



MOUNTAIN VIEW WHISMAN SCHOOL DISTRICT



COLONIAL BENEFIT BOOKLET

HOW DO I ENROLL?

A Building Blocks Benefit Advisor will assist you via a screen share enrollment which requires access to a computer and internet!

WHAT IS THE WELLCARD?

After completing your enrollment session with Building Blocks, you will receive complimentary membership to the WellCard Savings Program which has discounts on Medical, Pharmacy, Vision & Dental Care, Health & Wellness, Pet Discounts, and more!

**SCAN THE QR CODE TO
SCHEDULE NOW!**



CALL BUILDING BLOCKS TO SCHEDULE



775-382-1287



ACCIDENT

For a covered accident, policyholders receive cash benefits for use as they see fit.



CANCER

A plan designed to pay cash benefits that can be used to help offset cancer-related expenses.



CRITICAL ILLNESS

For a covered critical illness, policyholders receive a lump sum cash benefit to use as they see fit.



SHORT-TERM DISABILITY

In the case of illness or injury, it helps you maintain your standard of living, and helps you pay your bills.



HOSPITAL PROTECTION

Pays cash amounts to help with the non-covered expenses of a hospital stay.



LIFE INSURANCE

Helps you get the peace of mind knowing your family is taken care of.



All products with this symbol have
Guaranteed Issue available!



scheduling@bbforb.com



www.buildingblocksforbusiness.com



FLEXIBLE BENEFITS PLANS

WHAT ARE FLEXIBLE BENEFIT PLANS?

WHAT ARE FLEXIBLE BENEFIT PLANS?

Flexible Benefit Plans from Sterling give you another great way to pay for healthcare costs and realize substantial tax savings. Through payroll redirection, employees purchase “qualified benefits” that may not be included in gross income. They use the tax-advantaged money to pay for qualified medical expenses, dependent care, and transportation costs. Flexible Benefit Plans include:

- Healthcare Flexible Spending Accounts (FSAs)
- Dependent Care Flexible Spending Accounts (FSAs)
- Transit & Parking Benefits

HEALTHCARE FSAS

With a Healthcare FSA, you can be reimbursed for medical expenses not covered or reimbursed by other insurance or plans like health savings accounts (HSAs) and health reimbursement arrangements (HRAs). All expenses must be qualified medical, vision, pharmacy or dental benefit expenses as defined by Section 213(d) of the IRS Code. And since the CARES Act, enacted in March 2020, now over-the-counter products and women's menstrual products qualify as eligible purchases.

All medical care expenses must be incurred during the plan year and the “use it or lose it” rule applies to any funds not spent before the end of the plan year unless your employer has elected an optional rollover of up to \$570. Funds may also be forfeited if you leave your employer that sponsors the FSA. Rollover limits are subject to change for 2023.

A Healthcare FSA annual contribution maximum of \$2,850 will be imposed. Healthcare FSAs with a plan start date or renewal date on or after January 1st, 2022 will be limited to this annual maximum contribution amount. These limits may be changed for 2023.

DEPENDENT CARE FSAS

Dependent Care FSAs allow you to accumulate pre-tax funds to reimburse for qualified childcare expenses or day care expenses for a disabled or elderly/disabled dependent. If married, employees generally must have a working spouse to qualify for a Dependent Care FSA.

The IRS limits the maximum annual contribution to \$10,500 (\$5,250 if married and filing separately). Other IRS restrictions may apply. Dependent Care FSAs are also subject to the “use it or lose it” rule. Expenses must be incurred in the plan year. Funds do not roll over to the next plan year and may be forfeited if you leave the company.

TRANSIT & PARKING BENEFITS

Employees set aside pre-tax compensation in two categories – transit and parking. Transit includes qualified commuter expenses such as the use of mass transportation (train, subway, bus, commuter highway vehicle, transit passes) and qualified bicycle reimbursement. There is no “use it or lose it” rule and unused funds roll over at the end of a plan year. Transit and parking maximum contributions are set by the IRS and are generally adjusted annually for inflation. The 2021 limits are \$270 monthly for transit, \$270 monthly for parking, and \$20 monthly for bicycle commuting.

