Colonial Life Supplemental Products Guide

2023 – 2024

Disclaimer

If discrepancies exist in the information contained in this Benefits Enrollment Guide and the Summary Plan Description (SPD), then Jackson County Policies and Procedures and/or applicable federal and state laws will prevail. Jackson County reserves the right to terminate, suspend, withdraw, or modify the benefits described in the policy/plan document, in entirety or in part, at any time. The waiver of this right is not subject to any statement in this guide or any other document nor through any oral representation.

Jackson County

Colonial Life Supplemental Products Guide

Contents and Contact Information

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Human Resources Information – www.jacksonnc.org/human-resources	828-631-2212	828-631-2266	
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Supplemental Insurance Products Available: Accident, Cancer, Critical Illness, Short-Term Disability, Hospital Confinement, Life Insurance	800-325-4368	800-880-9325	
Benefit Counselor – Teri Jenkinson – tcjen3@hotmail.com	828-508-9457		
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Guaranteed Issue Colonial Life Products for 2022-2023 available for all employees:

- **Short-Term Disability Insurance**
- **Specified Critical Illness Insurance**
  - $ 20,000 for employee
- **Whole Life Insurance**
  - Ages 18 - 50 - $ 5,000 - $ 200,000
  - Ages 51 - 79 - $ 5,000 - $ 75,000

Colonial Life
The benefits of good hard work.®

Financial protection that fits your needs

With Colonial Life products:

- Coverage is available for your spouse and eligible dependent children (with most plans).
- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums (with most plans).
- You may receive benefits regardless of any insurance you may have with other companies (with most plans).

ColonialLife.com

Everyone's benefit needs are different. That's why it's important to choose the benefits that are right for your personal situation. Complete this page and bring it to your personal, 1-to-1 benefits counseling session. At the session, you'll learn how these products fit into your overall benefits package and how they can help protect what you've worked so hard to build.

- ☐ **Disability insurance** — Helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.
- ☐ **Accident insurance** — Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.
- ☐ **Life insurance** — Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.
- ☐ **Cancer insurance** — Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.
- ☐ **Critical illness insurance** — Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.
- ☐ **Hospital confinement indemnity insurance** — Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.

Fill in the following information and bring with you to your Colonial Life benefits counseling session.

Name _____

Date _____

Department/Location _____

Phone _____

Email _____

These coverages may not be available in all states; product benefits vary by state. Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits counselor.

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Accident Insurance

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Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

Accident 1.0-Preferred with Health Screening Benefit

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment..... $150
- X-ray Benefit.....$50
- Ambulance $400
- Air Ambulance..... $2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	$6,600	$13,200
Knee (except patella)	$3,300	$6,600
Ankle – Bone or Bones of the Foot (other than Toes)	$2,640	$5,280
Collarbone (Sternoclavicular)	$1,650	$3,300
Lower Jaw, Shoulder, Elbow, Wrist	$990	$1,980
Bone or Bones of the Hand	$990	$1,980
Collarbone (Acromioclavicular and Separation)	$330	$660
One Toe or Finger	$330	$660

Fractures	Non-Surgical	Surgical
Depressed Skull	$5,500	$11,000
Non-Depressed Skull	$2,200	$4,400
Hip, Thigh	$3,300	$6,600
Body of Vertebrae, Pelvis, Leg	$1,650	$3,300
Bones of Face or Nose (except mandible or maxilla)	$770	$1,540
Upper Jaw, Maxilla	$770	$1,540
Upper Arm between Elbow and Shoulder	$770	$1,540
Lower Jaw, Mandible, Kneecap, Ankle, Foot	$660	$1,320
Shoulder Blade, Collarbone, Vertebral Process	$660	$1,320
Forearm, Wrist, Hand	$660	$1,320
Rib	$550	$1,100
Coccyx	$440	$880
Finger, Toe	$220	$440

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) .....$1,000 to $12,000
- Coma.....$10,000
- Concussion $150
- Emergency Dental Work.....$75 Extraction, $300 Crown, Implant, or Denture
- Lacerations (based on size).....$50 to $800

Requires Surgery

- Eye Injury.....$300
- Tendon/Ligament/Rotator Cuff.....$500 - one, $1,000 - two or more
- Ruptured Disc $500
- Torn Knee Cartilage $500

Surgical Care

- Surgery (cranial, open abdominal or thoracic).....$1,500
- Surgery (hernia) $150
- Surgery (arthroscopic or exploratory) $250
- Blood/Plasma/Platelets.....$300

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation ..... $500 per round trip up to 3 round trips
- Lodging (family member or companion) ..... $125 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* ..... $1,500 per accident
- Hospital ICU Admission* ..... $3,000 per accident

** We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*

- Hospital Confinement ..... $250 per day up to 365 days per accident
- Hospital ICU Confinement ..... $500 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit ..... $50 (up to 3 visits per accident)
- Medical Imaging Study ..... $250 per accident (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy ..... $35 per treatment up to 10 days
- Appliances ..... $125 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb ..... $500 - one, $1,000 - more than 1
- Rehabilitation Unit ..... $100 per day up to 15 days per covered accident, and 30 days per calendar year. Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe ..... $750 – one, $1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ..... $7,500 – one, $15,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured ..... $25,000 Spouse ..... $25,000 Child(ren) $12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over. Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
• Named Insured	$25,000	$100,000
• Spouse	$25,000	$100,000
• Child(ren)	$5,000	$20,000

Health Screening Benefit

- **$50 per covered person per calendar year**

Provides a benefit if the covered person has one of the health screening tests performed.
This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

My Coverage Worksheet **(For use with your Colonial Life benefits counselor)**

Who will be covered? (check one)

○ Employee Only ○ Spouse Only ○ One Child Only ○ Employee & Spouse

○ One-Parent Family, with Employee ○ One-Parent Family, with Spouse ○ Two-Parent Family

When are covered accident benefits available? (check one)

○ On and Off -Job Benefits ○ Off -Job Only Benefits

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS-NC. This is not an insurance contract and only the actual policy provisions will control.

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1200 Colonial Life Boulevard
Columbia, South Carolina 29210
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Accident Insurance

Colonial Life

Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

In your lifetime, which of these accidental injuries have happened to you or someone you know?

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

Accident 1.0-Premier with Health Screening Benefit

What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

How do I file a claim?

Visit coloniallife.com or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

Initial Care

- Accident Emergency Treatment..... $200
- X-ray Benefit..... $60
- Ambulance $600
- Air Ambulance..... $2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	$9,600	$19,200
Knee (except patella)	$4,800	$9,600
Ankle – Bone or Bones of the Foot (other than Toes)	$3,840	$7,680
Collarbone (Sternoclavicular)	$2,400	$4,800
Lower Jaw, Shoulder, Elbow, Wrist	$1,440	$2,880
Bone or Bones of the Hand	$1,440	$2,880
Collarbone (Acromioclavicular and Separation)	$480	$960
One Toe or Finger	$480	$960

Fractures	Non-Surgical	Surgical
Depressed Skull	$9,000	$18,000
Non-Depressed Skull	$3,600	$7,200
Hip, Thigh	$5,400	$10,800
Body of Vertebrae, Pelvis, Leg	$2,700	$5,400
Bones of Face or Nose (except mandible or maxilla)	$1,260	$2,520
Upper Jaw, Maxilla	$1,260	$2,520
Upper Arm between Elbow and Shoulder	$1,260	$2,520
Lower Jaw, Mandible, Kneecap, Ankle, Foot	$1,080	$2,160
Shoulder Blade, Collarbone, Vertebral Process	$1,080	$2,160
Forearm, Wrist, Hand	$1,080	$2,160
Rib	$900	$1,800
Coccyx	$720	$1,440
Finger, Toe	$360	$720

