

## Cancer Assist for LA

Applicable to policy form CanAssist

- with \$100 Health Screening Benefit

### **\$1,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$9.04	\$14.35	\$9.16	\$14.47
Level 2	17-75	\$10.68	\$16.77	\$10.87	\$16.96
Level 3	17-75	\$12.99	\$21.64	\$13.25	\$21.90
Level 4	17-75	\$17.12	\$28.57	\$17.45	\$28.89

### **\$2,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$9.73	\$15.51	\$9.90	\$15.67
Level 2	17-75	\$11.37	\$17.93	\$11.61	\$18.16
Level 3	17-75	\$13.68	\$22.80	\$13.99	\$23.10
Level 4	17-75	\$17.81	\$29.73	\$18.19	\$30.09

### **\$3,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$10.43	\$16.66	\$10.64	\$16.87
Level 2	17-75	\$12.07	\$19.08	\$12.35	\$19.36
Level 3	17-75	\$14.38	\$23.95	\$14.73	\$24.30
Level 4	17-75	\$18.51	\$30.88	\$18.93	\$31.29

### **\$4,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$11.12	\$17.82	\$11.37	\$18.07
Level 2	17-75	\$12.76	\$20.24	\$13.08	\$20.56
Level 3	17-75	\$15.07	\$25.11	\$15.46	\$25.50
Level 4	17-75	\$19.20	\$32.04	\$19.66	\$32.49

### **\$5,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$11.81	\$18.97	\$12.11	\$19.27
Level 2	17-75	\$13.45	\$21.39	\$13.82	\$21.76
Level 3	17-75	\$15.76	\$26.26	\$16.20	\$26.70
Level 4	17-75	\$19.89	\$33.19	\$20.40	\$33.69

## Cancer Assist for LA

Applicable to policy form CanAssist

- with \$75 Health Screening Benefit

### **\$1,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$8.17	\$12.99	\$8.29	\$13.11
Level 2	17-75	\$9.81	\$15.41	\$9.99	\$15.60
Level 3	17-75	\$12.11	\$20.28	\$12.37	\$20.54
Level 4	17-75	\$16.24	\$27.20	\$16.57	\$27.53

### **\$2,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$8.86	\$14.15	\$9.03	\$14.31

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## Cancer Assist for LA

Applicable to policy form CanAssist

- with \$75 Health Screening Benefit

### **\$2,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	\$10.50	\$16.57	\$10.73	\$16.80
Level 3	17-75	\$12.80	\$21.44	\$13.11	\$21.74
Level 4	17-75	\$16.93	\$28.36	\$17.31	\$28.73

### **\$3,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$9.56	\$15.30	\$9.77	\$15.51
Level 2	17-75	\$11.20	\$17.72	\$11.47	\$18.00
Level 3	17-75	\$13.50	\$22.59	\$13.85	\$22.94
Level 4	17-75	\$17.63	\$29.51	\$18.05	\$29.93

### **\$4,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$10.25	\$16.46	\$10.50	\$16.71
Level 2	17-75	\$11.89	\$18.88	\$12.20	\$19.20
Level 3	17-75	\$14.19	\$23.75	\$14.58	\$24.14
Level 4	17-75	\$18.32	\$30.67	\$18.78	\$31.13

### **\$5,000 Initial Diagnosis Benefit**

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$10.94	\$17.61	\$11.24	\$17.91
Level 2	17-75	\$12.58	\$20.03	\$12.94	\$20.40
Level 3	17-75	\$14.88	\$24.90	\$15.32	\$25.34
Level 4	17-75	\$19.01	\$31.82	\$19.52	\$32.33

## 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
\$10,000	17-24	\$2.10	\$3.18	\$2.10	\$3.18
	25-29	\$2.42	\$3.69	\$2.42	\$3.69
	30-34	\$2.79	\$4.29	\$2.79	\$4.29
	35-39	\$3.53	\$5.40	\$3.53	\$5.40
	40-44	\$4.45	\$6.83	\$4.45	\$6.83
	45-49	\$5.74	\$8.81	\$5.74	\$8.81
	50-54	\$7.22	\$11.12	\$7.22	\$11.12
	55-59	\$8.79	\$13.47	\$8.79	\$13.47
	60-64	\$10.87	\$16.66	\$10.87	\$16.66
65-70	\$12.07	\$18.50	\$12.07	\$18.50	

