



WASHINGTON NATIONAL

ACTIVE careSM

THE SUPPLEMENTAL SOLUTION



SUPPLEMENTAL HEALTH INSURANCE

Because your life is worth living well, there's

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ACTIVE careSM

THE SUPPLEMENTAL SOLUTION

You strive to make the right choices to ensure a healthy, active lifestyle and a secure financial future. Yet one day you may face a health crisis—whether it's a result of an accident or a major illness.

Give yourself and your family the extra protection provided by Washington National Active Care supplemental insurance.

BENEFITS ARE PAID DIRECTLY TO YOU FOR COVERED:*

Cancer	✓
Heart attack	✓
Heart bypass and stent	✓
Stroke	✓
Alzheimer's disease	✓
Diabetic complications	✓
Hospital and ICU stays	✓
Surgery and follow-up care	✓
Accidental injuries	✓
Doctor office wellness visits	✓

*Subject to state availability



IT CAN'T HAPPEN TO ME...RIGHT?

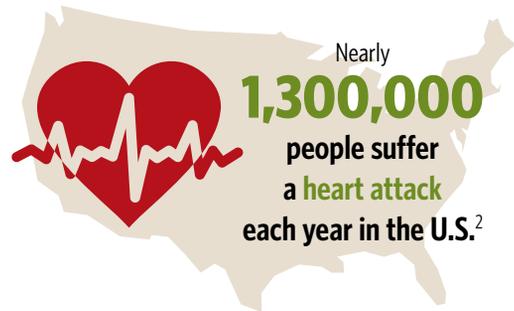
Perhaps you hear words like “cancer” and “heart attack” and automatically assume diseases like these happen only to someone older.

But the truth is, today’s most common major illnesses and injuries can **affect anyone at any time**. And an unexpected health event can be a heavy physical and financial burden.

CONSIDER THE FACTS:



1-in-2 men and 1-in-3 women will be **diagnosed with cancer** at some point in their lifetime.¹



Nearly **1,300,000** people suffer a **heart attack** each year in the U.S.²

Nearly **38 MILLION** people receive **medical attention** for an **injury** each year.³



ACCIDENTAL INJURIES
CANCER • HEART DISEASE
are the **TOP THREE** causes of death between ages **25 and 44**.⁴

¹American Cancer Society, *Cancer Facts & Figures 2012*; ²“Heart Disease and Stroke Statistics—2012 Update: A Report from the American Heart Association,” *Circulation*; ³National Safety Council, *Injury Facts, 2012 Edition*; ⁴“Health, United States, 2011,” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, DHHS Publication No. 2012-1232, May 2012, p. 125.

Washington National Active Care helps you face the future with more confidence.

- **Benefits are paid directly to you—in cash**—so you don’t have to spend your savings, use your retirement fund or go into debt.
- You receive all benefits **in addition to other insurance** you have.
- Benefits can help you with copays, coinsurance and any **coverage gaps that may be left by your major medical insurance**.
- Benefits are **guaranteed renewable** as long as you pay premiums when due.
- **You can get back to your active lifestyle and enjoy the best things in life!**



STEP 1 Choose your family members to be covered.

Yourself Your spouse Your child(ren)

STEP 2 Choose your LUMP-SUM BENEFIT amount for CANCER, HEART & STROKE and CRITICAL CONDITIONS.

\$5K \$10K \$20K \$30K \$40K \$50K \$60K \$70K \$100K

STEP 3 Choose your coverage.

CANCER

Receive the **LUMP-SUM BENEFIT** amount when you are diagnosed with cancer.

This coverage also pays benefits for:

- Skin cancer
- Localized cancer ("carcinoma in-situ")¹
- Annual care
- Hospital stays²
- Lump-sum recurrence

RADIATION & CHEMOTHERAPY UPGRADE

When you select the cancer coverage, you can add extra benefits for **radiation, injected chemotherapy**³ and **oral chemotherapy**. Radiation and injected chemotherapy benefits have no lifetime maximums. The oral chemotherapy benefit is payable for up to 36 months of treatment.

HEART & STROKE

Receive the **LUMP-SUM BENEFIT** amount when you are diagnosed with a heart attack or stroke.

