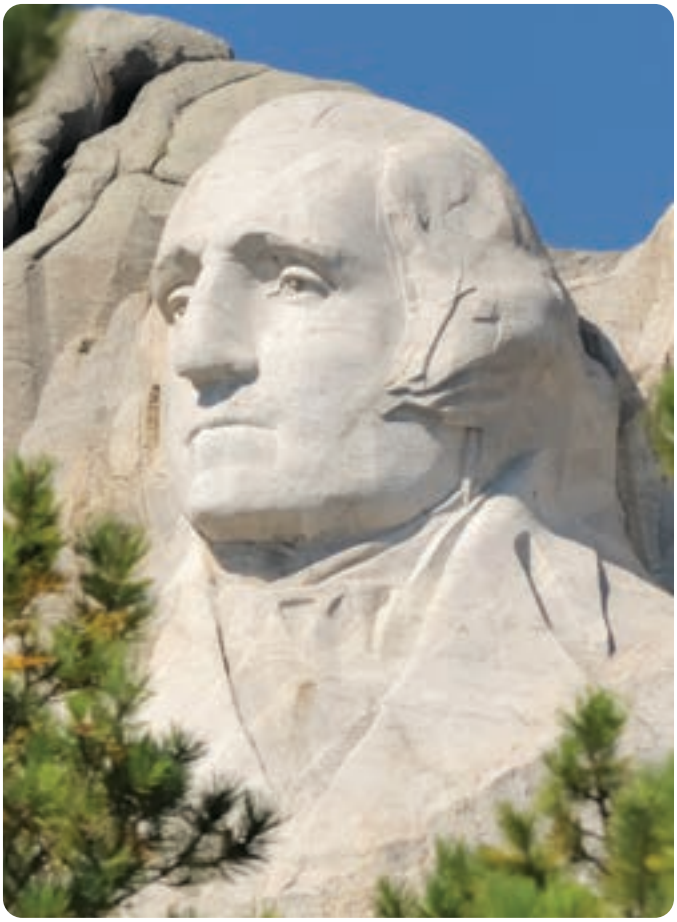
Washington National®

SUPPLEMENTAL HEALTH INSURANCE, GROUP COVERAGE:

Critical Illness



HAVE CONFIDENCE IN WASHINGTON NATIONAL

- Your benefits are **paid directly to you**,* in addition to any other insurance you have.
- You can **keep your benefits** if you change jobs or retire, or if your employer discontinues the policy.**
- You can **receive cash from benefits** for covered treatments that you would otherwise have to pay out of pocket.
- You **enhance your overall protection** with coverage that supplements, but doesn't replace, your essential health benefits.
- Premiums are paid through **convenient payroll deduction.**

**Unless otherwise requested by you or required.*

***The option to keep your benefits if your employer discontinues the policy is not available in all states.*

As you take steps to secure your future, consider making supplemental health insurance a part of your plan today.

One day, you or a member of your family could face a health crisis...

How would you pay the out-of-pocket costs? Medical copays and coinsurance can add up quickly, on top of your regular bills and lost wages when you have to miss work. Supplemental health insurance benefits from Washington National can help keep you afloat while you're on the mend.

CONSIDER THESE FACTS:

- More than **16.9 million** Americans alive today have a history of cancer. More than **1.8 million** people will be diagnosed this year alone.[1]
- **Every 40 seconds**, someone in the U.S. suffers a heart attack.[2]
- An estimated **7 million** stroke victims are alive today.[3]
- Medical bills are the number one cause of bankruptcy, and **137 million** Americans are struggling with medical debt.[4]

[1]American Cancer Society, *Cancer Facts & Figures 2020,* 2020, p. 1.

[2]American Heart Association, *Heart Disease and Stroke Statistics—2020 Update: A report From the American Heart Association,* 2020, p. e486.

[3]Ibid., p. e355.

[4]CNBC, *137 million Americans are struggling with medical debt. Here's what to know if you need some relief,* https://www.cnbc.com/2019/11/10/americans-are-drowning-in-medical-debt-what-to-know-if-you-need-help.html, November 10, 2019.

Critical Illness benefit descriptions

CANCER AND HEART & STROKE LUMP SUM WITH RECURRENCE

This lump-sum benefit is payable upon diagnosis of cancer, heart attack or stroke, as well as coronary artery bypass surgery. The benefit is paid even when a covered cancer, heart attack or stroke is diagnosed after death. This benefit does not apply to skin cancer.