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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
\$15,000	17-24	\$2.65	\$4.01	\$2.65	\$4.01
	25-29	\$3.14	\$4.77	\$3.14	\$4.77
	30-34	\$3.69	\$5.67	\$3.69	\$5.67
	35-39	\$4.80	\$7.34	\$4.80	\$7.34
	40-44	\$6.18	\$9.48	\$6.18	\$9.48
	45-49	\$8.12	\$12.46	\$8.12	\$12.46
	50-54	\$10.34	\$15.92	\$10.34	\$15.92
	55-59	\$12.69	\$19.45	\$12.69	\$19.45
	60-64	\$15.81	\$24.23	\$15.81	\$24.23
	65-70	\$17.61	\$27.00	\$17.61	\$27.00
\$20,000	17-24	\$3.21	\$4.84	\$3.21	\$4.84
	25-29	\$3.85	\$5.86	\$3.85	\$5.86
	30-34	\$4.59	\$7.06	\$4.59	\$7.06
	35-39	\$6.07	\$9.27	\$6.07	\$9.27
	40-44	\$7.91	\$12.14	\$7.91	\$12.14
	45-49	\$10.50	\$16.10	\$10.50	\$16.10
	50-54	\$13.45	\$20.72	\$13.45	\$20.72
	55-59	\$16.59	\$25.43	\$16.59	\$25.43
	60-64	\$20.74	\$31.80	\$20.74	\$31.80
	65-70	\$23.14	\$35.49	\$23.14	\$35.49
\$25,000	17-24	\$3.76	\$5.67	\$3.76	\$5.67
	25-29	\$4.57	\$6.94	\$4.57	\$6.94
	30-34	\$5.49	\$8.44	\$5.49	\$8.44
	35-39	\$7.34	\$11.21	\$7.34	\$11.21
	40-44	\$9.64	\$14.79	\$9.64	\$14.79
	45-49	\$12.87	\$19.75	\$12.87	\$19.75
	50-54	\$16.57	\$25.52	\$16.57	\$25.52
	55-59	\$20.49	\$31.40	\$20.49	\$31.40
	60-64	\$25.68	\$39.37	\$25.68	\$39.37
	65-70	\$28.68	\$43.98	\$28.68	\$43.98
\$30,000	17-24	\$4.31	\$6.50	\$4.31	\$6.50
	25-29	\$5.28	\$8.03	\$5.28	\$8.03
	30-34	\$6.39	\$9.83	\$6.39	\$9.83
	35-39	\$8.61	\$13.15	\$8.61	\$13.15
	40-44	\$11.37	\$17.44	\$11.37	\$17.44
	45-49	\$15.25	\$23.40	\$15.25	\$23.40
	50-54	\$19.68	\$30.32	\$19.68	\$30.32
	55-59	\$24.39	\$37.38	\$24.39	\$37.38
	60-64	\$30.62	\$46.94	\$30.62	\$46.94
	65-70	\$34.22	\$52.47	\$34.22	\$52.47

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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
\$10,000	17-24	\$2.56	\$3.92	\$2.56	\$3.92
	25-29	\$3.16	\$4.84	\$3.16	\$4.84
	30-34	\$3.94	\$6.04	\$3.94	\$6.04
	35-39	\$5.37	\$8.21	\$5.37	\$8.21
	40-44	\$6.81	\$10.47	\$6.81	\$10.47
	45-49	\$8.65	\$13.34	\$8.65	\$13.34
	50-54	\$10.73	\$16.52	\$10.73	\$16.52
	55-59	\$13.45	\$20.67	\$13.45	\$20.67
	60-64	\$16.13	\$24.78	\$16.13	\$24.78
	65-70	\$18.11	\$27.83	\$18.11	\$27.83
\$15,000	17-24	\$3.34	\$5.12	\$3.34	\$5.12
	25-29	\$4.24	\$6.50	\$4.24	\$6.50
	30-34	\$5.42	\$8.30	\$5.42	\$8.30
	35-39	\$7.57	\$11.56	\$7.57	\$11.56
	40-44	\$9.71	\$14.95	\$9.71	\$14.95
	45-49	\$12.48	\$19.24	\$12.48	\$19.24
	50-54	\$15.60	\$24.02	\$15.60	\$24.02
	55-59	\$19.68	\$30.25	\$19.68	\$30.25
	60-64	\$23.70	\$36.41	\$23.70	\$36.41
	65-70	\$26.67	\$40.98	\$26.67	\$40.98
\$20,000	17-24	\$4.13	\$6.32	\$4.13	\$6.32
	25-29	\$5.33	\$8.17	\$5.33	\$8.17
	30-34	\$6.90	\$10.57	\$6.90	\$10.57
	35-39	\$9.76	\$14.90	\$9.76	\$14.90
	40-44	\$12.62	\$19.43	\$12.62	\$19.43
	45-49	\$16.31	\$25.15	\$16.31	\$25.15
	50-54	\$20.47	\$31.52	\$20.47	\$31.52
	55-59	\$25.91	\$39.83	\$25.91	\$39.83
	60-64	\$31.27	\$48.04	\$31.27	\$48.04
	65-70	\$35.24	\$54.14	\$35.24	\$54.14
\$25,000	17-24	\$4.91	\$7.52	\$4.91	\$7.52
	25-29	\$6.41	\$9.83	\$6.41	\$9.83
	30-34	\$8.37	\$12.83	\$8.37	\$12.83
	35-39	\$11.95	\$18.25	\$11.95	\$18.25
	40-44	\$15.53	\$23.90	\$15.53	\$23.90
	45-49	\$20.14	\$31.06	\$20.14	\$31.06
	50-54	\$25.34	\$39.02	\$25.34	\$39.02
	55-59	\$32.14	\$49.40	\$32.14	\$49.40
	60-64	\$38.84	\$59.67	\$38.84	\$59.67
	65-70	\$43.80	\$67.29	\$43.80	\$67.29

