

# ECIP

*Employee  
Critical  
Illness plus*

## Employee Critical Illness Plus SPECIFIED DISEASE INSURANCE *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

*Protection for the  
Unexpected!*



### THIS IS A LIMITED BENEFIT POLICY

**NOTICE TO BUYER:** This insurance provides a limited benefit in the event You are diagnosed with the specified diseases. This policy is a supplement and not a substitute for a health benefit plan. You must have a health benefit plan in order to purchase this insurance.

Approved for use in: MA

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

## 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 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.

### CHILDREN COVERAGE AT NO ADDITIONAL CHARGE

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 1 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 6 months. If separated by less than 6 months, a 25% benefit is payable.

### 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 6 months. (12 months treatment free for Cancer/Carcinoma *in situ*).

Covered Specified Critical Illnesses	Percent of Benefit Amount
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.

# ECIP *Employee Critical Illness <sup>plus</sup>* Tobacco/No Tobacco Premium Rates

**RATES INCLUDE THE FOLLOWING:** Specified Critical Illness including Cancer, Pre-Existing Condition Exclusion, Age 70 Reduction and the \$50 Health Screening Benefit Rider. Spouse is eligible to apply for 50% of the employee amount. Includes 25% benefit for eligible children.

## Employee Non-Tobacco Rates

## Face Purchase – Weekly 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	\$1.04	\$1.66	\$2.28	\$2.91	\$3.53	\$4.15	\$4.78	\$5.40	\$6.02	\$6.65
30-39	\$1.55	\$2.68	\$3.81	\$4.94	\$6.07	\$7.20	\$8.33	\$9.46	\$10.59	\$11.72
40-49	\$2.49	\$4.57	\$6.65	\$8.72	\$10.80	\$12.88	\$14.95	\$17.03	\$19.11	\$21.19
50-59	\$3.95	\$7.48	\$11.01	\$14.54	\$18.07	\$21.60	\$25.13	\$28.66	\$32.19	\$35.73
60-69	\$6.42	\$12.42	\$18.42	\$24.42	\$30.42	\$36.42	\$42.42	\$48.42	\$54.42	\$60.42
* 70 +	\$12.42	\$24.42	\$36.42	\$48.42	\$60.42	NA	NA	NA	NA	NA

## Employee Tobacco Rates

## Face Purchase – Weekly 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	\$1.27	\$2.12	\$2.98	\$3.83	\$4.68	\$5.54	\$6.39	\$7.25	\$8.10	\$8.95
30-39	\$2.19	\$3.97	\$5.75	\$7.52	\$9.30	\$11.08	\$12.85	\$14.63	\$16.41	\$18.19
40-49	\$4.04	\$7.66	\$11.29	\$14.91	\$18.53	\$22.16	\$25.78	\$29.40	\$33.03	\$36.65
50-59	\$6.95	\$13.48	\$20.01	\$26.54	\$33.07	\$39.60	\$46.13	\$52.67	\$59.19	\$65.73
60-69	\$11.95	\$23.49	\$35.03	\$46.57	\$58.11	\$69.65	\$81.19	\$92.73	\$104.27	\$115.80
* 70 +	\$23.49	\$46.57	\$69.65	\$92.73	\$115.80	NA	NA	NA	NA	NA

\* Benefit amounts for individuals who are age 70 and over and applying for coverage have already been reduced by 50%.

## Spouse Non-Tobacco Rates

## Face Purchase – Weekly 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	\$0.73	\$1.04	\$1.35	\$1.66	\$1.97	\$2.28	\$2.60	\$2.91	\$3.22	\$3.53
30-39	\$0.98	\$1.55	\$2.11	\$2.68	\$3.24	\$3.81	\$4.37	\$4.94	\$5.50	\$6.07
40-49	\$1.45	\$2.49	\$3.53	\$4.57	\$5.61	\$6.65	\$7.69	\$8.72	\$9.76	\$10.80
50-59	\$2.18	\$3.95	\$5.71	\$7.48	\$9.24	\$11.01	\$12.77	\$14.54	\$16.31	\$18.07
60-69	\$3.42	\$6.42	\$9.42	\$12.42	\$15.42	\$18.42	\$21.42	\$24.42	\$27.42	\$30.42

## Spouse Tobacco Rates

## Face Purchase – Weekly 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	\$0.84	\$1.27	\$1.70	\$2.12	\$2.55	\$2.98	\$3.40	\$3.83	\$4.26	\$4.68
30-39	\$1.30	\$2.19	\$3.08	\$3.97	\$4.86	\$5.75	\$6.64	\$7.52	\$8.41	\$9.30
40-49	\$2.23	\$4.04	\$5.85	\$7.66	\$9.47	\$11.29	\$13.10	\$14.91	\$16.72	\$18.53
50-59	\$3.68	\$6.95	\$10.21	\$13.48	\$16.74	\$20.01	\$23.27	\$26.54	\$29.81	\$33.07
60-69	\$6.19	\$11.95	\$17.72	\$23.49	\$29.26	\$35.03	\$40.80	\$46.57	\$52.34	\$58.11

## 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 in force. 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

### BENEFIT REDUCTION

Specified Critical Illness benefits are reduced by 50% starting age 70.

### WAITING PERIOD

This coverage contains a 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.

### PRIOR HISTORY OF CANCER

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.

### PRE-EXISTING CONDITIONS LIMITATION *(Not applicable to Insureds with a Prior History of Cancer or Carcinoma in Situ - See PRIOR HISTORY OF CANCER)*

This plan contains a Pre-existing Condition Limitation. If a Pre-existing Condition results in a Specified Critical Illness claim during the first 180 days, starting from the Certificate Application Date, no benefits will be payable for that claim.

Pre-existing Condition means a sickness or physical condition which, within 180 days prior to the Certificate Application Date, resulted in medical advice or Treatment.

We will not pay benefits for any condition or Illness starting within the Pre-existing Condition Period from the Certificate Application Date which is caused by, contributed to, or resulting from a Pre-existing Condition. A claim for benefits for loss starting after the Pre-existing Condition Period from the Application Date of an Insured will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition Period.

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.

### 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. Substance Abuse, except for substance abuse innocently sustained at the hands of a Doctor.
4. War - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence.

### ADDITIONAL INFORMATION

This insurance is guaranteed renewable if the premiums are paid on or before the due date. The Company reserves the right to change premiums by class upon any renewal date. The rates can be changed annually. The Company cannot discontinue the Policy except where required by law or as a result of nonpayment of premium.

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 COVERAGE PROVIDES BENEFITS FOR THE SPECIFIED CRITICAL ILLNESSES LISTED.  
IT DOES NOT PROVIDE BENEFITS FOR ANY OTHER SICKNESS OR CONDITION.**

**THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.**

**If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare  
available from the Company.**

**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, Massachusetts 02021 • [www.bostonmutual.com](http://www.bostonmutual.com)

**FOR CLAIMS CALL TOLL FREE: 1-800-669-2668 EXT. 368 • 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.*