COMBINED™
A Chubb Company

CANCER CARE PROTECTOR

Cancer Care Protector

Combined Insurance's Cancer Care Protector — a Good Decision

This policy provides cash benefits which can be used to help pay the out-of-pocket costs associated with cancer treatment and recovery.

The Cancer Care Protector benefits are payable directly to you (or someone you designate), regardless of any other insurance coverage you may have. This policy can provide benefits that can be used any way you choose. The coverage is portable, which means if you change employers you can keep your coverage without interruption.

Below is a summary of the benefits provided by the Cancer Care Protector.

Nearly 40% of Americans will develop cancer during their lifetime.†

† American Cancer Society, Cancer Facts and Figures, 2019.

Features and Benefits

BENEFITS	PREFERRED	CHOICE
Hospital Stays	$450 per day	$300 per day
Radiation, Chemotherapy and Surgery (per treatment or per surgery)	$300 per day	$200 per day
Nursing Home, Hospice or Home Health Care	$225 per day (lifetime maximum $22,500)	$150 per day (lifetime maximum $15,000)
Preventative care Chest x-rays Pap test Mammograms Blood tests And more...	Up to $150 for a physical exam or a cancer screening at the end of every 3 years the policy is in force	Up to $100 for a physical exam or a cancer screening at the end of every 3 years the policy is in force
First occurrence (Benefit increase)	$1,500 for the first covered cancer diagnosis* and the benefit increases $150 every 6 months the policy is in force	$1,000 for the first covered cancer diagnosis* and the benefit increases $100 every 6 months the policy is in force

* This benefit is payable upon initial diagnosis of a covered cancer (except skin cancer) while the policy is in force. Only one First Occurrence benefit will be paid for each covered person during his or her lifetime. This benefit increases every six months until age 65.

COMBINED™
A Chubb Company

CANCER CARE PROTECTOR

Cancer Care Protector

Limitations and Exclusions

This is a cancer-only policy and does not pay benefits for loss from any other sickness or accidents

This policy pays only for the treatment of covered cancer.

"Covered Cancer" means leukemia, Hodgkin's Disease, or a malignant tumor characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of the affected cells.

Definitions

"Hospital" is an institution which meets all of the following requirements: (a) operates pursuant to law; (b) operates primarily for the care and treatment of sick or injured persons as inpatients; (c) provides 24 hour nursing service; (d) has facilities available for diagnosis and surgery; (e) has a staff of at least one licensed physician available at all times. Hospital does not include a clinic, nursing home or convalescent care facility including such facility associated with a Hospital.

"Inpatient" means hospital confinement which the hospital classifies as inpatient. It does not mean confinement on an outpatient basis.

"Outpatient" means treatment by a physician in a physician's office, clinic, emergency room or free standing ambulatory surgical facility, and while not confined in a hospital as an inpatient.

Pre-existing Conditions

Losses caused by a Preexisting Condition are not covered unless loss begins after 12 months from the issue date.

"Preexisting condition" means cancer which:

1. Was diagnosed by a physician within 12 months before the issue date; or
2. Showed clear symptoms within 12 months before the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment.

Renewability

This policy is "guaranteed renewable" for life. As long as premiums are paid, your right to renew this policy is guaranteed, so you have protection when you need it. No premiums are due after the policy has been continuously in force for 20 years.

We reserve the right to change your premium. We cannot change your premium unless we change everyone in your class (for example, everyone in your state).

This Is Very Important

If a covered individual is a Medicaid recipient, policy benefits may be assigned and payable to your state Medicaid agency. Also, benefit payments you receive may count as income for Medicaid eligibility purposes.

Important Notice

This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage.

This document contains a brief description of policy benefits. See the policy for complete details of policy benefits, exclusions and limitations. Products vary by State subject to availability and qualifications.

Notice of Claim / Proof of Loss

Written proof of loss must be given to Combined within 90 days after such loss. If it was not reasonably possible to give written proof within 90 days, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

This is a brief description of policy benefits for policy Form No. 16011-CT. See the policy for complete details of policy benefits and exclusions/limitations.

CI-CAN-LVB-CT_0623

Combined Insurance Company of America
Chicago, IL
www.combinedinsurance.com