

Accident 1.0 for MO

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

● Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred with health screening	0-80	\$8.27	\$11.06	\$12.26	\$15.05
Premier with health screening	0-80	\$10.32	\$13.79	\$14.86	\$18.32

Cancer Assist for MO

Applicable to policy form CanAssist

● with \$75 Health Screening Benefit \$4,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$10.25	\$16.46	\$10.50	\$16.71
Level 2	17-75	\$11.89	\$18.88	\$12.20	\$19.20

Critical Illness 1.0 for MO

Applicable to policy form CI-1.0

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$0.55	\$0.83	\$0.55	\$0.83
	25-29	\$0.72	\$1.08	\$0.72	\$1.08
	30-34	\$0.90	\$1.38	\$0.90	\$1.38
	35-39	\$1.27	\$1.94	\$1.27	\$1.94
	40-44	\$1.73	\$2.65	\$1.73	\$2.65
	45-49	\$2.38	\$3.65	\$2.38	\$3.65
	50-54	\$3.12	\$4.80	\$3.12	\$4.80
	55-59	\$3.90	\$5.98	\$3.90	\$5.98
	60-64	\$4.94	\$7.57	\$4.94	\$7.57
	65-70	\$5.54	\$8.49	\$5.54	\$8.49
\$10,000	17-24	\$1.11	\$1.66	\$1.11	\$1.66
	25-29	\$1.43	\$2.17	\$1.43	\$2.17
	30-34	\$1.80	\$2.77	\$1.80	\$2.77
	35-39	\$2.54	\$3.88	\$2.54	\$3.88
	40-44	\$3.46	\$5.31	\$3.46	\$5.31
	45-49	\$4.75	\$7.29	\$4.75	\$7.29
	50-54	\$6.23	\$9.60	\$6.23	\$9.60
	55-59	\$7.80	\$11.95	\$7.80	\$11.95
	60-64	\$9.88	\$15.14	\$9.88	\$15.14
	65-70	\$11.08	\$16.98	\$11.08	\$16.98

(Continued...)

Critical Illness 1.0 for MO

Applicable to policy form CI-1.0

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	17-24	\$0.78	\$1.20	\$0.78	\$1.20
	25-29	\$1.08	\$1.66	\$1.08	\$1.66
	30-34	\$1.48	\$2.26	\$1.48	\$2.26
	35-39	\$2.19	\$3.35	\$2.19	\$3.35
	40-44	\$2.91	\$4.48	\$2.91	\$4.48
	45-49	\$3.83	\$5.91	\$3.83	\$5.91
	50-54	\$4.87	\$7.50	\$4.87	\$7.50
	55-59	\$6.23	\$9.58	\$6.23	\$9.58
	60-64	\$7.57	\$11.63	\$7.57	\$11.63
65-70	\$8.56	\$13.15	\$8.56	\$13.15	
\$10,000	17-24	\$1.57	\$2.40	\$1.57	\$2.40
	25-29	\$2.17	\$3.32	\$2.17	\$3.32
	30-34	\$2.95	\$4.52	\$2.95	\$4.52
	35-39	\$4.38	\$6.69	\$4.38	\$6.69
	40-44	\$5.82	\$8.95	\$5.82	\$8.95
	45-49	\$7.66	\$11.82	\$7.66	\$11.82
	50-54	\$9.74	\$15.00	\$9.74	\$15.00
	55-59	\$12.46	\$19.15	\$12.46	\$19.15
	60-64	\$15.14	\$23.26	\$15.14	\$23.26
65-70	\$17.12	\$26.31	\$17.12	\$26.31	

Medical Bridge 3000 for MO

Applicable to policy form MB3000

- \$1,000 Hospital Confinement Benefit, and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$2,500

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$9.69	\$20.79	\$16.50	\$25.18
50-59	\$13.41	\$28.62	\$19.94	\$32.47
60-64	\$17.49	\$38.05	\$24.46	\$41.28
65-74	\$21.95	\$47.68	\$30.65	\$51.69

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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