



Jackson County

Colonial Life Supplemental Products Guide

2019 – 2020

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

<u>Topic/Contact</u>	<u>Phone</u>	<u>Fax</u>	<u>Page</u>
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Guaranteed issue Colonial Life products for 2019-2020 include:

- **Short-Term Disability Insurance** – Available for New Hires Only (Hired within the last 365 days):
- **Specified Critical Illness Insurance** – Available for New Hires Only (Hired within the last 365 days):
 - \$ 20,000 for employee
 - \$ 10,000 for spouse
 - \$ 5,000 for children
- **Whole Life Insurance** – Available for all Employees
 - \$24.00 per pay period up to maximum \$50,000

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.
- Dental insurance** — Provides the same benefit amounts with any dentist you choose and covers a variety of dental procedures, from routine cleanings to more advanced procedures such as crowns and root canals. Additional savings are available by visiting a network dentist.

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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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
- Hemocult 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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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
- Hemocult 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.

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



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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 \$50 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

Medical Imaging Studies \$125 per study

Specific studies for cancer treatment *[\$250 calendar year max.]*

Outpatient Surgical Center \$200 per day

Surgery at an outpatient center for cancer treatment *[\$600 calendar year max.]*

Private Full-time Nursing Services \$75 per day

Services while hospital confined other than those regularly furnished by the hospital

Prosthetic Device/Artificial Limb \$1,500 per device or limb

A surgical implant needed because of cancer surgery *[payable one per site, \$3,000 lifetime max.]*

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 \$40 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment
[up to \$2,500 per procedure, including 25% for general anesthesia]

Second Medical Opinion \$200

A second physician's opinion on cancer surgery or treatment *[once per lifetime]*

Skilled Nursing Care Facility \$100 per day

Confinement to a covered facility after hospital release *[up to the number of days paid for hospital confinement]*

Skin Cancer Initial Diagnosis \$300

A skin cancer diagnosis while the policy is in force *[once per lifetime]*

Supportive or Protective Care Drugs and Colony Stimulating Factors \$100 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[\$800 calendar year max.]

Surgical Procedures \$50 per surgical unit

Inpatient or outpatient surgery for cancer treatment *[\$3,000 max. per procedure]*

Transportation \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home
[up to \$1,000 per round trip]

Waiver of Premium Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

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



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



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1-14

BENEFIT DESCRIPTION	BENEFIT AMOUNT
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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 \$75 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home
[70-day calendar year max.]

Medical Imaging Studies \$175 per study

Specific studies for cancer treatment [\$350 calendar year max.]

Outpatient Surgical Center \$300 per day

Surgery at an outpatient center for cancer treatment [\$900 calendar year max.]

Private Full-time Nursing Services \$125 per day

Services while hospital confined other than those regularly furnished by the hospital

Prosthetic Device/Artificial Limb \$2,000 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]

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 \$60 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment
[up to \$3,000 per procedure, including 25% for general anesthesia]

Second Medical Opinion \$300

A second physician's opinion on cancer surgery or treatment [once per lifetime]

Skilled Nursing Care Facility \$100 per day

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

Skin Cancer Initial Diagnosis \$400

A skin cancer diagnosis while the policy is in force [once per lifetime]

Supportive or Protective Care Drugs and Colony Stimulating Factors \$150 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments
[\$1,200 calendar year max.]

Surgical Procedures \$60 per surgical unit

Inpatient or outpatient surgery for cancer treatment [\$5,000 max. per procedure]

Transportation \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home
[up to \$1,200 per round trip]

Waiver of Premium Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

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.

101484



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
- Hemocult 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 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



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.

Critical Illness 1.0 with Health Screening and Subsequent Diagnosis

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.	

