

Deductions per year: 12

These rates were prepared on 6/16/2023 based off of 100 eligible lives and are valid for 90 days.

## Group Accident for IA

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

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

### Preferred

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$17.53	\$28.64	\$31.16	\$42.27

## Group Accident for IA

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

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

### Premier

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$26.29	\$42.80	\$45.38	\$61.89

## Individual Disability - ISTD3000 for IA *AA 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*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$29.50	\$44.25	\$59.00	\$73.75	\$88.50
	50-64	\$35.00	\$52.50	\$70.00	\$87.50	\$105.00
	65-74	\$40.90	\$61.35	\$81.80	\$102.25	\$122.70
0 days Accident/14 days Sickness	17-49	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00
	50-64	\$24.60	\$36.90	\$49.20	\$61.50	\$73.80
	65-74	\$31.40	\$47.10	\$62.80	\$78.50	\$94.20
7 days Accident/7 days Sickness	17-49	\$27.50	\$41.25	\$55.00	\$68.75	\$82.50
	50-64	\$31.60	\$47.40	\$63.20	\$79.00	\$94.80
	65-74	\$38.30	\$57.45	\$76.60	\$95.75	\$114.90
14 days Accident/14 days Sickness	17-49	\$17.90	\$26.85	\$35.80	\$44.75	\$53.70
	50-64	\$21.70	\$32.55	\$43.40	\$54.25	\$65.10
	65-74	\$27.00	\$40.50	\$54.00	\$67.50	\$81.00

\*monthly benefit amount

### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$37.00	\$55.50	\$74.00	\$92.50	\$111.00
	50-64	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00
	65-74	\$62.40	\$93.60	\$124.80	\$156.00	\$187.20
0 days Accident/14 days Sickness	17-49	\$27.20	\$40.80	\$54.40	\$68.00	\$81.60
	50-64	\$35.00	\$52.50	\$70.00	\$87.50	\$105.00
	65-74	\$45.00	\$67.50	\$90.00	\$112.50	\$135.00
7 days Accident/7 days Sickness	17-49	\$34.50	\$51.75	\$69.00	\$86.25	\$103.50
	50-64	\$45.50	\$68.25	\$91.00	\$113.75	\$136.50
	65-74	\$59.10	\$88.65	\$118.20	\$147.75	\$177.30

\*monthly benefit amount

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**6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
14 days Accident/14 days Sickness	17-49	\$24.20	\$36.30	\$48.40	\$60.50	\$72.60
	50-64	\$30.90	\$46.35	\$61.80	\$77.25	\$92.70
	65-74	\$40.80	\$61.20	\$81.60	\$102.00	\$122.40

\*monthly benefit amount

**Group Critical Illness (GCI6000) for IA**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 & Critical Illness Cancer, Wellbeing Assistance Benefit - \$50 Benefit

**Non-Tobacco Rates**

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$6.90	\$10.20	\$6.90	\$10.20
	25-29	\$8.60	\$12.80	\$8.60	\$12.80
	30-34	\$10.40	\$15.40	\$10.40	\$15.40
	35-39	\$14.40	\$21.50	\$14.40	\$21.50
	40-44	\$18.40	\$27.50	\$18.40	\$27.50
	45-49	\$25.00	\$37.70	\$25.00	\$37.70
	50-54	\$31.50	\$47.90	\$31.50	\$47.90
	55-59	\$40.50	\$61.60	\$40.50	\$61.60
	60-64	\$54.20	\$82.40	\$54.20	\$82.40
	65-69	\$65.80	\$100.20	\$65.80	\$100.20
	70-74	\$65.80	\$100.20	\$65.80	\$100.20
\$15,000	17-24	\$8.90	\$13.05	\$8.90	\$13.05
	25-29	\$11.45	\$16.95	\$11.45	\$16.95
	30-34	\$14.15	\$20.85	\$14.15	\$20.85
	35-39	\$20.15	\$30.00	\$20.15	\$30.00
	40-44	\$26.15	\$39.00	\$26.15	\$39.00
	45-49	\$36.05	\$54.30	\$36.05	\$54.30
	50-54	\$45.80	\$69.60	\$45.80	\$69.60
	55-59	\$59.30	\$90.15	\$59.30	\$90.15
	60-64	\$79.85	\$121.35	\$79.85	\$121.35
	65-69	\$97.25	\$148.05	\$97.25	\$148.05
	70-74	\$97.25	\$148.05	\$97.25	\$148.05

