

VitalSecure[®]

While no one knows what the future holds, you can protect yourself from the burden of unexpected medical bills resulting from a critical illness diagnosis.



Cancer, heart attack, paralysis and other illnesses can be devastating news to receive, but that news doesn't have to devastate your finances as well. VitalSecure can help lessen the financial burden when battling these conditions.

Member Services
(888) 781-0585

What is critical illness insurance?

Critical Illness insurance is a type of supplemental coverage that is designed to help alleviate the financial burden that a covered critical illness may impose. When an insured person is diagnosed for the first time with a covered critical illness, they may receive a lump sum benefit payout, according to the benefit schedule, subject to the terms and conditions of the plan.

Who needs critical illness insurance?

Anyone is at risk. Critical illnesses are often difficult to predict and not always preventable. More people are surviving life-threatening critical illnesses today. With that may come substantial medical debt. VitalSecure benefits are designed to help alleviate some of those costs, so that you can focus less on your bills and more so on getting well.

How can the VitalSecure benefit be used?

When an insured person is diagnosed with a covered critical illness, the lump sum benefit will be paid directly to the insured and they can decide the best way to spend it. VitalSecure can be used to stay ahead of the medical and out-of-pocket expenses that can add up quickly after a covered critical illness - such as emergency treatment, hospital stays, deductibles and even travel for treatment and lodging needs.

Insurance benefit payments are subject to definitions, limitations, exclusions and other provisions contained within the Certificate(s). May not be available in all states. Underwritten by National Health Insurance Company, Integon National Insurance Company, or Integon Indemnity Insurance Corporation, depending on the state of issue. Review your entire policy packet for full benefit descriptions and definitions of your coverage. Applications issued between the 26th through the 9th will have a 15th effective date. Applications issued between the 10th through the 25th will have a 1st effective date. No benefits will be paid out if the insured is full-time in armed forces, eligible for Medicare (accident only), or receiving disability or worker's compensation benefits. For full details, limitations, exclusions, age limits, state availability, and definitions please refer to your benefit policy package or contact your Insurance Agent.

VitalSecure

More and more people are surviving life-threatening, critical illnesses today. With that, unfortunately, comes substantial medical debt. VitalSecure benefits are designed to help alleviate some of those costs, so you and your loved ones can focus less on your bills and more so on getting well.

CRITICAL ILLNESS BENEFIT GRID

If the insured suffers from a covered critical illness, upon the first-ever diagnosis the insurance company may pay up to the maximum benefit allowed for covered conditions, subject to the benefit schedule. Includes multiple payouts, once per category.

Category*	Covered Condition	Maximum Benefit Allowed
1	Heart Attack	100%
	Stroke	100%
	Major organ transplant (heart or combination transplant including heart)	100%
	Coronary Bypass Surgery	50%
	Heart Valve Replacement or Repair Surgery	50%
2	Invasive cancer after 90 days**	100%
	Cancer in Situ after 90 days***	50%
3	Coma	100%
	Motor Neuron Disease /ALS	100%
	Paralysis	100%
	Severe Burns	100%
	End stage renal failure	100%
	Advanced Alzheimer's Disease	100%
	Major organ transplant (excluding conditions covered in category one)	100%

Insured Person	Amount Payable of the Maximum benefit:
Primary	100 %
Spouse	50 %
Child	25 %

*An insured person will only be allowed one payout per category.

** If any of the insured is diagnosed with invasive cancer within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit.

***If any of the insured is diagnosed with cancer in situ within the first 90 days of the policy effective date, the benefit amount is reduced to 10% of the maximum allowed benefit.

The The Maximum Allowed Benefit amount reduces by 50% at age 65 and coverage terminates at age 70.



CRITICAL ILLNESS BENEFIT LEVELS

Simplified Issue Applications

A simplified process to get coverage by having no requirement for a medical exam. Application process containing a series of qualifying questions to determine your eligibility for coverage. No underwriting necessary and instant issue for those that qualify.

Quick Application

Subject to Qualifying Questions 1-3.

Standard Application

Subject to Qualifying Questions 1-6.

Benefit Amount	Quick App	Standard App
\$5,000	●	
\$10,000	●	
\$15,000	●	
\$20,000		●
\$25,000		●
\$30,000		●
\$35,000		●
\$40,000		●
\$45,000		●
\$50,000		●

Qualifying Questions for Simplified Issue Policies

- Have 2 or more family members (natural parents, brothers or sisters) been diagnosed with or died from the same condition: both before age 60 of cancer, heart disease, diabetes, stroke or kidney disease; or both before age 75 of colorectal cancer, Alzheimer's or Senile Dementia?
- Have any of the proposed insureds ever been diagnosed or treated for any of the following: Heart Attack, Stroke, Cancer (excluding non-invasive, non-melanoma Skin Cancer), End-Stage Renal Disease, Liver Cirrhosis, Angioplasty, Coronary Artery Bypass, Transient Ischemic Attack, Uncorrectable Blindness, Uncorrectable Deafness, Organ or Bone Marrow Transplant, Alzheimer's or Senile Dementia?
- Have any of the proposed insureds ever been treated for HIV, AIDS, or AIDS-Related Complex (ARC)?
- Have any of the proposed insureds ever been diagnosed or treated for any of the following: Multiple Sclerosis, Hepatitis B or C (including Carrier), Diabetes (other than gestational diabetes), Alcoholism, Drug or Substance Abuse?
- In the past 2 (Two) years, have any of the proposed insureds been informed by a member of the Medical Profession of any Abnormal Test Results or been advised to have any Diagnostic Tests or Procedures which have not yet been completed?
- In the last 5 (five) years, have any of the proposed insureds been diagnosed with or treated for any of the following:
 - Any Heart Disease (Including Angina) except mitral valve prolapse that does not require medication or treatment and innocent heart murmurs.
 - Any Lung Disease (except Asthma that has never required hospitalization and Non-Chronic Bronchitis).
 - Any Disease of the Nervous System (except Non-Chronic Shingles).
 - Any Liver Disease, Colitis, or Chron's Disease (except Irritable Bowel Disease and Mucus Colitis).
 - Any Kidney Disease (except Non-Chronic Kidney Stones or Infections).
 - Any diagnosis or treatment for: Precancerous Lesions/Tumors, Polyps, Basal or Squamous Cell Carcinoma, Abnormal Moles or Lesions, Dysplastic Nevi, Skin Cancer, Leukemia, Abnormal Pap Smear, Abnormal PSA Test, Abnormal Mammogram, Fibrocystic Breast Disease, Recurrent Tumors, or Unexplained Tumors or Growth.
 - Any Eye or Ear Disorder (except Correctable Sight and Hearing Loss, and Non-Chronic Conjunctivitis).
 - High Blood Pressure, High Cholesterol, or Hyperlipidemia (except if all of the conditions present have been controlled for at least 1 year by using only one medication per condition).
 - Any Precancerous Lesions/Tumors.
 - Any Skin Cancer.
 - Any Sexually Transmitted Disease or Recurrent Human Papillomavirus (HPV).
 - Inability to perform any of the following activities independently: (1) Dressing, (2) Bathing, (3) Feeding, (4) Toileting or Continence, (5) Transferring in or out of Chair or Bed?