

▶ *with cancer coverage*

WASHINGTON NATIONAL WORKSITE critical illness®

Each year millions of Americans are diagnosed with critical illnesses. The good news is that more people are surviving such a diagnosis. Still, some of the costs associated with treatment are not paid by major medical insurance and must be paid out of your own pocket. That's where supplemental insurance can help.

Consider the facts

- 1-in-2 men and 1-in-3 women are at risk of developing cancer in their lifetime.¹
- About 82.6 million Americans have one or more types of cardiovascular disease.²
- About half of all personal bankruptcies are attributed in part to medical problems.³

When benefits are paid*

Benefits are paid upon diagnosis in three health diagnosis categories (HDCs):

- HDC 1: Heart attack, stroke, heart transplant as a result of heart failure, and coronary artery bypass surgery
- HDC 2: Major organ transplant (other than heart), end-stage renal failure and blindness
- HDC 3: Cancer

*Diagnosis in a second HDC must occur more than 180 consecutive days after the first diagnosis in another category.

¹American Cancer Society, *Cancer Facts & Figures 2012*

²"Heart Disease and Stroke Statistics—2012 update: A Report from the American Heart Association," *Circulation*, 2012, p. 21

³"Top 5 Reasons Why People Go Bankrupt," *Investopedia*, March 22, 2010

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 named above.

Benefits summary

LUMP-SUM BENEFIT*

This benefit pays amounts up to \$75,000 (in \$5,000 increments) upon initial diagnosis of a specified critical illness while coverage is in effect

Limit: One lump-sum payment per HDC, per covered person

Coronary artery bypass surgery is limited to a one-time benefit of 25% of the lump-sum amount.

25% of the lump-sum benefit is payable if the first diagnosis is one of these types of cancer:

- Carcinoma in situ
- Urinary bladder cancer
- Melanoma diagnosed as Clark's Level I or II or Breslow less than 0.75 mm
- Prostate cancer with a Gleason score of six or less or with a TNM classification of T1
- Stage 1 Hodgkin's disease

A recurrence benefit is not payable for any subsequent diagnosis of the cancers listed above.

Amounts paid for these conditions will reduce the benefits remaining in the HDC to 75%.

RECURRENCE BENEFIT*

This benefit pays 50% of the lump-sum amount when a covered person receives a subsequent diagnosis of a specified critical illness while coverage is in effect.

Limit: One lump-sum payment per HDC, per covered person

Recurrence must be diagnosed more than 24 months after any previous diagnosis of the same illness.

The covered person must be treatment-free for 24 months prior to the subsequent diagnosis. Treatment does not include maintenance medication or follow-up visits.

WELLNESS BENEFIT

This benefit pays \$50 for one screening every calendar year for each covered person after the waiting period is met.

Covered wellness benefit screenings are listed on the reverse side.

COVERAGE FOR THE ENTIRE FAMILY

The spousal benefit, if purchased, is 50% of the face value of the employee's certificate.

Children are automatically covered at 10% of the coverage amount purchased by the employee.

Limitations and exclusions

Benefits will not be paid for loss contributed to, caused by or resulting from any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by the specified critical illness¹; diagnosis of a specified critical illness during the waiting period (that is, the first 30 days following the coverage effective date)²; participating or attempting to participate in an illegal act³; 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; being under the influence of any narcotic, unless such narcotic was taken under the direction of and as directed by a physician⁴; injuring or attempting to injure yourself intentionally, regardless of mental capacity; committing or attempting to commit suicide⁵, regardless of mental capacity⁶; participating in any sporting event for pay or prize money⁷; being exposed to 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 authority⁸; and alcoholism, drug abuse or chemical dependency⁹.

No benefits are payable for a pre-existing condition during the first 12 months after the coverage effective date. A pre-existing condition is the existence of symptoms¹⁰ that would cause an ordinarily prudent person¹¹ to seek diagnosis, care or treatment within a 12-month period preceding your coverage effective date¹², or a condition for which medical advice or treatment was recommended by or received from a physician within a 12-month period preceding the coverage effective date¹³. A pre-existing condition can exist even though a diagnosis has not yet been made¹⁴.