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
\$25,000	17-24	\$ 3.76	\$ 5.67	\$ 3.76	\$ 5.67
	25-29	\$ 4.57	\$ 7.06	\$ 4.57	\$ 7.06
	30-34	\$ 5.49	\$ 8.56	\$ 5.49	\$ 8.56
	35-39	\$ 8.26	\$ 12.71	\$ 8.26	\$ 12.71
	40-44	\$ 10.11	\$ 15.48	\$ 10.11	\$ 15.48
	45-49	\$ 13.57	\$ 20.79	\$ 13.57	\$ 20.79
	50-54	\$ 17.72	\$ 27.25	\$ 17.72	\$ 27.25
	55-59	\$ 22.22	\$ 34.06	\$ 22.22	\$ 34.06
	60-64	\$ 27.87	\$ 42.83	\$ 27.87	\$ 42.83
	65-70	\$ 34.11	\$ 52.40	\$ 34.11	\$ 52.40

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
\$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	\$ 12.94	\$ 8.37	\$ 12.94
	35-39	\$ 12.18	\$ 18.71	\$ 12.18	\$ 18.71
	40-44	\$ 16.22	\$ 24.94	\$ 16.22	\$ 24.94
	45-49	\$ 21.30	\$ 32.67	\$ 21.30	\$ 32.67
	50-54	\$ 27.18	\$ 41.67	\$ 27.18	\$ 41.67
	55-59	\$ 34.91	\$ 53.67	\$ 34.91	\$ 53.67
	60-64	\$ 42.30	\$ 64.98	\$ 42.30	\$ 64.98
	65-70	\$ 52.11	\$ 80.10	\$ 52.11	\$ 80.10

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.

Dental Insurance

Orthodontic and Vision Benefit Riders



For more information,
talk with your
benefits counselor.

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Dental insurance offers two optional benefit riders that can help pay for covered orthodontic and vision expenses. For an additional cost, these riders can provide added protection for you, your spouse and eligible dependent children.

Orthodontic benefit rider

Initial orthodontic treatment \$500

A maximum payment of one per covered person per lifetime

Continued orthodontic treatment \$50

A maximum payment of one subsequent treatment per month per covered person

A lifetime maximum of 18 treatments per covered person

The orthodontic benefit rider is subject to a 24-month waiting period. Orthodontic treatment is available for all covered adults and eligible dependents. Lifetime maximum of \$1,400 per covered person. Calendar year maximum of \$2,800 for all covered persons.

Vision benefit rider

Vision examination \$50

Maximum of one visit per covered person per calendar year

Vision correction materials \$50

Maximum of one benefit for vision correction materials per covered person per calendar year

Examples of covered prescribed vision correction materials:

- Eyeglasses
- Sunglasses
- Sports glasses
- Spare pairs of glasses
- Contact lenses

The vision benefit rider is subject to a 30-day waiting period.

EXCLUSIONS

Orthodontic benefit rider — This benefit is not payable for dental services when the initial treatment occurs prior to the effective date or before the waiting period ended. The \$500 initial treatment benefit is not payable for periodic orthodontic treatment visit (CDT Code D8670). Periodic orthodontic treatment visits are payable as continued orthodontic treatment, subject to all other terms.

Vision benefit rider — What is not covered: examinations not performed by an optometrist or ophthalmologist; non-prescribed vision correction materials; services received outside of the United States and refractive error-correction surgeries, including but not limited to laser-assisted in-situ keratomileusis (LASIK), photorefractive keratectomy (PRK), radial keratotomy (RK) or intracorneal rings (Intacs).

Coverage type and taxability status for both riders will match base policy coverage type and taxability status.

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Dental Insurance

Level 2



Dental insurance can help with a variety of dental costs, from routine cleanings to more advanced procedures. These benefits are available for you, your spouse and eligible dependent children.

The calendar year maximum for level 2 is \$1,600.

Dental wellness and radiographic image procedure (X-ray) benefits are not subject to the calendar year maximum.

Dental wellness	\$50
Two wellness exams per covered person per calendar year; exams must be separated by 150 days No waiting period	
Radiographic image procedure (X-ray)	\$35
One X-ray benefit per calendar year per covered person No waiting period	
Fillings and basic services	\$15 – \$250
3-month waiting period	
Pain management and adjunctive services	\$30 – \$60
3-month waiting period	
Other preventive services	\$20 – \$110
6-month waiting period	
Oral surgery, gum treatments and prosthetic repair	\$30 – \$1,200
6-month waiting period	
Crowns and major services	\$15 – \$375
12-month waiting period	
Major prosthetic services	\$90 – \$1,200
24-month waiting period	

For more information,
talk with your
benefits counselor.