This coverage also pays benefits for:

- Coronary artery bypass and angioplasty¹
- Stent¹
- Annual care
- Hospital stays²
- Transient ischemic attack (TIA)¹
- Lump-sum recurrence

CRITICAL CONDITIONS*

Expand your **LUMP-SUM BENEFIT with this coverage**, payable when you experience a major organ transplant, coma, paralysis and/or blindness. This coverage also pays benefits for:

- Alzheimer's disease¹
- Deafness¹
- Diabetic amputation¹
- Hospital stays²
- End-stage renal failure¹

HOSPITAL*

Receive benefits for doctor office wellness visits, accidental injuries and sicknesses—whenever and wherever you require treatment. Benefits are paid in addition to the "hospital stays" benefit in the cancer and/or heart & stroke coverage for:

- Doctor office wellness visits
- Outpatient surgeries
- Hospital and ICU stays²
- Skilled-care facility stays

Not available in VT and KS.

ACCIDENT*

Receive benefits that help you pay costs associated with accidental injuries. Benefits help cover:

- Accidental death and dismemberment
- Fractures and dislocations
- Joint replacement
- Lacerations and burns
- Emergency room and urgent care visits
- Doctor office visits
- Ligament, tendon and cartilage surgeries
- Ruptured disc and hernia surgeries
- Eye surgeries

This chart is intended to illustrate benefits. It is not an application for insurance. State-specific coverages may vary.

*TO SELECT THESE OPTIONS, YOU MUST FIRST CHOOSE THE **CANCER** AND/OR **HEART & STROKE** COVERAGE.

Benefits may be subject to monthly or lifetime maximums and benefit-duration limits. See the policy for details. Premiums are based on the level of coverage selected. For amounts and full descriptions, please see the accompanying benefit dictionary.

¹This benefit pays a reduced lump-sum benefit. ²This benefit pays per day for up to three days. ³In Kansas, injected chemotherapy is limited to 36 months.

BENEFIT SPOTLIGHT

► RECURRENCE BENEFIT for cancer and heart & stroke

When you've been through a critical illness, the disease could come back.

- **Cancer survivors are twice as likely to develop cancer again in the future.**¹
- **More than a third of all heart attacks and one-quarter of strokes are recurrences.**²

With Washington National Active Care, you'll be **protected** if you have a recurrence. One year after you have not received or needed treatment for a cancer, heart attack or stroke diagnosis, your recurrence lump-sum benefit begins to grow—to a maximum of 50% after five years. You'll have coverage for a recurrence diagnosis even if your other insurance stops paying.



► HOSPITAL BENEFITS WORK FOR YOU

Hospital benefits cover you:

- **Every year**—even when you're healthy—for doctor office wellness visits.
- **Wherever you're treated**, whether it's a hospital, ICU or rehab facility.
- For **outpatient surgeries**.

These benefits are available to you for everyday care and in the event of accidents or sicknesses.

¹"Incidence of Secondary Cancer," *Holland-Frei Cancer Medicine*, www.ncbi.nlm.nih.gov/books/NBK13212, accessed September 12, 2012; ²"Heart Disease and Stroke Statistics—2012 Update: A Report from the American Heart Association," *Circulation*, 2012, p. 3.

BENEFITS WHEN YOU NEED THEM.
MONEY BACK WHEN YOU DON'T!

- Cash Value option**
- Return of Premium option**

Choose the benefit that can return your premiums to you. With this option, you can **receive a check for all of your paid premiums** minus claims incurred.

There is an additional cost for this option. Subject to state availability. Not available in Oregon.

MULTIPLE COVERAGE TYPES IN ONE SOLUTION

When you have Washington National Active Care, you receive cash benefits for up to:

- **17 critical illnesses.**
- **14 different types of accidental injuries.**
- **7 other important categories.**

With critical illness lump-sum payments up to **\$100,000** for each major diagnosis—plus cash benefits and recurrence benefits—the policy's value for you goes on and on.



Choose the supplemental solution with benefits for **cancer, heart attack, stroke, other critical illnesses** and **accidents**, as well as **hospital, ICU and skilled care facility stays**—all in **ONE CONVENIENT POLICY.**

This example illustrates Washington National Active Care when all coverage types are purchased.

Limitations and exclusions

The inpatient hospital benefit is limited to three periods of confinement per calendar year and has a lifetime maximum of \$15,000. The annual care benefit is payable beginning with the first anniversary after the payment of the lump-sum benefit and is payable each year up to a total of five consecutive annual payments. The recurrence benefit pays a percentage of the lump-sum benefit for a subsequent diagnosis of cancer, heart attack or stroke (based upon coverage selected) when the subsequent diagnosis is more than 12 months¹ after the previous diagnosis and there has been no treatment received during the 12 month period.¹ The critical illness policy will not pay benefits for loss contributed to,² caused by, or resulting from your: having or being diagnosed with any other disease, sickness or incapacity, even if³ the disease or condition was caused, complicated or aggravated by the specified critical illness. Diagnosis of a specified critical illness during the waiting period which is the first 30 days after the coverage effective date.⁴ Participating or attempting to participate in an illegal act, or working at an illegal job.⁵⁻⁶ Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired,⁷ 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.⁸ Injuring or attempting to injure yourself intentionally, regardless of mental capacity.⁹ Committing or attempting to commit suicide, regardless of mental capacity.⁹ Participating in any sporting event for pay or prize money.¹⁰ Being exposed to¹¹ 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. Alcoholism, drug abuse, or chemical dependency.¹² No benefits are payable for a pre-existing condition during the first 12 months¹ after the effective date of coverage.

