

HSA
compatible

HOSPITAL assureSM

HOSPITAL INDEMNITY INSURANCE



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

The policy benefits discussed in this brochure are intended to be compatible with Health Savings Account (HSA) guidelines. We make no representations as to the actual tax status of this policy. Neither Washington National Insurance Company nor its representatives give legal or tax advice. You should contact your personal legal or tax advisor for such advice.

 **Washington
National**[®]

HOSPITAL assureSM

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.

A SENSIBLE SOLUTION

Hospital AssureSM 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*

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

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.

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

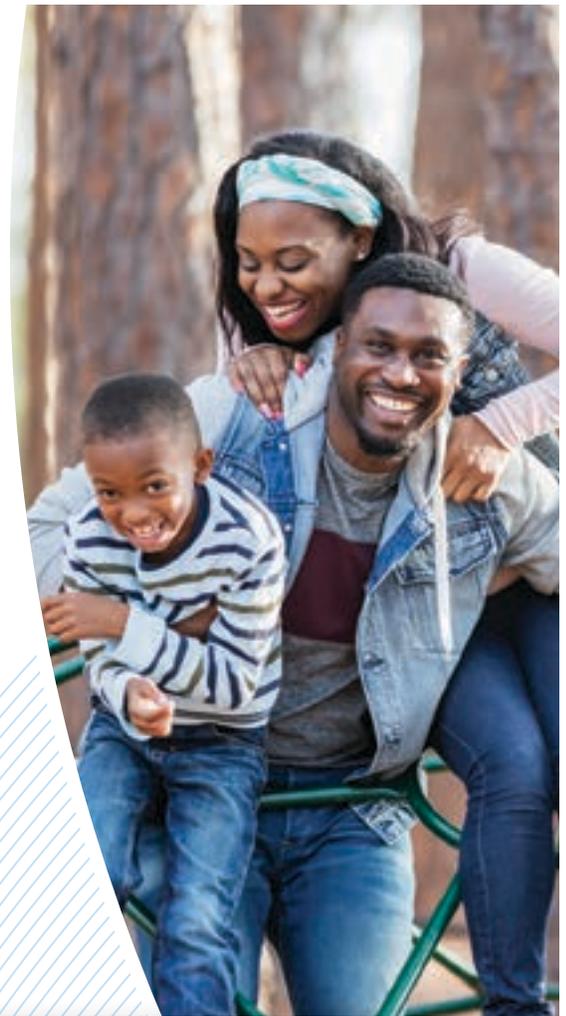
Your rates *cannot be increased* unless all rates of that kind are raised in your state.

Guaranteed renewability for life

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

Coverage options

Choose the policy that fits your needs



BENEFIT	DESCRIPTION	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. If a covered person's hospital confinement continues uninterrupted and without discharge from one calendar year to the next, this benefit is not payable for that hospital confinement in the later calendar year.	\$1,000, \$2,000, \$3,000, \$4,000, or \$5,000
DAILY HOSPITAL CONFINEMENT	Payable per day, per covered person, for up to 365 days when hospital confined for 23 or more hours due to a covered sickness or covered accident. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.	\$100 per day
INTENSIVE CARE UNIT CONFINEMENT	Payable per day, per covered person, for up to 30 days when hospital confined to an intensive care unit. This pays in addition to the daily hospital confinement benefit. A readmission within 30 days of a prior hospital confinement, for the same medical condition, is considered part of the previous confinement.	\$150 per day (\$50 ICU + \$100 daily hospital confinement)
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.

Premiums are based on the level of coverage selected.

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, 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: 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: 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 a felony or working at an illegal job. 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 pregnancy 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 however a non-elective cesarean is considered a complication of pregnancy. Loss due to complications of pregnancy will be paid the same as for any other covered benefit. 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. Self-inflicted injuries: Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Suicide: Committing or attempting to commit suicide, regardless of mental capacity. Sports: 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: 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. The hospital confinement lump sum 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.

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: 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.

DEFINITIONS

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 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: 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 no waiting period for any covered accident.

HOSPITAL: Does not include 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) days 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.

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.

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