

Deductions per year: 12

These rates were prepared on 12/6/2022 based off of 125 eligible lives and are valid for 90 days.

## Cancer Assist for TX

Applicable to policy form CanAssist

- with \$50 Health Screening Benefit  
**\$10,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$29.35	\$47.75	\$30.50	\$48.90

## Individual Dental PPO(IDN8000) for TX

Applicable to policy form Individual Dental PPO(IDN8000)

- with Vision Rider

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	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 Premier - 100/80/50, \$2,000 MAC	\$42.37	\$80.57	\$98.68	\$147.34

## Critical Illness 1.0 for TX

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	\$3.35	\$5.10	\$3.35	\$5.10
	25-29	\$3.70	\$5.65	\$3.70	\$5.65
	30-34	\$4.10	\$6.30	\$4.10	\$6.30
	35-39	\$4.90	\$7.50	\$4.90	\$7.50
	40-44	\$5.90	\$9.05	\$5.90	\$9.05
	45-49	\$7.30	\$11.20	\$7.30	\$11.20
	50-54	\$8.90	\$13.70	\$8.90	\$13.70
	55-59	\$10.60	\$16.25	\$10.60	\$16.25
	60-64	\$12.85	\$19.70	\$12.85	\$19.70
	65-70	\$15.05	\$23.10	\$15.05	\$23.10
\$10,000	17-24	\$4.55	\$6.90	\$4.55	\$6.90
	25-29	\$5.25	\$8.00	\$5.25	\$8.00
	30-34	\$6.05	\$9.30	\$6.05	\$9.30
	35-39	\$7.65	\$11.70	\$7.65	\$11.70
	40-44	\$9.65	\$14.80	\$9.65	\$14.80
	45-49	\$12.45	\$19.10	\$12.45	\$19.10
	50-54	\$15.65	\$24.10	\$15.65	\$24.10
	55-59	\$19.05	\$29.20	\$19.05	\$29.20
	60-64	\$23.55	\$36.10	\$23.55	\$36.10
	65-70	\$27.95	\$42.90	\$27.95	\$42.90

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## Critical Illness 1.0 for TX

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
\$15,000	17-24	\$5.75	\$8.70	\$5.75	\$8.70
	25-29	\$6.80	\$10.35	\$6.80	\$10.35
	30-34	\$8.00	\$12.30	\$8.00	\$12.30
	35-39	\$10.40	\$15.90	\$10.40	\$15.90
	40-44	\$13.40	\$20.55	\$13.40	\$20.55
	45-49	\$17.60	\$27.00	\$17.60	\$27.00
	50-54	\$22.40	\$34.50	\$22.40	\$34.50
	55-59	\$27.50	\$42.15	\$27.50	\$42.15
	60-64	\$34.25	\$52.50	\$34.25	\$52.50
	65-70	\$40.85	\$62.70	\$40.85	\$62.70
\$20,000	17-24	\$6.95	\$10.50	\$6.95	\$10.50
	25-29	\$8.35	\$12.70	\$8.35	\$12.70
	30-34	\$9.95	\$15.30	\$9.95	\$15.30
	35-39	\$13.15	\$20.10	\$13.15	\$20.10
	40-44	\$17.15	\$26.30	\$17.15	\$26.30
	45-49	\$22.75	\$34.90	\$22.75	\$34.90
	50-54	\$29.15	\$44.90	\$29.15	\$44.90
	55-59	\$35.95	\$55.10	\$35.95	\$55.10
	60-64	\$44.95	\$68.90	\$44.95	\$68.90
	65-70	\$53.75	\$82.50	\$53.75	\$82.50

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$3.85	\$5.90	\$3.85	\$5.90
	25-29	\$4.50	\$6.90	\$4.50	\$6.90
	30-34	\$5.35	\$8.20	\$5.35	\$8.20
	35-39	\$6.90	\$10.55	\$6.90	\$10.55
	40-44	\$8.45	\$13.00	\$8.45	\$13.00
	45-49	\$10.45	\$16.10	\$10.45	\$16.10
	50-54	\$12.70	\$19.55	\$12.70	\$19.55
	55-59	\$15.65	\$24.05	\$15.65	\$24.05
	60-64	\$18.55	\$28.50	\$18.55	\$28.50
	65-70	\$22.10	\$33.95	\$22.10	\$33.95

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## Critical Illness 1.0 for TX