The following limitations and exclusions are in addition to the policy's and apply to the critical conditions rider. The inpatient hospital benefit is limited to three periods of confinement per calendar year and has a lifetime maximum of \$15,000. We will not pay benefits for loss contributed to,² caused by, or resulting from: renal failure caused by a traumatic event, including surgical traumas. A heart transplant that is not a human heart; a bone marrow transplant that is not human bone marrow. If the insured's paralysis is related to a stroke and the policy paid a lump sum benefit, the lump-sum benefit will not be payable under the rider. No benefit is payable for diabetic amputations below the ankle. Amputation of a single toe or toes, or any partial foot amputations are not payable. No benefits are available for an organ donor under the rider. Coma does not include one that is medically induced.

The following limitations and exclusions are in addition to the policy's and apply to the hospital indemnity rider.¹³ The inpatient hospital benefit is limited to three periods of confinement per calendar year and has a lifetime maximum of \$15,000. The skilled-care facility benefit is payable when considered disabled as defined under the policy and has an elimination period of 7 days after which the benefit provides for up to 14 days of confinement and is limited to 1 confinement per

calendar year. We will not pay benefits for loss contributed to,² caused by, or resulting from: cosmetic or elective surgery that is not for the diagnosis or treatment of covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary. Complications from any cosmetic or elective surgery. Treatment for dental care or dental procedures, unless treatment is the result of a covered accident.¹⁴ Flying including operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft including those which are not motor-driven.¹⁵ Mental disorder having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin. No benefits are payable for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery. No benefits are payable for any services provided or charges made in an observation unit. Normal pregnancy that occurs within the first 24 months after the effective date of coverage.¹⁶ Loss due to complications of pregnancy will be paid the same as for any other sickness. A cesarean section is not considered a complication of pregnancy.^{17, 18} A pregnancy of a dependent child will not be covered.¹⁹ Racing including 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.¹⁵ Travel/location while being more than 40 miles outside the territorial limits of the United States or Canada. Vision exams or vision procedures, unless treatment is the result of a covered accident or a covered sickness.

The following limitations and exclusions are in addition to the policy's and apply to the radiation and chemotherapy benefit rider. There is a calendar-year maximum of \$5,000 for the radiation and injected chemotherapy benefits.²⁰ No benefits are payable for preventive treatments prescribed without a diagnosis of cancer. The rider does not pay for continued maintenance medication for the purposes of keeping cancer from recurring.

The following limitations and exclusions are in addition to the policy's and apply to the accidental death and dismemberment rider, we will not pay benefits for loss contributed to,² caused by, or resulting from: flying including operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motor-driven.¹⁵ Hazardous activities which are hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or mountaineering.¹⁵ Racing including 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.¹⁵ Having any disease, bodily or mental illness or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures. While traveling, 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.

Policy form series (may vary by state): WNIC1068
Rider form series (may vary by state): R1069, R1077ROP, R1077CV, R1070, R1072 and R1073

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AC-BR-B

DEFINITIONS

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent²¹ person to seek diagnosis, care or treatment within a twelve (12) month period¹ preceding the effective date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12)-month period¹ preceding the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.^{22, 23}

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 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.²⁴

¹In New Mexico and Nevada, "six (6)-month period"

²In Illinois, "contributed to" is not applicable.

³In Illinois, North Dakota and South Carolina, "unless"

⁴In Vermont, the waiting period is not applicable when the covered diseases are treated on an emergency basis.

⁵In Oregon, "intentionally participating or attempting to participate in a felony or working at an illegal job"

⁶In Illinois, "commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation"

⁷In Illinois, "or so intoxicated that mental or physical abilities are seriously impaired" is not applicable.

⁸Not applicable in Oregon, Nevada and Vermont.

⁹In Vermont, "regardless of mental capacity" is not applicable.

¹⁰Not applicable in Illinois, Oregon and Vermont.

¹¹In Vermont, "being exposed to" is not applicable.