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EXCLUSIONS AND LIMITATIONS

We will not pay benefits for: coding convention errors, misrepresentations or upcoding, crown replacement services within five years of last placement, inlay or onlay replacement services within five years of last placement, procedures prior to the effective date, procedures prior to the expiration of the waiting period, prosthetic replacement services within five years of last placement, repairs within six months of the initial procedure, sealant limitation (limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years), teeth missing before the policy coverage effective date, treatment outside of the United States, unlisted procedures, or unrecommended or unrequired services. This list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to the policy or see your Colonial Life benefits counselor.

Applicable to policy Dental (including state abbreviations where used, for example: Dental-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

The policy has exclusions and limitations which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions.

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Sample of 400+ covered dental benefits



For more information,
talk with your
benefits counselor.

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Procedure Codes	Dental Description	Waiting Period	Benefit Amount
Dental Wellness (Cleanings)*			
D0120	periodic oral evaluation - established patient	None	\$50
D1110	prophylaxis - adult	None	\$50
D1120	prophylaxis - child	None	\$50
Radiographic Image Procedure (X-ray)*			
D0210	intra-oral - complete series of radiographic images	None	\$35
D0272	bite-wings - two radiographic images	None	\$35
D0330	panoramic radiographic images	None	\$35
Fillings			
D2140	amalgam - one surface, primary or permanent	3 months	\$60
D2150	amalgam - two surfaces, primary or permanent	3 months	\$65
D2420	gold foil - two surfaces	3 months	\$250
Pain Management & Adjunctive Services			
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	3 months	\$30
D9223	deep sedation/general anesthesia - each 15 minute increment	3 months	\$60
Other Preventive Services			
D1351	sealant - per tooth	6 months	\$20
D1515	space maintainer - fixed - bilateral	6 months	\$110
Oral Surgery, Gum Treatments, and Prosthetic Repair			
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	6 months	\$45
D7240	removal of impacted tooth - completely bony	6 months	\$150
D7412	excision of benign lesion, complicated	6 months	\$375
D7710	maxilla - open reduction	6 months	\$1,200
Crowns and Major Services			
D2950	core build-up, including any pins when required	12 months	\$60
D2740	crown - porcelain/ceramic substrate	12 months	\$325
D2750	crown - porcelain fused to high noble metal	12 months	\$325
D2530	inlay - metallic - three or more surfaces	12 months	\$375
Major Prosthetic Services			
D6750	retainer crown - porcelain fused to high noble metal	24 months	\$325
D5110	complete denture - maxillary	24 months	\$425
D5140	immediate denture - mandibular	24 months	\$425
D6050	surgical placement - transosteal implant	24 months	\$1,200

For a full listing of the dental codes and benefits available under this plan, visit ColonialLife.com/DentalBenefits or refer to your dental policy.

*Dental Wellness and Radiographic Image Procedure (X-ray) benefit categories are not subject to the calendar year maximum. Dental Wellness benefits are limited to two visits per calendar year per covered person. We will pay for one service per visit per covered person, regardless of the number of services performed. The visits must be separated by at least 150 days. Radiographic Image Procedure (X-ray) benefits are limited to one benefit per calendar year per covered person.

Dental Insurance Premiums

Coverage Level 2

Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
17 – 75	\$ 14.43	\$ 29.29	\$ 31.57	\$ 46.43

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.

Short-Term Disability Insurance



How long could you afford to go without a paycheck?

Help protect your paycheck with Colonial Life's short-term disability insurance.

You use your paycheck mainly to pay for your home, your car, groceries, medical bills and utilities. What if you couldn't go to work due to an accident or sickness?

Monthly Expenses:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
			Total \$ _____

My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

How much coverage do I need?

On-Job Accident and On-Job Sickness \$ _____ Off-Job Accident and Off-Job Sickness \$ _____

How long will I receive benefits?

Total Disability: _____ months Partial Disability: 3 months*

*Partial Disability is 50% of the Total Disability Amount

When will my benefits start?

After an Accident: _____ days After a Sickness: _____ days

How much will it cost?

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

What additional features are included?

- Waiver of Premium
- Worldwide Coverage

Disability 1000-NC

Here are some frequently asked questions about Colonial Life's disability insurance:

Will my disability income payment be reduced if I have other insurance?

