



Washington National SOLUTIONSSM Cancer

Supplemental cancer insurance

Monthly direct rates—HOPE group filing states

AK³, AL, AR, AZ, CO³, DC³, DE, HI, IA¹, IL³, IN^{1,2}, KS, KY³, MI, MO, NE³, NJ, NM³, OH, PA, RI³, SC, TN, VA³, VI³, WV³

Return of Premium rates

Direct rates—cancer product (ages 18-75)			
Plan A			
	IND	SINGLE PARENT	FAMILY
18-39	\$18.60	\$22.70	\$34.10
40-49	\$19.00	\$23.20	\$34.90
50-54	\$21.10	\$25.60	\$38.40
55-59	\$23.80	\$29.10	\$43.70
60-64	\$27.80	\$34.40	\$51.70
65-75	\$32.20	\$40.00	\$60.00
Plan B			
	IND	SINGLE PARENT	FAMILY
18-39	\$28.20	\$34.40	\$51.50
40-49	\$28.80	\$35.20	\$53.00
50-54	\$31.80	\$38.70	\$58.20
55-59	\$35.80	\$43.70	\$65.40
60-64	\$41.30	\$50.20	\$75.40
65-75	\$47.50	\$57.90	\$86.70
Plan C			
	IND	SINGLE PARENT	FAMILY
18-39	\$23.80	\$29.40	\$44.20
40-49	\$24.50	\$30.10	\$45.30
50-54	\$27.00	\$33.30	\$49.90
55-59	\$30.90	\$38.60	\$57.90
60-64	\$36.50	\$45.90	\$69.10
65-75	\$42.40	\$53.80	\$80.60
Plan D			
	IND	SINGLE PARENT	FAMILY
18-39	\$39.40	\$49.00	\$73.40
40-49	\$40.20	\$50.20	\$75.40
50-54	\$44.30	\$55.20	\$82.90
55-59	\$49.80	\$62.10	\$93.30
60-64	\$57.40	\$71.50	\$107.40
65-75	\$65.10	\$81.90	\$122.70
First Occurrence add-on (per unit)*			
	IND	SINGLE PARENT	FAMILY
18-39	\$2.20	\$3.00	\$4.50
40-49	\$2.20	\$3.00	\$4.50
50-54	\$2.60	\$3.50	\$5.30
55-59	\$3.20	\$4.20	\$6.20
60-64	\$4.00	\$5.30	\$7.80
65-75	\$5.00	\$6.60	\$9.90
*Note: Up to 9 units may be added.			
¹ IA,IN: Plan A is not available at this time.			
² IN: ICU rider is not available.			
³ AK, CO, DC, IL, KY, NE, NM, RI, VA, VI and WV: Preventive Care and Death Benefit riders are not available.			

Direct rates—riders			
Alternative Care rider (ages 18-75)			
	IND	SINGLE PARENT	FAMILY
18-49	\$5.10	\$8.20	\$10.20
50-54	\$5.70	\$9.10	\$11.40
55-59	\$7.00	\$11.30	\$14.10
60-64	\$9.90	\$15.90	\$19.90
65-69	\$10.00	\$16.00	\$20.00
70-75	\$10.50	\$16.70	\$20.90
Intensive Care Unit rider (ages 18-65)			
Level 1—\$500			
	IND	SINGLE PARENT	FAMILY
18-39	\$9.10	\$13.60	\$16.60
40-49	\$9.10	\$13.60	\$16.60
50-54	\$9.60	\$14.70	\$18.10
55-59	\$10.20	\$16.00	\$19.80
60-65	\$15.80	\$24.60	\$30.40
Level 2—\$750			
	IND	SINGLE PARENT	FAMILY
18-39	\$11.70	\$18.10	\$22.40
40-49	\$11.70	\$18.10	\$22.40
50-54	\$12.50	\$19.80	\$24.80
55-59	\$14.10	\$22.10	\$27.40
60-65	\$21.80	\$34.10	\$42.40
Level 3—\$1,000			
	IND	SINGLE PARENT	FAMILY
18-39	\$14.90	\$23.40	\$29.10
40-49	\$14.90	\$23.40	\$29.10
50-54	\$15.80	\$25.90	\$32.60
55-59	\$18.10	\$29.00	\$36.30
60-65	\$28.20	\$44.60	\$55.50
Preventive Care rider (ages 18-75)			
	IND	SINGLE PARENT	FAMILY
18-39	\$12.20	\$15.00	\$22.40
40-49	\$12.30	\$15.50	\$23.00
50-54	\$13.80	\$17.10	\$25.40
55-59	\$15.50	\$19.40	\$28.80
60-64	\$17.10	\$21.40	\$32.00
65-75	\$18.90	\$23.70	\$35.20
Death Benefit rider (ages 18-75)			
	IND	SINGLE PARENT	FAMILY
18-39	\$1.60	\$2.10	\$3.00
40-49	\$3.20	\$4.00	\$5.90
50-54	\$4.80	\$6.10	\$9.00
55-59	\$7.00	\$8.80	\$13.00
60-64	\$9.60	\$12.00	\$17.90
65-75	\$14.90	\$18.70	\$27.80

