



Hospital Indemnity Insurance



Focus on the care,
not the cost



Hospital Indemnity Insurance

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Hospital Indemnity Insurance from Washington National Insurance Company can help protect you and your family from the high cost of hospital stays.

Imagine being in a hospital due to a medical emergency. Your health insurance may cover some costs, but there are often hidden out-of-pocket expenses like copayments, deductibles, and transportation. You and your loved ones can be protected from these unexpected costs with hospital indemnity insurance. It's a simple solution to help safeguard your savings due to an unforeseen hospital stay.

How it works

Hospital Indemnity Insurance complements your existing health insurance plan by directly paying you fixed-dollar cash benefits if you or a covered family member are hospitalized due to a covered sickness, accident, or mental illness,⁴ in addition to any other insurance coverage you have.

Use your cash benefits to help pay:

- » Deductibles
- » Co-pays
- » Out-of-network hospital costs
- » Everyday bills and personal expenses when you're unable to work (like medications, gas, groceries, childcare, household bills, and even your rent or mortgage)

Your focus should be on recovery, not the expense.

DID YOU KNOW?



The average cost of a 3-day hospital stay is close to **\$30,000**.¹



Half of adults would be unable to pay an **unexpected medical bill of \$500** in full without going into debt.²



Hospital costs in the U.S. saw a **17.5% increase** from 2019 to 2022.³

¹ HealthCare.gov. Why Health Insurance Is Important. <https://www.healthcare.gov/why-coverage-is-important/protection-from-high-medical-cost/>, June 1, 2024

² Kaiser Family Foundation. Americans' Challenges With Health Care Costs. <https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs> March 1, 2024.

³ Revcycle Intelligence. AHA: Financial Challenges Continue as Hospital Expenses Rise. <https://revcycleintelligence.com/news/aha-financial-challenges-continue-as-hospital-expenses-rise> April 24, 2023.

⁴ Covered Sickness includes mental illness. Mental illness is a disorder that is classified as a mental disorder in the most recent edition of the International Classification of Diseases (ICD) or the Diagnostic and Statistical Manual of Mental Disorders (DSM). Mental illness does not include those conditions that are classified as substance use disorder, substance abuse, substance dependency or mental conditions or disorders induced by substance abuse.

Coverage when you need it

Count on Washington National for:



FLEXIBILITY

Because cash benefits are paid **directly to you**, not to a doctor or hospital, you have no restrictions on how you use your benefits.



CONSISTENCY

Premiums stay the same. Your rates **cannot be increased** unless all rates of that kind are raised in your state.



PORTABILITY

You can **keep your policy** even if you change jobs; move to a different state; retire; or go on Medicare.



RENEWABILITY

Your policy is **guaranteed renewable** as long as you pay the required premiums on time.

Coverage options

Choose the policy that helps fit your needs¹

Coverage options that may be available to you include: Individual, Individual/Spouse, Individual/Child, and Family

Base Policy Benefit	Description ²	Amount
Hospital Confinement Lump Sum Benefit	Payable when a covered person is in a hospital as an inpatient, or admitted into an observation unit in a hospital that continues uninterrupted from one calendar day to the next calendar day.	\$1,000-\$5,000 once per calendar year
Daily Hospital Confinement/ Observation Room Benefit	Payable when a covered person is in a hospital as an inpatient, or admitted into an observation unit.	\$100/ per day up to 365 days per period of confinement
Pregnancy Hospital Confinement Benefit	Payable when a covered person is in a hospital as an inpatient, or admitted into an observation unit due to a pregnancy or childbirth that continues uninterrupted from one calendar day to the next calendar day.	\$1,000-\$5,000 limited to 1 per pregnancy or childbirth
Waiver of Premium	This benefit waives premium payments when the policyowner is hospital confined in a hospital for a period of more than 30 consecutive days. This ends at the earlier of discharge or at the end of 12 months of uninterrupted continuous hospital confinement.	Waives premium for base policy and any riders selected as described

¹ Premiums are based on the level of coverage selected. Coverage may vary by state and underwriting.

² See benefit definitions for additional details and limitations.