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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
\$30,000	17-24	\$5.70	\$8.72	\$5.70	\$8.72
	25-29	\$7.50	\$11.49	\$7.50	\$11.49
	30-34	\$9.85	\$15.09	\$9.85	\$15.09
	35-39	\$14.14	\$21.60	\$14.14	\$21.60
	40-44	\$18.44	\$28.38	\$18.44	\$28.38
	45-49	\$23.97	\$36.97	\$23.97	\$36.97
	50-54	\$30.21	\$46.52	\$30.21	\$46.52
	55-59	\$38.37	\$58.98	\$38.37	\$58.98
	60-64	\$46.41	\$71.30	\$46.41	\$71.30
	65-70	\$52.36	\$80.44	\$52.36	\$80.44

## Accident 1.0 for LA

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

- On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic without health screening	0-80	\$6.66	\$9.06	\$10.64	\$13.04
Preferred without health screening	0-80	\$8.77	\$11.85	\$14.09	\$17.16
Premier without health screening	0-80	\$11.24	\$15.24	\$17.33	\$21.32

## Medical Bridge 3000 for LA

Applicable to policy form MB3000

- \$1,500 Hospital Confinement Benefit, and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1,500, \$250 Diagnostic Procedure Benefit, and \$150 Emergency Room Visit Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$16.34	\$34.92	\$27.83	\$42.32
50-59	\$22.55	\$48.23	\$33.58	\$54.74
60-64	\$29.52	\$64.06	\$41.24	\$69.48
65-74	\$36.99	\$80.22	\$51.62	\$87.02

## Medical Bridge 3000 for LA

Applicable to policy form MB3000

- \$1,500 Hospital Confinement Benefit, and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1,500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$11.03	\$23.68	\$18.85	\$28.68
50-59	\$15.28	\$32.68	\$22.75	\$37.08
60-64	\$19.92	\$43.43	\$27.97	\$47.10
65-74	\$24.99	\$54.37	\$35.01	\$58.98

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## Medical Bridge 3000 for LA

Applicable to policy form MB3000

### ● \$1,500 Hospital Confinement Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$8.72	\$18.76	\$14.98	\$22.75
50-59	\$12.09	\$25.94	\$18.05	\$29.40
60-64	\$15.76	\$34.43	\$22.25	\$37.36
65-74	\$19.78	\$43.06	\$27.81	\$46.80

## Term Life 1000 for LA

Applicable to policy form Term1000

### ● 20 Year Term Base Plan, Additional Benefit for Accidental Death

#### *Non-Tobacco Rates*

ISSUE AGE	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
25	\$2.78	\$3.71	\$4.64	\$5.58	\$6.51
30	\$2.83	\$3.80	\$4.78	\$5.76	\$6.74
35	\$2.92	\$4.00	\$5.07	\$6.15	\$7.22
40	\$3.31	\$4.78	\$6.25	\$7.71	\$9.18
50	\$4.94	\$8.03	\$11.12	\$14.21	\$17.30

#### **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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Joey Migues | joeym@jmacolonial.com | (337) 365-2020