

COMBINED[®]
A Chubb Company

CRITICAL ILLNESS
INSURANCE



Critical Illness Insurance

An insurance policy that could pay benefits directly to you if you are diagnosed with or treated for any of the covered critical illnesses.





Most of us think, “It will never happen to me”

But a critical illness like a heart attack, stroke or cancer can touch anyone, anywhere, anytime, and at any age... sometimes without any advance warnings or symptoms. These are the living facts.

4 of 10



About 4 out of 10 people in the U.S. will contract cancer during their lifetime.¹

2 of 5



Heart disease and stroke are among the 5 most expensive disease to treat in the U.S.²

1 of 21



Strokes account for about 1 in every 21 deaths in the U.S.³

Fortunately, because of modern medical treatments, more people are surviving critical illnesses than ever before. But, there's more to living than just surviving.

¹ American Cancer Society, Cancer Facts & Figures, 2024.

² healthadministrationdegree.usc.edu/blog/most-expensive-disease-to-treat-infographic, Nov 2023.

³ 2024 Heart Disease and Stroke Statistics Update Fact Sheet, At-a-Glance, American Heart Association

Developing a critical illness can result in sudden out-of-pocket expenses such as:

- ∞ Lost income for both patient and family members because of time off work
- ∞ Deductibles and co-payments on medical insurance
- ∞ Treatments not covered by medical insurance
- ∞ Private duty nursing
- ∞ Physical or speech therapy

¹ www.FederalReserve.gov, Report on Economic Well-Being of U.S. Households in 2023, May 2024



More than one third of Americans report being unable to cover a \$400 emergency medical expense without having to borrow or sell something.¹

1/3
OF AMERICANS

If you develop a critical illness, your main focus should be recovery, not how you will pay for unexpected costs.





Are your savings enough to pay your bills?

While you're being treated for a critical illness, your income could be affected for 3 to 6 months. Most families do not have enough savings to keep up with:

- Rent or mortgage payments
- Car payments
- Credit card debt
- Childcare
- Savings for college and retirement
- Household expenses

Critical illness can be costly. Even with medical insurance, your out-of-pocket expenses can be challenging to your budget and your savings.



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Do you qualify?

- ∞ Within the past 10 years (5 years IN, IA, and NC) have you received any medical advice or treatment for, or taken prescription medicine for, or had:
 - a. Stroke, Transient Ischemic Attack (TIA), Amyotrophic Lateral Sclerosis (ALS), Multiple Sclerosis, Alzheimer's, Parkinson's, heart attack, coronary artery disease, heart condition, blood disorder, emphysema, chronic obstructive lung or pulmonary disease, organ transplant, polycystic kidney disease, chronic renal (kidney) failure, cirrhosis of the liver, Hepatitis B or C, alcoholism, drug addiction, diabetes, (excluding diabetes experienced during pregnancy)?
 - b. Cancer, carcinoma-in-situ, malignant growth, melanoma, or Hodgkin's Disease?
 - c. Acquired Immunodeficiency Syndrome (AIDS)?
In KY, Human Immunodeficiency Virus (HIV)?

- ∞ In the past 6 months have you received test results for which follow-up was necessary or recommended and for which cancer has not yet been ruled out?
- ∞ Within the past 6 months been in a hospital as an inpatient for more than 48 hours, except for childbirth?
- ∞ Within the last 6 months have you been treated with 3 or more medications at the same time for high blood pressure or had a reading at or above 150 MM.HG Systolic Blood Pressure and/or 100 MM.HG Diastolic Blood Pressure?
- ∞ Within the last 6 months have you experienced weight loss of 20 pounds or more, other than by dieting?



Here's how it works

Critical Illness Insurance pays a lump sum benefit directly to you upon covered diagnosis. You can use your cash benefit however you choose—to help with your everyday living expenses, pay your out-of-pocket medical costs or replace lost income. Your benefit is paid in full regardless of any other insurance you may have.