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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 IA

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

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$10.90	\$15.90	\$10.90	\$15.90
	25-29	\$14.30	\$21.10	\$14.30	\$21.10
	30-34	\$17.90	\$26.30	\$17.90	\$26.30
	35-39	\$25.90	\$38.50	\$25.90	\$38.50
	40-44	\$33.90	\$50.50	\$33.90	\$50.50
	45-49	\$47.10	\$70.90	\$47.10	\$70.90
	50-54	\$60.10	\$91.30	\$60.10	\$91.30
	55-59	\$78.10	\$118.70	\$78.10	\$118.70
	60-64	\$105.50	\$160.30	\$105.50	\$160.30
	65-69	\$128.70	\$195.90	\$128.70	\$195.90
	70-74	\$128.70	\$195.90	\$128.70	\$195.90
\$25,000	17-24	\$12.90	\$18.75	\$12.90	\$18.75
	25-29	\$17.15	\$25.25	\$17.15	\$25.25
	30-34	\$21.65	\$31.75	\$21.65	\$31.75
	35-39	\$31.65	\$47.00	\$31.65	\$47.00
	40-44	\$41.65	\$62.00	\$41.65	\$62.00
	45-49	\$58.15	\$87.50	\$58.15	\$87.50
	50-54	\$74.40	\$113.00	\$74.40	\$113.00
	55-59	\$96.90	\$147.25	\$96.90	\$147.25
	60-64	\$131.15	\$199.25	\$131.15	\$199.25
	65-69	\$160.15	\$243.75	\$160.15	\$243.75
	70-74	\$160.15	\$243.75	\$160.15	\$243.75
\$30,000	17-24	\$14.90	\$21.60	\$14.90	\$21.60
	25-29	\$20.00	\$29.40	\$20.00	\$29.40
	30-34	\$25.40	\$37.20	\$25.40	\$37.20
	35-39	\$37.40	\$55.50	\$37.40	\$55.50
	40-44	\$49.40	\$73.50	\$49.40	\$73.50
	45-49	\$69.20	\$104.10	\$69.20	\$104.10
	50-54	\$88.70	\$134.70	\$88.70	\$134.70
	55-59	\$115.70	\$175.80	\$115.70	\$175.80
	60-64	\$156.80	\$238.20	\$156.80	\$238.20
	65-69	\$191.60	\$291.60	\$191.60	\$291.60
	70-74	\$191.60	\$291.60	\$191.60	\$291.60

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## Group Critical Illness (GCI6000) for IA

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

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$10,000	17-24	\$9.30	\$13.60	\$9.30	\$13.60
	25-29	\$12.10	\$17.80	\$12.10	\$17.80
	30-34	\$14.90	\$22.00	\$14.90	\$22.00
	35-39	\$21.30	\$31.60	\$21.30	\$31.60
	40-44	\$27.70	\$41.30	\$27.70	\$41.30
	45-49	\$38.20	\$57.60	\$38.20	\$57.60
	50-54	\$48.60	\$73.90	\$48.60	\$73.90
	55-59	\$63.00	\$95.90	\$63.00	\$95.90
	60-64	\$84.90	\$129.20	\$84.90	\$129.20
	65-69	\$103.50	\$157.50	\$103.50	\$157.50
	70-74	\$103.50	\$157.50	\$103.60	\$157.60
\$15,000	17-24	\$12.50	\$18.15	\$12.50	\$18.15
	25-29	\$16.70	\$24.45	\$16.70	\$24.45
	30-34	\$20.90	\$30.75	\$20.90	\$30.75
	35-39	\$30.50	\$45.15	\$30.50	\$45.15
	40-44	\$40.10	\$59.70	\$40.10	\$59.70
	45-49	\$55.85	\$84.15	\$55.85	\$84.15
	50-54	\$71.45	\$108.60	\$71.45	\$108.60
	55-59	\$93.05	\$141.60	\$93.05	\$141.60
	60-64	\$125.90	\$191.55	\$125.90	\$191.55
	65-69	\$153.80	\$234.00	\$153.80	\$234.00
	70-74	\$153.80	\$234.00	\$153.95	\$234.15
\$20,000	17-24	\$15.70	\$22.70	\$15.70	\$22.70
	25-29	\$21.30	\$31.10	\$21.30	\$31.10
	30-34	\$26.90	\$39.50	\$26.90	\$39.50
	35-39	\$39.70	\$58.70	\$39.70	\$58.70
	40-44	\$52.50	\$78.10	\$52.50	\$78.10
	45-49	\$73.50	\$110.70	\$73.50	\$110.70
	50-54	\$94.30	\$143.30	\$94.30	\$143.30
	55-59	\$123.10	\$187.30	\$123.10	\$187.30
	60-64	\$166.90	\$253.90	\$166.90	\$253.90
	65-69	\$204.10	\$310.50	\$204.10	\$310.50
	70-74	\$204.10	\$310.50	\$204.30	\$310.70