WHAT ARE THE ADVANTAGES OF FLEXIBLE BENEFIT PLANS?

- Employees can reduce taxable income and use the savings to pay for qualified expenses. Tax savings include federal income tax, and in most jurisdictions, state and local income taxes. In addition, employees do not pay Social Security and Medicare tax on the amount excluded from income.
- Both employers and employees may contribute to the Healthcare FSA and Transit/Parking benefit. Only employees may contribute to the Dependent Care FSA.

ANNUAL TAX SAVINGS EXAMPLE	WITH FSA	WITHOUT FSA
IF YOUR TAXABLE INCOME IS:	\$50,000	\$50,000
AND YOU DEPOSIT THIS AMOUNT INTO AN FSA:	\$2,000	-\$0-
YOUR TAXABLE INCOME IS NOW:	\$48,000	\$50,000
SUBTRACT FEDERAL AND SOCIAL SECURITY TAXES:	\$13,807	\$14,383
IF YOU SPEND AFTER-TAX DOLLARS FOR EXPENSES:	-\$0-	\$2,000
YOUR REAL SPENDABLE INCOME IS:	\$34,193	\$33,617
YOUR TAX SAVINGS:	\$576	-\$0-

STERLING SERVICES

Sterling Administration offers many services to employees who participate in the employer sponsored Healthcare FSA, Dependent Care FSA, and Transit/Parking Benefits programs.

- Help with enrollment in the plans by attending employer enrollment meetings
 - Issuance of debit cards, if elected as part of the plan by your employer
 - Healthcare expense claim review and payment of bills to providers or as reimbursement to you
 - Quarterly reporting of account information
 - Scan and archive of FSA claims and reimbursement documents in the event of an audit
- Money back guarantee of up to one year of monthly fees paid, if our clients are dissatisfied with our service
 - Personal customer service on the phone and via email at 800-617-4729 or customer.service@sterlingadministration.com
 - Online access to account information, educational information and forms available at www.sterlinghsa.com

For more information, go to www.sterlingadministration.com, call us at **800-617-4729**, or email us at customer.service@sterlingadministration.com.

FLEXIBLE SPENDING ACCOUNT (FSA) EXPENSES & CONTRIBUTIONS WORKSHEET

WE MAKE
THE COMPLEX
SIMPLE

HEALTHCARE FSA WORKSHEET

To help you determine how much to contribute to your Healthcare FSA, use the worksheet below to enter estimated annual expenses.

You should consider this when estimating your expenses and FSA contributions since Healthcare FSAs are subject to the “use-it-or-lose-it” rule unless your employer has elected an optional rollover of up to \$570. Unused funds may be forfeited at the end of the plan year.

Under healthcare reform, a Healthcare FSA annual contribution maximum of \$2,850 will be imposed for 2022. These limits may increase in 2023.

ITEMS TO CALCULATE	ESTIMATED PLAN YEAR AMOUNT
COMPANY HEALTH PLAN DEDUCTIBLE FOR YOU AND YOUR FAMILY	\$
MEDICAL COINSURANCE (AMOUNT YOU PAY AFTER DEDUCTIBLE IS MET)	\$
DENTAL ANNUAL DEDUCTIBLES AND COINSURANCE	\$
MEDICAL PLAN COPAYMENTS (OFFICE VISITS)	\$
PRESCRIPTION MEDICATION COPAYMENTS	\$
OVER-THE-COUNTER MEDICATION PURCHASED TO TREAT AN ILLNESS OR DISEASE	\$
ANNUAL PHYSICAL EXAMS	\$
VISION CARE EXPENSES (EXAMS/GLASSES/CONTACTS/CONTACT LENS SOLUTION)	\$
OTHER ELIGIBLE HEALTHCARE EXPENSES	\$
VACCINATIONS AND IMMUNIZATIONS	\$
CHIROPRACTIC SERVICES	\$
ACUPUNCTURE SERVICES	\$
QUALIFIED LEARNING DISABILITY TREATMENT AND/OR SPECIAL EDUCATION AND TRAINING FOR PHYSICALLY OR MENTALLY HANDICAPPED DEPENDENT(S)	\$
MENTAL HEALTH SERVICES	\$
OTHER	\$
TOTAL ESTIMATED HEALTHCARE EXPENSES	\$



