

HOSPITALassure[®]

HOSPITAL INDEMNITY INSURANCE



*Focus on your care,
not on the costs.*

Washington
National[®]



HOSPITALassure®

Washington National's Hospital Indemnity Insurance can help protect you and your family from the high cost of hospital stays.

Medical emergencies are unpredictable and expensive, and your employer health plan, private health insurance or Medicare may only cover a portion of the costs.

Hospital costs are rising—and your current coverage could leave you responsible for copayments, deductibles, transportation expense and more.

Consider these facts:



The average hospital stay costs over **\$10,700**.¹



Hospital bills are the largest out-of-pocket expense for people who filed for medical bankruptcy.²



61% of Americans wouldn't be able to cover an unexpected **\$1,000** bill from their savings.³

A SENSIBLE SOLUTION

Hospital Assure® complements your existing health insurance plan by directly paying you fixed-dollar cash benefits in the event you or a covered family member are hospitalized due to a covered sickness or accident, in addition to any other coverage you have.

Use your cash benefits to help pay:

- Deductibles
- Co-pays
- Out-of-network hospital costs
- Everyday bills and expenses when you're unable to work

¹Business Insider, *The 35 most expensive reasons you might have to visit a hospital in the US—and how much it costs if you do*, <http://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2>, March 1, 2018.

²Healthline, *How Much Does It Cost to Stay in the Hospital*, <https://www.healthline.com/health-news/how-much-does-hospital-stay-cost#6>, July 17, 2017.

³Bankrate, *Most Americans don't have enough savings to cover a \$1k emergency*. <https://www.bankrate.com/banking/savings/financial-security-0118/>, January 18, 2018.

Be assured. We've got you covered.

COUNT ON WASHINGTON NATIONAL FOR THESE IMPORTANT ASSURANCES:

Flexibility

Because cash benefits are paid *directly to you*, not a doctor or hospital, you have no restrictions on how you use your benefits.

Portability

This allows you to *keep your policy*, even if you change jobs, move to a different state, retire or go on Medicare.

Premiums stay the same

Your rates *cannot be increased* unless all rates of that kind are raised in your state.

Guaranteed renewability for life

Your policy is *guaranteed* renewable as long as you pay the required premiums on time.

***Focus on your care,
not on the costs.***

Benefits under this policy may change to comply with federal and state tax laws. Consult your Washington National agent or tax and legal advisors for an explanation of your benefits.





Coverage options

Choose the policy that fits your needs¹

BASE POLICY BENEFIT	DESCRIPTION ²	AMOUNT
HOSPITAL CONFINEMENT LUMP SUM	Payable on the first day when a covered person is hospital confined for 23 hours or more due to a covered sickness or covered accident. You choose the benefit amount at the time of application. This benefit is limited to once per calendar year per covered person.	\$1,000, \$2,000, \$3,000, \$4,000, or \$5,000
HOSPITAL OUTPATIENT	Payable for hospital, observation unit, or ambulatory surgical facility stays of less than 23 hours due to a covered sickness or covered accident. This benefit is limited to 2 days per calendar year per covered person.	\$100 per day
EMERGENCY ROOM	Payable for treatment in a hospital emergency room or urgent care facility for a covered sickness or covered accident. This benefit is limited to 2 days per calendar year per covered person.	\$100 per day
REHABILITATION FACILITY	Payable for rehabilitation facility stay by physician's order due to a covered sickness or covered accident. This benefit is limited to 15 days per confinement. Limited to 30 days per calendar year per covered person.	\$100 per day
WAIVER OF PREMIUM	After a policyowner is hospital confined for a covered sickness or covered accident for a period of more than 30 consecutive days; this benefit will begin on the 31st day for any period of uninterrupted continuation of that inpatient hospital confinement. Any premium payments that fall during this waiver period, on a maximum of a month by month basis, will be waived. The waiver period will end at the earlier of discharge or at the end of 12 months of uninterrupted continuous hospital confinement discharge, at which point premium payments must be resumed.	Waives premium for base policy and any riders selected

¹Premiums are based on the level of coverage selected. Coverage may vary by state and underwriting. ²See benefit definitions for additional details and limitations.

