



Accident 1.0 Rates

Base Plans

On/Off Job Accident Coverage						
Insured Type	Basic	Basic with Health Screening	Preferred	Preferred with Health Screening	Premier	Premier with Health Screening
Named Insured	\$14.44	\$16.59	\$19.00	\$21.15	\$24.36	\$26.51
Employee & Spouse	\$19.63	\$22.93	\$25.67	\$28.97	\$33.02	\$36.32
One Parent Family	\$23.06	\$25.21	\$30.52	\$32.67	\$37.55	\$39.70
Two Parent Family	\$28.26	\$31.56	\$37.18	\$40.48	\$46.20	\$49.50

Off Job Accident Coverage						
Insured Type	Basic	Basic with Health Screening	Preferred	Preferred with Health Screening	Premier	Premier with Health Screening
Named Insured	\$11.98	\$14.13	\$15.77	\$17.92	\$20.22	\$22.37
Employee & Spouse	\$15.80	\$19.10	\$20.66	\$23.96	\$26.58	\$29.88
One Parent Family	\$18.45	\$20.60	\$24.41	\$26.56	\$30.04	\$32.19
Two Parent Family	\$22.27	\$25.57	\$29.31	\$32.61	\$36.39	\$39.69

Accident 1.0 Optional Rider Rates

Sickness Hospital Confinement Rider	
Named Insured*	\$3.50
Employee & Spouse	\$7.00
One-Parent Family	\$5.50
Two-Parent Family	\$9.00

*Employee, Spouse or Child



Accident 1.0 Optional Rider Rates
 1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit;
 1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit
 Rates apply to employee or spouse. (Spouse only qualifies for Off-Job coverage)

On/Off-Job Accident Disability Rider*
 Monthly Premium per \$50 On-Job and \$100 Off-Job

Benefit Period	6 months			
Elimination Period	0	7	14	30
Issue Age 17 - 69	\$2.20	\$1.90	\$1.35	\$1.00

Benefit Period	12 months			
Elimination Period	0	7	14	30
Issue Age 17 - 69	\$2.75	\$2.40	\$1.80	\$1.50

Off-Job Only Accident Disability Rider
 Monthly Premium per \$100 Off-Job

Benefit Period	6 months				
Elimination Period		0	7	14	30
Issue Age 17 - 69		\$0.90	\$0.80	\$0.70	\$0.55

Benefit Period	12 months				
Elimination Period		0	7	14	30
Issue Age 17 - 69		\$1.20	\$1.10	\$1.00	\$0.85

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On/Off-Job Accident and On/Off-Job Sickness Disability Rider
Monthly Premium per \$50 On-Job and \$100 Off-Job

Benefit Period	3 months			
Elimination Period	0/7	7/7	0/14	14/14
Issue Age				
17 - 49	\$3.80	\$3.43	\$2.95	\$2.58
50 - 69	\$4.40	\$4.10	\$3.50	\$3.13

Benefit Period	6 months					
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30
Issue Age						
17 - 49	\$4.90	\$4.30	\$4.05	\$3.43	\$3.23	\$2.43
50 - 69	\$6.10	\$5.73	\$5.05	\$4.50	\$4.28	\$3.35

Benefit Period	12 months							
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
Issue Age								
17 - 49	\$6.80	\$5.90	\$5.53	\$4.50	\$4.15	\$3.25	\$2.68	\$2.05
50 - 69	\$8.10	\$7.40	\$6.83	\$5.73	\$5.25	\$4.30	\$3.75	\$3.05

Benefit Period	24 months								
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90	180/180
Issue Age									
17 - 49	\$9.28	\$8.28	\$7.33	\$6.20	\$5.43	\$4.53	\$4.00	\$2.78	\$1.75
50 - 69	\$12.58	\$11.23	\$10.13	\$8.48	\$7.30	\$6.33	\$5.90	\$4.53	\$3.68

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Off-Job Accident and Off-Job Sickness Disability Rider
Monthly Premium per \$100 Off-Job

Benefit Period	3 months			
Elimination Period	0/7	7/7	0/14	14/14
Issue Age				
17 - 49	\$3.15	\$2.95	\$2.40	\$2.10
50 - 69	\$3.75	\$3.55	\$2.95	\$2.65

Benefit Period	6 months					
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30
Issue Age						
17 - 49	\$3.95	\$3.70	\$3.20	\$2.90	\$2.35	\$1.95
50 - 69	\$5.15	\$4.85	\$4.20	\$3.85	\$3.40	\$2.95

Benefit Period	12 months							
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
Issue Age								
17 - 49	\$5.15	\$4.90	\$3.95	\$3.65	\$3.10	\$2.60	\$2.15	\$1.65
50 - 69	\$6.45	\$6.20	\$5.25	\$4.85	\$4.20	\$3.65	\$3.15	\$2.65

Benefit Period	24 months								
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90	180/180
Issue Age									
17 - 49	\$6.95	\$6.60	\$5.40	\$4.85	\$3.95	\$3.45	\$3.05	\$2.10	\$1.35
50 - 69	\$10.25	\$9.95	\$8.20	\$7.35	\$5.95	\$5.35	\$4.95	\$3.85	\$3.15

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Individual Accident Rates

Base Plans

On/Off Job Accident Coverage

Plan Type	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
Issue Ages	0 - 80 or 0 - 25*	0 - 80	0 - 80	0 - 80
Basic	\$14.40	\$21.37	\$25.84	\$32.49
Basic with Active Lifestyles	\$15.84	\$23.51	\$28.42	\$35.74
Preferred	\$18.95	\$27.95	\$34.20	\$42.75
Preferred with Active Lifestyles	\$20.85	\$30.75	\$37.62	\$47.03
Premier	\$24.30	\$35.95	\$42.08	\$53.12
Premier with Active Lifestyles	\$26.73	\$39.55	\$46.29	\$58.43

Off Job Accident Coverage

Plan Type	Named Insured (Employee, Spouse or Child)	Employee & Spouse	One Parent Family	Two Parent Family
Issue Ages	0 - 80 or 0 - 25*	0 - 80	0 - 80	0 - 80
Basic	\$11.95	\$17.20	\$20.68	\$25.60
Basic with Active Lifestyles	\$13.15	\$18.92	\$22.75	\$28.16
Preferred	\$15.73	\$22.50	\$27.36	\$33.70
Preferred with Active Lifestyles	\$17.30	\$24.75	\$30.10	\$37.07
Premier	\$20.17	\$28.94	\$33.66	\$41.84
Premier with Active Lifestyles	\$22.19	\$31.83	\$37.03	\$46.02

Optional Employer Benefits

Plan Type	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
Issue Ages	0 - 80 or 0 - 25*	0 - 80	0 - 80	0 - 80
Active Lifestyles	Rates included in plans listed above with Active Lifestyles			
Wellbeing Assistance-Basic-\$50	\$4.15	\$4.15	\$4.15	\$4.15
Wellbeing Assistance-Basic-\$100	\$8.30	\$8.30	\$8.30	\$8.30
Wellbeing Assistance-Standard-\$50	\$2.75	\$4.68	\$2.75	\$4.68
Wellbeing Assistance-Standard-\$100	\$6.26	\$10.76	\$6.26	\$10.76

Optional Employer Benefits

Plan Type	Named Insured (Employee)			
Issue Ages	0 - 80	0 - 80	0 - 80	0 - 80
Non-fatal Gunshot Wound -\$1,000	\$0.20	N/A	N/A	N/A
Non-fatal Gunshot Wound -\$5,000	\$1.00	N/A	N/A	N/A

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Individual Accident Optional Riders

On/Off-Job

Monthly Premium per \$50 of On-Job and \$100 of Off-Job Monthly Benefit

Accident Disability Rider

Benefit Period	6 months			
Employee or Spouse				
Elimination Period	0	7	14	30
Issue Ages: 17 - 74	\$2.16	\$1.86	\$1.32	\$0.98

Benefit Period	12 months			
Employee or Spouse				
Elimination Period	0	7	14	30
Issue Ages: 17 - 74	\$2.70	\$2.35	\$1.76	\$1.47

Accident/Sickness Disability Rider

Benefit Period	3 months			
Employee or Spouse				
Elimination Period	0/7	7/7	0/14	14/14
Issue Age: 17 - 49	\$3.80	\$3.42	\$2.77	\$2.44
50 - 64	\$4.39	\$4.11	\$3.31	\$2.83
65 - 74	\$5.14	\$4.86	\$4.11	\$3.43

Benefit Period	6 months					
Employee or Spouse						
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30
Issue Age: 17 - 49	\$4.94	\$4.34	\$3.70	\$3.09	\$2.84	\$2.12
50 - 64	\$5.84	\$5.70	\$4.63	\$4.07	\$3.70	\$2.89
65 - 74	\$8.28	\$7.77	\$5.97	\$5.36	\$4.68	\$3.68

Benefit Period	12 months							
Employee or Spouse								
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
Issue Age: 17 - 49	\$7.12	\$6.27	\$5.47	\$4.50	\$4.10	\$3.24	\$2.67	\$2.05
50 - 64	\$8.55	\$7.80	\$6.78	\$5.70	\$5.19	\$4.33	\$3.76	\$3.08
65 - 74	\$13.67	\$12.49	\$10.85	\$9.20	\$7.77	\$6.50	\$5.64	\$4.61

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Individual Accident Optional Riders

Off-Job

Monthly Premium per \$100 of Off-Job Monthly Benefit

Accident Disability Rider

Benefit Period	6 months			
Employee or Spouse				
Elimination Period	0	7	14	30
Issue Ages: 17 - 74	\$0.88	\$0.78	\$0.69	\$0.54

Benefit Period	12 months			
Employee or Spouse				
Elimination Period	0	7	14	30
Issue Ages: 17 - 74	\$1.18	\$1.08	\$0.98	\$0.83

Accident/Sickness Disability Rider

Benefit Period	3 months			
Employee or Spouse				
Elimination Period	0/7	7/7	0/14	14/14
Issue Age: 17 - 49	\$3.20	\$2.98	\$2.28	\$1.94
50 - 64	\$3.80	\$3.43	\$2.67	\$2.35
65 - 74	\$4.44	\$4.16	\$3.41	\$2.93

Benefit Period	6 months					
Employee or Spouse						
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30
Issue Age: 17 - 49	\$4.01	\$3.74	\$2.95	\$2.63	\$2.08	\$1.68
50 - 64	\$5.21	\$4.94	\$3.80	\$3.35	\$2.95	\$2.54
65 - 74	\$6.77	\$6.41	\$4.88	\$4.43	\$3.74	\$3.24

Benefit Period	12 months							
Employee or Spouse								
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
Issue Age: 17 - 49	\$5.47	\$5.19	\$3.99	\$3.70	\$3.14	\$2.63	\$2.17	\$1.65
50 - 64	\$6.89	\$6.61	\$5.29	\$4.90	\$4.22	\$3.70	\$3.19	\$2.68
65 - 74	\$11.02	\$10.57	\$8.47	\$7.83	\$6.33	\$5.56	\$4.78	\$4.03

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Individual Accident Optional Riders

Specified Critical Illness Rider

Critical Illness with \$2,500 Benefit

Issue Age	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
17 - 49 or 0 - 25*	\$1.04	\$1.84	\$1.04	\$1.84
50 - 64	\$4.87	\$8.03	\$4.87	\$8.03
65 - 74	\$10.24	\$16.68	\$10.24	\$16.68

Critical Illness with \$5,000 Benefit

Issue Age	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
17 - 49 or 0 - 25*	\$2.08	\$3.68	\$2.08	\$3.68
50 - 64	\$9.74	\$16.06	\$9.74	\$16.06
65 - 74	\$20.48	\$33.36	\$20.48	\$33.36

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Individual Accident Optional Riders

Sickness Hospital Confinement Rider				
Issue Age	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
17 - 80 or 0 - 25*	\$4.86	\$9.71	\$7.63	\$12.49

Sickness Hospital Confinement with Sickness Hospital Admission Rider

Sickness Hospital Confinement with \$200 Sickness Hospital Admission Rider				
Issue Age	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
17 - 80 or 0 - 25*	\$6.48	\$12.95	\$10.18	\$16.65

Sickness Hospital Confinement with \$400 Sickness Hospital Admission Rider				
Issue Age	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
17 - 80 or 0 - 25*	\$8.10	\$16.19	\$12.73	\$20.81

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Gunshot Wound Insurance

Colonial Life's gunshot wound insurance product helps to provide valuable financial protection for your employees in their time of need. This plan provides benefits for a non-fatal accident gunshot wound that is the result of a covered accident.

Gunshot Wound Rates

Premiums are reflective of the plan features described below.

Plan Structure: On/Off-Job Accidents

Monthly Premium: \$1.00 per \$1,000 of lump sum benefit.



Individual Cancer Rates

LEVEL 1 – Monthly Premiums - Composite Rates				
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family
Level 1 WITHOUT Cancer Wellness/Health Screening				
Premium	\$11.45	\$18.25	\$11.60	\$18.40
Level 1 with \$25 Cancer Wellness/Health Screening				
Premium	\$12.90	\$20.50	\$13.05	\$20.65
Level 1 with \$50 Cancer Wellness/Health Screening				
Premium	\$14.35	\$22.75	\$14.50	\$22.90
Level 1 with \$75 Cancer Wellness/Health Screening				
Premium	\$16.20	\$25.65	\$16.35	\$25.80
Level 1 with \$100 Cancer Wellness/Health Screening				
Premium	\$18.10	\$28.60	\$18.25	\$28.75

LEVEL 2 – Monthly Premiums - Composite Rates				
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family
Level 2 WITHOUT Cancer Wellness/Health Screening				
Premium	\$15.00	\$23.50	\$15.30	\$23.80
Level 2 with \$25 Cancer Wellness/Health Screening				
Premium	\$16.45	\$25.75	\$16.75	\$26.05
Level 2 with \$50 Cancer Wellness/Health Screening				
Premium	\$17.90	\$28.00	\$18.20	\$28.30
Level 2 with \$75 Cancer Wellness/Health Screening				
Premium	\$19.75	\$30.90	\$20.05	\$31.20
Level 2 with \$100 Cancer Wellness/Health Screening				
Premium	\$21.65	\$33.85	\$21.95	\$34.15

Applicable to AK, AL, AR, AZ, DE, GA, HI, IA, IL, KY, ID, LA, ME, MI, MO, MS, NC, ND, NE, NM, NV, OK, PA, SC, SD, TN, TX, WI, WV Cancer Assist – PS01840

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LEVEL 3 – Monthly Premiums - Composite Rates				
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family
Level 3 WITHOUT Cancer Wellness/Health Screening				
Premium	\$20.00	\$34.05	\$20.45	\$34.50
Level 3 with \$25 Cancer Wellness/Health Screening				
Premium	\$21.45	\$36.30	\$21.90	\$36.75
Level 3 with \$50 Cancer Wellness/Health Screening				
Premium	\$22.90	\$38.55	\$23.35	\$39.00
Level 3 with \$75 Cancer Wellness/Health Screening				
Premium	\$24.75	\$41.45	\$25.20	\$41.90
Level 3 with \$100 Cancer Wellness/Health Screening				
Premium	\$26.65	\$44.40	\$27.10	\$44.85

LEVEL 4 – Monthly Premiums - Composite Rates				
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family
Level 4 WITHOUT Cancer Wellness/Health Screening				
Premium	\$28.95	\$49.05	\$29.55	\$49.65
Level 4 with \$25 Cancer Wellness/Health Screening				
Premium	\$30.40	\$51.30	\$31.00	\$51.90
Level 4 with \$50 Cancer Wellness/Health Screening				
Premium	\$31.85	\$53.55	\$32.45	\$54.15
Level 4 with \$75 Cancer Wellness/Health Screening				
Premium	\$33.70	\$56.45	\$34.30	\$57.05
Level 4 with \$100 Cancer Wellness/Health Screening				
Premium	\$35.60	\$59.40	\$36.20	\$60.00

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OPTIONAL RIDERS				
	Employee	Employee /Spouse	One-Parent Family	Two-Parent Family
Specified Disease Hospital Confinement Rider				
Premium	\$1.25	\$1.75	\$1.25	\$1.75
Initial Diagnosis of Cancer Rider (per \$1,000)				
Premium	\$1.50	\$2.50	\$1.60	\$2.60
Initial Diagnosis of Cancer Progressive Payment Rider				
Premium	\$7.80	\$17.05	\$7.80	\$17.05

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Critical Illness 1.0				
Critical Illness <i>Only</i> Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.24	\$0.36	\$0.24	\$0.36
25-29	\$0.31	\$0.47	\$0.31	\$0.47
30-34	\$0.39	\$0.60	\$0.39	\$0.60
35-39	\$0.55	\$0.84	\$0.55	\$0.84
40-44	\$0.75	\$1.15	\$0.75	\$1.15
45-49	\$1.03	\$1.58	\$1.03	\$1.58
50-54	\$1.35	\$2.08	\$1.35	\$2.08
55-59	\$1.69	\$2.59	\$1.69	\$2.59
60-64	\$2.14	\$3.28	\$2.14	\$3.28
65-70	\$2.40	\$3.68	\$2.40	\$3.68
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.34	\$0.52	\$0.34	\$0.52
25-29	\$0.47	\$0.72	\$0.47	\$0.72
30-34	\$0.64	\$0.98	\$0.64	\$0.98
35-39	\$0.95	\$1.45	\$0.95	\$1.45
40-44	\$1.26	\$1.94	\$1.26	\$1.94
45-49	\$1.66	\$2.56	\$1.66	\$2.56
50-54	\$2.11	\$3.25	\$2.11	\$3.25
55-59	\$2.70	\$4.15	\$2.70	\$4.15
60-64	\$3.28	\$5.04	\$3.28	\$5.04
65-70	\$3.71	\$5.70	\$3.71	\$5.70
Rates illustrated per unit. 1 unit=\$1,000				

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Critical Illness 1.0				
Critical Illness + Health Screening Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.24	\$0.36	\$0.24	\$0.36
25-29	\$0.31	\$0.47	\$0.31	\$0.47
30-34	\$0.39	\$0.60	\$0.39	\$0.60
35-39	\$0.55	\$0.84	\$0.55	\$0.84
40-44	\$0.75	\$1.15	\$0.75	\$1.15
45-49	\$1.03	\$1.58	\$1.03	\$1.58
50-54	\$1.35	\$2.08	\$1.35	\$2.08
55-59	\$1.69	\$2.59	\$1.69	\$2.59
60-64	\$2.14	\$3.28	\$2.14	\$3.28
65-70	\$2.40	\$3.68	\$2.40	\$3.68
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.34	\$0.52	\$0.34	\$0.52
25-29	\$0.47	\$0.72	\$0.47	\$0.72
30-34	\$0.64	\$0.98	\$0.64	\$0.98
35-39	\$0.95	\$1.45	\$0.95	\$1.45
40-44	\$1.26	\$1.94	\$1.26	\$1.94
45-49	\$1.66	\$2.56	\$1.66	\$2.56
50-54	\$2.11	\$3.25	\$2.11	\$3.25
55-59	\$2.70	\$4.15	\$2.70	\$4.15
60-64	\$3.28	\$5.04	\$3.28	\$5.04
65-70	\$3.71	\$5.70	\$3.71	\$5.70
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.15	\$3.30	\$2.15	\$3.30

To calculate the monthly premium:

Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.



Critical Illness 1.0
Critical Illness + Cancer Monthly Premiums

Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.40	\$0.62	\$0.57	\$0.79
25-29	\$0.60	\$0.93	\$0.77	\$1.09
30-34	\$0.81	\$1.24	\$0.98	\$1.41
35-39	\$1.04	\$1.60	\$1.21	\$1.77
40-44	\$1.36	\$2.09	\$1.52	\$2.25
45-49	\$1.83	\$2.81	\$2.00	\$2.98
50-54	\$2.60	\$3.99	\$2.76	\$4.16
55-59	\$3.22	\$4.95	\$3.39	\$5.12
60-64	\$4.33	\$6.66	\$4.50	\$6.82
65-70	\$4.77	\$7.33	\$4.94	\$7.50
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.58	\$0.89	\$0.74	\$1.05
25-29	\$0.91	\$1.40	\$1.07	\$1.56
30-34	\$1.32	\$2.02	\$1.48	\$2.19
35-39	\$1.78	\$2.74	\$1.95	\$2.91
40-44	\$2.26	\$3.48	\$2.43	\$3.64
45-49	\$2.95	\$4.53	\$3.12	\$4.70
50-54	\$4.06	\$6.23	\$4.22	\$6.40
55-59	\$5.17	\$7.94	\$5.33	\$8.10
60-64	\$6.66	\$10.23	\$6.83	\$10.40
65-70	\$7.39	\$11.35	\$7.55	\$11.52
Rates illustrated per unit. 1 unit=\$1,000				

Proposal applicable to AL, AK, AR, DC, DE, HI, IA, ID, IL, IN, KY, LA, MI, MO, MS, NE, NV, OH, OK, OR, PA, RI, SC, TN, VT, WI, WY
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Critical Illness 1.0				
Critical Illness + Health Screening + Cancer Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.40	\$0.62	\$0.57	\$0.79
25-29	\$0.60	\$0.93	\$0.77	\$1.09
30-34	\$0.81	\$1.24	\$0.98	\$1.41
35-39	\$1.04	\$1.60	\$1.21	\$1.77
40-44	\$1.36	\$2.09	\$1.52	\$2.25
45-49	\$1.83	\$2.81	\$2.00	\$2.98
50-54	\$2.60	\$3.99	\$2.76	\$4.16
55-59	\$3.22	\$4.95	\$3.39	\$5.12
60-64	\$4.33	\$6.66	\$4.50	\$6.82
65-70	\$4.77	\$7.33	\$4.94	\$7.50
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.58	\$0.89	\$0.74	\$1.05
25-29	\$0.91	\$1.40	\$1.07	\$1.56
30-34	\$1.32	\$2.02	\$1.48	\$2.19
35-39	\$1.78	\$2.74	\$1.95	\$2.91
40-44	\$2.26	\$3.48	\$2.43	\$3.64
45-49	\$2.95	\$4.53	\$3.12	\$4.70
50-54	\$4.06	\$6.23	\$4.22	\$6.40
55-59	\$5.17	\$7.94	\$5.33	\$8.10
60-64	\$6.66	\$10.23	\$6.83	\$10.40
65-70	\$7.39	\$11.35	\$7.55	\$11.52
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.15	\$3.30	\$2.15	\$3.30

To calculate the monthly premium:

Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.



Critical Illness 1.0
Critical Illness with Subsequent Diagnosis Monthly Premiums

Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.24	\$0.36	\$0.24	\$0.36
25-29	\$0.31	\$0.48	\$0.31	\$0.48
30-34	\$0.39	\$0.61	\$0.39	\$0.61
35-39	\$0.63	\$0.97	\$0.63	\$0.97
40-44	\$0.79	\$1.21	\$0.79	\$1.21
45-49	\$1.09	\$1.67	\$1.09	\$1.67
50-54	\$1.45	\$2.23	\$1.45	\$2.23
55-59	\$1.84	\$2.82	\$1.84	\$2.82
60-64	\$2.33	\$3.58	\$2.33	\$3.58
65-70	\$2.67	\$4.10	\$2.67	\$4.10

Rates illustrated per unit. 1 unit=\$1,000

Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.34	\$0.52	\$0.34	\$0.52
25-29	\$0.47	\$0.72	\$0.47	\$0.72
30-34	\$0.64	\$0.99	\$0.64	\$0.99
35-39	\$0.97	\$1.49	\$0.97	\$1.49
40-44	\$1.32	\$2.03	\$1.32	\$2.03
45-49	\$1.76	\$2.70	\$1.76	\$2.70
50-54	\$2.27	\$3.48	\$2.27	\$3.48
55-59	\$2.94	\$4.52	\$2.94	\$4.52
60-64	\$3.58	\$5.50	\$3.58	\$5.50
65-70	\$4.12	\$6.34	\$4.12	\$6.34

Rates illustrated per unit. 1 unit=\$1,000

Proposal applicable to AL, AK, AR, DC, DE, HI, IA, ID, IL, IN, KY, LA, MI, MO, MS, NE, NV, OH, OK, OR, RI, SC, TN, VT, WI, WY

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Critical Illness 1.0				
Critical Illness with Subsequent Diagnosis + Health Screening Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.24	\$0.36	\$0.24	\$0.36
25-29	\$0.31	\$0.48	\$0.31	\$0.48
30-34	\$0.39	\$0.61	\$0.39	\$0.61
35-39	\$0.63	\$0.97	\$0.63	\$0.97
40-44	\$0.79	\$1.21	\$0.79	\$1.21
45-49	\$1.09	\$1.67	\$1.09	\$1.67
50-54	\$1.45	\$2.23	\$1.45	\$2.23
55-59	\$1.84	\$2.82	\$1.84	\$2.82
60-64	\$2.33	\$3.58	\$2.33	\$3.58
65-70	\$2.67	\$4.10	\$2.67	\$4.10
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.34	\$0.52	\$0.34	\$0.52
25-29	\$0.47	\$0.72	\$0.47	\$0.72
30-34	\$0.64	\$0.99	\$0.64	\$0.99
35-39	\$0.97	\$1.49	\$0.97	\$1.49
40-44	\$1.32	\$2.03	\$1.32	\$2.03
45-49	\$1.76	\$2.70	\$1.76	\$2.70
50-54	\$2.27	\$3.48	\$2.27	\$3.48
55-59	\$2.94	\$4.52	\$2.94	\$4.52
60-64	\$3.58	\$5.50	\$3.58	\$5.50
65-70	\$4.12	\$6.34	\$4.12	\$6.34
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.15	\$3.30	\$2.15	\$3.30

To calculate the monthly premium:

Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.

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Critical Illness 1.0				
Critical Illness with Subsequent Diagnosis + Cancer Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.41	\$0.62	\$0.57	\$0.79
25-29	\$0.61	\$0.93	\$0.77	\$1.10
30-34	\$0.82	\$1.25	\$0.98	\$1.42
35-39	\$1.13	\$1.73	\$1.29	\$1.90
40-44	\$1.40	\$2.14	\$1.56	\$2.31
45-49	\$1.89	\$2.91	\$2.06	\$3.07
50-54	\$2.70	\$4.15	\$2.86	\$4.31
55-59	\$3.37	\$5.18	\$3.54	\$5.35
60-64	\$4.53	\$6.96	\$4.70	\$7.13
65-70	\$5.04	\$7.75	\$5.21	\$7.91
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.58	\$0.89	\$0.75	\$1.06
25-29	\$0.91	\$1.40	\$1.08	\$1.56
30-34	\$1.32	\$2.03	\$1.49	\$2.20
35-39	\$1.81	\$2.78	\$1.98	\$2.95
40-44	\$2.32	\$3.57	\$2.49	\$3.74
45-49	\$3.04	\$4.68	\$3.21	\$4.84
50-54	\$4.21	\$6.47	\$4.38	\$6.64
55-59	\$5.41	\$8.31	\$5.57	\$8.47
60-64	\$6.96	\$10.69	\$7.13	\$10.86
65-70	\$7.80	\$11.99	\$7.97	\$12.15
Rates illustrated per unit. 1 unit=\$1,000				

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Critical Illness 1.0				
Critical Illness with Subsequent Diagnosis + Health Screening + Cancer Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.41	\$0.62	\$0.57	\$0.79
25-29	\$0.61	\$0.93	\$0.77	\$1.10
30-34	\$0.82	\$1.25	\$0.98	\$1.42
35-39	\$1.13	\$1.73	\$1.29	\$1.90
40-44	\$1.40	\$2.14	\$1.56	\$2.31
45-49	\$1.89	\$2.91	\$2.06	\$3.07
50-54	\$2.70	\$4.15	\$2.86	\$4.31
55-59	\$3.37	\$5.18	\$3.54	\$5.35
60-64	\$4.53	\$6.96	\$4.70	\$7.13
65-70	\$5.04	\$7.75	\$5.21	\$7.91
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.58	\$0.89	\$0.75	\$1.06
25-29	\$0.91	\$1.40	\$1.08	\$1.56
30-34	\$1.32	\$2.03	\$1.49	\$2.20
35-39	\$1.81	\$2.78	\$1.98	\$2.95
40-44	\$2.32	\$3.57	\$2.49	\$3.74
45-49	\$3.04	\$4.68	\$3.21	\$4.84
50-54	\$4.21	\$6.47	\$4.38	\$6.64
55-59	\$5.41	\$8.31	\$5.57	\$8.47
60-64	\$6.96	\$10.69	\$7.13	\$10.86
65-70	\$7.80	\$11.99	\$7.97	\$12.15
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.15	\$3.30	\$2.15	\$3.30

To calculate the monthly premium:
Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.

