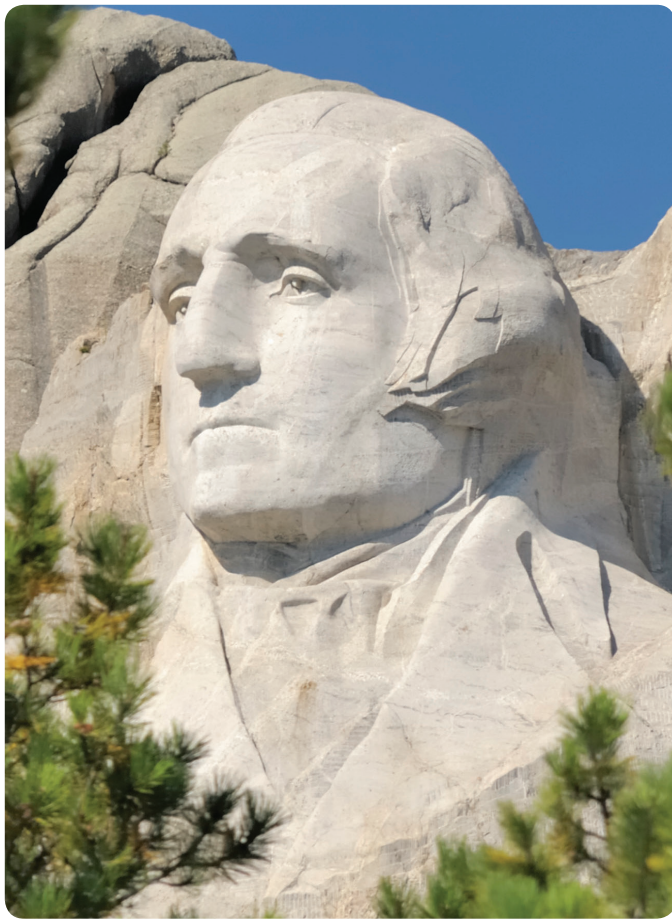




SUPPLEMENTAL HEALTH INSURANCE, GROUP COVERAGE:

Accident





As you take steps to secure your future, consider making supplemental health insurance a part of your plan today.

One day, you or a member of your family could face a health crisis...

How would you pay the out-of-pocket costs? Medical copays and coinsurance can add up quickly, on top of your regular bills and lost wages when you have to miss work. Supplemental health insurance benefits from Washington National can help keep you afloat while you're on the mend.

HAVE CONFIDENCE IN WASHINGTON NATIONAL

- Your benefits are **paid directly to you**,* in addition to any other insurance you have.
- You can **keep your benefits** if you change jobs or retire, or if your employer discontinues the policy.**
- You can **receive cash from benefits** for covered treatments that you would otherwise have to pay out of pocket.
- You **enhance your overall protection** with coverage that supplements, but doesn't replace, your essential health benefits.
- Premiums are paid through **convenient payroll deduction**.

**Unless otherwise requested by you or required.*

***The option to keep your benefits if your employer discontinues the policy is not available in all states.*

CONSIDER THESE FACTS:

- About **70% of all accidents** in the U.S. happen outside of the workplace, where worker's compensation doesn't cover them.¹
- The annual cost of injuries nationwide—including medical costs, lost wages and damages—is estimated at **\$753 billion**. That's about **\$6,300 per household**.¹
- Every year, **1-in-8 Americans** suffer a nonfatal injury requiring medical attention.¹
- Accidents are **the most common cause** of injury, damage and loss in the U.S.¹

¹ National Safety Council, *Injury Facts 2013 Edition*.

| Accident* benefit descriptions

Facilities and treatment:

HOSPITAL ADMISSION

This benefit is payable as a single amount on the first day of a hospital confinement and is limited to one payment per calendar year.

DAILY HOSPITAL CONFINEMENT

This benefit is payable when you are confined as an inpatient in a hospital for the treatment of injuries sustained in a covered accident. The confinement must start within 30 days of the covered accident and is payable for only one covered accident at a time for up to 365 days.

INTENSIVE CARE UNIT (ICU)

This benefit is payable in addition to the daily hospital confinement benefit when you are confined in an intensive care unit for a covered accident. This benefit is paid for up to 15 days per covered accident.

INPATIENT REHABILITATION FACILITY

This benefit is payable for up to 15 days per covered accident when you are confined in a medical facility for rehabilitation by a physician's order within 30 days of the covered accident.

FOLLOW-UP TREATMENT

This benefit is payable for follow-up treatment after the initial treatment of a covered accident and is limited to two days per covered accident, per covered person.