Optional riders

Additional coverage available for more protection¹

	DESCRIPTION ²	AMOUNT
WELLNESS AND DIAGNOSTIC RIDER	Physician office visit benefit Payable for visits (including telemedicine) to a physician's office, due to a covered sickness, covered accident or routine wellness exams, at a designated facility. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$25 per day
	Lab test and x-ray Payable for any day a covered person has laboratory testing or x-rays, due to a covered sickness or covered accident, at a designated facility. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$50 per day
	Imaging exams Payable for the following exams: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram; due to a covered sickness or accident. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$100 per day
	Diagnostic exams Payable for the following exams: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy; due to a covered sickness or accident. <i>Individual coverage:</i> Limited to 3 days per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 days per covered person, up to 6 days per calendar year.	\$100 per day

	DESCRIPTION ²	PLAN 1	PLAN 2	PLAN 3
SUPPLEMENTAL BENEFITS RIDER	ADDITIONAL hospital confinement lump sum Payable the first day of hospital confinement after payment of hospital confinement lump sum benefit pays for a new period of confinement. This benefit is limited to 3 confined days per calendar year, per covered person.	\$100 per day	\$200 per day	\$300 per day
	Daily hospital confinement Payable per day per covered person, due to a covered sickness or covered accident, for up to 365 days per period of confinement.	\$50 per day	\$100 per day	\$150 per day
	Intensive Care Unit (ICU) confinement Payable in addition to the daily hospital confinement for each day a covered person is confined to an ICU due to a covered sickness or covered accident.	\$100 per day (\$50 ICU + \$50 daily hospital confinement)	\$200 per day (\$100 ICU + \$100 daily hospital confinement)	\$300 per day (\$150 ICU + \$150 daily hospital confinement)
	ADDITIONAL hospital outpatient Payable in addition to the \$100 per day hospital outpatient benefit provided by the base policy's Hospital Outpatient benefit.	+\$50 per day	+\$100 per day	+\$150 per day
	ADDITIONAL rehabilitation facility Payable in addition to the \$100 per day rehabilitation facility benefit provided by the base policy's Rehabilitation Facility benefit.	+\$50 per day	+\$100 per day	+\$150 per day
	Surgical procedure Payable for a covered surgery performed in a hospital, U.S. Government hospital, or an ambulatory surgical facility. This benefit is limited to one surgical procedure in a 24-hour period per covered person.	\$100-\$1,000 per surgery	\$100-\$1,000 per surgery	\$100-\$1,000 per surgery
	Ambulance Payable if a licensed surface or air ambulance service transports a covered person to or from a hospital. <i>Individual coverage:</i> Limited to 3 one-way trips per calendar year. <i>Individual/Spouse, Individual/Child, & Family Coverage:</i> Limited to 3 one-way trips per covered person, up to 6 one-way trips, per calendar year.	\$200 ground, \$2,000 air	\$200 ground, \$2,000 air	\$200 ground, \$2,000 air

¹Premiums are based on the level of coverage selected. Coverage may vary by state and underwriting. ²See benefit definitions for additional details and limitations.



Return of Premium

The coverage you need today.
Money back for tomorrow.

Choose a benefit that can return premiums back to you. With the optional Return of Premium benefit rider, you can receive a check for premiums paid—minus claims incurred—every 20 years (or on the benefit anniversary date following your 75th birthday, if that comes sooner).*

You're only required to keep your policy and this optional benefit in force until maturity. When money is returned, you can continue your coverage and collect again.

HERE ARE THREE EXAMPLES
OF YOUR RETURN OF PREMIUM POTENTIAL:**

	No claim	Small claim	Large claim
Total premiums paid	\$9,600	\$9,600	\$9,600
Claims incurred	- 0	- 2,000	- 15,000
Amount of return	9,600	7,600	0

If you are age 65 or older when the “return of premium period” begins, and the policy and return of premium benefit have remained in force, you can continue to receive premiums paid, minus any claims incurred, at the end of every 10 years.

