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	CHOICE
Hospital stays	$200 per day
Intensive Care	$200 per day
Surgery and Anesthesia	Surgery[1], up to $2,000 Anesthesia[2], up to $300 ($100 for skin cancer)
Radiation and Chemotherapy	$100 per day for inpatient and outpatient treatment (maximum lifetime benefit of 365 days)
Preventative Care	Up to $100 for a cancer screening at the end of every 3 years the policy is in force
First Occurrence (Benefit increase)	$1,000 for the first covered cancer diagnosis[3] and the benefit increases $100 every 6 months the policy is in force
Physician's Hospital Visits[4]	Up to $40 per day
Inpatient Private Duty Nursing[4]	Up to $40 per day
Prescription Drugs While Hospital Confined[4] (other than drugs considered chemotherapy)	Up to $20 per day
Blood and Blood Plasma	$100 a day (Lifetime maximum 365 days)
Ambulance[4] to and from hospital	Up to $100 per trip (up to 2 trips per stay)
Airplane[4]	Up to $800 (one round trip coach ticket)

[1] If multiple surgical procedures are performed during the same operation, only one surgical benefit will be paid. For maximum amounts and details, see the Surgical Benefits Schedule in the the policy.

[2] Must be administered by an anesthetist during a covered operation.

[3] This benefit is payable upon initial diagnosis of a covered cancer (except skin cancer) while policy is in force. This benefit increases every six months until age 65 and only one first occurrence benefit shall be paid for each Covered Person during his or her lifetime.

[4] 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.

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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 or a malignant tumor characterized by uncontrolled cell growth and which results in a positive diagnosis, based upon a microscopic examination of affected cells

Hospital

"Hospital" does not include a clinic, nursing home or convalescent care facility including such facility associated with a Hospital.

Pre-existing Conditions

Loss caused by a preexisting condition is not covered unless such loss begins after 6 months from the policy issue date.

"Preexisting condition" means a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a physician within six months before the coverage effective date.

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.

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 document contains a brief description of policy Form No. 16010-ME. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.

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