For your spouse, the benefit is 50% of the lump-sum amount. For your eligible children, a benefit equal to 25% of the lump-sum amount is payable one time for each covered child. When you turn 76, lump-sum benefit amounts are reduced by 50%. The lump-sum benefit amount payable will not exceed 100%.

Also included is a recurrence benefit designed to help ease your concerns about future diagnoses. Eighteen months after you haven't received or needed treatment for a cancer, heart attack or stroke diagnosis, your recurrence benefit begins to grow—up to 100% of your original lump-sum benefit amount after 5 years. The recurrence benefit does not apply to carcinoma in-situ, skin cancer or coronary artery bypass surgery.

WAIVER OF PREMIUM

If the certificateholder is disabled due to a cancer, heart attack or stroke diagnosis for 90 or more days, thereafter your premiums are waived for up to 12 months. The diagnosis must occur at least 30 days after the effective date of coverage. The disability must begin on or after the date of diagnosis and prior to the certificateholder's 65th birthday. Premium is not waived for carcinoma in-situ, skin cancer or coronary artery bypass surgery.

HEART & STROKE

This benefit is payable upon the diagnosis of a heart attack or stroke, as well as coronary artery bypass surgery, pacemaker, ICD, stent, TIA or angioplasty. The benefit is paid even when a covered condition is diagnosed after death.

For your spouse, the benefit is 50% of the lump-sum amount. For your eligible children, a benefit equal to 25% of the lump-sum amount is payable one time for each covered child. When you turn 76, lump-sum benefit amounts are reduced by 50%. The lump-sum benefit amount payable will not exceed 100%.

CRITICAL CONDITIONS BENEFIT

A lump-sum amount is paid when you are diagnosed after the effective date of coverage for the following specified critical illnesses: coma, paralysis, end-stage renal failure, permanent blindness, permanent deafness, Alzheimer's disease, diabetic amputation, major organ transplant list and major organ transplant surgery. When you turn 76, lump-sum benefit amounts are reduced by 50%. For your spouse, the benefit is 50% of the lump-sum amount you select. For your eligible children, a benefit equal to 25% of your lump-sum amount is payable one time for each covered child. The lump-sum benefit amount payable will not exceed 100%.

CANCER TREATMENT

The cancer treatment benefit is payable when you require fully or investigationally approved radiation, injected chemotherapy or oral chemotherapy to treat cancer. There is a one-time benefit for skin cancer. Radiation and injected chemotherapy have a $5,000 per year maximum. Oral chemotherapy is payable for up to a lifetime maximum of 36 months.

HOSPITAL BENEFIT

The hospital benefit is paid daily when you are confined in a hospital, ICU, subacute ICU or skilled nursing facility, or for outpatient surgery. The benefit is payable for up to three days per confinement and up to three confinements per year, with a lifetime maximum of $15,000. Confinements within 30 days of each other are considered one confinement. The skilled nursing facility benefit is limited to one 14-day confinement per year. The benefit is payable for one outpatient surgery per covered person per calendar year.

WELLNESS AND ANNUAL CARE

The wellness benefit is paid once per covered person each calendar year for any covered procedure related to cancer or heart and stroke. Covered procedures include mammogram, breast ultrasound, Pap smear, ThinPrep, CA-125, flexible sigmoidoscopy, colonoscopy, virtual colonoscopy, Hemoccult stool specimen, CEA, PSA, biopsy, chest x-ray, Thermography, stress test on a bicycle or treadmill, electrocardiogram, echocardiogram, carotid Doppler, fasting blood glucose test, blood test for triglycerides, serum cholesterol test and lipid panel.

The annual care benefit helps you pay ongoing medical expenses after a cancer, heart attack or stroke diagnosis. The annual care benefit is payable each year on the first anniversary after payment of the lump-sum benefit, for up to five consecutive years when you remain under your physician's care. This benefit excludes skin cancer and carcinoma in-situ and coronary artery bypass.

CASH VALUE

When you choose this rider, your coverage includes a cash value that grows over time. After 25 years, you'll receive a check for 100% of all premiums paid, less any claims incurred. You can even continue your coverage and collect again. If you end your coverage before that time, you'll receive a percentage of paid premiums, less claims incurred. The exact amount of your cash value benefit will vary based on how long your coverage is kept active. No benefit amount is paid if coverage ends within the first five years. This rider is not available if you or your employer pays any part of the premium with pretax dollars.