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
\$10,000	17-24	\$5.55	\$8.50	\$5.55	\$8.50
	25-29	\$6.85	\$10.50	\$6.85	\$10.50
	30-34	\$8.55	\$13.10	\$8.55	\$13.10
	35-39	\$11.65	\$17.80	\$11.65	\$17.80
	40-44	\$14.75	\$22.70	\$14.75	\$22.70
	45-49	\$18.75	\$28.90	\$18.75	\$28.90
	50-54	\$23.25	\$35.80	\$23.25	\$35.80
	55-59	\$29.15	\$44.80	\$29.15	\$44.80
	60-64	\$34.95	\$53.70	\$34.95	\$53.70
	65-70	\$42.05	\$64.60	\$42.05	\$64.60
\$15,000	17-24	\$7.25	\$11.10	\$7.25	\$11.10
	25-29	\$9.20	\$14.10	\$9.20	\$14.10
	30-34	\$11.75	\$18.00	\$11.75	\$18.00
	35-39	\$16.40	\$25.05	\$16.40	\$25.05
	40-44	\$21.05	\$32.40	\$21.05	\$32.40
	45-49	\$27.05	\$41.70	\$27.05	\$41.70
	50-54	\$33.80	\$52.05	\$33.80	\$52.05
	55-59	\$42.65	\$65.55	\$42.65	\$65.55
	60-64	\$51.35	\$78.90	\$51.35	\$78.90
	65-70	\$62.00	\$95.25	\$62.00	\$95.25
\$20,000	17-24	\$8.95	\$13.70	\$8.95	\$13.70
	25-29	\$11.55	\$17.70	\$11.55	\$17.70
	30-34	\$14.95	\$22.90	\$14.95	\$22.90
	35-39	\$21.15	\$32.30	\$21.15	\$32.30
	40-44	\$27.35	\$42.10	\$27.35	\$42.10
	45-49	\$35.35	\$54.50	\$35.35	\$54.50
	50-54	\$44.35	\$68.30	\$44.35	\$68.30
	55-59	\$56.15	\$86.30	\$56.15	\$86.30
	60-64	\$67.75	\$104.10	\$67.75	\$104.10
	65-70	\$81.95	\$125.90	\$81.95	\$125.90

## Group Term Life for TX Rate Table G7T

Applicable to Policy Forms GTL1.0-P & GTL1.0-C

- with Waiver of Premium and AD&D

### Non-Tobacco Rates

ISSUE AGE	\$10,000	\$50,000	\$100,000	\$150,000	\$400,000
16-24	\$0.90	\$4.50	\$9.00	\$13.50	\$36.00
25-29	\$0.99	\$4.95	\$9.90	\$14.85	\$39.60
30-34	\$1.15	\$5.75	\$11.50	\$17.25	\$46.00
35-39	\$1.48	\$7.40	\$14.80	\$22.20	\$59.20
40-44	\$1.92	\$9.60	\$19.20	\$28.80	\$76.80

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## Group Term Life for TX Rate Table G7T

Applicable to Policy Forms GTL1.0-P & GTL1.0-C

- with Waiver of Premium and AD&D

### Non-Tobacco Rates

ISSUE AGE	\$10,000	\$50,000	\$100,000	\$150,000	\$400,000
45-49	\$2.87	\$14.35	\$28.70	\$43.05	\$114.80
50-54	\$4.22	\$21.10	\$42.20	\$63.30	\$168.80
55-59	\$6.68	\$33.40	\$66.80	\$100.20	\$267.20
60-64	\$10.48	\$52.40	\$104.80	\$157.20	\$419.20
65-69	\$18.15	\$90.75	\$181.50	\$272.25	\$726.00
70-74	\$21.12	\$105.60	\$211.20	\$316.80	\$844.80
75-99	\$32.75	\$163.75	\$327.50	\$491.25	\$1,310.00

### Tobacco Rates

ISSUE AGE	\$10,000	\$50,000	\$100,000	\$150,000	\$400,000
16-24	\$1.18	\$5.90	\$11.80	\$17.70	\$47.20
25-29	\$1.32	\$6.60	\$13.20	\$19.80	\$52.80
30-34	\$1.55	\$7.75	\$15.50	\$23.25	\$62.00
35-39	\$2.18	\$10.90	\$21.80	\$32.70	\$87.20
40-44	\$3.13	\$15.65	\$31.30	\$46.95	\$125.20
45-49	\$4.78	\$23.90	\$47.80	\$71.70	\$191.20
50-54	\$7.83	\$39.15	\$78.30	\$117.45	\$313.20
55-59	\$10.90	\$54.50	\$109.00	\$163.50	\$436.00
60-64	\$16.14	\$80.70	\$161.40	\$242.10	\$645.60
65-69	\$26.74	\$133.70	\$267.40	\$401.10	\$1,069.60
70-74	\$30.41	\$152.05	\$304.10	\$456.15	\$1,216.40
75-99	\$42.21	\$211.05	\$422.10	\$633.15	\$1,688.40

#### 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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### Off Job Accident Coverage with \$50 Health Screening

	Employee	Employee & Spouse	1-Parent Family	2-Parent Family
Monthly Premium	\$10.09	\$16.23	\$17.15	\$23.29