



WASHINGTON NATIONAL

critical solutionsSM

CRITICAL ILLNESS
SUPPLEMENTAL
HEALTH INSURANCE

*Protecting your family,
finances and future.*





Day-to-day life is complicated enough all on its own. So when you're facing the extra stress of a critical illness, you're better off when you can keep your financial worries to a minimum.

A supplemental health insurance policy can help you protect your family, finances and future in your time of need. Washington National **Critical Solutions**[®] offers benefits you can use to pay for the expenses associated with a critical illness diagnosis and treatment.

Select the right critical illness coverage in two easy steps:

STEP 1: Choose from three coverage types.

1. **Critical illness cancer only** provides payment when cancer is diagnosed.
2. **Critical illness without cancer** provides payment when a heart attack, stroke or end-stage renal failure is diagnosed.
3. **Critical illness with cancer** provides payment when cancer, heart attack, stroke or end-stage renal failure is diagnosed.

STEP 2: Choose from two benefit options.

1. **Option A** offers you a lump-sum benefit payment of \$10,000 to \$70,000.
2. **Option B** offers you a lump-sum payment of \$10,000 to \$70,000—plus additional indemnity benefits that provide extra protection against covered critical illnesses.

PLUS, YOU CAN CHOOSE THE **CASH VALUE RIDER**, AN OPTIONAL BENEFIT THAT CAN RETURN YOUR PAID PREMIUMS.

How would you pay for the out-of-pocket expenses of a critical illness?

If you're like many Americans, you have just a few options:

- Spend your savings.
- Sell your assets.
- **Buy supplemental insurance to protect your family, finances and future.**

Benefits	Option A	Option B
Lump-sum benefit	■	■
Wellness benefit		■
Hospital confinement		■
Consultation benefit		■
Radiation and chemotherapy*		■
Cash Value rider (optional)	■	■

Premium amounts vary based on the coverage, option and lump-sum benefit amount you select.

*This benefit does not apply to the critical illness without cancer coverage.

Your supplemental coverage comes with these important assurances:

- Your benefits are **paid directly to you** or to whomever you choose, unless otherwise required.
- Your benefits are **paid regardless** of any other insurance you carry.
- Your rates **cannot be increased** unless all rates of that kind are raised in your state.
- Your policy is **guaranteed renewable for life** as long as premiums are paid on time.
- Only you can cancel your coverage.

DID YOU KNOW?

THE RISKS

- Men have nearly a **1-in-2 lifetime risk** of developing cancer. Women have a **1-in-3 lifetime risk**.¹
- Americans suffer over **1.5 million** heart attacks and strokes each year.²
- **Every 40 seconds** on average, someone in the U.S. has a stroke.³

THE COSTS

- The annual cost of cancer-related health care in the U.S. is roughly **\$87.8 billion**.⁴
- Cardiovascular disease and stroke cost an estimated **\$316 billion** in health care costs and lost economic productivity.⁵

¹ American Cancer Society, *Cancer Facts & Figures 2017*, 2017, p. 2. ² American Heart Association, *Heart Disease and Stroke Statistics 2017 At-a-Glance*, 2017. ³ American Heart Association, *Heart Disease and Stroke Statistics—2017 Update*, 2017, p. e230. ⁴ American Cancer Society, *Cancer Facts & Figures 2017*, 2017, p. 9; ⁵ American Heart Association, *Heart Disease and Stroke Statistics 2017 At-a-Glance*, 2017.

The above facts represent the U.S. population, are provided for information only and do not imply coverage under the policy or endorsement of the company or policy by the people and organizations listed above.

Benefit descriptions

LUMP-SUM BENEFIT

- **\$10,000, \$20,000, \$30,000, \$40,000, \$50,000, \$60,000 or \$70,000**

This benefit is paid when you are first diagnosed¹ with cancer (except skin cancer), heart attack, stroke or end-stage renal failure—based on the coverage you selected—with acceptable proof of diagnosis. This benefit is payable once for each insured, and premiums are based on the benefit level you select. Coverage for child(ren) is available at \$10,000.

WELLNESS BENEFIT

- **\$50 per year for critical illness cancer only coverage**
- **\$50 per year for critical illness without cancer coverage**
- **\$100 per year for critical illness with cancer coverage**

After a 30-day waiting period, this benefit pays for covered screenings. Covered screenings vary based on the selected coverage; please refer to your policy for a complete list of covered screenings. This preventive benefit is limited to one test per person per calendar year. This benefit is paid whether or not you are diagnosed with cancer, heart attack, stroke or end-stage renal failure.

HOSPITAL CONFINEMENT Including U.S. government hospitals²

- **\$200 per day, 1–30 days**
- **\$400 per day, 31+ days**

Benefits are paid each day you are confined to a hospital when you are diagnosed with cancer, heart attack, stroke or end-stage renal failure, based on the coverage you selected.

