

Giddens Security Corp
2025 Employee Benefit Offering
Enrollment Opportunity

Please call to enroll or waive in employee benefits.
833-703-1967 - Employer ID 5363007

Dental and Vision
Disability
Accident
Critical Illness (coverage for COVID)
Cancer
Whole Life
Term Life

****Rates are locked in at the age purchased****

Monday thru Friday
8am – 5pm
Saturday
9-1

Please have your dependent information that you will enroll such as Social Security Number, and date of birth.

Thank you.



Colonial Life[®]

Giddens Security Corp
2025 Voluntary Benefits Booklet

Welcome to Your Voluntary Benefits



Giddens Security Open Enrollment.

You can learn more about the benefits available to you by calling your Benefit Counselor at **833-703-1967 - Employer ID 5363007**

Or you can call:

Karolina Jarvis 904-8684672

Christie Hosford 352-598-3251

Alden Mcgee 904-535-5256

*** If you receive the benefits counselors voicemail please leave a detailed message of your employer name, your name and your contact number for them to call you back.**

Thankyou.

You never know when an unexpected illness or injury could leave you and your family with financial difficulties. Health insurance can help, but you can still have deductibles, co-payments and other out-of-pocket expenses.

That's where voluntary benefits come in. Sometimes called supplemental insurance, voluntary benefits are designed to complement your health insurance and help provide extra financial protection.

This year, your employer is helping you protect your way of life by giving you the opportunity to purchase the following voluntary benefits from Colonial Life:

- Accident insurance
- Cancer insurance
- Group limited benefit insurance
- Disability insurance
- Hospital confinement indemnity insurance
- Term life insurance
- Whole life insurance
- Dental insurance

In addition, you'll have access to the following:

- WellCard – a card that provides discounts on prescription drugs, discounts on medical and dental expenses, access to medical bill consultation and more

To learn more, contact your benefits counselor at 833-703-1967 - Employer ID 5363007.



Individual Dental Insurance

Enhanced Plan – No waiting period

\$3,000 | 100% | 80% | 50%

This benefit summary provides a quick reference for the dental plan benefits.

Policy details	
Policy year maximum benefit • Per person (applies to Class A, B and C services)	\$3,000
Deductible • Per person (applies to Class B and C services only) • Maximum of three per family per policy year	\$50

Enhanced Plan dental coverage at a glance		
Co-insurance	In-network ¹	Out-of-network ² (MAC)
Class A: Preventive services	100%	100%
Class B: Basic services	80%	80%
Class C: Major services	50%	50%

Carryover benefits ³		
Carryover amount Per covered family member	Threshold limit	Carryover account max
\$400	\$800	\$1,600
How carryover benefits work Receive a \$400 benefit in your carryover account to use in the next benefit year when you meet these conditions: <ul style="list-style-type: none"> • One cleaning and one routine exam and • Total paid dental claims for Class A, B or C services below \$800 (your threshold limit, the maximum amount of benefits an insured can receive during a policy year and still be able to receive the carryover benefit). Your carryover account can grow up to \$1,600 to help pay for claims if you exceed your policy year maximum benefit. ³		

Covered services	In-network coverage ¹	Out-of-network coverage ² (MAC)	Waiting period
Class A: Preventive services			
<ul style="list-style-type: none"> • Routine exams and cleanings <ul style="list-style-type: none"> - Two per 12-month period - One additional cleaning per 12 months if member is in second or third trimester of pregnancy⁴ • X-rays (bitewing x-rays) <ul style="list-style-type: none"> - Up to four films, once every 12 months • Full mouth/panoramic x-rays <ul style="list-style-type: none"> - Once every five years • Fluoride treatment <ul style="list-style-type: none"> - Up to age 16, once every 12 months • Sealants <ul style="list-style-type: none"> - Up to age 16, once every 36 months • Space maintainers <ul style="list-style-type: none"> - Up to age 16, once every 24 months • Oral cancer screening <ul style="list-style-type: none"> - For age 40+, once every 12 months 	100%	100%	No waiting period
Class B: Basic services			
<ul style="list-style-type: none"> • Fillings • Posterior composite restorations • Simple extractions • Repair of crowns, dentures or bridges • Periodontics (gum treatments) • Endodontics (root canals) • Emergency treatment 	80%	80%	No waiting period
Class C: Major services			
<ul style="list-style-type: none"> • Oral surgery (surgical extractions and impacted teeth) • Anesthesia (covered with complex oral surgery) • Inlays and onlays • Crowns, bridges, dentures and endosteal implants • Crown lengthening 	50%	50%	No waiting period