MEDICAL IMAGING

This benefit is payable for a CT scan, MRI and EEG once per covered person per covered accident. The exam must be performed in a hospital, ambulatory surgical center, imaging center or physician's office.

EMERGENCY ROOM/URGENT CARE

This benefit is payable for each day a covered person is admitted to an emergency room or for an unscheduled trip to an urgent care facility within 72 hours of a covered accident. The benefit is payable once per 24-hour period per covered person.

DENTAL WORK

This benefit is payable when dental work is performed on natural teeth within 90 days of a covered accident by a physician. The benefit is payable once per covered accident, per covered person.

AIR AND GROUND AMBULANCE

This benefit is payable when air or ground ambulance service is required to transport you to a hospital within 72 hours of a covered accident.

*Refers to the accidental injury certificate.

TRANSPORTATION

This benefit is payable if you have to travel more than 75 miles from home or the accident site to receive treatments that are not available locally and confinement for injuries sustained in a covered accident. This benefit is payable for up to three trips per calendar year, per covered person.

FAMILY LODGING

This benefit is paid for one hotel room for an immediate family member for up to 30 days when you are confined as an inpatient in a hospital located more than 75 miles away from your primary residence to receive treatments that are not available locally.

Injuries:

FRACTURES

This benefit is payable for breaks in bones as a result of a covered accident and is paid up to 150% of the highest applicable benefit for multiple fractures and 25% of the fracture benefit for chip fractures. All fractures must be diagnosed by a physician with an x-ray or medical imaging within 90 days of a covered accident, treatment must also be performed by a physician.

DISLOCATIONS

This benefit is payable for separated joints as a result of a covered accident and is paid up to 150% of the highest applicable benefit for dislocations and 25% of the dislocation benefit for partial dislocations. All dislocations must be diagnosed by a physician within 90 days of a covered accident, treatment must also be performed by a physician.

LACERATIONS

This benefit is payable for lacerations measuring one inch or longer that are treated by a physician within 72 hours of the covered accident.

BURNS

This benefit is payable for all second-degree burns that cover at least 25% of your body surface or third-degree burns that cover at least nine square inches of your body surface as a result of a covered accident. Treatment must be received by a physician within 72 hours of the covered accident.

PERMANENT PARALYSIS

This benefit is payable one time for the loss of use of two or more limbs when diagnosed by a physician within 90 days after a covered accident.

INJURIES REQUIRING SURGERY

This benefit is payable if you are burned in a covered accident and you receive surgery by a physician for that burn within 72 hours. This benefit is paid in addition to the burn benefit.

This benefit is payable if you have an eye injury, fracture or dislocation from a covered accident and you receive appropriate surgery for that injury within 90 days of the covered accident. Surgeries to repair fractures or dislocations are paid in addition to the fracture or dislocation benefit.

This benefit is payable if you rupture a disc, tear cartilage or have a hernia caused by a covered accident, receive initial treatment from a physician within 60 days for that injury and require surgery to repair the injury within one year of the covered accident. If the hernia is a herniated disc, we will pay the ruptured disc benefit. If you tear, sever or rupture a tendon or ligament in a covered accident and have this repaired by a physician within 90 days this benefit is payable. Tendon or ligament surgeries are not payable if we have paid benefits for dislocations, fractures or related surgeries for the same covered accident.

This benefit is payable for all other surgeries needed to repair an injury due to a covered accident where you receive initial treatment for that injury from a physician within 60 days and require surgery to repair the injury within one year of the covered accident.

PHYSICAL THERAPY

This benefit is payable for up to eight visits per covered person when ordered by your physician as part of a covered accident.

ACCIDENTAL DEATH

This benefit is payable one time in the event of an accidental death that occurs within 90 days of a covered accident while your certificate is in force.

DISMEMBERMENT

This benefit is paid when an injury from a covered accident causes a dismemberment of a finger, toe, eye, hand, foot, arm or leg within one year of the covered accident.

WAIVER OF PREMIUM

If you become disabled within 90 days as the result of a covered accident, all premiums are waived for up to one year. You must be disabled for 90 consecutive days due to a covered accident. The disability must begin before your 65th birthday.

CASH VALUE

When you choose this rider, your coverage includes a cash value that grows over time. After 25 years, you'll receive a check for 100% of all premiums paid, less any claims incurred. You can even continue your coverage and collect again. If you end your coverage before that time, you'll receive a percentage of paid premiums, less claims incurred. The exact amount of your cash value benefit will vary based on how long your coverage is kept active. No benefit amount is paid if coverage ends within the first five years. This rider is not available if you or your employer pays any part of the premium with pretax dollars.

