Washington National®

WASHINGTON NATIONAL

critical solutions®

CRITICAL ILLNESS
SUPPLEMENTAL
HEALTH INSURANCE

Protecting your family, finances and future.

CS-BR-ROP

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 A **RETURN OF PREMIUM RIDER**, AN OPTIONAL BENEFIT THAT CAN RETURN SOME OR ALL OF 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*		■
Return of Premium rider *(optional)*	■	■

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

**This benefit doesn't 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 **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 total overall cost of cancer is estimated at **$216.6 billion**.[4]
- Cardiovascular disease and stroke cost an estimated **$320 billion** in health care costs and lost economic productivity.[5]

[1] American Cancer Society, *Cancer Facts & Figures 2015*, 2015, p. 1; [2] American Heart Association, "Heart Disease and Stroke Statistics—2015 Update: A Report from the American Heart Association," *Circulation*, 2015, e. 29-322; [3] Ibid., e. 152; [4] American Cancer Society, *Cancer Facts & Figures 2014*, 2014, p. 1-3; [5] American Heart Association, "Heart Disease and Stroke Statistics—2015 Update: A Report from the American Heart Association," *Circulation*, 2015, e. 283.

The above facts represent the U.S. population, are provided for information only and don't 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 diagnosed[1] with cancer (except skin cancer), heart attack, stroke or end-stage renal failure—based on the coverage you've 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,[2] 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 Hospitals[3]

- **$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.

- **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.

[1] In Indiana, "first" is not applicable.

[2] In Oklahoma, the "30-day waiting period" is not applicable.

[3] A 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.

RETURN OF PREMIUM RIDERS

This rider can return your premiums to you. The only requirement to receive the rider's benefits is to keep your policy and the rider in force until the policy matures.[1] When your money is returned, you can continue your protection and collect again.

100% Return of Premium rider
Form R1022ROP

With the 100% Return of Premium rider, you can receive a check for all of your paid premiums, minus claims incurred, every 20 years or on the rider anniversary date after your 75th birthday, if that comes sooner.

If you are 66 or older when you begin a Return of Premium period and you've kept your policy and rider in force, you receive one-half of premiums paid, minus any claims incurred, every 10 years.

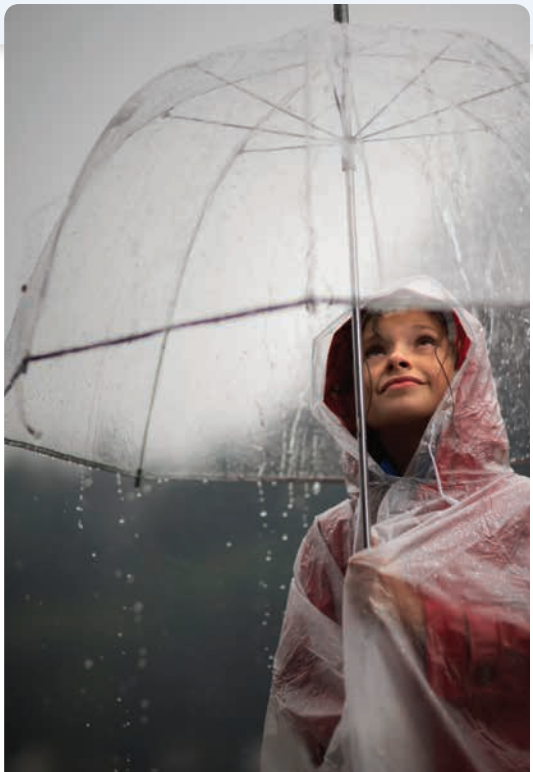
50% Return of Premium rider
Form R1041ROP

With the 50% Return of Premium rider, you can receive a check for one-half of your paid premiums, minus claims incurred, every 20 years or on the rider anniversary date after your 75th birthday, if that comes sooner.

If you are 66 or older when you begin a Return of Premium period and you've kept your policy and rider in force, you receive one-quarter of premiums paid, minus any claims incurred, every 10 years.

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

[1] In Arkansas, maturity is "benefit eligibility."



Limitations and exclusions

LIMITED BENEFIT POLICY: Benefits will not be paid for loss contributed to, caused by or resulting from any insured having or being diagnosed with any other disease, sickness or incapacity, even if the disease or condition is caused, complicated or aggravated by the specified critical illness;[1] being diagnosed with a specified critical illness during the waiting period, which is the first 30 days after the coverage effective date;[2] participating or attempting to participate in an illegal act;[3] working at an illegal job;[3] being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired;[2,4] being under the influence of any illegal drugs;[4] being under the influence of any narcotic, unless such narcotic is taken under the direction of and as directed by a physician;[7] injuring or attempting to injure oneself 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;[4] being exposed to war or any act of war, declared or not; participating in or contracting with the armed forces, including Coast Guard, of any country or international authority;[5,6] and alcoholism, drug abuse or chemical dependency.[7, 8]

No benefits are payable for a pre-existing condition during the first twelve (12) months[9] after the effective date of coverage. A pre-existing condition is defined as the existence of symptoms that would cause an ordinarily prudent person[10] to seek diagnosis, care or treatment within the twelve (12)-month period[11] before the insured's coverage effective date, or a condition for which medical advice or treatment was recommended by or received from a physician within the twelve (12)-month period[11] before the coverage effective date. A pre-existing condition can exist even though a diagnosis has not been made.[12]

For *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. A 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. 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.

[1]*Not applicable in Arkansas, Delaware, Utah and West Virginia.*

[2]*Not applicable in Oklahoma.*

[3]*In Utah, "voluntary participation in an illegal act or working an illegal job."*

[4]*Not applicable in Nevada.*

[5]*In Oklahoma, "while you are serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer, Washington National Insurance Company will return, at your request, your prorated premium paid for any period you are not insured by this policy while you are in such service."*

[6]*In Utah, "being exposed to" is not applicable.*

[7]*Not applicable in Nevada.*

[8]*In Oklahoma, "chemical dependency" is not applicable.*

[9]*In Delaware, New Mexico, Nevada, Puerto Rico and Utah, "six (6) months."*

[10]*In the District of Columbia, "ordinarily prudent" is not applicable.*

[11]*In Delaware, Nevada, Puerto Rico and Utah, "six (6)-month period."*

[12]*In Puerto Rico, a pre-existing condition means "any sickness, injury or condition which was diagnosed by or for which you consulted a physician six months prior to the date you became insured under this policy."*

Policy form series: CIC1039
Rider form series: R1022ROP and R1041ROP
Form series may vary by state.

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