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) .....$1,000 to $12,000
- Coma.....$12,500
- Concussion $150
- Emergency Dental Work..... $100 Extraction, $400 Crown, Implant, or Denture
- Lacerations (based on size).....$50 to $800

Requires Surgery

- Eye Injury.....$300
- Tendon/Ligament/Rotator Cuff.....$750 - one, $1,500 - two or more
- Ruptured Disc $750
- Torn Knee Cartilage $750

Surgical Care

- Surgery (cranial, open abdominal or thoracic).....$1,500
- Surgery (hernia) $150
- Surgery (arthroscopic or exploratory) $300
- Blood/Plasma/Platelets $300

Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation ..... $600 per round trip up to 3 round trips
- Lodging (family member or companion) ..... $150 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission* ..... $2,000 per accident
- Hospital ICU Admission* ..... $4,000 per accident

** We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*

- Hospital Confinement ..... $300 per day up to 365 days per accident
- Hospital ICU Confinement ..... $600 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit ..... $50 (up to 4 visits per accident)
- Medical Imaging Study ..... $300 per accident (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy ..... $35 per treatment up to 10 days
- Appliances ..... $125 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb ..... $750 - one, $1,500 - more than 1
- Rehabilitation Unit ..... $150 per day up to 15 days per covered accident, and 30 days per calendar year. Maximum of 30 days per calendar year

Accidental Dismemberment

- Loss of Finger/Toe ..... $1,250 – one, $2,400 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ..... $12,000 – one, $24,000 – two or more

Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
- Loss of both hands or both feet
- Loss or loss of use of one arm and one leg or
- Loss or loss of use of both arms or both legs
- Loss of the sight of both eyes
- Loss of the hearing of both ears
- Loss of the ability to speak

Named Insured ..... $25,000 Spouse ..... $25,000 Child(ren) $12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over. Payable once per lifetime for each covered person.

Accidental Death

	Accidental Death	Common Carrier
• Named Insured	$50,000	$200,000
• Spouse	$50,000	$200,000
• Child(ren)	$10,000	$40,000

Health Screening Benefit

- **$50 per covered person per calendar year**

Provides a benefit if the covered person has one of the health screening tests performed.
This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

My Coverage Worksheet (For use with your Colonial Life benefits counselor)

Who will be covered? (check one)

○ Employee Only ○ Spouse Only ○ One Child Only ○ Employee & Spouse

○ One-Parent Family, with Employee ○ One-Parent Family, with Spouse ○ Two-Parent Family

When are covered accident benefits available? (check one)

○ On and Off -Job Benefits ○ Off -Job Only Benefits

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS-NC. This is not an insurance contract and only the actual policy provisions will control.

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Accident 1.0 for NC Insurance Premiums

On/Off-Job Accident Coverage

Coverage Level	Issue Age	Name Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
Preferred with health screening	17 – 80	$ 9.76	$ 13.37	$ 15.08	$ 18.68
Premier with health screening	17 – 80	$ 12.24	$ 16.76	$ 18.32	$22.85

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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Cancer Insurance

Level 2 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.

For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air Ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$2,000 per trip**
Ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$250 per trip**
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General Anesthesia	**25% of Surgical Procedures Benefit**
■ Local Anesthesia	**$30 per procedure**
Anti-nausea Medication Doctor-prescribed medication for radiation or chemotherapy *[$160 monthly max.]*	**$40 per day administered or per prescription filled**
Blood/Plasma/Platelets/Immunoglobulins A transfusion required during cancer treatment *[$10,000 calendar year max.]*	**$150 per day**
Bone Marrow Donor Screening Testing in connection with being a potential donor *[once per lifetime]*	**$50**
Bone Marrow or Peripheral Stem Cell Donation Receiving another person's bone marrow or stem cells for a transplant *[once per lifetime]*	**$500**
Bone Marrow or Peripheral Stem Cell Transplant Transplant you receive in connection with cancer treatment *[max. of two bone marrow transplant benefits per lifetime]*	**$4,000 per transplant**
Cancer Vaccine An FDA-approved vaccine for the prevention of cancer *[once per lifetime]*	**$50**
Companion Transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment *[up to $1,000 per round trip]*	**$0.50 per mile**
Egg(s) Extraction or Harvesting/Sperm Collection and Storage Extracted/harvested or collected before chemotherapy or radiation *[once per lifetime]*	
■ Egg(s) Extraction or Harvesting/Sperm Collection	**$700**
■ Egg(s) or Sperm Storage (Cryopreservation)	**$200**
Experimental Treatment Hospital, medical or surgical care for cancer *[$12,500 lifetime max.]*	**$250 per day**
Family Care Inpatient or outpatient treatment for a covered dependent child *[$2,000 calendar year max.]*	**$40 per day**
Hair/External Breast/Voice Box Prosthesis Prosthesis needed as a direct result of cancer	**$200 per calendar year**
Home Health Care Services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment *[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]*	**$75 per day**
Hospice (Initial or Daily Care) An initial, one-time benefit and a daily benefit for treatment *[$15,000 lifetime max. for both]*	
■ Initial hospice care *[once per lifetime]*	**$1,000**
■ Daily hospice care	**$50 per day**

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Hospital Confinement Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less	$150 per day
■ 31 days or more	$300 per day
Lodging Hotel/motel expenses when being treated for cancer more than 50 miles from home *[70-day calendar year max.]*	$50 per day
Medical Imaging Studies Specific studies for cancer treatment *[$250 calendar year max.]*	$125 per study
Outpatient Surgical Center Surgery at an outpatient center for cancer treatment *[$600 calendar year max.]*	$200 per day
Private Full-time Nursing Services Services while hospital confined other than those regularly furnished by the hospital	$75 per day
Prosthetic Device/Artificial Limb A surgical implant needed because of cancer surgery *[payable one per site, $3,000 lifetime max.]*	$1,500 per device or limb
Radiation/Chemotherapy Weekly Benefit *[max. once per week]*	
■ Injected chemotherapy by medical personnel	$500
■ Radiation delivered by medical personnel	$500
Monthly Chemotherapy Benefit *[max. once per month]*	
■ Self-Injected	$200
■ Pump	$200
■ Topical	$200
■ Oral Hormonal [1-24 months]	$200
■ Oral Hormonal [25+ months]	$100
■ Oral Non-Hormonal	$200
Reconstructive Surgery A surgery to reconstruct anatomic defects that result from cancer treatment *[up to $2,500 per procedure, including 25% for general anesthesia]*	$40 per surgical unit
Second Medical Opinion A second physician's opinion on cancer surgery or treatment *[once per lifetime]*	$200
Skilled Nursing Care Facility Confinement to a covered facility after hospital release *[up to the number of days paid for hospital confinement]*	$100 per day
Skin Cancer Initial Diagnosis A skin cancer diagnosis while the policy is in force *[once per lifetime]*	$300
Supportive or Protective Care Drugs and Colony Stimulating Factors Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments *[$800 calendar year max.]*	$100 per day
Surgical Procedures Inpatient or outpatient surgery for cancer treatment *[$3,000 max. per procedure]*	$50 per surgical unit
Transportation Travel expenses when being treated for cancer more than 50 miles from home *[up to $1,000 per round trip]*	$0.50 per mile
Waiver of Premium No premiums due if the named insured is disabled longer than 90 consecutive days	Is available

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The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

101483

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Cancer Insurance

Level 3 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.