Critical Illness coverage *(Premiums are based on the level of coverage selected.)*

CANCER AND HEART & STROKE LUMP SUM WITH RECURRENCE[1]		
Cancer (internal):	**100%**	$10,000 to $50,000 in $10,000 increments
Carcinoma in-situ:	**25%**	
Heart attack:	**100%**	
Stroke:	**100%**	
Coronary artery bypass surgery:	**25%**	

The following benefits cannot be selected without purchasing the above coverage.

HEART & STROKE[1]		
Heart attack:	**100%**	$10,000 to $50,000 in $10,000 increments
Stroke:	**100%**	
Coronary artery bypass surgery, pacemaker, ICD, stent, TIA or angioplasty:	**25%**	
CRITICAL CONDITIONS BENEFIT[1]		
Coma, paralysis, end-stage renal failure, permanent blindness, major organ transplant surgery:	**100%**	$10,000 to $50,000 in $10,000 increments
Diabetic amputation, major organ transplant list:	50%	
Alzheimer's disease, permanent deafness:	25%	
CANCER TREATMENT		
Radiation		$200 per day
Injected chemotherapy		$200 per day
Oral chemotherapy		$300 per calendar month
One-time benefit for skin cancer		$300
HOSPITAL BENEFIT		
Hospital confinement		$200 per day
ICU or subacute ICU		$400 per day
Skilled nursing facility		$200 per day
Outpatient surgery		$200 per day
WELLNESS AND ANNUAL CARE		$25, $50, $75 OR $100
CASH VALUE		Optional

[1]The lump-sum benefit amount payable will not exceed 100%.

Limitations and exclusions

LIMITED BENEFIT POLICY(IES)

Critical Illness

The critical illness certificate will pay a lump-sum benefit only if you are diagnosed after the effective date of coverage for a specified critical illness, subject to the pre-existing condition limitation. This benefit is never payable for skin cancer. The lump-sum benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The recurrence benefit pays a percentage of the lump-sum benefit for a subsequent diagnosis of cancer, heart attack or stroke (based on coverage selected) when the subsequent diagnosis is more than 18 months after the previous diagnosis and there has been no treatment received during the 18-month period. A recurrence benefit will not be payable for a subsequent diagnosis of carcinoma in-situ, skin cancer or coronary artery bypass surgery. This benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The critical illness certificate will not pay benefits for loss contributed to, caused by or resulting from: Any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness. Diagnosis of a specified critical illness during the thirty (30) day waiting period. Participating or attempting to participate in a felony act or working at an illegal job. Being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician. Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Committing or attempting to commit suicide, regardless of mental capacity. Participating in any sporting event for pay or prize money. Being exposed to war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any country or international authority. Alcoholism, drug abuse or chemical dependency. No benefits are payable for a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person.

CANCELLATION: This policy can be canceled by the company at any time after the first 12 months, or earlier due to nonpayment of premiums.

Definition

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twelve (12) 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 twelve (12) month period preceding the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

Please note for all riders: There is a 30 day waiting period from the effective date of coverage for a covered person before benefits become available.

The following limitations and exclusions are in addition to the certificate's and apply to the hospital benefit rider. The inpatient hospital benefit is limited to three (3) periods of confinement per calendar year and has a lifetime maximum of $15,000. The skilled-care facility benefit is payable when considered disabled as defined under the certificate and has an elimination period of seven (7) days, after which the benefit provides for up to fourteen (14) days of confinement and is limited to one (1) confinement per calendar year. The outpatient surgical benefit is payable when a covered person has a surgery on an outpatient basis for a covered sickness or covered accident. The benefit is payable for the day outpatient surgery is performed. This benefit is only payable one day per covered person per calendar year. We will not pay benefits for loss contributed to, caused by or resulting from cosmetic/plastic surgery that is not for the diagnosis or treatment of covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary. The following procedures are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or covered accident or medically necessary: abdominoplasty (tummy tuck); mammaplasty (breast enlargement); rhinoplasty (nose job); or suction-assisted lipectomy (liposuction). Complications from any cosmetic/plastic surgery are not covered. Dental procedures: Treatment for dental care or dental procedures, unless treatment is the result of a covered accident. Elective surgery that is not for the diagnosis or treatment of a covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary. Gastric bypass surgeries are not covered under any circumstances, even if performed for diagnosis or treatment of a covered sickness or covered accident or medically necessary; voluntary abortion (except where the insured or the insured's spouse would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex changes. Complications from any elective surgery are not covered. Flying: Operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft, including those which are not motor-driven. Mental disorder: having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin. For newborn care: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery. Observation unit: We will not pay for any services provided or charges made for an insured while in an observation unit. Pregnancy: Normal pregnancy that occurs within the first twenty-four (24) months after the effective date of coverage. Loss due to complications of pregnancy will be paid the same as for any other covered sickness. A cesarean section is not considered a complication of pregnancy. Pregnancy of a dependent child: A pregnancy of a dependent child will not be covered. Pre-existing condition limitation: No benefits are payable for a pre-existing condition (as defined) during the first twelve (12) months after the effective date of coverage for that covered person. Racing: Riding in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any race course or speedway. Travel/location: Being more than forty (40) miles outside the territorial limits of the United States or Canada. Vision procedures: Vision exams or vision procedures, unless treatment is the result of a covered accident or a covered sickness.

