

Deductions per year: 52

These rates were prepared on 7/11/2024 and are valid for 90 days.

Cancer Assist for LA

Applicable to policy form CanAssist

- with \$100 Health Screening Benefit
\$10,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	\$8.46	\$13.58	\$8.76	\$13.88

Individual Dental PPO(IDN8000) for LA

Applicable to policy form Individual Dental PPO(IDN8000)

- with Vision Rider

Zip Codes: All Zip Codes

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 Premier - 100/80/50, \$2,000 MAC	\$9.78	\$18.59	\$22.77	\$34.01

Individual Accident (IAC4000) for LA

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage, Wellbeing Assistance Standard - \$50

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred	0-80	\$5.01	\$7.53	\$8.53	\$10.95

Individual Disability - ISTD3000 for LA *AA Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$6.81	\$10.21	\$13.62	\$17.02	\$20.42
	50-64	\$8.08	\$12.12	\$16.15	\$20.19	\$24.23
	65-74	\$9.44	\$14.16	\$18.88	\$23.60	\$28.32

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$8.54	\$12.81	\$17.08	\$21.35	\$25.62
	50-64	\$11.08	\$16.62	\$22.15	\$27.69	\$33.23
	65-74	\$14.40	\$21.60	\$28.80	\$36.00	\$43.20

*monthly benefit amount

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Critical Illness 1.0 for LA

Applicable to policy form CI-1.0

- with Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$0.78	\$1.18	\$0.78	\$1.18
	25-29	\$0.86	\$1.30	\$0.86	\$1.30
	30-34	\$0.95	\$1.45	\$0.95	\$1.45
	35-39	\$1.13	\$1.73	\$1.13	\$1.73
	40-44	\$1.37	\$2.09	\$1.37	\$2.09
	45-49	\$1.69	\$2.58	\$1.69	\$2.58
	50-54	\$2.06	\$3.16	\$2.06	\$3.16
	55-59	\$2.45	\$3.75	\$2.45	\$3.75
	60-64	\$2.97	\$4.54	\$2.97	\$4.54
	65-70	\$3.27	\$5.01	\$3.27	\$5.01
\$7,000	17-24	\$0.89	\$1.34	\$0.89	\$1.34
	25-29	\$1.00	\$1.52	\$1.00	\$1.52
	30-34	\$1.13	\$1.73	\$1.13	\$1.73
	35-39	\$1.39	\$2.12	\$1.39	\$2.12
	40-44	\$1.71	\$2.62	\$1.71	\$2.62
	45-49	\$2.16	\$3.31	\$2.16	\$3.31
	50-54	\$2.68	\$4.12	\$2.68	\$4.12
	55-59	\$3.23	\$4.94	\$3.23	\$4.94
	60-64	\$3.96	\$6.06	\$3.96	\$6.06
	65-70	\$4.38	\$6.70	\$4.38	\$6.70
\$10,000	17-24	\$1.05	\$1.59	\$1.05	\$1.59
	25-29	\$1.22	\$1.84	\$1.22	\$1.84
	30-34	\$1.40	\$2.14	\$1.40	\$2.14
	35-39	\$1.77	\$2.70	\$1.77	\$2.70
	40-44	\$2.23	\$3.41	\$2.23	\$3.41
	45-49	\$2.88	\$4.41	\$2.88	\$4.41
	50-54	\$3.62	\$5.56	\$3.62	\$5.56
	55-59	\$4.40	\$6.74	\$4.40	\$6.74
	60-64	\$5.44	\$8.33	\$5.44	\$8.33
	65-70	\$6.04	\$9.25	\$6.04	\$9.25

