

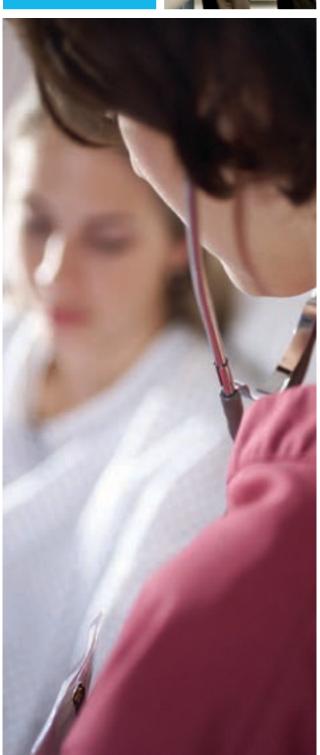


# Hospital Secure®

Supplemental hospital indemnity insurance Focus on your care, not on the costs.







## Rising costs. Supplemental insurance.

A stay in the hospital can be expensive. But your first concern should be for care and treatment.

That's why there's *Hospital Secure*® from Washington National Insurance Company. It's *supplemental insurance* for the expenses associated with a hospital stay.

After all, costs are rising—and your current coverage could leave *you* responsible for copayments, deductibles, transportation expenses and more.

### **Hospital care: The facts**

- Hospital care represents one-third of all health care expenditures in the U.S—the most of any category.<sup>1</sup>
- In one year, nearly 85% of the general population incurs expenses from hospital-based care.<sup>2</sup>
- Nearly 35 million people are admitted to U.S. hospitals each year.<sup>3</sup>
- The average stay in a U.S. hospital lasts 4.8 days.<sup>4</sup>

## How would you pay for unexpected costs?

- Spend savings.
- Sell assets.
- Go into debt.
- Purchase supplemental insurance.



- <sup>1</sup> National Health Care Expenses in the U.S. Civilian Noninstitutionalized Population, Statistical Brief No. 396, Agency for Healthcare Research and Quality, www.meps.ahrq.gov/mepsweb/data\_files/publications/st396/stat396.shtml, January 2013.
- <sup>2</sup> Ibid. This statistic includes the U.S. civilian noninstitutionalized population.
- <sup>3</sup> "Hospital Facts to Know," American Hospital Association February 2013.
- <sup>4</sup> "Hospital Utilization," Centers for Disease Control and Prevention, www.cdc.gov, May 2013.

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 the policy by the people and organizations named above.







## Your benefits from Hospital Secure

Hospital Secure helps protect you against the costs your current insurance might not address. And with *two simple plan options*, you choose the plan that's right for you.

BENEFIT	PLAN A	PLAN B
Hospital confinement benefit	~	•
Outpatient surgical benefit		~
Doctor office visit benefit		<b>V</b>
Emergency room benefit		<b>V</b>
Emergency travel benefit		<b>V</b>
Mammography benefit	<b>/</b>	V
Optional riders	<b>/</b>	V

#### HOSPITAL CONFINEMENT BENEFIT

\$1,000, \$1,500, \$2,000 OR \$2,500

Paid for the first day an insured is confined in a hospital. Confinements that occur within 30 days of each other are considered one confinement.

Premiums are based on the benefit level *you* select.

### OUTPATIENT SURGICAL BENEFIT \$100 per day<sup>1</sup>

DOCTOR OFFICE VISIT BENEFIT \$30 per day<sup>1</sup>

### EMERGENCY ROOM AND EMERGENCY ROOM TRAVEL BENEFIT

\$100 per day OR \$200 per day when emergency room visit occurs more than 100 miles from insured person's residence<sup>1</sup>

#### Mammography benefit

\$200 for an insured female's screening<sup>2</sup>

Payable for one baseline mammogram for women aged 35–39, a biennial mammogram for women aged 40–49 (or more frequently based on the physician's recommendation) and an annual mammogram for women 50 years and older.

### **Optional riders**

These riders are available at an additional cost.

### HOSPITALIZATION DAILY BENEFIT RIDER

\$100, \$200 OR \$300 per day of confinement
Payable beginning the second day of confinement.

Rider form series R1019DB

### PET BOARDING BENEFIT RIDER

\$30 per day

Payable for each day the insured is confined to a hospital and requires boarding for a cat or dog in a kennel, limited to 14 days per confinement.

Rider form series R1019PB





### **Our assurances**

With Washington National, you get these important assurances:

- Your benefits are *paid directly to you* or to whomever you choose, unless otherwise required.
- Your benefits have *no lifetime maximum limits*, except where stated.
- 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.
- As long as you pay premiums when due, your policy is *guaranteed renewable* until your coverage ends at the age of 65.

<sup>&</sup>lt;sup>1</sup>Subject to calendar-year maximums. See policy for details. <sup>2</sup>Upon referral

#### **Limitations and exclusions**

This policy terminates at the age of 65. Any hospitalization for sickness that occurs during the first 30 days will not be covered until 12 months after the effective date. This policy does not cover any pre-existing sickness, accidental injury or condition that occurs during the first 12 months after the effective date of the coverage. Pre-existing condition means the existence of symptoms that would cause a person to seek diagnosis, care or treatment within a 12-month period preceding the effective date of coverage or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a 12-month period preceding the effective date of coverage. We will not pay for loss contributed to, caused by or resulting from war or any act of war (declared or not); participating in or contracting with the armed forces (including the Coast Guard) of any country or international authority; committing or attempting to commit suicide, regardless of mental capacity; injuring or attempting to injure yourself intentionally, regardless of mental capacity; being more than 40 miles outside the territorial limits of the United States, Canada or Puerto Rico; 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; traveling as a passenger other than a fare paying passenger in any aircraft or traveling as a passenger in a military aircraft or acting as a pilot or crew in any aircraft; normal pregnancy (loss due to complications of pregnancy are paid the same as for any other covered sickness; a cesarean is not considered a complication of pregnancy); pregnancy of a dependent child; separate charges made for a newborn's stay in a nursery as a result of a normal delivery; any services provided or charges made for an insured while in an observation unit; cosmetic or elective surgery that is not for the diagnosis or treatment of sickness or accidental injury based upon generally accepted medical practice and that is not medically necessary; complications from any cosmetic or elective surgery; a behavioral or psychological disorder, disease or syndrome without demonstrable organic origin; being legally intoxicated or being under the influence of a controlled substance, unless administered on the advice of a physician; alcoholism, drug abuse or chemical dependency; committing or attempting to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation; participating in any sporting event for pay or prize money; treatment of dental care or dental procedures, unless treatment is the result of a covered accident; vision exams or vision procedures, unless treatment is the result of a covered accident.

Confinement to a hospital means assignment to a bed, for which charges are made, as an inpatient in a hospital on the advice of a physician. The confinement must be medically necessary and as a result of accidental injury or sickness.

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

Hospital confinements more than 30 days apart will be considered new periods of confinement.

Premiums are based on age, health and the selection of benefits plan.

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.

Policy form: CIC1019CA

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