Proposal applicable to AL, AK, AR, DC, DE, HI, IA, ID, IL, IN, KY, LA, MI, MO, MS, NE, NV, OH, OK, OR, RI, SC, TN, VT, WI, WY

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Medical Bridge_{SM} 3000	
Plan 1 Benefit Amount Options & Monthly Premiums	
	Hospital Confinement
AA	\$500
AB	\$1,000
AC	**\$1,500
AD	*\$2,000
AE	*\$2,500
AF	*\$3,000

*Requires prior underwriting approval for all accounts, based on Major Medical deductible information.

** Requires prior underwriting approval for Health Care, Governmental, and Educator groups based on Major Medical deductible information.

Medical Bridge_{SM} 3000						
Base Plan: Hospital Confinement, Wellness and Rehabilitation Unit						
Employee						
	AA	AB	AC	AD	AE	AF
17-49	\$8.10	\$13.50	\$18.90	\$24.30	\$29.70	\$35.10
50-59	\$11.20	\$18.70	\$26.20	\$33.70	\$41.20	\$48.70
60-64	\$14.65	\$24.40	\$34.15	\$43.90	\$53.65	\$63.40
65-74	\$18.35	\$30.60	\$42.85	\$55.10	\$67.35	\$79.60
Employee & Spouse						
	AA	AB	AC	AD	AE	AF
17-49	\$17.35	\$29.00	\$40.65	\$52.30	\$63.95	\$75.60
50-59	\$24.00	\$40.10	\$56.20	\$72.30	\$88.40	\$104.50
60-64	\$31.80	\$53.20	\$74.60	\$96.00	\$117.40	\$138.80
65-74	\$39.80	\$66.55	\$93.30	\$120.05	\$146.80	\$173.55
Employee & Dependent Children						
	AA	AB	AC	AD	AE	AF
17-49	\$13.85	\$23.15	\$32.45	\$41.75	\$51.05	\$60.35
50-59	\$16.70	\$27.90	\$39.10	\$50.30	\$61.50	\$72.70
60-64	\$20.60	\$34.40	\$48.20	\$62.00	\$75.80	\$89.60
65-74	\$25.75	\$43.00	\$60.25	\$77.50	\$94.75	\$112.00
Employee, Spouse & Dependent Children						
	AA	AB	AC	AD	AE	AF
17-49	\$21.10	\$35.20	\$49.30	\$63.40	\$77.50	\$91.60
50-59	\$27.20	\$45.45	\$63.70	\$81.95	\$100.20	\$118.45
60-64	\$34.65	\$57.80	\$80.95	\$104.10	\$127.25	\$150.40
65-74	\$43.40	\$72.40	\$101.40	\$130.40	\$159.40	\$188.40

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical BridgeSM 3000
Plan 2 Benefit Amount Options & Monthly Premiums

	Hospital Confinement	Outpatient Surgery Tier 1	Outpatient Surgery Tier 2
BA	\$500	\$500	\$1,000
BB	\$1,000	\$500	\$1,000
BC	**\$1,500	\$500	\$1,000
BD	*\$2,000	\$500	\$1,000
BE	*\$2,500	\$500	\$1,000
BF	*\$3,000	\$500	\$1,000
CA	\$500	\$750	\$1,500
CB	\$1,000	\$750	\$1,500
CC	**\$1,500	\$750	\$1,500
CD	*\$2,000	\$750	\$1,500
CE	*\$2,500	\$750	\$1,500
CF	*\$3,000	\$750	\$1,500
DA	\$500	\$1,000	\$2,000
DB	\$1,000	\$1,000	\$2,000
DC	**\$1,500	\$1,000	\$2,000
DD	*\$2,000	\$1,000	\$2,000
DE	*\$2,500	\$1,000	\$2,000
DF	*\$3,000	\$1,000	\$2,000

*Requires prior underwriting approval based on Major Medical deductible information.

** Requires prior underwriting approval for Health Care, Governmental, and Educator groups based on Major Medical deductible information.

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical Bridge 3000 Plan 2 Monthly Premiums Base Plan + Outpatient Surgical Procedures

Employee						
	BA	BB	BC	BD	BE	BF
17-49	\$13.10	\$18.50	\$23.90	\$29.30	\$34.70	\$40.10
50-59	\$18.10	\$25.60	\$33.10	\$40.60	\$48.10	\$55.60
60-64	\$23.65	\$33.40	\$43.15	\$52.90	\$62.65	\$72.40
65-74	\$29.65	\$41.90	\$54.15	\$66.40	\$78.65	\$90.90
Employee & Spouse						
	BA	BB	BC	BD	BE	BF
17-49	\$28.00	\$39.65	\$51.30	\$62.95	\$74.60	\$86.25
50-59	\$38.60	\$54.70	\$70.80	\$86.90	\$103.00	\$119.10
60-64	\$51.30	\$72.70	\$94.10	\$115.50	\$136.90	\$158.30
65-74	\$64.30	\$91.05	\$117.80	\$144.55	\$171.30	\$198.05
Employee & Dependent Children						
	BA	BB	BC	BD	BE	BF
17-49	\$22.25	\$31.55	\$40.85	\$50.15	\$59.45	\$68.75
50-59	\$26.90	\$38.10	\$49.30	\$60.50	\$71.70	\$82.90
60-64	\$33.00	\$46.80	\$60.60	\$74.40	\$88.20	\$102.00
65-74	\$41.35	\$58.60	\$75.85	\$93.10	\$110.35	\$127.60
Employee, Spouse & Dependent Children						
	BA	BB	BC	BD	BE	BF
17-49	\$33.95	\$48.05	\$62.15	\$76.25	\$90.35	\$104.45
50-59	\$43.85	\$62.10	\$80.35	\$98.60	\$116.85	\$135.10
60-64	\$55.75	\$78.90	\$102.05	\$125.20	\$148.35	\$171.50
65-74	\$69.80	\$98.80	\$127.80	\$156.80	\$185.80	\$214.80

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Medical Bridge 3000 Plan 2 Monthly Premiums Base Plan + Outpatient Surgical Procedures

Employee						
	CA	CB	CC	CD	CE	CF
17-49	\$15.60	\$21.00	\$26.40	\$31.80	\$37.20	\$42.60
50-59	\$21.55	\$29.05	\$36.55	\$44.05	\$51.55	\$59.05
60-64	\$28.15	\$37.90	\$47.65	\$57.40	\$67.15	\$76.90
65-74	\$35.30	\$47.55	\$59.80	\$72.05	\$84.30	\$96.55
Employee & Spouse						
	CA	CB	CC	CD	CE	CF
17-49	\$33.40	\$45.05	\$56.70	\$68.35	\$80.00	\$91.65
50-59	\$45.90	\$62.00	\$78.10	\$94.20	\$110.30	\$126.40
60-64	\$61.05	\$82.45	\$103.85	\$125.25	\$146.65	\$168.05
65-74	\$76.55	\$103.30	\$130.05	\$156.80	\$183.55	\$210.30
Employee & Dependent Children						
	CA	CB	CC	CD	CE	CF
17-49	\$26.45	\$35.75	\$45.05	\$54.35	\$63.65	\$72.95
50-59	\$32.00	\$43.20	\$54.40	\$65.60	\$76.80	\$88.00
60-64	\$39.20	\$53.00	\$66.80	\$80.60	\$94.40	\$108.20
65-74	\$49.15	\$66.40	\$83.65	\$100.90	\$118.15	\$135.40
Employee, Spouse & Dependent Children						
	CA	CB	CC	CD	CE	CF
17-49	\$40.45	\$54.55	\$68.65	\$82.75	\$96.85	\$110.95
50-59	\$52.10	\$70.35	\$88.60	\$106.85	\$125.10	\$143.35
60-64	\$66.30	\$89.45	\$112.60	\$135.75	\$158.90	\$182.05
65-74	\$83.00	\$112.00	\$141.00	\$170.00	\$199.00	\$228.00

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Medical Bridge 3000 Plan 2 Monthly Premiums Base Plan + Outpatient Surgical Procedures

Employee						
	DA	DB	DC	DD	DE	DF
17-49	\$18.10	\$23.50	\$28.90	\$34.30	\$39.70	\$45.10
50-59	\$25.00	\$32.50	\$40.00	\$47.50	\$55.00	\$62.50
60-64	\$32.65	\$42.40	\$52.15	\$61.90	\$71.65	\$81.40
65-74	\$40.95	\$53.20	\$65.45	\$77.70	\$89.95	\$102.20
Employee & Spouse						
	DA	DB	DC	DD	DE	DF
17-49	\$38.75	\$50.40	\$62.05	\$73.70	\$85.35	\$97.00
50-59	\$53.20	\$69.30	\$85.40	\$101.50	\$117.60	\$133.70
60-64	\$70.80	\$92.20	\$113.60	\$135.00	\$156.40	\$177.80
65-74	\$88.80	\$115.55	\$142.30	\$169.05	\$195.80	\$222.55
Employee & Dependent Children						
	DA	DB	DC	DD	DE	DF
17-49	\$30.65	\$39.95	\$49.25	\$58.55	\$67.85	\$77.15
50-59	\$37.10	\$48.30	\$59.50	\$70.70	\$81.90	\$93.10
60-64	\$45.40	\$59.20	\$73.00	\$86.80	\$100.60	\$114.40
65-74	\$56.95	\$74.20	\$91.45	\$108.70	\$125.95	\$143.20
Employee, Spouse & Dependent Children						
	DA	DB	DC	DD	DE	DF
17-49	\$46.90	\$61.00	\$75.10	\$89.20	\$103.30	\$117.40
50-59	\$60.40	\$78.65	\$96.90	\$115.15	\$133.40	\$151.65
60-64	\$76.85	\$100.00	\$123.15	\$146.30	\$169.45	\$192.60
65-74	\$96.20	\$125.20	\$154.20	\$183.20	\$212.20	\$241.20

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.



Medical Bridge 3000
Plan 3 Benefit Plan Options & Monthly Premiums

	Hospital Confinement	Outpatient Surgery Tier 1	Outpatient Surgery Tier 2	Diagnostic
EA	\$500	\$500	\$1,000	\$250
EB	\$1,000	\$500	\$1,000	\$250
EC	**\$1,500	\$500	\$1,000	\$250
ED	*\$2,000	\$500	\$1,000	\$250
EE	*\$2,500	\$500	\$1,000	\$250
EF	*\$3,000	\$500	\$1,000	\$250
HA	\$500	\$750	\$1,500	\$500
HB	\$1,000	\$750	\$1,500	\$500
HC	**\$1,500	\$750	\$1,500	\$500
HD	*\$2,000	\$750	\$1,500	\$500
HE	*\$2,500	\$750	\$1,500	\$500
HF	*\$3,000	\$750	\$1,500	\$500
IA	\$500	\$1,000	\$2,000	\$500
IB	\$1,000	\$1,000	\$2,000	\$500
IC	**\$1,500	\$1,000	\$2,000	\$500
ID	*\$2,000	\$1,000	\$2,000	\$500
IE	*\$2,500	\$1,000	\$2,000	\$500
IF	*\$3,000	\$1,000	\$2,000	\$500

*Requires prior underwriting approval for all accounts, based on Major Medical deductible information.

** Requires prior underwriting approval for Health Care, Governmental, and Educator groups based on Major Medical deductible information.

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210 PS00613



Medical Bridge 3000 Plan 3 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Diagnostic
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Employee						
	EA	EB	EC	ED	EE	EF
17-49	\$24.60	\$30.00	\$35.40	\$40.80	\$46.20	\$51.60
50-59	\$33.85	\$41.35	\$48.85	\$56.35	\$63.85	\$71.35
60-64	\$44.45	\$54.20	\$63.95	\$73.70	\$83.45	\$93.20
65-74	\$55.65	\$67.90	\$80.15	\$92.40	\$104.65	\$116.90
Employee & Spouse						
	EA	EB	EC	ED	EE	EF
17-49	\$52.35	\$64.00	\$75.65	\$87.30	\$98.95	\$110.60
50-59	\$72.30	\$88.40	\$104.50	\$120.60	\$136.70	\$152.80
60-64	\$96.00	\$117.40	\$138.80	\$160.20	\$181.60	\$203.00
65-74	\$120.30	\$147.05	\$173.80	\$200.55	\$227.30	\$254.05
Employee & Dependent Children						
	EA	EB	EC	ED	EE	EF
17-49	\$41.70	\$51.00	\$60.30	\$69.60	\$78.90	\$88.20
50-59	\$50.35	\$61.55	\$72.75	\$83.95	\$95.15	\$106.35
60-64	\$61.75	\$75.55	\$89.35	\$103.15	\$116.95	\$130.75
65-74	\$77.35	\$94.60	\$111.85	\$129.10	\$146.35	\$163.60
Employee, Spouse & Dependent Children						
	EA	EB	EC	ED	EE	EF
17-49	\$63.50	\$77.60	\$91.70	\$105.80	\$119.90	\$134.00
50-59	\$82.10	\$100.35	\$118.60	\$136.85	\$155.10	\$173.35
60-64	\$104.25	\$127.40	\$150.55	\$173.70	\$196.85	\$220.00
65-74	\$130.55	\$159.55	\$188.55	\$217.55	\$246.55	\$275.55

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical Bridge 3000 Plan 3 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Diagnostic
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Employee						
	HA	HB	HC	HD	HE	HF
17-49	\$33.40	\$38.80	\$44.20	\$49.60	\$55.00	\$60.40
50-59	\$45.90	\$53.40	\$60.90	\$68.40	\$75.90	\$83.40
60-64	\$60.35	\$70.10	\$79.85	\$89.60	\$99.35	\$109.10
65-74	\$75.50	\$87.75	\$100.00	\$112.25	\$124.50	\$136.75
Employee & Spouse						
	HA	HB	HC	HD	HE	HF
17-49	\$71.05	\$82.70	\$94.35	\$106.00	\$117.65	\$129.30
50-59	\$98.05	\$114.15	\$130.25	\$146.35	\$162.45	\$178.55
60-64	\$130.20	\$151.60	\$173.00	\$194.40	\$215.80	\$237.20
65-74	\$163.20	\$189.95	\$216.70	\$243.45	\$270.20	\$296.95
Employee & Dependent Children						
	HA	HB	HC	HD	HE	HF
17-49	\$56.55	\$65.85	\$75.15	\$84.45	\$93.75	\$103.05
50-59	\$68.30	\$79.50	\$90.70	\$101.90	\$113.10	\$124.30
60-64	\$83.65	\$97.45	\$111.25	\$125.05	\$138.85	\$152.65
65-74	\$104.80	\$122.05	\$139.30	\$156.55	\$173.80	\$191.05
Employee, Spouse & Dependent Children						
	HA	HB	HC	HD	HE	HF
17-49	\$86.20	\$100.30	\$114.40	\$128.50	\$142.60	\$156.70
50-59	\$111.30	\$129.55	\$147.80	\$166.05	\$184.30	\$202.55
60-64	\$141.35	\$164.50	\$187.65	\$210.80	\$233.95	\$257.10
65-74	\$177.00	\$206.00	\$235.00	\$264.00	\$293.00	\$322.00

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical Bridge 3000 Plan 3 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Diagnostic
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Employee						
	IA	IB	IC	ID	IE	IF
17-49	\$35.90	\$41.30	\$46.70	\$52.10	\$57.50	\$62.90
50-59	\$49.35	\$56.85	\$64.35	\$71.85	\$79.35	\$86.85
60-64	\$64.85	\$74.60	\$84.35	\$94.10	\$103.85	\$113.60
65-74	\$81.15	\$93.40	\$105.65	\$117.90	\$130.15	\$142.40
Employee & Spouse						
	IA	IB	IC	ID	IE	IF
17-49	\$76.40	\$88.05	\$99.70	\$111.35	\$123.00	\$134.65
50-59	\$105.35	\$121.45	\$137.55	\$153.65	\$169.75	\$185.85
60-64	\$139.95	\$161.35	\$182.75	\$204.15	\$225.55	\$246.95
65-74	\$175.45	\$202.20	\$228.95	\$255.70	\$282.45	\$309.20
Employee & Dependent Children						
	IA	IB	IC	ID	IE	IF
17-49	\$60.75	\$70.05	\$79.35	\$88.65	\$97.95	\$107.25
50-59	\$73.40	\$84.60	\$95.80	\$107.00	\$118.20	\$129.40
60-64	\$89.85	\$103.65	\$117.45	\$131.25	\$145.05	\$158.85
65-74	\$112.60	\$129.85	\$147.10	\$164.35	\$181.60	\$198.85
Employee, Spouse & Dependent Children						
	IA	IB	IC	ID	IE	IF
17-49	\$92.65	\$106.75	\$120.85	\$134.95	\$149.05	\$163.15
50-59	\$119.60	\$137.85	\$156.10	\$174.35	\$192.60	\$210.85
60-64	\$151.90	\$175.05	\$198.20	\$221.35	\$244.50	\$267.65
65-74	\$190.20	\$219.20	\$248.20	\$277.20	\$306.20	\$335.20

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical BridgeSM 3000
Plan 4 Benefit Amount Options & Monthly Premiums

	Hospital Confinement	Outpatient Surgery Tier 1	Outpatient Surgery Tier 2	Doctor's Office Visit
JA	\$500	\$500	\$1,000	\$25
JB	\$1,000	\$500	\$1,000	\$25
JC	**\$1,500	\$500	\$1,000	\$25
JD	*\$2,000	\$500	\$1,000	\$25
JE	*\$2,500	\$500	\$1,000	\$25
JF	*\$3,000	\$500	\$1,000	\$25
KA	\$500	\$750	\$1,500	\$25
KB	\$1,000	\$750	\$1,500	\$25
KC	**\$1,500	\$750	\$1,500	\$25
KD	*\$2,000	\$750	\$1,500	\$25
KE	*\$2,500	\$750	\$1,500	\$25
KF	*\$3,000	\$750	\$1,500	\$25
LA	\$500	\$1,000	\$2,000	\$25
LB	\$1,000	\$1,000	\$2,000	\$25
LC	**\$1,500	\$1,000	\$2,000	\$25
LD	*\$2,000	\$1,000	\$2,000	\$25
LE	*\$2,500	\$1,000	\$2,000	\$25
LF	*\$3,000	\$1,000	\$2,000	\$25

*Requires prior underwriting approval based on Major Medical deductible information.

** Requires prior underwriting approval for Health Care, Governmental, and Educator groups based on Major Medical deductible information.

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210 PS00613



Medical Bridge 3000 Plan 4 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Doctor's Office Visit

Employee						
	JA	JB	JC	JD	JE	JF
17-49	\$19.35	\$24.75	\$30.15	\$35.55	\$40.95	\$46.35
50-59	\$24.35	\$31.85	\$39.35	\$46.85	\$54.35	\$61.85
60-64	\$29.90	\$39.65	\$49.40	\$59.15	\$68.90	\$78.65
65-74	\$35.90	\$48.15	\$60.40	\$72.65	\$84.90	\$97.15
Employee & Spouse						
	JA	JB	JC	JD	JE	JF
17-49	\$38.40	\$50.05	\$61.70	\$73.35	\$85.00	\$96.65
50-59	\$49.00	\$65.10	\$81.20	\$97.30	\$113.40	\$129.50
60-64	\$61.70	\$83.10	\$104.50	\$125.90	\$147.30	\$168.70
65-74	\$74.70	\$101.45	\$128.20	\$154.95	\$181.70	\$208.45
Employee & Dependent Children						
	JA	JB	JC	JD	JE	JF
17-49	\$32.65	\$41.95	\$51.25	\$60.55	\$69.85	\$79.15
50-59	\$37.30	\$48.50	\$59.70	\$70.90	\$82.10	\$93.30
60-64	\$43.40	\$57.20	\$71.00	\$84.80	\$98.60	\$112.40
65-74	\$51.75	\$69.00	\$86.25	\$103.50	\$120.75	\$138.00
Employee, Spouse & Dependent Children						
	JA	JB	JC	JD	JE	JF
17-49	\$44.35	\$58.45	\$72.55	\$86.65	\$100.75	\$114.85
50-59	\$54.25	\$72.50	\$90.75	\$109.00	\$127.25	\$145.50
60-64	\$66.15	\$89.30	\$112.45	\$135.60	\$158.75	\$181.90
65-74	\$80.20	\$109.20	\$138.20	\$167.20	\$196.20	\$225.20

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical Bridge 3000 Plan 4 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Doctor's Office Visit

Employee						
	KA	KB	KC	KD	KE	KF
17-49	\$21.85	\$27.25	\$32.65	\$38.05	\$43.45	\$48.85
50-59	\$27.80	\$35.30	\$42.80	\$50.30	\$57.80	\$65.30
60-64	\$34.40	\$44.15	\$53.90	\$63.65	\$73.40	\$83.15
65-74	\$41.55	\$53.80	\$66.05	\$78.30	\$90.55	\$102.80
Employee & Spouse						
	KA	KB	KC	KD	KE	KF
17-49	\$43.80	\$55.45	\$67.10	\$78.75	\$90.40	\$102.05
50-59	\$56.30	\$72.40	\$88.50	\$104.60	\$120.70	\$136.80
60-64	\$71.45	\$92.85	\$114.25	\$135.65	\$157.05	\$178.45
65-74	\$86.95	\$113.70	\$140.45	\$167.20	\$193.95	\$220.70
Employee & Dependent Children						
	KA	KB	KC	KD	KE	KF
17-49	\$36.85	\$46.15	\$55.45	\$64.75	\$74.05	\$83.35
50-59	\$42.40	\$53.60	\$64.80	\$76.00	\$87.20	\$98.40
60-64	\$49.60	\$63.40	\$77.20	\$91.00	\$104.80	\$118.60
65-74	\$59.55	\$76.80	\$94.05	\$111.30	\$128.55	\$145.80
Employee, Spouse & Dependent Children						
	KA	KB	KC	KD	KE	KF
17-49	\$50.85	\$64.95	\$79.05	\$93.15	\$107.25	\$121.35
50-59	\$62.50	\$80.75	\$99.00	\$117.25	\$135.50	\$153.75
60-64	\$76.70	\$99.85	\$123.00	\$146.15	\$169.30	\$192.45
65-74	\$93.40	\$122.40	\$151.40	\$180.40	\$209.40	\$238.40

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical Bridge 3000 Plan 4 Monthly Premiums Base Plan + Outpatient Surgical Procedures & Doctor's Office Visit

Employee						
	LA	LB	LC	LD	LE	LF
17-49	\$24.35	\$29.75	\$35.15	\$40.55	\$45.95	\$51.35
50-59	\$31.25	\$38.75	\$46.25	\$53.75	\$61.25	\$68.75
60-64	\$38.90	\$48.65	\$58.40	\$68.15	\$77.90	\$87.65
65-74	\$47.20	\$59.45	\$71.70	\$83.95	\$96.20	\$108.45
Employee & Spouse						
	LA	LB	LC	LD	LE	LF
17-49	\$49.15	\$60.80	\$72.45	\$84.10	\$95.75	\$107.40
50-59	\$63.60	\$79.70	\$95.80	\$111.90	\$128.00	\$144.10
60-64	\$81.20	\$102.60	\$124.00	\$145.40	\$166.80	\$188.20
65-74	\$99.20	\$125.95	\$152.70	\$179.45	\$206.20	\$232.95
Employee & Dependent Children						
	LA	LB	LC	LD	LE	LF
17-49	\$41.05	\$50.35	\$59.65	\$68.95	\$78.25	\$87.55
50-59	\$47.50	\$58.70	\$69.90	\$81.10	\$92.30	\$103.50
60-64	\$55.80	\$69.60	\$83.40	\$97.20	\$111.00	\$124.80
65-74	\$67.35	\$84.60	\$101.85	\$119.10	\$136.35	\$153.60
Employee, Spouse & Dependent Children						
	LA	LB	LC	LD	LE	LF
17-49	\$57.30	\$71.40	\$85.50	\$99.60	\$113.70	\$127.80
50-59	\$70.80	\$89.05	\$107.30	\$125.55	\$143.80	\$162.05
60-64	\$87.25	\$110.40	\$133.55	\$156.70	\$179.85	\$203.00
65-74	\$106.60	\$135.60	\$164.60	\$193.60	\$222.60	\$251.60

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical BridgeSM 3000
Plan 5 Benefit Amount Options & Monthly Premiums

	Hospital Confinement	Outpatient Surgery Tier 1	Outpatient Surgery Tier 2	Diagnostic	Doctor's Office Visit
MA	\$500	\$500	\$1,000	\$250	\$25
MB	\$1,000	\$500	\$1,000	\$250	\$25
MC	**\$1,500	\$500	\$1,000	\$250	\$25
MD	*\$2,000	\$500	\$1,000	\$250	\$25
ME	*\$2,500	\$500	\$1,000	\$250	\$25
MF	*\$3,000	\$500	\$1,000	\$250	\$25
NA	\$500	\$750	\$1,500	\$500	\$25
NB	\$1,000	\$750	\$1,500	\$500	\$25
NC	**\$1,500	\$750	\$1,500	\$500	\$25
ND	*\$2,000	\$750	\$1,500	\$500	\$25
NE	*\$2,500	\$750	\$1,500	\$500	\$25
NF	*\$3,000	\$750	\$1,500	\$500	\$25
OA	\$500	\$1,000	\$2,000	\$500	\$25
OB	\$1,000	\$1,000	\$2,000	\$500	\$25
OC	**\$1,500	\$1,000	\$2,000	\$500	\$25
OD	*\$2,000	\$1,000	\$2,000	\$500	\$25
OE	*\$2,500	\$1,000	\$2,000	\$500	\$25
OF	*\$3,000	\$1,000	\$2,000	\$500	\$25

*Requires prior underwriting approval for all accounts, based on Major Medical deductible information.

** Requires prior underwriting approval for Health Care, Governmental, and Educator groups based on Major Medical deductible information.