¹²Not applicable in Nevada, Oregon and Vermont.

¹³The hospital indemnity rider is not available in Kansas and Vermont.

¹⁴In New Mexico, we will also pay benefits for treatment for craniomandibular and temporomandibular joint disorders.

¹⁵Not applicable in Illinois.

¹⁶In Ohio, "that occurs within the first 24 months after the effective date of coverage" is not applicable.

¹⁷In Illinois, "a cesarean section is excluded unless medically necessary or there is a danger to the mother or baby"

¹⁸In North Dakota, "a non-elective cesarean is considered a complication of pregnancy"

¹⁹Not applicable in Nevada.

²⁰In Kansas, there is no \$5,000 maximum, but a 36-month lifetime maximum.

²¹In the District of Columbia, "ordinarily prudent" is not applicable.

²²Not applicable in New Mexico and Nevada.

²³In North Dakota, "means a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12)-month period preceding the effective date of coverage."

²⁴In Vermont, "a hospital is not a bed, unit or facility that functions as a/an: nursing home, convalescent home, rest home or a home for the aged, sanatorium, rehabilitation center or place primarily providing care for alcoholics or drug addicts."





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THE SUPPLEMENTAL SOLUTION

BENEFIT DICTIONARY

IL, KS, MO, NV, NM, ND, OH, OR and SC

SUPPLEMENTAL HEALTH INSURANCE

WASHINGTON NATIONAL ACTIVE CARE | BENEFIT DETAILS

LUMP-SUM BENEFIT amount for CANCER, HEART & STROKE and CRITICAL CONDITIONS.

\$5K
 \$10K
 \$20K
 \$30K
 \$40K
 \$50K
 \$60K
 \$70K
 \$100K

CANCER

BENEFIT	AMOUNT	DETAILS												
Lump-sum benefit*		Pays a lump sum benefit for a diagnosis of a specified critical illness. The lump-sum benefit is not payable for skin cancer, any specified critical illness diagnosed or treated before the effective date of the policy or during the waiting period.												
Cancer	100%													
Carcinoma in-situ	25%													
Recurrence benefit	Up to 50% of the lump-sum benefit	Provides a recurrence benefit for any subsequent diagnosis of cancer, if: the recurrence of the covered condition is diagnosed more than 12 months after any previous diagnosis; no treatment has been required or received treatment during the 12 months between the diagnoses. Treatment does not include maintenance medications and follow-up visits to a Physician. This benefit builds to 50% of the lump sum benefit after 61 months. <table border="1" style="margin-top: 10px;"> <thead> <tr> <th><13 months</th> <th>13-24 months</th> <th>25-36 months</th> <th>37-48 months</th> <th>49-60 months</th> <th>61+ months</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>10%</td> <td>20%</td> <td>30%</td> <td>40%</td> <td>50%</td> </tr> </tbody> </table>	<13 months	13-24 months	25-36 months	37-48 months	49-60 months	61+ months	0	10%	20%	30%	40%	50%
<13 months	13-24 months	25-36 months	37-48 months	49-60 months	61+ months									
0	10%	20%	30%	40%	50%									
Skin cancer benefit	\$300	Pays a one time amount of \$300 when an insured is diagnosed with melanoma or non-melanoma skin cancer.												
Annual care benefit	\$75 per year	When you are under the continued care of a physician for a specified critical illness diagnosis, we will pay a \$75 benefit beginning with the first anniversary after the payment of the lump sum benefit and is payable each year on the date of the payment of the lump sum benefit and will not exceed a total of five (5) consecutive annual payments per insured.												
Inpatient hospital benefit	\$300 per day	Provides for inpatient hospital confinement \$300 per day for up to 3 days. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A "day" means a 24-hour period. This benefit has a limit of 3 periods of confinement per calendar year with a lifetime maximum of \$15,000.												

***Benefit note:** The lump-sum benefit amount payable will not exceed 100%.

RADIATION & CHEMOTHERAPY UPGRADE

This optional rider is available if cancer coverage is selected.

BENEFIT	AMOUNT	DETAILS
Radiation	\$200 per day	Pays \$200 per day for radiation treatment, up to \$5,000 per year, with no lifetime maximum.
Injected chemotherapy	\$200 per day	Pays \$200 per day for injected chemotherapy treatment, up to \$5,000 per year, with no lifetime maximum. ¹
Oral chemotherapy	\$300 per month	Pays \$300 per month for oral chemotherapy for up to 36 months.