Definition

HOSPITAL: A hospital is not a bed, unit, or facility that functions as a/an: skilled nursing facility; nursing home; extended care facility; convalescent home; rest home, or a home for the aged; sanatorium; rehabilitation center; place primarily providing care for alcoholics or drug addicts; or facility for the care and treatment of mental disease or mental disorders.

The following limitations and exclusions are in addition to the certificate's and apply to the cancer treatment rider. There is a calendar-year maximum of $5,000 for the radiation and injected chemotherapy benefits. No benefits are payable for preventive treatments prescribed without a diagnosis of cancer. The rider does not pay for continued maintenance medication for the purposes of keeping cancer from recurring.

The heart & stroke benefit rider will pay a lump-sum benefit only if you are diagnosed after the effective date of coverage for a specified critical illness, subject to the pre-existing condition limitation. The lump-sum benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The recurrence benefit pays a percentage of the lump-sum benefit for a subsequent diagnosis of heart attack or stroke when the subsequent diagnosis is more than 18 months after the previous diagnosis and there has been no treatment received during the 18-month period. This benefit is reduced 50% for all covered persons when the certificateholder turns age 76. The following limitations and exclusions are in addition to the certificate's and apply to the heart/stroke benefit rider. For a heart attack benefit to be payable, the heart attack must be positively diagnosed by a physician through clinical findings with corroboration from electrocardiographic findings or blood enzyme findings. A diagnosis of cardiac arrest is not by itself a positive diagnosis of a heart attack. Heart attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a myocardial infarction is not a heart attack. For a stroke benefit to be payable, the stroke must be positively diagnosed by a physician through clinical findings with corroboration from an electroencephalogram, imaging tests or blood flow tests. For heart attack or stroke, the date of diagnosis is the date of positive diagnosis by a physician. It is not the date the diagnosis was communicated to you. Heart attacks or strokes occurring during or as the result of any medical procedures are not covered.

The following limitations and exclusions are in addition to the certificate's and apply to the critical conditions lump-sum rider. We will not pay benefits for loss contributed to, caused or resulting from: End-stage renal failure caused by a traumatic event, including surgical traumas. A heart transplant that is not a human heart. A bone marrow transplant that is not human bone marrow. If the covered person's paralysis is related to a stroke and we have paid a lump-sum benefit under the certificate, the lump-sum benefit will not be payable under this rider. No benefit is payable for diabetic amputations below the ankle. Amputation of a single toe or toes or any partial foot amputations are not payable. No benefits are available for an organ donor under this rider. For an Alzheimer's disease benefit to be payable, Alzheimer's disease must be diagnosed by a physician and the covered person must be unable to perform two or more activities of daily living (ADLs). For the major organ transplant list, we will pay the amount shown in the certificate schedule when a covered person is registered on the active waiting list for organ transplant maintained by the Organ Procurement and Transplantation Network (OPTN). For major organ transplant surgery, we will pay the amount shown in the certificate schedule when a covered person undergoes a transplant surgery. The covered person must be in a coma for a period of fourteen (14) consecutive days. Coma does not include one that is medically induced. Sight must be reduced to a corrected visual acuity of less than 20/200 or visual field restriction to 20° or less in both eyes. The paralysis must be an impairment of two (2) or more limbs.

The following limitations and exclusions are in addition to the certificate's and apply to the wellness benefit rider. The annual care benefit is payable beginning with the first anniversary after the payment of the lump-sum benefit and is payable each year up to a total of five consecutive annual payments.

Certificate form series: WNIC2014CCNRLAR
Rider form series: R2015R, R2016R, R2008LA, R2009, R2017, R2007CVPOR

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