STERLING
ADMINISTRATION

DEBIT CARD FAQs

Health FSAs, HRAs and Dependent Care Plans are all pre-tax benefits, and the IRS requires that charges reimbursed through these accounts are eligible under the law. If you are in a plan utilizing a debit card, Sterling has pre-programmed your card for specific categories of expenses, (provided there is a sufficient balance for the charge.)

For a Health Care FSA/HRA this includes most medical items (doctors, co-pays, hospital, chiropractor, dental, vision, RX, etc.) Check with your health plan administrator or employer for additional plan details.

USE YOUR DEBIT CARD FOR THE FOLLOWING CATEGORIES:

- **Anything that runs through the IIAS system.** What's that, you say? The IIAS is an inventory control system found at most of the larger pharmacies (Walgreen's, CVS, Rite-Aid, Costco, Target Pharmacy, etc). When you purchase prescriptions or eligible over the counter items, at these pharmacies, the card will automatically know what is eligible.
- **Pre-Programmed Co-Pays.** Sterling has programmed medical co-pays of even \$5.00 amounts to auto-adjudicate, (a technical term meaning to automatically approve) to a maximum of \$200. If your service falls outside of the \$5.00 increments you will receive an email, or postal letter, from us requesting additional documentation for the service. The card will still work, provided you have sufficient funds available on it, but you will have 45 days to submit the receipt to Sterling.
- **Recurring Services.** If you have a provider that you frequent and the service amount is the same each time you can send Sterling the first receipt so that we can make sure it is eligible and then we can set up a recurring adjudication (or approval) on your account for the remainder of the year so that you will not have to continue to send in receipts. This is common with dependent care accounts. To set up a recurring auto-adjudication, simply call Sterling for further information.

Anything outside of the above categories triggers an email or letter requesting that you send in the receipt for Sterling to review. Receipts must include date of service, provider, what the service was and the patient responsibility. **Please remember that money in your current plan cannot be used to pay for prior plan year services.** If you are still in run out then those prior year claims would need to be sent to Sterling for reimbursement.

Sterling sends three (3) notifications:

1. The day after a service is identified as needing additional adjudication
2. Thirty (30) days later reminding you that if we do not receive the receipt your card will be temporarily suspended
3. Forty-five (45) days after the service stating the card is suspended

What happens if my service is determined to be ineligible?

- You can reimburse your plan by sending a check to Sterling for the claim or part of the claim that was not eligible. We will credit that back to your plan and credit back the employer.
- You can send us a claim that has not been reimbursed yet to use as an "offset" to the ineligible debit card claim.
- Ultimately, the unsubstantiated expense will either be withheld from pay or become taxable income.

WHAT ARE THE ELIGIBLE EXPENSES FOR FSA PLANS?



Congratulations! You've made a smart consumer choice by enrolling in a Flexible Spending Account (FSA). There are thousands of eligible expenses for tax-free purchase, including prescriptions, doctor's office copays, health insurance deductibles, and coinsurance. Many over-the-counter (OTC) treatments are also eligible now, due to the CARES Act, enacted in March 2020. These items no longer require a prescription, letter of medical necessity (LMN), or doctor's directive.

WHAT'S ELIGIBLE?

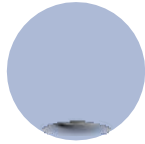


The quickest way to see what is eligible is to visit our partner the [FSA Store](https://www.fsastore.com) online. There you can browse their online store and even make your purchase.

SAMPLE LIST OF ELIGIBLE EXPENSES

The list below is just a sample of eligible expenses. For the complete list, see IRS Publication 502 Section 213(d) (<http://www.irs.gov/publications/p502/>).