Contact your Colonial Life benefits counselor to learn more.

- 1 In-network benefits are for covered dental services provided by a participating dentist. Participating dentists have agreed to accept negotiated fees as payment in full, subject to any deductibles, co-insurance and benefit maximums, and will file claims for you.
- 2 Out-of-network benefits are for covered dental services provided by a non-participating dentist. Benefits are provided at the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC), a scheduled amount determined by Colonial Life. In Alaska only, benefits are based on usual, customary, and reasonable charges (80th UCR) for the same covered procedure by providers of similar training or experience in the general geographic area, reviewed and updated periodically. Benefits are subject to any deductibles, co-insurance and maximums. Dentists haven't agreed to accept reimbursement as payment in full. Additional out-of-pocket costs may apply. You may have to file a claim to receive benefits.

3 You must be covered for 12 consecutive months to receive the carryover benefit. The carryover benefit may not be used for orthodontic treatment or services. A break in dental coverage will eliminate the carryover account balance.

4 Member may have one additional periodontal maintenance in place of an additional cleaning.

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC) is available at ColonialLifeDental.com/California.

THIS POLICY PROVIDES LIMITED BENEFITS. A NETWORK ACCESS PLAN IS AVAILABLE.

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 form IDN8100 (including state abbreviations where used, for example: IDN8100-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.



Dental PPO Insurance

Vision Rider



Life is full of unexpected moments, and healthy vision can help you see them all. Our vision coverage helps you and your family maintain your vision wellness, with coverage for eye exams and optical materials, such as eyeglasses or contact lenses.

VISION BENEFITS	IN-NETWORK	OUT-OF-NETWORK
CO-PAYS		
Exam (once per 12 months)	\$10 co-pay	Up to \$35 allowance
Materials	\$25 co-pay	See below
STANDARD PLASTIC LENSES (once per 12 months)		
Single vision	Covered by co-pay	Up to \$25 allowance
Bifocal	Covered by co-pay	Up to \$40 allowance
Trifocal	Covered by co-pay	Up to \$50 allowance
Lenticular	Up to \$80 allowance	Up to \$50 allowance
Progressive	Up to \$70 allowance	Up to \$40 allowance
Polycarbonate lenses (for dependents to age 19)	Covered by co-pay	N/A
FRAMES (once per 12 months)		
Choose any frame available at provider locations	Up to \$120 allowance	Up to \$50 allowance
CONTACT LENSES (once per 12 months; in lieu of eyeglass lenses and frames) Benefit includes materials, fit and follow-up. Provider may charge fit separately, leaving entire allowance for materials.		
Elective	Up to \$120 allowance	Up to \$100 allowance
Medically necessary	Up to \$210 allowance	Up to \$210 allowance

VISION NETWORK – MAXIMIZE YOUR BENEFITS

You can maximize your vision benefits with any provider in our large, nationwide network. Our network includes independent optometrists and ophthalmologists, as well as retail stores such as:

- Walmart and Sam's Club Optical
- Target Optical
- Pearle Vision
- Visionworks
- Costco¹

You can choose different providers to use your benefits for eye exams and eyeglasses or contact lenses.

