

Deductions per year: 52

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 | \$1.18 | \$1.80 | \$1.25 | \$1.85 |
| | 30-39 | \$1.55 | \$2.36 | \$1.62 | \$2.40 |
| | 40-49 | \$2.40 | \$3.62 | \$2.45 | \$3.67 |
| | 50-59 | \$3.74 | \$5.82 | \$3.79 | \$5.86 |
| | 60-74 | \$5.65 | \$8.77 | \$5.72 | \$8.82 |
| \$20,000 | 16-29 | \$1.69 | \$2.56 | \$1.82 | \$2.66 |
| | 30-39 | \$2.42 | \$3.67 | \$2.56 | \$3.76 |
| | 40-49 | \$4.13 | \$6.21 | \$4.22 | \$6.30 |
| | 50-59 | \$6.81 | \$10.59 | \$6.90 | \$10.69 |
| | 60-74 | \$10.64 | \$16.50 | \$10.78 | \$16.59 |
| \$30,000 | 16-29 | \$2.19 | \$3.32 | \$2.40 | \$3.46 |
| | 30-39 | \$3.30 | \$4.99 | \$3.51 | \$5.12 |
| | 40-49 | \$5.86 | \$8.79 | \$6.00 | \$8.93 |
| | 50-59 | \$9.88 | \$15.37 | \$10.02 | \$15.51 |
| | 60-74 | \$15.62 | \$24.23 | \$15.83 | \$24.37 |

Tobacco Rates

| | ISSUE AGE | NAMED INSURED | EMPLOYEE & SPOUSE | ONE-PARENT FAMILY | TWO-PARENT FAMILY |
|----------|-----------|---------------|-------------------|-------------------|-------------------|
| \$10,000 | 16-29 | \$1.69 | \$2.56 | \$1.75 | \$2.61 |
| | 30-39 | \$2.45 | \$3.67 | \$2.49 | \$3.72 |
| | 40-49 | \$4.13 | \$6.21 | \$4.18 | \$6.26 |
| | 50-59 | \$6.81 | \$10.59 | \$6.85 | \$10.64 |
| | 60-74 | \$10.64 | \$16.50 | \$10.71 | \$16.55 |
| \$20,000 | 16-29 | \$2.70 | \$4.09 | \$2.84 | \$4.18 |
| | 30-39 | \$4.22 | \$6.30 | \$4.32 | \$6.39 |
| | 40-49 | \$7.59 | \$11.38 | \$7.69 | \$11.47 |
| | 50-59 | \$12.95 | \$20.15 | \$13.04 | \$20.24 |
| | 60-74 | \$20.61 | \$31.96 | \$20.75 | \$32.06 |
| \$30,000 | 16-29 | \$3.72 | \$5.61 | \$3.92 | \$5.75 |
| | 30-39 | \$6.00 | \$8.93 | \$6.14 | \$9.07 |
| | 40-49 | \$11.05 | \$16.55 | \$11.19 | \$16.69 |
| | 50-59 | \$19.09 | \$29.70 | \$19.22 | \$29.84 |
| | 60-74 | \$30.58 | \$47.42 | \$30.79 | \$47.56 |

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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