Abdominal supports	Braces	Gum treatment	Pediatrician
Abortion	Cardiographs	Gynecologist	Hearing aids & batteries
Acupuncture	Chiropractor	Hydrotherapy	Hospital bills
Air conditioner	Childbirth / delivery	Insulin treatment	Podiatrist
Alcoholism treatment	Christian Science Practitioner	Lab tests	Prenatal care
Ambulance	Dermatologist	Lead paint removal	Psychiatrist
Anesthetist	Diagnostic fees	Legal fees	Psychotherapy
Arch supports	Drug addiction therapy	Menstrual Products	Registered nurse
Artificial limbs	Drugs (prescription and OTC)	Oral surgery	Splints
Autoette	Elastic hosiery (prescription)	Organ transplant	Vaccines
Birth control pills	Eye glasses	Orthotic shoes	Vitamins (if prescribed)
Blood tests	Fluoridation unit	Oxygen & oxygen equipment	Wheel chair
Blood transfusions	Guide dog		



DO YOU KNOW IF YOUR DEPENDENT CARE EXPENSES QUALIFY FOR FSA REIMBURSEMENT?

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The Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met.

1. The dependent care expenses must be work-related. The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
2. The dependent care expenses provided during a calendar year cannot exceed \$10,000. In the case of a separate return by a married individual, the limit is \$5,050. This amount may be less if the employee's earned income or spouse's earned income is less than \$10,500.

The dependent care expenses must be for the care of one or more qualifying persons.

A "Qualifying Person" is defined as one of the following:

1. A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
2. A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
3. A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

Eligible and Ineligible Expenses for Dependent Care FSA Reimbursement (partial list):

Allowed for Reimbursement:

Fees for licensed day care or adult care facilities

Before and after school care programs for dependents under age 13

Amounts paid for services (including babysitters or nursery school) provided in or outside of your home

Nanny expenses attributed to dependent care

Nursery school (preschool) fees

Summer Day Camp – primary purpose must be custodial care and not educational in nature

Late pick-up fees

NOT Allowed for Reimbursement:

- Medical expenses
- Baby-sitter in or out of your home for reasons other than to enable you to work
- Activity fees/ educational supplies
- Food, clothing, and entertainment
- Transportation expenses
- Child support payments
- Kindergarten fees
- Overnight camp
- Late payment charges

Accident 1.0

Colonial Life's voluntary accident insurance policy is a medical indemnity plan that provides employees and their families with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. Sample CA Rates shown at the bottom represent On/Off job coverage with Health Screening. Accident coverage is pre-tax eligible.