¹In Kansas, there is no \$5,000 maximum, but a 36-month lifetime maximum

□ HEART & STROKE

BENEFIT	AMOUNT	DETAILS												
Lump-sum benefit*		Pays a lump-sum benefit for a diagnosis of a specified critical illness. The lump-sum benefit is not payable for any specified critical illness diagnosed or treated before the effective date of the policy or during the waiting period.												
Heart attack	100%													
Stroke	100%													
Coronary artery bypass	50%													
Angioplasty	25%													
Stent	25%													
Transient ischemic attack (TIA)	25%													
Recurrence benefit	Up to 50% of the lump-sum benefit		<p>The policy provides a recurrence benefit for any subsequent diagnosis of heart/stroke based on the coverage selected, if: the recurrence of the covered condition is diagnosed more than 12 months after any previous diagnosis; no treatment has been required or received treatment during the 12 months between the diagnoses. Treatment does not include maintenance medications and follow-up visits to a Physician. This benefit builds to 50% of the lump sum benefit after 61 months.</p> <table border="1"> <thead> <tr> <th><13 months</th> <th>13-24 months</th> <th>25-36 months</th> <th>37-48 months</th> <th>49-60 months</th> <th>61+ months</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>10%</td> <td>20%</td> <td>30%</td> <td>40%</td> <td>50%</td> </tr> </tbody> </table>	<13 months	13-24 months	25-36 months	37-48 months	49-60 months	61+ months	0	10%	20%	30%	40%
<13 months	13-24 months	25-36 months	37-48 months	49-60 months	61+ months									
0	10%	20%	30%	40%	50%									
Annual care benefit	\$75 per year	When you are under the continued care of a physician for a specified critical illness diagnosis, we will pay a \$75 benefit beginning with the first anniversary after the payment of the lump sum benefit and is payable each year on the date of the payment of the lump sum benefit and will not exceed a total of five (5) consecutive annual payments per insured.												
Inpatient hospital benefit	\$300 per day	Provides for inpatient hospital confinement \$300 per day for up to 3 days. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A "day" means a 24-hour period. This benefit has a limit of 3 periods of confinement per calendar year with a lifetime maximum of \$15,000.												

***Benefit note:** The lump-sum benefit amount payable will not exceed 100%.

□ CRITICAL CONDITIONS

BENEFIT	AMOUNT	DETAILS
Lump-sum benefit*		Pays a lump-sum benefit for a diagnosis of a specified critical illness Alzheimer's, blindness, coma, deafness, diabetic amputation (above the ankle), major organ transplant (human heart, human lung, human liver, human kidney or human bone marrow), paralysis (2 or more limbs and lasting 90 days or more), and end stage renal failure. The lump-sum benefit is not payable for specified critical illness diagnosed or treated before the effective date of the policy or during the waiting period.
Permanent blindness	100%	
Paralysis	100%	
Coma	100%	
Major organ transplant (when an insured undergoes transplant surgery)	100%	
Major organ transplant (when an insured is registered with the Organ Procurement and Transplantation Network (OPTN))	50%	
Diabetic amputation	50%	
Alzheimer's disease	50%	
Permanent deafness	25%	
End-stage renal failure	25%	
Inpatient hospital benefit	\$300 per day	Provides for inpatient hospital confinement \$300 per day for up to 3 days. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A "day" means a 24-hour period. This benefit has a limit of 3 periods of confinement per calendar year with a lifetime maximum of \$15,000.

***Benefit note:** The lump-sum benefit amount payable will not exceed 100%.

HOSPITAL *Not available in KS.*

BENEFIT	AMOUNT	DETAILS
Inpatient hospital benefit	\$200 per day \$400 per day for ICU	Provides for inpatient hospital confinement in a regular hospital room (\$200 per day) or in an intensive care unit (\$400 per day) for up to 3 days. This benefit will be calculated based on the number of days that the hospital charges you for room and board. A "day" means a 24-hour period. This benefit has a limit of 3 periods of confinement per calendar year with a lifetime maximum of \$15,000.
Skilled-care facility benefit	\$200 per day	Provides a skilled care facility benefit when an insured is confined to a skilled nursing facility by physician's order due to a covered sickness or a covered accident following an inpatient hospitalization and when considered disabled. In order to be considered disabled under the rider the insured must be unable to perform 2 or more activities of daily living (ADLs) - such as bathing, dressing, eating, and toileting—see the rider for additional information. After an elimination period of 7 days the rider will pay \$200 per day for up to 14 days. There is a limit of 1 period of confinement per calendar year.
Outpatient surgical benefit	\$200	Outpatient surgery is also provided when required due to covered sickness or a covered accident in the amount of \$200. This is limited to 1 outpatient surgery per calendar year.
Physician's office visit benefit	\$75 one time per calendar year	Physician's office visit provides \$75 one time per calendar year for the following exams/test: annual physical exam, mammogram; breast ultrasound; pap smear (lab and procedure); biopsy; flexible sigmoidoscopy; hemocult stool specimen; chest x-ray; CEA (blood test for colon Cancer); CA 125 (blood test for ovarian Cancer); PSA (blood test for prostate Cancer); thermography; colonoscopy; virtual colonoscopy; ThinPrep; stress test on a bicycle or treadmill; fasting blood glucose test; blood test for triglycerides; serum cholesterol test to determine level of HDL and LDL; electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count).