Face Amounts available: \$5,000 to \$100,000
(Paid upon the diagnosis of a condition listed on the right.)

BASE PLAN

Standard Conditions

Benign Brain Tumor
Cancer
Carcinoma in Situ*
Coma
Coronary Artery Obstruction*
End Stage Renal Failure
Heart Attack
Major Organ Failure
Skin Cancer (\$250)
Stroke

ENHANCED PLAN

Standard Conditions

Benign Brain Tumor
Cancer
Carcinoma in Situ*
Coma
Coronary Artery Obstruction*
End Stage Renal Failure
Heart Attack
Major Organ Failure
Skin Cancer (\$250)
Stroke

Additional Covered Conditions

Multiple Sclerosis
Paralysis or Dismemberment

ENHANCED PLUS PLAN

Standard Conditions

Benign Brain Tumor
Cancer
Carcinoma in Situ*
Coma
Coronary Artery Obstruction*
End Stage Renal Failure
Heart Attack
Major Organ Failure
Skin Cancer (\$250)
Stroke
Multiple Sclerosis
Paralysis or Dismemberment

Additional Covered Conditions

Alzheimer's Disease
Parkinson's Disease

Childhood Conditions**

Cerebral Palsy
Congenital Birth Defects

- Lung Defects
- Heart Defects
- Spina Bifida
- Cleft Lip or Palate
- Limb Malformations
- Development Disorders of the Brain
- Born With Loss of Sight

Cystic Fibrosis
Down's Syndrome
Muscular Dystrophy
Type 1 Diabetes

* Benefit payment is 25% of Face Amount.

** Childhood Condition Benefit is payable once per covered child.



Triple Benefit

If you get sick again with another covered condition, you're still covered. With Triple Benefit, you can receive up to 3 times the Face Amount for each person you choose to cover. That means if you choose a \$20,000 Face Amount you can receive up to \$60,000 in cash benefits paid directly to you.

Recurrence Benefit

If we have paid a benefit for a covered benign brain tumor, cancer, coma, heart attack or stroke, and there is a recurrence, you can receive up to 25% of your Face Amount, as long as you are treatment-free for at least 6 months. The Recurrence Benefit can be paid up to 2 times during the life of the policy.

Triple Benefit in action

\$20,000 Face Amount | x3 = \$60,000 Total Maximum Benefit

ENHANCED PLUS

Heart Attack Diagnosis	\$20,000
Stroke Diagnosis	\$20,000
Stroke Recurrence	\$5,000

Remaining coverage **\$15,000**

The claim scenario described here is hypothetical and offered solely to illustrate the type of situations that may result in claims. The precise coverage afforded by an insurer is subject to the terms and conditions of the policy as issued. Whether or to what extent a particular loss is covered depends on the facts and circumstances of the loss, the terms and conditions of the policy as issued, and applicable law.

Think about how much you will need to pay the out-of-pocket expenses you may incur.

Though it is difficult to know exactly how much anyone will need, an emergency fund equal to 6 months to one year of annual income may be sufficient. You can always choose more or less, but this amount is a good place to start.



Additional benefits

With our plan, you get even more than a substantial lump sum cash benefit. To help you during your recovery, you get these benefits too (depending on the Plan you choose):

Included in

- B** Base Plan
- E** Enhanced Plan
- +** Enhanced Plus Plan

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Mortgage and Rent Helper

If you miss work due to a covered illness, you may need some extra help making mortgage or rent payments. Mortgage and Rent Helper pays you an extra \$500 each month if you miss 5 or more days of work, for up to 6 months.



Wellness Benefit

Health screening tests can help diagnose a condition early or prevent an illness altogether. This benefit pays you \$50 after you go for a covered annual health screening test (after coverage is in force for 30 days).