Base Policy Benefits	Basic	Preferred	Premier
Accident Emergency Treatment For treatment in a doctor's office, urgent care facility or emergency room within the first 72 hours of the accident. If initially treated after 72 hours, please see Accident Follow-up Doctor's Visit	\$75	\$125	\$125
Accident Follow-Up Doctor Visit	\$50/visit up to 2 visits per accident	\$50/visit up to 3 visits per accident	\$50/visit up to 4 visits per accident
Accidental Death	\$20,000 Employee \$20,000 Spouse \$4,000 Child(ren)	\$25,000 Employee \$25,000 Spouse \$5,000 Child(ren)	\$50,000 Employee \$50,000 Spouse \$10,000 Child(ren)
Accidental Death: Common Carrier	\$80,000 Employee \$80,000 Spouse \$16,000 Child(ren)	\$100,000 Employee \$100,000 Spouse \$20,000 Child(ren)	\$200,000 Employee \$200,000 Spouse \$40,000 Child(ren)
Accidental Dismemberment: (Loss of Finger/Toe/Hand/Foot or Sight)	\$600- \$12,000	\$750- \$15,000	\$1,200-\$24,000
Ambulance - Air	\$1,200	\$2,000	\$2,000
Ambulance - Ground	\$120	\$200	\$200
Appliances (such as wheelchair, crutches)	\$75	\$100	\$100
Blood/Plasma/Platelets	\$300	\$300	\$300
Burns (based on size and degree)	\$1,000- \$12,000	\$1,000- \$12,000	\$1,000- \$12,000
Burns - Skin Graft	50% of burn benefit	50% of burn benefit	50% of burn benefit
Catastrophic Accident – prior to 65 (For severe injuries that result in the total and irrevocable: loss of one hand and one foot; loss of both hands or both feet; loss of sight in both eyes; loss of hearing of both ears; loss of the ability to speak.) 365 day elimination period Amounts reduced for covered persons over age 65	\$10,000 EE/SP \$5,000 CH	\$25,000 EE/SP \$12,500 CH	\$25,000 EE/SP \$12,500 CH
Coma (duration of at least 7 days)	\$7,500	\$10,000	\$12,500
Concussion	\$60	\$60	\$60
Dislocation (Based on joint and if repaired by open or closed reduction)	\$90-\$3,600	\$110 - \$4,400	\$120 - \$4,800
Emergency Dental Work	\$200 (crown, implant or denture) or \$50 (extract)	\$300 (crown, implant or denture) or \$75 (extract)	\$400 (crown, implant or denture) or \$100 (extract)
Eye Injury	\$200	\$300	\$300
Fractures (Based on bone and if repaired by open or closed reduction)	\$90 - \$4,500	\$110 - \$5,500	\$120 - \$6,000
Hospital Admission*	\$750/accident	\$1,000/accident	\$1,250/accident
Hospital Confinement (Per day up to 365 days)	\$175	\$225	\$250
Hospital ICU Admission*	\$1,500/accident	\$2,000/accident	\$2,500/accident
Hospital ICU Confinement (Up to 15 days per accident)	\$350	\$450	\$500

Knee Cartilage - Torn	\$500	\$500	\$750
Laceration (based on size and repair)	\$30-\$500	\$30-\$500	\$30-\$500
Lodging (Companion)	\$100 per day up to 30 days	\$125 per day up to 30 days	\$150 per day up to 30 days
Medical Imaging Study Limit one accident per year	\$100 per accident	\$150 per accident	\$200 per accident
Prosthetic Device/Artificial Limb	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)
Rehabilitation Unit Confinement Up to 15 days per confinement per covered accident. Maximum of 30 days per calendar year.	\$100/day	\$100/day	\$150/day
Ruptured Disc	\$500	\$500	\$750
Surgery-Cranial, Open Abdominal, Thoracic	\$1,000:	\$1,500	\$1,500
Surgery- Hernia	\$100	\$150	\$150
Surgery – Exploratory or Arthroscopic	\$150	\$200	\$200
Tendon/Ligament/Rotator Cuff	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)
Therapy - Occupational and Physical Therapy Benefit	\$25 per day(10 visits/accident)	\$25 per day(10 visits/accident)	\$35 per day(10 visits/accident)
Transportation up to 3 trips per accident	\$400 per trip	\$500 per trip	\$600 per trip
X-Ray Benefit	\$20	\$30	\$40
Health Screening Benefit Per covered person per calendar year	\$50	\$50	\$50
Mammography Benefit	\$200	\$200	\$200
* We will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.			

MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$21.11	\$29.87	\$29.73	\$38.50
Preferred	17-64	\$25.67	\$35.91	\$37.19	\$47.42
Premier	17-64	\$31.03	\$43.26	\$44.22	\$56.44
11THLY RATES (11 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$23.03	\$32.59	\$32.43	\$42.00
Preferred	17-64	\$28.00	\$39.17	\$40.57	\$51.73
Premier	17-64	\$33.85	\$47.19	\$48.24	\$61.57
10THLY RATES (10 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$25.33	\$35.84	\$35.68	\$46.20
Preferred	17-64	\$30.80	\$43.09	\$44.63	\$56.90
Premier	17-64	\$37.24	\$51.91	\$53.06	\$67.73
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$10.56	\$14.94	\$14.87	\$19.25
Preferred	17-64	\$12.84	\$17.96	\$18.60	\$23.71
Premier	17-64	\$15.52	\$21.63	\$22.11	\$28.22
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic	17-64	\$9.74	\$13.79	\$13.72	\$17.77
Preferred	17-64	\$11.85	\$16.57	\$17.16	\$21.89
Premier	17-64	\$14.32	\$19.97	\$20.41	\$26.05