* Referred to as the “return of premium” period. The end of the period is referred to as “maturity.”

** Hypothetical examples solely demonstrating how the optional Return of Premium Rider works if continuous coverage for the return of premium period to maturity. No representation or guarantee of future premiums or results. This rider is not available with policies purchased as part of a Section 125 plan.

BENEFIT DEFINITIONS

Hospital confinement lump sum

This benefit payable on the first day within a calendar year when a covered person is hospital confined as an inpatient for 23 or more hours. This benefit is limited to one day per calendar year per covered person. No lifetime maximum. This benefit is reset each January 1st. If a hospital confinement continues uninterrupted without discharge from one calendar year to the next, no hospital confinement lump sum benefit shall be payable for any day of that hospital confinement in the later calendar year. Upon discharge, for a benefit to be payable in the later calendar year, a hospital confinement must begin more than thirty (30) days after the discharge.

Hospital outpatient

This benefit is payable per day when a covered person is in a hospital, observation unit, or ambulatory surgical facility for less than 23 hours. This benefit is limited to 2 days per calendar year per covered person. This benefit is not payable for the same day as the Emergency Room Benefit is payable.

Emergency room

This benefit is payable per day when a covered person is admitted to an emergency room or visits an urgent care facility. This benefit is limited to 2 days per calendar year per covered person. Admission to the emergency room or a visit to an urgent care facility for a covered accident must occur within seventy-two (72) hours of the covered accident. This benefit is not payable for days the Hospital Out-Patient benefit is payable.

Rehabilitation facility

This benefit is payable per day if a covered person is hospital confined and is transferred to a rehabilitation facility by physician's order within 24 hours after discharge from the hospital confinement. This benefit is limited to a maximum of 15 days per period of confinement in a rehabilitation facility, with a maximum of 30 days per calendar year per covered person. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement. Any benefits under this policy for confinement in a rehabilitation facility are payable only under the rehabilitation facility benefit.

Physician office visit benefit

Payable once per day for any day a covered person goes to a physician's office appointment, including telemedicine visits. This benefit covers appointments due to a covered accident, a covered sickness or routine wellness exams. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days per calendar year.

Laboratory test and X-ray

Payable for any day a covered person has laboratory testing or x-rays ordered by a physician, due to a covered sickness or accident. Must be performed in a hospital, medical diagnostic imaging center, physician's office, urgent care or ambulatory surgical center. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days per calendar year. Not payable for the exams listed under the Imaging Benefit or the Diagnostic Benefit.

Imaging exams

Payable for any day a covered person has 1 of the following exams, ordered by a physician due to a covered sickness or accident: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram. These must be performed in a hospital, medical diagnostic imaging center, a physician's office, an urgent care facility, or an ambulatory surgical center. Not payable for the exams listed under the Laboratory Test and X-Ray Benefit or the Diagnostic Benefit. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days, per calendar year.

Diagnostic exams

Payable for any day a covered person has one of the following exams, ordered by a physician for a covered sickness or accident: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy. Procedures must be performed in a hospital or a ambulatory surgical center. Not payable for the exams listed under the Laboratory Test and X-Ray Benefit or the Imaging Benefit. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days, per calendar year.

Additional hospital confinement lump sum

After the Hospital confinement lump sum benefit under the policy has been paid, the additional hospital confinement lump sum benefit under the rider is payable on the first day a covered person is hospital confined as an inpatient for a new period of confinement. This benefit is limited to 3 days per calendar year per covered person. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement. This benefit is reset each January 1st. If a hospital confinement continues uninterrupted without discharge from one calendar year to the next, no hospital confinement lump sum benefit shall be payable for any day of that hospital confinement in the later calendar year.

Daily hospital confinement

Payable per day, per covered person, for up to 365 days per period of confinement; when hospital confined for 23 or more hours. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.

