

## Individual Dental 8100 (IDN8100) for TX

Applicable to policy form Individual Dental 8100 (IDN8100)

- - 0 Month Waiting Period

**Zip Codes: 755, 756, 757, 758, 759, 763, 767, 768, 769, 777, 779, 780, 781, 782, 783, 784, 785, 788, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 885**

COVERAGE LEVEL	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
Enhanced (MAC 100/80/50) \$3,000 MAX	\$10.23	\$19.27	\$24.16	\$35.71

**Zip Codes: 733, 750, 751, 752, 753, 754, 760, 761, 762, 764, 765, 766, 770, 771, 772, 773, 774, 775, 776, 778, 786, 787, 789**

COVERAGE LEVEL	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
Enhanced (MAC 100/80/50) \$3,000 MAX	\$11.16	\$21.08	\$26.44	\$39.14

## Group Disability for TX *A Risk Class*

Applicable to policy forms GDIS-P &amp; GDIS-C

- Off-Job Accident and Off-Job Sickness

### 3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$800*	\$1,500*	\$2,000*
0 days Accident/14 days Sickness	17-49	\$4.39	\$8.24	\$10.98
	50-64	\$5.06	\$9.48	\$12.65
	65-74	\$6.48	\$12.15	\$16.20

\*monthly benefit amount

### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$800*	\$1,500*	\$2,000*
0 days Accident/14 days Sickness	17-49	\$5.87	\$11.01	\$14.68
	50-64	\$7.22	\$13.53	\$18.05
	65-74	\$9.64	\$18.07	\$24.09

\*monthly benefit amount

## Cancer Assist for TX

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 Accident (IAC4000) for TX

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred	0-80	\$4.37	\$6.45	\$7.89	\$9.87

Critical Illness 1.0 for TX

Applicable to policy form CI-1.0

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$0.55	\$0.83	\$0.55	\$0.83
	25-29	\$0.72	\$1.08	\$0.72	\$1.08
	30-34	\$0.90	\$1.38	\$0.90	\$1.38
	35-39	\$1.27	\$1.94	\$1.27	\$1.94
	40-44	\$1.73	\$2.65	\$1.73	\$2.65
	45-49	\$2.38	\$3.65	\$2.38	\$3.65
	50-54	\$3.12	\$4.80	\$3.12	\$4.80
	55-59	\$3.90	\$5.98	\$3.90	\$5.98
	60-64	\$4.94	\$7.57	\$4.94	\$7.57
	65-70	\$5.95	\$9.14	\$5.95	\$9.14

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$0.78	\$1.20	\$0.78	\$1.20
	25-29	\$1.08	\$1.66	\$1.08	\$1.66
	30-34	\$1.48	\$2.26	\$1.48	\$2.26
	35-39	\$2.19	\$3.35	\$2.19	\$3.35
	40-44	\$2.91	\$4.48	\$2.91	\$4.48
	45-49	\$3.83	\$5.91	\$3.83	\$5.91
	50-54	\$4.87	\$7.50	\$4.87	\$7.50
	55-59	\$6.23	\$9.58	\$6.23	\$9.58
	60-64	\$7.57	\$11.63	\$7.57	\$11.63
	65-70	\$9.21	\$14.15	\$9.21	\$14.15

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.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

© 2024 Colonial Life & Accident Insurance Company

"Colonial Life," and the Colonial Life logo, separately and in combination, are service marks of Colonial Life & Accident Insurance Company. All rights reserved.