Advocacy Package – Membership Endorsement

Personal and confidential assistance from professionals

Best Doctors®

- Physician Referrals
- Ask the Expert Hotline
- Expert Roundtable for Diagnosis and Treatment Advice

Health Champion Resources

- Help understanding your insurance, and review of provider bills and charges
- Financial Advice
- Medical Travel Assistance and Treatment Advice



Hospital Admission Benefit

Beginning six months after your diagnosis, each time you are admitted to the hospital for the same critical condition, this Hospital Benefit pays you an additional \$1,500, up to 2 times per year.



Childhood Conditions

Dealing with a childhood illness can be overwhelming. To make life a little easier, your plan includes coverage for both standard critical conditions and childhood conditions.



Product features

Extensive coverage

Powerful insurance protection at a competitive price.

Family coverage

You can insure yourself, your spouse, and your entire family. Your children and dependent grandchildren through age 26 can be included at no additional cost.

- Spouse (Benefit: 50% of your Face Amount)
- Child(ren) (Benefit: 25% of your Face Amount)

No age penalty

Your rates will never change due to your age.

Guaranteed renewable

Your coverage cannot be cancelled as long as premiums are paid as due.

No benefit reduction

Benefits never decrease due to age.

No coordination of benefits

Payments are made in addition to any other insurance you may have.

Benefits paid based on a covered diagnosis

You are not required to be hospitalized or get treatment to receive benefits

HSA compatible

Owning this coverage does not disqualify you from having a Health Savings Account.

INITIAL ELIGIBILITY

- Primary Insured age 18-70.
- Spouses age 18-70, legally married. Domestic Partner and Civil Union Partner coverage available in some states.
- Children ages 0 through 26; no student status required.



Exclusions and Limitations

We have just told you what this policy will cover. However, it is important that you know what it does not cover.

Exclusions

No benefits will be paid for losses resulting from any intentionally self-inflicted injury.

Limitations

A pre-existing condition is not covered unless such condition is diagnosed after 12 months from the policy effective date. A pre-existing condition is a condition for which a covered person received medical advice or treatment within 12 months immediately prior to the policy effective date.

In AK: We will not pay benefits for a covered condition that is caused by or results from a pre-existing condition if the covered condition occurs during the first 12 months from the policy effective date. A pre-existing condition is a condition for which a covered person received medical advice or treatment within 12 months immediately prior to the policy effective date.

Waiting Period

There is a 30 day waiting period for all covered conditions. This means a covered condition or illness must be diagnosed after 30 days from the policy effective date in order to receive benefits for the covered condition or illness.

In TN: A waiting period will not apply to benefits paid for conditions caused by accidental occurrences.



Here are ways Critical Illness Insurance will work for you and your family



We pay
cash benefits
directly
to you!

- ∞ Provides cash benefits that you (and your family) can use to help pay expenses you have due to a critical condition
- ∞ Benefits are paid in addition to all other insurance
- ∞ The service, strength and security of Combined Insurance — making it easy for our customers to prepare for the unexpected



IMPORTANT This presentation contains a brief description of policy benefits. See the policy for complete details of benefits, exclusions and limitations. This presentation is only for use in the states referenced herein.

STATE	POLICY #
AL	Form No. 16648-AL
AK	Form No. 16648-AK
AR	Form No. 16648-AR
HI	Form No. 16648-HI
IL	Form No. 16648-IL
IA	Form No. 16648-IA
IN	Form No. 16648-IN
KY	Form No. 16648-KY
LA	Form No. 16648-LA
MS	Form No. 16648-MS

STATE	POLICY #
NC	Form No. 16648-NC
NE	Form No. 16648-NE
ND	Form No. 16648-ND
NV	Form No. 16648-NV
OK	Form No. 16648-OK
RI	Form No. 16648-RI
TN	Form No. 16648-TN
WI	Form No. 16648-WI
WV	Form No. 16648-WV

In NC, this is a supplement to health insurance and is not a substitute for Major Medical, or other minimum essential coverage.

In WV, this coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage"), and does not satisfy the individual mandate of the ACA (Affordable Care Act) because the coverage does not meet the requirements of minimum essential coverage.