FIND A PROVIDER OR REFER A PROVIDER

Find a network provider near you on our Vision Provider Directory at ColonialLifeVision.com.

If your preferred provider isn't in our network, you can send their contact information to referaprovider@ColonialLife.com, and one of our network recruiters will reach out to them.

SPECIAL SAVINGS ON MATERIAL PURCHASES²

Some network providers offer special pricing and discounts for certain vision materials, including lens add-ons and a second pair of glasses. See the chart below for details. Participating providers are designated as “Value Added” or “Service Plus” in the Provider Directory at ColonialLifeVision.com.

VALUE-ADDED PROVIDERS		
SPECIAL PRICING AND DISCOUNTS ON LENS OPTIONS FOR FIRST PAIR OF GLASSES (ADD-ONS FOR INSURED PURCHASES)		
<ul style="list-style-type: none"> UV Coating \$15 Solid tinting/gradient tinting ... \$15 Standard scratch-resistant coating \$15 Standard antireflective coating \$45 Premium antireflective coating \$70 	<ul style="list-style-type: none"> Ultra-antireflective coating 20% discount Polarized lenses \$75 Transition lenses..... \$75 Progressive lenses: <ul style="list-style-type: none"> - Standard..... \$110 - Premium.....\$170 - Ultra 20% discount 	<ul style="list-style-type: none"> Standard polycarbonate lenses\$40 High index (single vision) <ul style="list-style-type: none"> - 1.56-1.60\$60 - 1.66+ 20% discount High index (multifocal) <ul style="list-style-type: none"> - 1.56-1.60 \$75 - 1.66+ 20% discount
SPECIAL PRICING AND DISCOUNTS ON PURCHASE OF SECOND PAIR OF GLASSES		
<ul style="list-style-type: none"> Single vision plastic lenses \$40 Bifocal plastic lenses..... \$60 	<ul style="list-style-type: none"> Trifocal lenses..... \$70 Progressive lenses (standard)..... \$110 	<ul style="list-style-type: none"> Progressive lenses (premium and ultra).....20% discount
DISCOUNTS ON FRAMES, CONTACT LENSES AND OTHER PRODUCTS		
<ul style="list-style-type: none"> Frames..... Up to 35% discount Contact lenses ..5 to 15% discount, depending on type 	<ul style="list-style-type: none"> Other products... 20% discount on nonprescription sunglasses and other products/solutions 	

SERVICE PLUS PROVIDERS		
RECEIVE UP TO A 20% DISCOUNT FOR THE FOLLOWING ADD-ONS TO INSURED PURCHASES		
<ul style="list-style-type: none"> UV Coating Solid tinting/gradient tinting Standard scratch-resistant coating 	<ul style="list-style-type: none"> Standard antireflective coating Premium antireflective coating Transition lenses 	<ul style="list-style-type: none"> Standard polycarbonate lenses

Note: Not a covered benefit. Prices shown reflect member payment. Discounts reflect percentage off the regular price.

For more information about our vision coverage, talk with your benefits counselor.

- Optometrists at Costco Optical outlets are independent of Costco and may not be in network. Special payment and reimbursement terms apply for material purchases at Costco. Additional discounts are not applicable.
- These schedules are subject to change without notice. Added value discounts may not be available in all geographical areas and may vary by network. Not all providers, such as Walmart, Sam’s Club and Costco Optical, choose to participate in these programs. Some frames and lens items may have manufacturer restrictions and cannot be discounted. Special lens packages that combine numerous lens enhancements at value price points are not covered by these added value programs. Programs may not be combined with any other promotions or discounts.

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A NETWORK ACCESS PLAN IS AVAILABLE.

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Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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ColonialLifeVision.com

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.