☐ ACCIDENT

BENEFIT	POLICYOWNER	SPOUSE (IF COVERED)	CHILD(REN) (IF COVERED)
Accidental death benefit	If an accidental injury causes death within 90 days ¹ of a covered accident, the rider pays a lump sum accidental death benefit related to the following: accidental death, motorized vehicle accident, pedestrian accident, or common carrier.		
Accidental death Motorized vehicle or pedestrian Common-carrier	\$50,000	\$50,000	\$25,000
Dismemberment benefit	If a covered accident causes the dismemberment of a finger, hand, toe, foot, arm, leg, or eye within one year after the covered accident the rider pays a benefit.		
One finger or toe	\$1,000	\$1,000	\$500
More than one finger and/or toe	\$1,500	\$1,500	\$1,000
One eye, hand, foot, arm, or leg	\$7,500	\$7,500	\$2,000
More than one eye, hand, foot, arm, or leg	\$25,000	\$25,000	\$5,000
Joint Replacement	If as part of a covered accident you are required to have a hip, knee or shoulder replacement within one year of the covered accident the rider pays a benefit.		
Hip, knee or shoulder	\$5,000	\$5,000	\$1,250
Fracture	If a covered accident causes a bone fracture and it is diagnosed and treated by a physician within 90 days after the covered accident, the rider pays a benefit. The rider includes a surgical benefit when a fracture requires a surgical incision.		
Hip or thigh	\$1,200	\$1,200	\$1,200
Vertebrae	\$1,100	\$1,100	\$1,100
Pelvis	\$1,000	\$1,000	\$1,000
Skull (depressed)	\$900	\$900	\$900
Leg	\$800	\$800	\$800
Foot, ankle, or knee cap	\$600	\$600	\$600
Forearm or hand	\$600	\$600	\$600
Lower jaw	\$500	\$500	\$500
Shoulder blade, collar bone, or sternum	\$500	\$500	\$500
Skull (simple)	\$400	\$400	\$400
Upper arm or upper jaw	\$400	\$400	\$400
Facial Bones	\$400	\$400	\$400
Vertebrae processes	\$200	\$200	\$200
Coccyx, rib, finger, toe, or nose	\$200	\$200	\$200
Dislocation	If you dislocate a joint due to a covered accident and it is diagnosed and treated by a physician within 90 days after the covered accident or the dislocation requires surgical incision to relocate the joint, the rider pays a benefit.		
Hip	\$1,000	\$1,000	\$1,000
Knee (not knee cap)	\$800	\$800	\$800
Shoulder	\$600	\$600	\$600
Foot or ankle	\$500	\$500	\$500
Hand	\$400	\$400	\$400
Lower jaw	\$300	\$300	\$300
Wrist	\$200	\$200	\$200
Elbow	\$200	\$200	\$200
Finger or toe	\$200	\$200	\$200

¹In Oregon, 180 days

ACCIDENT (CONTINUED)