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

When am I considered totally disabled?

Totally disabled 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 doctor.

What if I want to return to work part-time after I am totally disabled?

You may be able to return to work part-time and still receive benefits. We call this "Partial Disability." This means you may be eligible for coverage if:

- You are unable to perform the material and substantial duties of your job 20 hours or more per week,
- You are able to work at your job or any other job for less than 20 hours per week,
- Your employer will allow you to work for less than 20 hours per week, and
- You are under the regular and appropriate care of a doctor.

The total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled.

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 to age 70 as long as you continue to pay your premiums when they are due.

EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: alcoholism or drug addiction; felonies or illegal occupations; flying; giving birth within the first nine months after the effective date of the policy; hazardous avocations; having a pre-existing condition as described and limited by the policy; psychiatric or psychological conditions; racing; semi-professional or professional sports; suicide or self-inflicted injuries; war or armed conflict.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form DIS1000-NC. This is not an insurance contract and only the actual policy provisions will control.

Colonial Life
1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

What is a pre-existing condition?

A pre-existing condition is when you have a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the policy. If you are age 65 when this policy is issued, pre-existing conditions include only conditions specifically excluded from this coverage by rider.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

Can my premium change?

You may choose the amount of coverage to meet your needs (subject to your income). You can elect more or less coverage which will change your premium. 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.

What is a covered accident or a covered sickness?

A covered accident is an accident. A covered sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an injury.

A covered accident or covered sickness:

- Occurs after the effective date of the policy;
- Is of a type listed on the Policy Schedule;
- Occurs while the policy is in force; and
- Is not excluded by name or specific description in the policy.

How do I file a claim?

Visit coloniallife.com or call our Policyholder Service Center at 1.800.325.4368 for additional information.

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Disability 1000 for NC AA Risk Class

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	\$ 11.70	\$ 14.43	\$ 17.15	\$ 21.23
	50-69	\$ 13.73	\$ 16.96	\$ 20.19	\$ 25.04
0 days Accident/14 days Sickness	17-49	\$ 8.56	\$ 10.50	\$ 12.44	\$ 15.35
	50-69	\$ 10.41	\$ 12.81	\$ 15.21	\$ 18.81
7 days Accident/7 days Sickness	17-49	\$ 10.96	\$ 13.50	\$ 16.04	\$ 19.85
	50-69	\$ 12.99	\$ 16.04	\$ 19.09	\$ 23.66
14 days Accident/14 days Sickness	17-49	\$ 7.64	\$ 9.35	\$ 11.06	\$ 13.62
	50-69	\$ 9.49	\$ 11.66	\$ 13.83	\$ 17.08

* 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	\$ 14.47	\$ 17.89	\$ 21.30	\$ 26.43
	50-69	\$ 18.53	\$ 22.96	\$ 27.39	\$ 34.04
0 days Accident/14 days Sickness	17-49	\$ 11.33	\$ 13.96	\$ 16.59	\$ 20.54
	50-69	\$ 14.47	\$ 17.89	\$ 21.30	\$ 26.43
7 days Accident/7 days Sickness	17-49	\$ 13.55	\$ 16.73	\$ 19.92	\$ 24.69
	50-69	\$ 17.61	\$ 21.81	\$ 26.01	\$ 32.31
14 days Accident/14 days Sickness	17-49	\$ 10.23	\$ 12.58	\$ 14.93	\$ 18.46
	50-69	\$ 13.36	\$ 16.50	\$ 19.64	\$ 24.35

* monthly benefit amount

12 Month Benefit Period

Elimination Period	Issue Age	\$800*	\$1,000*	\$1,200*	\$1,500*
0 days Accident/7 days Sickness	17-49	\$ 18.53	\$ 22.96	\$ 27.39	\$ 34.04
	50-69	\$ 23.15	\$ 28.73	\$ 34.32	\$ 42.69
0 days Accident/14 days Sickness	17-49	\$ 13.73	\$ 16.96	\$ 20.19	\$ 25.04
	50-69	\$ 17.98	\$ 22.27	\$ 26.56	\$ 33.00
7 days Accident/7 days Sickness	17-49	\$ 17.79	\$ 22.04	\$ 26.29	\$ 32.66
	50-69	\$ 22.23	\$ 27.58	\$ 32.93	\$ 40.96
14 days Accident/14 days Sickness	17-49	\$ 12.81	\$ 15.81	\$ 18.81	\$ 23.31
	50-69	\$ 16.69	\$ 20.66	\$ 24.63	\$ 30.58