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 premium class in force 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..... \$175
- X-ray Benefit.....\$30
- Ambulance\$200
- Air Ambulance..... \$2,000

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$2,400	\$4,800
Knee (except patella)	\$1,200	\$2,400
Ankle – Bone or Bones of the Foot (other than Toes)	\$960	\$1,920
Collarbone (Sternoclavicular)	\$600	\$1,200
Lower Jaw, Shoulder, Elbow, Wrist	\$360	\$720
Bone or Bones of the Hand	\$360	\$720
Collarbone (Acromioclavicular and Separation)	\$120	\$240
One Toe or Finger	\$120	\$240

Fractures	Non-Surgical	Surgical
Depressed Skull	\$3,000	\$6,000
Non-Depressed Skull	\$1,200	\$2,400
Hip, Thigh	\$1,800	\$3,600
Body of Vertebrae, Pelvis, Leg	\$900	\$1,800
Bones of Face or Nose (except mandible or maxilla)	\$420	\$840
Upper Jaw, Maxilla	\$420	\$840
Upper Arm between Elbow and Shoulder	\$420	\$840
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$360	\$720
Shoulder Blade, Collarbone, Vertebral Process	\$360	\$720
Forearm, Wrist, Hand	\$360	\$720
Rib	\$300	\$600
Coccyx	\$240	\$480
Finger, Toe	\$120	\$240

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 \$60
- Emergency Dental Work\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size).....\$30 to \$500

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)\$200
- 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* \$1,750 per accident
 - Hospital ICU Admission* \$3,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement \$325 per day up to 365 days per accident
 - Hospital ICU Confinement\$650 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$75 (up to 3 visits per accident)
- Medical Imaging Study\$150 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances \$100 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb \$750 - one, \$1,500 - 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 \$1,250 – 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	\$40,000	\$115,000
● Spouse	\$40,000	\$115,000
● Child(ren)	\$8,000	\$23,000

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 -FL. This is not an insurance contract and only the actual policy provisions will control.



Group Critical Illness Insurance

Plan 1

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Colonial Life’s group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: _____

Critical illness benefit

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%

An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging and he's worried, since his family relies on his income.

HOW CHRIS'S COVERAGE HELPED

The lump-sum payment from his critical illness insurance helped pay for:



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves



Household expenses while he was unable to work

For illustrative purposes only.

KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Subsequent diagnosis of a different critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness²

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,³ 25% of the coverage amount may be payable for that critical illness.

Additional covered conditions for dependent children

COVERED CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

For more information,
talk with your
benefits counselor.

Preparing for the unexpected is simpler than you think.
With Colonial Life, you'll have the support you need to face
life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C, or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

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Group Critical Illness Insurance

Wellbeing Assistance Benefit



For more information,
talk with your
benefits counselor.

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The wellbeing assistance benefit can help reduce the risk of serious illness through early detection of disease or risk factors.

Wellbeing assistance benefit \$ _____

Maximum of one test per covered person per calendar year; subject to a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

- Blood test for triglycerides
- Bone marrow testing
- BRCA1 or BRCA2 testing (genetic test for breast cancer)
- Breast ultrasound
- CA 15-3 (blood test for ovarian cancer)
- CA 125 (blood test for breast 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 for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
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Group Critical Illness Insurance

Infectious Diseases Rider



For more information,
talk with your
benefits counselor.

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The sudden onset of an infectious or contagious disease can create unexpected circumstances for you or your family. The infectious diseases rider provides a lump sum which can be used toward health care expenses or meeting day-to-day needs. These benefits are for you as well as your covered family members.

Payable for each covered infectious disease once per covered person per lifetime

COVERED INFECTIOUS DISEASE ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Hospital confinement for seven or more consecutive days for treatment of the disease	
Antibiotic resistant bacteria (including MRSA)	50%
Cerebrospinal meningitis (bacterial)	50%
Diphtheria	50%
Encephalitis	50%
Legionnaires' disease	50%
Lyme disease	50%
Malaria	50%
Necrotizing fasciitis	50%
Osteomyelitis	50%
Poliomyelitis	50%
Rabies	50%
Sepsis	50%
Tetanus	50%
Tuberculosis	50%
Hospital confinement for 14 or more consecutive days for treatment of the disease	
Coronavirus disease 2019 (COVID-19)	25%

Hospital Confinement Indemnity Insurance

Plan 2



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

Outpatient surgical procedure

- **Tier 1** \$ _____
- **Tier 2** \$ _____

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

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

For more information,
talk with your
benefits counselor.