BENEFIT	POLICYOWNER	SPOUSE (IF COVERED)	CHILD(REN) (IF COVERED)
Laceration	If as part of a covered accident you are lacerated and the laceration is repaired with sutures by a physician within 72 hours after the covered accident, the rider pays a benefit.		
Combined length: over 2"	\$100	\$100	\$100
Injuries requiring surgery	If as part of a covered accident you injure your eye and eye surgery is performed due to the covered accident by a physician within 90 days after the covered accident, the rider pays a benefit.		
Eye injury	\$100	\$100	\$100
Tendon or ligament	If as part of a covered accident you tear, sever or rupture your tendon or ligament and have the injured tendon or ligament repaired through surgical incision by a physician within 90 days after the covered accident, the rider pays a benefit. If the dislocation or fracture benefit is payable due to the same covered accident this benefit is not payable.		
Tear, sever or rupture	\$300	\$300	\$300
Ruptured disc	If as part of a covered accident you rupture a disc in your spine and receive treatment for the rupture from a physician within 60 days after the covered accident, and have the rupture repaired through surgical incision by a physician within one year after the covered accident, the rider pays a benefit. The amount payable will be based on the length of time you have been insured under the rider on the date your covered accident occurred.		
Covered accident occurs:			
During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Torn cartilage	If as part of a covered accident you tear cartilage and receive treatment for the torn cartilage from a physician within 60 days after the covered accident and have the torn cartilage repaired through surgical incision by a physician within one year after the covered accident, the rider pays a benefit. The amount payable will be based on the length of time you have been insured under the rider on the date your covered accident occurred.		
Covered accident occurs:			
During first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Hernia	If as part of a covered accident you suffer a hernia and receive treatment for the hernia from a physician within 60 days after the covered accident, and have the hernia repaired through a surgical incision by a physician within one year after the covered accident, the rider pays a benefit. The amount payable will be based on the length of time you have been insured under the rider on the date your covered accident occurred. If your hernia is a herniated disc, we will pay the ruptured disc benefit in lieu of the hernia benefit.		
Covered accident occurs:			
During the first year you are insured	\$100	\$100	\$100
After first year you are insured	\$300	\$300	\$300
Burn	If as part of a covered accident you are burned and your burns are treated by a physician within 72 hours after the covered accident, the rider pays a benefit. Benefits are not payable for first degree burns.		
	\$500	\$500	\$500
Emergency care services	The rider provides for emergency care services when an insured due to a covered accident is admitted to an emergency room or seeks care at an urgent care facility within 24 hours of the covered accident. This benefit is payable once within a 24 hour period and once per covered accident per insured.		
	\$250 per covered accident per insured	\$250 per covered accident per insured	\$250 per covered accident per insured
Physician's office visit benefit	The rider provides for a physician's office visit when within 72 hours of a covered accident an insured seeks care at a physician's office. This benefit is limited to 2 visits per covered accident per insured.		
	\$30 limit 2 per covered accident per insured	\$30 limit 2 per covered accident per insured	\$30 limit 2 per covered accident per insured

LIMITATIONS AND EXCLUSIONS:

The inpatient hospital benefit is limited to three periods of confinement per calendar year and has a lifetime maximum of \$15,000. The annual care benefit is payable beginning with the first anniversary after the payment of the lump-sum benefit and is payable each year up to a total of five consecutive annual payments. The recurrence benefit pays a percentage of the lumpsum benefit for a subsequent diagnosis of cancer, heart attack or stroke (based upon coverage selected) when the subsequent diagnosis is more than 12 months¹ after the previous diagnosis and there has been no treatment received during the 12 month period.¹ The critical illness policy will not pay benefits for loss contributed to,² caused by, or resulting from your: having or being diagnosed with any other disease, sickness or incapacity, even if^{3,4} the disease or condition was caused, complicated or aggravated by the specified critical illness. Diagnosis of a specified critical illness during the waiting period which is the first 30 days after the coverage effective date.⁵ Participating or attempting to participate in an illegal act, or working at an illegal job.^{6,7} Being legally intoxicated, or so intoxicated that mental or physical abilities are seriously impaired,^{8,9} 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.¹⁰ Injuring or attempting to injure yourself intentionally, regardless of mental capacity. Committing or attempting to commit suicide, regardless of mental capacity.¹¹ Participating in any sporting event for pay or prize money.¹² 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. Alcoholism, drug abuse, or chemical dependency.¹³ No benefits are payable for a pre-existing condition during the first 12 months¹ after the effective date of coverage.

The following limitations and exclusions are in addition to the policy's and apply to the critical conditions rider. The inpatient hospital benefit is limited to three periods of confinement per calendar year and has a lifetime maximum of \$15,000. We will not pay benefits for loss contributed to,² caused by, or resulting from: renal failure caused by a traumatic event, including surgical traumas. A heart transplant that is not a human heart; a bone marrow transplant that is not human bone marrow. If the insured's paralysis is related to a stroke and the policy paid a lump sum benefit, the lump-sum benefit will not be payable under the rider. No benefit is payable for diabetic amputations below the ankle. Amputation of a single toe or toes, or any partial foot amputations are not payable. No benefits are available for an organ donor under the rider. Coma does not include one that is medically induced.

