



# Employee Group Critical Illness Insurance

## Benefit Summary

### Policy Series WS-CI 4/12

Employees of Catacombs Ink Art

## WHAT IS CRITICAL ILLNESS INSURANCE?

Boston Mutual Life's Critical Illness insurance provides additional coverage should a major medical diagnosis occur. Critical Illness insurance is designed to protect the buyer from the huge out of pocket costs that often accompany these conditions, whether it's co-pays and deductibles, or everyday living expenses or other costs related to a critical illness such as home modifications, travel expenses, childcare and rehabilitation charges. Critical Illness insurance pays a lump sum cash benefit directly to you upon the diagnosis of a covered condition within Boston Mutual's plan and subject to review/approval of a submitted claim.

- ✓ **Cash benefits** are paid directly to the insured, whether the condition is covered by their 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

## ELIGIBILITY

**Eligibility:** Employees who are actively at work a minimum of 20 hours per week for at least 60 days following the date of employment at time of application and able to perform the duties of their occupation.

Eligible employees, may elect to apply for spouse coverage. 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. Spouse coverage is available for those 18-69 years old.

Each eligible child up to age 26, is covered at 25% of the primary insured. There's no additional charge when the coverage is 25%. If coverage is over 25% there will be an additional premium. The definition of children may vary by state. Please review your certificate carefully.

**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.

**Effective Date of Coverage:** Coverage is effective on the date the application is signed.



## PLAN DESIGN & BENEFITS

Employee Guaranteed Issue: \$20,000

Spouse Guaranteed Issue: \$10,000

Children: Each eligible child is covered at 25% of the primary insured amount at no additional charge.

- ✓ **Cancer coverage included\*\***
- ✓ **No reduction at age 70**
- ✓ **No pre-existing condition limitations**
- ✓ **Health screening benefit**

\*\*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, unless not allowed by state.

## SUMMARY OF POLICY 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 \$20,000.

### 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.

### 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 CRITICAL ILLNESSES	PERCENTAGE OF BENEFIT AMOUNT
Cancer**	100%
Carcinoma in situ**	30%
Skin Cancer	\$300 one-time(lifetime)
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%



Eligible Children are also covered for the following childhood critical illnesses at 25% of the employee benefit amount at no additional charge:

- 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.*



## Health Screening Benefit

Boston Mutual Life 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. See below for covered health screening tests:

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

*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.*



## Rates

Premiums are based on the Certificate Effective Date. Please contact your Benefits Administrator for more information on premium payments.

### Employee - Unismoke Rates Benefit Amount – Monthly Premiums

Face Amount	Issue Ages					
	18-29	30-39	40-49	50-59	60-69	* 70 +
\$5,000	\$4.92	\$7.83	\$13.14	\$21.56	\$35.81	\$35.81
\$10,000	\$8.04	\$13.86	\$24.47	\$41.32	\$69.82	\$69.82
\$15,000	\$11.16	\$19.90	\$35.81	\$61.08	\$103.82	\$103.82
\$20,000	\$14.28	\$25.93	\$47.14	\$80.84	\$137.83	\$137.83

### Spouse - Unismoke Rates Benefit Amount – Monthly Premiums

Face Amount	Issue Ages				
	18-29	30-39	40-49	50-59	60-69
\$2,500	\$3.36	\$4.82	\$7.47	\$11.68	\$18.80
\$5,000	\$4.92	\$7.83	\$13.14	\$21.56	\$35.81
\$7,500	\$6.48	\$10.85	\$18.80	\$31.44	\$52.81
\$10,000	\$8.04	\$13.86	\$24.47	\$41.32	\$69.82

*\*For complete coverage details, exclusions and limitations please refer to the coverage certificate.*