ColonialLife.com

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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THIS POLICY PROVIDES LIMITED BENEFITS.

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, war, or giving birth within the first nine months after the effective date of the policy. 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 condition means any covered person having a sickness or physical condition that during the 12 months immediately preceding the effective date of this policy had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received.

Routine follow-up care during the 12 months immediately preceding the effective date of this policy to determine whether a breast cancer has recurred in a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

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

Cancer Insurance

Level 2 Benefits

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 <i>[max. of two trips per confinement]</i>	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General anesthesia ■ Local anesthesia.....	25% of surgical procedures benefit \$30 per procedure
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>	\$40 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$150 per day
Bone marrow donor screening Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$500
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$4,000 per transplant
Cancer vaccine An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
Companion transportation 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>	\$0.50 per mile
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 ■ Egg(s) or sperm storage (cryopreservation)	\$700 \$200
Experimental treatment Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	\$250 per day
Family care Inpatient or outpatient treatment for a covered dependent child <i>[\$2,000 calendar year max.]</i>	\$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 <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	\$75 per day
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> ■ Daily hospice care	\$1,000 \$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.]

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. Coverage may vary by state and may not be available in all states. 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 number 101481.



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Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

Online

ColonialLife.com

Log in and click on

Contact Us

Telephone

1-800-325-4368

Hearing-impaired customers

803-798-4040

If you do not have a TDD, call Voiance Telephone Interpretation Services. 844-495-6105

Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate
- Update contact information
- Access service forms
- Submit your claim using our eClaims system
- Check the status of your claim and view claims correspondence
- Access claim forms

Your policy and certificates are located under the My Correspondence tab.

eClaims are quick and easy

With the eClaims feature on **ColonialLife.com**, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- You can access eClaims through your computer or mobile device and upload any required supporting documentation.
- Once you're logged in to ColonialLife.com, visit the **Claims Center** and select **File an Online Claim** to get started.

Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on **claims and service forms**.
- Follow the instructions, tips and videos to complete and submit your claim.



Deductions per year: 26

These rates were prepared on 2/6/2025 and are valid for 90 days.

Individual Dental 8100 (IDN8100) for FL

Applicable to policy form Individual Dental 8100 (IDN8100)

- with Vision Rider - 0 Month Waiting Period

Zip Codes: ALL Zip Codes

COVERAGE LEVEL	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
Enhanced (MAC 100/80/50) \$3,000 MAX	\$22.52	\$42.64	\$52.39	\$77.96

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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Deductions per year: 26

Group Critical Illness (GCI6000) for FL

Applicable to policy forms GCI6000-P, GCI6000-C,
R-GCI6000-CB, R-GCI6000-BB, R-GCI6000-HB,
R-GCI6000-INF, R-GCI6000-PD

- Plan 1 - Critical Illness, Wellbeing Assistance Benefit - \$50 Benefit, **Infectious Diseases Benefit**

