



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	PREFERRED	CHOICE	STANDARD
Hospital stays (as an inpatient for covered cancer treatment)	1-60 days, \$600 per day 61-120 days, \$800 per day Over 120 days, \$1,000 per day	1-60 days, \$450 per day 61-120 days, \$600 per day Over 120 days, \$750 per day	1-60 days, \$300 per day 61-120 days, \$400 per day Over 120 days, \$500 per day
Intensive care (maximum of 100 days per confinement)	1-60 days, \$600 per day 61-100 days, \$800 per day	1-60 days, \$450 per day 61-100 days, \$600 per day	1-60 days, \$300 per day 61-100 days, \$400 per day
Surgery and anesthesia ¹ (excluding skin cancer*)	Surgery, up to \$5,000 Anesthesia 20% of surgical benefit	Surgery, up to \$3,750 Anesthesia 20% of surgical benefit	Surgery, up to \$2,500 Anesthesia 20% of surgical benefit
Radiation and Chemotherapy ²	\$500 per treatment Additional \$300 per day for outpatient treatment** lifetime maximum \$30,000	\$375 per treatment Additional \$225 per day for outpatient treatment** lifetime maximum \$22,500	\$250 per treatment Additional \$150 per day for outpatient treatment** lifetime maximum \$15,000
Preventative Care	\$120 for a cancer screening at the end of every two years the policy is in force	\$90 for a cancer screening at the end of every two years the policy is in force	\$60 for a cancer screening at the end of every two years the policy is in force
Family support- first diagnosis (payable only once per covered person)	\$4,000 for the first covered cancer diagnosis ³	\$3,000 for the first covered cancer diagnosis ³	\$2,000 for the first covered cancer diagnosis ³
Physician's Hospital Visits ⁴	\$100 per day	\$75 per day	\$50 per day
Inpatient Private Duty Nursing ⁴	\$100 per day	\$75 per day	\$50 per day
Prescription Drugs While Hospital Confined ⁴ (excluding drugs considered chemotherapy)	\$50 per day	\$37.50 per day	\$25 per day
Blood and Blood Plasma ⁴	\$250 per day	\$187.50 per day	\$125 per day
Ground Ambulance ⁴ (maximum of 2 trips per confinement)	Up to \$250 per trip	Up to \$187.50 per trip	Up to \$125 per trip
Airplane ⁴ (limited to 1 round-trip coach ticket)	Up to \$1,600	Up to \$1,200	Up to \$800

¹ One Surgical Benefit will be paid per operation, except as outlined in the policy. Anesthetic must be administered by an anesthesiologist during a covered cancer operation. For specific benefit amounts by type of surgery, see the Benefits Schedule in the policy.

² For each treatment you receive under the direct supervision of a medical professional at a physician's office, clinic or hospital, up to a maximum lifetime benefit of 365 treatments.

³ If diagnosed with cancer (excluding Skin Cancer, Carcinoma In-Situ or Stage A T1 Prostate Cancer) during the Waiting Period, which is the first 30 days after the policy is issued,

and elect to keep the policy in force, the benefit payable will be limited to 20% of the amount listed above for the plan you select and will be payable at the end of the first year of coverage.

⁴ These additional benefits are subject to an aggregate maximum lifetime benefit of \$20,000 on the Preferred Plan, \$15,000 on the Choice Plan and \$10,000 on the Standard Plan. There is no lifetime maximum for blood and blood plasma in the treatment of leukemia.

* For Skin Cancer surgery we will pay \$250 or 50% of the hospital confinement benefit, whichever is greater.

** For each outpatient visit where you receive a prescription for Oral Chemotherapy and/or a Chemotherapy Infusion Pump.



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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, Hodgkin's Disease, 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.

Preexisting 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 a covered person received medical advice or treatment from a physician within 6 months before the policy issue date.

Waiting Period Conditions

Loss caused by a Waiting Period Condition is not covered for 12 months from the policy issue date. The principal insured may either elect to have any premium paid refunded and the policy will be void from the beginning or delay the coverage for such diagnosed condition for 12 months from the issue date. If the principal insured elects to delay the coverage, we will pay 20% of the Family Support Benefit at the end of the first year of coverage for the covered insured.

"Waiting Period Condition" means a condition for which a covered person received medical advice or treatment from a physician within 30 days after the policy issue date.

Renewability

This policy is guaranteed renewable for the principal insured's lifetime. As long as your premiums are paid, your right to renew this policy is guaranteed—so you have protection when you need it.

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. 46078-NY. See the policy for complete details of policy benefits, exclusions and limitations. Products may vary by State subject to availability and qualifications.