



WASHINGTON NATIONAL

critical solutions[®]

CANCER
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 cancer, 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 cancer diagnosis and treatment.

Select the right cancer coverage in two easy steps:

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 cancer.

PLUS, YOU CAN CHOOSE **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 cancer?

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
Cancer lump-sum benefit	■	■
Wellness benefit		■
Hospital confinement		■
Consultation benefit		■
Mammography benefit	■	■
Radiation and chemotherapy		■
Return of Premium rider (optional)	■	■

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

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
- Nearly **1.3 million** people suffer a heart attack each year in the U.S.²
- **Every 40 seconds** on average, someone in the U.S. has a stroke.³

THE COSTS

- The total overall cost of cancer in 2010 was estimated at **\$226.8 billion**.⁴
- The annual total cost of cardiovascular disease and stroke in the U.S. is an estimated **\$297.7 billion**.⁵

¹ American Cancer Society, *Cancer Facts & Figures 2012*, 2012, p. 1; ² "Heart Disease and Stroke Statistics—2012 Update: A Report from the American Heart Association," *Circulation*, 2012; ³ Ibid;

⁴ American Cancer Society, *Cancer Facts & Figures 2012*, 2012, p. 3; ⁵ "Heart Disease and Stroke Statistics—2012 Update: A Report from the American Heart Association," *Circulation*, 2012.

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 diagnosed with cancer (except skin cancer) 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**

This benefit pays for 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.

HOSPITAL CONFINEMENT Including U.S. Government Hospitals¹

- **\$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.

CONSULTATION BENEFIT

- **\$250**

This benefit is paid when you are diagnosed with cancer and consult a physician or alternative care provider for a treatment plan. This benefit is payable one time.

MAMMOGRAPHY BENEFIT

- **\$200 per calendar year**

This benefit is paid for an insured female's mammography screening, including one baseline mammogram for women between the ages of 35 and 39, a biannual mammogram for women between the ages of 40 and 49 and an annual mammogram for women 50 years and older.

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 investigational 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 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. 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 64, based on your age at issue. These riders are not available with policies that are purchased as part of a Section 125 plan.



Limitations and exclusions

Benefits will not be paid for loss contributed to, caused by or resulting from being diagnosed with cancer during the waiting period, which is the first 30 days after the effective date of coverage; committing or attempting to commit in a felony, or to which a contributing cause was your being engaged in an illegal occupation; being legally intoxicated or being under the influence of a controlled substance, unless administered on the advice of a physician; 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; 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.

PRE-EXISTING CONDITION: Means diagnosis, or treatment within a twelve (12) month period preceding the Effective Date of the coverage of the Insured or a condition for which treatment was recommended by a Physician or received from a Physician within a twelve (12) month period preceding the Effective Date of coverage. No benefits are payable for a pre-existing condition (as defined) during the first 12 months after the Effective Date of coverage for that Insured.

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 series: CIC1039-CA

Rider form series: R1022ROP and R1041ROP

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