



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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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 Only 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				

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 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

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						
	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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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

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

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

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



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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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

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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

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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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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						
	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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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

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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

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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

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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

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Whole Life 5000 Rates

Paid up at 70– Monthly Premiums – Non-Tobacco

Monthly Non-Tobacco Premiums with Chronic Care Accelerated Death Benefit Rider

Issue Age	\$10,000	\$25,000	\$50,000
25	NA	\$23.50	\$39.75
35	\$15.68	\$34.69	\$60.75
45	\$23.99	\$55.48	\$103.38

Monthly Tobacco Premiums with Chronic Care Accelerated Death Benefit Rider

Issue Age	\$10,000	\$25,000	\$50,000
25	\$16.02	\$35.54	\$56.88
35	\$21.69	\$49.73	\$78.00
45	\$31.94	\$75.35	\$130.50

Paid up at 100 – Monthly Premiums – Non-Tobacco

Monthly Non-Tobacco Premiums with Chronic Care Accelerated Death Benefit Rider

Issue Age	\$10,000	\$25,000	\$50,000
25	NA	\$21.81	\$36.79
35	\$13.83	\$30.06	\$52.21
45	\$19.78	\$44.96	\$81.08
55	\$31.43	\$74.08	\$127.00
65	\$56.51	\$136.77	\$219.54

Monthly Tobacco Premiums with Chronic Care Accelerated Death Benefit Rider

Issue Age	\$10,000	\$25,000	\$50,000
25	\$15.91	\$35.27	\$53.63
35	\$20.05	\$45.63	\$70.50
45	\$27.56	\$64.40	\$108.67
55	\$47.91	\$115.27	\$174.92
65	\$86.46	\$211.65	\$292.38

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

Important Notice

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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

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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

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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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