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Medical Bridge 3000
Plan 5 Monthly Premiums
Base Plan + Outpatient Surgical Procedures, Diagnostic & Doctor's Office Visit

Employee						
	MA	MB	MC	MD	ME	MF
17-49	\$30.85	\$36.25	\$41.65	\$47.05	\$52.45	\$57.85
50-59	\$40.10	\$47.60	\$55.10	\$62.60	\$70.10	\$77.60
60-64	\$50.70	\$60.45	\$70.20	\$79.95	\$89.70	\$99.45
65-74	\$61.90	\$74.15	\$86.40	\$98.65	\$110.90	\$123.15
Employee & Spouse						
	MA	MB	MC	MD	ME	MF
17-49	\$62.75	\$74.40	\$86.05	\$97.70	\$109.35	\$121.00
50-59	\$82.70	\$98.80	\$114.90	\$131.00	\$147.10	\$163.20
60-64	\$106.40	\$127.80	\$149.20	\$170.60	\$192.00	\$213.40
65-74	\$130.70	\$157.45	\$184.20	\$210.95	\$237.70	\$264.45
Employee & Dependent Children						
	MA	MB	MC	MD	ME	MF
17-49	\$52.10	\$61.40	\$70.70	\$80.00	\$89.30	\$98.60
50-59	\$60.75	\$71.95	\$83.15	\$94.35	\$105.55	\$116.75
60-64	\$72.15	\$85.95	\$99.75	\$113.55	\$127.35	\$141.15
65-74	\$87.75	\$105.00	\$122.25	\$139.50	\$156.75	\$174.00
Employee, Spouse & Dependent Children						
	MA	MB	MC	MD	ME	MF
17-49	\$73.90	\$88.00	\$102.10	\$116.20	\$130.30	\$144.40
50-59	\$92.50	\$110.75	\$129.00	\$147.25	\$165.50	\$183.75
60-64	\$114.65	\$137.80	\$160.95	\$184.10	\$207.25	\$230.40
65-74	\$140.95	\$169.95	\$198.95	\$227.95	\$256.95	\$285.95

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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11/13 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210 PS00613



Medical Bridge 3000
Plan 5 Monthly Premiums
Base Plan + Outpatient Surgical Procedures, Diagnostic & Doctor's Office Visit

Employee						
Issue Age	NA	NB	NC	ND	NE	NF
17-49	\$39.65	\$45.05	\$50.45	\$55.85	\$61.25	\$66.65
50-59	\$52.15	\$59.65	\$67.15	\$74.65	\$82.15	\$89.65
60-64	\$66.60	\$76.35	\$86.10	\$95.85	\$105.60	\$115.35
65-74	\$81.75	\$94.00	\$106.25	\$118.50	\$130.75	\$143.00
Employee & Spouse						
Issue Age	NA	NB	NC	ND	NE	NF
17-49	\$81.45	\$93.10	\$104.75	\$116.40	\$128.05	\$139.70
50-59	\$108.45	\$124.55	\$140.65	\$156.75	\$172.85	\$188.95
60-64	\$140.60	\$162.00	\$183.40	\$204.80	\$226.20	\$247.60
65-74	\$173.60	\$200.35	\$227.10	\$253.85	\$280.60	\$307.35
Employee & Dependent Children						
Issue Age	NA	NB	NC	ND	NE	NF
17-49	\$66.95	\$76.25	\$85.55	\$94.85	\$104.15	\$113.45
50-59	\$78.70	\$89.90	\$101.10	\$112.30	\$123.50	\$134.70
60-64	\$94.05	\$107.85	\$121.65	\$135.45	\$149.25	\$163.05
65-74	\$115.20	\$132.45	\$149.70	\$166.95	\$184.20	\$201.45
Employee, Spouse & Dependent Children						
Issue Age	NA	NB	NC	ND	NE	NF
17-49	\$96.60	\$110.70	\$124.80	\$138.90	\$153.00	\$167.10
50-59	\$121.70	\$139.95	\$158.20	\$176.45	\$194.70	\$212.95
60-64	\$151.75	\$174.90	\$198.05	\$221.20	\$244.35	\$267.50
65-74	\$187.40	\$216.40	\$245.40	\$274.40	\$303.40	\$332.40

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

This information is only intended for proposal use with employers.

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Medical Bridge 3000 Plan 5 Monthly Premiums Base Plan + Outpatient Surgical Procedures, Diagnostic & Doctor's Office Visit

Employee						
Issue Age	OA	OB	OC	OD	OE	OF
17-49	\$42.15	\$47.55	\$52.95	\$58.35	\$63.75	\$69.15
50-59	\$55.60	\$63.10	\$70.60	\$78.10	\$85.60	\$93.10
60-64	\$71.10	\$80.85	\$90.60	\$100.35	\$110.10	\$119.85
65-74	\$87.40	\$99.65	\$111.90	\$124.15	\$136.40	\$148.65
Employee & Spouse						
Issue Age	OA	OB	OC	OD	OE	OF
17-49	\$86.80	\$98.45	\$110.10	\$121.75	\$133.40	\$145.05
50-59	\$115.75	\$131.85	\$147.95	\$164.05	\$180.15	\$196.25
60-64	\$150.35	\$171.75	\$193.15	\$214.55	\$235.95	\$257.35
65-74	\$185.85	\$212.60	\$239.35	\$266.10	\$292.85	\$319.60
Employee & Dependent Children						
Issue Age	OA	OB	OC	OD	OE	OF
17-49	\$71.15	\$80.45	\$89.75	\$99.05	\$108.35	\$117.65
50-59	\$83.80	\$95.00	\$106.20	\$117.40	\$128.60	\$139.80
60-64	\$100.25	\$114.05	\$127.85	\$141.65	\$155.45	\$169.25
65-74	\$123.00	\$140.25	\$157.50	\$174.75	\$192.00	\$209.25
Employee, Spouse & Dependent Children						
Issue Age	OA	OB	OC	OD	OE	OF
17-49	\$103.05	\$117.15	\$131.25	\$145.35	\$159.45	\$173.55
50-59	\$130.00	\$148.25	\$166.50	\$184.75	\$203.00	\$221.25
60-64	\$162.30	\$185.45	\$208.60	\$231.75	\$254.90	\$278.05
65-74	\$200.60	\$229.60	\$258.60	\$287.60	\$316.60	\$345.60

Applicable to AL, AK, CO, DE, GA, HI, ID, IA, IL, IN, KY, LA, MD, ME, MI, MS, MO, ND, NE, NV, OH, OK, RI, SC, TN, TX, UT, VA, WV, WI, WY

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Sample Rates

Individual Medical BridgeSM

Plan 1 - HSA Compliant
Hospital Confinement, Observation Room, Rehabilitation Unit Confinement, Waiver of Premium
Monthly Premiums – Age Banded Rates
Named Insured

	Hospital Confinement - \$1,000 Medical Treatment Package \$50 Health Screening
Ages 17-49	\$16.90
Ages 50-59	\$22.10
Ages 60-64	\$29.05
Ages 65-75	\$38.70

Plan 2
Hospital Confinement, Observation Room, Rehabilitation Unit Confinement, Waiver of Premium
Outpatient Surgical Procedure – Option 1
Monthly Premiums – Age Banded Rates
Named Insured

	Hospital Confinement - \$1,000 Medical Treatment Package \$50 Health Screening Option 1 (Tier 1 \$500, Tier 2 \$1,000, Calendar Year Max \$1,500)
Ages 17-49	\$25.60
Ages 50-59	\$33.85
Ages 60-64	\$43.50
Ages 65-75	\$57.10

Plan 3
Hospital Confinement, Observation Room, Rehabilitation Unit Confinement, Waiver of Premium,
Outpatient Surgical Procedure – Option 1, Diagnostic Procedure
Monthly Premiums – Age Banded Rates
Named Insured

	Hospital Confinement - \$1,000 Medical Treatment Package \$50 Health Screening Option 1 (Tier 1 \$500, Tier 2 \$1,000, Calendar Year Max \$1,500)
Ages 17-49	\$35.60
Ages 50-59	\$45.60
Ages 60-64	\$56.85
Ages 65-75	\$70.80

Disability 1000 for AL AA Risk Class

Applicable to policy form DIS1000

● Off-Job Accident, Off-Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$18.40	\$23.00	\$46.00	\$92.00	\$138.00
	50-69	\$23.20	\$29.00	\$58.00	\$116.00	\$174.00
14 days Accident / 14 days Sickness	17-49	\$13.00	\$16.25	\$32.50	\$65.00	\$97.50
	50-69	\$17.20	\$21.50	\$43.00	\$86.00	\$129.00

*monthly benefit amount

Disability 1000 for AL AA Risk Class

Applicable to policy form DIS1000

● On/Off-Job Accident and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$22.00	\$27.50	\$55.00	\$110.00	\$165.00
	50-69	\$27.40	\$34.25	\$68.50	\$137.00	\$205.50
14 days Accident / 14 days Sickness	17-49	\$15.80	\$19.75	\$39.50	\$79.00	\$118.50
	50-69	\$20.20	\$25.25	\$50.50	\$101.00	\$151.50

*monthly benefit amount

Disability 1000 for AL AAA Risk Class

Applicable to policy form DIS1000

● Off-Job Accident, Off-Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$16.40	\$20.50	\$41.00	\$82.00	\$123.00
	50-69	\$20.60	\$25.75	\$51.50	\$103.00	\$154.50
14 days Accident / 14 days Sickness	17-49	\$11.40	\$14.25	\$28.50	\$57.00	\$85.50
	50-69	\$15.20	\$19.00	\$38.00	\$76.00	\$114.00

*monthly benefit amount

Disability 1000 for AL AAA Risk Class

Applicable to policy form DIS1000

● On/Off-Job Accident and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$19.60	\$24.50	\$49.00	\$98.00	\$147.00
	50-69	\$24.40	\$30.50	\$61.00	\$122.00	\$183.00
14 days Accident / 14 days Sickness	17-49	\$13.80	\$17.25	\$34.50	\$69.00	\$103.50
	50-69	\$17.80	\$22.25	\$44.50	\$89.00	\$133.50

*monthly benefit amount

Important Notice

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Individual Disability - ISTD3000 for AL AA Risk Class

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$19.12	\$23.90	\$47.80	\$95.60	\$143.40
	50-64	\$24.36	\$30.45	\$60.90	\$121.80	\$182.70
	65-74	\$38.96	\$48.70	\$97.40	\$194.80	\$292.20
14 days Accident/14 days Sickness	17-49	\$13.64	\$17.05	\$34.10	\$68.20	\$102.30
	50-64	\$18.08	\$22.60	\$45.20	\$90.40	\$135.60
	65-74	\$28.88	\$36.10	\$72.20	\$144.40	\$216.60

*monthly benefit amount

Individual Disability - ISTD3000 for AL AA Risk Class

Applicable to policy form Individual Disability

- On/Off Job Accident and On/Off Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,200*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$23.12	\$28.90	\$57.80	\$127.16	\$173.40
	50-64	\$28.76	\$35.95	\$71.90	\$158.18	\$215.70
	65-74	\$46.04	\$57.55	\$115.10	\$253.22	\$345.30
14 days Accident/14 days Sickness	17-49	\$16.60	\$20.75	\$41.50	\$91.30	\$124.50
	50-64	\$21.00	\$26.25	\$52.50	\$115.50	\$157.50
	65-74	\$33.92	\$42.40	\$84.80	\$186.56	\$254.40

*monthly benefit amount

Individual Disability - ISTD3000 for AL AAA Risk Class

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$17.24	\$21.55	\$43.10	\$86.20	\$129.30
	50-64	\$21.64	\$27.05	\$54.10	\$108.20	\$162.30
	65-74	\$34.60	\$43.25	\$86.50	\$173.00	\$259.50
14 days Accident/14 days Sickness	17-49	\$11.96	\$14.95	\$29.90	\$59.80	\$89.70
	50-64	\$15.96	\$19.95	\$39.90	\$79.80	\$119.70
	65-74	\$25.52	\$31.90	\$63.80	\$127.60	\$191.40

*monthly benefit amount

Individual Disability - ISTD3000 for AL AAA Risk Class

Applicable to policy form Individual Disability

- On/Off Job Accident and On/Off Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$20.20	\$25.25	\$50.50	\$101.00	\$151.50
	50-64	\$25.64	\$32.05	\$64.10	\$128.20	\$192.30
	65-74	\$41.00	\$51.25	\$102.50	\$205.00	\$307.50

*monthly benefit amount

(Continued...)

Individual Disability - ISTD3000 for AL *AAA Risk Class*

Applicable to policy form Individual Disability

● On/Off Job Accident and On/Off Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
14 days Accident/14 days Sickness	17-49	\$14.48	\$18.10	\$36.20	\$72.40	\$108.60
	50-64	\$18.68	\$23.35	\$46.70	\$93.40	\$140.10
	65-74	\$29.92	\$37.40	\$74.80	\$149.60	\$224.40

*monthly benefit amount

Important Notice

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Individual Dental Rates

- Premiums are composite for issue ages 17-75.
- Coverage is available for: Named Insured (Employee); Employee and Spouse; One-Parent Family (Employee and Dependent Children); Two-Parent Family (Employee, Spouse and Dependent Children).
- Dependents are eligible for coverage from age 0 to age 26.

Base Dental Plan Monthly Premiums - Composite Rates				
Benefit Level	Employee	Employee & Spouse	One-Parent Family	Two-Parent Family
Level 1	\$23.95	\$44.35	\$47.65	\$68.05
Level 2	\$31.25	\$63.45	\$68.40	\$100.60
Level 3	\$38.25	\$74.80	\$78.35	\$114.90
Level 4	\$49.80	\$98.50	\$103.70	\$152.40

Rider Monthly Premiums - Composite Rates				
Optional Riders	Employee	Employee & Spouse	One-Parent Family	Two-Parent Family
Orthodontic Rider	\$23.60	\$25.80	\$25.80	\$25.80
Vision Rider	\$6.75	\$13.50	\$17.55	\$24.30

Applicable to AK, AL, AR, AZ, CT, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OK, OR, PA, SC, SD, TX, UT, VA, WI, WV, WY

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Term Life (ITL5000) for AL

Applicable to policy form ITL5000

● 20-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
35	\$13.23	\$11.58	\$15.37	\$19.17
45	\$18.21	\$21.79	\$30.69	\$39.58
55	\$39.14	\$46.33	\$67.50	\$88.66
65	\$61.54	\$119.08	\$176.62	\$234.16

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
25	\$20.21	\$18.21	\$25.31	\$32.42
35	\$23.29	\$20.62	\$28.94	\$37.25
45	\$33.73	\$45.46	\$66.19	\$86.91
55	\$78.83	\$106.04	\$157.06	\$208.08
65	\$103.68	\$203.37	\$303.05	\$402.73

Term Life (ITL5000) for AL

Applicable to policy form ITL5000

● 30-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
25	\$10.85	\$11.50	\$15.25	\$19.00
35	\$13.87	\$14.37	\$19.56	\$24.75
45	\$21.69	\$28.42	\$40.62	\$52.83

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
25	\$20.31	\$19.29	\$26.94	\$34.58
35	\$24.31	\$25.33	\$36.00	\$46.66
45	\$39.17	\$55.16	\$80.75	\$106.33

Important Notice

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Whole Life Plus (IWL5000) for AL

Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO

● Adult Base Plan Paid-Up at Age 70, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$25.17	\$50.33	\$75.50	\$100.67	\$150.99
35	\$38.10	\$76.21	\$114.30	\$152.41	\$228.62
45	\$65.55	\$131.12	\$196.67	\$262.24	\$393.36

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$43.02	\$86.04	\$129.06	\$172.08	\$258.11
35	\$55.54	\$111.08	\$166.61	\$222.15	\$333.24
45	\$90.22	\$180.45	\$270.67	\$360.90	\$541.35

Whole Life Plus (IWL5000) for AL

Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO

● Adult Base Plan Paid-Up at Age 100, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$23.48	\$46.96	\$70.44	\$93.92	\$140.86
35	\$32.00	\$64.00	\$95.99	\$127.99	\$191.99
45	\$51.33	\$102.66	\$153.99	\$205.33	\$307.99
55	\$88.12	\$176.24	\$264.37	\$352.49	\$528.73
65	\$144.37	\$288.74	\$433.11	\$577.48	\$866.22

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$40.65	\$81.29	\$121.94	\$162.58	\$243.86
35	\$49.58	\$99.17	\$148.74	\$198.32	\$297.49
45	\$74.39	\$148.79	\$223.17	\$297.57	\$446.36
55	\$129.66	\$259.32	\$388.99	\$518.65	\$777.97
65	\$209.78	\$419.57	\$629.35	\$839.13	\$1,258.70

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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Accident 1.0 Rates

Base Plans

On/Off Job Accident Coverage						
Insured Type	Basic	Basic with Health Screening	Preferred	Preferred with Health Screening	Premier	Premier with Health Screening
Named Insured	\$14.44	\$16.59	\$19.00	\$21.15	\$24.36	\$26.51
Employee & Spouse	\$19.63	\$22.93	\$25.67	\$28.97	\$33.02	\$36.32
One Parent Family	\$23.06	\$25.21	\$30.52	\$32.67	\$37.55	\$39.70
Two Parent Family	\$28.26	\$31.56	\$37.18	\$40.48	\$46.20	\$49.50

Off Job Accident Coverage						
Insured Type	Basic	Basic with Health Screening	Preferred	Preferred with Health Screening	Premier	Premier with Health Screening
Named Insured	\$11.98	\$14.13	\$15.77	\$17.92	\$20.22	\$22.37
Employee & Spouse	\$15.80	\$19.10	\$20.66	\$23.96	\$26.58	\$29.88
One Parent Family	\$18.45	\$20.60	\$24.41	\$26.56	\$30.04	\$32.19
Two Parent Family	\$22.27	\$25.57	\$29.31	\$32.61	\$36.39	\$39.69

Accident 1.0 Optional Rider Rates

1 Unit of Off-Job Coverage = \$100 of Off-Job Monthly Benefit;

1 Unit of On-Job Coverage = \$50 of On-Job Monthly Benefit

Rates apply to employee or spouse. (Spouse only qualifies for Off-Job coverage)

On/Off-Job Accident Disability Rider*

Monthly Premium per \$50 On-Job and \$100 Off-Job

Benefit Period	6 months			
Elimination Period	0	7	14	30
Issue Age 17 - 69	\$2.20	\$1.90	\$1.35	\$1.00
Benefit Period	12 months			
Elimination Period	0	7	14	30
Issue Age 17 - 69	\$2.75	\$2.40	\$1.80	\$1.50

Applicable to New York

This information is only intended for proposal use with employers.

Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA

Administrative office: Colonial Voluntary Benefits 1200 Colonial Life Boulevard, Columbia, SC 29210

11/2013

colonial-paulrevere.com

PS01432

Individual Accident Rates

Base Plans

On/Off Job Accident Coverage				
Plan Type	Named Insured (Employee, Spouse or Child*)	Employee & Spouse	One Parent Family	Two Parent Family
Issue Ages	0 - 80 or 0 - 25*	0 - 80	0 - 80	0 - 80
Basic	\$14.13	\$20.96	\$25.35	\$31.87
Preferred	\$18.59	\$27.42	\$33.55	\$41.93
Premier	\$23.84	\$35.26	\$41.28	\$52.11

Applicable to NY

PS02578

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Public Sector Accident Care Rates

	Plan 1	Plan 2	Plan 3
Named Insured*	\$18.00	\$15.00	\$12.00
Employee and Spouse	\$24.00	\$21.00	\$18.00
One-Parent Family	\$30.00	\$27.00	\$22.00
Two-Parent Family	\$36.00	\$33.00	\$28.00

*Employee, Spouse or Child

Public Sector Accident Care Optional Rider Rates

Off-Job Accident Disability Rider

6 Month Benefit Period				
Elimination Period	0	7	14	30
	\$0.90	\$0.80	\$0.70	\$0.55
12 Month Benefit Period				
Elimination Period	0	7	14	30
	\$1.20	\$1.10	\$1.00	\$0.85

Monthly Premium Per \$100 of Monthly Benefit.

On/Off-Job Accident Disability Rider

6 Month Benefit Period				
Elimination Period	0	7	14	30
	\$2.20	\$1.90	\$1.35	\$1.00
12 Month Benefit Period				
Elimination Period	0	7	14	30
	\$2.75	\$2.40	\$1.80	\$1.50

Monthly Premium per \$50 of On-Job Monthly Benefit

Monthly Premium Per \$100 of Monthly Benefit.

Rates apply to employee or spouse.

Off-Job Accident & Off-Job Sickness Disability Rider

3 Month Benefit Period				
Elimination Period	0/7	7/7	0/14	14/14
Age 17-49	\$3.15	\$2.95	\$2.40	\$2.10
Age 50-64	\$3.75	\$3.55	\$2.95	\$2.65

6 Month Benefit Period						
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30
Age 17-49	\$3.95	\$3.70	\$3.20	\$2.90	\$2.35	\$1.95
Age 50-64	\$5.15	\$4.85	\$4.20	\$3.85	\$3.40	\$2.95

Off-Job Accident & Off-Job Sickness Disability Rider

12 Month Benefit Period								
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
Age 17-49	\$5.15	\$4.90	\$3.95	\$3.65	\$3.10	\$2.60	\$2.15	\$1.65
Age 50-64	\$6.45	\$6.20	\$5.25	\$4.85	\$4.20	\$3.65	\$3.15	\$2.65

24 Month Benefit Period				
Elimination Period	30/30	60/60	90/90	180/180
Age 17-49	\$3.45	\$3.05	\$2.10	\$1.35
Age 50-64	\$5.35	\$4.95	\$3.85	\$3.15

Monthly Premium per \$100 of Monthly Benefit.
Rates apply to employee or spouse.

On/Off-Job Accident & On/Off-Job Sickness Disability Rider

3 Month Benefit Period				
Elimination Period	0/7	7/7	0/14	14/14
Age 17-49	\$3.80	\$3.43	\$2.95	\$2.58
Age 50-64	\$4.40	\$4.10	\$3.50	\$3.13

6 Month Benefit Period						
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30
Age 17-49	\$4.90	\$4.30	\$4.05	\$3.43	\$3.23	\$2.43
Age 50-64	\$6.10	\$5.73	\$5.05	\$4.50	\$4.28	\$3.35

12 Month Benefit Period								
Elimination Period	0/7	7/7	0/14	14/14	0/30	30/30	60/60	90/90
Age 17-49	\$6.80	\$5.90	\$5.53	\$4.50	\$4.15	\$3.25	\$2.68	\$2.05
Age 50-64	\$8.10	\$7.40	\$6.83	\$5.73	\$5.25	\$4.30	\$3.75	\$3.05

24 Month Benefit Period				
Elimination Period	30/30	60/60	90/90	180/180
Age 17-49	\$4.53	\$4.00	\$2.78	\$1.75
Age 50-64	\$6.33	\$5.90	\$4.53	\$3.68

Monthly Premium per \$50 of On-Job Monthly Benefit
Monthly Premium per \$100 of Monthly Benefit.
Rates apply to employee or spouse.

	Sickness Hospital Confinement Rider	Health Screening Rider
Named Insured*	\$4.00	\$1.75
Employee & Spouse	\$8.00	\$2.50
One-Parent Family	\$6.00	\$1.75
Two-Parent Family	\$10.00	\$2.50

*Employee, Spouse or Child

Cancer 1000 Base Plan Monthly Premiums			
	Employee	Employee & Dependent Children	Employee, Spouse & Dependent Children
Level 1	\$13.75	\$15.25	\$24.00
Level 2	21.00	22.50	34.75
Level 3	27.00	30.75	46.00
Level 4	36.25	40.25	59.75

Cancer 1000 Optional Riders Monthly Premiums			
	Employee	Employee & Dependent Children	Employee, Spouse & Dependent Children
First Occurrence of Cancer Per \$1,000	\$1.25	\$1.55	\$2.05

Applicable to NY

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Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA

Administrative office: Colonial Voluntary Benefits 1200 Colonial Life Boulevard, Columbia, SC 29210

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PS01160

Critical Illness 1.0 HSA Compliant Plan				
Critical Illness with Subsequent Diagnosis Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.20	\$0.32	\$0.21	\$0.33
25-29	\$0.28	\$0.45	\$0.29	\$0.46
30-34	\$0.39	\$0.62	\$0.39	\$0.63
35-39	\$0.57	\$0.91	\$0.57	\$0.92
40-44	\$0.79	\$1.27	\$0.80	\$1.28
45-49	\$1.13	\$1.81	\$1.14	\$1.82
50-54	\$1.63	\$2.61	\$1.64	\$2.62
55-59	\$2.15	\$3.44	\$2.16	\$3.45
60-64	\$2.83	\$4.53	\$2.84	\$4.54
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.29	\$0.47	\$0.30	\$0.48
25-29	\$0.44	\$0.71	\$0.45	\$0.72
30-34	\$0.65	\$1.04	\$0.66	\$1.05
35-39	\$1.01	\$1.62	\$1.02	\$1.63
40-44	\$1.39	\$2.23	\$1.40	\$2.24
45-49	\$1.93	\$3.09	\$1.94	\$3.10
50-54	\$2.64	\$4.22	\$2.65	\$4.23
55-59	\$3.54	\$5.68	\$3.55	\$5.68
60-64	\$4.45	\$7.14	\$4.46	\$7.15
Rates illustrated per unit. 1 unit=\$1,000				

Proposal applicable to NY

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PS01427

Critical Illness 1.0 HSA Compliant Plan				
Critical Illness with Subsequent Diagnosis + Health Screening Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.20	\$0.32	\$0.21	\$0.33
25-29	\$0.28	\$0.45	\$0.29	\$0.46
30-34	\$0.39	\$0.62	\$0.39	\$0.63
35-39	\$0.57	\$0.91	\$0.57	\$0.92
40-44	\$0.79	\$1.27	\$0.80	\$1.28
45-49	\$1.13	\$1.81	\$1.14	\$1.82
50-54	\$1.63	\$2.61	\$1.64	\$2.62
55-59	\$2.15	\$3.44	\$2.16	\$3.45
60-64	\$2.83	\$4.53	\$2.84	\$4.54
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.29	\$0.47	\$0.30	\$0.48
25-29	\$0.44	\$0.71	\$0.45	\$0.72
30-34	\$0.65	\$1.04	\$0.66	\$1.05
35-39	\$1.01	\$1.62	\$1.02	\$1.63
40-44	\$1.39	\$2.23	\$1.40	\$2.24
45-49	\$1.93	\$3.09	\$1.94	\$3.10
50-54	\$2.64	\$4.22	\$2.65	\$4.23
55-59	\$3.54	\$5.68	\$3.55	\$5.68
60-64	\$4.45	\$7.14	\$4.46	\$7.15
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.00	\$3.10	\$2.00	\$3.10

To calculate the monthly premium:

Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.

Proposal applicable to NY

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Critical Illness 1.0 HSA Compliant Plan				
Critical Illness with Subsequent Diagnosis + Cancer Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.54	\$0.86	\$0.57	\$0.89
25-29	\$0.78	\$1.25	\$0.81	\$1.28
30-34	\$0.91	\$1.46	\$0.94	\$1.49
35-39	\$1.00	\$1.60	\$1.03	\$1.63
40-44	\$1.25	\$2.01	\$1.28	\$2.04
45-49	\$1.71	\$2.75	\$1.74	\$2.78
50-54	\$2.57	\$4.11	\$2.60	\$4.14
55-59	\$3.30	\$5.29	\$3.33	\$5.32
60-64	\$4.51	\$7.23	\$4.54	\$7.26
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.79	\$1.26	\$0.82	\$1.29
25-29	\$1.20	\$1.92	\$1.23	\$1.95
30-34	\$1.51	\$2.42	\$1.54	\$2.45
35-39	\$1.75	\$2.81	\$1.78	\$2.84
40-44	\$2.16	\$3.46	\$2.19	\$3.49
45-49	\$2.86	\$4.58	\$2.89	\$4.61
50-54	\$4.09	\$6.56	\$4.13	\$6.59
55-59	\$5.39	\$8.63	\$5.42	\$8.66
60-64	\$7.03	\$11.26	\$7.06	\$11.29
Rates illustrated per unit. 1 unit=\$1,000				

Proposal applicable to NY

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PS01427

Critical Illness 1.0 HSA Compliant Plan				
Critical Illness with Subsequent Diagnosis + Health Screening + Cancer Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.54	\$0.86	\$0.57	\$0.89
25-29	\$0.78	\$1.25	\$0.81	\$1.28
30-34	\$0.91	\$1.46	\$0.94	\$1.49
35-39	\$1.00	\$1.60	\$1.03	\$1.63
40-44	\$1.25	\$2.01	\$1.28	\$2.04
45-49	\$1.71	\$2.75	\$1.74	\$2.78
50-54	\$2.57	\$4.11	\$2.60	\$4.14
55-59	\$3.30	\$5.29	\$3.33	\$5.32
60-64	\$4.51	\$7.23	\$4.54	\$7.26
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.79	\$1.26	\$0.82	\$1.29
25-29	\$1.20	\$1.92	\$1.23	\$1.95
30-34	\$1.51	\$2.42	\$1.54	\$2.45
35-39	\$1.75	\$2.81	\$1.78	\$2.84
40-44	\$2.16	\$3.46	\$2.19	\$3.49
45-49	\$2.86	\$4.58	\$2.89	\$4.61
50-54	\$4.09	\$6.56	\$4.13	\$6.59
55-59	\$5.39	\$8.63	\$5.42	\$8.66
60-64	\$7.03	\$11.26	\$7.06	\$11.29
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.00	\$3.10	\$2.00	\$3.10

To calculate the monthly premium:

Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.

