

Deductions per year: 26

These rates were prepared on 9/6/2019 and are valid for 90 days.

Individual Dental PPO(IDN8000) for OR

Applicable to policy form Individual Dental PPO(IDN8000)

Zip Codes: All Zip Codes

COVERAGE LEVEL	ISSUE AGE	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 - 100/80/50, \$2,000 MAC	17-74	\$17.03	\$32.32	\$40.77	\$60.46
Plan 5 - 100/80/50, \$1,500 PPO	17-74	\$23.65	\$45.47	\$58.08	\$86.26

Individual Dental PPO(IDN8000) for OR

Applicable to policy form Individual Dental PPO(IDN8000)

- with Vision Rider

Zip Codes: All Zip Codes

COVERAGE LEVEL	ISSUE AGE	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 - 100/80/50, \$2,000 MAC	17-74	\$20.02	\$38.23	\$46.99	\$70.20
Plan 5 - 100/80/50, \$1,500 PPO	17-74	\$26.64	\$51.38	\$64.30	\$96.00

Individual Disability - ISTD3000 for OR *A Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*
7 days Accident/7 days Sickness	17-49	\$14.08	\$21.12	\$28.15	\$35.19
	50-64	\$16.38	\$24.58	\$32.77	\$40.96
	65-74	\$19.85	\$29.77	\$39.69	\$49.62
14 days Accident/14 days Sickness	17-49	\$9.65	\$14.47	\$19.29	\$24.12
	50-64	\$11.72	\$17.58	\$23.45	\$29.31
	65-74	\$14.58	\$21.88	\$29.17	\$36.46

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*
7 days Accident/7 days Sickness	17-49	\$17.77	\$26.65	\$35.54	\$44.42
	50-64	\$23.54	\$35.31	\$47.08	\$58.85
	65-74	\$30.32	\$45.48	\$60.65	\$75.81
14 days Accident/14 days Sickness	17-49	\$13.15	\$19.73	\$26.31	\$32.88
	50-64	\$17.03	\$25.55	\$34.06	\$42.58
	65-74	\$22.15	\$33.23	\$44.31	\$55.38

*monthly benefit amount

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Critical Illness 1.0 for OR

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$2.88	\$4.38	\$3.62	\$5.17
	25-29	\$3.81	\$5.81	\$4.54	\$6.60
	30-34	\$4.77	\$7.29	\$5.51	\$8.07
	35-39	\$6.21	\$9.50	\$6.94	\$10.29
	40-44	\$7.45	\$11.40	\$8.19	\$12.18
	45-49	\$9.71	\$14.95	\$10.50	\$15.69
	50-54	\$13.45	\$20.67	\$14.19	\$21.41
	55-59	\$16.54	\$25.43	\$17.33	\$26.21
	60-64	\$21.90	\$33.64	\$22.68	\$34.43
	65-70	\$24.25	\$37.29	\$25.04	\$38.03
\$20,000	17-24	\$4.77	\$7.24	\$6.25	\$8.81
	25-29	\$6.62	\$10.10	\$8.10	\$11.67
	30-34	\$8.56	\$13.06	\$10.04	\$14.63
	35-39	\$11.42	\$17.49	\$12.90	\$19.06
	40-44	\$13.91	\$21.27	\$15.39	\$22.84
	45-49	\$18.44	\$28.38	\$20.01	\$29.86
	50-54	\$25.91	\$39.83	\$27.39	\$41.30
	55-59	\$32.10	\$49.34	\$33.67	\$50.90
	60-64	\$42.81	\$65.77	\$44.37	\$67.34
	65-70	\$47.51	\$73.06	\$49.08	\$74.54

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$3.67	\$5.63	\$4.45	\$6.41
	25-29	\$5.19	\$7.98	\$5.97	\$8.72
	30-34	\$7.08	\$10.89	\$7.87	\$11.67
	35-39	\$9.34	\$14.35	\$10.13	\$15.14
	40-44	\$11.70	\$18.00	\$12.48	\$18.78
	45-49	\$15.02	\$23.12	\$15.81	\$23.86
	50-54	\$20.42	\$31.38	\$21.21	\$32.17
	55-59	\$25.96	\$39.87	\$26.70	\$40.61
	60-64	\$33.11	\$50.86	\$33.90	\$51.64
	65-70	\$36.99	\$56.86	\$37.77	\$57.60

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Critical Illness 1.0 for OR

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$6.34	\$9.74	\$7.91	\$11.30
	25-29	\$9.39	\$14.44	\$10.96	\$15.92
	30-34	\$13.17	\$20.26	\$14.74	\$21.83
	35-39	\$17.70	\$27.18	\$19.27	\$28.75
	40-44	\$22.41	\$34.47	\$23.97	\$36.04
	45-49	\$29.05	\$44.72	\$30.62	\$46.20
	50-54	\$39.85	\$61.24	\$41.42	\$62.81
	55-59	\$50.93	\$78.23	\$52.41	\$79.70
	60-64	\$65.24	\$100.20	\$66.81	\$101.77
	65-70	\$72.99	\$112.20	\$74.56	\$113.67

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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