

# ECIO *Employee Critical Illness Option*

## Employee Cancer/Critical Illness Option *Financial Protection for the Unexpected*



- Includes Cancer Expense Benefit
- First Occurrence
- Additional Occurrence
- Reoccurrence
- Spouse Coverage Available
- Child Coverage at No Additional Cost
- Includes Health Screening Benefit

*Protection for the  
Unexpected!*



Approved for use in: PENNSYLVANIA

BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 Royall Street • Canton, MA 02021



## THE FACTS

### ACCORDING TO MEDICAL STATISTICS:

- Over 1.6 million new cancer cases are expected to be diagnosed in 2012. <sup>1</sup>
- Cancer survival rates continue to improve. The 5-year survival rate for all cancers diagnosed between 2001 and 2007 is now 67%. However cancer is the second most common cause of death in the US, accounting for nearly 1 in every 4 deaths. <sup>1</sup>
- Each year, 785,000 Americans will have a new coronary attack, 470,000 will have a recurrent attack. <sup>2</sup>
- On average, someone in the US has a stroke every 40 seconds. <sup>2</sup>

<sup>1</sup> *Cancer Facts & Figures 2012 - American Cancer Society*

<sup>2</sup> *Heart and Stroke Statistical Update - 2012 American Heart Association*

### FEATURES:

- Lump-sum benefits paid directly to the insured following diagnosis of a covered illness. Re-occurrence and additional occurrence benefits are also included.
- Spouse coverage available up to \$25,000 benefit amount.
- Each dependent child is covered at 25 percent of the primary insured amount at no additional charge.
- Rates cannot be individually increased due to change in age, health or individual claim.
- Annual health screening benefits included.
- Simplified underwriting – answer only a few health questions.
- The plan is portable\* – take your coverage with you if you leave your job.

\* *Certain stipulations apply to portability.*

## ELIGIBILITY

### INDIVIDUAL ELIGIBILITY

All full-time employees, between the ages of 18-68 working at least 20 hours or more weekly, are eligible. If an employee is eligible, their spouse ages 18-68, are eligible for coverage and all children of the insured who are unmarried, under age 19 or 23 if a full time student.

### SPOUSE COVERAGE AVAILABLE

The employee may elect to apply for spouse coverage in amounts of \$2,500 to \$25,000, not to exceed 50% of the amount the employee applies for. If the employee does not meet the underwriting requirements, the spouse may still be eligible for coverage.

### DEPENDENT CHILDREN COVERAGE AT NO ADDITIONAL CHARGE

Each eligible dependent child is covered at 25 percent of the primary insured amount at no additional charge.

### EFFECTIVE DATE OF COVERAGE

Coverage is effective on the date the application is signed, provided that the employee is actively at work. This policy also contains a 30-day waiting period. This means that no benefits are payable for any insured before coverage has been inforced for 30 days after the application has been signed. (*refer to limitations on page 6*)

### PORTABILITY

The coverage is portable providing your coverage has been in force for 6 months after your certificate date and the group contract remains in force. Coverage will be continued at the same premium and coverage amounts.

## PLAN BENEFITS

### FIRST OCCURRENCE BENEFIT

Lump Sum Benefits payable upon initial diagnosis of a covered illness or condition. Employee benefit amounts available from \$5,000 to \$50,000. Spouses may purchase up to 1/2 of employee benefit amount.

### ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a Cancer/Critical Illness under the plan and later has one of the remaining covered illnesses/procedures, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least 6 months.

### RE-OCCURRENCE BENEFIT

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months or 12 months treatment free for cancer.

### CANCER EXPENSE BENEFIT

Cancer Expense Benefits are payable if the insured incurs eligible Medical Expenses for internal cancer that is initially diagnosed while coverage is in force. Calendar year maximum is \$5,000. For the treatment of skin cancer, we will pay 10% of the actual expenses incurred for eligible medical expenses.

### \$50 CANCER HEALTH SCREENING BENEFIT (employee and spouse only)

After the Waiting Period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. 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 certificate remains in force. This benefit is not paid for dependent children.

