



▪ **Group Critical Illness Semi-Monthly Rates for Absentee Shawnee Tribe**

Situs State - OK

▪ **Plan 2 - Issue Age Critical Illness and Cancer Benefits, Progressive Disease 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	\$2.05	\$2.95	\$2.05	\$2.95
	25-29	\$2.80	\$4.15	\$2.80	\$4.15
	30-34	\$3.65	\$5.30	\$3.65	\$5.30
	35-39	\$5.45	\$8.05	\$5.45	\$8.05
	40-44	\$7.25	\$10.75	\$7.25	\$10.75
	45-49	\$10.20	\$15.35	\$10.20	\$15.35
	50-54	\$13.10	\$19.95	\$13.10	\$19.95
	55-59	\$17.15	\$26.10	\$17.15	\$26.10
	60-64	\$23.35	\$35.45	\$23.35	\$35.45
	65-69	\$28.55	\$43.45	\$28.55	\$43.45
	70-74	\$28.55	\$43.45	\$28.55	\$43.45
\$20,000	17-24	\$4.10	\$5.90	\$4.10	\$5.90
	25-29	\$5.60	\$8.30	\$5.60	\$8.30
	30-34	\$7.30	\$10.60	\$7.30	\$10.60
	35-39	\$10.90	\$16.10	\$10.90	\$16.10
	40-44	\$14.50	\$21.50	\$14.50	\$21.50
	45-49	\$20.40	\$30.70	\$20.40	\$30.70
	50-54	\$26.20	\$39.90	\$26.20	\$39.90
	55-59	\$34.30	\$52.20	\$34.30	\$52.20
	60-64	\$46.70	\$70.90	\$46.70	\$70.90
	65-69	\$57.10	\$86.90	\$57.10	\$86.90
	70-74	\$57.10	\$86.90	\$57.10	\$86.90
\$30,000	17-24	\$6.15	\$8.85	\$6.15	\$8.85
	25-29	\$8.40	\$12.45	\$8.40	\$12.45
	30-34	\$10.95	\$15.90	\$10.95	\$15.90
	35-39	\$16.35	\$24.15	\$16.35	\$24.15
	40-44	\$21.75	\$32.25	\$21.75	\$32.25
	45-49	\$30.60	\$46.05	\$30.60	\$46.05
	50-54	\$39.30	\$59.85	\$39.30	\$59.85
	55-59	\$51.45	\$78.30	\$51.45	\$78.30
	60-64	\$70.05	\$106.35	\$70.05	\$106.35
	65-69	\$85.65	\$130.35	\$85.65	\$130.35
	70-74	\$85.65	\$130.35	\$85.65	\$130.35



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	\$3.15	\$4.50	\$3.15	\$4.50
	25-29	\$4.40	\$6.40	\$4.40	\$6.40
	30-34	\$5.65	\$8.30	\$5.65	\$8.30
	35-39	\$8.55	\$12.60	\$8.55	\$12.60
	40-44	\$11.40	\$16.95	\$11.40	\$16.95
	45-49	\$16.15	\$24.30	\$16.15	\$24.30
	50-54	\$20.80	\$31.65	\$20.80	\$31.65
	55-59	\$27.30	\$41.55	\$27.30	\$41.55
	60-64	\$37.15	\$56.50	\$37.15	\$56.50
	65-69	\$45.50	\$69.25	\$45.50	\$69.25
\$20,000	70-74	\$45.50	\$69.25	\$45.55	\$69.30
	17-24	\$6.30	\$9.00	\$6.30	\$9.00
	25-29	\$8.80	\$12.80	\$8.80	\$12.80
	30-34	\$11.30	\$16.60	\$11.30	\$16.60
	35-39	\$17.10	\$25.20	\$17.10	\$25.20
	40-44	\$22.80	\$33.90	\$22.80	\$33.90
	45-49	\$32.30	\$48.60	\$32.30	\$48.60
	50-54	\$41.60	\$63.30	\$41.60	\$63.30
	55-59	\$54.60	\$83.10	\$54.60	\$83.10
	60-64	\$74.30	\$113.00	\$74.30	\$113.00
\$30,000	65-69	\$91.00	\$138.50	\$91.00	\$138.50
	70-74	\$91.00	\$138.50	\$91.10	\$138.60
	17-24	\$9.45	\$13.50	\$9.45	\$13.50
	25-29	\$13.20	\$19.20	\$13.20	\$19.20
	30-34	\$16.95	\$24.90	\$16.95	\$24.90
	35-39	\$25.65	\$37.80	\$25.65	\$37.80
	40-44	\$34.20	\$50.85	\$34.20	\$50.85
	45-49	\$48.45	\$72.90	\$48.45	\$72.90
	50-54	\$62.40	\$94.95	\$62.40	\$94.95
	55-59	\$81.90	\$124.65	\$81.90	\$124.65
	60-64	\$111.45	\$169.50	\$111.45	\$169.50
	65-69	\$136.50	\$207.75	\$136.50	\$207.75
	70-74	\$136.50	\$207.75	\$136.65	\$207.90

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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