Optional riders¹

Additional coverage available for more protection

Benefit	Description ²	Daily Benefit Amount
Daily Hospital Confinement Benefit Rider	Payable when a covered person is in a hospital as an inpatient, or admitted into an observation unit in a hospital. Payable in addition to the base Daily Hospital Confinement Benefit/Observation Room Benefit.	Level 1: \$100/ Payable per day up to 365 days per period of confinement. Level 2: \$200/ Payable per day up to 365 days per period of confinement.
Physician's Office & Diagnostic Benefits Rider³	Physician's office benefit: Provides a benefit for a physician's office appointment, including a tele-medicine visit. This benefit covers appointments for a covered accident, a covered sickness or routine physician's office exam.	\$25/day
	Lab test and x-ray: Payable for laboratory testing or X-rays ordered by a physician for a covered accident or covered sickness.	\$50/day
	Imaging exams: Payable for a computed tomography scan (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram; ordered by a physician due to a covered accident or covered sickness.	\$100/day
	Diagnostic exams: Payable for arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy; ordered by a physician due to a covered accident or covered sickness.	\$100/day
<i>Individual coverage for this rider benefit is limited to three days per calendar year. Individual/spouse, individual/child, and family coverage is limited to three days per each insured, up to six days per calendar year.</i>		

¹ Premiums are based on the level of coverage selected. Coverage may vary by state and underwriting.

² See benefit definitions for additional details and limitations.

³ If you or someone that will be covered have a Health Savings Account (HSA) you cannot elect this rider.

Optional riders¹ (continued)

Additional coverage available for more protection

Benefit	Description ²	Daily Benefit Amount
Supplemental Benefits Rider ³	Surgical procedure benefit: Payable when a covered person has a surgical procedure for a covered accident or covered sickness. Limited to one benefit per 24-hour period per covered person.	\$100 – \$1,000 per surgery
	Rehabilitation facility benefit: Payable when a covered person is confined to a hospital as an inpatient due to a covered accident or sickness, transferred within 24 hours after discharge, and confined to a rehab facility as an inpatient.	\$100/day
	Emergency room benefit: Payable for each day a covered person receives care and incurs a charge in a hospital emergency room or visits an urgent care facility.	\$100/visit
	Intensive care unit confinement benefit (ICU): Payable for each day a covered person is confined to a hospital ICU room and incurs a room charge. Payable in addition to the Daily Hospital Confinement benefit/Observation Room benefit.	\$100/day
	Ambulance benefit: Payable if a licensed surface or air ambulance service transports a covered person to or from a hospital where they are confined due to a covered accident or sickness.	\$200 ground or \$2,000 air



¹ Premiums are based on the level of coverage selected. Coverage may vary by state and underwriting.

² See benefit definitions for additional details and limitations.

³ If you or someone that will be covered have a Health Savings Account (HSA) you cannot elect this rider.

BENEFIT DEFINITIONS

Hospital Indemnity policy

Hospital confinement lump sum

This benefit is payable when a covered person is admitted into an observation unit that continues uninterrupted from one calendar day to the next calendar day or hospital confinement as an inpatient due to a covered accident or covered sickness. This benefit is limited to one day per calendar year per covered person for a covered accident or a covered sickness. No lifetime maximum. This benefit is reset each January 1st. If an observation unit admission or a hospital confinement continues uninterrupted without discharge from one calendar year to the next, no hospital confinement lump sum benefit shall be payable for any day of that observation unit admission or hospital confinement in the later calendar year. Upon discharge, for a benefit to be payable in the later calendar year, an observation unit admission or a hospital confinement for any covered accident or any covered sickness must begin more than thirty (30) days after the discharge.

Daily hospital confinement/observation room benefit

Payable per day, per covered person, for up to 365 days per period of confinement; when admitted to observation unit or confined as an inpatient in a hospital due to a covered accident or covered sickness. A readmission within 30 days of a prior hospital confinement, for the same covered accident or covered sickness, is considered part of the previous confinement.

Pregnancy Hospital Confinement Benefit

This benefit is payable when a covered person is admitted into an observation unit that continues uninterrupted from one calendar day to the next calendar day or hospital confinement as an inpatient due to a pregnancy or childbirth. This benefit is limited to one pregnancy or childbirth per covered person. No lifetime maximum. When this benefit is payable, no benefits will be payable under the hospital confinement lump sum benefit for the same day for admission into an observation unit or hospital confinement as an inpatient in a hospital.

Waiver of premium

After a policyowner is hospital-confined for a covered accident or covered sickness for over 30 consecutive days, this benefit begins on the 31st day for any period of uninterrupted continuation of that inpatient hospital confinement. Any premium payments that fall due during this waiver period, on a maximum of a month-by-month basis, will be waived. The waiver period will end at discharge or at the end of 12 months of uninterrupted continuous hospital confinement, at which point premium payments must be resumed.

Supplemental Benefits Rider

Intensive care unit (ICU) confinement

Payable in addition to the daily hospital confinement/observation room benefit for each day a covered person is confined to an intensive care unit due to a covered accident or covered sickness. Limited to a maximum of 30 days per period of confinement. A readmission within 30 days of a prior hospital confinement, for the same covered accident or covered sickness, is considered part of the previous confinement.

