



**CRITICAL ILLNESS
INSURANCE**



If you had a heart attack, what would you worry about?

Paying your bills? Taking care of your family?

If you're like most people, being diagnosed with a critical illness can be overwhelming, even scary. The last thing you want to worry about is money. Critical Illness Insurance pays cash benefits to you directly, so you can focus on recovery.



Critical illnesses can have consequences, both physical and financial

Critical Illness Insurance pays cash benefits to help you focus on getting back on your feet and not how the bills will get paid.



42% of Americans can't cover a \$1,000 emergency expense with cash or savings.¹



74% of Americans with past or present medical debt have experienced negative impacts as a result.²

Critical illnesses can be expensive.

Even with health insurance, out-of-pocket expenses can pile up quickly:

- Medical deductibles and co-pays
- Out-of-network specialists
- Prescriptions
- Rehabilitation
- Nursing care
- Medical travel

Can savings cover your expenses during treatment and recovery?

While you're being treated for a critical illness, your income could be affected. In addition to unplanned medical expenses, some families won't have enough savings to keep up with:

- Rent or mortgage payments
- Car payments
- Credit card debt
- Childcare
- Household expenses

Combined can help.

For more than 100 years, Combined has provided valuable insurance protection to help individuals and families with expenses health insurance doesn't cover. Our Critical Illness Insurance pays a lump sum benefit directly to you upon a covered diagnosis that you can use however you choose. Use it to help with your everyday living expenses, pay out-of-pocket medical costs or replace lost income. Your benefit is paid regardless of any other insurance you have.



Coverage you can count on

CRITICAL ILLNESS INSURANCE 

Choose the plan that works best for you.

Base Plan

COVERED 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

*Benefit payment is 25% of Face Amount

Enhanced Plan

BASE PLAN AND THESE ADDITIONAL COVERED CONDITIONS:

- Multiple Sclerosis
- Paralysis or Dismemberment

Enhanced Plus Plan

BASE PLAN, ENHANCED PLAN AND THESE ADDITIONAL COVERED CONDITIONS:

- Alzheimer's Disease
- Parkinson's Disease

Childhood Conditions*

- Cerebral Palsy
- Cystic Fibrosis
- Down's Syndrome
- Muscular Dystrophy
- Type 1 Diabetes
- 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

*Childhood Condition Benefit is payable once per covered child.

Hospital Admission Benefit:

Pays \$1,500, up to 2 times per year, beginning six months after your diagnosis, each time you are admitted to the hospital for the same critical condition.

Plan Benefits

Available face amounts: \$5,000 to \$100,000

Critical Illness Benefit: Pays the face amount when you're diagnosed with a covered condition. This benefit can be paid once per covered condition up to the policy maximum benefit amount.⁴ Covered conditions must be diagnosed at least six months apart.

Additional Benefit: Pays the face amount each time you are diagnosed with a different covered condition.

Recurrence Benefit: Pays 25% of the face amount if you have a recurrence of a covered benign brain tumor, cancer, coma, heart attack or stroke for which we previously paid a benefit. You must be treatment free for at least six months to receive the Recurrence Benefit. The Recurrence Benefit can be paid up to two times during the life of the policy.

Triple Benefit:⁵

Your plan includes Triple Benefit which means you can receive up to three times the face amount for each person you choose to cover. **For example,** if you choose a \$20,000 face amount you can receive as much as \$60,000.

Triple Benefit in action

\$20,000 Face Amount | X3 = \$60,000 Total Maximum Benefit

How It Works: Triple Benefit + Recurrence Benefit

Heart Attack Diagnosis	\$20,000
Stroke Diagnosis	\$20,000
Stroke Recurrence	\$5,000
Remaining coverage	\$15,000

This example is hypothetical and is solely to illustrate a situation that can result in benefits payable for a claim. It is not based on an actual claim and should not be compared to an actual claim.

Wellness/Health Screening Benefit: Pays \$50 for a covered annual screening after coverage is in force for 30 days. (Waiting period not applicable in SC, SD, TX or VT.)

Mortgage and Rent Helper/Disability Benefit: Pays an extra \$500 each month if you miss five or more days of work, for up to six months, due to a covered critical illness.

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

Policy Features

Family coverage

You can insure yourself, your spouse, your children and dependent grandchildren through age 26. Children and dependent grandchildren are covered at no additional cost.

No rate increase

Your rates will never go up due to your age.

Guaranteed renewable

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

No benefit reduction

Benefits never decrease due to age.

No coordination of benefits

Payments are made regardless of any other insurance you may have.