Cancer Assist

Colonial Life's individual cancer insurance product helps to provide valuable financial protection for America's workers and their families in times of need, when medical bills and other expenses related to cancer diagnosis and treatment may limit their ability to focus on what's most important - getting well. Sample CA Rates shown at the bottom includes \$100 Health Screening. Cancer coverage is pre-tax eligible.

Benefits	Level 1	Level 2	Level 3	Level 4
Air Ambulance, <i>per trip</i>	\$2,000	\$2,000	\$2,000	\$2,000
<i>Maximum trips per confinement</i>	2	2	2	2
Ambulance, <i>per trip</i>	\$250	\$250	\$250	\$250
<i>Maximum trips per confinement</i>	2	2	2	2
Anesthesia, General	25% of Surgical Procedures Benefit			
Anesthesia, Local, <i>per procedure</i>	\$25	\$30	\$40	\$50
Anti-Nausea Medication, <i>per day</i>	\$25	\$40	\$50	\$60
<i>Maximum per month</i>	\$100	\$160	\$200	\$240
Blood/Plasma/Platelets/Immunoglobulins, <i>per day</i>	\$150	\$150	\$175	\$250
<i>Maximum per calendar year</i>	\$10,000	\$10,000	\$10,000	\$10,000
Bone Marrow or Peripheral Stem Cell Donation, <i>per donation, maximum one per lifetime</i>	\$500	\$500	\$750	\$1,000
Bone Marrow Stem Cell Transplant, <i>per transplant</i>	\$3,500	\$4,000	\$7,000	\$10,000
Peripheral Stem Cell Transplant, <i>per transplant</i>	\$3,500	\$4,000	\$7,000	\$10,000
<i>Maximum transplants per lifetime</i>	2	2	2	2
Companion Transportation, <i>per mile</i>	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per round trip</i>	\$1,000	\$1,000	\$1,200	\$1,500
Egg (s) Extraction or Harvesting or Sperm Collection, <i>one per lifetime</i>	\$500	\$700	\$1,000	\$1,500
Egg (s) or Sperm Storage, <i>one per lifetime</i>	\$175	\$200	\$350	\$500
Experimental Treatment, <i>per day</i>	\$200	\$250	\$300	\$300
<i>Maximum per lifetime</i>	\$10,000	\$12,500	\$15,000	\$15,000
Family Care, <i>per day</i>	\$30	\$40	\$50	\$60
<i>Maximum per calendar year</i>	\$1,500	\$2,000	\$2,500	\$3,000
Hair/External Breast/Voice Box Prosthesis, <i>per calendar year</i>	\$200	\$200	\$350	\$500
Home Health Care Services, <i>per day</i>	\$50	\$75	\$100	\$150
<i>Maximum per calendar year</i> <i>Examples include: physical therapy, occupational therapy, speech therapy, and audiology, prosthesis and orthopedic appliances and rental or purchase of medical equipment.</i>	30 days or twice the days confined			
Hospice, Initial	\$1,000	\$1,000	\$1,000	\$1,000
Hospice, Daily	\$50	\$50	\$50	\$50
<i>Maximum combined Initial and Daily per lifetime</i>	\$15,000	\$15,000	\$15,000	\$15,000
Hospital Confinement, 30 days or less, <i>per day</i>	\$100	\$150	\$250	\$350
Hospital Confinement, 31 days or more, <i>per day</i>	\$200	\$300	\$500	\$700
Lodging, <i>per day</i>	\$50	\$50	\$75	\$80
<i>Maximum days per calendar year</i>	70	70	70	70
Medical Imaging Studies, <i>per study</i>	\$75	\$125	\$175	\$225
<i>Maximum per calendar year</i>	\$150	\$250	\$350	\$450
Outpatient Surgical Center, <i>per day</i>	\$100	\$200	\$300	\$400
<i>Maximum per calendar year</i>	\$300	\$600	\$900	\$1,200
Private Full-time Nursing Services, <i>per day</i>	\$50	\$75	\$125	\$150
Prosthetic Device/Artificial Limb, <i>per device or limb</i>	\$1,000	\$1,500	\$2,000	\$3,000
<i>Maximum per lifetime</i>	\$2,000	\$3,000	\$4,000	\$6,000

