



Critical Care Protector Plus

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

But a critical condition like a heart attack, stroke or cancer can touch anyone, anywhere, anytime, and at any age ... often without any advance warnings or symptoms.

Fortunately, because of modern medical treatment, more people are surviving critical conditions than ever before. But, there’s more to living than just surviving.

Developing a critical condition 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.
- Expenses associated with physical or speech therapy.
- Modifications which may be needed to your home or car.

IF YOU DEVELOP A CRITICAL CONDITION, YOUR MAIN FOCUS SHOULD BE RECOVERY, NOT HOW YOU WILL PAY THESE AND OTHER UNEXPECTED COSTS.

Here’s how it works!

If you should be diagnosed with or treated for one of the following 12 conditions:

- Organ Transplant (heart, kidney, liver, lung, pancreas)
- Multiple Sclerosis
- Paralysis (Two or more limbs)
- Dismemberment (Two or more limbs)
- Severe Burns
- Blindness
- Heart Attack
- Heart Surgery
- Cancer (except Skin Cancer other than malignant melanoma)
- Stroke
- Brain Tumor (must require surgery)
- Kidney Failure

We will pay you a lump sum benefit of between \$25,000 and \$100,000 in \$5,000 increments depending on your needs and the plan you select.

Benefits are paid in addition to other insurance you may have.

These Are The “Living” Facts:

Approximately 3 in 5 bankruptcies are due to medical bills, and 56 million Americans will have trouble paying their medical bills.¹

Each year over 720,000 Americans will have a heart attack.²

More than 795,000 Americans suffer a stroke every year.³

Half of American men, and one third of American women will develop cancer.⁴

1. NerdWallet Health, Medical Bankruptcy, June 19, 2013.

2. Centers for Disease Control and Prevention, Heart Disease Facts, February 2014.

3. American Heart Association, Heart Disease and Stroke Statistics - 2014 Update.

4. American Cancer Society, Cancer Facts and Figures, 2014.



An ACE Group company

Critical Care Protector Plus – Benefit Overview

How much will I need?

The most common question people ask is, “How much will I need to pay of the out-of-pocket expenses I 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.

Then, after the Waiting Period, which is the first 30 days after issue, upon diagnosis and/or treatment of a covered condition:

Under Section One

We will pay you 100% of the total benefit amount you have selected; again, 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.

Under Section Two

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

Stage A Prostate Cancer and Carcinoma In-Situ are not covered under Section One.

Sample Rates (monthly Premiums)

Ages	INDIVIDUAL ONLY (NON-SMOKER)			
	Benefit Amount			
	\$25,000	\$30,000	\$40,000	\$50,000
18-24	\$19.34	\$22.52	\$28.88	\$35.26
25-29	\$19.34	\$22.52	\$28.88	\$35.26
30-34	\$19.34	\$22.52	\$28.88	\$35.26
35-39	\$32.66	\$38.08	\$48.92	\$59.76
40-44	\$32.66	\$38.08	\$48.92	\$59.76
45-49	\$37.24	\$43.42	\$55.80	\$68.20
50-54	\$46.52	\$54.26	\$69.74	\$85.22
55-59	\$62.08	\$72.40	\$93.04	\$113.68
60-64	\$81.08	\$94.58	\$121.58	\$148.60

Exclusions and Limitations

Loss caused by a Preexisting Condition or a Waiting Period Condition is not covered unless such loss begins at least 24 months after the policy issue date.

A preexisting condition is a condition, not fully disclosed on the application, for which you received medical advice or treatment within 24 months prior to the issue date.

Upon payment of the Section One benefit the policy will terminate.