Intensive care unit (ICU) confinement

Payable in addition to the daily hospital confinement benefit for each day a covered person is confined to an intensive care unit. Limited to a maximum of 30 days per hospital confinement. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.

Additional hospital outpatient

Payable in addition to the benefit provided by the base policy. See Hospital outpatient definition for benefit description.

Additional rehabilitation facility

Payable in addition to the benefit provided by the base policy. See Rehabilitation facility definition for benefit description.

Surgical procedure

The amount payable varies by procedure according to the benefit schedule for an unlimited number of separate operations. If more than one surgical procedure is performed at the same time through the same incision, the procedure with the largest benefit amount will be paid. We will not pay for diagnostic or follow-up surgery which does not treat the covered sickness or covered accident. We will use the Relative Values for Physicians publication and the procedural terminology code (PTC) to determine the surgical value assigned to each procedure as of the date of the procedure. This benefit is limited to one (1) surgical procedure in a twenty-four (24) hour period per covered person. The surgery must be performed in a hospital, U.S. government hospital or an ambulatory surgical facility.

Ambulance

Payable if a licensed surface or air ambulance service transports a covered person to or from a hospital. For a Covered Accident, transport by an ambulance must be within seventy-two (72) hours of a Covered Accident. Individual coverage: Limited to 3 one-way trips per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 one-way trips per covered person, up to 6 one-way trips, per calendar year.

Hospital Confinement and Services received in a U.S. Government Hospital do not require a charge.

Limitations and exclusions

LIMITED BENEFIT POLICY. We will not pay benefits for loss contributed to, caused by, or resulting from any of the following: Cosmetic or plastic surgery: Surgery that is not for the diagnosis or treatment of a covered sickness or a covered accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of cosmetic or plastic surgery, including but not limited to, the following: abdominoplasty (tummy tuck); mammoplasty (breast modification); rhinoplasty (nose job); or suction assisted lipectomy (liposuction). Dental procedures: Treatment for dental care or dental procedures, unless treatment is the result of a covered accident and is considered medically necessary. Elective surgery: Surgery that is not for the diagnosis or treatment of a covered sickness or a covered accident, or considered medically necessary, or resulting from, directly or indirectly, any complications of elective surgery, including but not limited to,¹ the following: gastric bypass surgeries; voluntary abortion (except where the covered person would be endangered if the fetus were carried to term or where medical complications have arisen from abortion); or sex change. Flying:² Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven. Hazardous activities:³ Including but not limited to: hang gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, rock climbing, scuba diving, mountaineering, or similar activities. Illegal acts: Participating or attempting to participate in an illegal act⁴ or working at an illegal job. Intoxication:^{5,6} Being legally intoxicated,⁷ or so intoxicated that mental or physical abilities are seriously impaired,⁸ being under the influence of any illegal drugs, or being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician. Mental disorder: Having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin. 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. Pregnancy: Normal pregnancy⁹ or childbirth that occurs within the first ten (10) months after the effective date of coverage; or, a cesarean delivery that is not the result of complications of pregnancy. Loss due to complications of pregnancy will be paid the same as for any other covered benefit. Pregnancy of a dependent child: A pregnancy of a dependent child will not be covered. Loss due to complications of pregnancy will be paid the same as for any other covered benefit. Racing:¹⁰ 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. Self-Inflicted Injuries: Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Substance abuse:¹¹ Alcoholism, drug abuse, or chemical dependency. Suicide: Committing or attempting to commit suicide, regardless of mental capacity. Sports:¹⁰ Participating in any sporting event for pay or prize money. Travel/location: Being more than forty (40) miles outside the territorial limits of the United States, Canada, and Puerto Rico. Vision procedures: Routine vision exams or vision procedures, unless treatment is the result of a covered accident and is considered medically necessary. War/military service:¹² 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.¹³

Pre-existing condition limitation: No benefits are payable for a covered person with a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person.

Waiting period limitation:¹⁰ No benefits are payable for any covered sickness that is diagnosed, treated or produces a clear or obvious symptom during the waiting period for the first twelve (12) months after the effective date of coverage for that covered person.