Covered Cancer/Critical Illnesses	
<b>Cancer</b>	<b>100%</b>
<b>Carcinoma in SITU</b>	<b>25%</b>
<b>Heart Attack (Myocardial Infarction)</b>	<b>100%</b>
<b>Coronary Artery Bypass Surgery</b>	<b>25%</b>
<b>Stroke (Apoplexy or Cerebral Vascular Accident)</b>	<b>100%</b>
<b>Major Organ Transplant</b>	<b>100%</b>
<b>Renal Failure (End Stage)</b>	<b>100%</b>

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

**NOTE:** If a benefit is paid for carcinoma in situ, the internal cancer benefit will be reduced by 25%. If a benefit is paid for coronary artery bypass surgery, the heart attack benefit will be reduced by 25%.

### Covered Health Screening Tests Include:

- Mammography
- Colonoscopy
- Pap smear
- Cervical Cancer Screening
- Chest x-ray
- PSA (blood test for prostate cancer)
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography

## WEEKLY RATES - EMPLOYEE *(standard)*

### Non-Tobacco

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.22	\$1.66	\$2.10	\$2.54	\$2.98	\$3.42	\$3.85	\$4.29	\$4.73	\$5.17
30-39	\$1.81	\$2.61	\$3.40	\$4.20	\$4.99	\$5.79	\$6.59	\$7.38	\$8.18	\$8.98
40-49	\$3.49	\$5.11	\$6.74	\$8.37	\$10.00	\$11.62	\$13.25	\$14.88	\$16.50	\$18.13
50-59	\$5.85	\$8.78	\$11.71	\$14.64	\$17.57	\$20.51	\$23.44	\$26.37	\$29.30	\$32.23
60-68	\$9.16	\$13.87	\$18.58	\$23.29	\$28.00	\$32.70	\$37.41	\$42.12	\$46.83	\$51.54

### Tobacco

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$1.51	\$2.24	\$2.97	\$3.69	\$4.42	\$5.15	\$5.87	\$6.60	\$7.33	\$8.05
30-39	\$2.39	\$3.76	\$5.13	\$6.51	\$7.88	\$9.25	\$10.63	\$12.00	\$13.37	\$14.74
40-49	\$5.28	\$8.69	\$12.11	\$15.52	\$18.94	\$22.35	\$25.77	\$29.19	\$32.60	\$36.02
50-59	\$8.80	\$14.69	\$20.57	\$26.46	\$32.34	\$38.23	\$44.11	\$50.00	\$55.89	\$61.77
60-68	\$13.87	\$23.29	\$32.70	\$42.12	\$51.54	\$60.95	\$70.37	\$79.79	\$89.20	\$98.62

## WEEKLY RATES - SPOUSE *(standard)*

### Non-Tobacco

Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.00	\$1.22	\$1.44	\$1.66	\$1.88	\$2.10	\$2.32	\$2.54	\$2.76	\$2.98
30-39	\$1.41	\$1.81	\$2.21	\$2.61	\$3.00	\$3.40	\$3.80	\$4.20	\$4.60	\$4.99
40-49	\$2.67	\$3.49	\$4.30	\$5.11	\$5.93	\$6.74	\$7.56	\$8.37	\$9.18	\$10.00
50-59	\$4.38	\$5.85	\$7.32	\$8.78	\$10.25	\$11.71	\$13.18	\$14.64	\$16.11	\$17.57
60-68	\$6.81	\$9.16	\$11.52	\$13.87	\$16.23	\$18.58	\$20.93	\$23.29	\$25.64	\$28.00

### Tobacco

Ages	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$1.15	\$1.51	\$1.88	\$2.24	\$2.60	\$2.97	\$3.33	\$3.69	\$4.06	\$4.42
30-39	\$1.70	\$2.39	\$3.07	\$3.76	\$4.45	\$5.13	\$5.82	\$6.51	\$7.19	\$7.88
40-49	\$3.57	\$5.28	\$6.98	\$8.69	\$10.40	\$12.11	\$13.81	\$15.52	\$17.23	\$18.94
50-59	\$5.86	\$8.80	\$11.75	\$14.69	\$17.63	\$20.57	\$23.52	\$26.46	\$29.40	\$32.34
60-68	\$9.16	\$13.87	\$18.58	\$23.29	\$28.00	\$32.70	\$37.41	\$42.12	\$46.83	\$51.54

Rates include benefits for Critical Illness including Cancer, Additional Occurrence, Re-occurrence, Cancer Expense Benefit and Health Screening.

