



Cancer Care Protector

An insurance policy designed to pay cash benefits directly to you to help cover some expenses associated with cancer treatment and recovery.



















Cancer Can Affect Anyone, Anywhere, Anytime

According to the American Cancer Society, cancer will strike 1 out of 3 people¹ and affect 3 out of 4 families.²



- The good news is that today more people are surviving cancer than ever before. 68% of the people who get cancer this year will be alive 5 years from now because of modern medical treatments.²
- Unfortunately, the vast majority of medical plans simply do not cover all of the expenses incurred with the disease. After all, 60% of total cancer costs are non-medical.²

Cancer Care Protector can help make a difference in both the quality of care and quality of life for you or a loved one.



¹ American Cancer Society, Cancer Facts and Figures, 2016.

² American Cancer Society, Cancer Facts and Figures, 2014.





Will You Be Able to Afford Non-Medical Expenses Such As:

- Everyday living expenses if you have a loss of income due to time off work
- Transportation expenses involved with necessary treatment
- Lodging and meals away from home for both patient and family members
- Deductibles and co-payments on your medical insurance

More than one-third of Americans report being unable to cover a \$400 emergency medical expense without having to borrow or sell something.¹

1/3
OF AMERICANS

Even if you are covered by a major medical plan, an HMO, PPO, or basic hospital coverage, you still need our cancer policy because it will provide additional cash — when you need it most.



¹ www.FederalReserve.gov, 2022 Report on Economic Well-Being of U.S. Households in 2021.



Do You Qualify?

Have you had any advice or treatment for cancer or skin cancer within the last 10 years?







Benefits and Features

The Cancer Care Protector benefits are payable directly to you (or someone you designate), for covered cancer treatment. Regardless of any other insurance coverage you may have.

FEATURES	ENHANCED PLAN BENEFIT	
Hospital Stays* (no maximum number of days or dollar limit)	1-60 days, \$200 per day 61-120 days, \$300 per day Over 120 days, \$400 per day	
Intensive Care** (no maximum number of days or dollar limit)	1-60 days, \$200 per day 61-120 days, \$300 per day Over 120 days, \$400 per day	
Surgery ⁺ (no limit on number of surgeries)	Up to \$2,000 (depending on the type of surgery)	
Anesthesia ⁺⁺ (per surgery)	Up to \$300 (\$100 for skin cancer)	
Radiation or Chemotherapy Inpatient or Outpatient	Up to \$5,000 Lifetime Maximum Benefit Additional \$100 per day for outpatient treatment (maximum lifetime benefit of 365 days)	
 * Must be continuously confined overnight as an inpatient. ** Paid in addition to the Hospital Stay Benefit. 	 If multiple surgical procedures are performed during the same operation, only one surgical benefit will be paid. Must be administered during a covered surgery. 	





And There's More

MORE FEATURES	ENHANCED PLAN BENEFIT	
Preventative Care (chest x-rays, pap test, mammograms, blood tests, etc.) Paid at the end of every three years policy remains in force.	Up to \$100 for a physical exam or a cancer screening.	
First Occurrence [†] (Benefit increase)	\$1,000 for the first cancer diagnosis [†] This benefit increases \$100 every 6 months the policy is in force	
Physician's Hospital Visits*	Up to \$40 per day	
Inpatient Private Duty Nursing*	Up to \$40 per day	
Prescription Drugs While Hospital Confined*	Up to \$20 per day	
Blood and Blood Plasma*	Expenses incurred	
Ambulance* to and from Hospital	Up to \$100 per trip (up to 2 trips per stay)	
Airplane*	Up to \$800 (one round trip coach ticket)	

[†] Except for skin cancer, not including melanoma. This benefit increases every 6 months until age 65 and is payable once per covered person.

^{*} These additional benefits are subject to an aggregate maximum lifetime benefit of \$5,000. There is no lifetime maximum for blood and blood plasma in the treatment of leukemia.