CONSULTATION BENEFIT

- **\$250 per specified critical illness diagnosis**

This benefit is paid when you are diagnosed with cancer, heart attack, stroke or end-stage renal failure and consult a physician or alternative care provider for a treatment plan. The benefit is paid one time according to the coverage you selected.

RADIATION AND CHEMOTHERAPY

- **\$200 per day or \$200 per drug**

This benefit is payable when a physician prescribes radiation or chemotherapy as part of a cancer treatment plan. Treatment may be performed on an inpatient or outpatient basis. At the time of administration, the treatment must be fully or investigationally approved by the U.S. Food and Drug Administration for cancer treatment.³

- **Radiation: \$200 per day**
- **Chemotherapy, injected by medical personnel: \$200 per day**
Injections must be made by medical personnel in a physician's office, clinic or hospital.
- **Chemotherapy, self-administered: \$200 per drug**
This benefit is limited to \$1,600 per month.

¹In South Dakota, "first" is not applicable.

²A hospital is not a bed, unit or facility that functions as a skilled nursing facility, nursing home, extended care facility, convalescent home, rest home, home for the aged, sanatorium, rehabilitation center, place that primarily provides care for alcoholics or drug addicts, or facility for the care and treatment of mental disease or mental disorders.

³In Kansas, a benefit is payable for a drug or treatment that has not yet been approved by the FDA for cancer treatment, but has been recognized as a cancer treatment in standard medical references as defined in the policy.

CASH VALUE RIDER

This rider can return your premiums to you.

With the Cash Value rider, you can receive a check for all premiums paid, minus claims incurred, every 25 years or on the rider anniversary date after your 75th birthday, if that comes sooner.

The only requirement to receive the rider's benefits is to keep your policy and the rider in force until the policy matures. When your money is returned, you can continue your protection and collect again. (Beginning with the sixth year, upon surrender of the policy, you will receive a percentage of premiums paid, minus claims incurred. The longer your rider is in force, the larger this percentage becomes.)

If you are aged 60 or older^{1,2} when you begin a cash-value period, and you have kept your policy and rider in force, you receive all premiums paid, minus any claims incurred, every 15 years.³

This optional rider has an additional cost. This rider may be purchased through age 74, based on your age at issue. State abbreviations may apply to the rider form number when used. This rider is not available with policies that are purchased as part of a Section 125 plan.

¹In North Dakota, age 65 or older.

²In Tennessee, age 61 or older.

³In North Dakota, every 10 years.

In Tennessee, if total benefits paid for claims under the policy during a cash value period would exceed the rider's total cash value maturity benefit, a new cash value period—based on your attained age—will begin on the next rider anniversary date.

In South Dakota and Wisconsin, if total benefits paid for claims during a cash value period would exceed the cash value maturity benefit payable on the maturity date, then a new cash value period will begin on the next rider anniversary date following the date benefits paid for claims exceed the cash value maturity benefit. The length of the new cash value period will be based on your attained age, as defined in the rider.

In North Dakota, We will notify you if total benefits paid for claims under the policy during a cash value period would exceed the cash value maturity benefit otherwise payable on the maturity date. We will then terminate this cash value rider if we receive your written request for termination prior to the next rider anniversary date. Such termination of this cash value rider will not affect benefits payable under the policy to which this rider is attached. If you do not request termination of the cash value rider, a new cash value period will begin on the next rider anniversary date following the date benefits paid for claims exceed the cash value maturity benefit otherwise payable. The length of the new cash value period will be as defined above based on your attained age.

Limitations and exclusions

Benefits will not be paid for loss contributed to, caused by or resulting from having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness¹; diagnosis of a specified critical illness during the waiting period (the waiting period is the first 30 days following the effective date of coverage); participating or attempting to participate in an illegal act or working at an illegal job²; being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired³, 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 physician³; 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 to⁴ 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; and alcoholism, drug abuse or chemical dependency.³

No benefits are payable for a pre-existing condition during the first twelve (12) months after the effective date of coverage. A pre-existing condition is defined as 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 coverage of the insured, 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.⁵

Critical illness without cancer coverage and Critical illness with cancer coverage: 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. Heart attacks or strokes occurring during or as the result of any medical procedures are not covered.⁶ Renal failure caused by a traumatic event, including surgical trauma, is not covered.

This brochure is intended to be a brief, general description of coverage. For more complete details of coverage, including benefits, limitations and exclusions specific to your state, please review the policy with your agent.

¹In South Carolina, South Dakota and Wisconsin, not applicable.

²In Nebraska, “we shall not be liable for any loss to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was your being engaged in an illegal occupation.”

³In South Dakota, not applicable.

⁴In Nebraska, “being exposed to” is not applicable.

⁵In North Dakota, a pre-existing condition “means 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.”

⁶In Tennessee, not applicable.

Policy form series: CIC1039

Rider form series: R1022CV

Form series may vary by state.

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