

Deductions per year: 52

These rates were prepared on 8/4/2024 based off of 30 eligible lives and are valid for 90 days.

Individual Disability - ISTD3000 for OK *AAA Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$800*	\$1,000*	\$1,200*	\$1,400*	\$1,600*
0 days Accident/7 days Sickness	17-49	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60
	50-64	\$5.48	\$6.85	\$8.22	\$9.60	\$10.97
	65-74	\$6.66	\$8.33	\$10.00	\$11.66	\$13.33

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$800*	\$1,000*	\$1,200*	\$1,400*	\$1,600*
0 days Accident/14 days Sickness	17-49	\$4.39	\$5.49	\$6.59	\$7.69	\$8.79
	50-64	\$5.48	\$6.85	\$8.22	\$9.60	\$10.97
	65-74	\$7.31	\$9.14	\$10.97	\$12.79	\$14.62

*monthly benefit amount

Group Accident (GAC4100) for OK

Applicable to policy forms GAC4100-P, GAC4100-C

- Additional Benefits:** Accident Hospital Benefits Preferred, Recovery Plus Package, Active Lifestyles, Wellbeing Assistance Max - \$75

On/Off-Job Accident Coverage

BENEFIT LEVEL	AD&D BENEFIT LEVEL	ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILD(REN)	EMPLOYEE, SPOUSE AND DEPENDENT CHILD(REN)
Preferred	Preferred	17-99	\$3.97	\$6.44	\$8.14	\$10.65

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

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Without Wellbeing Assistance, Outpatient Surgical Procedure: Option 1 - (\$500 / \$1000 / \$1500), Medical Treatment Package (Accident / Sickness), Rehabilitation Unit Confinement, Daily Hospital Confinement

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 2: \$1000	17-49	\$5.44	\$10.28	\$9.56	\$14.40
	50-59	\$7.39	\$14.61	\$11.50	\$18.73
	60-64	\$10.00	\$20.33	\$14.10	\$24.45
	65-99	\$14.98	\$30.41	\$19.10	\$34.53

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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 OK

- Plan 2 - Critical Illness & Cancer, Wellbeing Assistance Benefit - \$50 Benefit, Progressive Diseases 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	\$1.71	\$2.54	\$1.71	\$2.54
	25-29	\$2.11	\$3.14	\$2.11	\$3.14
	30-34	\$2.52	\$3.74	\$2.52	\$3.74
	35-39	\$3.44	\$5.14	\$3.44	\$5.14
	40-44	\$4.37	\$6.53	\$4.37	\$6.53
	45-49	\$5.89	\$8.88	\$5.89	\$8.88
	50-54	\$7.39	\$11.24	\$7.39	\$11.24
	55-59	\$9.47	\$14.40	\$9.47	\$14.40
	60-64	\$12.63	\$19.20	\$12.63	\$19.20
	65-69	\$15.31	\$23.30	\$15.31	\$23.30
	70-74	\$15.31	\$23.30	\$15.31	\$23.30
\$20,000	17-24	\$2.75	\$4.04	\$2.75	\$4.04
	25-29	\$3.53	\$5.24	\$3.53	\$5.24
	30-34	\$4.36	\$6.44	\$4.36	\$6.44
	35-39	\$6.21	\$9.26	\$6.21	\$9.26
	40-44	\$8.05	\$12.03	\$8.05	\$12.03
	45-49	\$11.10	\$16.73	\$11.10	\$16.73
	50-54	\$14.10	\$21.44	\$14.10	\$21.44
	55-59	\$18.25	\$27.76	\$18.25	\$27.76
	60-64	\$24.58	\$37.36	\$24.58	\$37.36
	65-69	\$29.93	\$45.58	\$29.93	\$45.58
	70-74	\$29.93	\$45.58	\$29.93	\$45.58
\$30,000	17-24	\$3.79	\$5.54	\$3.79	\$5.54
	25-29	\$4.97	\$7.34	\$4.97	\$7.34
	30-34	\$6.21	\$9.14	\$6.21	\$9.14
	35-39	\$8.98	\$13.36	\$8.98	\$13.36
	40-44	\$11.75	\$17.51	\$11.75	\$17.51
	45-49	\$16.32	\$24.57	\$16.32	\$24.57
	50-54	\$20.82	\$31.64	\$20.82	\$31.64
	55-59	\$27.05	\$41.12	\$27.05	\$41.12
	60-64	\$36.54	\$55.52	\$36.54	\$55.52
	65-69	\$44.57	\$67.84	\$44.57	\$67.84
	70-74	\$44.57	\$67.84	\$44.57	\$67.84

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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 OK

- Plan 2 - Critical Illness & Cancer, Wellbeing Assistance Benefit - \$50 Benefit, Progressive Diseases 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	\$2.27	\$3.32	\$2.27	\$3.32
	25-29	\$2.91	\$4.29	\$2.91	\$4.29
	30-34	\$3.56	\$5.26	\$3.56	\$5.26
	35-39	\$5.04	\$7.47	\$5.04	\$7.47
	40-44	\$6.51	\$9.71	\$6.51	\$9.71
	45-49	\$8.94	\$13.47	\$8.94	\$13.47
	50-54	\$11.34	\$17.24	\$11.34	\$17.24
	55-59	\$14.66	\$22.31	\$14.66	\$22.31
	60-64	\$19.71	\$30.00	\$19.71	\$30.00
	65-69	\$24.01	\$36.53	\$24.01	\$36.53
	70-74	\$24.01	\$36.53	\$24.03	\$36.55
\$20,000	17-24	\$3.85	\$5.61	\$3.85	\$5.61
	25-29	\$5.15	\$7.55	\$5.15	\$7.55
	30-34	\$6.44	\$9.49	\$6.44	\$9.49
	35-39	\$9.39	\$13.92	\$9.39	\$13.92
	40-44	\$12.35	\$18.39	\$12.35	\$18.39
	45-49	\$17.19	\$25.92	\$17.19	\$25.92
	50-54	\$21.99	\$33.44	\$21.99	\$33.44
	55-59	\$28.64	\$43.59	\$28.64	\$43.59
	60-64	\$38.75	\$58.96	\$38.75	\$58.96
	65-69	\$47.33	\$72.03	\$47.33	\$72.03
	70-74	\$47.33	\$72.03	\$47.38	\$72.07
\$30,000	17-24	\$5.45	\$7.89	\$5.45	\$7.89
	25-29	\$7.39	\$10.80	\$7.39	\$10.80
	30-34	\$9.33	\$13.71	\$9.33	\$13.71
	35-39	\$13.76	\$20.35	\$13.76	\$20.35
	40-44	\$18.19	\$27.07	\$18.19	\$27.07
	45-49	\$25.46	\$38.35	\$25.46	\$38.35
	50-54	\$32.66	\$49.64	\$32.66	\$49.64
	55-59	\$42.63	\$64.87	\$42.63	\$64.87
	60-64	\$57.79	\$87.92	\$57.79	\$87.92
	65-69	\$70.67	\$107.51	\$70.67	\$107.51
	70-74	\$70.67	\$107.51	\$70.74	\$107.58

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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