Exclusions and Limitations

We have just told you what this policy will cover. However, it is important that you know what it does not cover.

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

- Loss caused by a pre-existing condition is not covered unless such loss begins after 24* months from the issue date. Pre-existing condition is a condition which was diagnosed or treated by a doctor within the 24* months before the policy issue date or showed clear symptoms within the 12 months before the issue date
- In MD and ND, a pre-existing condition means cancer which was diagnosed or treated by a doctor within 24 months before the issue date
- In NC, a pre-existing condition means those conditions for which medical advice, diagnosis, care or treatment was received or recommended before the 30th day after and within the one year period immediately preceding the application date
- In SC, a pre-existing condition means a condition misrepresented or not revealed in the application for which medical advice or treatment was recommended by or received from a physician prior to the issue date

In WA, a pre-existing condition means cancer which first manifests itself before the issue date. A cancer first manifests itself if: (a) it was diagnosed or treated by a doctor within 24 months before the issue date; or (b) if it showed clear symptoms within 12 months before the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment.

- Covered cancer means leukemia or a malignant tumor characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of affected cells**
- In SC, a covered cancer means leukemia or a disease manifested by the presence of a malignant tumor characterized by the uncontrolled cell growth
- Hospital does not include a clinic⁺⁺, nursing home or convalescent care facility including such facility associated with a hospital



This policy is guaranteed renewable for the principal insured's lifetime. We cannot change your premium unless we change everyone in your class (for example, everyone in your state).

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.

- * In CO, NC and WA: 12 months.
- ** In GA: Hodgkin's Disease is also considered a "Covered Cancer".
- ** Does not apply in SC.



How Cancer Care Protector will work for you and your family:

- CO Coverage begins immediately. No waiting period.
- Guaranteed renewable for life. Protection when you need it.
- 12 benefit provisions
 - Hospital confinement
 - Intensive Care
 - Surgery
 - Anesthesia
 - Radiation and Chemotherapy
 - Preventive care

- First Occurrence
- Physicians' Hospital Visits
- Private Duty Nursing
- Prescription Drugs
- Blood and Blood Plasma
- Transportation

We pay cash benefits directly to you.













How Cancer Care Protector will work for you and your family:

- No reduction in benefits as a result of age or number of claims incurred.
- Family protection. And, if dependents are covered, newborn children are covered at birth.
- The service, strength and security of Combined Insurance.

 Making it easy for our customers to prepare for the unexpected.
- Policy is paid-up in 20 years. This means that the premiums stop after 20 years, but you are covered for the rest of your life.
- Benefits are paid in addition to all other private insurance.

 And benefits are paid directly to you or to whomever you choose.

We pay cash benefits directly to you.















IMPORTANT This presentation contains a brief description of policy benefits. (Form No. series 16075). See the policy for complete details of benefits, exclusions and limitations. This presentation is only for use in the states referenced herein. State specific form numbers are shown below.

STATE	POLICY #	STATE	POLICY #
AL	Form No. 16075-AL-R	NC	Form No. 16075-NC-R408
AZ	Form No. 16075-AZ	ND	Form No. 16075-ND
CO	Form No. 16075-CO-1113	NE	Form No. 16075
DE	Form No. 16075-DE-812	ОН	Form No. 16075-OH
DC	Form No. 16075	OK	Form No. 16075
GA	Form No. 16075-GA	OR	Form No. 16075-OR
HI	Form No. 16075-HI	RI	Form No. 16075-RI
IL	Form No. 16075-IL	SC	Form No. 16075-SC-R07
IN	Form No. 16075-IN-911	SD	Form No. 16075-SD
LA	Form No. 16075-LA-810	VT	Form No. 16075-VT-R07
MD	Form No. 16079-MD	WA	Form No. 16075-WA-R08
MI	Form No. 16075	WI	Form No. 16075-WI
MS	Form No. 16075-MS		

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This is supplemental insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or Major Medical expense insurance.