* monthly benefit amount

24 Month Benefit Period

Elimination Period	Issue Age	\$800*	\$1,000*	\$1,200*	\$1,500*
0 days Accident/7 days Sickness	17-49	\$ 24.81	\$ 30.81	\$ 36.81	\$ 45.81
	50-69	\$ 36.26	\$ 45.12	\$ 53.98	\$ 67.27
0 days Accident/14 days Sickness	17-49	\$ 18.35	\$ 22.73	\$ 27.12	\$ 33.69
	50-69	\$ 27.58	\$ 34.27	\$ 40.96	\$ 51.00
7 days Accident/7 days Sickness	17-49	\$ 23.70	\$ 29.43	\$ 35.15	\$ 43.73
	50-69	\$ 35.15	\$ 43.73	\$ 52.32	\$ 65.19
14 days Accident/14 days Sickness	17-49	\$ 16.69	\$ 20.66	\$ 24.63	\$ 30.58
	50-69	\$ 24.81	\$ 30.81	\$ 36.81	\$ 45.81

* monthly benefit amount

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.

Hospital Confinement Indemnity Insurance Plan 3



For more information,
talk with your
benefits counselor.

Our Individual Medical BridgeSM 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)



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Hc

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

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-existing 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.

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

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Term Life 1000

Colonial Life’s Term Life 1000 insurance plan offers life insurance protection that remains level for the period of time the employee selects—10, 20, or 30 years. At the end of the selected period, without evidence of insurability, the policy may be continued on a yearly renewable basis.

The same benefit amounts are available for employees and their spouse. Spouse and children’s term riders are also available.

Benefits

Choice of three plan options depending on the employee or spouse’s age and the term period needed. The spouse term life insurance policy offers guaranteed premiums and level death benefits equivalent to those available to employees— whether or not the employee buys a policy.

10-year level term	<ul style="list-style-type: none"> • Provides coverage for 10 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability. • Face amounts range from a minimum of \$10,000 to an unlimited maximum, based on underwriting.
20-year level term:	<ul style="list-style-type: none"> • Provides coverage for 20 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability • Face amounts range from a minimum of \$10,000 to an unlimited maximum, based on underwriting.
30-year level term	<ul style="list-style-type: none"> • Provides coverage for 30 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability. • Face amounts range from a minimum of \$10,000 to an unlimited maximum, based on underwriting.
Accelerated Death Benefit Provision	<ul style="list-style-type: none"> • Automatically included in the base policy at no additional premium. If the insured is diagnosed with a terminal illness and has less than 12 months to live, he can request up to 75 percent of the death benefit, to a maximum of \$150,000 (in most states).

Optional Riders

A choice of optional riders are available and can be purchased at an additional cost to provide extra coverage and benefits.

Spouse Term Rider (on employee policy only)

- 10 Year Spouse Term Rider is available on an employee policy with a 10, 20 or 30-year term period.
- 20 Year Spouse Term Rider is available on an employee policy with a 20 or 30 year term period.
- Face amounts range from \$10,000 to \$50,000.
- Spouse signature is not required.
- May convert to a cash value life policy if the base policy terminates, the rider terminates, or the insured and spouse divorce.

Applicable to AK, AL, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, KS, KY, LA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WY, WV.

This information is only intended for proposal use with employers.

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

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Dependent Children Term Rider

- Covers all eligible dependent children for one level premium.
- Face amounts range from \$1,000 to \$10,000 and coverage is guaranteed issue.
- Paid-up insurance if the main insured dies.
- May convert to a cash value life policy for up to five times the rider amount (maximum of \$50,000).
- Can be added to either the employee or spouse policy, but not both.

Waiver of Premium Benefit Rider

- Waives all premiums due on the base policy and any attached riders, during the total and permanent disability of the primary insured before age 65.
- Total disability is considered permanent when the total disability continues with no interruptions for at least six consecutive months.

