



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 upon diagnosis and/or treatment of one of the following covered conditions:

- Blindness (total and permanent loss of sight in both eyes)
- Brain Tumor (must require surgery)
- Dismemberment (two or more limbs)
- Heart Attack
- Kidney Failure (both kidneys)
- Paralysis (two or more limbs)
- Organ Transplant (heart, kidney, liver, lung, pancreas)
- Severe Burns
- Stroke



We will pay you 100% of the Scheduled Benefit Amount you have selected, up to \$50,000. This benefit is payable once during the lifetime of the policy, and you can use the money in any way you choose. The policy terminates upon payment of the Scheduled Benefit Amount.

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





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Critical Care Protector Limitations and Exclusions

Exclusions

This policy does not pay benefits for loss from cancer.

- No benefit is payable for loss due to intentionally self-inflicted injury

Renewability

Your right to renew this policy is guaranteed until payment of the Scheduled Benefit Amount, at which time the policy terminates.

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

Pre-existing Conditions

Loss caused by a Pre-existing Condition is not covered unless such loss begins at least 12 months after the policy issue date.

Pre-existing Condition means a condition for which you:

1. Received medical advice or treatment from a physician within 12 months before the issue date; or
2. Symptoms existed within 12 months before the issue date that would cause and ordinarily prudent person to seek diagnosis, care or treatment.

Waiting Period

No benefit will be paid for a claim which occurs during the Waiting Period. If a claim occurs during the first 30 days, Combined Insurance will return the premium and the policy will be void from the beginning.

Waiting Period means the first 30 days after the policy issue date.

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. 16549-VA. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.