



# Specified Disease Insurance

\$5MM Lifetime Max Benefits for Outpatient and Inpatient Services

## Be prepared for the unexpected

Expenses can quickly add up when you're diagnosed with a specified disease. With MedMutual Protect's Specified Disease Policy, you are covered for many of the illnesses and conditions you may face.

## Policy Features:

- Once the deductible is met, based on your plan, we will pay 80% or 100% of the Covered expenses without exceeding the policy maximum, \$1,000,000 per calendar year.
- Pays in addition to any other coverage.
- This policy provides benefits that are a direct result of a Specified Disease.

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues. This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.

## Coverage is for:

- ✓ Addison's Disease
- ✓ Cancer
- ✓ Coronary Artery/  
Cardiovascular Disease
- ✓ COVID-19
- ✓ Cushing's Disease
- ✓ Diabetes
- ✓ Ebola Virus Disease
- ✓ End Stage Renal Failure
- ✓ Gallbladder Disease
- ✓ Gastrointestinal Disease
- ✓ Gout
- ✓ Hyperthyroidism
- ✓ Hypothyroidism
- ✓ Major Organ Transplant
- ✓ Pancreatitis
- ✓ Pneumonia
- ✓ Psoriasis
- ✓ Shingles
- ✓ Stroke
- ✓ Viral Hepatitis

# Your Benefits and Coverage

## PLAN OPTIONS

Deductible	Coinsurance Benefit	Max. Benefit	Wellness Benefit*
\$0	100%	\$10,000	Not included
\$0	100%	\$25,000	Not included
\$500	80%	\$1,000,000	Included
\$2,500	80%	\$1,000,000	Included
\$5,000	100%	\$1,000,000	Included

\*Up to \$200 once per calendar year after a 90 day waiting period. Not available in CO, IL and MI.

## BENEFITS PAYABLE IN OR OUT OF THE HOSPITAL

### Benefit

Deductible applies to these benefits. Once the deductible is met each calendar year, based on your plan, we will pay 80% or 100% of the Covered expenses without exceeding the policy max selected.

- ✓ **Emergency Room/Urgent Care Center**  
Expenses for treatment in a Hospital emergency room/Urgent Care Center are covered if treatment is caused by a Covered Specified Disease, for which treatment is received.

### Inpatient Benefit

- ✓ **Hospital Stay and Services**
- ✓ **Surgery**
- ✓ **ICU**
- ✓ **Anesthesia**
- ✓ **Prosthesis**
- ✓ **Physician Treatment**

### Outpatient Benefit

- ✓ **Outpatient Surgery**
- ✓ **Outpatient Anesthesia**
- ✓ **Physical Therapy**
- ✓ **Ambulance**
- ✓ **Doctor's Visits**
- ✓ **X-Rays and Lab Tests**

## OPTIONAL CANCER FIRST OCCURRENCE (CFO)

### Benefit Amount

\$25,000

\$50,000

If a Covered Person has a First Diagnosis of Cancer, we will pay the First Diagnosis of Cancer Benefit selected. The First Diagnosis of Cancer Benefit is payable to a Covered Person only once during his/her lifetime under the terms of the Policy.

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