07
	30 - 39	\$6.07	\$10.33	\$14.60	\$18.86	\$23.13	\$27.39	\$31.66	\$35.92	\$40.19	\$44.45
	40 - 49	\$10.44	\$19.07	\$27.70	\$36.33	\$44.96	\$53.59	\$62.22	\$70.85	\$79.48	\$88.11
	50 - 59	\$17.40	\$33.00	\$48.60	\$64.20	\$79.80	\$95.40	\$111.00	\$126.60	\$142.20	\$157.80
	60 - 69	\$29.47	\$57.13	\$84.80	\$112.46	\$140.12	\$167.79	\$195.45	\$223.11	\$250.78	\$278.44

**Health Screening Benefits -** We will pay a \$50 benefit if an insured has any one of the covered screening tests after the 30 day waiting period. This benefit is paid only once per calendar year, regardless of the number of tests. This benefit is paid regardless of the results of the test. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the policy remains inforce. This benefit is payable for the covered employee (and spouse if spouse coverage is included). This benefit is not paid for dependent children. The covered health screening tests include:

#### **Health Screening Test is defined as:**

- 1. Stress test on a bicycle or treadmill
- 2. Fasting blood glucose test
- 3. Blood test for triglycerides
- 4. Lipid Panel (total cholesterol count)
- 5. Bone marrow testing
- 6. CA 15-3 (blood test for breast cancer)
- 7. CA 125 (blood test for ovarian cancer)
- 8. CEA (blood test for colon cancer)
- 9. Chest X-ray
- 10. Electrocardiogram (EKG)

- 11. Colonoscopy
- 12. Flexible sigmoidoscopy
- 13. Hemocult stool analysis
- 14. Mammography/Breast Ultrasound
- 15. Pap smear (including ThinPrep Pap Test)
- 16. PSA (blood test for prostate cancer)
- 17. Serum Protein Electrophoresis (blood test for myeloma)
- 18. Thermography
- 19. Oral Cancer screening using ViziLite OraTest or other similar test
- 20. Biopsy for Skin Cancer

#### LIMITATIONS & EXCLUSIONS

<u>Waiting Period</u> – This coverage contains a 30 day Waiting Period. This means no benefits are payable for any insured who has been diagnosed with a Specified Critical Illness during the Waiting Period. The Waiting Period starts on the Certificate Application Date. The Waiting Period is shown on the Certificate Schedule. If an insured is first diagnosed during the Waiting Period, you may elect to void the Certificate from the beginning and receive a full refund of premium.

<u>Prior history of cancer</u> – No benefits are payable for cancer or carcinoma in situ if the insured was previously diagnosed before this Certificate was in force and, after the previous diagnosis, the insured has not gone 12 months without treatment before a new diagnosis of cancer/carcinoma in situ is made.

**Exclusions** – We won't pay for a loss due to:

- 1. Intentionally self inflicted injury or action while sane or insane.
- 2. Suicide or attempted suicide while sane or insane.
- 3. The Insured being intoxicated or under the influence of any narcotic unless taken on the advice of a Physician.
- 4. War declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.

There are no benefits payable for any Specified Critical Illness where the date of diagnosis is prior to the Effective Date of this policy or diagnosed during the 30 day waiting period.

**Additional Information** – You have the right to return the Certificate within ten (10) days of its delivery and have the premium refunded if, after examination of the Certificate, You are not satisfied for any reason.

This insurance will terminate on the earliest of:

- 1. the date the Plan is terminated;
- 2. on the 31st day after the premium due date if the required premium has not been paid;
- 3. on the date You cease to meet the definition of an Employee/Member as defined in the Plan; or
- 4. on the date You are no longer a member of the class eligible.

The rates shown can be changed annually. The Company will give the Policyholder written notice 31 days prior to the date any change in rates is to be effective.

To be eligible for benefits, the date of diagnosis must be after the 30 day Waiting Period and while this coverage is in force.

Underwritten by:



#### **BOSTON MUTUAL LIFE INSURANCE COMPANY**

120 Royall Street, Canton, MA 02021 | 18135 Burke Street - Suite 120, Omaha, NE 68022 | www.bostonmutual.com For Claims Call Toll Free: 1-877-212-2950 | For Customer Service Call Toll Free: 1-877-624-2249

This brochure provides a general description of the important features of the policy/certificate. This brochure is not the insurance contract and only the actual policy/certificate provisions will control.

See certificate for detail regarding exclusions.

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