Accidental Death Benefit Rider

- Provides an additional benefit to the beneficiary if the insured dies as a result of an accident before age 70.
- Rider benefit amount equals the policy face amount, up to a maximum of \$150,000.
- The benefit doubles if death occurs while the insured is a fare-paying passenger on a public conveyance, such as a subway or city bus.
- An additional seatbelt benefit is also included.

Features

- Individual level term life insurance with three coverage periods—10-, 20- and 30-year term—with yearly renewable term available thereafter with no evidence of insurability.
- Face amounts range from a minimum of \$10,000 to an unlimited maximum, based on underwriting.
- Family coverage options are available.
- Coverage amounts are the same for the employee and spouse.
- Spouse policy with a \$10,000 death benefit does not require a spouse signature.
- Level Death Benefit and Guaranteed Premiums for the term of the policy. After the end of the selected term, premiums will increase annually at a guaranteed rate, based on the insured's age.
- Accelerated Death Benefit Provision provides up to 75 percent of the policy's death benefit if the insured is diagnosed with a terminal illness. Included in the base plan at no additional premium.
- Premiums are guaranteed level for the term period selected and increase annually after the initial guaranteed period ends.
- Convertible to Cash Value Plan: The policy can be converted to a Colonial Life cash value life insurance policy any time through age 75 (unless the Accelerated Death Benefit Provision or Waiver of Premium Benefit Rider has been used) with no evidence of

Applicable to AK, AL, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, KS, KY, LA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WY, WV.

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insurability. Premiums will be based on the employee's age at the time when they convert the policy.

- Coverage is portable, which means you can take it with you if you change jobs or retire.
- Guaranteed Renewable to age 95.

Eligibility Requirements

Base Plan

- Active, full-time employees working a minimum of 20 hours per week.
- Must be employed with their present employer for at least 90 days and actively at work on the date of enrollment.
- Issue ages are:
 - 10-year Term, 15–75
 - 20-year Term, 15–65
 - 30-year Term, 15–45

Spouse Policy

- Must be the spouse of an employee.
- Must be actively employed, or not disabled or unable to work, at the time of application.
- Issue ages are:
 - 10-year Term, 15–75
 - 20-year Term, 15–65
 - 30-year Term, 15-45

Accidental Death Benefit Rider:

- Available to the employee and spouse at original issue only.
- Issue ages are 15–65

Waiver of Premium Rider:

- Available to the employee and spouse.(spouse eligibility based on underwriting)
- Issue ages are 15–55

Spouse Term Rider:

- Must be the spouse of an employee.
- Available only on employee policies.
- Must be actively employed or not disabled or unable to work, at the time of application.
- Issue ages are:
 - 10-year Term Rider, 15–65
 - 20-year Term Rider, 15–50

Applicable to AK, AL, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, KS, KY, LA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WY, WV.

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Children's Term Rider

- Issue ages: dependent, 14 days-18 years.
- Can be purchased on an employee or spouse policy, but not both.
- On the day the rider is issued, the child(ren) must be:
At least 14 days of age; Unmarried; Living with the insured in a regular parent-child relationship and is dependent on him for support and maintenance; Under the age of 19.

Participation Requirements

To offer this plan, we require only 3 eligible participants apply.

Premium Information

- Premiums are guaranteed level for the term period selected and increase annually after the selected initial guaranteed period ends.
- Rates are tobacco-distinct and unisex.

What Is Not Covered

If the insured commits suicide within two years (one year in CO and ND) from the issue date, whether he is sane or insane, we will not pay the death benefit. We will terminate this policy and return the premium paid, without interest. In MO, should death occur as a result of suicide, our company is responsible only for the return of premiums paid when application is made with intent to commit suicide.

Applicable to AK, AL, AR, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IN, KS, KY, LA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, WY, WV.