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## Group Critical Illness (GCI6000) for IA

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

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$25,000	17-24	\$18.90	\$27.25	\$18.90	\$27.25
	25-29	\$25.90	\$37.75	\$25.90	\$37.75
	30-34	\$32.90	\$48.25	\$32.90	\$48.25
	35-39	\$48.90	\$72.25	\$48.90	\$72.25
	40-44	\$64.90	\$96.50	\$64.90	\$96.50
	45-49	\$91.15	\$137.25	\$91.15	\$137.25
	50-54	\$117.15	\$178.00	\$117.15	\$178.00
	55-59	\$153.15	\$233.00	\$153.15	\$233.00
	60-64	\$207.90	\$316.25	\$207.90	\$316.25
	65-69	\$254.40	\$387.00	\$254.40	\$387.00
	70-74	\$254.40	\$387.00	\$254.65	\$387.25
\$30,000	17-24	\$22.10	\$31.80	\$22.10	\$31.80
	25-29	\$30.50	\$44.40	\$30.50	\$44.40
	30-34	\$38.90	\$57.00	\$38.90	\$57.00
	35-39	\$58.10	\$85.80	\$58.10	\$85.80
	40-44	\$77.30	\$114.90	\$77.30	\$114.90
	45-49	\$108.80	\$163.80	\$108.80	\$163.80
	50-54	\$140.00	\$212.70	\$140.00	\$212.70
	55-59	\$183.20	\$278.70	\$183.20	\$278.70
	60-64	\$248.90	\$378.60	\$248.90	\$378.60
	65-69	\$304.70	\$463.50	\$304.70	\$463.50
	70-74	\$304.70	\$463.50	\$305.00	\$463.80

## Group Medical Bridge (GMB7000) for IA *Age-Banded*

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Wellbeing Assistance: Standard - \$50, Daily Hospital Confinement

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-49	\$16.95	\$31.30	\$23.70	\$38.05
	50-59	\$22.00	\$43.20	\$28.75	\$49.95
	60-64	\$29.55	\$60.00	\$36.30	\$66.75
	65-99	\$44.65	\$90.45	\$51.40	\$97.20

## Group Medical Bridge (GMB7000) for IA *Age-Banded*

Applicable to Policy Forms GMB7000-P & GMB7000-C

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

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-49	\$26.55	\$49.45	\$39.25	\$62.15

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

Applicable to Policy Forms GMB7000-P &amp; GMB7000-C

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

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
	50-59	\$36.25	\$70.85	\$48.95	\$83.55
	60-64	\$46.40	\$93.60	\$59.10	\$106.30
	65-99	\$63.50	\$128.90	\$76.20	\$141.60

**Whole Life Plus (IWL5000) for IA**

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, Chronic Care Accelerated Death Benefit

***Non-Tobacco Rates***

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$9.36	\$23.40	\$46.79	\$70.19	\$93.58
35	\$12.77	\$31.91	\$63.83	\$95.74	\$127.66
45	\$20.32	\$50.81	\$101.62	\$152.43	\$203.25
55	\$33.33	\$83.33	\$166.66	\$249.99	\$333.32
65	\$60.14	\$150.35	\$300.70	\$451.05	\$601.40

***Tobacco Rates***

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$16.23	\$40.57	\$81.12	\$121.69	\$162.24
35	\$19.80	\$49.49	\$99.00	\$148.49	\$197.99
45	\$29.55	\$73.87	\$147.75	\$221.61	\$295.49
55	\$49.94	\$124.87	\$249.74	\$374.61	\$499.48
65	\$86.30	\$215.76	\$431.53	\$647.29	\$863.05

**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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