For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Air Ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$2,000 per trip**
Ambulance Transportation to or from a hospital or medical facility *[max. of two trips per confinement]*	**$250 per trip**
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General Anesthesia	**25% of Surgical Procedures Benefit**
■ Local Anesthesia	**$40 per procedure**
Anti-nausea Medication Doctor-prescribed medication for radiation or chemotherapy *[$200 monthly max.]*	**$50 per day administered or per prescription filled**
Blood/Plasma/Platelets/Immunoglobulins A transfusion required during cancer treatment *[$10,000 calendar year max.]*	**$175 per day**
Bone Marrow Donor Screening Testing in connection with being a potential donor *[once per lifetime]*	**$50**
Bone Marrow or Peripheral Stem Cell Donation Receiving another person's bone marrow or stem cells for a transplant *[once per lifetime]*	**$750**
Bone Marrow or Peripheral Stem Cell Transplant Transplant you receive in connection with cancer treatment *[max. of two bone marrow transplant benefits per lifetime]*	**$7,000 per transplant**
Cancer Vaccine An FDA-approved vaccine for the prevention of cancer *[once per lifetime]*	**$50**
Companion Transportation Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment *[up to $1,200 per round trip]*	**$0.50 per mile**
Egg(s) Extraction or Harvesting/Sperm Collection and Storage Extracted/harvested or collected before chemotherapy or radiation *[once per lifetime]*	
■ Egg(s) Extraction or Harvesting/Sperm Collection	**$1,000**
■ Egg(s) or Sperm Storage (Cryopreservation)	**$350**
Experimental Treatment Hospital, medical or surgical care for cancer *[$15,000 lifetime max.]*	**$300 per day**
Family Care Inpatient or outpatient treatment for a covered dependent child *[$2,500 calendar year max.]*	**$50 per day**
Hair/External Breast/Voice Box Prosthesis Prosthesis needed as a direct result of cancer	**$350 per calendar year**
Home Health Care Services Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment *[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]*	**$100 per day**
Hospice (Initial or Daily Care) An initial, one-time benefit and a daily benefit for treatment *[$15,000 lifetime max. for both]*	
■ Initial hospice care *[once per lifetime]*	**$1,000**
■ Daily hospice care	**$50 per day**

BENEFIT DESCRIPTION	BENEFIT AMOUNT
Hospital Confinement Hospital stay (including intensive care) required for cancer treatment	
■ 30 days or less	$250 per day
■ 31 days or more	$500 per day
Lodging Hotel/motel expenses when being treated for cancer more than 50 miles from home *[70-day calendar year max.]*	$75 per day
Medical Imaging Studies Specific studies for cancer treatment *[$350 calendar year max.]*	$175 per study
Outpatient Surgical Center Surgery at an outpatient center for cancer treatment *[$900 calendar year max.]*	$300 per day
Private Full-time Nursing Services Services while hospital confined other than those regularly furnished by the hospital	$125 per day
Prosthetic Device/Artificial Limb A surgical implant needed because of cancer surgery *[payable one per site, $4,000 lifetime max.]*	$2,000 per device or limb
Radiation/Chemotherapy Weekly Benefit *[max. once per week]*	
■ Injected chemotherapy by medical personnel	$750
■ Radiation delivered by medical personnel	$750
Monthly Chemotherapy Benefit *[max. once per month]*	
■ Self-Injected	$300
■ Pump	$300
■ Topical	$300
■ Oral Hormonal [1-24 months]	$300
■ Oral Hormonal [25+ months]	$150
■ Oral Non-Hormonal	$300
Reconstructive Surgery A surgery to reconstruct anatomic defects that result from cancer treatment *[up to $3,000 per procedure, including 25% for general anesthesia]*	$60 per surgical unit
Second Medical Opinion A second physician's opinion on cancer surgery or treatment *[once per lifetime]*	$300
Skilled Nursing Care Facility Confinement to a covered facility after hospital release *[up to the number of days paid for hospital confinement]*	$100 per day
Skin Cancer Initial Diagnosis A skin cancer diagnosis while the policy is in force *[once per lifetime]*	$400
Supportive or Protective Care Drugs and Colony Stimulating Factors Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments *[$1,200 calendar year max.]*	$150 per day
Surgical Procedures Inpatient or outpatient surgery for cancer treatment *[$5,000 max. per procedure]*	$60 per surgical unit
Transportation Travel expenses when being treated for cancer more than 50 miles from home *[up to $1,200 per round trip]*	$0.50 per mile
Waiver of Premium No premiums due if the named insured is disabled longer than 90 consecutive days	Is available

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The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

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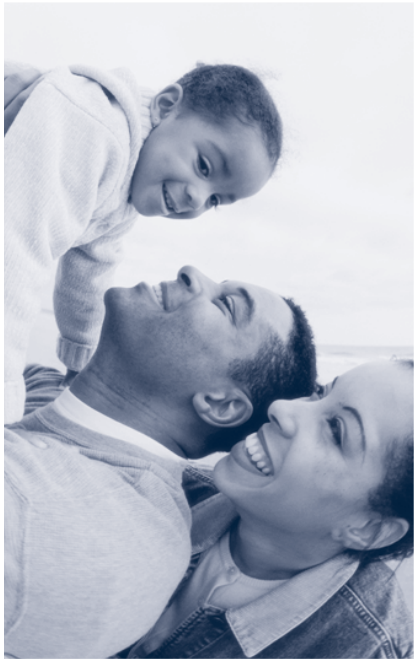
Cancer Insurance

Wellness Benefits

To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.



For more information, talk with your benefits counselor.

Part one: Cancer wellness/health screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

Cancer wellness tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

Health screening tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill

Part two: Cancer wellness — additional invasive diagnostic test or surgical procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in part one. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable.

The policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable, for example: CanAssist-TX).

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CANCER ASSIST WELLNESS | 3-15 | 101486-1

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Cancer Insurance Premiums

With Progressive Payment Benefit, $100 Wellness Screening Benefit

$5,000 Initial Diagnosis Benefit

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
Level 2	17 – 75	$ 17.05	$ 29.26	$ 17.42	$ 29.63
Level 3	17 – 75	$ 19.36	$ 34.13	$ 19.80	$ 34.57

$10,000 Initial Diagnosis Benefit

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
Level 2	17 – 75	$ 20.51	$ 35.03	$ 21.11	$ 35.63
Level 3	17 – 75	$ 22.82	$ 39.90	$ 23.49	$ 40.57

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.

Specified Critical Illness Insurance

Colonial Life
Making benefits count.

How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

Covered Specified Critical Illnesses

For this illness…	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%

The Maximum Benefit Amount for this policy is 3x the face amount for the Named Insured for all covered persons combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid.

Critical Illness 1.0 with Health Screening and Subsequent Diagnosis

You can use this coverage more than once

Subsequent Diagnosis… of a different Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with a *different* Specified Critical Illness, we will pay the percentage of the original face amount.

Subsequent Diagnosis… of the same Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with the *same* Specified Critical Illness (except those listed below), we will pay 25% of the original face amount. *(Critical illnesses that do not qualify are: Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.)*

Dates of Diagnoses of Specified Critical Illnesses must be separated by at least 180 days.

