

Deductions per year: 24

Group Critical Care for OK

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

- Full CI Benefit, with Subsequent Diagnosis, \$50 Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$2.45	\$3.75	\$2.60	\$3.85
	30-39	\$3.15	\$4.80	\$3.30	\$4.90
	40-49	\$4.85	\$7.30	\$4.90	\$7.40
	50-59	\$7.45	\$11.55	\$7.55	\$11.65
	60-74	\$11.15	\$17.35	\$11.30	\$17.40
\$20,000	16-29	\$3.45	\$5.25	\$3.75	\$5.45
	30-39	\$4.85	\$7.35	\$5.15	\$7.55
	40-49	\$8.25	\$12.35	\$8.35	\$12.55
	50-59	\$13.45	\$20.85	\$13.65	\$21.05
	60-74	\$20.85	\$32.45	\$21.15	\$32.55

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	16-29	\$3.45	\$5.20	\$3.55	\$5.30
	30-39	\$4.90	\$7.40	\$5.00	\$7.45
	40-49	\$8.20	\$12.35	\$8.30	\$12.40
	50-59	\$13.40	\$20.90	\$13.50	\$20.95
	60-74	\$20.90	\$32.40	\$21.05	\$32.50
\$20,000	16-29	\$5.45	\$8.15	\$5.65	\$8.35
	30-39	\$8.35	\$12.55	\$8.55	\$12.65
	40-49	\$14.95	\$22.45	\$15.15	\$22.55
	50-59	\$25.35	\$39.55	\$25.55	\$39.65
	60-74	\$40.35	\$62.55	\$40.65	\$62.75

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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