HSA compatible

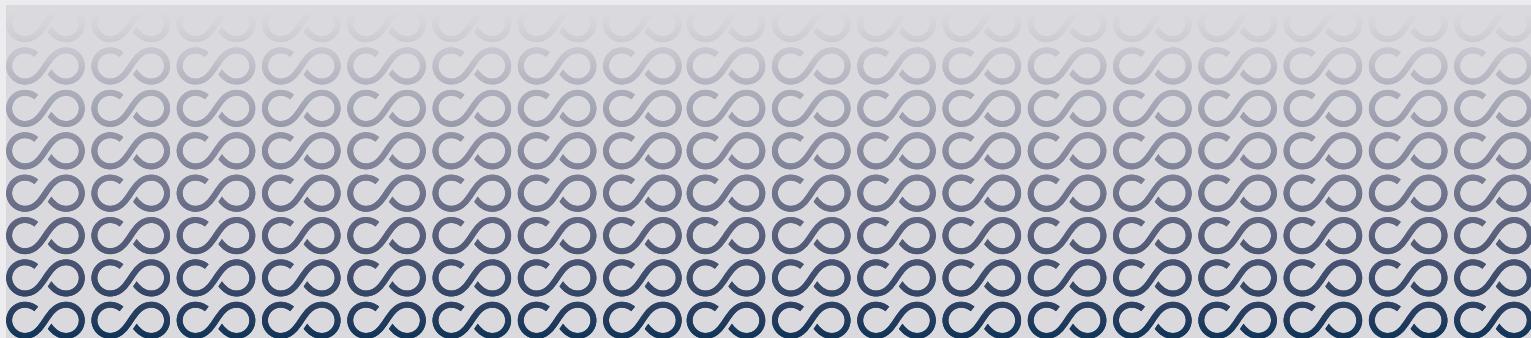
Owning this coverage does not disqualify you from having a Health Savings Account.

Benefits paid based on covered diagnosis

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

Initial Eligibility

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





Estimate the expenses you may need to pay while you recover from a critical illness:

EXPENSES	AMOUNT
Mortgage/Rent	\$
Car Payments/Repairs/Gas	\$
Credit Card Payment	\$
Groceries/Household Expenses	\$
Childcare/Activities	\$
Other	\$
Dollars of protection you need per month for recovery	\$
	\$ (x3) \$ (x6)
Plus Medical Out-of-Pocket	\$
You Need	\$

	Choose Your Plan	My Face Amount	<input type="text" value="\$"/>
<input checked="" type="checkbox"/> Spouse Benefit: 50% of my Face Amount		<input checked="" type="checkbox"/> Child(ren) Benefit: 25% of my Face Amount	
PLAN SELECTION	<input type="checkbox"/> Base	<input type="checkbox"/> Enhanced	<input type="checkbox"/> Enhanced Plus

Exclusions

No benefits will be paid for losses resulting from any intentionally self-inflicted injury. Not applicable **in MT**.

In VT: No benefits will be paid for losses resulting from any intentionally self-inflicted injury while sane.

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.

In KS: A pre-existing condition is not covered unless such condition begins after the pre-existing condition waiting period which is 12 months from the Policy Effective Date. Combined will give credit for the expired portion of any waiting period, pre-existing exclusionary period, elimination period or probationary period whenever a specified disease policy issued or issued for delivery in this state replaces or is in addition to an existing specified disease policy. A pre-existing condition which a covered person received medical advice or treatment within 12 months immediately prior to the policy effective date.

In ME: A pre-existing condition is not covered unless such condition begins after 6 months from the policy effective date. A pre-existing condition is the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a 6 month period preceding the effective date of the coverage of the covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a 6 month period preceding the effective date of the coverage of the covered person.

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

In NC: No benefits will be provided for pre-existing conditions during the first 12 months after the effective date shown in the policy specifications. Pre-existing conditions are covered under this policy 12 months after the policy effective date. No benefits will be provided during the first 12 months for conditions diagnosed before the 30th day after the policy effective date. A pre-existing condition is a condition for which a covered person received medical advice, diagnosis, care or treatment was received or recommended within the 12 month period immediately prior to the policy effective date.

In SC: A pre-existing condition is not covered unless such condition begins after 12 months from the policy effective date. A pre-existing condition is a condition misrepresented or not revealed in the application and for which a covered person received medical advice or treatment from a physician within 12 months immediately prior to the policy effective date.

In SD: 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 that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care or treatment during the twelve (12) months immediately preceding the policy effective date; and a condition for which medical advice, diagnosis, care, or treatment was recommended or received during the twelve (12) months immediately preceding the policy effective date.

In TX: A pre-existing condition is not covered unless such loss begins 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 VT: A pre-existing condition is not covered unless such loss begins 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 WY: 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, diagnosis, care or treatment within 6 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.

Waiting period is not applicable in SC, SD, TX or VT.

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimum essential, coverage. The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.

This document is a brief description of Form No. 16648. Refer to your policy for specific details about benefits, exclusions and limitations that may vary by state.

Underwritten by Combined Insurance Company of America.

If a covered individual is a Medicaid recipient, this coverage is not available.

If a covered individual is a Medicaid recipient, benefits may be assigned and payable to your state Medicaid agency. Also, benefit payments you receive may count as income for Medicaid eligibility purposes.

¹ Giovanetti, Erika. Survey: 42% of Americans don't have an emergency fund. U.S. News & World Report. January, 22, 2025. Accessed June, 4, 2025.

² Impacts of Medical Debt, Oct 2023, National Survey by PerryUdem for the American Cancer Society.

³ Covered condition must be diagnosed after the Policy Effective Date.

⁴ Maximum benefit is based on the age of proposed insured at time of application.