Accident coverage

BENEFIT AMOUNTS

FACILITIES AND TREATMENTS

Hospital admission	\$1,600
Daily hospital confinement (per day)	\$240
ICU (per day)	\$600
Inpatient rehabilitation facility (per day)	\$300
Follow-up treatment	\$45
Medical imaging	\$120
Emergency room/urgent care (per day)	\$500
Dental work (per day)	\$300
Air ambulance	\$600
Ground ambulance	\$150
Transportation (per day)	\$300
Family lodging (per day)	\$90

INJURIES

Fractures

Hip or thigh	\$4,200
Vertebrae	\$3,850
Pelvis	\$3,500
Skull (depressed)	\$3,150
Leg	\$2,625
Foot, ankle or kneecap	\$2,100
Forearm or hand	\$2,100
Lower jaw	\$1,750
Shoulder blade, collarbone or sternum	\$1,750
Skull (simple)	\$1,575
Upper arm or upper jaw	\$1,575
Facial bones	\$1,313
Vertebrae processes	\$875
Coccyx, rib, finger, toe or nose	\$350

Dislocations

Hip	\$4,200
Knee (not kneecap)	\$3,055
Shoulder	\$2,291
Foot or ankle	\$1,909
Hand	\$1,720
Lower jaw	\$1,430
Wrist	\$1,145
Elbow	\$955
Finger or toe	\$380

Lacerations

Burns

\$840
\$2,100

Accident coverage *(continued)*

BENEFIT AMOUNTS

Permanent Paralysis

Paraplegia \$8,400

Quadriplegia \$16,800

Injuries requiring surgery

Eye injury \$263

Tendon or ligament (single) \$1,050

Tendon or ligament (multiple) \$1,575

Ruptured disc (during first year of coverage) \$263

Ruptured disc (after first year of coverage) \$1,052

Torn cartilage (during first year of coverage) \$263

Torn cartilage (after first year of coverage) \$1,052

Hernia (during first year of coverage) \$263

Hernia (after first year of coverage) \$526

All other surgeries (during first year of coverage) \$263

All other surgeries (after first year of coverage) \$1,052

Physical therapy \$30

ACCIDENTAL DEATH

Accidental death \$60,000

Children \$15,000

Common carrier accidental death \$120,000

Children \$30,000

DISMEMBERMENT

Dismemberment (one finger or toe) \$1,500

Children \$375

Dismemberment (more than one finger and/or toe) \$1,800

Children \$450

Dismemberment (one eye, hand, foot, arm or leg) \$9,000

Children \$2,250

Dismemberment (more than one eye, hand, foot, arm or leg) \$30,000

Children \$7,500

CASH VALUE

Included

Limitations and exclusions

LIMITED BENEFIT POLICY(IES)

Accident

Definitions

Hospital: A 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, home for the aged, sanatorium, rehabilitation center, place primarily providing care for substance abuse or facility for the care and treatment of mental disease or mental disorders.

The accidental death benefit will be reduced by any amount paid under the dismemberment or paralysis benefit if you die as a result of the same covered accident. If a fracture benefit is paid for a hand, finger, foot, or toe and then is subsequently dismembered, the dismemberment benefit will be reduced by the amount paid under the fracture benefit. First-degree burns are not payable under the burn benefit.

The following limitations and exclusions apply to the accidental injury certificate of coverage: We will not pay benefits for loss contributed to, caused by or resulting from: Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven. Hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or mountaineering. Participating or attempting to participate in an illegal act, or working at an illegal job. Being legally intoxicated or so intoxicated that mental or physical abilities are seriously impaired. 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. As a rider in or driving any motor-driven vehicle in a race, stunt show or speed test, or while testing any vehicle on any racecourse or speedway. Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Having any disease, bodily or mental illness or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures. Participating in any sporting event for pay or prize money. Committing or attempting to commit suicide, regardless of mental capacity. Being in an accident which occurs more than 40 miles outside the territorial limits of the United States or Canada, except under the accidental death benefit. 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.

CANCELLATION: This policy can be canceled by the company at any time after the first 12 months, or earlier due to nonpayment of premiums.

THE GROUP POLICY UNDER WHICH THIS CERTIFICATE IS ISSUED IS NOT A GROUP POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



*Certificate form series: WNIC2028CTX, WNIC2028CATX, WNIC2028CUTX
Rider form series: R2047CV*

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office
11825 N. Pennsylvania Street
Carmel, IN 46032

WashingtonNational.com

© 2018 Washington National
165408
GAC-BR-EE-TX

0-1345