Health Screening Benefit

New technology can help improve your chances of surviving a serious illness through early detection and treatment. We will pay this benefit if any covered person incurs a charge for and has any of the following screening tests performed while your policy is in force.

- Stress test on a bicycle or treadmill
- Serum cholesterol test to determine levels of HDL and LDL
- Carotid doppler
- Electrocardiogram (ECG/EKG)
- Echocardiogram (ECHO)
- Chest x-ray
- Colonoscopy
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)

24 tests included – No Lifetime Limit

This policy has exclusions and limitations. Premium will vary based on plan chosen. This is not an insurance contract and only the actual policy provisions will control. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Applicable to policy form CI-1.0 or CI-1.0-PL6 (including state abbreviations where used,such as CI-1.0-TX).

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Specified Critical Illness Insurance Premiums

With Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
$5,000	17-24	$ 1.54	$ 2.35	$ 1.54	$ 2.35
	25-29	$ 1.71	$ 2.63	$ 1.71	$ 2.63
	30-34	$ 1.89	$ 2.93	$ 1.89	$ 2.93
	35-39	$ 2.44	$ 3.76	$ 2.44	$ 3.76
	40-44	$ 2.81	$ 4.31	$ 2.81	$ 4.31
	45-49	$ 3.51	$ 5.37	$ 3.51	$ 5.37
	50-54	$ 4.34	$ 6.67	$ 4.34	$ 6.67
	55-59	$ 5.24	$ 8.03	$ 5.24	$ 8.03
	60-64	$ 6.37	$ 9.78	$ 6.37	$ 9.78
	65-70	$ 7.61	$ 11.70	$ 7.61	$ 11.70
$10,000	17-24	$ 2.10	$ 3.18	$ 2.10	$ 3.18
	25-29	$ 2.42	$ 3.74	$ 2.42	$ 3.74
	30-34	$ 2.79	$ 4.34	$ 2.79	$ 4.34
	35-39	$ 3.90	$ 6.00	$ 3.90	$ 6.00
	40-44	$ 4.64	$ 7.10	$ 4.64	$ 7.10
	45-49	$ 6.02	$ 9.23	$ 6.02	$ 9.23
	50-54	$ 7.68	$ 11.81	$ 7.68	$ 11.81
	55-59	$ 9.48	$ 14.54	$ 9.48	$ 14.54
	60-64	$ 11.74	$ 18.04	$ 11.74	$ 18.04
	65-70	$ 14.24	$ 21.87	$ 14.24	$ 21.87
$15,000	17-24	$ 2.65	$ 4.01	$ 2.65	$ 4.01
	25-29	$ 3.14	$ 4.84	$ 3.14	$ 4.84
	30-34	$ 3.69	$ 5.74	$ 3.69	$ 5.74
	35-39	$ 5.35	$ 8.24	$ 5.35	$ 8.24
	40-44	$ 6.46	$ 9.90	$ 6.46	$ 9.90
	45-49	$ 8.54	$ 13.08	$ 8.54	$ 13.08
	50-54	$ 11.03	$ 16.96	$ 11.03	$ 16.96
	55-59	$ 13.73	$ 21.04	$ 13.73	$ 21.04
	60-64	$ 17.12	$ 26.30	$ 17.12	$ 26.30
	65-70	$ 20.86	$ 32.05	$ 20.86	$ 32.05
$20,000	17-24	$ 3.21	$ 4.84	$ 3.21	$ 4.84
	25-29	$ 3.85	$ 5.95	$ 3.85	$ 5.95
	30-34	$ 4.59	$ 7.15	$ 4.59	$ 7.15
	35-39	$ 6.81	$ 10.47	$ 6.81	$ 10.47
	40-44	$ 8.28	$ 12.69	$ 8.28	$ 12.69
	45-49	$ 11.05	$ 16.94	$ 11.05	$ 16.94
	50-54	$ 14.37	$ 22.10	$ 14.37	$ 22.10
	55-59	$ 17.97	$ 27.55	$ 17.97	$ 27.55
	60-64	$ 22.50	$ 34.57	$ 22.50	$ 34.57
	65-70	$ 27.48	$ 42.23	$ 27.48	$ 42.23

Specified Critical Illness Insurance Premiums

With Subsequent Diagnosis Coverage, Health Screening Benefit

Tobacco Rates

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
$5,000	17-24	$ 1.77	$ 2.72	$ 1.77	$ 2.72
	25-29	$ 2.07	$ 3.18	$ 2.07	$ 3.18
	30-34	$ 2.47	$ 3.80	$ 2.47	$ 3.80
	35-39	$ 3.23	$ 4.96	$ 3.23	$ 4.96
	40-44	$ 4.04	$ 6.20	$ 4.04	$ 6.20
	45-49	$ 5.05	$ 7.75	$ 5.05	$ 7.75
	50-54	$ 6.23	$ 9.55	$ 6.23	$ 9.55
	55-59	$ 7.77	$ 11.95	$ 7.77	$ 11.95
	60-64	$ 9.25	$ 14.21	$ 9.25	$ 14.21
	65-70	$ 11.21	$ 17.24	$ 11.21	$ 17.24
$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	$ 6.09	$ 3.94	$ 6.09
	35-39	$ 5.47	$ 8.40	$ 5.47	$ 8.40
	40-44	$ 7.08	$ 10.89	$ 7.08	$ 10.89
	45-49	$ 9.11	$ 13.98	$ 9.11	$ 13.98
	50-54	$ 11.47	$ 17.58	$ 11.47	$ 17.58
	55-59	$ 14.56	$ 22.38	$ 14.56	$ 22.38
	60-64	$ 17.51	$ 26.90	$ 17.51	$ 26.90
	65-70	$ 21.44	$ 32.95	$ 21.44	$ 32.95
$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	$ 8.37	$ 5.42	$ 8.37
	35-39	$ 7.71	$ 11.84	$ 7.71	$ 11.84
	40-44	$ 10.13	$ 15.57	$ 10.13	$ 15.57
	45-49	$ 13.17	$ 20.21	$ 13.17	$ 20.21
	50-54	$ 16.71	$ 25.61	$ 16.71	$ 25.61
	55-59	$ 21.34	$ 32.81	$ 21.34	$ 32.81
	60-64	$ 25.77	$ 39.60	$ 25.77	$ 39.60
	65-70	$ 31.66	$ 48.67	$ 31.66	$ 48.67
$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	$ 10.66	$ 6.90	$ 10.66
	35-39	$ 9.94	$ 15.27	$ 9.94	$ 15.27
	40-44	$ 13.17	$ 20.26	$ 13.17	$ 20.26
	45-49	$ 17.24	$ 26.44	$ 17.24	$ 26.44
	50-54	$ 21.94	$ 33.64	$ 21.94	$ 33.64
	55-59	$ 28.13	$ 43.24	$ 28.13	$ 43.24
	60-64	$ 34.04	$ 52.29	$ 34.04	$ 52.29
	65-70	$ 41.88	$ 64.38	$ 41.88	$ 64.38

Important Notice

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Colonial Life

Individual Short-Term Disability Insurance

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You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

Can you afford to not protect your income?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

		MONTHLY EXPENSES Round to the nearest hundred.
1	Rent or mortgage	$
2	Transportation	$
3	Utilities (phone, internet, electricity/gas, water, etc.)	$
4	Food and necessities	$
5	Other expenses	$
Total monthly expenses (add lines 1-5 together)		$

Benefits worksheet

How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: _____
Choose a monthly benefit amount between $400 and $6,500.*

If your plan includes on-job accident/sickness benefits, the benefit is 50% of the off-job amount.