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Critical Illness 1.0 for LA

Applicable to policy form CI-1.0

- with Health Screening Benefit

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$0.89	\$1.36	\$0.89	\$1.36
	25-29	\$1.04	\$1.59	\$1.04	\$1.59
	30-34	\$1.24	\$1.89	\$1.24	\$1.89
	35-39	\$1.60	\$2.43	\$1.60	\$2.43
	40-44	\$1.95	\$3.00	\$1.95	\$3.00
	45-49	\$2.42	\$3.71	\$2.42	\$3.71
	50-54	\$2.93	\$4.51	\$2.93	\$4.51
	55-59	\$3.62	\$5.55	\$3.62	\$5.55
	60-64	\$4.28	\$6.58	\$4.28	\$6.58
	65-70	\$4.78	\$7.34	\$4.78	\$7.34
\$7,000	17-24	\$1.05	\$1.60	\$1.05	\$1.60
	25-29	\$1.26	\$1.92	\$1.26	\$1.92
	30-34	\$1.53	\$2.34	\$1.53	\$2.34
	35-39	\$2.03	\$3.10	\$2.03	\$3.10
	40-44	\$2.54	\$3.89	\$2.54	\$3.89
	45-49	\$3.18	\$4.90	\$3.18	\$4.90
	50-54	\$3.91	\$6.01	\$3.91	\$6.01
	55-59	\$4.86	\$7.46	\$4.86	\$7.46
	60-64	\$5.80	\$8.90	\$5.80	\$8.90
	65-70	\$6.49	\$9.97	\$6.49	\$9.97
\$10,000	17-24	\$1.28	\$1.96	\$1.28	\$1.96
	25-29	\$1.58	\$2.42	\$1.58	\$2.42
	30-34	\$1.98	\$3.02	\$1.98	\$3.02
	35-39	\$2.69	\$4.11	\$2.69	\$4.11
	40-44	\$3.41	\$5.24	\$3.41	\$5.24
	45-49	\$4.33	\$6.67	\$4.33	\$6.67
	50-54	\$5.37	\$8.26	\$5.37	\$8.26
	55-59	\$6.73	\$10.34	\$6.73	\$10.34
	60-64	\$8.07	\$12.39	\$8.07	\$12.39
	65-70	\$9.06	\$13.91	\$9.06	\$13.91

Term Life (ITL5000) for LA

Applicable to policy form ITL5000

- 20-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$20,000	\$30,000	\$50,000	\$75,000	\$100,000
25	\$2.17	\$2.79	\$2.43	\$3.18	\$3.94
35	\$2.62	\$3.47	\$2.67	\$3.54	\$4.42
45	\$3.54	\$4.85	\$5.03	\$7.08	\$9.13
55	\$7.41	\$6.78	\$10.69	\$15.57	\$20.46

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Term Life (ITL5000) for LA

Applicable to policy form ITL5000

● 20-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$20,000	\$30,000	\$50,000	\$75,000	\$100,000
65	\$11.54	\$16.85	\$27.48	\$40.76	\$54.03

Tobacco Rates

ISSUE AGE	\$20,000	\$30,000	\$50,000	\$75,000	\$100,000
25	\$3.91	\$5.41	\$4.20	\$5.84	\$7.48
35	\$4.48	\$6.26	\$4.76	\$6.68	\$8.59
45	\$6.41	\$9.15	\$10.49	\$15.27	\$20.05
55	\$14.73	\$15.05	\$24.47	\$36.24	\$48.02
65	\$19.32	\$28.52	\$46.93	\$69.93	\$92.93

Whole Life Plus (IWL5000) for LA

Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO, ICC23-IWL5000-LTC/IWL5000-LTC

● Adult Base Plan Paid-Up at Age 100

Non-Tobacco Rates

ISSUE AGE	\$20,000	\$40,000	\$50,000	\$75,000	\$100,000
25	\$4.25	\$8.49	\$10.62	\$15.92	\$21.23
35	\$5.78	\$11.55	\$14.44	\$21.66	\$28.88
45	\$9.18	\$18.35	\$22.94	\$34.41	\$45.88
55	\$14.98	\$29.95	\$37.44	\$56.16	\$74.88
65	\$26.65	\$53.31	\$66.63	\$99.95	\$133.26

Tobacco Rates

ISSUE AGE	\$20,000	\$40,000	\$50,000	\$75,000	\$100,000
25	\$7.41	\$14.83	\$18.54	\$27.81	\$37.08
35	\$9.02	\$18.05	\$22.56	\$33.84	\$45.11
45	\$13.43	\$26.87	\$33.59	\$50.38	\$67.17
55	\$22.65	\$45.29	\$56.61	\$84.92	\$113.23
65	\$38.73	\$77.46	\$96.82	\$145.23	\$193.65

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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