



Why Hospital Assure?

Features	<ul style="list-style-type: none"> • NEW benefits: hospital outpatient, rehab facility, intensive care unit (ICU) and additional lump sums. • A guaranteed issue (GI) base policy with a Health Savings Account (HSA) compatible component. • NEW wellness benefits. • Guaranteed renewable for life—letting you offer solutions to customers as they transition to retirement.
Coverage availability	<ul style="list-style-type: none"> • Individual • Individual + child • Individual + spouse • Family
Issue ages	<ul style="list-style-type: none"> • 18-69
Target market	<ul style="list-style-type: none"> • Individual • Worksite • Associations • Union sales
Underwriting guidelines	<ul style="list-style-type: none"> • Guarantee issue minimum participation <ul style="list-style-type: none"> - Worksite: The greater of 3 employee applications or 10% eligible employees - Unions/Associations: The greater of 10 applications or 20% of eligible members - Individual/Direct: N/A • Wellness and diagnostic benefits rider • Supplemental benefits rider-Simplified issue (SI) underwriting

HSA base policy *Compatible plan WNIC2073TX 1H (GI), plan 2H*

BENEFITS	Hospital confinement lump sum: Limited to once per calendar year per covered person.	\$1K, \$2K, \$3K, \$4K, ¹ \$5K ¹
	Daily hospital confinement: Payable per day, per covered person, for up to 365 days when hospital confined for 23 or more hours due to a covered sickness or covered accident.	\$100 per day For a covered pregnancy \$1,000 per day
	ICU confinement: Payable per day, per covered person, for up to 30 days when hospital confined to an intensive care unit.	\$50 per day
	Waiver of premium	Included

OVER »

The policy benefits discussed in this brochure are intended to be compatible with Health Savings Account (“HSA”) guidelines. We make no representations as to the actual tax status of this policy. Neither Washington National Insurance Company nor its representatives give legal or tax advice. You should contact your personal legal or tax advisor for such advice.

¹\$4,000 and \$5,000 lump sum amounts always require medical underwriting.

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Non-HSA base policy *Compatible plan WNIC2073TX 3 (GI), plan 4*

BENEFITS		
	Hospital confinement lump sum: Limited to once per calendar year per covered person.	\$1K, \$2K, \$3K, \$4K ¹ , \$5K ¹
	Daily hospital confinement: Payable per day, per covered person, for up to 365 days when hospital confined for 23 or more hours due to a covered sickness or covered accident.	\$50 or \$100 per day For a covered pregnancy \$500 or \$1,000 per day
	Hospital outpatient: For less than 23 hours, limited to 2 days per calendar year per covered person.	\$100 per day
	Emergency room: Limited to 2 days per calendar year per covered person.	\$100 per day
	Rehabilitation facility: Limited to 15 days per confinement. Limited to 30 days per calendar year per covered person.	\$100 per day
	Waiver of premium	Included

Optional riders² *Only available with Non- HSA compatible plans*

WELLNESS AND DIAGNOSTIC RIDER BENEFIT (R2074TX) <i>The following limitations apply to all benefits in this rider. 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.</i>	Physician office visit benefit	\$25 per day		
	Lab test and x-ray	\$50 per day		
	Imaging exams: Covers computed tomography (CT scan, CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), thallium stress test, myelogram, angiogram, or arteriogram	\$100 per day		
	Diagnostic exams: Covers arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, esophagoscopy, gastroscopy, laparoscopy, laryngoscopy, or sigmoidoscopy	\$100 per day		
SUPPLEMENTAL BENEFITS RIDER BENEFIT (R2075TX)		PLAN 1	PLAN 2	PLAN 3
	ADDITIONAL hospital confinement lump sum: Payable after the base policies benefit. Limited to 3 confined days per calendar year, per covered person.	\$100 per day	\$200 per day	\$300 per day
	ADDITIONAL daily hospital confinement	\$50 per day	\$100 per day	\$150 per day
	ICU confinement	\$50 per day	\$100 per day	\$150 per day
	ADDITIONAL hospital outpatient	+\$50 per day	+\$100 per day	+\$150 per day
	ADDITIONAL rehabilitation facility	+\$50 per day	+\$100 per day	+\$150 per day
	Surgical procedure	\$100-\$1,000 per surgery		
	Ambulance: 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.	\$200 ground, \$2,000 air		

¹\$4,000 and \$5,000 lump sum amounts always require medical underwriting.

²Only available with Non- HSA compatible plans.

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