What is the benefit period?

Benefit period: _____ months
The partial disability benefit period is three months.

When may my total disability benefits start?

After an accident: _____ days After a sickness: _____ days

*Subject to income requirements

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Product information

Total disability definition

Totally disabled or total disability means you are: unable to perform the material and substantial duties of your job, not working at any job, and under the regular and appropriate care of a physician.

How partial disability works

If you are able to return to work part time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

Waiver of premium

We will waive your premium payments after 90 consecutive days of a covered disability.

Geographical limitations

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

Issue age

Coverage is available from ages 17 to 74.

Keep your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

Colonial Life

For more information, talk with your benefits counselor.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, psychiatric or psychological conditions, racing, semi-professional or professional sports, substance abuse, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for benefits due to being pregnant before the policy coverage effective date shown in the policy schedule, if medical advice, diagnosis, care or treatment was received or recommended within the one-year period immediately preceding the policy coverage effective date shown on the policy schedule. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

Pre-existing condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended with the one year period immediately preceding the Policy Coverage Effective Date shown on the Policy Schedule. If you are age 65 or older when this policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

After this policy has been in force for 12 months from the policy coverage effective date shown on the policy schedule, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began at least 12 months after the policy coverage effective date and the elimination period has been satisfied.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000-NC and rider form ISTD3000-ADIB-NC. This is not an insurance contract and only the actual policy and rider provisions will control.

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Deductions per year: 26 | These rates were prepared on 4/27/2020 and are valid for 90 days.

Individual Disability - ISTD3000 for NC *AA Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness with Health Screening Rider

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$800*	$1,000*	$1,200*	$1,500*
0 days Accident/7 days Sickness	17-49	$12.23	$14.96	$17.68	$21.76
	50-64	$14.26	$17.49	$20.72	$25.57
	65-74	$19.47	$24.00	$28.53	$35.33
0 days Accident/14 days Sickness	17-49	$9.09	$11.03	$12.97	$15.88
	50-64	$10.42	$12.69	$14.96	$18.37
	65-74	$15.26	$18.74	$22.22	$27.44
7 days Accident/7 days Sickness	17-49	$11.49	$14.03	$16.57	$20.38
	50-64	$13.01	$15.92	$18.84	$23.22
	65-74	$18.32	$22.57	$26.82	$33.19
14 days Accident/14 days Sickness	17-49	$7.95	$9.60	$11.25	$13.73
	50-64	$9.35	$11.36	$13.36	$16.36
	65-74	$13.30	$16.29	$19.28	$23.77

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$800*	$1,000*	$1,200*	$1,500*
0 days Accident/7 days Sickness	17-49	$15.00	$18.42	$21.83	$26.96
	50-64	$19.06	$23.49	$27.92	$34.57
	65-74	$29.00	$35.91	$42.82	$53.19
0 days Accident/14 days Sickness	17-49	$11.38	$13.89	$16.40	$20.17
	50-64	$14.26	$17.49	$20.72	$25.57
	65-74	$21.28	$26.26	$31.25	$38.72
0 days Accident/30 days Sickness	17-49	$8.43	$10.20	$11.97	$14.63
	50-64	$11.38	$13.89	$16.40	$20.17
	65-74	$16.63	$20.45	$24.27	$30.00
7 days Accident/7 days Sickness	17-49	$14.08	$17.26	$20.45	$25.22
	50-64	$18.14	$22.34	$26.54	$32.84
	65-74	$27.52	$34.06	$40.61	$50.42
14 days Accident/14 days Sickness	17-49	$10.28	$12.51	$14.74	$18.09
	50-64	$12.75	$15.60	$18.45	$22.73
	65-74	$19.43	$23.96	$28.48	$35.26

*monthly benefit amount

Important Notice

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See page 1 for Important Notice

Colonial Life
The benefits of good hard work.®

Hospital Confinement Indemnity Insurance
Plan 3

For more information, talk with your benefits counselor.

Our Individual Medical Bridge℠ insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

Hospital confinement ..... $_____
Maximum of one benefit per covered person per calendar year

Observation room ..... **$100 per visit**
Maximum of two visits per covered person per calendar year

Rehabilitation unit confinement ..... **$100 per day**
Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

Waiver of premium
Available after 30 continuous days of a covered hospital confinement of the named insured

Diagnostic procedure
- **Tier 1** **$250**
- **Tier 2** **$500**

Maximum of $500 per covered person per calendar year for all covered diagnostic procedures combined

Outpatient surgical procedure
- **Tier 1** ..... $_____
- **Tier 2** ..... $_____

Maximum of $_____ per covered person per calendar year for all covered outpatient surgical procedures combined

The following is a list of common diagnostic procedures that may be covered.

Tier 1 diagnostic procedures

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
  - Nuclear medicine test
- **Digestive**
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
  - Laryngoscopy
- **Gynecological**
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)
- **Liver** – biopsy
- **Lymphatic** – biopsy
- **Miscellaneous**
  - Bone marrow aspiration/biopsy
- **Renal** – biopsy
- **Respiratory**
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- **Skin**
  - Biopsy
  - Excision of lesion
- **Thyroid** – biopsy
- **Urologic**
  - Cystoscopy

Tier 2 diagnostic procedures

- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Positron emission tomography scan (PET scan)

IMB7000 – PLAN 3

The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy
  - Fistulotomy
  - Hemorrhoidectomy
  - Lysis of adhesions
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting
- **Ear, nose, throat, mouth**
  - Adenoidectomy
  - Removal of oral lesions
  - Myringotomy
  - Tonsillectomy
  - Tracheostomy
  - Tympanotomy
- **Gynecological**
  - Dilation and curettage (D&C)
  - Endometrial ablation
  - Lysis of adhesions
- **Liver**
  - Paracentesis
- **Musculoskeletal system**
  - Carpal/cubital repair or release
  - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
  - Removal of orthopedic hardware
  - Removal of tendon lesion

Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reconstruction
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Hysterectomy
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - Excision of a mass
- **Urologic**
  - Lithotripsy

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The benefits of good hard work.

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EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-exisiting conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.

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7-15 | 101581-NC

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Hospital Confinement Insurance Premiums

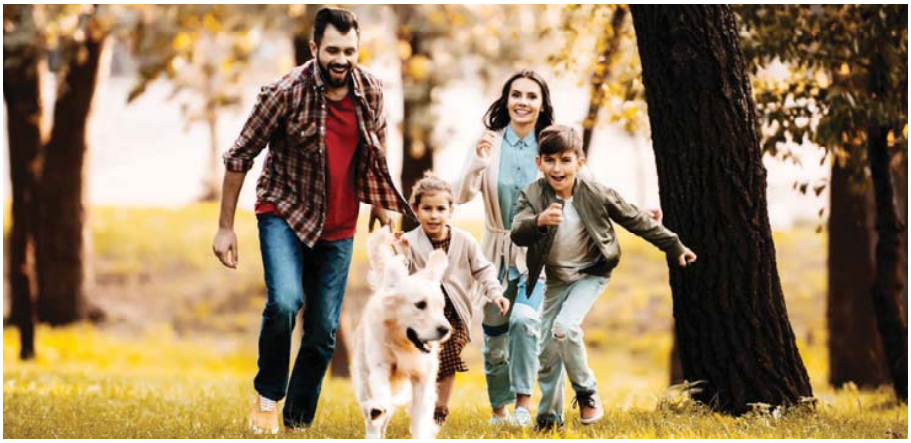
$1,000 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of $1,500, Diagnostic Procedure Benefit, $50 Health Screening Benefit

Issue Age	Named Insured	Employee & Spouse	Employee and Dependent Children	Employee, Spouse and Dependent Children
17 – 49	$ 14.64	$ 27.58	$ 18.44	$ 31.38
50 – 59	$ 19.18	$ 36.18	$ 22.99	$ 39.99
60 – 64	$ 23.84	$ 45.05	$ 27.65	$ 48.86
65 – 74	$ 31.54	$ 59.64	$ 35.75	$ 63.83

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



Term Life Insurance

Peace of mind for you and your loved ones

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.

