

Deductions per year: 12

These rates were prepared on 9/20/2016 and are valid for 90 days.

## Critical Illness 1.0 for RI

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$6.25	\$9.50	\$7.85	\$11.20
	25-29	\$8.25	\$12.60	\$9.85	\$14.30
	30-34	\$10.35	\$15.80	\$11.95	\$17.50
	35-39	\$13.45	\$20.60	\$15.05	\$22.30
	40-44	\$16.15	\$24.70	\$17.75	\$26.40
	45-49	\$21.05	\$32.40	\$22.75	\$34.00
	50-54	\$29.15	\$44.80	\$30.75	\$46.40
	55-59	\$35.85	\$55.10	\$37.55	\$56.80
	60-64	\$47.45	\$72.90	\$49.15	\$74.60
	65-70	\$52.55	\$80.80	\$54.25	\$82.40

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$7.95	\$12.20	\$9.65	\$13.90
	25-29	\$11.25	\$17.30	\$12.95	\$18.90
	30-34	\$15.35	\$23.60	\$17.05	\$25.30
	35-39	\$20.25	\$31.10	\$21.95	\$32.80
	40-44	\$25.35	\$39.00	\$27.05	\$40.70
	45-49	\$32.55	\$50.10	\$34.25	\$51.70
	50-54	\$44.25	\$68.00	\$45.95	\$69.70
	55-59	\$56.25	\$86.40	\$57.85	\$88.00
	60-64	\$71.75	\$110.20	\$73.45	\$111.90
	65-70	\$80.15	\$123.20	\$81.85	\$124.80

## Individual Medical Bridge for RI

Applicable to policy form Individual Medical Bridge

- \$1000 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1500, Diagnostic Procedure Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	\$31.70	\$59.75	\$39.95	\$68.00
50-59	\$41.55	\$78.40	\$49.80	\$86.65
60-64	\$51.65	\$97.60	\$59.90	\$105.85
65-75	\$62.10	\$117.45	\$70.35	\$125.70

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## Individual Medical Bridge for RI

Applicable to policy form Individual Medical Bridge

- \$1000 Hospital Confinement Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	\$15.20	\$28.40	\$19.70	\$32.90
50-59	\$20.30	\$38.05	\$24.80	\$42.55
60-64	\$26.70	\$50.20	\$31.20	\$54.70
65-75	\$34.60	\$65.20	\$39.10	\$69.70

## Accident 1.0 for RI

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

- Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic with health screening	0-80	\$14.13	\$19.10	\$20.60	\$25.57

### 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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