Proposal applicable to NY

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PS01427

Individual Dental PPO - Monthly Rates

ZONE 2: 120, 121, 122, 123, 124, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149

Rates are determined based on the **enrollment zone**, plan design, and type of coverage chosen.
The **first three digits** of the **insured's enrollment zip code** are used to determine the insured's rate zone.

Overview

Premiums are composite for issue ages 17-74.
Dependents are eligible for coverage from age 0 to age 26.

Dental Plans

Plan Design	Plan 1	Plan 2	Plan 3	Plan 4	Plan 4 Premier	Plan 5 Advantage	Plan 5	Plan 5 Premier
Class A (Preventive)	100% co-insurance	100% co-insurance	100% co-insurance	100% co-insurance	100% co-insurance	100% co-insurance	100% co-insurance	100% co-insurance
	0% member responsibility	0% member responsibility	0% member responsibility	0% member responsibility	0% member responsibility	0% member responsibility	0% member responsibility	0% member responsibility
Class B (Basic)	60% co-insurance	80% co-insurance	80% co-insurance	80% co-insurance	80% co-insurance	80% co-insurance	80% co-insurance	80% co-insurance
	40% member responsibility	20% member responsibility	20% member responsibility	20% member responsibility	20% member responsibility	20% member responsibility	20% member responsibility	20% member responsibility
Class C (Major)	50% co-insurance	50% co-insurance	50% co-insurance	50% co-insurance	50% co-insurance	50% co-insurance	50% co-insurance	50% co-insurance
	50% member responsibility	50% member responsibility	50% member responsibility	50% member responsibility	50% member responsibility	50% member responsibility	50% member responsibility	50% member responsibility
Annual Maximum	\$1,000	\$1,000	\$1,500	\$2,000	\$2,000	\$1,000	\$1,500	\$1,500
Out-of-Network	MAC	MAC	MAC	MAC	MAC	Passive PPO	Passive PPO	Passive PPO
Named Insured	\$27.43	\$29.15	\$29.54	\$30.41	\$33.15	\$38.18	\$43.88	\$48.27
Named Insured and Spouse	\$50.94	\$54.74	\$55.53	\$57.21	\$62.36	\$73.01	\$83.92	\$92.31
One-Parent Family	\$65.88	\$69.50	\$70.02	\$71.83	\$78.29	\$92.70	\$106.55	\$117.21
Two-Parent Family	\$96.53	\$102.58	\$103.53	\$106.31	\$115.88	\$137.64	\$158.21	\$174.03

Employer Choice Benefits (If selected, applies to all in an account)

Orthodontia - All Plans	
One-Parent Family	\$7.66
Two-Parent Family	\$9.05

Orthodontia benefits available to dependents 19 and under.
Not available for adult coverage.

Rollover Benefit								
Plan Design	Plan 1	Plan 2	Plan 3	Plan 4	Plan 4 Premier	Plan 5 Advantage	Plan 5	Plan 5 Premier
Named Insured	\$1.23	\$1.40	\$1.11	\$0.43	\$0.45	\$1.26	\$1.35	\$1.42
Named Insured and Spouse	\$2.43	\$2.78	\$2.09	\$0.86	\$0.90	\$2.51	\$2.68	\$2.81
One-Parent Family	\$2.76	\$3.11	\$2.69	\$0.98	\$1.02	\$2.52	\$2.69	\$2.82
Two-Parent Family	\$4.26	\$4.81	\$3.96	\$1.31	\$1.37	\$3.99	\$4.27	\$4.48

Employee Optional Rider

Vision - All Plans	
Named Insured	\$6.26
Named Insured and Spouse	\$12.38
One-Parent Family	\$13.03
Two-Parent Family	\$20.41

Individual Dental PPO - Monthly Rates

ZONE 3: 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 125, 126, 127

Rates are determined based on the enrollment zone, plan design, and type of coverage chosen.

The first three digits of the insured's enrollment zip code are used to determine the insured's rate zone.

Overview

Premiums are composite for issue ages 17-74.

Dependents are eligible for coverage from age 0 to age 26.

Dental Plans

Plan Design	Plan 1	Plan 2	Plan 3	Plan 4	Plan 4 Premier	Plan 5 Advantage	Plan 5	Plan 5 Premier
Class A (Preventive)	100% co-insurance 0% member responsibility	100% co-insurance 0% member responsibility	100% co-insurance 0% member responsibility	100% co-insurance 0% member responsibility	100% co-insurance 0% member responsibility	100% co-insurance 0% member responsibility	100% co-insurance 0% member responsibility	100% co-insurance 0% member responsibility
Class B (Basic)	60% co-insurance 40% member responsibility	80% co-insurance 20% member responsibility	80% co-insurance 20% member responsibility	80% co-insurance 20% member responsibility	80% co-insurance 20% member responsibility	80% co-insurance 20% member responsibility	80% co-insurance 20% member responsibility	80% co-insurance 20% member responsibility
Class C (Major)	50% co-insurance 50% member responsibility	50% co-insurance 50% member responsibility	50% co-insurance 50% member responsibility	50% co-insurance 50% member responsibility	50% co-insurance 50% member responsibility	50% co-insurance 50% member responsibility	50% co-insurance 50% member responsibility	50% co-insurance 50% member responsibility
Annual Maximum	\$1,000	\$1,000	\$1,500	\$2,000	\$2,000	\$1,000	\$1,500	\$1,500
Out-of-Network	MAC	MAC	MAC	MAC	MAC	Passive PPO	Passive PPO	Passive PPO
Named Insured	\$29.87	\$31.75	\$32.18	\$33.14	\$36.12	\$41.66	\$47.88	\$52.67
Named Insured and Spouse	\$55.77	\$59.90	\$60.76	\$62.59	\$68.22	\$79.89	\$91.83	\$101.01
One-Parent Family	\$72.12	\$76.05	\$76.64	\$78.61	\$85.68	\$101.83	\$117.05	\$128.76
Two-Parent Family	\$105.86	\$112.42	\$113.46	\$116.51	\$127.00	\$151.22	\$173.82	\$191.20

Employer Choice Benefits (If selected, applies to all in an account)

Orthodontia - All Plans	
One-Parent Family	\$7.66
Two-Parent Family	\$9.05

Orthodontia benefits available to dependents 19 and under.
Not available for adult coverage.

Rollover Benefit

Plan Design	Plan 1	Plan 2	Plan 3	Plan 4	Plan 4 Premier	Plan 5 Advantage	Plan 5	Plan 5 Premier
Named Insured	\$1.34	\$1.54	\$1.21	\$0.48	\$0.50	\$1.38	\$1.48	\$1.55
Named Insured and Spouse	\$2.67	\$3.06	\$2.30	\$0.94	\$0.98	\$2.75	\$2.94	\$3.09
One-Parent Family	\$3.04	\$3.42	\$2.93	\$1.06	\$1.11	\$2.77	\$2.96	\$3.11
Two-Parent Family	\$4.68	\$5.29	\$4.35	\$1.44	\$1.50	\$4.39	\$4.69	\$4.92

Employee Optional Rider

Vision - All Plans	
Named Insured	\$6.25
Named Insured and Spouse	\$12.35
One-Parent Family	\$13.00
Two-Parent Family	\$20.35

Applicable to New York

PS02628

Colonial Voluntary Benefits insurance products are underwritten by The Paul Revere Life Insurance Company, Worcester, MA. This information is only intended for proposal use with employers.

1/21 The Paul Revere Life Insurance Company, 1200 Colonial Life Boulevard, Columbia, South Carolina 29210

Disability 1000 for NY AA Risk Class

Applicable to policy form DIS1000-NY

● Off-Job Accident, Off-Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$18.40	\$23.00	\$46.00	\$92.00	\$138.00
	50-64	\$23.20	\$29.00	\$58.00	\$116.00	\$174.00
14 days Accident / 14 days Sickness	17-49	\$13.00	\$16.25	\$32.50	\$65.00	\$97.50
	50-64	\$17.20	\$21.50	\$43.00	\$86.00	\$129.00

*monthly benefit amount

Disability 1000 for NY AA Risk Class

Applicable to policy form DIS1000-NY

● On/Off-Job Accident and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$22.00	\$27.50	\$55.00	\$110.00	\$165.00
	50-64	\$27.40	\$34.25	\$68.50	\$137.00	\$205.50
14 days Accident / 14 days Sickness	17-49	\$15.80	\$19.75	\$39.50	\$79.00	\$118.50
	50-64	\$20.20	\$25.25	\$50.50	\$101.00	\$151.50

*monthly benefit amount

Disability 1000 for NY AAA Risk Class

Applicable to policy form DIS1000-NY

● Off-Job Accident, Off-Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$16.40	\$20.50	\$41.00	\$82.00	\$123.00
	50-64	\$20.60	\$25.75	\$51.50	\$103.00	\$154.50
14 days Accident / 14 days Sickness	17-49	\$11.40	\$14.25	\$28.50	\$57.00	\$85.50
	50-64	\$15.20	\$19.00	\$38.00	\$76.00	\$114.00

*monthly benefit amount

Disability 1000 for NY AAA Risk Class

Applicable to policy form DIS1000-NY

● On/Off-Job Accident and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$19.60	\$24.50	\$49.00	\$98.00	\$147.00
	50-64	\$24.40	\$30.50	\$61.00	\$122.00	\$183.00
14 days Accident / 14 days Sickness	17-49	\$13.80	\$17.25	\$34.50	\$69.00	\$103.50
	50-64	\$17.80	\$22.25	\$44.50	\$89.00	\$133.50

*monthly benefit amount

Important Notice Regarding Coverage

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Paul Revere benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA.

(Continued...)

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Endowment at Age 100 for NY

Applicable to policy forms WL-GPO-65-NY, WL-GPO-95-NY,
WL-NGPO-65-NY and WL-NGPO-95-NY

● Adult Base Plan Paid-Up at Age 65, Waiver of Premium

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$23.73	\$44.46	\$57.50	\$75.66	\$112.00
35	\$35.48	\$67.96	\$94.62	\$125.16	\$186.24
45	\$64.71	\$126.41	\$177.43	\$235.57	\$351.86

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$30.75	\$58.50	\$71.31	\$94.08	\$139.62
35	\$49.39	\$95.79	\$117.18	\$155.24	\$231.37
45	\$74.25	\$145.49	\$207.12	\$275.16	\$411.23

Endowment at Age 100 for NY

Applicable to policy forms WL-GPO-65-NY, WL-GPO-95-NY,
WL-NGPO-65-NY and WL-NGPO-95-NY

● Adult Base Plan Paid-Up at Age 95, Waiver of Premium

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$20.56	\$38.12	\$50.12	\$65.83	\$97.25
35	\$30.02	\$57.04	\$77.31	\$102.08	\$151.62
45	\$46.08	\$89.16	\$121.62	\$161.16	\$240.24
55	\$77.58	\$152.16	\$193.24	\$256.66	\$383.48
65	\$143.39	\$283.78	\$321.49	\$427.65	\$639.97

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$27.98	\$52.96	\$65.19	\$85.91	\$127.37
35	\$42.73	\$82.46	\$99.87	\$132.16	\$196.74
45	\$63.39	\$123.79	\$159.99	\$212.32	\$316.99
55	\$112.41	\$221.82	\$264.36	\$351.49	\$525.73
65	\$190.51	\$378.03	\$426.05	\$567.06	\$849.09

Important Notice Regarding Coverage

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Term Life (ITL5000) for NY

Applicable to policy form ITL5000

● 10-Year Term Base Plan, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$11.00	\$11.00	\$14.50	\$18.00	\$24.99
35	\$13.38	\$12.12	\$16.18	\$20.25	\$28.37
45	\$17.84	\$20.45	\$28.69	\$36.92	\$53.37
55	\$37.92	\$43.33	\$63.00	\$82.67	\$121.99
65	\$45.33	\$86.66	\$128.00	\$169.33	\$251.99

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$20.40	\$18.54	\$25.81	\$33.08	\$47.62
35	\$23.25	\$20.58	\$28.87	\$37.17	\$53.74
45	\$32.36	\$42.75	\$62.12	\$81.50	\$120.25
55	\$78.00	\$105.04	\$155.56	\$206.08	\$307.11
65	\$93.66	\$183.33	\$272.99	\$362.65	\$541.98

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

● 15-Year Term Base Plan, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$11.09	\$11.16	\$14.75	\$18.33	\$25.49
35	\$13.46	\$12.29	\$16.43	\$20.58	\$28.87
45	\$17.92	\$20.91	\$29.37	\$37.84	\$54.75
55	\$38.62	\$45.54	\$66.31	\$87.08	\$128.62
65	\$51.58	\$99.16	\$146.74	\$194.33	\$289.49

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$20.50	\$18.71	\$26.06	\$33.41	\$48.12
35	\$23.34	\$20.74	\$29.12	\$37.50	\$54.24
45	\$32.44	\$42.91	\$62.37	\$81.83	\$120.75
55	\$78.08	\$104.46	\$154.68	\$204.91	\$305.36
65	\$94.91	\$185.83	\$276.74	\$367.65	\$549.48

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

● 20-Year Term Base Plan, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$11.17	\$11.33	\$15.00	\$18.66	\$25.99
35	\$13.67	\$12.45	\$16.68	\$20.92	\$29.37
45	\$19.13	\$23.62	\$33.44	\$43.25	\$62.87

(Continued...)

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 20-Year Term Base Plan, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
55	\$42.62	\$53.29	\$77.94	\$102.58	\$151.86

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$20.61	\$19.00	\$26.50	\$34.00	\$48.99
35	\$23.73	\$21.49	\$30.25	\$39.00	\$56.49
45	\$34.65	\$47.29	\$68.94	\$90.58	\$133.87
55	\$82.31	\$113.00	\$167.50	\$222.00	\$330.98

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 30-Year Term Base Plan, Waiver of Premium Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$11.25	\$12.29	\$16.44	\$20.58	\$28.87
35	\$14.31	\$15.24	\$20.87	\$26.50	\$37.74
45	\$22.61	\$30.25	\$43.37	\$56.50	\$82.75

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
25	\$20.71	\$20.08	\$28.13	\$36.16	\$52.24
35	\$24.75	\$26.20	\$37.31	\$48.41	\$70.62
45	\$40.09	\$56.99	\$83.50	\$110.00	\$162.99

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Medical Bridge_{SM} Monthly Premiums

Level 1 \$250 Hospital Confinement \$250 Outpatient surgery	Named Insured	Named Insured & Spouse	One Parent	Two Parent
Age 17-49	\$7.00	\$12.00	\$9.00	\$14.00
Age 50-59	\$9.00	\$16.00	\$11.00	\$18.00
Age 60-64	\$13.00	\$23.00	\$15.00	\$25.00

Level 2 \$500 Hospital Confinement \$500 Outpatient surgery	Named Insured	Named Insured & Spouse	One Parent	Two Parent
Age 17-49	\$12.00	\$22.00	\$17.00	\$27.00
Age 50-59	\$16.00	\$30.00	\$21.00	\$35.00
Age 60-64	\$23.00	\$44.00	\$28.00	\$49.00

Level 3 \$1,000 Hospital Confinement \$500 Outpatient surgery	Named Insured	Named Insured & Spouse	One Parent	Two Parent
Age 17-49	\$18.00	\$35.00	\$27.00	\$44.00
Age 50-59	\$24.00	\$45.00	\$33.00	\$54.00
Age 60-64	\$35.00	\$67.00	\$44.00	\$76.00

Level 4 \$1,500 Hospital Confinement \$500 Outpatient surgery	Named Insured	Named Insured & Spouse	One Parent	Two Parent
Age 17-49	\$25.00	\$49.00	\$38.00	\$62.00
Age 50-59	\$32.00	\$61.00	\$45.00	\$74.00
Age 60-64	\$48.00	\$91.00	\$61.00	\$104.00

Level 5 \$2,000 Hospital Confinement \$500 Outpatient surgery	Named Insured	Named Insured & Spouse	One Parent	Two Parent
Age 17-49	\$32.00	\$64.00	\$48.00	\$80.00
Age 50-59	\$40.00	\$78.00	\$56.00	\$94.00
Age 60-64	\$61.00	\$116.00	\$77.00	\$132.00

Medical Bridge_{SM} Monthly Rider Premiums

Riders	Named Insured*	Named Insured & Spouse*	One Parent*	Two Parent*
Accident Only Emergency Room and Doctor Office Follow-Up	\$2.75	\$5.00	\$7.00	\$9.25
Accident and Sickness Emergency Room and Doctor Office Follow-up	\$4.00	\$7.00	\$12.50	\$15.50

* Applies to all age bands.

Available in NY

PS01225

This information is only intended for proposal use with employers.

Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA
 Administrative office: Colonial Voluntary Benefits 1200 Colonial Life Boulevard, Columbia, SC 29210
colonial-paulrevere.com

Medical Bridge 3000 for NY

Applicable to policy form MB3000-NY

● \$100 Hospital Confinement Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$9.20	\$19.25	\$13.70	\$22.20
50-59	\$16.10	\$35.80	\$20.10	\$37.45
60-64	\$25.60	\$57.95	\$31.85	\$61.15
65-74	\$24.95	\$65.00	\$35.40	\$68.45

Medical Bridge 3000 for NY

Applicable to policy form MB3000-NY

● \$240 Hospital Confinement Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$18.50	\$38.65	\$26.85	\$43.95
50-59	\$33.75	\$75.50	\$40.95	\$78.05
60-64	\$54.95	\$125.30	\$67.40	\$131.50
65-74	\$53.95	\$143.20	\$76.65	\$150.15

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Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage

Plan 1

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$7.49	\$12.23	\$14.55	\$19.29

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage

Plan 1

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$9.67	\$15.90	\$18.02	\$24.25

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage

Plan 2

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$11.59	\$18.97	\$23.10	\$30.48

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage

Plan 2

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$14.93	\$24.64	\$28.56	\$38.27

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage

Plan 3

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$18.56	\$30.04	\$34.33	\$45.81

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage

Plan 3

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$23.69	\$38.80	\$42.78	\$57.89

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Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage

Basic

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$7.49	\$12.23	\$14.55	\$19.29

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage

Basic

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$9.67	\$15.90	\$18.02	\$24.25

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage

Preferred

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$11.59	\$18.97	\$23.10	\$30.48

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage

Preferred

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$14.93	\$24.64	\$28.56	\$38.27

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- Off-Job Accident Coverage

Premier

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$18.56	\$30.04	\$34.33	\$45.81

Group Accident for AL

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage

Premier

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$23.69	\$38.80	\$42.78	\$57.89

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Quote Prepared on: 04/18/2023 & Valid through: 11/30/2023

Earliest Enrollment Date: 10/1/2023

Group Accident (GAC4100)
Account Name: AL-GACC Test
Basic Plan
Situs State: AL

Off Job Coverage

	Employee	Employee & Spouse	Employee and Dependent Child(ren)	Employee, Spouse, & Dependent Child(ren)
Monthly Premium	\$4.81	\$6.49	\$11.59	\$13.35
<i>Plan Code</i>	<i>JXXI</i>	<i>JXXJ</i>	<i>JXXK</i>	<i>JXXT</i>

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Quote Prepared on: 04/18/2023 & Valid through: 11/30/2023

Earliest Enrollment Date: 10/1/2023

Group Accident (GAC4100)
Account Name: AL-GACC Test
Basic Plan
Situs State: AL

On/Off Job Coverage

	Employee	Employee & Spouse	Employee and Dependent Child(ren)	Employee, Spouse, & Dependent Child(ren)
Monthly Premium	\$6.25	\$8.70	\$13.00	\$15.58
<i>Plan Code</i>	<i>AXXI</i>	<i>AXXJ</i>	<i>AXXK</i>	<i>AXXT</i>

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Quote Prepared on: 04/18/2023 & Valid through: 11/30/2023

Earliest Enrollment Date: 10/1/2023

Group Accident (GAC4100)
Account Name: AL-GACC Test
Preferred Plan
Situs State: AL

Off Job Coverage

	Employee	Employee & Spouse	Employee and Dependent Child(ren)	Employee, Spouse, & Dependent Child(ren)
Monthly Premium	\$6.54	\$9.50	\$18.07	\$21.08
<i>Plan Code</i>	<i>LXXI</i>	<i>LXXJ</i>	<i>LXXK</i>	<i>LXXT</i>

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Quote Prepared on: 04/18/2023 & Valid through: 11/30/2023

Earliest Enrollment Date: 10/1/2023

Group Accident (GAC4100)
Account Name: AL-GACC Test
Preferred Plan
Situs State: AL

On/Off Job Coverage

	Employee	Employee & Spouse	Employee and Dependent Child(ren)	Employee, Spouse, & Dependent Child(ren)
Monthly Premium	\$8.95	\$13.19	\$20.46	\$24.83
<i>Plan Code</i>	<i>CXXI</i>	<i>CXXJ</i>	<i>CXXK</i>	<i>CXXT</i>

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Quote Prepared on: 04/18/2023 & Valid through: 11/30/2023

Earliest Enrollment Date: 10/1/2023

Group Accident (GAC4100)
Account Name: AL-GACC Test
Premier Plan
Situs State: AL

Off Job Coverage

	Employee	Employee & Spouse	Employee and Dependent Child(ren)	Employee, Spouse, & Dependent Child(ren)
Monthly Premium	\$9.07	\$13.90	\$27.38	\$32.22
<i>Plan Code</i>	<i>MXXI</i>	<i>MXXJ</i>	<i>MXXK</i>	<i>MXXT</i>

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Quote Prepared on: 04/18/2023 & Valid through: 11/30/2023

Earliest Enrollment Date: 10/1/2023

Group Accident (GAC4100)
Account Name: AL-GACC Test
Premier Plan
Situs State: AL

On/Off Job Coverage

	Employee	Employee & Spouse	Employee and Dependent Child(ren)	Employee, Spouse, & Dependent Child(ren)
Monthly Premium	\$12.91	\$19.77	\$31.19	\$38.20
<i>Plan Code</i>	<i>DXXI</i>	<i>DXXJ</i>	<i>DXXK</i>	<i>DXXT</i>

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Group Cancer 1000 Base plus Additional Benefits Monthly Premiums				
	Level 1	Level 2	Level 3	Level 4
Employee	\$7.85	\$10.70	\$17.30	\$23.90
Family	\$13.90	\$17.85	\$28.75	\$39.70
Group Cancer 1000 Base Benefits Only Monthly Premiums				
		Level 2	Level 3	Level 4
Employee		\$9.10	\$15.70	\$22.30
Family		\$15.13	\$26.03	\$36.98
Group Cancer 1000 Optional Riders Monthly Premiums				
	Specified Disease		Initial Diagnosis per \$1000	
Employee	\$0.70		\$1.05	
Family	\$1.10		\$1.75	

NOTE: Level 1 benefits are not available with the Base Only Plan.

Proposal applicable to: AK, AL, AR, AZ, CO, DC, DE, FL, GA, HI, IA, ID, IL, IN, KY, LA, MA, ME, MI, MN, MO, MS, NC, ND, NE, NH, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WY

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Group Critical Care for AL - Plan 1

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$8.16	\$14.52	\$9.00	\$15.36
	30-39	\$11.96	\$20.12	\$12.70	\$20.86
	40-49	\$20.16	\$32.52	\$21.00	\$33.36
	50-59	\$33.66	\$53.62	\$34.50	\$54.46
	60-74	\$52.16	\$81.82	\$53.10	\$82.66

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$11.33	\$19.66	\$12.07	\$20.40
	30-39	\$16.93	\$27.96	\$17.67	\$28.70
	40-49	\$30.53	\$48.46	\$31.37	\$49.30
	50-59	\$52.53	\$83.16	\$53.37	\$84.00
	60-74	\$84.03	\$131.26	\$84.97	\$132.20

Group Critical Care for AL - Plan 2

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$3.60	\$5.40	\$4.20	\$6.00
	30-39	\$7.40	\$11.00	\$7.90	\$11.50
	40-49	\$15.60	\$23.40	\$16.20	\$24.00
	50-59	\$29.10	\$44.50	\$29.70	\$45.10
	60-74	\$47.60	\$72.70	\$48.30	\$73.30

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$5.90	\$8.80	\$6.40	\$9.30
	30-39	\$11.50	\$17.10	\$12.00	\$17.60
	40-49	\$25.10	\$37.60	\$25.70	\$38.20
	50-59	\$47.10	\$72.30	\$47.70	\$72.90
	60-74	\$78.60	\$120.40	\$79.30	\$121.10

(Continued...)

Group Critical Care for AL - Plan 3

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$2.30	\$3.30	\$2.50	\$3.60
	30-39	\$4.10	\$6.10	\$4.40	\$6.40
	40-49	\$8.50	\$12.80	\$8.80	\$13.00
	50-59	\$15.70	\$24.50	\$16.00	\$24.70
	60-74	\$26.00	\$40.30	\$26.20	\$40.50

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$4.50	\$6.70	\$4.80	\$6.90
	30-39	\$8.30	\$12.30	\$8.50	\$12.50
	40-49	\$17.10	\$25.60	\$17.30	\$25.80
	50-59	\$31.50	\$49.00	\$31.80	\$49.30
	60-74	\$52.00	\$80.60	\$52.30	\$80.80

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Group Critical Care for AL

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	16-29	\$11.76	\$19.92	\$13.20	\$21.36
	30-39	\$19.36	\$31.12	\$20.60	\$32.36
	40-49	\$35.76	\$55.92	\$37.20	\$57.36
	50-59	\$62.76	\$98.12	\$64.20	\$99.56
	60-74	\$99.76	\$154.52	\$101.40	\$155.96

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	16-29	\$17.23	\$28.46	\$18.47	\$29.70
	30-39	\$28.43	\$45.06	\$29.67	\$46.30
	40-49	\$55.63	\$86.06	\$57.07	\$87.50
	50-59	\$99.63	\$155.46	\$101.07	\$156.90
	60-74	\$162.63	\$251.66	\$164.27	\$253.30

Group Critical Care for AL

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	16-29	\$7.20	\$10.80	\$8.40	\$12.00
	30-39	\$14.80	\$22.00	\$15.80	\$23.00
	40-49	\$31.20	\$46.80	\$32.40	\$48.00
	50-59	\$58.20	\$89.00	\$59.40	\$90.20
	60-74	\$95.20	\$145.40	\$96.60	\$146.60

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	16-29	\$11.80	\$17.60	\$12.80	\$18.60
	30-39	\$23.00	\$34.20	\$24.00	\$35.20
	40-49	\$50.20	\$75.20	\$51.40	\$76.40
	50-59	\$94.20	\$144.60	\$95.40	\$145.80
	60-74	\$157.20	\$240.80	\$158.60	\$242.20

(Continued...)