Advantages of term life insurance

- Lower cost when compared to cash value life insurance
- Same benefit payout throughout the duration of the policy
- Several term period options for flexibility during high-need years
- Benefit for the beneficiary that is typically tax-free

Benefits and features

- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Guaranteed premiums that do not increase during the selected term
- Ability to convert all or a portion of the benefit amount into cash value life insurance
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to $150,000) if you're diagnosed with a terminal illness[1]
- Premium savings for face amounts over $250,000 based on your health

1-in-3

married/partnered consumers wish their spouse or partner would purchase more life insurance.

LIMRA, 2018 Insurance Barometer Study.

54% of Americans would have trouble paying living expenses immediately or within several months if the primary wage-earner died.

LIMRA, 2017 Insurance Barometer Study.

TERM LIFE (ITL5000)

How much coverage do you need?

☐ **YOU** $ _____

Select the term period:

- ☐ 10-year
- ☐ 15-year
- ☐ 20-year
- ☐ 30-year

☐ **SPOUSE** $ _____

Select the term period:

- ☐ 10-year
- ☐ 15-year
- ☐ 20-year
- ☐ 30-year

Select any optional riders:

- ☐ Spouse term life rider
  $ _____ face amount
  for _____-year term period
- ☐ Children's term life rider
  $ _____ face amount
- ☐ Accidental death benefit rider
- ☐ Chronic care accelerated death benefit rider
- ☐ Critical illness accelerated death benefit rider
- ☐ Waiver of premium benefit rider

To learn more, talk with your Colonial Life benefits counselor.

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Optional riders

At an additional cost, you can purchase the following riders for even more financial protection.

Spouse term life rider

Your spouse may receive a maximum death benefit of $50,000; 10-year and 20-year spouse term riders are available.

Children's term life rider

You can purchase up to $20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.[1] A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living.[2] Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a $5,000 benefit is payable.[1] A subsequent diagnosis benefit is included.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period.[3]

1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
2 Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.
3 You must resume premium payments once you are no longer disabled.

EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC18-ITL5000/ITL5000 and rider forms ICC18-R-ITL5000-STR/R-ITL5000-STR, ICC18-R-ITL5000-CTR/R-ITL5000-CTR, ICC18-R-ITL5000-WP/R-ITL5000-WP, ICC18-R-ITL5000-ACCD/R-ITL5000-ACCD, ICC18-R-ITL5000-CI/R-ITL5000-CI, ICC18-R-ITL5000-CC/R-ITL5000-CC and applicable state variations.

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6-19 | 101895-1

Deductions per year: 12 | These rates were prepared on 3/17/2020 and are valid for 90 days.

Term Life (ITL5000) for NC

Applicable to policy form ITL5000

- 20-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	$10,000	$25,000	$50,000	$75,000	$100,000
25	$6.71	$10.77	$10.54	$13.81	$17.08
35	$7.69	$13.23	$11.58	$15.37	$19.17
45	$9.68	$18.21	$21.79	$30.69	$39.58
55	$18.06	$39.14	$46.33	$67.50	$88.66
65	$41.00	$61.54	$119.08	$176.62	$234.16

Tobacco Rates

ISSUE AGE	$10,000	$25,000	$50,000	$75,000	$100,000
25	$10.48	$20.21	$18.21	$25.31	$32.42
35	$11.72	$23.29	$20.62	$28.94	$37.25
45	$15.89	$33.73	$45.46	$66.19	$86.91
55	$33.93	$78.83	$106.04	$157.06	$208.08
65	$70.14	$103.68	$203.37	$303.05	$402.73

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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Teri Jenkinson | TCJEN3@HOTMAIL.COM | (828) 508-9457

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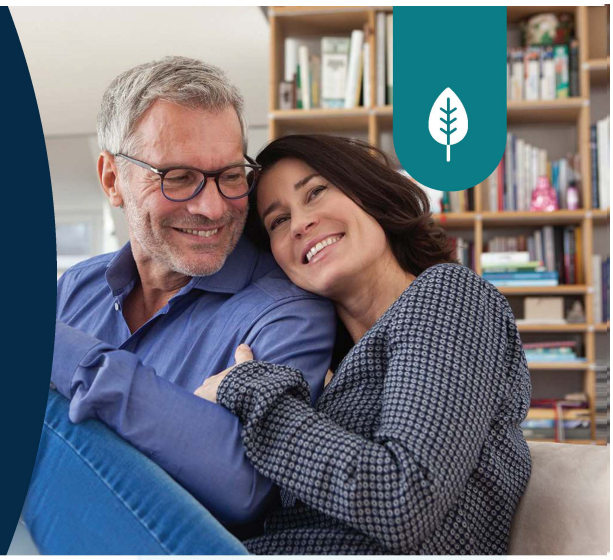
See page 1 for Important Notice

Colonial Life

Whole Life Plus Insurance



You can't predict your family's future, but you can be prepared for it.

Give your family peace of mind and coverage for final expenses with Whole Life Plus insurance from Colonial Life.

BENEFITS AND FEATURES

- Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- Stand-alone spouse policy available even without buying a policy for yourself
- Ability to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to $150,000) if you're diagnosed with a terminal illness[1]
- Immediate $3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Provides cash surrender value at age 100 (when the policy endows)

ADDITIONAL COVERAGE OPTIONS

Spouse term rider

Cover your spouse with a death benefit up to $50,000, for 10 or 20 years.

Juvenile Whole Life Plus policy

Purchase a policy (Paid-Up at Age 70) while children are young and premiums are low — whether or not you buy a policy for yourself. You may also increase the coverage when the child is 18, 21 and 24 without proof of good health.

Children's term rider

You may purchase up to $20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term rider may be added to either your policy or your spouse's policy — not both.

ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

- Permanent coverage that stays the same through the life of the policy
- Premiums will not increase due to changes in health or age
- Accumulates cash value based on a nonforfeiture interest rate of 3.75%[2]
- Policy loans available, which can be used for emergencies
- Benefit for the beneficiary that is typically tax-free

Your cost will vary based on the amount of coverage you select.

WHOLE LIFE PLUS (IWL5000)

Benefits worksheet

For use with your benefits counselor

How much coverage do you need?

☐ YOU $_____

Select the option:

☐ Paid-Up at Age 70
☐ Paid-Up at Age 100

☐ SPOUSE $ _____

Select the option:

☐ Paid-Up at Age 70
☐ Paid-Up at Age 100

☐ DEPENDENT STUDENT
$ _____

Select the option:

☐ Paid-Up at Age 70
☐ Paid-Up at Age 100

Select any optional riders:

☐ Spouse term rider
$ _____face amount
for _____-year term period

☐ Children's term rider
$ _____face amount

☐ Accidental death benefit rider

☐ Chronic care accelerated death benefit rider

☐ Critical illness accelerated death benefit rider

☐ Guaranteed purchase option rider

☐ Waiver of premium benefit rider

To learn more, talk with your benefits counselor.