ADDITIONAL DEFINITIONS

PRE-EXISTING CONDITION:¹⁶ Means the existence of symptoms that would cause an ordinarily prudent person¹⁴ to seek diagnosis, care or treatment within a twelve (12) month period¹⁵ preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the effective date of coverage for that covered person. A pre-existing condition can exist even though a diagnosis has not yet been made.

WAITING PERIOD:^{10,15} This policy contains a thirty (30) day waiting period for any covered sickness. We will not pay benefits for the first twelve (12) months of coverage for any sickness for a covered person that is diagnosed, treated or produces a clear or obvious symptom during the first thirty (30) days of coverage for that covered person. Benefits for that sickness, if a covered sickness, will only be provided for care or treatment that begins more than twelve (12) months after the effective date of coverage for that covered person. If a sickness is diagnosed, treated or produces a clear or obvious symptom during the waiting period that would otherwise be covered under this policy during the first twelve (12) months of coverage, You may elect to void this policy from its effective date and receive a full refund of any premiums paid.

There is not a waiting period for any covered accident.

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.

PERIOD OF CONFINEMENT: Means (1) for a covered sickness, a period which begins at least thirty (30) days¹⁰ after a covered person's effective date of coverage, beginning on the first day of hospital confinement for a covered sickness and ending on the last day of hospital confinement for that covered sickness; and (2) for a covered accident, a period which begins on or after a covered person's effective date of coverage, beginning on the first day of hospital confinement for a covered accident and ending on the last day of hospital confinement for that covered accident. If a covered person is re-confined within thirty (30) days for the same covered sickness or covered accident, then the later period will be considered a continuation of the prior period of confinement. If the beginning of a re-confinement for the same covered sickness or covered accident occurs more than thirty (30) days later, we will treat the later hospital confinement as a new period of confinement.

TELEMEDICINE: Means clinical health care services supervised by a physician by means of interactive two-way audio and visual communication. Telemedicine does not include delivery of clinical health care services through an audio-only telephone, electronic mail message, or facsimile transmission.

This document is not an insurance contract, and all rights and obligations under the policy are subject to the terms and conditions of the policy itself. The benefit amounts under any issued policy or rider will be based upon the benefit amounts printed in any policy applied for and issued.

Benefits under this policy may change to comply with federal and state tax laws. Consult your Washington National agent or tax and legal advisors for an explanation of your benefits.

¹In Kentucky, "but not limited to" does not apply.

²In Oklahoma, "jumping or falling" does not apply.

³In Oklahoma, hazardous activities are not applicable

⁴In Georgia, illegal acts means participating or attempting to participate in a felony or working at an illegal job.

⁵In Oklahoma, "or so intoxicated that mental or physical abilities are seriously impaired or being under the influence of any illegal drugs" does not apply.

⁶In South Carolina, not applicable.

⁷In Florida, being legally intoxicated as defined by the legal limits in the jurisdiction where the loss occurred.

⁸In Kentucky, "or so intoxicated that mental or physical abilities are seriously impaired" does not apply.

⁹In Florida, a normal pregnancy beginning on or after the effective date of coverage.

¹⁰In Oklahoma, not applicable.

¹¹In Oklahoma, "chemical dependency" does not apply.

¹²In Oklahoma, war or act of war (whether declared or undeclared) while serving in the military or an auxiliary unit to the military or working in an area of war whether voluntarily or as required by an employer. We will return. At your request, the prorated premium paid for you for any period you are not covered by this policy while you are in such service.

¹³In Florida, acts of terrorism are excluded from the definition of war.

¹⁴In Wyoming, "cause any covered person"

¹⁵In Wyoming, this period is shortened to six (6) months

¹⁶In District of Columbia, "An ordinarily prudent" does not apply.

Policy form series (may vary by state): WNIC2073

Rider form series (may vary by state): R2074, R2075, R2076

Washington National Insurance Company

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WashingtonNational.com

