COMBINED™
A Chubb Company

CRITICAL CARE PROTECTOR

Critical Care Protector

Combined Insurance's Critical Care Protector — a Good Decision

This policy provides cash benefits which can be used to help pay the out-of-pocket costs associated with the major illnesses listed below.

The Critical 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 Critical Care Protector.

66.5% of bankruptcies in the United States were due, in part, to medical expenses.[1]

SECTION ONE*

Provides a benefit upon the first occurrence of one of the following conditions:

- Blindness
- Brain Tumor (must require surgery)
- Cancer (except skin cancer other than malignant melanoma)
- Dismemberment (two or more limbs)
- Heart Attack
- Heart Surgery
- Kidney Failure
- Multiple Sclerosis
- Paralysis (two or more limbs)
- Organ Transplant (heart, kidney, liver, lung, pancreas)
- Severe Burns
- Stroke

We will pay you 100% of the total benefit amount you have selected, up to $50,000, less any benefit already paid under Section Two. This benefit is payable once during the lifetime of the policy, and you can use the money in any way you choose.

SECTION TWO

- Stage A Prostate Cancer
- Carcinoma In-Situ

We will pay a one-time benefit during the lifetime of the policy of 25% of the total benefit amount you have selected for a Section One loss if you are diagnosed and treated for either Stage A Prostate Cancer or Carcinoma In-Situ. In other words, up to $12,500 depending on the plan you select.

* This policy terminates upon payment of the Section One benefit.

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

[1] American Public Health Association. Medical Bankruptcy: Still Common Despite the Affordable Care Act. 2019.

COMBINED™
A Chubb Company

CRITICAL CARE PROTECTOR

Critical Care Protector

Critical Care Protector Limitations and Exclusions

Exclusions

No benefit is payable for loss due to:

- Intentionally self-inflicted injury, or from Skin Cancer (except malignant melanoma).

Pre-existing Conditions

Loss caused by a pre-existing condition is not covered unless such loss begins at least 24 months after the policy issue date.

Pre-existing condition means a condition not fully disclosed on the application for which you:

1. Received medical advice or treatment within the 24 months before the issue date; or
2. Showed symptoms within 24* months prior to the issue date.

Waiting Period Conditions

Loss caused by a Waiting Period Condition is not covered unless such loss begins at least 24 months after the policy issue date. The Waiting Period is the first 30 days after the policy issue date.

Waiting period condition means a condition for which you:

1. Received medical advice or treatment within 30 days after the issue date; or
2. Showed symptoms within 30 days after the issue date that would have caused an ordinarily prudent person to seek medical advice or treatment (not applicable in ND).

Renewability

Your right to renew this policy is guaranteed until payment of the Section One benefit, at which time the policy terminates. Benefits for loss under both Section One and Section Two of your policy are payable only once during the lifetime of the policy.

Your policy will remain in force after the payment of the benefit for a Section Two loss. However, your policy will terminate immediately upon payment of the Section One benefit.

We can only change the premium for your policy if we change everyone in your class (for example: everyone in your state).

*12 months in IL

** IN, LA and WI: If a covered loss manifests itself during the Waiting Period, you have the alternative of requesting a premium refund rather than waiting for satisfaction of the preexisting condition Waiting Period.

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. series 16521, See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State and are subject to availability and qualifications.

Combined Insurance Company of America, Chicago, IL
www.combinedinsurance.com
CI-CRT-LVB-1_0623