

Specified Disease Policy

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:

- Benefits are paid in addition to any other insurance you have.
- Benefits may be paid directly to you or to whomever you assign.
- One lifetime deductible for each covered Specified Disease, while the policy is in force. You choose your deductible amount.
- No network restrictions Choose any doctor, hospital, or facility.
- Benefits for many types of services, in and out of the hospital.
- This policy has a Renewal Safeguard Provision.

Coverage is for:

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

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.**



Your Benefits and Coverage

BENEFITS PAYABLE IN HOSPITAL

Benefit	Benefit Amount	Limitations
Daily Room and Board	80% of expense incurred	\$500/day maximum; 365 days for adults and 60 days for children under 18
Hospital Services and Supplies	80% of expense incurred	\$25,000, \$50,000, \$100,000, or \$250,000 as you select
Diagnostic Radiology	80% of expense incurred	\$2,500
Physician Treatment	80% of expense incurred	\$75/treatment; 24 treatments
Pathology	80% of expense incurred	\$2,500
Nursing/Rehabilitation Facility	80% of expense incurred	\$300/full day of confinement; 30 days

BENEFITS PAYABLE IN OR OUT OF HOSPITAL

Benefit	Benefit Amount	Limitations
Outpatient Radiation/Chemotherapy See Policy for details.	80% of expense incurred	\$2,500/day
Outpatient Phototherapy See Policy for details.	80% of expense incurred	\$1,500/treatment; 30 treatments
Surgeon	80% of expense incurred	\$400- \$8,000 per Surgical Schedule

Benefits for Hospital Services and Supplies, Diagnostic Radiology, and Pathology, as shown above, may also be payable in connection with outpatient surgery.

Anesthesiologist	80% of expense incurred	25% of the benefit payable for the Primary Surgeon
Prosthesis	80% of expense incurred	\$15,000
Physical Therapy	80% of expense incurred	\$50/day and \$2,500 maximum aggregate benefit

All benefits are subject to the Deductible you select.

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