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Base rates

Direct rates—cancer product (ages 18-75)			
Plan A			
	IND	SINGLE PARENT	FAMILY
<i>Available with ROP only.</i>			
Plan B			
	IND	SINGLE PARENT	FAMILY
18-39	\$17.60	\$21.50	\$32.20
40-49	\$18.00	\$22.00	\$33.10
50-54	\$19.90	\$24.20	\$36.40
55-59	\$22.40	\$27.30	\$40.90
60-64	\$25.80	\$31.40	\$47.10
65-85	\$29.70	\$36.20	\$54.20
Plan C			
	IND	SINGLE PARENT	FAMILY
18-39	\$14.90	\$18.40	\$27.60
40-49	\$15.30	\$18.80	\$28.30
50-54	\$16.90	\$20.80	\$31.20
55-59	\$19.30	\$24.10	\$36.20
60-64	\$22.80	\$28.70	\$43.20
65-85	\$26.50	\$33.60	\$50.40
Plan D			
	IND	SINGLE PARENT	FAMILY
18-39	\$24.60	\$30.60	\$45.90
40-49	\$25.10	\$31.40	\$47.10
50-54	\$27.70	\$34.50	\$51.80
55-59	\$31.10	\$38.80	\$58.30
60-64	\$35.90	\$44.70	\$67.10
65-85	\$40.70	\$51.20	\$76.70
First Occurrence add-on (per unit)*			
	IND	SINGLE PARENT	FAMILY
18-39	\$1.40	\$1.90	\$2.80
40-49	\$1.40	\$1.90	\$2.80
50-54	\$1.60	\$2.20	\$3.30
55-59	\$2.00	\$2.60	\$3.90
60-64	\$2.50	\$3.30	\$4.90
65-85	\$3.10	\$4.10	\$6.20
*Note: Up to 9 units may be added.			
¹ IA,IN: Plan A is not available at this time. ² IN: ICU rider is not available. ³ AK, CO, DC, IL, KY, NE, NM, RI, VA, VI and WV: Preventive Care and Death Benefit riders are not available.			

Direct rates—riders			
Alternative Care rider (ages 18-85)			
	IND	SINGLE PARENT	FAMILY
18-49	\$3.20	\$5.10	\$6.40
50-54	\$3.60	\$5.70	\$7.10
55-59	\$4.40	\$7.00	\$8.80
60-64	\$6.20	\$9.90	\$12.40
65-69	\$6.30	\$10.00	\$12.50
70-75	\$6.60	\$10.50	\$13.10
76-85	\$7.30	\$11.70	\$14.60
Intensive Care Unit rider (ages 18-65)			
Level 1—\$500			
	IND	SINGLE PARENT	FAMILY
18-39	\$5.70	\$8.50	\$10.40
40-49	\$5.70	\$8.50	\$10.40
50-54	\$6.00	\$9.20	\$11.30
55-59	\$6.40	\$10.00	\$12.40
60-65	\$9.90	\$15.40	\$19.00
Level 2—\$750			
	IND	SINGLE PARENT	FAMILY
18-39	\$7.30	\$11.30	\$14.00
40-49	\$7.30	\$11.30	\$14.00
50-54	\$7.80	\$12.40	\$15.50
55-59	\$8.80	\$13.80	\$17.10
60-65	\$13.60	\$21.30	\$26.50
Level 3—\$1,000			
	IND	SINGLE PARENT	FAMILY
18-39	\$9.30	\$14.60	\$18.20
40-49	\$9.30	\$14.60	\$18.20
50-54	\$9.90	\$16.20	\$20.40
55-59	\$11.30	\$18.10	\$22.70
60-65	\$17.60	\$27.90	\$34.70
Preventive Care rider (ages 18-85)			
	IND	SINGLE PARENT	FAMILY
18-39	\$7.60	\$9.40	\$14.00
40-49	\$7.70	\$9.70	\$14.40
50-54	\$8.60	\$10.70	\$15.90
55-59	\$9.70	\$12.10	\$18.00
60-64	\$10.70	\$13.40	\$20.00
65-85	\$11.80	\$14.80	\$22.00
Death Benefit rider (ages 18-85)			
	IND	SINGLE PARENT	FAMILY
18-39	\$1.00	\$1.30	\$1.90
40-49	\$2.00	\$2.50	\$3.70
50-54	\$3.00	\$3.80	\$5.60
55-59	\$4.40	\$5.50	\$8.10
60-64	\$6.00	\$7.50	\$11.20
65-85	\$9.30	\$11.70	\$17.40

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How to calculate annual rates

To calculate annual rates:

1. Add all monthly Washington National Solutions Cancer and rider coverages and multiply each by 12.
2. Add the totals.

Example: Annual rate*

1. Plan:

Cancer	\$22.70	x 12	=	\$272.40
Alternative Care rider	\$8.20	x 12	=	\$98.40
ICU rider	\$13.60	x 12	=	\$163.20
Preventive Care rider	\$22.40	x 12	=	\$268.80
Death Benefit rider	\$3.00	x 12	=	\$36.00

2. Add:

Cancer	\$272.40
Alternative Care rider	\$98.40
ICU rider	\$163.20
Preventive Care rider	\$268.80
Death Benefit rider	+ \$36.00
<hr/> Total annual rate	<hr/> \$838.80

*The above rates are shown as an example only. A discount is not offered for the annual rates on this product.

Only members of Health Opportunity Through Partnership In Education (HOPE) can enroll. To become a member, a \$0.10 HOPE monthly fee is required. Remember to include the fee and “HOPE” on the line marked “Other” in Section VII of the enrollment form. A separate HOPE application, HOPE-APP, is also required to enroll.

The rates illustrated are for form numbers CHIC-5022C, CHIC-8046, CHIC-8022GCR, CHIC-8047, CHIC-8063, CHIC-8062 and their accompanying schedules. State-specific variations may apply.

¹IA,IN: Plan A is not available at this time.

²IN: ICU rider is not available.

³AK, CO, DC, IL, KY, NE, NM, RI, VA, and VI: Preventive Care and Death Benefit riders are not available.

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