

Group Disability for OR *AA Risk Class*

Applicable to policy forms GDIS-P & GDIS-C

- Off-Job Accident and Off-Job Sickness
3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*	\$2,000*	\$2,500*
0 days Accident/7 days Sickness	17-49	\$7.00	\$14.00	\$21.00	\$28.00	\$35.00
	50-64	\$8.30	\$16.60	\$24.90	\$33.20	\$41.50
	65-74	\$10.05	\$20.10	\$30.15	\$40.20	\$50.25
0 days Accident/14 days Sickness	17-49	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00
	50-64	\$5.85	\$11.70	\$17.55	\$23.40	\$29.25
	65-74	\$7.48	\$14.95	\$22.43	\$29.90	\$37.38

*monthly benefit amount

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

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Wellbeing Assistance: Basic - \$50, Observation Room, Daily Hospital Confinement

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-49	\$9.06	\$15.16	\$12.43	\$18.53
	50-59	\$11.58	\$21.11	\$14.95	\$24.48
	60-64	\$15.36	\$29.51	\$18.73	\$32.88
	65-99	\$22.91	\$44.73	\$26.28	\$48.10

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 4: \$2000	17-49	\$13.76	\$23.61	\$19.13	\$28.98
	50-59	\$17.68	\$33.21	\$23.05	\$38.58
	60-64	\$23.91	\$47.31	\$29.28	\$52.68
	65-99	\$34.91	\$69.68	\$40.28	\$75.05

Group Accident for OR

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

- Off-Job Accident Coverage, Health Screening Benefit (\$50)

Plan 2

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$7.10	\$11.49	\$12.85	\$17.24

Group Critical Care for OR

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

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$50 Health Screening Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$2.35	\$3.60	\$2.50	\$3.75
	30-39	\$3.30	\$5.00	\$3.43	\$5.13
	40-49	\$5.35	\$8.10	\$5.50	\$8.25
	50-59	\$8.73	\$13.38	\$8.88	\$13.53
	60-74	\$13.35	\$20.43	\$13.53	\$20.58

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Group Critical Care for OR

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

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$50 Health Screening Benefit, HSA Compliant

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$2.93	\$4.45	\$3.05	\$4.58
	30-39	\$4.33	\$6.53	\$4.45	\$6.65
	40-49	\$7.73	\$11.65	\$7.88	\$11.80
	50-59	\$13.23	\$20.33	\$13.38	\$20.48
	60-74	\$21.10	\$32.35	\$21.28	\$32.53

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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