Surgical procedure benefit

Payable when a surgery is performed by a physician as part of treatment of a covered person's covered accident or covered sickness. We will not pay for diagnostic or follow-up surgery which does not treat the covered accident or covered sickness. We will use the Relative Values for Physicians publication and the procedural terminology code (CPT) to determine the surgical value assigned to each procedure as of the date of the procedure. This benefit is limited to one (1) surgical procedure in a twenty-four (24) hour period per covered person. The surgery must be performed in a hospital, U.S. government hospital or an ambulatory surgical facility. If more than one surgical procedure is performed at the same time through the same incision, the procedure with the largest benefit amount will be paid.

Ambulance benefit

Payable if a licensed surface or air ambulance service transports a covered person to or from a hospital for a covered accident or covered sickness. For a covered accident, transport by an ambulance must be within seventy-two (72) hours of a covered accident. Individual coverage: Limited to 3 one-way trips per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 one-way trips per covered person, up to 6 one-way trips, per calendar year.

Emergency room benefit

This benefit is payable per day when a covered person is admitted to an emergency room or visits an urgent care facility for a covered accident or covered sickness. This benefit is limited to 2 days per calendar year per covered person. Admission to the emergency room or a visit to an urgent care facility for a covered accident must occur within seventy-two (72) hours of the covered accident. This benefit is not payable for the same day as any Daily Hospital Confinement/Observation Room benefit is payable.

Rehabilitation facility benefit

This benefit is payable per day if a covered person is hospital confined and is transferred to a rehabilitation facility by physician's order within 24 hours after discharge from the hospital confinement. This benefit is limited to a maximum of 15 days per period of confinement in a rehabilitation facility, with a maximum of 30 days per calendar year per covered person. A readmission within 30 days of a prior hospital confinement, for the same covered accident or covered sickness, is considered part of the previous confinement. Any benefits under this rider for confinement in a rehabilitation facility are payable only under this rehabilitation facility benefit.

Physician's Office and Diagnostic Benefits Rider

Physician office visit benefit

Payable once per day for any day a covered person goes to a physician's office appointment, including telemedicine visits. This benefit covers appointments due to a covered accident, a covered sickness or routine physician's office exams. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days per calendar year.

Laboratory test and X-ray benefit

Payable for any day a covered person has laboratory testing or x-rays ordered by a physician, for a covered accident or covered sickness. Must be performed in a hospital, medical diagnostic imaging center, physician's office, urgent care or ambulatory surgical facility. Not payable for the exams listed under the Imaging Benefit or the Diagnostic Benefit. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days per calendar year.

Imaging benefit

Payable for any day a covered person has one of the following exams, ordered by a physician for a covered accident or a covered sickness: computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram. These must be performed in a hospital, medical diagnostic imaging center, a physician's office, an urgent care facility, or an ambulatory surgical facility. Not payable for the exams listed under the Laboratory Test and X-Ray Benefit or the Diagnostic Benefit.

Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days, per calendar year.

Diagnostic benefit

Payable for any day a covered person has one of the following exams, ordered by a physician, for a covered accident or covered sickness: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy. Procedures must be performed in a hospital or an ambulatory surgical center. Not payable for the exams listed under the Laboratory Test and X-Ray Benefit or the Imaging Benefit. Individual coverage: Limited to 3 days per calendar year. Individual/Spouse, Individual/Child, & Family Coverage: Limited to 3 days per covered person, up to 6 days, per calendar year.

Daily hospital confinement benefit rider

Payable per day, per covered person, for up to 365 days per period of confinement; when admitted to observation unit or confined as an inpatient in a hospital due to a covered accident or covered sickness. A readmission within 30 days of a prior hospital confinement or admission, for the same covered accident or covered sickness, is considered part of the previous confinement.

Hospital Confinement and Services received in a U.S. Government Hospital do not require a charge.

Limitations and exclusions

Coverage under the policy and any riders is subject to limitations and exclusions, including without limitation those generally described above and below.

We will not pay benefits for any covered accident or covered sickness contributed to, caused by, or resulting from any of the following:

COSMETIC OR PLASTIC SURGERY: Surgery that is not for the diagnosis or treatment of a covered accident or covered sickness, or considered medically necessary, or resulting from, directly or indirectly, any complications of cosmetic or plastic surgery, including but not limited to, the following: Abdominoplasty (tummy tuck); Mammoplasty (breast modification); Rhinoplasty (nose job); or Suction Assisted Lipectomy (liposuction).

DENTAL PROCEDURES: Treatment for dental care or dental procedures, unless treatment is the result of a covered accident and is considered medically necessary.

ELECTIVE SURGERY: Surgery that is not for the diagnosis or treatment of a covered accident or covered sickness, or considered medically necessary, or resulting from, directly or indirectly, any complications of elective surgery.