Group Critical Care for AL

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	16-29	\$4.60	\$6.60	\$5.00	\$7.20
	30-39	\$8.20	\$12.20	\$8.80	\$12.80
	40-49	\$17.00	\$25.60	\$17.60	\$26.00
	50-59	\$31.40	\$49.00	\$32.00	\$49.40
	60-74	\$52.00	\$80.60	\$52.40	\$81.00

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	16-29	\$9.00	\$13.40	\$9.60	\$13.80
	30-39	\$16.60	\$24.60	\$17.00	\$25.00
	40-49	\$34.20	\$51.20	\$34.60	\$51.60
	50-59	\$63.00	\$98.00	\$63.60	\$98.60
	60-74	\$104.00	\$161.20	\$104.60	\$161.60

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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Group Critical Illness (GCI6000) for AL

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.70	\$5.80	\$3.70	\$5.80
	25-29	\$4.00	\$6.10	\$4.00	\$6.10
	30-34	\$4.30	\$6.60	\$4.30	\$6.60
	35-39	\$5.10	\$7.70	\$5.10	\$7.70
	40-44	\$6.70	\$10.10	\$6.70	\$10.10
	45-49	\$8.70	\$13.10	\$8.70	\$13.10
	50-54	\$11.00	\$16.70	\$11.00	\$16.70
	55-59	\$14.80	\$22.30	\$14.80	\$22.30
	60-64	\$19.50	\$29.50	\$19.50	\$29.50
	65-69	\$26.20	\$39.50	\$26.20	\$39.50
\$20,000	70-74	\$34.60	\$52.10	\$34.60	\$52.10
	17-24	\$4.50	\$7.10	\$4.50	\$7.10
	25-29	\$5.10	\$7.70	\$5.10	\$7.70
	30-34	\$5.70	\$8.70	\$5.70	\$8.70
	35-39	\$7.30	\$10.90	\$7.30	\$10.90
	40-44	\$10.50	\$15.70	\$10.50	\$15.70
	45-49	\$14.50	\$21.70	\$14.50	\$21.70
	50-54	\$19.10	\$28.90	\$19.10	\$28.90
	55-59	\$26.70	\$40.10	\$26.70	\$40.10
	60-64	\$36.10	\$54.50	\$36.10	\$54.50
\$30,000	65-69	\$49.50	\$74.50	\$49.50	\$74.50
	70-74	\$66.30	\$99.70	\$66.30	\$99.70
	17-24	\$5.30	\$8.40	\$5.30	\$8.40
	25-29	\$6.20	\$9.30	\$6.20	\$9.30
	30-34	\$7.10	\$10.80	\$7.10	\$10.80
	35-39	\$9.50	\$14.10	\$9.50	\$14.10
	40-44	\$14.30	\$21.30	\$14.30	\$21.30
	45-49	\$20.30	\$30.30	\$20.30	\$30.30
	50-54	\$27.20	\$41.10	\$27.20	\$41.10
	55-59	\$38.60	\$57.90	\$38.60	\$57.90
60-64	\$52.70	\$79.50	\$52.70	\$79.50	
65-69	\$72.80	\$109.50	\$72.80	\$109.50	
70-74	\$98.00	\$147.30	\$98.00	\$147.30	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$40,000	17-24	\$6.10	\$9.70	\$6.10	\$9.70
	25-29	\$7.30	\$10.90	\$7.30	\$10.90
	30-34	\$8.50	\$12.90	\$8.50	\$12.90
	35-39	\$11.70	\$17.30	\$11.70	\$17.30
	40-44	\$18.10	\$26.90	\$18.10	\$26.90
	45-49	\$26.10	\$38.90	\$26.10	\$38.90
	50-54	\$35.30	\$53.30	\$35.30	\$53.30
	55-59	\$50.50	\$75.70	\$50.50	\$75.70
	60-64	\$69.30	\$104.50	\$69.30	\$104.50
	65-69	\$96.10	\$144.50	\$96.10	\$144.50
	70-74	\$129.70	\$194.90	\$129.70	\$194.90
\$50,000	17-24	\$6.90	\$11.00	\$6.90	\$11.00
	25-29	\$8.40	\$12.50	\$8.40	\$12.50
	30-34	\$9.90	\$15.00	\$9.90	\$15.00
	35-39	\$13.90	\$20.50	\$13.90	\$20.50
	40-44	\$21.90	\$32.50	\$21.90	\$32.50
	45-49	\$31.90	\$47.50	\$31.90	\$47.50
	50-54	\$43.40	\$65.50	\$43.40	\$65.50
	55-59	\$62.40	\$93.50	\$62.40	\$93.50
	60-64	\$85.90	\$129.50	\$85.90	\$129.50
	65-69	\$119.40	\$179.50	\$119.40	\$179.50
	70-74	\$161.40	\$242.50	\$161.40	\$242.50

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$4.10	\$6.20	\$4.10	\$6.20
	25-29	\$4.40	\$6.80	\$4.40	\$6.80
	30-34	\$5.00	\$7.70	\$5.00	\$7.70
	35-39	\$6.40	\$9.80	\$6.40	\$9.80
	40-44	\$9.30	\$14.10	\$9.30	\$14.10
	45-49	\$12.90	\$19.50	\$12.90	\$19.50
	50-54	\$17.20	\$25.90	\$17.20	\$25.90
	55-59	\$23.90	\$35.90	\$23.90	\$35.90
	60-64	\$32.50	\$48.90	\$32.50	\$48.90
	65-69	\$44.50	\$66.90	\$44.50	\$66.90
	70-74	\$59.60	\$89.60	\$59.60	\$89.60



(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$5.30	\$7.90	\$5.30	\$7.90
	25-29	\$5.90	\$9.10	\$5.90	\$9.10
	30-34	\$7.10	\$10.90	\$7.10	\$10.90
	35-39	\$9.90	\$15.10	\$9.90	\$15.10
	40-44	\$15.70	\$23.70	\$15.70	\$23.70
	45-49	\$22.90	\$34.50	\$22.90	\$34.50
	50-54	\$31.50	\$47.30	\$31.50	\$47.30
	55-59	\$44.90	\$67.30	\$44.90	\$67.30
	60-64	\$62.10	\$93.30	\$62.10	\$93.30
	65-69	\$86.10	\$129.30	\$86.10	\$129.30
70-74	\$116.30	\$174.70	\$116.30	\$174.70	
\$30,000	17-24	\$6.50	\$9.60	\$6.50	\$9.60
	25-29	\$7.40	\$11.40	\$7.40	\$11.40
	30-34	\$9.20	\$14.10	\$9.20	\$14.10
	35-39	\$13.40	\$20.40	\$13.40	\$20.40
	40-44	\$22.10	\$33.30	\$22.10	\$33.30
	45-49	\$32.90	\$49.50	\$32.90	\$49.50
	50-54	\$45.80	\$68.70	\$45.80	\$68.70
	55-59	\$65.90	\$98.70	\$65.90	\$98.70
	60-64	\$91.70	\$137.70	\$91.70	\$137.70
	65-69	\$127.70	\$191.70	\$127.70	\$191.70
70-74	\$173.00	\$259.80	\$173.00	\$259.80	
\$40,000	17-24	\$7.70	\$11.30	\$7.70	\$11.30
	25-29	\$8.90	\$13.70	\$8.90	\$13.70
	30-34	\$11.30	\$17.30	\$11.30	\$17.30
	35-39	\$16.90	\$25.70	\$16.90	\$25.70
	40-44	\$28.50	\$42.90	\$28.50	\$42.90
	45-49	\$42.90	\$64.50	\$42.90	\$64.50
	50-54	\$60.10	\$90.10	\$60.10	\$90.10
	55-59	\$86.90	\$130.10	\$86.90	\$130.10
	60-64	\$121.30	\$182.10	\$121.30	\$182.10
	65-69	\$169.30	\$254.10	\$169.30	\$254.10
70-74	\$229.70	\$344.90	\$229.70	\$344.90	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$50,000	17-24	\$8.90	\$13.00	\$8.90	\$13.00
	25-29	\$10.40	\$16.00	\$10.40	\$16.00
	30-34	\$13.40	\$20.50	\$13.40	\$20.50
	35-39	\$20.40	\$31.00	\$20.40	\$31.00
	40-44	\$34.90	\$52.50	\$34.90	\$52.50
	45-49	\$52.90	\$79.50	\$52.90	\$79.50
	50-54	\$74.40	\$111.50	\$74.40	\$111.50
	55-59	\$107.90	\$161.50	\$107.90	\$161.50
	60-64	\$150.90	\$226.50	\$150.90	\$226.50
	65-69	\$210.90	\$316.50	\$210.90	\$316.50
	70-74	\$286.40	\$430.00	\$286.40	\$430.00

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.80	\$5.80	\$3.80	\$5.80
	25-29	\$4.00	\$6.20	\$4.00	\$6.20
	30-34	\$4.40	\$6.70	\$4.40	\$6.70
	35-39	\$5.30	\$8.00	\$5.30	\$8.00
	40-44	\$7.00	\$10.70	\$7.00	\$10.70
	45-49	\$9.30	\$14.00	\$9.30	\$14.00
	50-54	\$11.90	\$18.00	\$11.90	\$18.00
	55-59	\$16.10	\$24.20	\$16.10	\$24.20
	60-64	\$21.40	\$32.20	\$21.40	\$32.20
	65-69	\$28.80	\$43.40	\$28.80	\$43.40
	70-74	\$38.20	\$57.40	\$38.20	\$57.40
\$20,000	17-24	\$4.70	\$7.10	\$4.70	\$7.10
	25-29	\$5.10	\$7.90	\$5.10	\$7.90
	30-34	\$5.90	\$8.90	\$5.90	\$8.90
	35-39	\$7.70	\$11.50	\$7.70	\$11.50
	40-44	\$11.10	\$16.90	\$11.10	\$16.90
	45-49	\$15.70	\$23.50	\$15.70	\$23.50
	50-54	\$20.90	\$31.50	\$20.90	\$31.50
	55-59	\$29.30	\$43.90	\$29.30	\$43.90
	60-64	\$39.90	\$59.90	\$39.90	\$59.90
	65-69	\$54.70	\$82.30	\$54.70	\$82.30
	70-74	\$73.50	\$110.30	\$73.50	\$110.30



(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$30,000	17-24	\$5.60	\$8.40	\$5.60	\$8.40
	25-29	\$6.20	\$9.60	\$6.20	\$9.60
	30-34	\$7.40	\$11.10	\$7.40	\$11.10
	35-39	\$10.10	\$15.00	\$10.10	\$15.00
	40-44	\$15.20	\$23.10	\$15.20	\$23.10
	45-49	\$22.10	\$33.00	\$22.10	\$33.00
	50-54	\$29.90	\$45.00	\$29.90	\$45.00
	55-59	\$42.50	\$63.60	\$42.50	\$63.60
	60-64	\$58.40	\$87.60	\$58.40	\$87.60
	65-69	\$80.60	\$121.20	\$80.60	\$121.20
70-74	\$108.80	\$163.20	\$108.80	\$163.20	
\$40,000	17-24	\$6.50	\$9.70	\$6.50	\$9.70
	25-29	\$7.30	\$11.30	\$7.30	\$11.30
	30-34	\$8.90	\$13.30	\$8.90	\$13.30
	35-39	\$12.50	\$18.50	\$12.50	\$18.50
	40-44	\$19.30	\$29.30	\$19.30	\$29.30
	45-49	\$28.50	\$42.50	\$28.50	\$42.50
	50-54	\$38.90	\$58.50	\$38.90	\$58.50
	55-59	\$55.70	\$83.30	\$55.70	\$83.30
	60-64	\$76.90	\$115.30	\$76.90	\$115.30
	65-69	\$106.50	\$160.10	\$106.50	\$160.10
70-74	\$144.10	\$216.10	\$144.10	\$216.10	
\$50,000	17-24	\$7.40	\$11.00	\$7.40	\$11.00
	25-29	\$8.40	\$13.00	\$8.40	\$13.00
	30-34	\$10.40	\$15.50	\$10.40	\$15.50
	35-39	\$14.90	\$22.00	\$14.90	\$22.00
	40-44	\$23.40	\$35.50	\$23.40	\$35.50
	45-49	\$34.90	\$52.00	\$34.90	\$52.00
	50-54	\$47.90	\$72.00	\$47.90	\$72.00
	55-59	\$68.90	\$103.00	\$68.90	\$103.00
	60-64	\$95.40	\$143.00	\$95.40	\$143.00
	65-69	\$132.40	\$199.00	\$132.40	\$199.00
70-74	\$179.40	\$269.00	\$179.40	\$269.00	

(Continued...)

Group Critical Illness (GCI6000) for AL

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

- Plan 2 - Critical Illness & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$4.20	\$6.50	\$4.20	\$6.50
	25-29	\$4.70	\$7.20	\$4.70	\$7.20
	30-34	\$5.40	\$8.20	\$5.40	\$8.20
	35-39	\$7.90	\$12.10	\$7.90	\$12.10
	40-44	\$10.90	\$16.50	\$10.90	\$16.50
	45-49	\$15.30	\$23.10	\$15.30	\$23.10
	50-54	\$20.50	\$30.90	\$20.50	\$30.90
	55-59	\$27.90	\$41.90	\$27.90	\$41.90
	60-64	\$37.30	\$56.10	\$37.30	\$56.10
	65-69	\$46.50	\$70.00	\$46.50	\$70.00
70-74	\$59.00	\$88.60	\$59.00	\$88.60	
\$20,000	17-24	\$5.50	\$8.50	\$5.50	\$8.50
	25-29	\$6.50	\$9.90	\$6.50	\$9.90
	30-34	\$7.90	\$11.90	\$7.90	\$11.90
	35-39	\$12.90	\$19.70	\$12.90	\$19.70
	40-44	\$18.90	\$28.50	\$18.90	\$28.50
	45-49	\$27.70	\$41.70	\$27.70	\$41.70
	50-54	\$38.10	\$57.30	\$38.10	\$57.30
	55-59	\$52.90	\$79.30	\$52.90	\$79.30
	60-64	\$71.70	\$107.70	\$71.70	\$107.70
	65-69	\$90.10	\$135.50	\$90.10	\$135.50
70-74	\$115.10	\$172.70	\$115.10	\$172.70	
\$30,000	17-24	\$6.80	\$10.50	\$6.80	\$10.50
	25-29	\$8.30	\$12.60	\$8.30	\$12.60
	30-34	\$10.40	\$15.60	\$10.40	\$15.60
	35-39	\$17.90	\$27.30	\$17.90	\$27.30
	40-44	\$26.90	\$40.50	\$26.90	\$40.50
	45-49	\$40.10	\$60.30	\$40.10	\$60.30
	50-54	\$55.70	\$83.70	\$55.70	\$83.70
	55-59	\$77.90	\$116.70	\$77.90	\$116.70
	60-64	\$106.10	\$159.30	\$106.10	\$159.30
	65-69	\$133.70	\$201.00	\$133.70	\$201.00
70-74	\$171.20	\$256.80	\$171.20	\$256.80	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 2 - Critical Illness & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$40,000	17-24	\$8.10	\$12.50	\$8.10	\$12.50
	25-29	\$10.10	\$15.30	\$10.10	\$15.30
	30-34	\$12.90	\$19.30	\$12.90	\$19.30
	35-39	\$22.90	\$34.90	\$22.90	\$34.90
	40-44	\$34.90	\$52.50	\$34.90	\$52.50
	45-49	\$52.50	\$78.90	\$52.50	\$78.90
	50-54	\$73.30	\$110.10	\$73.30	\$110.10
	55-59	\$102.90	\$154.10	\$102.90	\$154.10
	60-64	\$140.50	\$210.90	\$140.50	\$210.90
	65-69	\$177.30	\$266.50	\$177.30	\$266.50
	70-74	\$227.30	\$340.90	\$227.30	\$340.90
\$50,000	17-24	\$9.40	\$14.50	\$9.40	\$14.50
	25-29	\$11.90	\$18.00	\$11.90	\$18.00
	30-34	\$15.40	\$23.00	\$15.40	\$23.00
	35-39	\$27.90	\$42.50	\$27.90	\$42.50
	40-44	\$42.90	\$64.50	\$42.90	\$64.50
	45-49	\$64.90	\$97.50	\$64.90	\$97.50
	50-54	\$90.90	\$136.50	\$90.90	\$136.50
	55-59	\$127.90	\$191.50	\$127.90	\$191.50
	60-64	\$174.90	\$262.50	\$174.90	\$262.50
	65-69	\$220.90	\$332.00	\$220.90	\$332.00
	70-74	\$283.40	\$425.00	\$283.40	\$425.00

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$4.60	\$7.00	\$4.60	\$7.00
	25-29	\$5.20	\$8.00	\$5.20	\$8.00
	30-34	\$6.20	\$9.50	\$6.20	\$9.50
	35-39	\$9.60	\$14.50	\$9.60	\$14.50
	40-44	\$13.90	\$21.00	\$13.90	\$21.00
	45-49	\$20.20	\$30.40	\$20.20	\$30.40
	50-54	\$27.60	\$41.50	\$27.60	\$41.50
	55-59	\$38.30	\$57.60	\$38.30	\$57.60
	60-64	\$52.00	\$78.20	\$52.00	\$78.20
	65-69	\$66.90	\$100.40	\$66.90	\$100.40
	70-74	\$86.40	\$129.80	\$86.40	\$129.80

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 2 - Critical Illness & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$6.30	\$9.50	\$6.30	\$9.50
	25-29	\$7.50	\$11.50	\$7.50	\$11.50
	30-34	\$9.50	\$14.50	\$9.50	\$14.50
	35-39	\$16.30	\$24.50	\$16.30	\$24.50
	40-44	\$24.90	\$37.50	\$24.90	\$37.50
	45-49	\$37.50	\$56.30	\$37.50	\$56.30
	50-54	\$52.30	\$78.50	\$52.30	\$78.50
	55-59	\$73.70	\$110.70	\$73.70	\$110.70
	60-64	\$101.10	\$151.90	\$101.10	\$151.90
	65-69	\$130.90	\$196.30	\$130.90	\$196.30
	70-74	\$169.90	\$255.10	\$169.90	\$255.10
\$30,000	17-24	\$8.00	\$12.00	\$8.00	\$12.00
	25-29	\$9.80	\$15.00	\$9.80	\$15.00
	30-34	\$12.80	\$19.50	\$12.80	\$19.50
	35-39	\$23.00	\$34.50	\$23.00	\$34.50
	40-44	\$35.90	\$54.00	\$35.90	\$54.00
	45-49	\$54.80	\$82.20	\$54.80	\$82.20
	50-54	\$77.00	\$115.50	\$77.00	\$115.50
	55-59	\$109.10	\$163.80	\$109.10	\$163.80
	60-64	\$150.20	\$225.60	\$150.20	\$225.60
	65-69	\$194.90	\$292.20	\$194.90	\$292.20
	70-74	\$253.40	\$380.40	\$253.40	\$380.40
\$40,000	17-24	\$9.70	\$14.50	\$9.70	\$14.50
	25-29	\$12.10	\$18.50	\$12.10	\$18.50
	30-34	\$16.10	\$24.50	\$16.10	\$24.50
	35-39	\$29.70	\$44.50	\$29.70	\$44.50
	40-44	\$46.90	\$70.50	\$46.90	\$70.50
	45-49	\$72.10	\$108.10	\$72.10	\$108.10
	50-54	\$101.70	\$152.50	\$101.70	\$152.50
	55-59	\$144.50	\$216.90	\$144.50	\$216.90
	60-64	\$199.30	\$299.30	\$199.30	\$299.30
	65-69	\$258.90	\$388.10	\$258.90	\$388.10
	70-74	\$336.90	\$505.70	\$336.90	\$505.70

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 2 - Critical Illness & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$50,000	17-24	\$11.40	\$17.00	\$11.40	\$17.00
	25-29	\$14.40	\$22.00	\$14.40	\$22.00
	30-34	\$19.40	\$29.50	\$19.40	\$29.50
	35-39	\$36.40	\$54.50	\$36.40	\$54.50
	40-44	\$57.90	\$87.00	\$57.90	\$87.00
	45-49	\$89.40	\$134.00	\$89.40	\$134.00
	50-54	\$126.40	\$189.50	\$126.40	\$189.50
	55-59	\$179.90	\$270.00	\$179.90	\$270.00
	60-64	\$248.40	\$373.00	\$248.40	\$373.00
	65-69	\$322.90	\$484.00	\$322.90	\$484.00
	70-74	\$420.40	\$631.00	\$420.40	\$631.00

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$4.30	\$6.60	\$4.30	\$6.60
	25-29	\$4.80	\$7.30	\$4.80	\$7.30
	30-34	\$5.50	\$8.40	\$5.50	\$8.40
	35-39	\$8.20	\$12.40	\$8.20	\$12.40
	40-44	\$11.30	\$17.10	\$11.30	\$17.10
	45-49	\$16.00	\$24.10	\$16.00	\$24.10
	50-54	\$21.50	\$32.40	\$21.50	\$32.40
	55-59	\$29.40	\$44.20	\$29.40	\$44.20
	60-64	\$39.40	\$59.30	\$39.40	\$59.30
	65-69	\$49.40	\$74.30	\$49.40	\$74.30
	70-74	\$62.90	\$94.50	\$62.90	\$94.50
\$20,000	17-24	\$5.70	\$8.70	\$5.70	\$8.70
	25-29	\$6.70	\$10.10	\$6.70	\$10.10
	30-34	\$8.10	\$12.30	\$8.10	\$12.30
	35-39	\$13.50	\$20.30	\$13.50	\$20.30
	40-44	\$19.70	\$29.70	\$19.70	\$29.70
	45-49	\$29.10	\$43.70	\$29.10	\$43.70
	50-54	\$40.10	\$60.30	\$40.10	\$60.30
	55-59	\$55.90	\$83.90	\$55.90	\$83.90
	60-64	\$75.90	\$114.10	\$75.90	\$114.10
	65-69	\$95.90	\$144.10	\$95.90	\$144.10
	70-74	\$122.90	\$184.50	\$122.90	\$184.50

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

● Plan 2 - Critical Illness & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$30,000	17-24	\$7.10	\$10.80	\$7.10	\$10.80
	25-29	\$8.60	\$12.90	\$8.60	\$12.90
	30-34	\$10.70	\$16.20	\$10.70	\$16.20
	35-39	\$18.80	\$28.20	\$18.80	\$28.20
	40-44	\$28.10	\$42.30	\$28.10	\$42.30
	45-49	\$42.20	\$63.30	\$42.20	\$63.30
	50-54	\$58.70	\$88.20	\$58.70	\$88.20
	55-59	\$82.40	\$123.60	\$82.40	\$123.60
	60-64	\$112.40	\$168.90	\$112.40	\$168.90
	65-69	\$142.40	\$213.90	\$142.40	\$213.90
	70-74	\$182.90	\$274.50	\$182.90	\$274.50
\$40,000	17-24	\$8.50	\$12.90	\$8.50	\$12.90
	25-29	\$10.50	\$15.70	\$10.50	\$15.70
	30-34	\$13.30	\$20.10	\$13.30	\$20.10
	35-39	\$24.10	\$36.10	\$24.10	\$36.10
	40-44	\$36.50	\$54.90	\$36.50	\$54.90
	45-49	\$55.30	\$82.90	\$55.30	\$82.90
	50-54	\$77.30	\$116.10	\$77.30	\$116.10
	55-59	\$108.90	\$163.30	\$108.90	\$163.30
	60-64	\$148.90	\$223.70	\$148.90	\$223.70
	65-69	\$188.90	\$283.70	\$188.90	\$283.70
	70-74	\$242.90	\$364.50	\$242.90	\$364.50
\$50,000	17-24	\$9.90	\$15.00	\$9.90	\$15.00
	25-29	\$12.40	\$18.50	\$12.40	\$18.50
	30-34	\$15.90	\$24.00	\$15.90	\$24.00
	35-39	\$29.40	\$44.00	\$29.40	\$44.00
	40-44	\$44.90	\$67.50	\$44.90	\$67.50
	45-49	\$68.40	\$102.50	\$68.40	\$102.50
	50-54	\$95.90	\$144.00	\$95.90	\$144.00
	55-59	\$135.40	\$203.00	\$135.40	\$203.00
	60-64	\$185.40	\$278.50	\$185.40	\$278.50
	65-69	\$235.40	\$353.50	\$235.40	\$353.50
	70-74	\$302.90	\$454.50	\$302.90	\$454.50



(Continued...)

Group Critical Illness (GCI6000) for AL

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

- Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.80	\$5.90	\$3.80	\$5.90
	25-29	\$4.10	\$6.30	\$4.10	\$6.30
	30-34	\$4.50	\$6.90	\$4.50	\$6.90
	35-39	\$6.20	\$9.50	\$6.20	\$9.50
	40-44	\$7.60	\$11.50	\$7.60	\$11.50
	45-49	\$10.00	\$15.10	\$10.00	\$15.10
	50-54	\$12.80	\$19.40	\$12.80	\$19.40
	55-59	\$16.50	\$24.90	\$16.50	\$24.90
	60-64	\$21.10	\$31.80	\$21.10	\$31.80
	65-69	\$23.70	\$35.70	\$23.70	\$35.70
70-74	\$27.80	\$41.80	\$27.80	\$41.80	
\$20,000	17-24	\$4.70	\$7.30	\$4.70	\$7.30
	25-29	\$5.30	\$8.10	\$5.30	\$8.10
	30-34	\$6.10	\$9.30	\$6.10	\$9.30
	35-39	\$9.50	\$14.50	\$9.50	\$14.50
	40-44	\$12.30	\$18.50	\$12.30	\$18.50
	45-49	\$17.10	\$25.70	\$17.10	\$25.70
	50-54	\$22.70	\$34.30	\$22.70	\$34.30
	55-59	\$30.10	\$45.30	\$30.10	\$45.30
	60-64	\$39.30	\$59.10	\$39.30	\$59.10
	65-69	\$44.50	\$66.90	\$44.50	\$66.90
70-74	\$52.70	\$79.10	\$52.70	\$79.10	
\$30,000	17-24	\$5.60	\$8.70	\$5.60	\$8.70
	25-29	\$6.50	\$9.90	\$6.50	\$9.90
	30-34	\$7.70	\$11.70	\$7.70	\$11.70
	35-39	\$12.80	\$19.50	\$12.80	\$19.50
	40-44	\$17.00	\$25.50	\$17.00	\$25.50
	45-49	\$24.20	\$36.30	\$24.20	\$36.30
	50-54	\$32.60	\$49.20	\$32.60	\$49.20
	55-59	\$43.70	\$65.70	\$43.70	\$65.70
	60-64	\$57.50	\$86.40	\$57.50	\$86.40
	65-69	\$65.30	\$98.10	\$65.30	\$98.10
70-74	\$77.60	\$116.40	\$77.60	\$116.40	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

● Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$40,000	17-24	\$6.50	\$10.10	\$6.50	\$10.10
	25-29	\$7.70	\$11.70	\$7.70	\$11.70
	30-34	\$9.30	\$14.10	\$9.30	\$14.10
	35-39	\$16.10	\$24.50	\$16.10	\$24.50
	40-44	\$21.70	\$32.50	\$21.70	\$32.50
	45-49	\$31.30	\$46.90	\$31.30	\$46.90
	50-54	\$42.50	\$64.10	\$42.50	\$64.10
	55-59	\$57.30	\$86.10	\$57.30	\$86.10
	60-64	\$75.70	\$113.70	\$75.70	\$113.70
	65-69	\$86.10	\$129.30	\$86.10	\$129.30
	70-74	\$102.50	\$153.70	\$102.50	\$153.70
\$50,000	17-24	\$7.40	\$11.50	\$7.40	\$11.50
	25-29	\$8.90	\$13.50	\$8.90	\$13.50
	30-34	\$10.90	\$16.50	\$10.90	\$16.50
	35-39	\$19.40	\$29.50	\$19.40	\$29.50
	40-44	\$26.40	\$39.50	\$26.40	\$39.50
	45-49	\$38.40	\$57.50	\$38.40	\$57.50
	50-54	\$52.40	\$79.00	\$52.40	\$79.00
	55-59	\$70.90	\$106.50	\$70.90	\$106.50
	60-64	\$93.90	\$141.00	\$93.90	\$141.00
	65-69	\$106.90	\$160.50	\$106.90	\$160.50
	70-74	\$127.40	\$191.00	\$127.40	\$191.00

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.90	\$6.00	\$3.90	\$6.00
	25-29	\$4.20	\$6.40	\$4.20	\$6.40
	30-34	\$4.60	\$7.00	\$4.60	\$7.00
	35-39	\$6.50	\$9.90	\$6.50	\$9.90
	40-44	\$8.00	\$12.10	\$8.00	\$12.10
	45-49	\$10.60	\$16.10	\$10.60	\$16.10
	50-54	\$13.80	\$20.80	\$13.80	\$20.80
	55-59	\$17.80	\$26.80	\$17.80	\$26.80
	60-64	\$22.90	\$34.50	\$22.90	\$34.50
	65-69	\$25.70	\$38.70	\$25.70	\$38.70
	70-74	\$30.20	\$45.40	\$30.20	\$45.40



