

# Specified Disease Insurance ●●●



## What happens when a serious medical diagnosis occurs?

**Protecting your family** can mean a lot of things, and to have **financial resources** can be meaningful during those times. Boston Mutual's Specified Disease insurance pays a lump sum cash benefit directly to you upon the diagnosis of a covered condition on the plan.

## Providing peace of mind for you and your family ●●●



### With Boston Mutual's Specified Disease insurance. . .

- ✓ **Cash benefits are paid directly to you**, whether the condition is covered by your medical plan or not.
- ✓ **Easy claims process.** We work hard to make the claims process as easy as possible.
- ✓ **Flexible benefits.** You select the amount of insurance you need and can afford.
- ✓ **Family coverage.** You can cover your spouse and children.

### Benefit and weekly premium rates – *Face Amount weekly premiums*

EMPLOYEE NON-TOBACCO RATES			
Issue Age	\$5,000	\$10,000	\$15,000
18 - 29	\$1.09	\$1.76	\$2.43
30 - 39	\$1.66	\$2.91	\$4.16
40 - 49	\$2.70	\$4.98	\$7.26
50 - 59	\$4.30	\$8.19	\$12.08
60 +	\$7.04	\$13.66	\$20.29

EMPLOYEE TOBACCO RATES			
Issue Age	\$5,000	\$10,000	\$15,000
18 - 29	\$1.35	\$2.29	\$3.22
30 - 39	\$2.38	\$4.35	\$6.32
40 - 49	\$4.40	\$8.38	\$12.37
50 - 59	\$7.62	\$14.82	\$22.02
60 +	\$13.18	\$25.95	\$38.72

SPOUSE NON-TOBACCO RATES			
Issue Age	\$2,500	\$5,000	\$7,500
18 - 29	\$0.75	\$1.09	\$1.42
30 - 39	\$1.04	\$1.66	\$2.29
40 - 49	\$1.56	\$2.70	\$3.84
50 - 59	\$2.36	\$4.30	\$6.25
60 - 69	\$3.73	\$7.04	\$10.35

SPOUSE TOBACCO RATES			
Issue Age	\$2,500	\$5,000	\$7,500
18 - 29	\$0.88	\$1.35	\$1.82
30 - 39	\$1.40	\$2.38	\$3.37
40 - 49	\$2.41	\$4.40	\$6.39
50 - 59	\$4.02	\$7.62	\$11.22
60 - 69	\$6.80	\$13.18	\$19.57

**NOTICE TO BUYER:** This insurance provides a limited benefit in the event you are diagnosed with a specified disease. 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

## Health Screening Benefits

We will pay a \$50 benefit if an insured has any one of the covered screening tests. 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 specified disease. 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:

- |  |  |   |
|--|--|---|
| 1. Biopsy for Skin Cancer                          | 8. Colonoscopy                                     | 15. Oral Cancer screening using ViziLite, OraTest or other similar test |
| 2. Blood test for triglycerides                    | 9. Electrocardiogram (EKG)                         | 16. Pap smear ( <i>including ThinPrep Pap Test</i> )                    |
| 3. Bone marrow testing                             | 10. Fasting blood glucose test                     | 17. PSA ( <i>blood test for prostate cancer</i> )                       |
| 4. CA 125 ( <i>blood test for ovarian cancer</i> ) | 11. Flexible sigmoidoscopy                         | 18. Serum Protein Electrophoresis ( <i>blood test for myeloma</i> )     |
| 5. CA 15-3 ( <i>blood test for breast cancer</i> ) | 12. Hemocult stool analysis                        | 19. Stress test on a bicycle or treadmill                               |
| 6. CEA ( <i>blood test for colon cancer</i> )      | 13. Lipid Panel ( <i>total cholesterol count</i> ) | 20. Thermography  |
| 7. Chest X-ray                                     | 14. Mammography/Breast Ultrasound                  |   |

## How much are these common conditions covered for?

- ✓ Pays 100% of the benefit amount for the diagnosis of many covered conditions such as cancer, heart attack, stroke, end stage renal disease, major organ transplant, and Amyotrophic Lateral Sclerosis (ALS).
- ✓ Pays 30% of the benefit amount for carcinoma in situ, coronary artery bypass and angioplasty and stent insertion.

COVERED SPECIFIED DISEASES	PERCENTAGE OF BENEFIT AMOUNT
Cancer	100%
Carcinoma in situ	30%
Skin Cancer	\$300 one-time ( <i>lifetime</i> )
Heart Attack ( <i>Myocardial Infarction</i> )	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke ( <i>Apoplexy or Cerebral Vascular Accident</i> )	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS ( <i>Lou Gehrig's Disease</i> )	100%
Loss of Sight/Speech/Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%

*This brochure describes coverage highlights only. Coverage is subject to availability by state. There may be state variations on the benefits, limitations, exclusions, rates and other provisions. For special limitations and exclusions, please refer to the policy certificate. No contract will result until an application is submitted and approved by Boston Mutual and a policy is issued.*



FAMILY MATTERS. NO MATTER WHAT.®

120 Royall Street, Canton, MA 02021 | 800.669.2668 | [www.bostonmutual.com](http://www.bostonmutual.com)

/bostonmutuallifeins

/company/boston-mutual-life-insurance

/bostonmutuallifeinsurance

Approved for use in MA