



Base plan with Return of Premium

Direct rates—cancer product (ages 18-75)			
Plan B			
	IND	SINGLE PARENT	FAMILY
18-29	\$11.00	\$15.00	\$17.50
30-39	\$16.00	\$19.40	\$27.90
40-49	\$25.30	\$28.90	\$47.30
50-54	\$30.10	\$34.10	\$58.60
55-59	\$32.30	\$36.00	\$63.50
60-64	\$32.10	\$35.30	\$63.80
65-69	\$31.30	\$35.40	\$64.50
70-75	\$30.80	\$35.00	\$64.80
Plan C			
	IND	SINGLE PARENT	FAMILY
18-29	\$8.40	\$11.00	\$13.70
30-39	\$14.10	\$16.90	\$24.90
40-49	\$24.70	\$27.70	\$47.30
50-54	\$31.30	\$34.30	\$61.60
55-59	\$34.40	\$37.30	\$68.30
60-64	\$34.90	\$37.20	\$69.70
65-69	\$35.60	\$37.80	\$71.20
70-75	\$36.00	\$38.00	\$72.40
Plan D			
	IND	SINGLE PARENT	FAMILY
18-29	\$14.60	\$19.00	\$23.90
30-39	\$22.20	\$27.00	\$39.90
40-49	\$36.50	\$41.40	\$69.90
50-54	\$44.30	\$49.40	\$87.30
55-59	\$47.80	\$52.50	\$95.00
60-64	\$47.70	\$51.80	\$95.60
65-69	\$48.20	\$52.00	\$96.70
70-75	\$48.40	\$51.80	\$97.40
First Occurrence add-on (per unit)*			
	IND	SINGLE PARENT	FAMILY
18-29	\$0.60	\$0.80	\$1.10
30-39	\$1.10	\$1.30	\$2.50
40-49	\$2.50	\$2.70	\$4.90
50-54	\$3.30	\$3.50	\$6.80
55-59	\$4.00	\$4.20	\$8.20
60-64	\$4.20	\$4.30	\$8.80
65-69	\$4.70	\$4.80	\$9.60
70-75	\$4.70	\$4.80	\$9.80
*Note: Up to 9 units may be added.			

Direct rates—riders			
Preventive Care rider (ages 18-75)			
	IND	SINGLE PARENT	FAMILY
18-29	\$8.60	\$10.80	\$16.90
30-39	\$10.50	\$13.30	\$20.50
40-49	\$14.80	\$18.20	\$27.00
50-54	\$16.10	\$20.80	\$32.20
55-59	\$16.80	\$21.80	\$33.40
60-64	\$16.40	\$21.10	\$32.60
65-69	\$16.50	\$21.20	\$32.60
70-75	\$16.00	\$20.50	\$31.60
Intensive Care rider (ages 18-75)			
	IND	SINGLE PARENT	FAMILY
18-29	\$15.45	\$32.30	\$48.30
30-39	\$14.40	\$30.50	\$45.60
40-49	\$15.70	\$31.55	\$48.15
50-54	\$16.50	\$31.30	\$48.95
55-59	\$17.40	\$31.25	\$50.00
60-64	\$17.75	\$30.15	\$49.40
65-69	\$19.30	\$31.25	\$52.30
70-75	\$20.35	\$31.75	\$54.15

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Home Office
11825 N. Pennsylvania Street, Carmel, IN 46032



