

**Group Accident (GAC4100)**

**Account Name: Absentee Shawnee Tribe  
Preferred Plan**

On/Off Job Coverage with Active Lifestyle and Preferred AD&D  
Wellbeing Max \$50 and Preferred Accident Hospital Benefits

	Employee	Employee & Spouse	Employee and Dependent Child(ren)	Employee, Spouse, & Dependent Child(ren)
Semi-Monthly Premium	\$7.87	\$12.49	\$16.46	\$21.18

**GMB7000 Semi-Monthly Premium Rates**

**Account Name: Absentee Shawnee Tribe**

**Plan 2 (Non-HSA)**

**Situs State - OK**

	Named Insured	Named Insured & Spouse	1-Parent Family	2-Parent Family
17-49	\$12.35	\$23.35	\$21.60	\$32.60
50-59	\$16.55	\$32.73	\$25.80	\$41.98
60-64	\$22.20	\$45.13	\$31.45	\$54.38
65+	\$33.00	\$66.95	\$42.25	\$76.20

*Benefits Included: Hospital Confinement \$1000, Waiver of Premium, Daily Hospital Confinement Benefit, Observation Room, Rehab Unit Confinement, Inpatient Mental and Nervous, Medical Treatment Package, Outpatient Surgical Procedures \$500 / \$1,000*





▪ **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
	70-74	\$45.50	\$69.25	\$45.55	\$69.30
\$20,000	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
	65-69	\$91.00	\$138.50	\$91.00	\$138.50
	70-74	\$91.00	\$138.50	\$91.10	\$138.60
\$30,000	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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