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ADDITIONAL COVERAGE OPTIONS (CONTINUED)

Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.[1] A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a $5,000 benefit is payable.[1] A subsequent diagnosis benefit is included.

Guaranteed purchase option rider

This rider allows you to purchase additional whole life coverage — without having to answer health questions — at three different points in the future. The rider may only be added if you are age 50 or younger when you purchase the policy. You may purchase up to your initial face amount, not to exceed a total combined maximum of $100,000 for all options.

Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

1. Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.
2. Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.

EXCLUSIONS AND LIMITATIONS: If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. 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. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 10-21 | 642298-1

Colonial Life & Accident Insurance Company

Whole Life Plus (IWL5000) Paid-Up at Age 100
Non-Tobacco Premiums
Guaranteed Cash Value at Age 65*

Issue Age	$5,000		$15,000		$25,000		$35,000		$45,000		$50,000		$75,000		$100,000		$125,000		$150,000	
	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*
18	4.52	2,047	13.55	6,141	22.58	10,236	31.62	14,330	40.65	18,424	45.17	20,472	67.75	30,707	90.33	40,943	112.92	51,179	135.50	61,415
19	4.53	2,035	13.58	6,106	22.63	10,177	31.68	14,248	40.73	18,319	45.25	20,354	67.88	30,531	90.50	40,708	113.13	50,885	135.75	61,062
20	4.53	2,023	13.60	6,069	22.67	10,116	31.73	14,162	40.80	18,208	45.33	20,231	68.00	30,347	90.67	40,462	113.33	50,578	136.00	60,693
21	4.54	2,010	13.63	6,031	22.71	10,051	31.79	14,072	40.88	18,092	45.42	20,103	68.13	30,154	90.83	40,205	113.54	50,256	136.25	60,308
22	4.55	1,997	13.65	5,991	22.75	9,984	31.85	13,978	40.95	17,972	45.50	19,969	68.25	29,953	91.00	39,937	113.75	49,921	136.50	59,906
23	4.56	1,983	13.68	5,948	22.79	9,914	31.91	13,879	41.03	17,844	45.58	19,827	68.38	29,741	91.17	39,654	113.96	49,568	136.75	59,481
24	4.57	1,968	13.71	5,904	22.85	9,840	32.00	13,775	41.14	17,711	45.71	19,679	68.56	29,519	91.42	39,358	114.27	49,198	137.13	59,037
25	4.60	1,952	13.80	5,857	23.00	9,762	32.20	13,666	41.40	17,571	46.00	19,524	69.00	29,285	92.00	39,047	115.00	48,809	138.00	58,571
26	4.66	1,936	13.99	5,808	23.31	9,680	32.64	13,552	41.96	17,424	46.63	19,360	69.94	29,040	93.25	38,720	116.56	48,400	139.88	58,080
27	4.77	1,919	14.30	5,756	23.83	9,593	33.37	13,431	42.90	17,268	47.67	19,187	71.50	28,780	95.33	38,373	119.17	47,966	143.00	57,560
28	4.90	1,900	14.70	5,701	24.50	9,502	34.30	13,302	44.10	17,103	49.00	19,003	73.50	28,505	98.00	38,006	122.50	47,508	147.00	57,009
29	5.06	1,881	15.18	5,643	25.29	9,405	35.41	13,167	45.53	16,929	50.58	18,811	75.88	28,216	101.17	37,621	126.46	47,026	151.75	56,432
30	5.23	1,861	15.69	5,582	26.15	9,304	36.60	13,025	47.06	16,746	52.29	18,607	78.44	27,911	104.58	37,214	130.73	46,518	156.88	55,821
31	5.41	1,839	16.23	5,518	27.04	9,197	37.86	12,875	48.68	16,554	54.08	18,394	81.13	27,590	108.17	36,787	135.21	45,984	162.25	55,181
32	5.60	1,817	16.80	5,451	28.00	9,085	39.20	12,719	50.40	16,353	56.00	18,170	84.00	27,254	112.00	36,339	140.00	45,424	168.00	54,509
33	5.80	1,794	17.41	5,381	29.02	8,968	40.63	12,555	52.24	16,142	58.04	17,935	87.06	26,903	116.08	35,870	145.10	44,838	174.13	53,805
34	6.03	1,769	18.08	5,307	30.13	8,845	42.18	12,383	54.23	15,921	60.25	17,691	90.38	26,536	120.50	35,381	150.63	44,226	180.75	53,072
35	6.26	1,744	18.78	5,231	31.29	8,718	43.81	12,205	56.33	15,692	62.58	17,436	93.88	26,154	125.17	34,872	156.46	43,590	187.75	52,308
36	6.51	1,717	19.53	5,151	32.54	8,586	45.56	12,020	58.58	15,454	65.08	17,172	97.63	25,757	130.17	34,343	162.71	42,929	195.25	51,515
37	6.78	1,690	20.34	5,069	33.90	8,448	47.45	11,828	61.01	15,207	67.79	16,897	101.69	25,345	135.58	33,793	169.48	42,241	203.38	50,690
38	7.08	1,661	21.23	4,983	35.38	8,305	49.53	11,627	63.68	14,949	70.75	16,610	106.13	24,915	141.50	33,220	176.88	41,525	212.25	49,830
39	7.40	1,631	22.20	4,893	37.00	8,156	51.80	11,418	66.60	14,680	74.00	16,311	111.00	24,467	148.00	32,622	185.00	40,778	222.00	48,933
40	7.75	1,600	23.26	4,799	38.77	7,998	54.28	11,198	69.79	14,397	77.54	15,997	116.31	23,995	155.08	31,993	193.85	39,991	232.63	47,990
41	8.14	1,567	24.41	4,700	40.69	7,833	56.96	10,966	73.24	14,099	81.38	15,666	122.06	23,498	162.75	31,331	203.44	39,164	244.13	46,997
42	8.55	1,532	25.65	4,595	42.75	7,658	59.85	10,722	76.95	13,785	85.50	15,317	128.25	22,975	171.00	30,633	213.75	38,291	256.50	45,950
43	8.99	1,495	26.98	4,485	44.96	7,475	62.94	10,464	80.93	13,454	89.92	14,949	134.88	22,424	179.83	29,898	224.79	37,373	269.75	44,847
44	9.46	1,456	28.38	4,368	47.29	7,281	66.21	10,193	85.13	13,105	94.58	14,562	141.88	21,842	189.17	29,123	236.46	36,404	283.75	43,685
45	9.94	1,415	29.83	4,245	49.71	7,075	69.59	9,905	89.48	12,735	99.42	14,151	149.13	21,226	198.83	28,301	248.54	35,376	298.25	42,452
46	10.43	1,372	31.30	4,115	52.17	6,858	73.03	9,601	93.90	12,344	104.33	13,715	156.50	20,573	208.67	27,430	260.83	34,288	313.00	41,145
47	10.94	1,325	32.81	3,976	54.69	6,627	76.56	9,278	98.44	11,929	109.38	13,254	164.06	19,881	218.75	26,508	273.44	33,135	328.13	39,762
48	11.45	1,276	34.36	3,829	57.27	6,382	80.18	8,935	103.09	11,488	114.54	12,764	171.81	19,146	229.08	25,528	286.35	31,910	343.63	38,292
49	11.99	1,225	35.96	3,674	59.94	6,123	83.91	8,572	107.89	11,021	119.88	12,245	179.81	18,368	239.75	24,490	299.69	30,613	359.63	36,735

* 10th year cash value, if later than age 55
For complete details, refer to policy forms ICC19/IWL5000-100/IWL5000-100 and applicable state variations.