(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

● Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$4.90	\$7.50	\$4.90	\$7.50
	25-29	\$5.50	\$8.30	\$5.50	\$8.30
	30-34	\$6.30	\$9.50	\$6.30	\$9.50
	35-39	\$10.10	\$15.30	\$10.10	\$15.30
	40-44	\$13.10	\$19.70	\$13.10	\$19.70
	45-49	\$18.30	\$27.70	\$18.30	\$27.70
	50-54	\$24.70	\$37.10	\$24.70	\$37.10
	55-59	\$32.70	\$49.10	\$32.70	\$49.10
	60-64	\$42.90	\$64.50	\$42.90	\$64.50
	65-69	\$48.50	\$72.90	\$48.50	\$72.90
\$30,000	70-74	\$57.50	\$86.30	\$57.50	\$86.30
	17-24	\$5.90	\$9.00	\$5.90	\$9.00
	25-29	\$6.80	\$10.20	\$6.80	\$10.20
	30-34	\$8.00	\$12.00	\$8.00	\$12.00
	35-39	\$13.70	\$20.70	\$13.70	\$20.70
	40-44	\$18.20	\$27.30	\$18.20	\$27.30
	45-49	\$26.00	\$39.30	\$26.00	\$39.30
	50-54	\$35.60	\$53.40	\$35.60	\$53.40
	55-59	\$47.60	\$71.40	\$47.60	\$71.40
	60-64	\$62.90	\$94.50	\$62.90	\$94.50
\$40,000	65-69	\$71.30	\$107.10	\$71.30	\$107.10
	70-74	\$84.80	\$127.20	\$84.80	\$127.20
	17-24	\$6.90	\$10.50	\$6.90	\$10.50
	25-29	\$8.10	\$12.10	\$8.10	\$12.10
	30-34	\$9.70	\$14.50	\$9.70	\$14.50
	35-39	\$17.30	\$26.10	\$17.30	\$26.10
	40-44	\$23.30	\$34.90	\$23.30	\$34.90
	45-49	\$33.70	\$50.90	\$33.70	\$50.90
	50-54	\$46.50	\$69.70	\$46.50	\$69.70
	55-59	\$62.50	\$93.70	\$62.50	\$93.70
60-64	\$82.90	\$124.50	\$82.90	\$124.50	
65-69	\$94.10	\$141.30	\$94.10	\$141.30	
70-74	\$112.10	\$168.10	\$112.10	\$168.10	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

● Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$50,000	17-24	\$7.90	\$12.00	\$7.90	\$12.00
	25-29	\$9.40	\$14.00	\$9.40	\$14.00
	30-34	\$11.40	\$17.00	\$11.40	\$17.00
	35-39	\$20.90	\$31.50	\$20.90	\$31.50
	40-44	\$28.40	\$42.50	\$28.40	\$42.50
	45-49	\$41.40	\$62.50	\$41.40	\$62.50
	50-54	\$57.40	\$86.00	\$57.40	\$86.00
	55-59	\$77.40	\$116.00	\$77.40	\$116.00
	60-64	\$102.90	\$154.50	\$102.90	\$154.50
	65-69	\$116.90	\$175.50	\$116.90	\$175.50
	70-74	\$139.40	\$209.00	\$139.40	\$209.00

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.90	\$5.90	\$3.90	\$5.90
	25-29	\$4.10	\$6.30	\$4.10	\$6.30
	30-34	\$4.50	\$6.90	\$4.50	\$6.90
	35-39	\$6.30	\$9.60	\$6.30	\$9.60
	40-44	\$7.60	\$11.60	\$7.60	\$11.60
	45-49	\$10.10	\$15.30	\$10.10	\$15.30
	50-54	\$13.00	\$19.60	\$13.00	\$19.60
	55-59	\$16.70	\$25.10	\$16.70	\$25.10
	60-64	\$21.40	\$32.20	\$21.40	\$32.20
	65-69	\$24.00	\$36.10	\$24.00	\$36.10
	70-74	\$28.10	\$42.30	\$28.10	\$42.30
\$20,000	17-24	\$4.90	\$7.30	\$4.90	\$7.30
	25-29	\$5.30	\$8.10	\$5.30	\$8.10
	30-34	\$6.10	\$9.30	\$6.10	\$9.30
	35-39	\$9.70	\$14.70	\$9.70	\$14.70
	40-44	\$12.30	\$18.70	\$12.30	\$18.70
	45-49	\$17.30	\$26.10	\$17.30	\$26.10
	50-54	\$23.10	\$34.70	\$23.10	\$34.70
	55-59	\$30.50	\$45.70	\$30.50	\$45.70
	60-64	\$39.90	\$59.90	\$39.90	\$59.90
	65-69	\$45.10	\$67.70	\$45.10	\$67.70
	70-74	\$53.30	\$80.10	\$53.30	\$80.10



(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$30,000	17-24	\$5.90	\$8.70	\$5.90	\$8.70
	25-29	\$6.50	\$9.90	\$6.50	\$9.90
	30-34	\$7.70	\$11.70	\$7.70	\$11.70
	35-39	\$13.10	\$19.80	\$13.10	\$19.80
	40-44	\$17.00	\$25.80	\$17.00	\$25.80
	45-49	\$24.50	\$36.90	\$24.50	\$36.90
	50-54	\$33.20	\$49.80	\$33.20	\$49.80
	55-59	\$44.30	\$66.30	\$44.30	\$66.30
	60-64	\$58.40	\$87.60	\$58.40	\$87.60
	65-69	\$66.20	\$99.30	\$66.20	\$99.30
	70-74	\$78.50	\$117.90	\$78.50	\$117.90
\$40,000	17-24	\$6.90	\$10.10	\$6.90	\$10.10
	25-29	\$7.70	\$11.70	\$7.70	\$11.70
	30-34	\$9.30	\$14.10	\$9.30	\$14.10
	35-39	\$16.50	\$24.90	\$16.50	\$24.90
	40-44	\$21.70	\$32.90	\$21.70	\$32.90
	45-49	\$31.70	\$47.70	\$31.70	\$47.70
	50-54	\$43.30	\$64.90	\$43.30	\$64.90
	55-59	\$58.10	\$86.90	\$58.10	\$86.90
	60-64	\$76.90	\$115.30	\$76.90	\$115.30
	65-69	\$87.30	\$130.90	\$87.30	\$130.90
	70-74	\$103.70	\$155.70	\$103.70	\$155.70
\$50,000	17-24	\$7.90	\$11.50	\$7.90	\$11.50
	25-29	\$8.90	\$13.50	\$8.90	\$13.50
	30-34	\$10.90	\$16.50	\$10.90	\$16.50
	35-39	\$19.90	\$30.00	\$19.90	\$30.00
	40-44	\$26.40	\$40.00	\$26.40	\$40.00
	45-49	\$38.90	\$58.50	\$38.90	\$58.50
	50-54	\$53.40	\$80.00	\$53.40	\$80.00
	55-59	\$71.90	\$107.50	\$71.90	\$107.50
	60-64	\$95.40	\$143.00	\$95.40	\$143.00
	65-69	\$108.40	\$162.50	\$108.40	\$162.50
	70-74	\$128.90	\$193.50	\$128.90	\$193.50

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 4 - Cancer & Cancer Benefits, Without Wellbeing Assistance

Cancer Benefits - Level 1

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$1,000	17-74	\$8.63	\$14.13	\$8.63	\$14.13

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 4 - Cancer & Cancer Benefits, Without Wellbeing Assistance

Cancer Benefits - Level 1

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$2,000	17-74	\$10.30	\$17.22	\$10.30	\$17.22
\$3,000	17-74	\$11.97	\$20.31	\$11.97	\$20.31
\$4,000	17-74	\$13.64	\$23.40	\$13.64	\$23.40
\$5,000	17-74	\$15.31	\$26.49	\$15.31	\$26.49

Cancer Benefits - Level 2

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$1,000	17-74	\$12.07	\$19.27	\$12.07	\$19.27
\$2,000	17-74	\$13.74	\$22.36	\$13.74	\$22.36
\$3,000	17-74	\$15.41	\$25.45	\$15.41	\$25.45
\$4,000	17-74	\$17.08	\$28.54	\$17.08	\$28.54
\$5,000	17-74	\$18.75	\$31.63	\$18.75	\$31.63

Cancer Benefits - Level 3

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$1,000	17-74	\$16.60	\$28.28	\$16.60	\$28.28
\$2,000	17-74	\$18.27	\$31.37	\$18.27	\$31.37
\$3,000	17-74	\$19.94	\$34.46	\$19.94	\$34.46
\$4,000	17-74	\$21.61	\$37.55	\$21.61	\$37.55
\$5,000	17-74	\$23.28	\$40.64	\$23.28	\$40.64

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 4 - Cancer & Cancer Benefits, Without Wellbeing Assistance

Cancer Benefits - Level 1

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$6,000	17-74	\$16.98	\$29.58	\$16.98	\$29.58
\$7,000	17-74	\$18.65	\$32.67	\$18.65	\$32.67
\$8,000	17-74	\$20.32	\$35.76	\$20.32	\$35.76
\$9,000	17-74	\$21.99	\$38.85	\$21.99	\$38.85
\$10,000	17-74	\$23.66	\$41.94	\$23.66	\$41.94

Cancer Benefits - Level 2

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$6,000	17-74	\$20.42	\$34.72	\$20.42	\$34.72
\$7,000	17-74	\$22.09	\$37.81	\$22.09	\$37.81
\$8,000	17-74	\$23.76	\$40.90	\$23.76	\$40.90
\$9,000	17-74	\$25.43	\$43.99	\$25.43	\$43.99



(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for AL

- Plan 4 - Cancer & Cancer Benefits, Without Wellbeing Assistance

Cancer Benefits - Level 2

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-74	\$27.10	\$47.08	\$27.10	\$47.08

Cancer Benefits - Level 3

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$6,000	17-74	\$24.95	\$43.73	\$24.95	\$43.73
\$7,000	17-74	\$26.62	\$46.82	\$26.62	\$46.82
\$8,000	17-74	\$28.29	\$49.91	\$28.29	\$49.91
\$9,000	17-74	\$29.96	\$53.00	\$29.96	\$53.00
\$10,000	17-74	\$31.63	\$56.09	\$31.63	\$56.09

Important Notice

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Group Medical Bridge for AL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$500, Health Screening: \$50

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$6.92	\$11.84	\$8.94	\$13.86
50-59	\$8.31	\$15.55	\$10.32	\$17.57
60-64	\$10.78	\$21.27	\$12.80	\$23.29
65-99	\$14.32	\$28.56	\$16.34	\$30.57

Group Medical Bridge for AL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$1000, Health Screening: \$50

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$11.70	\$20.38	\$15.73	\$24.42
50-59	\$14.47	\$27.80	\$18.50	\$31.83
60-64	\$19.42	\$39.25	\$23.45	\$43.28
65-99	\$26.50	\$53.81	\$30.53	\$57.85

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Group Medical Bridge for AL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$500, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$10.09	\$18.67	\$16.26	\$24.84
50-59	\$14.28	\$28.15	\$20.44	\$34.32
60-64	\$18.91	\$38.64	\$25.08	\$44.81
65-99	\$24.30	\$50.53	\$30.47	\$56.69

Group Medical Bridge for AL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$1000, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$14.87	\$27.21	\$23.05	\$35.40
50-59	\$20.44	\$40.40	\$28.62	\$48.58
60-64	\$27.55	\$56.62	\$35.73	\$64.80
65-99	\$36.48	\$75.78	\$44.66	\$83.97

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Group Medical Bridge for AL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$500, Outpatient Surgery: Tier 1=\$750, Tier 2=\$1500, CY Max=\$2500, Diagnostic Procedure Benefit: \$500, Emergency Room: \$150

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$23.02	\$42.70	\$37.77	\$57.44
50-59	\$32.05	\$62.32	\$46.79	\$77.06
60-64	\$38.51	\$77.32	\$53.26	\$92.06
65-99	\$44.84	\$91.72	\$59.58	\$106.45

Group Medical Bridge for AL *Age-Banded*

Applicable to Policy Forms GMB1.0-P & GMB1.0-C

- Hospital Confinement: \$1000, Outpatient Surgery: Tier 1=\$750, Tier 2=\$1500, CY Max=\$2500, Diagnostic Procedure Benefit: \$500, Emergency Room: \$150

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$27.80	\$51.24	\$44.56	\$68.00
50-59	\$38.21	\$74.57	\$54.97	\$91.32
60-64	\$47.15	\$95.30	\$63.91	\$112.05
65-99	\$57.02	\$116.97	\$73.77	\$133.73

Important Notice

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Group Medical Bridge (GMB7000) for AL *Age-Banded*

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Wellbeing Assistance: Basic - \$50

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 1: \$500	17-49	\$8.95	\$12.80	\$11.00	\$14.85
	50-59	\$10.35	\$16.45	\$12.40	\$18.50
	60-64	\$12.80	\$22.15	\$14.85	\$24.20
	65-99	\$16.25	\$29.30	\$18.30	\$31.35

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-49	\$13.65	\$21.25	\$17.70	\$25.30
	50-59	\$16.45	\$28.55	\$20.50	\$32.60
	60-64	\$21.35	\$39.95	\$25.40	\$44.00
	65-99	\$28.25	\$54.25	\$32.30	\$58.30

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Group Medical Bridge (GMB7000) for AL *Age-Banded*

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Wellbeing Assistance: Basic - \$50, Outpatient Surgical Procedure: Option 1 - (\$500 / \$1000 / \$1500), Diagnostic Procedure: Option 1 - \$250

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 1: \$500	17-49	\$18.55	\$30.95	\$26.55	\$38.95
	50-59	\$24.60	\$44.10	\$32.60	\$52.10
	60-64	\$29.65	\$55.75	\$37.65	\$63.75
	65-99	\$35.10	\$67.75	\$43.10	\$75.75

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-49	\$23.25	\$39.40	\$33.25	\$49.40
	50-59	\$30.70	\$56.20	\$40.70	\$66.20
	60-64	\$38.20	\$73.55	\$48.20	\$83.55
	65-99	\$47.10	\$92.70	\$57.10	\$102.70

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Group Disability for AL *AA Risk Class*

Applicable to policy forms GDIS-P & GDIS-C

● Off-Job Accident and Off-Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$18.40	\$23.00	\$46.00	\$92.00	\$138.00
	50-64	\$23.20	\$29.00	\$58.00	\$116.00	\$174.00
	65-74	\$37.12	\$46.40	\$92.80	\$185.60	\$278.40
14 days Accident/14 days Sickness	17-49	\$13.00	\$16.25	\$32.50	\$65.00	\$97.50
	50-64	\$17.20	\$21.50	\$43.00	\$86.00	\$129.00
	65-74	\$27.52	\$34.40	\$68.80	\$137.60	\$206.40

*monthly benefit amount

Group Disability for AL *AA Risk Class*

Applicable to policy forms GDIS-P & GDIS-C

● On/Off-Job Accident and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$22.00	\$27.50	\$55.00	\$110.00	\$165.00
	50-64	\$27.40	\$34.25	\$68.50	\$137.00	\$205.50
	65-74	\$43.84	\$54.80	\$109.60	\$219.20	\$328.80
14 days Accident/14 days Sickness	17-49	\$15.80	\$19.75	\$39.50	\$79.00	\$118.50
	50-64	\$20.20	\$25.25	\$50.50	\$101.00	\$151.50
	65-74	\$32.32	\$40.40	\$80.80	\$161.60	\$242.40

*monthly benefit amount

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Group Disability for AL AAA Risk Class

Applicable to policy forms GDIS-P & GDIS-C

● Off-Job Accident and Off-Job Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$16.40	\$20.50	\$41.00	\$82.00	\$123.00
	50-64	\$20.60	\$25.75	\$51.50	\$103.00	\$154.50
	65-74	\$32.96	\$41.20	\$82.40	\$164.80	\$247.20
14 days Accident/14 days Sickness	17-49	\$11.40	\$14.25	\$28.50	\$57.00	\$85.50
	50-64	\$15.20	\$19.00	\$38.00	\$76.00	\$114.00
	65-74	\$24.32	\$30.40	\$60.80	\$121.60	\$182.40

*monthly benefit amount

Group Disability for AL AAA Risk Class

Applicable to policy forms GDIS-P & GDIS-C

● On/Off-Job Accident and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Accident/7 days Sickness	17-49	\$19.60	\$24.50	\$49.00	\$98.00	\$147.00
	50-64	\$24.40	\$30.50	\$61.00	\$122.00	\$183.00
	65-74	\$39.04	\$48.80	\$97.60	\$195.20	\$292.80
14 days Accident/14 days Sickness	17-49	\$13.80	\$17.25	\$34.50	\$69.00	\$103.50
	50-64	\$17.80	\$22.25	\$44.50	\$89.00	\$133.50
	65-74	\$28.48	\$35.60	\$71.20	\$142.40	\$213.60

*monthly benefit amount

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Group Term Life for AL *Rate Table G8A*

Applicable to Policy Forms GTL1.0-P & GTL1.0-C

● with Waiver of Premium

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
16-24	\$2.08	\$4.15	\$6.23	\$8.30	\$12.45
25-29	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40
30-34	\$2.95	\$5.90	\$8.85	\$11.80	\$17.70
35-39	\$4.15	\$8.30	\$12.45	\$16.60	\$24.90
40-44	\$5.73	\$11.45	\$17.18	\$22.90	\$34.35
45-49	\$9.13	\$18.25	\$27.38	\$36.50	\$54.75
50-54	\$13.98	\$27.95	\$41.93	\$55.90	\$83.85
55-59	\$22.78	\$45.55	\$68.33	\$91.10	\$136.65
60-64	\$36.38	\$72.75	\$109.13	\$145.50	\$218.25
65-69	\$63.83	\$127.65	\$191.48	\$255.30	\$382.95
70-74	\$74.85	\$149.70	\$224.55	\$299.40	\$449.10
75-99	\$116.68	\$233.35	\$350.03	\$466.70	\$700.05

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
16-24	\$3.08	\$6.15	\$9.23	\$12.30	\$18.45
25-29	\$3.58	\$7.15	\$10.73	\$14.30	\$21.45
30-34	\$4.40	\$8.80	\$13.20	\$17.60	\$26.40
35-39	\$6.68	\$13.35	\$20.03	\$26.70	\$40.05
40-44	\$10.08	\$20.15	\$30.23	\$40.30	\$60.45
45-49	\$15.98	\$31.95	\$47.93	\$63.90	\$95.85
50-54	\$26.88	\$53.75	\$80.63	\$107.50	\$161.25
55-59	\$37.90	\$75.80	\$113.70	\$151.60	\$227.40
60-64	\$56.65	\$113.30	\$169.95	\$226.60	\$339.90
65-69	\$94.60	\$189.20	\$283.80	\$378.40	\$567.60
70-74	\$108.13	\$216.25	\$324.38	\$432.50	\$648.75
75-99	\$150.55	\$301.10	\$451.65	\$602.20	\$903.30

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Group Accident for NY

Applicable to policy forms GACC1.0-P & GACC1.0-C

● On/Off-Job Accident Coverage

Plan 1

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$10.00	\$14.53	\$16.23	\$20.76

Group Accident for NY

Applicable to policy forms GACC1.0-P & GACC1.0-C

● On/Off-Job Accident Coverage

Plan 2

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$13.92	\$21.00	\$24.31	\$31.39

Group Accident for NY

Applicable to policy forms GACC1.0-P & GACC1.0-C

● On/Off-Job Accident Coverage

Plan 3

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$20.58	\$31.52	\$35.45	\$46.39

Important Notice Regarding Broker Compensation

Your insurance benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At The Paul Revere Life Insurance Company (Paul Revere) we recognize the important role these professionals play in the sale of our Colonial Voluntary Benefits products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation, so customers can make an informed buying decision.

Brokers may be eligible to receive Base Commissions and Supplemental Commissions from Paul Revere.

Unless you have agreed in writing to compensate the broker differently, Paul Revere provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are paid by Paul Revere to the broker(s) on your policy as a fixed percentage of the policy premium. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.

A broker may also qualify for Supplemental Commissions paid by Paul Revere. Supplemental Commissions may be paid as a fixed percentage of total new sales premiums. The Supplemental Commission rate payable for a calendar year depends on the total dollar amount of all new sales premiums written by the broker during that calendar year. For some brokers, the Supplemental Commission rate could depend on the number of new accounts that the broker has written with Paul Revere in that calendar year.

The Supplemental Commission rate may range from 0% to 6.0% of total new sales premiums.

Your broker may also be eligible to receive Supplemental Commissions on other insurance products, which may be calculated differently. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.

If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Paul Revere insurance product, or if you want to speak to us directly about broker compensation, please call our Plan Administrator Service Center at 1.800.256.7004, option 2, 1.

Important Notice Regarding Coverage

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Paul Revere benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA.

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Group Critical Care for NY Plan 1

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Basic CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$9.05	\$14.30	\$9.76	\$15.11
	30-39	\$12.35	\$19.30	\$13.06	\$19.91
	40-49	\$19.45	\$29.91	\$20.16	\$30.61
	50-59	\$32.16	\$49.60	\$32.77	\$50.52
	60-74	\$50.76	\$77.80	\$51.97	\$80.52
\$20,000	16-29	\$11.65	\$18.21	\$12.87	\$19.62
	30-39	\$18.26	\$28.21	\$19.46	\$29.22
	40-49	\$32.45	\$49.41	\$33.67	\$50.61
	50-59	\$57.86	\$88.80	\$58.87	\$90.42
	60-74	\$95.06	\$145.21	\$97.27	\$150.42
\$30,000	16-29	\$14.25	\$22.11	\$15.97	\$24.12
	30-39	\$24.16	\$37.11	\$25.86	\$38.52
	40-49	\$45.45	\$68.92	\$47.17	\$70.61
	50-59	\$83.57	\$128.00	\$84.98	\$130.33
	60-74	\$139.37	\$212.61	\$142.58	\$220.33
\$40,000	16-29	\$16.85	\$26.02	\$19.08	\$28.63
	30-39	\$30.07	\$46.02	\$32.26	\$47.83
	40-49	\$58.45	\$88.42	\$60.68	\$90.61
	50-59	\$109.27	\$167.21	\$111.08	\$170.23
	60-74	\$183.67	\$280.01	\$187.88	\$290.24
\$50,000	16-29	\$19.45	\$29.92	\$22.18	\$33.13
	30-39	\$35.97	\$54.92	\$38.66	\$57.13
	40-49	\$71.45	\$107.93	\$74.18	\$110.61
	50-59	\$134.98	\$206.41	\$137.19	\$210.14
	60-74	\$227.98	\$347.41	\$233.19	\$360.15

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$11.10	\$17.81	\$11.91	\$18.61
	30-39	\$16.30	\$25.51	\$16.91	\$26.11
	40-49	\$27.91	\$42.91	\$28.52	\$43.62
	50-59	\$48.51	\$75.22	\$49.01	\$76.02
	60-74	\$80.11	\$123.22	\$81.61	\$126.42
\$20,000	16-29	\$15.01	\$23.72	\$16.42	\$25.12
	30-39	\$25.41	\$39.11	\$26.42	\$40.11
	40-49	\$48.61	\$73.91	\$49.62	\$75.12
	50-59	\$89.81	\$138.52	\$90.61	\$139.92
	60-74	\$153.01	\$234.53	\$155.82	\$240.73

(Continued...)

Group Critical Care for NY

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Basic CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit, HSA Compliant

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$30,000	16-29	\$18.91	\$29.62	\$20.92	\$31.62
	30-39	\$34.51	\$52.71	\$35.92	\$54.11
	40-49	\$69.32	\$104.91	\$70.73	\$106.63
	50-59	\$131.12	\$201.83	\$132.21	\$203.83
	60-74	\$225.92	\$345.84	\$230.02	\$355.04
\$40,000	16-29	\$22.82	\$35.53	\$25.43	\$38.13
	30-39	\$43.62	\$66.31	\$45.43	\$68.11
	40-49	\$90.02	\$135.91	\$91.83	\$138.13
	50-59	\$172.42	\$265.14	\$173.82	\$267.74
	60-74	\$298.83	\$457.15	\$304.22	\$469.35
\$50,000	16-29	\$26.72	\$41.43	\$29.93	\$44.63
	30-39	\$52.72	\$79.91	\$54.93	\$82.11
	40-49	\$110.73	\$166.92	\$112.94	\$169.64
	50-59	\$213.73	\$328.44	\$215.42	\$331.64
	60-74	\$371.74	\$568.45	\$378.42	\$583.65

Group Critical Care for NY Plan 2

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Basic CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$5.10	\$6.40	\$5.60	\$7.00
	30-39	\$8.40	\$11.40	\$8.90	\$11.80
	40-49	\$15.50	\$22.01	\$16.00	\$22.50
	50-59	\$28.21	\$41.70	\$28.61	\$42.41
	60-74	\$46.81	\$69.90	\$47.81	\$72.41
\$20,000	16-29	\$7.70	\$10.31	\$8.71	\$11.51
	30-39	\$14.31	\$20.31	\$15.30	\$21.11
	40-49	\$28.50	\$41.51	\$29.51	\$42.50
	50-59	\$53.91	\$80.90	\$54.71	\$82.31
	60-74	\$91.11	\$137.31	\$93.11	\$142.31
\$30,000	16-29	\$10.30	\$14.21	\$11.81	\$16.01
	30-39	\$20.21	\$29.21	\$21.70	\$30.41
	40-49	\$41.50	\$61.02	\$43.01	\$62.50
	50-59	\$79.62	\$120.10	\$80.82	\$122.22
	60-74	\$135.42	\$204.71	\$138.42	\$212.22
\$40,000	16-29	\$12.90	\$18.12	\$14.92	\$20.52
	30-39	\$26.12	\$38.12	\$28.10	\$39.72
	40-49	\$54.50	\$80.52	\$56.52	\$82.50
	50-59	\$105.32	\$159.31	\$106.92	\$162.12
	60-74	\$179.72	\$272.11	\$183.72	\$282.13

(Continued...)

Group Critical Care for NY

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Basic CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$50,000	16-29	\$15.50	\$22.02	\$18.02	\$25.02
	30-39	\$32.02	\$47.02	\$34.50	\$49.02
	40-49	\$67.50	\$100.03	\$70.02	\$102.50
	50-59	\$131.03	\$198.51	\$133.03	\$202.03
	60-74	\$224.03	\$339.51	\$229.03	\$352.04

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$6.40	\$8.40	\$7.00	\$9.00
	30-39	\$11.60	\$16.10	\$12.00	\$16.50
	40-49	\$23.21	\$33.50	\$23.61	\$34.01
	50-59	\$43.81	\$65.81	\$44.10	\$66.41
	60-74	\$75.41	\$113.81	\$76.70	\$116.81
\$20,000	16-29	\$10.31	\$14.31	\$11.51	\$15.51
	30-39	\$20.71	\$29.70	\$21.51	\$30.50
	40-49	\$43.91	\$64.50	\$44.71	\$65.51
	50-59	\$85.11	\$129.11	\$85.70	\$130.31
	60-74	\$148.31	\$225.12	\$150.91	\$231.12
\$30,000	16-29	\$14.21	\$20.21	\$16.01	\$22.01
	30-39	\$29.81	\$43.30	\$31.01	\$44.50
	40-49	\$64.62	\$95.50	\$65.82	\$97.02
	50-59	\$126.42	\$192.42	\$127.30	\$194.22
	60-74	\$221.22	\$336.43	\$225.11	\$345.43
\$40,000	16-29	\$18.12	\$26.12	\$20.52	\$28.52
	30-39	\$38.92	\$56.90	\$40.52	\$58.50
	40-49	\$85.32	\$126.50	\$86.92	\$128.52
	50-59	\$167.72	\$255.73	\$168.91	\$258.13
	60-74	\$294.13	\$447.74	\$299.31	\$459.74
\$50,000	16-29	\$22.02	\$32.02	\$25.02	\$35.02
	30-39	\$48.02	\$70.50	\$50.02	\$72.50
	40-49	\$106.03	\$157.51	\$108.03	\$160.03
	50-59	\$209.03	\$319.03	\$210.51	\$322.03
	60-74	\$367.04	\$559.04	\$373.51	\$574.04

(Continued...)