Base plan without Return of Premium

Direct rates—cancer product (ages 18-85)			
Plan B			
	IND	SINGLE PARENT	FAMILY
18-29	\$5.80	\$7.90	\$9.20
30-39	\$8.40	\$10.20	\$14.70
40-49	\$13.30	\$15.20	\$24.90
50-54	\$17.20	\$19.50	\$33.50
55-59	\$20.20	\$22.50	\$39.70
60-64	\$22.90	\$25.20	\$45.60
65-69	\$24.10	\$27.20	\$49.60
70-75	\$25.70	\$29.20	\$54.00
76-80	\$28.70	\$31.00	\$57.40
81-85	\$29.50	\$31.70	\$59.20
Plan C			
	IND	SINGLE PARENT	FAMILY
18-29	\$4.40	\$5.80	\$7.20
30-39	\$7.40	\$8.90	\$13.10
40-49	\$13.00	\$14.60	\$24.90
50-54	\$17.90	\$19.60	\$35.20
55-59	\$21.50	\$23.30	\$42.70
60-64	\$24.90	\$26.60	\$49.80
65-69	\$27.40	\$29.10	\$54.80
70-75	\$30.00	\$31.70	\$60.30
76-80	\$32.20	\$33.90	\$64.70
81-85	\$33.30	\$35.00	\$67.20
Plan D			
	IND	SINGLE PARENT	FAMILY
18-29	\$7.70	\$10.00	\$12.60
30-39	\$11.70	\$14.20	\$21.00
40-49	\$19.20	\$21.80	\$36.80
50-54	\$25.30	\$28.20	\$49.90
55-59	\$29.90	\$32.80	\$59.40
60-64	\$34.10	\$37.00	\$68.30
65-69	\$37.10	\$40.00	\$74.40
70-75	\$40.30	\$43.20	\$81.20
76-80	\$43.00	\$45.80	\$86.60
81-85	\$44.40	\$47.10	\$89.50
First Occurrence add-on (per unit)*			
	IND	SINGLE PARENT	FAMILY
18-29	\$0.30	\$0.40	\$0.60
30-39	\$0.60	\$0.70	\$1.30
40-49	\$1.30	\$1.40	\$2.60
50-54	\$1.90	\$2.00	\$3.90
55-59	\$2.50	\$2.60	\$5.10
60-64	\$3.00	\$3.10	\$6.30
65-69	\$3.60	\$3.70	\$7.40
70-75	\$3.90	\$4.00	\$8.20
76-80	\$4.20	\$4.30	\$8.60
81-85	\$4.30	\$4.40	\$8.90

*Note: Up to 9 additional units may be added.

Direct rates—riders			
Preventive Care rider (ages 18-85)			
	IND	SINGLE PARENT	FAMILY
18-29	\$4.50	\$5.70	\$8.90
30-39	\$5.50	\$7.00	\$10.80
40-49	\$7.80	\$9.60	\$14.20
50-54	\$9.20	\$11.90	\$18.40
55-59	\$10.50	\$13.60	\$20.90
60-64	\$11.70	\$15.10	\$23.30
65-69	\$12.70	\$16.30	\$25.10
70-75	\$13.30	\$17.10	\$26.30
76-80	\$13.40	\$17.10	\$26.40
81-85	\$13.50	\$17.20	\$26.50
Intensive Care rider (ages 18-85)			
	IND	SINGLE PARENT	FAMILY
18-29	\$8.15	\$17.00	\$25.40
30-39	\$7.60	\$16.05	\$24.00
40-49	\$8.25	\$16.60	\$25.35
50-54	\$9.45	\$17.90	\$27.95
55-59	\$10.90	\$19.50	\$31.25
60-64	\$12.65	\$21.55	\$35.25
65-69	\$14.85	\$24.05	\$40.25
70-75	\$16.95	\$26.45	\$45.10
76-80	\$18.95	\$28.80	\$49.80
81-85	\$20.80	\$31.00	\$54.15

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How to calculate annual rates

To calculate annual rates:

1. Select monthly cancer and Preventive Care rider coverages, and multiply each by 12.
2. Add the totals.

Example: Annual rate*

1. Plan:

Cancer	\$15.00 x 12	= \$180.00
Preventive Care rider	\$10.80 x 12	= \$129.60

2. Add:

Cancer	\$180.00
Preventive Care rider	\$129.60
Total annual rate	\$309.60

*The above rates are shown as an example only. A discount is not offered for annual rates on the Washington National Solutions Cancer base coverage and the Preventive Care rider.

In Florida, the minimum monthly premium is reduced to \$10.

The rates illustrated are for form numbers CHIC-5022I-FL, CHIC-8047(I)FL, CHIC-8063FL, R1079FL, and their accompanying schedules.

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