Exclusions and Limitations
If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit.
We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you. Product may vary by state.
You will receive a policy summary or illustration (whichever is applicable in your state) when your policy is issued.
For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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5-21 683384

Whole Life Plus (IWL5000) Paid-Up at Age 100
Non-Tobacco Premiums
Guaranteed Cash Value at Age 65*

Issue Age	$5,000		$15,000		$25,000		$35,000		$45,000		$50,000		$75,000		$100,000		$125,000		$150,000	
	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*	Mo. Prem.	Guar. Cash Value*
50	12.55	1,169	37.65	3,508	62.75	5,847	87.85	8,185	112.95	10,524	125.50	11,694	188.25	17,540	251.00	23,387	313.75	29,234	376.50	35,081
51	13.16	1,111	39.48	3,333	65.79	5,554	92.11	7,776	118.43	9,998	131.58	11,109	197.38	16,663	263.17	22,217	328.96	27,771	394.75	33,326
52	13.83	1,049	41.48	3,146	69.13	5,244	96.78	7,342	124.43	9,439	138.25	10,488	207.38	15,732	276.50	20,976	345.63	26,220	414.75	31,464
53	14.56	983	43.68	2,949	72.79	4,916	101.91	6,882	131.03	8,848	145.58	9,832	218.38	14,747	291.17	19,663	363.96	24,579	436.75	29,495
54	15.36	914	46.09	2,741	76.81	4,568	107.54	6,395	138.26	8,222	153.63	9,136	230.44	13,703	307.25	18,271	384.06	22,839	460.88	27,407
55	16.23	840	48.68	2,519	81.13	4,199	113.58	5,878	146.03	7,557	162.25	8,397	243.38	12,596	324.50	16,794	405.63	20,993	486.75	25,191
56	17.15	877	51.44	2,631	85.73	4,385	120.02	6,139	154.31	7,893	171.46	8,770	257.19	13,154	342.92	17,539	428.65	21,924	514.38	26,309
57	18.13	916	54.38	2,747	90.63	4,579	126.88	6,410	163.13	8,241	181.25	9,157	271.88	13,736	362.50	18,314	453.13	22,893	543.75	27,471
58	19.17	956	57.50	2,868	95.83	4,780	134.17	6,692	172.50	8,604	191.67	9,560	287.50	14,340	383.33	19,120	479.17	23,900	575.00	28,680
59	20.28	998	60.85	2,994	101.42	4,990	141.98	6,985	182.55	8,981	202.83	9,979	304.25	14,969	405.67	19,958	507.08	24,948	608.50	29,937
60	21.48	1,041	64.44	3,124	107.40	5,207	150.35	7,290	193.31	9,373	214.79	10,415	322.19	15,622	429.58	20,829	536.98	26,036	644.38	31,244
61	22.76	1,087	68.28	3,260	113.79	5,433	159.31	7,606	204.83	9,779	227.58	10,866	341.38	16,298	455.17	21,731	568.96	27,164	682.75	32,597
62	24.13	1,133	72.39	3,400	120.65	5,666	168.90	7,932	217.16	10,199	241.29	11,332	361.94	16,998	482.58	22,664	603.23	28,330	723.88	33,996
63	25.60	1,181	76.80	3,544	128.00	5,907	179.20	8,269	230.40	10,632	256.00	11,813	384.00	17,720	512.00	23,626	640.00	29,533	768.00	35,439
64	27.18	1,231	81.54	3,692	135.90	6,153	190.25	8,615	244.61	11,076	271.79	12,307	407.69	18,460	543.58	24,613	679.48	30,766	815.38	36,920
65	28.88	1,281	86.63	3,843	144.38	6,406	202.13	8,968	259.88	11,530	288.75	12,811	433.13	19,217	577.50	25,622	721.88	32,028	866.25	38,433
66	30.70	1,333	92.09	3,998	153.48	6,663	214.87	9,328	276.26	11,993	306.96	13,326	460.44	19,988	613.92	26,651	767.40	33,314	920.88	39,977
67	32.65	1,385	97.96	4,155	163.27	6,925	228.58	9,695	293.89	12,465	326.54	13,850	489.81	20,774	653.08	27,699	816.35	34,624	979.63	41,549
68	34.76	1,438	104.29	4,315	173.81	7,192	243.34	10,068	312.86	12,945	347.63	14,383	521.44	21,575	695.25	28,766	869.06	35,958	1,042.88	43,149
69	37.04	1,501	111.13	4,503	185.21	7,505	259.29	10,506	333.38	13,508	370.42	15,009	555.63	22,514	740.83	30,018	926.04	37,523	1,111.25	45,027
70	39.53	1,566	118.59	4,698	197.65	7,829	276.70	10,961	355.76	14,093	395.29	15,659	592.94	23,488	790.58	31,317	988.23	39,146	1,185.88	46,976
71	42.29	1,631	126.88	4,893	211.46	8,155	296.04	11,417	380.63	14,679	422.92	16,310	634.38	24,465	845.83	32,620	1,057.29	40,775	1,268.75	48,930
72	45.40	1,697	136.20	5,090	227.00	8,484	317.80	11,877	408.60	15,270	454.00	16,967	681.00	25,451	908.00	33,934	1,135.00	42,418	1,362.00	50,901
73	48.93	1,763	146.78	5,290	244.63	8,817	342.48	12,344	440.33	15,871	489.25	17,635	733.88	26,452	978.50	35,269	1,223.13	44,086	1,467.75	52,904
74	52.93	1,831	158.80	5,493	264.67	9,155	370.53	12,817	476.40	16,479	529.33	18,310	794.00	27,464	1,058.67	36,619	1,323.33	45,774	1,588.00	54,929
75	57.48	1,897	172.44	5,691	287.40	9,485	402.35	13,278	517.31	17,072	574.79	18,969	862.19	28,454	1,149.58	37,938	1,436.98	47,423	1,724.38	56,907
76	62.61	1,960	187.84	5,880	313.06	9,799	438.29	13,719	563.51	17,639	626.13	19,599	939.19	29,398	1,252.25	39,197	1,565.31	48,996	1,878.38	58,796
77	68.38	2,020	205.14	6,059	341.90	10,099	478.65	14,138	615.41	18,178	683.79	20,198	1,025.69	30,296	1,367.58	40,395	1,709.48	50,494	2,051.38	60,593
78	74.82	2,075	224.46	6,225	374.10	10,375	523.75	14,525	673.39	18,675	748.21	20,751	1,122.31	31,126	1,496.42	41,501	1,870.52	51,876	2,244.63	62,252
79	81.98	2,125	245.93	6,374	409.88	10,623	573.83	14,873	737.78	19,122	819.75	21,247	1,229.63	31,870	1,639.50	42,493	2,049.38	53,116	2,459.25	63,740

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For complete details, refer to policy forms ICC19/IWL5000-100/IWL5000-100 and applicable state variations.

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5-21 683384

JACKSON COUNTY

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