Uni-Tobacco Rates

	ISSUE AGE	NAMED INSURED	NAMED INSURED AND SPOUSE	NAMED INSURED AND DEPENDENT CHILD(REN)	NAMED INSURED, SPOUSE AND DEPENDENT CHILD(REN)
\$20,000	17-24	\$6.24	\$9.28	\$6.24	\$9.28
	25-29	\$7.07	\$10.48	\$7.07	\$10.48
	30-34	\$7.99	\$11.77	\$7.99	\$11.77
	35-39	\$9.93	\$14.73	\$9.93	\$14.73
	40-44	\$11.87	\$17.77	\$11.87	\$17.77
	45-49	\$15.19	\$23.03	\$15.19	\$23.03
	50-54	\$18.88	\$28.94	\$18.88	\$28.94
	55-59	\$23.59	\$36.33	\$23.59	\$36.33
	60-64	\$30.79	\$47.40	\$30.79	\$47.40
	65-69	\$33.19	\$51.19	\$33.19	\$51.19
	70-74	\$37.62	\$57.93	\$37.62	\$57.93
\$30,000	17-24	\$8.68	\$12.88	\$8.68	\$12.88
	25-29	\$9.93	\$14.68	\$9.93	\$14.68
	30-34	\$11.31	\$16.61	\$11.31	\$16.61
	35-39	\$14.22	\$21.05	\$14.22	\$21.05
	40-44	\$17.13	\$25.61	\$17.13	\$25.61
	45-49	\$22.11	\$33.51	\$22.11	\$33.51
	50-54	\$27.65	\$42.37	\$27.65	\$42.37
	55-59	\$34.71	\$53.45	\$34.71	\$53.45
	60-64	\$45.51	\$70.06	\$45.51	\$70.06
	65-69	\$49.11	\$75.74	\$49.11	\$75.74
	70-74	\$55.76	\$85.85	\$55.76	\$85.85

(Continued...)

Disability 1000 for FL *B Risk Class*

Applicable to policy form DIS1000

- Off-Job Accident, Off-Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*
14 days Accident / 14 days Sickness	17-49	\$4.98	\$9.97	\$14.95
	50-69	\$6.28	\$12.55	\$18.83

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*
14 days Accident / 14 days Sickness	17-49	\$6.85	\$13.71	\$20.56
	50-69	\$9.16	\$18.32	\$27.48

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*
14 days Accident / 14 days Sickness	17-49	\$8.65	\$17.31	\$25.96
	50-69	\$11.54	\$23.08	\$34.62

*monthly benefit amount

Accident 1.0 for FL

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

- On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic with health screening	17-80	\$5.80	\$9.26	\$10.65	\$14.08
Preferred with health screening	17-80	\$7.96	\$12.77	\$14.58	\$19.34

- ▶ Off-Job Accident & Off-Job Sickness Disability Benefit

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*
0 days Accident / 14 days Sickness	17-49	\$6.35	\$12.69
	50-69	\$8.33	\$16.66

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*
0 days Accident / 14 days Sickness	17-49	\$7.85	\$15.69
	50-69	\$10.43	\$20.86

*monthly benefit amount

Individual Medical Bridge for FL

Applicable to policy form Individual Medical Bridge

- \$1500 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1500, \$50 Health Screening Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	\$11.65	\$21.92	\$15.27	\$25.54
50-59	\$15.95	\$30.14	\$19.57	\$33.77

(Continued...)

Individual Medical Bridge for FL

Applicable to policy form Individual Medical Bridge

- \$1500 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1500, \$50 Health Screening Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
60-64	\$20.84	\$39.37	\$24.46	\$42.99
65-75	\$26.65	\$50.40	\$30.28	\$54.03

Individual Medical Bridge for FL

Applicable to policy form Individual Medical Bridge

- \$500 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1500, \$50 Health Screening Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	\$6.81	\$12.69	\$8.72	\$14.61
50-59	\$9.30	\$17.49	\$11.21	\$19.41
60-64	\$11.66	\$21.97	\$13.57	\$23.88
65-75	\$14.42	\$27.18	\$16.34	\$29.10

Whole Life 1000 for FL

Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000J and WL1000J

- Adult Base Plan Paid-Up at Age 65, Waiver of Premium, Accidental Death Benefit Rider

