

Deductions per year: 24

## 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	\$8.61	\$13.96	\$17.63	\$23.09

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

Applicable to Policy Forms GMB7000-P & GMB7000-C

- Without Wellbeing Assistance, Medical Treatment Package (Accident / Sickness), Daily Hospital Confinement, Specified Critical Illness \$2500

HOSPITAL CONFINEMENT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE PARENT FAMILY	TWO PARENT FAMILY
Level 3: \$1500	17-49	\$11.78	\$21.93	\$19.53	\$29.68
	50-59	\$16.56	\$32.26	\$24.32	\$40.01
	60-64	\$23.33	\$46.65	\$31.08	\$54.41
	65-99	\$35.78	\$70.96	\$43.53	\$78.71

## Group Critical Care for OK

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

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

### Uni-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-29	\$3.65	\$5.50	\$3.90	\$5.75
	30-39	\$5.70	\$8.60	\$5.95	\$8.85
	40-49	\$10.25	\$15.50	\$10.60	\$15.80
	50-59	\$17.60	\$27.00	\$18.00	\$27.30
	60-74	\$27.70	\$42.25	\$28.00	\$42.60
\$20,000	17-29	\$5.85	\$8.75	\$6.35	\$9.25
	30-39	\$9.95	\$14.95	\$10.45	\$15.45
	40-49	\$19.05	\$28.75	\$19.75	\$29.35
	50-59	\$33.75	\$51.75	\$34.55	\$52.35
	60-74	\$53.95	\$82.25	\$54.55	\$82.95

### 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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## Individual Disability - ISTD3000 for OK *AA Risk Class*

Applicable to policy form Individual Disability

● Off Job Accident & Off Job Sickness

**3 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$700*	\$800*	\$900*	\$1,000*	\$1,100*
0 days Accident/7 days Sickness	17-49	\$10.33	\$11.80	\$13.28	\$14.75	\$16.23
	50-64	\$12.25	\$14.00	\$15.75	\$17.50	\$19.25
	65-74	\$14.32	\$16.36	\$18.41	\$20.45	\$22.50
0 days Accident/14 days Sickness	17-49	\$7.35	\$8.40	\$9.45	\$10.50	\$11.55
	50-64	\$8.61	\$9.84	\$11.07	\$12.30	\$13.53
	65-74	\$10.99	\$12.56	\$14.13	\$15.70	\$17.27

\*monthly benefit amount

**6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$700*	\$800*	\$900*	\$1,000*	\$1,100*
0 days Accident/7 days Sickness	17-49	\$12.95	\$14.80	\$16.65	\$18.50	\$20.35
	50-64	\$16.80	\$19.20	\$21.60	\$24.00	\$26.40
	65-74	\$21.84	\$24.96	\$28.08	\$31.20	\$34.32
0 days Accident/14 days Sickness	17-49	\$9.52	\$10.88	\$12.24	\$13.60	\$14.96
	50-64	\$12.25	\$14.00	\$15.75	\$17.50	\$19.25
	65-74	\$15.75	\$18.00	\$20.25	\$22.50	\$24.75

\*monthly benefit amount

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