## DEFINITIONS

### TREATMENT:

Means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

### MAJOR ORGAN TRANSPLANT:

Means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

### MYOCARDIAL INFARCTION: (Heart Attack)

Means the death of a portion of the heart muscle (*myocardium*) resulting from a blockage of one or more coronary arteries. Heart attack does not include any other disease or injury involving the cardiovascular system. **Cardiac Arrest not caused by a myocardial infarction is not a heart attack.** The diagnosis must include all of the following criteria: 1. New and serial Electrocardiographic (EKG) finding consistent with Myocardial Infarction; and 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]. 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms. 4. Chest Pain.

### STROKE:

Means Apoplexy (*due to rupture or acute occlusion of a cerebral artery*), or a cerebral vascular accident or incident, which is first manifested on or after the policy date. Stroke does not include Transient Ischemia Attacks and attacks of Vertebrobasilar Ischemia. We will pay a benefit for Stroke which produces permanent clinical neurological sequela persisting for at least 30 days following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from Computed Axial Tomography (CAT scan) or Magnetic Resonance Imaging (MRI). Stroke does not mean head injury, transient ischemic attack or chronic cerebrovascular insufficiency.

### CANCER:

Means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers such as 1. Pre-malignant tumors or polyps; 2. Carcinoma in Situ (*non-invasion*); 3. Any skin cancers except melanomas; 4. Stage 1 Hodgkin's Disease; 5. Stage A Prostate Cancer; 6. Melanoma that is diagnosed as Clark's Level I and II or Breslow less than .77 mm; 7. Basal cell carcinoma and squamous cell carcinoma of the skin.

### CARCINOMA IN SITU:

Means Cancer that is in the natural or normal place, confined to the site without having invaded neighboring tissue.

Cancer and/or carcinoma in situ must be diagnosed in one of two ways: 1. Pathological Diagnosis - A pathological diagnosis of cancer or carcinoma in situ is based on a microscopic study of fixed tissue or preparations from the hemic (*blood*) system. This type of diagnosis must be done by a certified pathologist whose diagnosis of malignancy is in keeping with the standards set by the American Board of Pathology. 2. Clinical Diagnosis - A clinical diagnosis of cancer or carcinoma in situ is based on the study of symptoms.

We will pay benefits for a clinical diagnosis only if: a. A pathological diagnosis cannot be made because it is medically inappropriate or life threatening; b. There is medical evidence to support the diagnosis; and c. A doctor is treating the insured for cancer and/or carcinoma in situ.

### RENAL FAILURE: (Kidney Failure)

Means the end stage renal failure presenting as a chronic, irreversible failure of both of your kidneys to function. The Kidney failure must necessitate regular renal dialysis, hemo-dialysis or peritoneal dialysis (*at least weekly*); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

### CORONARY ARTERY BYPASS SURGERY:

Means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as, but not limited to balloon angioplasty, laser relief, stents or other non-surgical procedures.

## LIMITATIONS & EXCLUSIONS

- **If a diagnosis occurs after the age of 70, half of the benefit is payable.**
- **30-Day Waiting Period:** This policy contains a 30-day waiting period. This means that no benefits are payable for any insured before his coverage has been in force for 30 days after the application has been signed. If an insured is first diagnosed during the waiting period, benefits for that critical illness will apply only to loss starting after 24 months from his effective date or the employee can elect to void the coverage and receive a refund of premium.
- The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

### **Cancer and Specified Critical Illness:**

This plan provides benefits only for the treatment of Specified Critical Illnesses, Internal Cancer and/or Skin Cancer as defined in this policy.

This plan does not provide benefits for any other disease, sickness or incapacity.

### **Pre-existing Condition Limitation – Critical Illness Benefit**

No payment will be made for loss due to a pre-existing condition if the loss begins within 12 months from the effective date of coverage.

Pre-existing Condition means a disease or physical condition caused by sickness or injury for which you receive medical advice or treatment within 90 days immediately prior to becoming covered under this plan. Such condition will be covered after you have been covered for more than 12 months under this plan.

A claim for benefits for loss starting after 12 months from the effective date of coverage, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

*Underwritten by:*



**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. The policy may not be available in all states and state variations may apply.*

*See certificate for detail regarding exclusions.*



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