The following limitations and exclusions are in addition to the policy's and apply to the hospital indemnity rider.¹⁴ The inpatient hospital benefit is limited to three periods of confinement per calendar year and has a lifetime maximum of \$15,000. The skilled-care facility benefit is payable when considered disabled as defined under the policy and has an elimination period of 7 days after which the benefit provides for up to 14 days of confinement and is limited to 1 confinement per calendar year. We will not pay benefits for loss contributed to,² caused by, or resulting from: cosmetic or elective surgery that is not for

the diagnosis or treatment of covered sickness or covered accident based upon generally accepted medical practice and is not medically necessary. Complications from any cosmetic or elective surgery. Treatment for dental care or dental procedures, unless treatment is the result of a covered accident.¹⁵ Flying including operating, learning to operate, serving as a crew member on or jumping or falling from any aircraft including those which are not motordriven.¹⁶ Mental disorder having a behavioral or psychological disorder, disease or syndrome, without demonstrable organic origin. No benefits are payable for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery. No benefits are payable for any services provided or charges made in an observation unit. Normal pregnancy that occurs within the first 24 months after the effective date of coverage.¹⁷ Loss due to complications of pregnancy will be paid the same as for any other sickness. A cesarean section is not considered a complication of pregnancy.^{18,19} A pregnancy of a dependent child will not be covered.²⁰ Racing including 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.¹⁶ Travel/location while being more than 40 miles outside the territorial limits of the United States or Canada. Vision exams or vision procedures, unless treatment is the result of a covered accident or a covered sickness.

The following limitations and exclusions are in addition to the policy's and apply to the radiation and chemotherapy benefit rider. There is a calendar-year maximum of \$5,000 for the radiation and injected chemotherapy benefits.²¹ No benefits are payable for preventive treatments prescribed without a diagnosis of cancer. The rider does not pay for continued maintenance medication for the purposes of keeping cancer from recurring.

The following limitations and exclusions are in addition to the policy's and apply to the accidental death and dismemberment rider, we will not pay benefits for loss contributed to,² caused by, or resulting from: flying including operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft including those which are not motordriven.¹⁶ Hazardous activities which are hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or mountaineering.¹⁶ Racing including 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.¹⁶ Having any disease, bodily or mental illness or degenerative process. We also will not pay benefits for any related medical treatments or diagnostic procedures. While traveling, 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.

DEFINITIONS

PRE-EXISTING CONDITION: Means the existence of symptoms that would cause an ordinarily prudent²² person to seek diagnosis, care or treatment within a twelve (12) month period¹ preceding the effective date of the coverage of the Insured or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12)-month period¹ preceding the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been

made.^{23, 24} 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 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.²⁵

¹In New Mexico and Nevada, "six (6)-month period"

²In Illinois, "contributed to" is not applicable.

³In Illinois, North Dakota and South Carolina, "unless"

⁴In South Carolina, having or being diagnosed with any other disease, sickness or incapacity, unless the disease or condition was caused, complicated or aggravated by the Specified Critical Illness.

⁵Not applicable in MO.

⁶In Oregon, "intentionally participating or attempting to participate in a felony or working at an illegal job"

⁷In Illinois, "commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation"

⁸In Illinois, "or so intoxicated that mental or physical abilities are seriously impaired" is not applicable.

⁹Not applicable in Kentucky.

¹⁰Not applicable in Oregon and Nevada.

¹¹In Missouri, "while sane."

¹²Not applicable in Illinois and Oregon.

¹³Not applicable in Nevada and Oregon.

¹⁴The hospital indemnity rider is not available in Kansas.

¹⁵In New Mexico, we will also pay benefits for treatment for craniomandibular and temporomandibular joint disorders.

¹⁶Not applicable in Illinois.

¹⁷In Ohio, "that occurs within the first 24 months after the effective date of coverage" is not applicable.

¹⁸In Illinois, "a cesarean section is excluded unless medically necessary or there is a danger to the mother or baby"

¹⁹In North Dakota, "a non-elective cesarean is considered a complication of pregnancy"

²⁰Not applicable in Nevada.

²¹In Kansas, there is no \$5,000 maximum, but a 36-month lifetime maximum for injected chemotherapy.

²²In District of Columbia, "ordinarily prudent" not applicable.

²³Not applicable in Missouri, New Mexico and Nevada.

²⁴In North Dakota, "means a condition for which medical advice or treatment was recommended by a physician or received from a physician within a twelve (12)-month period preceding the effective date of coverage."

²⁵In Missouri, "A hospital is not: a hospice, 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 place for the treatment of substance abuse or a facility for the care and treatment of mental disease or mental disorders."

PREMIUMS ARE BASED ON THE LEVEL OF COVERAGE SELECTED. THIS BENEFIT DICTIONARY IS A BRIEF SUMMARY OF THE BENEFITS PROVIDED. PLEASE CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

Policy form series (may vary by state): WNIC1068

Rider form series (may vary by state): R1069, R1070, R1072 and R1073

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