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$30,000
16	\$4.96	\$8.54	\$12.12
17	\$4.99	\$8.60	\$12.21
18	\$5.03	\$8.67	\$12.32
19	\$5.06	\$8.74	\$12.42
20	\$5.10	\$8.81	\$12.53
21	\$5.13	\$8.88	\$12.63
22	\$5.20	\$9.01	\$12.83
23	\$5.29	\$9.20	\$13.11
24	\$5.42	\$9.47	\$13.51
25	\$5.58	\$9.77	\$13.97
26	\$5.76	\$10.14	\$14.52
27	\$5.95	\$10.52	\$15.09
28	\$6.14	\$10.90	\$15.65
29	\$6.33	\$11.28	\$16.23
30	\$6.52	\$11.66	\$16.81
31	\$6.73	\$12.08	\$17.42
32	\$6.94	\$12.50	\$18.07
33	\$7.18	\$12.98	\$18.78
34	\$7.45	\$13.51	\$19.58
35	\$7.75	\$14.11	\$20.48

(Continued...)

Applicable to policy forms ICC07-WL-NGPO-65,
 ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95,
 WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95,
 ICC16-WL1000J and WL1000J

Whole Life 1000 for FL

- Adult Base Plan Paid-Up at Age 65, Waiver of Premium, Accidental Death Benefit Rider

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$30,000
36	\$8.09	\$14.80	\$21.51
37	\$8.48	\$15.58	\$22.68
38	\$8.92	\$16.46	\$24.00
39	\$9.42	\$17.45	\$25.48
40	\$9.96	\$18.54	\$27.11
41	\$10.55	\$19.72	\$28.89
42	\$11.17	\$20.97	\$30.77
43	\$11.83	\$22.28	\$32.73
44	\$12.49	\$23.61	\$34.73
45	\$13.14	\$24.90	\$36.67

Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$30,000
16	\$6.12	\$10.87	\$15.61
17	\$6.17	\$10.95	\$15.74
18	\$6.21	\$11.04	\$15.87
19	\$6.26	\$11.13	\$16.01
20	\$6.31	\$11.23	\$16.15
21	\$6.35	\$11.32	\$16.29
22	\$6.43	\$11.48	\$16.52
23	\$6.54	\$11.69	\$16.84
24	\$6.67	\$11.97	\$17.27
25	\$6.87	\$12.37	\$17.86
26	\$7.15	\$12.91	\$18.68
27	\$7.45	\$13.51	\$19.58
28	\$7.77	\$14.16	\$20.55
29	\$8.11	\$14.84	\$21.57
30	\$8.47	\$15.55	\$22.64
31	\$8.83	\$16.28	\$23.72
32	\$9.19	\$17.00	\$24.81
33	\$9.56	\$17.74	\$25.92
34	\$9.93	\$18.49	\$27.04
35	\$10.32	\$19.25	\$28.18
36	\$10.71	\$20.04	\$29.36
37	\$11.12	\$20.86	\$30.60
38	\$11.56	\$21.74	\$31.91
39	\$12.03	\$22.68	\$33.33
40	\$12.56	\$23.73	\$34.91
41	\$13.15	\$24.92	\$36.70

(Continued...)

Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000J and WL1000J

Whole Life 1000 for FL

- Adult Base Plan Paid-Up at Age 65, Waiver of Premium, Accidental Death Benefit Rider

Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$30,000
42	\$13.83	\$26.29	\$38.74
43	\$14.62	\$27.86	\$41.10
44	\$15.54	\$29.70	\$43.85
45	\$16.61	\$31.84	\$47.07

Cancer Assist for FL

Applicable to policy form CanAssist

- with \$50 Health Screening Benefit

\$5,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	\$10.41	\$20.81	\$10.78	\$21.18

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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Contacts

Name	Title	Phone	Website/Email	Fax
Benefit Enrollment Team		833-703-1967 - Employer ID 5363007		

The information contained in this booklet is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. If there are differences between the information in the booklet and the contract, the contract will govern.



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