



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.

SECTION ONE

Provides a benefit upon diagnosis and/or treatment of one of the following conditions:

- Brain Tumor (must require surgery)
- Cancer (see exclusions below)*
- Heart Attack
- Heart Surgery
- Kidney Failure
- Organ Transplant (heart, kidney, liver, lung, or pancreas)
- Stroke



We will pay you 100% of the total benefit amount you have selected, up to \$100,000, 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. Your policy will terminate upon payment of the Section One benefit.

SECTION TWO

- Stage A Prostate Cancer
- Carcinoma In-Situ

We will pay you 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 Carcinoma In-Situ or Stage A Prostate Cancer. In other words, up to \$25,000 depending on the plan you select.**

SECTION THREE

We will pay a one-time benefit during the lifetime of the policy of 1% of the total benefit amount you have selected for a Section One loss upon diagnosis of the first occurrence of Skin Cancer. In other words, up to \$1,000 depending on the plan you select.**

* Excluding Skin Cancer, Stage A Prostate Cancer and Carcinoma In-Situ.

** Section Two and Section Three benefits are payable only once during the life of the policy and only provided for one of the conditions listed in each section.

**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

No benefit is payable for loss due to:

1. Intentionally self-inflicted injury;
2. Preexisting Condition; or
3. Waiting Period Condition.

Pre-existing Condition Limitation

Loss caused by a Pre-existing Condition is not covered unless such loss begins at least 6 months after the effective date of the policy.

Pre-existing Condition means a medical condition for which you received diagnosis or treatment during the 6 month period prior to the effective date of coverage.

Waiting Period Condition Limitations

For a covered loss diagnosed within the initial 30 days of coverage, the policy is either void from its beginning with a full premium refund to the insured, or the coverage for such diagnosed specified disease is subject to a preexisting condition limitation not to exceed 6 months from the coverage effective date. The insured must either elect whether the policy is to be voided or coverage is to be delayed.

Waiting Period

The Waiting Period is the first 30 days after the policy issue date.

Waiting Period Condition

Loss caused by a Waiting Period Condition is not covered unless such loss begins at least 6 months after the policy issue date.

Waiting Period Condition means a condition for which you:

1. Received diagnosis 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 treatment.

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 Section One, Section Two and Section Three of your policy are each payable only once during the lifetime of the insured. Your policy will remain in force after payment of the benefit in Section Two or Section Three 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).

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.

NOTE: This health plan, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance.

This document contains a brief description of policy Form No. series 16521-MA. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State and are subject to availability and qualifications.