Group Critical Care for NY Plan 3

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Basic CI Benefit, with Subsequent Diagnosis, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$3.70	\$4.30	\$4.00	\$4.70
	30-39	\$5.50	\$7.00	\$5.70	\$7.20
	40-49	\$9.30	\$12.60	\$9.50	\$12.80
	50-59	\$16.00	\$23.50	\$16.20	\$23.61
	60-74	\$26.41	\$39.30	\$26.81	\$39.61
\$20,000	16-29	\$4.90	\$6.10	\$5.51	\$6.90
	30-39	\$8.50	\$11.51	\$8.90	\$11.91
	40-49	\$16.10	\$22.71	\$16.50	\$23.11
	50-59	\$29.51	\$44.50	\$29.91	\$44.71
	60-74	\$50.31	\$76.10	\$51.11	\$76.71
\$30,000	16-29	\$6.10	\$7.90	\$7.01	\$9.10
	30-39	\$11.50	\$16.01	\$12.10	\$16.61
	40-49	\$22.90	\$32.81	\$23.50	\$33.41
	50-59	\$43.01	\$65.50	\$43.61	\$65.82
	60-74	\$74.22	\$112.90	\$75.42	\$113.82
\$40,000	16-29	\$7.30	\$9.70	\$8.52	\$11.30
	30-39	\$14.50	\$20.52	\$15.30	\$21.32
	40-49	\$29.70	\$42.92	\$30.50	\$43.72
	50-59	\$56.52	\$86.50	\$57.32	\$86.92
	60-74	\$98.12	\$149.71	\$99.72	\$150.92
\$50,000	16-29	\$8.50	\$11.50	\$10.02	\$13.50
	30-39	\$17.50	\$25.02	\$18.50	\$26.02
	40-49	\$36.50	\$53.02	\$37.50	\$54.02
	50-59	\$70.02	\$107.50	\$71.02	\$108.03
	60-74	\$122.03	\$186.51	\$124.03	\$188.03

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$4.90	\$6.20	\$5.20	\$6.60
	30-39	\$8.50	\$11.40	\$8.70	\$11.70
	40-49	\$16.10	\$22.81	\$16.20	\$22.90
	50-59	\$29.61	\$44.61	\$29.61	\$44.41
	60-74	\$50.30	\$76.01	\$50.81	\$76.50
\$20,000	16-29	\$7.30	\$9.91	\$7.91	\$10.71
	30-39	\$14.50	\$20.31	\$14.90	\$20.90
	40-49	\$29.70	\$43.11	\$29.91	\$43.30
	50-59	\$56.71	\$86.71	\$56.71	\$86.31
	60-74	\$98.10	\$149.51	\$99.11	\$150.51

(Continued...)

Group Critical Care for NY

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Basic CI Benefit, with Subsequent Diagnosis, HSA Compliant

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$30,000	16-29	\$9.70	\$13.61	\$10.61	\$14.81
	30-39	\$20.50	\$29.21	\$21.10	\$30.10
	40-49	\$43.30	\$63.42	\$43.61	\$63.70
	50-59	\$83.82	\$128.82	\$83.82	\$128.22
	60-74	\$145.91	\$223.02	\$147.42	\$224.51
\$40,000	16-29	\$12.10	\$17.32	\$13.32	\$18.92
	30-39	\$26.50	\$38.12	\$27.30	\$39.30
	40-49	\$56.90	\$83.72	\$57.32	\$84.10
	50-59	\$110.92	\$170.92	\$110.92	\$170.12
	60-74	\$193.71	\$296.53	\$195.73	\$298.51
\$50,000	16-29	\$14.50	\$21.02	\$16.02	\$23.02
	30-39	\$32.50	\$47.02	\$33.50	\$48.50
	40-49	\$70.50	\$104.03	\$71.02	\$104.50
	50-59	\$138.03	\$213.03	\$138.03	\$212.03
	60-74	\$241.51	\$370.04	\$244.03	\$372.51

Group Critical Care for NY Plan 4

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$8.45	\$13.40	\$9.06	\$14.01
	30-39	\$11.35	\$17.80	\$11.96	\$18.31
	40-49	\$14.65	\$22.60	\$15.16	\$23.21
	50-59	\$21.15	\$32.51	\$21.66	\$33.41
	60-74	\$27.45	\$42.11	\$28.37	\$44.52
\$20,000	16-29	\$10.45	\$16.40	\$11.46	\$17.41
	30-39	\$16.26	\$25.20	\$17.27	\$26.02
	40-49	\$22.85	\$34.80	\$23.67	\$35.81
	50-59	\$35.86	\$54.61	\$36.66	\$56.21
	60-74	\$48.45	\$73.81	\$50.07	\$78.42
\$30,000	16-29	\$12.45	\$19.40	\$13.86	\$20.81
	30-39	\$21.16	\$32.60	\$22.57	\$33.72
	40-49	\$31.05	\$47.00	\$32.17	\$48.41
	50-59	\$50.56	\$76.72	\$51.66	\$79.01
	60-74	\$69.45	\$105.52	\$71.78	\$112.33
\$40,000	16-29	\$14.45	\$22.40	\$16.26	\$24.21
	30-39	\$26.07	\$40.00	\$27.88	\$41.43
	40-49	\$39.25	\$59.20	\$40.68	\$61.01
	50-59	\$65.27	\$98.82	\$66.66	\$101.81
	60-74	\$90.45	\$137.22	\$93.48	\$146.23

(Continued...)

Group Critical Care for NY

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

- Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$50,000	16-29	\$16.45	\$25.40	\$18.66	\$27.61
	30-39	\$30.97	\$47.40	\$33.18	\$49.13
	40-49	\$47.45	\$71.40	\$49.18	\$73.61
	50-59	\$79.97	\$120.93	\$81.66	\$124.61
	60-74	\$111.45	\$168.93	\$115.19	\$180.14

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$9.70	\$15.61	\$10.31	\$16.21
	30-39	\$13.30	\$21.01	\$13.91	\$21.61
	40-49	\$17.30	\$27.11	\$17.91	\$27.71
	50-59	\$25.51	\$39.42	\$26.01	\$40.42
	60-74	\$33.40	\$51.31	\$34.32	\$54.22
\$20,000	16-29	\$12.21	\$19.32	\$13.22	\$20.32
	30-39	\$19.41	\$30.12	\$20.42	\$31.12
	40-49	\$27.41	\$42.31	\$28.42	\$43.31
	50-59	\$43.81	\$66.92	\$44.61	\$68.72
	60-74	\$59.60	\$90.71	\$61.22	\$96.32
\$30,000	16-29	\$14.71	\$23.02	\$16.12	\$24.42
	30-39	\$25.51	\$39.22	\$26.92	\$40.62
	40-49	\$37.51	\$57.51	\$38.92	\$58.91
	50-59	\$62.12	\$94.43	\$63.21	\$97.03
	60-74	\$85.80	\$130.11	\$88.13	\$138.43
\$40,000	16-29	\$17.22	\$26.73	\$19.03	\$28.53
	30-39	\$31.62	\$48.33	\$33.43	\$50.13
	40-49	\$47.62	\$72.71	\$49.43	\$74.51
	50-59	\$80.42	\$121.93	\$81.81	\$125.33
	60-74	\$112.00	\$169.52	\$115.03	\$180.53
\$50,000	16-29	\$19.72	\$30.43	\$21.93	\$32.63
	30-39	\$37.72	\$57.43	\$39.93	\$59.63
	40-49	\$57.72	\$87.91	\$59.93	\$90.11
	50-59	\$98.73	\$149.44	\$100.41	\$153.64
	60-74	\$138.21	\$208.92	\$141.94	\$222.64

(Continued...)

Group Critical Care for NY Plan 5

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

● Diagnosis of Cancer Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$4.50	\$5.50	\$4.90	\$5.90
	30-39	\$7.40	\$9.90	\$7.80	\$10.20
	40-49	\$10.70	\$14.70	\$11.00	\$15.10
	50-59	\$17.20	\$24.61	\$17.50	\$25.30
	60-74	\$23.50	\$34.21	\$24.21	\$36.41
\$20,000	16-29	\$6.50	\$8.50	\$7.30	\$9.30
	30-39	\$12.31	\$17.30	\$13.11	\$17.91
	40-49	\$18.90	\$26.90	\$19.51	\$27.70
	50-59	\$31.91	\$46.71	\$32.50	\$48.10
	60-74	\$44.50	\$65.91	\$45.91	\$70.31
\$30,000	16-29	\$8.50	\$11.50	\$9.70	\$12.70
	30-39	\$17.21	\$24.70	\$18.41	\$25.61
	40-49	\$27.10	\$39.10	\$28.01	\$40.30
	50-59	\$46.61	\$68.82	\$47.50	\$70.90
	60-74	\$65.50	\$97.62	\$67.62	\$104.22
\$40,000	16-29	\$10.50	\$14.50	\$12.10	\$16.10
	30-39	\$22.12	\$32.10	\$23.72	\$33.32
	40-49	\$35.30	\$51.30	\$36.52	\$52.90
	50-59	\$61.32	\$90.92	\$62.50	\$93.70
	60-74	\$86.50	\$129.32	\$89.32	\$138.12
\$50,000	16-29	\$12.50	\$17.50	\$14.50	\$19.50
	30-39	\$27.02	\$39.50	\$29.02	\$41.02
	40-49	\$43.50	\$63.50	\$45.02	\$65.50
	50-59	\$76.02	\$113.03	\$77.50	\$116.50
	60-74	\$107.50	\$161.03	\$111.03	\$172.03

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$5.00	\$6.20	\$5.40	\$6.60
	30-39	\$8.60	\$11.60	\$9.00	\$12.00
	40-49	\$12.60	\$17.70	\$13.00	\$18.10
	50-59	\$20.81	\$30.01	\$21.10	\$30.81
	60-74	\$28.70	\$41.90	\$29.41	\$44.61
\$20,000	16-29	\$7.51	\$9.91	\$8.31	\$10.71
	30-39	\$14.71	\$20.71	\$15.51	\$21.51
	40-49	\$22.71	\$32.90	\$23.51	\$33.70
	50-59	\$39.11	\$57.51	\$39.70	\$59.11
	60-74	\$54.90	\$81.30	\$56.31	\$86.71

(Continued...)

Group Critical Care for NY

Applicable to Policy Forms GCC1.0-P-NY & GCC1.0-C-NY

● Diagnosis of Cancer Benefit

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$30,000	16-29	\$10.01	\$13.61	\$11.21	\$14.81
	30-39	\$20.81	\$29.81	\$22.01	\$31.01
	40-49	\$32.81	\$48.10	\$34.01	\$49.30
	50-59	\$57.42	\$85.02	\$58.30	\$87.42
	60-74	\$81.10	\$120.70	\$83.22	\$128.82
\$40,000	16-29	\$12.52	\$17.32	\$14.12	\$18.92
	30-39	\$26.92	\$38.92	\$28.52	\$40.52
	40-49	\$42.92	\$63.30	\$44.52	\$64.90
	50-59	\$75.72	\$112.52	\$76.90	\$115.72
	60-74	\$107.30	\$160.11	\$110.12	\$170.92
\$50,000	16-29	\$15.02	\$21.02	\$17.02	\$23.02
	30-39	\$33.02	\$48.02	\$35.02	\$50.02
	40-49	\$53.02	\$78.50	\$55.02	\$80.50
	50-59	\$94.03	\$140.03	\$95.50	\$144.03
	60-74	\$133.51	\$199.51	\$137.03	\$213.03

Important Notice Regarding Broker Compensation

Your insurance benefits advisor can offer you advice and guidance as you select the policy and provider most appropriate for your needs. At The Paul Revere Life Insurance Company (Paul Revere) we recognize the important role these professionals play in the sale of our Colonial Voluntary Benefits products and services and offer them a variety of compensation programs. Your advisor can provide you with information about these programs as well as those available from other providers. We support disclosure of broker compensation, so customers can make an informed buying decision.

Brokers may be eligible to receive Base Commissions and Supplemental Commissions from Paul Revere.

Unless you have agreed in writing to compensate the broker differently, Paul Revere provides Base Commissions to all brokers in connection with the sale of an insurance policy. Base Commissions are paid by Paul Revere to the broker(s) on your policy as a fixed percentage of the policy premium. In some circumstances, broker(s) may be eligible to receive commissions on your policy even after a broker of record change has occurred.

A broker may also qualify for Supplemental Commissions paid by Paul Revere. Supplemental Commissions may be paid as a fixed percentage of total new sales premiums. The Supplemental Commission rate payable for a calendar year depends on the total dollar amount of all new sales premiums written by the broker during that calendar year. For some brokers, the Supplemental Commission rate could depend on the number of new accounts that the broker has written with Paul Revere in that calendar year.

The Supplemental Commission rate may range from 0% to 6.0% of total new sales premiums.

Your broker may also be eligible to receive Supplemental Commissions on other insurance products, which may be calculated differently. The premium you pay is not impacted whether or not your broker receives Supplemental Commissions.

If you would like additional information about the range of compensation programs our company offers for your group insurance policy or any other Paul Revere insurance product, or if you want to speak to us directly about broker compensation, please call our Plan Administrator Service Center at 1.800.256.7004, option 2, 1.

Important Notice Regarding Coverage

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Paul Revere benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA.

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Group Critical Illness (GCI6000) for NY

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

- Plan 1 - Specified Disease, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.25	\$5.42	\$3.25	\$5.42
	25-29	\$3.35	\$5.52	\$3.35	\$5.52
	30-34	\$3.55	\$5.92	\$3.55	\$5.92
	35-39	\$4.15	\$7.02	\$4.15	\$7.02
	40-44	\$5.35	\$9.52	\$5.35	\$9.52
	45-49	\$6.95	\$12.62	\$6.95	\$12.62
	50-54	\$8.85	\$16.42	\$8.85	\$16.42
	55-59	\$11.85	\$22.52	\$11.85	\$22.52
	60-64	\$15.65	\$30.12	\$15.65	\$30.12
	65-69	\$21.35	\$41.42	\$21.35	\$41.42
\$20,000	70-74	\$28.05	\$54.82	\$28.05	\$54.82
	17-24	\$3.85	\$6.72	\$3.85	\$6.72
	25-29	\$4.05	\$6.92	\$4.05	\$6.92
	30-34	\$4.45	\$7.72	\$4.45	\$7.72
	35-39	\$5.65	\$9.92	\$5.65	\$9.92
	40-44	\$8.05	\$14.92	\$8.05	\$14.92
	45-49	\$11.25	\$21.12	\$11.25	\$21.12
	50-54	\$15.05	\$28.72	\$15.05	\$28.72
	55-59	\$21.05	\$40.92	\$21.05	\$40.92
	60-64	\$28.65	\$56.12	\$28.65	\$56.12
\$30,000	65-69	\$40.05	\$78.72	\$40.05	\$78.72
	70-74	\$53.45	\$105.52	\$53.45	\$105.52
	17-24	\$4.45	\$8.02	\$4.45	\$8.02
	25-29	\$4.75	\$8.32	\$4.75	\$8.32
	30-34	\$5.35	\$9.52	\$5.35	\$9.52
	35-39	\$7.15	\$12.82	\$7.15	\$12.82
	40-44	\$10.75	\$20.32	\$10.75	\$20.32
	45-49	\$15.55	\$29.62	\$15.55	\$29.62
	50-54	\$21.25	\$41.02	\$21.25	\$41.02
	55-59	\$30.25	\$59.32	\$30.25	\$59.32
60-64	\$41.65	\$82.12	\$41.65	\$82.12	
65-69	\$58.75	\$116.02	\$58.75	\$116.02	
70-74	\$78.85	\$156.22	\$78.85	\$156.22	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

● Plan 1 - Specified Disease, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$40,000	17-24	\$5.05	\$9.32	\$5.05	\$9.32
	25-29	\$5.45	\$9.72	\$5.45	\$9.72
	30-34	\$6.25	\$11.32	\$6.25	\$11.32
	35-39	\$8.65	\$15.72	\$8.65	\$15.72
	40-44	\$13.45	\$25.72	\$13.45	\$25.72
	45-49	\$19.85	\$38.12	\$19.85	\$38.12
	50-54	\$27.45	\$53.32	\$27.45	\$53.32
	55-59	\$39.45	\$77.72	\$39.45	\$77.72
	60-64	\$54.65	\$108.12	\$54.65	\$108.12
	65-69	\$77.45	\$153.32	\$77.45	\$153.32
	70-74	\$104.25	\$206.92	\$104.25	\$206.92
\$50,000	17-24	\$5.65	\$10.62	\$5.65	\$10.62
	25-29	\$6.15	\$11.12	\$6.15	\$11.12
	30-34	\$7.15	\$13.12	\$7.15	\$13.12
	35-39	\$10.15	\$18.62	\$10.15	\$18.62
	40-44	\$16.15	\$31.12	\$16.15	\$31.12
	45-49	\$24.15	\$46.62	\$24.15	\$46.62
	50-54	\$33.65	\$65.62	\$33.65	\$65.62
	55-59	\$48.65	\$96.12	\$48.65	\$96.12
	60-64	\$67.65	\$134.12	\$67.65	\$134.12
	65-69	\$96.15	\$190.62	\$96.15	\$190.62
	70-74	\$129.65	\$257.62	\$129.65	\$257.62

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.35	\$5.62	\$3.35	\$5.62
	25-29	\$3.55	\$5.92	\$3.55	\$5.92
	30-34	\$3.85	\$6.62	\$3.85	\$6.62
	35-39	\$4.85	\$8.62	\$4.85	\$8.62
	40-44	\$7.15	\$13.02	\$7.15	\$13.02
	45-49	\$9.95	\$18.62	\$9.95	\$18.62
	50-54	\$13.35	\$25.42	\$13.35	\$25.42
	55-59	\$18.75	\$36.32	\$18.75	\$36.32
	60-64	\$25.65	\$50.12	\$25.65	\$50.12
	65-69	\$35.85	\$70.52	\$35.85	\$70.52
	70-74	\$47.85	\$94.52	\$47.85	\$94.52

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

● Plan 1 - Specified Disease, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$4.05	\$7.12	\$4.05	\$7.12
	25-29	\$4.45	\$7.72	\$4.45	\$7.72
	30-34	\$5.05	\$9.12	\$5.05	\$9.12
	35-39	\$7.05	\$13.12	\$7.05	\$13.12
	40-44	\$11.65	\$21.92	\$11.65	\$21.92
	45-49	\$17.25	\$33.12	\$17.25	\$33.12
	50-54	\$24.05	\$46.72	\$24.05	\$46.72
	55-59	\$34.85	\$68.52	\$34.85	\$68.52
	60-64	\$48.65	\$96.12	\$48.65	\$96.12
	65-69	\$69.05	\$136.92	\$69.05	\$136.92
	70-74	\$93.05	\$184.92	\$93.05	\$184.92
\$30,000	17-24	\$4.75	\$8.62	\$4.75	\$8.62
	25-29	\$5.35	\$9.52	\$5.35	\$9.52
	30-34	\$6.25	\$11.62	\$6.25	\$11.62
	35-39	\$9.25	\$17.62	\$9.25	\$17.62
	40-44	\$16.15	\$30.82	\$16.15	\$30.82
	45-49	\$24.55	\$47.62	\$24.55	\$47.62
	50-54	\$34.75	\$68.02	\$34.75	\$68.02
	55-59	\$50.95	\$100.72	\$50.95	\$100.72
	60-64	\$71.65	\$142.12	\$71.65	\$142.12
	65-69	\$102.25	\$203.32	\$102.25	\$203.32
	70-74	\$138.25	\$275.32	\$138.25	\$275.32
\$40,000	17-24	\$5.45	\$10.12	\$5.45	\$10.12
	25-29	\$6.25	\$11.32	\$6.25	\$11.32
	30-34	\$7.45	\$14.12	\$7.45	\$14.12
	35-39	\$11.45	\$22.12	\$11.45	\$22.12
	40-44	\$20.65	\$39.72	\$20.65	\$39.72
	45-49	\$31.85	\$62.12	\$31.85	\$62.12
	50-54	\$45.45	\$89.32	\$45.45	\$89.32
	55-59	\$67.05	\$132.92	\$67.05	\$132.92
	60-64	\$94.65	\$188.12	\$94.65	\$188.12
	65-69	\$135.45	\$269.72	\$135.45	\$269.72
	70-74	\$183.45	\$365.72	\$183.45	\$365.72

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

- Plan 1 - Specified Disease, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$50,000	17-24	\$6.15	\$11.62	\$6.15	\$11.62
	25-29	\$7.15	\$13.12	\$7.15	\$13.12
	30-34	\$8.65	\$16.62	\$8.65	\$16.62
	35-39	\$13.65	\$26.62	\$13.65	\$26.62
	40-44	\$25.15	\$48.62	\$25.15	\$48.62
	45-49	\$39.15	\$76.62	\$39.15	\$76.62
	50-54	\$56.15	\$110.62	\$56.15	\$110.62
	55-59	\$83.15	\$165.12	\$83.15	\$165.12
	60-64	\$117.65	\$234.12	\$117.65	\$234.12
	65-69	\$168.65	\$336.12	\$168.65	\$336.12
	70-74	\$228.65	\$456.12	\$228.65	\$456.12

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.25	\$5.42	\$3.25	\$5.42
	25-29	\$3.35	\$5.62	\$3.35	\$5.62
	30-34	\$3.65	\$6.02	\$3.65	\$6.02
	35-39	\$4.25	\$7.32	\$4.25	\$7.32
	40-44	\$5.65	\$10.02	\$5.65	\$10.02
	45-49	\$7.35	\$13.52	\$7.35	\$13.52
	50-54	\$9.45	\$17.72	\$9.45	\$17.72
	55-59	\$12.85	\$24.42	\$12.85	\$24.42
	60-64	\$17.05	\$33.02	\$17.05	\$33.02
	65-69	\$23.35	\$45.62	\$23.35	\$45.62
	70-74	\$30.85	\$60.52	\$30.85	\$60.52
\$20,000	17-24	\$3.85	\$6.72	\$3.85	\$6.72
	25-29	\$4.05	\$7.12	\$4.05	\$7.12
	30-34	\$4.65	\$7.92	\$4.65	\$7.92
	35-39	\$5.85	\$10.52	\$5.85	\$10.52
	40-44	\$8.65	\$15.92	\$8.65	\$15.92
	45-49	\$12.05	\$22.92	\$12.05	\$22.92
	50-54	\$16.25	\$31.32	\$16.25	\$31.32
	55-59	\$23.05	\$44.72	\$23.05	\$44.72
	60-64	\$31.45	\$61.92	\$31.45	\$61.92
	65-69	\$44.05	\$87.12	\$44.05	\$87.12
	70-74	\$59.05	\$116.92	\$59.05	\$116.92

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

- Plan 1 - Specified Disease, Wellbeing Assistance Benefit - \$50 Benefit

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$30,000	17-24	\$4.45	\$8.02	\$4.45	\$8.02
	25-29	\$4.75	\$8.62	\$4.75	\$8.62
	30-34	\$5.65	\$9.82	\$5.65	\$9.82
	35-39	\$7.45	\$13.72	\$7.45	\$13.72
	40-44	\$11.65	\$21.82	\$11.65	\$21.82
	45-49	\$16.75	\$32.32	\$16.75	\$32.32
	50-54	\$23.05	\$44.92	\$23.05	\$44.92
	55-59	\$33.25	\$65.02	\$33.25	\$65.02
	60-64	\$45.85	\$90.82	\$45.85	\$90.82
	65-69	\$64.75	\$128.62	\$64.75	\$128.62
	70-74	\$87.25	\$173.32	\$87.25	\$173.32
\$40,000	17-24	\$5.05	\$9.32	\$5.05	\$9.32
	25-29	\$5.45	\$10.12	\$5.45	\$10.12
	30-34	\$6.65	\$11.72	\$6.65	\$11.72
	35-39	\$9.05	\$16.92	\$9.05	\$16.92
	40-44	\$14.65	\$27.72	\$14.65	\$27.72
	45-49	\$21.45	\$41.72	\$21.45	\$41.72
	50-54	\$29.85	\$58.52	\$29.85	\$58.52
	55-59	\$43.45	\$85.32	\$43.45	\$85.32
	60-64	\$60.25	\$119.72	\$60.25	\$119.72
	65-69	\$85.45	\$170.12	\$85.45	\$170.12
	70-74	\$115.45	\$229.72	\$115.45	\$229.72
\$50,000	17-24	\$5.65	\$10.62	\$5.65	\$10.62
	25-29	\$6.15	\$11.62	\$6.15	\$11.62
	30-34	\$7.65	\$13.62	\$7.65	\$13.62
	35-39	\$10.65	\$20.12	\$10.65	\$20.12
	40-44	\$17.65	\$33.62	\$17.65	\$33.62
	45-49	\$26.15	\$51.12	\$26.15	\$51.12
	50-54	\$36.65	\$72.12	\$36.65	\$72.12
	55-59	\$53.65	\$105.62	\$53.65	\$105.62
	60-64	\$74.65	\$148.62	\$74.65	\$148.62
	65-69	\$106.15	\$211.62	\$106.15	\$211.62
	70-74	\$143.65	\$286.12	\$143.65	\$286.12

(Continued...)