ILLEGAL ACTS: Participating or attempting to participate in an illegal act or working at an illegal job.

INTOXICATION: Being legally intoxicated, or so intoxicated (in accordance with the laws in the jurisdiction where the Accident occurs that govern operating while intoxicated) that mental or physical abilities are seriously impaired. A covered person is conclusively determined to be legally intoxicated if a test, including but not limited to a chemical or breath test, administered in the jurisdiction where the Accident occurred is at or above the legal limit set by that jurisdiction.

ILLEGAL DRUGS: Being under the influence of any illegal drugs.

DRUGS: Being under the influence of any excitant, depressant, hallucinogen, narcotic, or any other drug unless such drug(s) are taken under the direction of and as directed by a Physician.

INHALATION: Voluntary inhalation of any poison, gas, or fumes, or chemical substance.

NEWBORN CARE: We will not pay for a separate charge made for the newborn's stay in a nursery as a result of a normal delivery.

PHYSICIAN: The physician treating the covered person is an immediate family member of the covered person.

PREGNANCY: Normal pregnancy or childbirth that occurs within the first thirty (30) days after the Effective Date of coverage; or, a Cesarean delivery that is not the result of complications of pregnancy. Loss due to complications of pregnancy will be paid the same as for any other covered benefit.

PREGNANCY OF A DEPENDENT CHILD: A pregnancy of a dependent child will not be covered. Loss due to complications of pregnancy will be paid the same as for any other covered benefit.

SELF-INFLICTED INJURIES: Injuring or attempting to injure yourself intentionally, regardless of mental capacity.

SUBSTANCE ABUSE: Substance Use Disorder or chemical dependency.

SUICIDE: Committing or attempting to commit suicide, regardless of mental capacity.

VISION PROCEDURES: Routine vision exams or vision procedures, unless treatment is the result of a covered accident and is considered medically necessary.

WAR/MILITARY SERVICE: 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. We will return, at your request the prorated premium paid to you for any period you are not insured by this policy while you are in such service.

PRE-EXISTING CONDITION LIMITATION: No benefits are payable for a covered person with a pre-existing condition during the first twelve (12) months after the effective date of coverage for that covered person. If the covered person is age 65 or over when issued this policy, no benefits are payable for pre-existing condition during the first six (6) months after the effective date of coverage for that person. A pre-existing condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care, or treatment within a twelve (12) month period preceding the effective date of coverage for that covered person or a condition for which medical advice or treatment was recommended by a physician or received from a physician or for which prescription drugs were prescribed within a twelve (12) month period preceding the effective date of coverage for that covered person.

WAITING PERIOD LIMITATION: No benefits are payable for any covered sickness that is diagnosed, treated, or produces a clear or obvious symptom during the waiting period. Coverage under this policy begins on the thirty-first (31st) day. The waiting period means the first thirty (30) days following the effective date of a covered person's coverage.

PERIOD OF CONFINEMENT LIMITATION: Some benefits are also limited by "period of confinement." Generally, period of confinement means a period which begins on a covered person's first day of hospital confinement or admission into an observation unit and ends on the last day of hospital confinement or discharge from an observation unit, and if a covered person is re-confined or re-admitted, either hospital confined or admitted into an observation unit, within thirty (30) days of the prior confinement or admission for the same covered accident or covered sickness then the later confinement or admission will be considered a continuation of the prior confinement or admission. If this occurs, the prior confinement or admission and later confinement or admission fall within the same period of confinement, and a period of confinement limitation on benefits may apply.

ADDITIONAL DEFINITIONS

HOSPITAL: Hospital does not include a bed, facility, wing, annex, unit or any other special facility that operates or functions as any of the following either within a hospital or outside of a hospital regardless of the name of the facility and intensity of treatment or services: skilled nursing facility; nursing home; extended care facility; convalescent home; rest home, or a home for the aged; sanatorium; place primarily providing care for individuals with a substance use disorder; or, facility that primarily provides for the care and treatment of mental disease or mental disorders.

TELE-MEDICINE: Means clinical health care services supervised by a physician by means of interactive two-way audio and visual communication. Telemedicine does not include delivery of clinical health care services through an audio-only telephone, electronic mail message, or facsimile transmission.

This document is not an insurance contract, and all rights and obligations under the policy are subject to the terms and conditions of the policy itself. The benefit amounts under any issued policy or rider will be based upon the benefit amounts printed in any policy applied for and issued.

Washington National Insurance Company and its representatives do not provide legal or tax advice. Based upon a customer's particular circumstances, they should seek advice from their personal legal or tax advisor.

Policy form series (may vary by state): WNIC 2158TX

Rider form series (may vary by state): R2159TX, R2160TX, R2167TX

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