The following limitations and exclusions apply to the Worksite Critical Illness insurance policy/certificate: Cancer benefits are not payable for a diagnosis of basal cell carcinoma or squamous cell carcinoma of the skin, premalignant conditions or conditions with malignant potential. The initial diagnosis of the following types of cancer is payable at 25% of the lump-sum benefit amount: carcinoma in situ, urinary bladder cancer, melanoma diagnosed as Clark's Level I or II or Breslow less than .75 mm, prostate cancer with a Gleason score of 6 or less or with a TNM classification of T1, and stage 1 Hodgkin's disease. The recurrence benefit is not payable for any subsequent diagnosis of the above-listed cancers.

Heart benefits are not payable for any other disease or injury involving the cardiovascular system or any heart attacks occurring during or as the result of any medical procedures. Cardiac arrest not caused by myocardial infarction is not a heart attack. The benefit for coronary artery bypass surgery is limited to 25% of the lump-sum benefit amount.

Loss-of-sight benefits are not payable for blindness if, in general medical opinion, any procedure, device or implant could result in partial or total sight restoration, for persons under the attained age of 3 on the diagnosis date, and for sight reduction that occurs before the coverage effective date under this policy.

Renal-failure benefits are not payable for renal failure caused by a traumatic event, including surgical trauma.

The recurrence benefit is payable only when these conditions are met: The recurrent specified critical illness is diagnosed more than 24 months after any previous diagnosis of the same specified critical illness; no treatment (which does not include maintenance medications and follow-up physician visits) is received during the 24 months between the diagnosis for the same specified critical illness; the additional diagnosis is made while the coverage is in force; and the loss is not excluded by name or specific description.

Policy form (may vary by state): CIC1034

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¹In Arkansas, "any other disease, sickness or incapacity, even if the disease or condition was caused, complicated or aggravated by a specified critical illness" is not applicable.

²In Indiana, "diagnosis of a specified critical illness during the waiting period (that is, the first 30 days following the coverage effective date)" is not applicable.

³In Pennsylvania, "participating or attempting to participate in a felony act" applies.

⁴In Pennsylvania, narcotics must be administered on the advice of a physician. In Virginia, "being drunk or under the influence of any narcotic unless taken on the advice of a physician" applies.

⁵In Pennsylvania, "attempting to commit suicide" is not applicable.

⁶In Pennsylvania, "regardless of mental capacity" is not applicable.

⁷In Texas, "participating in any sporting event for pay or prize money" is not applicable.

⁸In Pennsylvania, "war or any act of war, declared or not, or participating in or contracting with the armed forces (including Coast Guard) of any nation while on active duty" applies. We will return, at your request, the prorated premium paid for any period you are not insured by this policy while you are in such service. In Oklahoma, "war or act of war (declared or undeclared) while serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer" applies. We will return, at your request, the prorated premium paid for you for any period you are not insured by this policy while you are in such service.

⁹In Texas, "alcoholism, drug abuse or chemical dependency" is not applicable.

¹⁰In Missouri, "existence of conditions" applies.

¹¹In the District of Columbia, the definition of pre-existing condition does not contain "ordinarily prudent."

¹²In Pennsylvania and South Carolina, the definition of pre-existing condition does not contain "the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a 12-month period preceding the coverage effective date."

¹³In Indiana, Kentucky and Virginia, a pre-existing condition is 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 coverage effective date.

¹⁴In Missouri, "a pre-existing condition can exist even though a diagnosis has not yet been made" is not applicable.

Covered wellness benefit screenings include:

- 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
- Carotid Doppler
- Echocardiogram
- Lipid panel
- Mammogram
- Breast ultrasound
- Pap smear
- Biopsy
- Flexible sigmoidoscopy
- Hemocult stool specimen
- Chest x-ray
- CEA
- CA 125
- PSA
- Thermography
- Colonoscopy
- Virtual colonoscopy
- ThinPrep