Group Critical Illness (GCI6000) for NY

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

● Plan 2 - Specified Disease & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.65	\$6.12	\$3.65	\$6.12
	25-29	\$3.95	\$6.62	\$3.95	\$6.62
	30-34	\$4.35	\$7.62	\$4.35	\$7.62
	35-39	\$6.25	\$11.32	\$6.25	\$11.32
	40-44	\$8.45	\$15.72	\$8.45	\$15.72
	45-49	\$11.75	\$22.32	\$11.75	\$22.32
	50-54	\$15.75	\$30.32	\$15.75	\$30.32
	55-59	\$21.45	\$41.72	\$21.45	\$41.72
	60-64	\$28.65	\$56.22	\$28.65	\$56.22
	65-69	\$36.25	\$71.32	\$36.25	\$71.32
	70-74	\$45.95	\$90.72	\$45.95	\$90.72
\$20,000	17-24	\$4.65	\$8.12	\$4.65	\$8.12
	25-29	\$5.25	\$9.12	\$5.25	\$9.12
	30-34	\$6.05	\$11.12	\$6.05	\$11.12
	35-39	\$9.85	\$18.52	\$9.85	\$18.52
	40-44	\$14.25	\$27.32	\$14.25	\$27.32
	45-49	\$20.85	\$40.52	\$20.85	\$40.52
	50-54	\$28.85	\$56.52	\$28.85	\$56.52
	55-59	\$40.25	\$79.32	\$40.25	\$79.32
	60-64	\$54.65	\$108.32	\$54.65	\$108.32
	65-69	\$69.85	\$138.52	\$69.85	\$138.52
	70-74	\$89.25	\$177.32	\$89.25	\$177.32
\$30,000	17-24	\$5.65	\$10.12	\$5.65	\$10.12
	25-29	\$6.55	\$11.62	\$6.55	\$11.62
	30-34	\$7.75	\$14.62	\$7.75	\$14.62
	35-39	\$13.45	\$25.72	\$13.45	\$25.72
	40-44	\$20.05	\$38.92	\$20.05	\$38.92
	45-49	\$29.95	\$58.72	\$29.95	\$58.72
	50-54	\$41.95	\$82.72	\$41.95	\$82.72
	55-59	\$59.05	\$116.92	\$59.05	\$116.92
	60-64	\$80.65	\$160.42	\$80.65	\$160.42
	65-69	\$103.45	\$205.72	\$103.45	\$205.72
	70-74	\$132.55	\$263.92	\$132.55	\$263.92

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

- Plan 2 - Specified Disease & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$40,000	17-24	\$6.65	\$12.12	\$6.65	\$12.12
	25-29	\$7.85	\$14.12	\$7.85	\$14.12
	30-34	\$9.45	\$18.12	\$9.45	\$18.12
	35-39	\$17.05	\$32.92	\$17.05	\$32.92
	40-44	\$25.85	\$50.52	\$25.85	\$50.52
	45-49	\$39.05	\$76.92	\$39.05	\$76.92
	50-54	\$55.05	\$108.92	\$55.05	\$108.92
	55-59	\$77.85	\$154.52	\$77.85	\$154.52
	60-64	\$106.65	\$212.52	\$106.65	\$212.52
	65-69	\$137.05	\$272.92	\$137.05	\$272.92
	70-74	\$175.85	\$350.52	\$175.85	\$350.52
\$50,000	17-24	\$7.65	\$14.12	\$7.65	\$14.12
	25-29	\$9.15	\$16.62	\$9.15	\$16.62
	30-34	\$11.15	\$21.62	\$11.15	\$21.62
	35-39	\$20.65	\$40.12	\$20.65	\$40.12
	40-44	\$31.65	\$62.12	\$31.65	\$62.12
	45-49	\$48.15	\$95.12	\$48.15	\$95.12
	50-54	\$68.15	\$135.12	\$68.15	\$135.12
	55-59	\$96.65	\$192.12	\$96.65	\$192.12
	60-64	\$132.65	\$264.62	\$132.65	\$264.62
	65-69	\$170.65	\$340.12	\$170.65	\$340.12
	70-74	\$219.15	\$437.12	\$219.15	\$437.12

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.75	\$6.32	\$3.75	\$6.32
	25-29	\$4.15	\$7.12	\$4.15	\$7.12
	30-34	\$4.75	\$8.42	\$4.75	\$8.42
	35-39	\$7.25	\$13.22	\$7.25	\$13.22
	40-44	\$10.55	\$19.82	\$10.55	\$19.82
	45-49	\$15.25	\$29.32	\$15.25	\$29.32
	50-54	\$20.95	\$40.72	\$20.95	\$40.72
	55-59	\$29.35	\$57.52	\$29.35	\$57.52
	60-64	\$39.95	\$78.82	\$39.95	\$78.82
	65-69	\$52.25	\$103.32	\$52.25	\$103.32
	70-74	\$67.65	\$134.02	\$67.65	\$134.02

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

- Plan 2 - Specified Disease & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$4.85	\$8.52	\$4.85	\$8.52
	25-29	\$5.65	\$10.12	\$5.65	\$10.12
	30-34	\$6.85	\$12.72	\$6.85	\$12.72
	35-39	\$11.85	\$22.32	\$11.85	\$22.32
	40-44	\$18.45	\$35.52	\$18.45	\$35.52
	45-49	\$27.85	\$54.52	\$27.85	\$54.52
	50-54	\$39.25	\$77.32	\$39.25	\$77.32
	55-59	\$56.05	\$110.92	\$56.05	\$110.92
	60-64	\$77.25	\$153.52	\$77.25	\$153.52
	65-69	\$101.85	\$202.52	\$101.85	\$202.52
	70-74	\$132.65	\$263.92	\$132.65	\$263.92
\$30,000	17-24	\$5.95	\$10.72	\$5.95	\$10.72
	25-29	\$7.15	\$13.12	\$7.15	\$13.12
	30-34	\$8.95	\$17.02	\$8.95	\$17.02
	35-39	\$16.45	\$31.42	\$16.45	\$31.42
	40-44	\$26.35	\$51.22	\$26.35	\$51.22
	45-49	\$40.45	\$79.72	\$40.45	\$79.72
	50-54	\$57.55	\$113.92	\$57.55	\$113.92
	55-59	\$82.75	\$164.32	\$82.75	\$164.32
	60-64	\$114.55	\$228.22	\$114.55	\$228.22
	65-69	\$151.45	\$301.72	\$151.45	\$301.72
	70-74	\$197.65	\$393.82	\$197.65	\$393.82
\$40,000	17-24	\$7.05	\$12.92	\$7.05	\$12.92
	25-29	\$8.65	\$16.12	\$8.65	\$16.12
	30-34	\$11.05	\$21.32	\$11.05	\$21.32
	35-39	\$21.05	\$40.52	\$21.05	\$40.52
	40-44	\$34.25	\$66.92	\$34.25	\$66.92
	45-49	\$53.05	\$104.92	\$53.05	\$104.92
	50-54	\$75.85	\$150.52	\$75.85	\$150.52
	55-59	\$109.45	\$217.72	\$109.45	\$217.72
	60-64	\$151.85	\$302.92	\$151.85	\$302.92
	65-69	\$201.05	\$400.92	\$201.05	\$400.92
	70-74	\$262.65	\$523.72	\$262.65	\$523.72

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

- Plan 2 - Specified Disease & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$50,000	17-24	\$8.15	\$15.12	\$8.15	\$15.12
	25-29	\$10.15	\$19.12	\$10.15	\$19.12
	30-34	\$13.15	\$25.62	\$13.15	\$25.62
	35-39	\$25.65	\$49.62	\$25.65	\$49.62
	40-44	\$42.15	\$82.62	\$42.15	\$82.62
	45-49	\$65.65	\$130.12	\$65.65	\$130.12
	50-54	\$94.15	\$187.12	\$94.15	\$187.12
	55-59	\$136.15	\$271.12	\$136.15	\$271.12
	60-64	\$189.15	\$377.62	\$189.15	\$377.62
	65-69	\$250.65	\$500.12	\$250.65	\$500.12
	70-74	\$327.65	\$653.62	\$327.65	\$653.62

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.65	\$6.12	\$3.65	\$6.12
	25-29	\$3.95	\$6.72	\$3.95	\$6.72
	30-34	\$4.45	\$7.72	\$4.45	\$7.72
	35-39	\$6.35	\$11.52	\$6.35	\$11.52
	40-44	\$8.75	\$16.32	\$8.75	\$16.32
	45-49	\$12.25	\$23.32	\$12.25	\$23.32
	50-54	\$16.45	\$31.82	\$16.45	\$31.82
	55-59	\$22.55	\$43.92	\$22.55	\$43.92
	60-64	\$30.35	\$59.42	\$30.35	\$59.42
	65-69	\$38.55	\$75.92	\$38.55	\$75.92
	70-74	\$49.05	\$96.92	\$49.05	\$96.92
\$20,000	17-24	\$4.65	\$8.12	\$4.65	\$8.12
	25-29	\$5.25	\$9.32	\$5.25	\$9.32
	30-34	\$6.25	\$11.32	\$6.25	\$11.32
	35-39	\$10.05	\$18.92	\$10.05	\$18.92
	40-44	\$14.85	\$28.52	\$14.85	\$28.52
	45-49	\$21.85	\$42.52	\$21.85	\$42.52
	50-54	\$30.25	\$59.52	\$30.25	\$59.52
	55-59	\$42.45	\$83.72	\$42.45	\$83.72
	60-64	\$58.05	\$114.72	\$58.05	\$114.72
	65-69	\$74.45	\$147.72	\$74.45	\$147.72
70-74	\$95.45	\$189.72	\$95.45	\$189.72	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

- Plan 2 - Specified Disease & Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$30,000	17-24	\$5.65	\$10.12	\$5.65	\$10.12
	25-29	\$6.55	\$11.92	\$6.55	\$11.92
	30-34	\$8.05	\$14.92	\$8.05	\$14.92
	35-39	\$13.75	\$26.32	\$13.75	\$26.32
	40-44	\$20.95	\$40.72	\$20.95	\$40.72
	45-49	\$31.45	\$61.72	\$31.45	\$61.72
	50-54	\$44.05	\$87.22	\$44.05	\$87.22
	55-59	\$62.35	\$123.52	\$62.35	\$123.52
	60-64	\$85.75	\$170.02	\$85.75	\$170.02
	65-69	\$110.35	\$219.52	\$110.35	\$219.52
	70-74	\$141.85	\$282.52	\$141.85	\$282.52
\$40,000	17-24	\$6.65	\$12.12	\$6.65	\$12.12
	25-29	\$7.85	\$14.52	\$7.85	\$14.52
	30-34	\$9.85	\$18.52	\$9.85	\$18.52
	35-39	\$17.45	\$33.72	\$17.45	\$33.72
	40-44	\$27.05	\$52.92	\$27.05	\$52.92
	45-49	\$41.05	\$80.92	\$41.05	\$80.92
	50-54	\$57.85	\$114.92	\$57.85	\$114.92
	55-59	\$82.25	\$163.32	\$82.25	\$163.32
	60-64	\$113.45	\$225.32	\$113.45	\$225.32
	65-69	\$146.25	\$291.32	\$146.25	\$291.32
	70-74	\$188.25	\$375.32	\$188.25	\$375.32
\$50,000	17-24	\$7.65	\$14.12	\$7.65	\$14.12
	25-29	\$9.15	\$17.12	\$9.15	\$17.12
	30-34	\$11.65	\$22.12	\$11.65	\$22.12
	35-39	\$21.15	\$41.12	\$21.15	\$41.12
	40-44	\$33.15	\$65.12	\$33.15	\$65.12
	45-49	\$50.65	\$100.12	\$50.65	\$100.12
	50-54	\$71.65	\$142.62	\$71.65	\$142.62
	55-59	\$102.15	\$203.12	\$102.15	\$203.12
	60-64	\$141.15	\$280.62	\$141.15	\$280.62
	65-69	\$182.15	\$363.12	\$182.15	\$363.12
	70-74	\$234.65	\$468.12	\$234.65	\$468.12

(Continued...)

Group Critical Illness (GCI6000) for NY

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

- Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.55	\$5.92	\$3.55	\$5.92
	25-29	\$3.75	\$6.22	\$3.75	\$6.22
	30-34	\$3.95	\$6.82	\$3.95	\$6.82
	35-39	\$5.25	\$9.32	\$5.25	\$9.32
	40-44	\$6.25	\$11.32	\$6.25	\$11.32
	45-49	\$8.05	\$14.82	\$8.05	\$14.82
	50-54	\$10.15	\$19.02	\$10.15	\$19.02
	55-59	\$12.75	\$24.42	\$12.75	\$24.42
	60-64	\$16.25	\$31.22	\$16.25	\$31.22
	65-69	\$18.05	\$35.02	\$18.05	\$35.02
70-74	\$21.15	\$41.02	\$21.15	\$41.02	
\$20,000	17-24	\$4.45	\$7.72	\$4.45	\$7.72
	25-29	\$4.85	\$8.32	\$4.85	\$8.32
	30-34	\$5.25	\$9.52	\$5.25	\$9.52
	35-39	\$7.85	\$14.52	\$7.85	\$14.52
	40-44	\$9.85	\$18.52	\$9.85	\$18.52
	45-49	\$13.45	\$25.52	\$13.45	\$25.52
	50-54	\$17.65	\$33.92	\$17.65	\$33.92
	55-59	\$22.85	\$44.72	\$22.85	\$44.72
	60-64	\$29.85	\$58.32	\$29.85	\$58.32
	65-69	\$33.45	\$65.92	\$33.45	\$65.92
70-74	\$39.65	\$77.92	\$39.65	\$77.92	
\$30,000	17-24	\$5.35	\$9.52	\$5.35	\$9.52
	25-29	\$5.95	\$10.42	\$5.95	\$10.42
	30-34	\$6.55	\$12.22	\$6.55	\$12.22
	35-39	\$10.45	\$19.72	\$10.45	\$19.72
	40-44	\$13.45	\$25.72	\$13.45	\$25.72
	45-49	\$18.85	\$36.22	\$18.85	\$36.22
	50-54	\$25.15	\$48.82	\$25.15	\$48.82
	55-59	\$32.95	\$65.02	\$32.95	\$65.02
	60-64	\$43.45	\$85.42	\$43.45	\$85.42
	65-69	\$48.85	\$96.82	\$48.85	\$96.82
70-74	\$58.15	\$114.82	\$58.15	\$114.82	

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

● Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Non-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$40,000	17-24	\$6.25	\$11.32	\$6.25	\$11.32
	25-29	\$7.05	\$12.52	\$7.05	\$12.52
	30-34	\$7.85	\$14.92	\$7.85	\$14.92
	35-39	\$13.05	\$24.92	\$13.05	\$24.92
	40-44	\$17.05	\$32.92	\$17.05	\$32.92
	45-49	\$24.25	\$46.92	\$24.25	\$46.92
	50-54	\$32.65	\$63.72	\$32.65	\$63.72
	55-59	\$43.05	\$85.32	\$43.05	\$85.32
	60-64	\$57.05	\$112.52	\$57.05	\$112.52
	65-69	\$64.25	\$127.72	\$64.25	\$127.72
	70-74	\$76.65	\$151.72	\$76.65	\$151.72
\$50,000	17-24	\$7.15	\$13.12	\$7.15	\$13.12
	25-29	\$8.15	\$14.62	\$8.15	\$14.62
	30-34	\$9.15	\$17.62	\$9.15	\$17.62
	35-39	\$15.65	\$30.12	\$15.65	\$30.12
	40-44	\$20.65	\$40.12	\$20.65	\$40.12
	45-49	\$29.65	\$57.62	\$29.65	\$57.62
	50-54	\$40.15	\$78.62	\$40.15	\$78.62
	55-59	\$53.15	\$105.62	\$53.15	\$105.62
	60-64	\$70.65	\$139.62	\$70.65	\$139.62
	65-69	\$79.65	\$158.62	\$79.65	\$158.62
	70-74	\$95.15	\$188.62	\$95.15	\$188.62

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.55	\$5.92	\$3.55	\$5.92
	25-29	\$3.75	\$6.32	\$3.75	\$6.32
	30-34	\$4.05	\$6.92	\$4.05	\$6.92
	35-39	\$5.45	\$9.82	\$5.45	\$9.82
	40-44	\$6.55	\$11.92	\$6.55	\$11.92
	45-49	\$8.45	\$15.82	\$8.45	\$15.82
	50-54	\$10.85	\$20.42	\$10.85	\$20.42
	55-59	\$13.75	\$26.32	\$13.75	\$26.32
	60-64	\$17.55	\$33.82	\$17.55	\$33.82
	65-69	\$19.55	\$38.02	\$19.55	\$38.02
	70-74	\$22.95	\$44.62	\$22.95	\$44.62

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

● Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$4.45	\$7.72	\$4.45	\$7.72
	25-29	\$4.85	\$8.52	\$4.85	\$8.52
	30-34	\$5.45	\$9.72	\$5.45	\$9.72
	35-39	\$8.25	\$15.52	\$8.25	\$15.52
	40-44	\$10.45	\$19.72	\$10.45	\$19.72
	45-49	\$14.25	\$27.52	\$14.25	\$27.52
	50-54	\$19.05	\$36.72	\$19.05	\$36.72
	55-59	\$24.85	\$48.52	\$24.85	\$48.52
	60-64	\$32.45	\$63.52	\$32.45	\$63.52
	65-69	\$36.45	\$71.92	\$36.45	\$71.92
	70-74	\$43.25	\$85.12	\$43.25	\$85.12
\$30,000	17-24	\$5.35	\$9.52	\$5.35	\$9.52
	25-29	\$5.95	\$10.72	\$5.95	\$10.72
	30-34	\$6.85	\$12.52	\$6.85	\$12.52
	35-39	\$11.05	\$21.22	\$11.05	\$21.22
	40-44	\$14.35	\$27.52	\$14.35	\$27.52
	45-49	\$20.05	\$39.22	\$20.05	\$39.22
	50-54	\$27.25	\$53.02	\$27.25	\$53.02
	55-59	\$35.95	\$70.72	\$35.95	\$70.72
	60-64	\$47.35	\$93.22	\$47.35	\$93.22
	65-69	\$53.35	\$105.82	\$53.35	\$105.82
	70-74	\$63.55	\$125.62	\$63.55	\$125.62
\$40,000	17-24	\$6.25	\$11.32	\$6.25	\$11.32
	25-29	\$7.05	\$12.92	\$7.05	\$12.92
	30-34	\$8.25	\$15.32	\$8.25	\$15.32
	35-39	\$13.85	\$26.92	\$13.85	\$26.92
	40-44	\$18.25	\$35.32	\$18.25	\$35.32
	45-49	\$25.85	\$50.92	\$25.85	\$50.92
	50-54	\$35.45	\$69.32	\$35.45	\$69.32
	55-59	\$47.05	\$92.92	\$47.05	\$92.92
	60-64	\$62.25	\$122.92	\$62.25	\$122.92
	65-69	\$70.25	\$139.72	\$70.25	\$139.72
	70-74	\$83.85	\$166.12	\$83.85	\$166.12

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

● Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$50,000	17-24	\$7.15	\$13.12	\$7.15	\$13.12
	25-29	\$8.15	\$15.12	\$8.15	\$15.12
	30-34	\$9.65	\$18.12	\$9.65	\$18.12
	35-39	\$16.65	\$32.62	\$16.65	\$32.62
	40-44	\$22.15	\$43.12	\$22.15	\$43.12
	45-49	\$31.65	\$62.62	\$31.65	\$62.62
	50-54	\$43.65	\$85.62	\$43.65	\$85.62
	55-59	\$58.15	\$115.12	\$58.15	\$115.12
	60-64	\$77.15	\$152.62	\$77.15	\$152.62
	65-69	\$87.15	\$173.62	\$87.15	\$173.62
	70-74	\$104.15	\$206.62	\$104.15	\$206.62

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$3.55	\$5.92	\$3.55	\$5.92
	25-29	\$3.75	\$6.22	\$3.75	\$6.22
	30-34	\$3.95	\$6.82	\$3.95	\$6.82
	35-39	\$5.35	\$9.42	\$5.35	\$9.42
	40-44	\$6.25	\$11.42	\$6.25	\$11.42
	45-49	\$8.05	\$15.02	\$8.05	\$15.02
	50-54	\$10.25	\$19.22	\$10.25	\$19.22
	55-59	\$12.95	\$24.62	\$12.95	\$24.62
	60-64	\$16.35	\$31.62	\$16.35	\$31.62
	65-69	\$18.35	\$35.42	\$18.35	\$35.42
	70-74	\$21.35	\$41.52	\$21.35	\$41.52
\$20,000	17-24	\$4.45	\$7.72	\$4.45	\$7.72
	25-29	\$4.85	\$8.32	\$4.85	\$8.32
	30-34	\$5.25	\$9.52	\$5.25	\$9.52
	35-39	\$8.05	\$14.72	\$8.05	\$14.72
	40-44	\$9.85	\$18.72	\$9.85	\$18.72
	45-49	\$13.45	\$25.92	\$13.45	\$25.92
	50-54	\$17.85	\$34.32	\$17.85	\$34.32
	55-59	\$23.25	\$45.12	\$23.25	\$45.12
	60-64	\$30.05	\$59.12	\$30.05	\$59.12
	65-69	\$34.05	\$66.72	\$34.05	\$66.72
	70-74	\$40.05	\$78.92	\$40.05	\$78.92

(Continued...)

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

Group Critical Illness (GCI6000) for NY

● Plan 3 - Cancer, Wellbeing Assistance Benefit - \$50 Benefit

Uni-Tobacco Rates

	ATTAINED AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$30,000	17-24	\$5.35	\$9.52	\$5.35	\$9.52
	25-29	\$5.95	\$10.42	\$5.95	\$10.42
	30-34	\$6.55	\$12.22	\$6.55	\$12.22
	35-39	\$10.75	\$20.02	\$10.75	\$20.02
	40-44	\$13.45	\$26.02	\$13.45	\$26.02
	45-49	\$18.85	\$36.82	\$18.85	\$36.82
	50-54	\$25.45	\$49.42	\$25.45	\$49.42
	55-59	\$33.55	\$65.62	\$33.55	\$65.62
	60-64	\$43.75	\$86.62	\$43.75	\$86.62
	65-69	\$49.75	\$98.02	\$49.75	\$98.02
	70-74	\$58.75	\$116.32	\$58.75	\$116.32
\$40,000	17-24	\$6.25	\$11.32	\$6.25	\$11.32
	25-29	\$7.05	\$12.52	\$7.05	\$12.52
	30-34	\$7.85	\$14.92	\$7.85	\$14.92
	35-39	\$13.45	\$25.32	\$13.45	\$25.32
	40-44	\$17.05	\$33.32	\$17.05	\$33.32
	45-49	\$24.25	\$47.72	\$24.25	\$47.72
	50-54	\$33.05	\$64.52	\$33.05	\$64.52
	55-59	\$43.85	\$86.12	\$43.85	\$86.12
	60-64	\$57.45	\$114.12	\$57.45	\$114.12
	65-69	\$65.45	\$129.32	\$65.45	\$129.32
	70-74	\$77.45	\$153.72	\$77.45	\$153.72
\$50,000	17-24	\$7.15	\$13.12	\$7.15	\$13.12
	25-29	\$8.15	\$14.62	\$8.15	\$14.62
	30-34	\$9.15	\$17.62	\$9.15	\$17.62
	35-39	\$16.15	\$30.62	\$16.15	\$30.62
	40-44	\$20.65	\$40.62	\$20.65	\$40.62
	45-49	\$29.65	\$58.62	\$29.65	\$58.62
	50-54	\$40.65	\$79.62	\$40.65	\$79.62
	55-59	\$54.15	\$106.62	\$54.15	\$106.62
	60-64	\$71.15	\$141.62	\$71.15	\$141.62
	65-69	\$81.15	\$160.62	\$81.15	\$160.62
	70-74	\$96.15	\$191.12	\$96.15	\$191.12

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Group Disability for NY AA Risk Class

Applicable to policy forms GDIS-P & GDIS-C

● Injury and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Injury/7 days Sickness	17-49	\$18.88	\$23.60	\$47.20	\$94.40	\$141.60
	50-64	\$23.52	\$29.40	\$58.80	\$117.60	\$176.40
	65-74	\$37.68	\$47.10	\$94.20	\$188.40	\$282.60
14 days Injury/14 days Sickness	17-49	\$13.60	\$17.00	\$34.00	\$68.00	\$102.00
	50-64	\$17.36	\$21.70	\$43.40	\$86.80	\$130.20
	65-74	\$27.76	\$34.70	\$69.40	\$138.80	\$208.20

*monthly benefit amount

Group Disability for NY AAA Risk Class

Applicable to policy forms GDIS-P & GDIS-C

● Injury and Sickness

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$400*	\$500*	\$1,000*	\$2,000*	\$3,000*
7 days Injury/7 days Sickness	17-49	\$16.88	\$21.10	\$42.20	\$84.40	\$126.60
	50-64	\$20.96	\$26.20	\$52.40	\$104.80	\$157.20
	65-74	\$33.52	\$41.90	\$83.80	\$167.60	\$251.40
14 days Injury/14 days Sickness	17-49	\$11.84	\$14.80	\$29.60	\$59.20	\$88.80
	50-64	\$15.28	\$19.10	\$38.20	\$76.40	\$114.60
	65-74	\$24.48	\$30.60	\$61.20	\$122.40	\$183.60

*monthly benefit amount

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Group Medical Bridge for NY *Age-Banded*

Applicable to Policy Forms GMB1.0-P-NY & GMB1.0-C-NY

- Hospital Admission: \$500, Accident Only Emergency Room: \$150

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$12.67	\$22.90	\$18.86	\$29.10
50-59	\$19.72	\$39.62	\$25.91	\$45.82
60-64	\$28.51	\$59.80	\$34.70	\$66.00
65-99	\$41.55	\$86.39	\$47.74	\$92.59

Group Medical Bridge for NY *Age-Banded*

Applicable to Policy Forms GMB1.0-P-NY & GMB1.0-C-NY

- Hospital Admission: \$500, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$16.78	\$30.68	\$24.18	\$38.08
50-59	\$26.18	\$52.23	\$33.58	\$59.63
60-64	\$36.87	\$76.58	\$44.27	\$83.98
65-99	\$51.67	\$107.50	\$59.08	\$114.90

Group Medical Bridge for NY *Age-Banded*

Applicable to Policy Forms GMB1.0-P-NY & GMB1.0-C-NY

- Hospital Admission: \$500, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500, Diagnostic Procedure Benefit: \$250, Emergency Room: \$150

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$21.59	\$39.58	\$32.90	\$50.90
50-59	\$32.31	\$63.96	\$43.63	\$75.28
60-64	\$43.31	\$89.19	\$54.62	\$100.51
65-99	\$58.10	\$120.19	\$69.42	\$131.51

Group Medical Bridge for NY *Age-Banded*

Applicable to Policy Forms GMB1.0-P-NY & GMB1.0-C-NY

- Hospital Admission: \$500, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500, Doctor Office Visit: \$25

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$19.63	\$35.92	\$29.05	\$45.34
50-59	\$30.42	\$60.10	\$39.84	\$69.52
60-64	\$41.99	\$86.20	\$54.69	\$94.40
65-99	\$56.79	\$117.47	\$69.50	\$125.32

Group Medical Bridge for NY *Age-Banded*

Applicable to Policy Forms GMB1.0-P-NY & GMB1.0-C-NY

- Hospital Admission: \$500, Outpatient Surgery: Tier 1=\$500, Tier 2=\$1000, CY Max=\$1500, Diagnostic Procedure Benefit: \$250, Emergency Room: \$150, Doctor Office Visit: \$25

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$24.44	\$44.82	\$37.77	\$58.16
50-59	\$36.55	\$71.83	\$49.89	\$85.17
60-64	\$48.43	\$98.81	\$65.04	\$110.93
65-99	\$63.22	\$130.16	\$79.84	\$141.93

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Group Term Life for NY *Rate Table G8A*

Applicable to Policy Forms GTL1.0-P-NY & GTL1.0-C-NY

- with Waiver of Premium

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
16-24	\$2.08	\$4.15	\$6.23	\$8.30	\$12.45
25-29	\$2.40	\$4.80	\$7.20	\$9.60	\$14.40
30-34	\$2.95	\$5.90	\$8.85	\$11.80	\$17.70
35-39	\$4.15	\$8.30	\$12.45	\$16.60	\$24.90
40-44	\$5.73	\$11.45	\$17.18	\$22.90	\$34.35
45-49	\$9.13	\$18.25	\$27.38	\$36.50	\$54.75
50-54	\$13.98	\$27.95	\$41.93	\$55.90	\$83.85
55-59	\$22.78	\$45.55	\$68.33	\$91.10	\$136.65
60-64	\$36.38	\$72.75	\$109.13	\$145.50	\$218.25
65-69	\$63.83	\$127.65	\$191.48	\$255.30	\$382.95
70-74	\$74.85	\$149.70	\$224.55	\$299.40	\$449.10
75-99	\$116.68	\$233.35	\$350.03	\$466.70	\$700.05

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
16-24	\$3.08	\$6.15	\$9.23	\$12.30	\$18.45
25-29	\$3.58	\$7.15	\$10.73	\$14.30	\$21.45
30-34	\$4.40	\$8.80	\$13.20	\$17.60	\$26.40
35-39	\$6.68	\$13.35	\$20.03	\$26.70	\$40.05
40-44	\$10.08	\$20.15	\$30.23	\$40.30	\$60.45
45-49	\$15.98	\$31.95	\$47.93	\$63.90	\$95.85
50-54	\$26.88	\$53.75	\$80.63	\$107.50	\$161.25
55-59	\$37.90	\$75.80	\$113.70	\$151.60	\$227.40
60-64	\$56.65	\$113.30	\$169.95	\$226.60	\$339.90
65-69	\$94.60	\$189.20	\$283.80	\$378.40	\$567.60
70-74	\$108.13	\$216.25	\$324.38	\$432.50	\$648.75
75-99	\$150.55	\$301.10	\$451.65	\$602.20	\$903.30

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Colonial Life is committed to helping America's workers and their families minimize personal financial risk with a comprehensive offering of voluntary benefits through the workplace. Colonial Life compensates producers to facilitate the sale and delivery of these valuable benefits. This compensation might include commissions as well as various incentives and awards. We support disclosure of compensation programs for our products, and your insurance advisor can provide you with complete information about these programs. You may also learn additional information about our compensation programs by contacting our Plan Administrator Service Center at 1-800-256-7004.