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Term Life Insurance Premiums

20 Year Term Base Plan

Non-Tobacco Rates

Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
15	\$ 2.41	\$ 3.25	\$ 4.66	\$ 6.06	\$ 7.47
25	\$ 2.41	\$ 3.25	\$ 4.66	\$ 6.06	\$ 7.47
35	\$ 2.55	\$ 3.61	\$ 5.37	\$ 7.13	\$ 8.89
45	\$ 3.54	\$ 6.07	\$ 10.29	\$ 14.51	\$ 18.73
55	\$ 6.11	\$ 12.51	\$ 23.18	\$ 33.84	\$ 44.50
65	\$ 13.36	\$ 30.63	\$ 59.40	\$ 88.19	\$116.96

Tobacco Rates

Issue Age	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
15	\$ 2.73	\$ 4.04	\$ 6.23	\$ 8.43	\$ 10.62
25	\$ 2.73	\$ 4.04	\$ 6.23	\$ 8.43	\$ 10.62
35	\$ 3.27	\$ 5.39	\$ 8.93	\$ 12.47	\$ 16.01
45	\$ 5.69	\$ 11.45	\$ 21.06	\$ 30.67	\$ 40.27
55	\$ 11.00	\$ 24.72	\$ 47.60	\$ 70.47	\$ 93.35
65	\$ 20.88	\$ 49.43	\$ 97.02	\$144.60	\$192.19

Important Notice

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Universal Life Insurance Premiums

Adult Base Plan Option A

Non-Tobacco Rates

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
25	N/A*	N/A*	N/A*	N/A*	\$ 6.46
35	N/A*	N/A*	\$ 6.35	\$ 7.96	\$ 9.58
45	N/A*	\$ 6.85	\$ 9.53	\$ 12.21	\$ 14.88
55	\$ 6.14	\$ 10.78	\$ 15.42	\$ 20.05	\$ 24.69
65	\$ 9.88	\$ 18.25	\$ 26.63	\$ 35.01	\$ 43.38

Adult Base Plan Option A

Tobacco Rates

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
25	N/A*	N/A*	N/A*	\$ 7.13	\$ 8.54
35	N/A*	\$ 6.02	\$ 8.28	\$ 10.55	\$ 12.81
45	N/A*	\$ 9.07	\$ 12.85	\$ 16.64	\$ 20.42
55	\$ 8.01	\$ 14.52	\$ 21.02	\$ 27.53	\$ 34.04
65	\$ 12.39	\$ 23.28	\$ 34.18	\$ 45.07	\$ 55.96

Child Base Plan Option A

Issue Age	\$25,000	\$50,000
2	\$ 4.15	\$ 6.81
5	\$ 4.38	\$ 7.27
7	\$ 4.50	\$ 7.50
10	\$ 4.73	\$ 7.96
12	\$ 4.85	\$ 8.19
15	\$ 5.19	\$ 8.88
17	\$ 5.42	\$ 9.35

Important Notice

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Whole Life 1000 for NC Insurance Premiums

Adult Base Plan Paid-Up at Age 95

Non-Tobacco Rates

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	N/A*	\$ 4.62	\$ 6.24	\$ 7.86	\$ 9.48	\$ 11.10	\$ 14.35	\$ 17.59
35	N/A*	\$ 6.37	\$ 8.86	\$ 11.36	\$ 13.85	\$ 16.34	\$ 21.33	\$ 26.32
45	N/A*	\$ 9.33	\$ 13.31	\$ 17.29	\$ 21.26	\$ 25.24	\$ 33.19	\$ 41.15
55	\$ 8.27	\$ 15.15	\$ 22.03	\$ 28.92	\$ 35.80	\$ 42.69	\$ 56.46	\$ 70.22
65	\$ 14.34	\$ 27.30	\$ 40.26	\$ 53.22	\$ 66.18	\$ 79.14	\$105.05	\$130.97

Tobacco Rates

Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	N/A*	\$ 5.99	\$ 8.30	\$ 10.60	\$ 12.91	\$ 15.21	\$ 19.83	\$ 24.44
35	N/A*	\$ 8.71	\$ 12.38	\$ 16.05	\$ 19.72	\$ 23.38	\$ 30.72	\$ 38.05
45	\$ 6.96	\$ 12.53	\$ 18.11	\$ 23.68	\$ 29.25	\$ 34.83	\$ 45.98	\$ 57.13
55	\$ 8.27	\$ 22.29	\$ 32.74	\$ 43.20	\$ 53.65	\$ 64.10	\$ 85.01	\$105.91
65	\$ 21.07	\$ 40.75	\$ 60.44	\$ 80.13	\$ 99.82	\$119.51	\$158.88	\$198.26

Important Notice

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