Radiation/Chemotherapy				
Injected chemotherapy by medical personnel, one per week	\$250	\$500	\$750	\$1,000
Radiation delivered by medical personnel, one per week	\$250	\$500	\$750	\$1,000
Self-Injected Chemotherapy, one per month	\$150	\$200	\$300	\$400
Pump Chemotherapy, one per month	\$150	\$200	\$300	\$400
Topical Chemotherapy, one per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (1-24 months), one per month	\$150	\$200	\$300	\$400
Oral Hormonal Chemotherapy (25+ months), one per month	\$75	\$100	\$150	\$200
Oral Non-Hormonal Chemotherapy, one per month	\$150	\$200	\$300	\$400
Reconstructive Surgery, <i>per surgical unit</i>	\$40	\$40	\$60	\$60
<i>Maximum per procedure, including 25% for general anesthesia</i>	\$2,500	\$2,500	\$3,000	\$3,000
Second Medical Opinion, <i>one per lifetime</i>	\$150	\$200	\$300	\$300
Skilled Nursing Care Facility, <i>Per day up to the number of days for hospital confinement</i>	\$75	\$100	\$100	\$150
Skin Cancer Initial Diagnosis <i>one per lifetime</i>	\$300	\$300	\$400	\$600
Supportive/Protective Care Drugs/Colony Stimulating Factors, <i>per day</i>	\$50	\$100	\$150	\$200
<i>Maximum per calendar year</i>	\$400	\$800	\$1,200	\$1,600
Surgical Procedures, <i>per unit</i>	\$40	\$50	\$60	\$70
<i>Maximum per procedure</i>	\$2,500	\$3,000	\$5,000	\$6,000
Transportation, <i>per mile</i>	\$0.50	\$0.50	\$0.50	\$0.50
<i>Maximum per round trip</i>	\$1,000	\$1,000	\$1,200	\$1,500
Additional Benefits	Level 1	Level 2	Level 3	Level 4
Bone Marrow Donor Screening <i>Maximum of one per lifetime</i>	\$50	\$50	\$50	\$50
Cancer Vaccine Benefit <i>Maximum of one per lifetime</i>	\$50	\$50	\$50	\$50
Waiver of Premium	Yes	Yes	Yes	Yes
Health Screening Benefit <i>Per covered person per calendar year</i>	\$100	\$100	\$100	\$100

MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$18.65	\$29.45	\$18.80	\$29.60
Level 2	17-75	\$22.30	\$34.85	\$22.60	\$35.15
Level 3	17-75	\$27.45	\$45.70	\$27.90	\$46.15
Level 4	17-75	\$36.65	\$61.15	\$37.25	\$61.75
11THLY RATES (11 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$20.35	\$32.13	\$20.51	\$32.29
Level 2	17-75	\$24.33	\$38.02	\$24.65	\$38.35
Level 3	17-75	\$29.95	\$49.85	\$30.44	\$50.35
Level 4	17-75	\$39.98	\$66.71	\$40.64	\$67.36
10THLY RATES (10 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$22.38	\$35.34	\$22.56	\$35.52
Level 2	17-75	\$26.76	\$41.82	\$27.12	\$42.18
Level 3	17-75	\$32.94	\$54.84	\$33.48	\$55.38
Level 4	17-75	\$43.98	\$73.38	\$44.70	\$74.10
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$9.33	\$14.73	\$9.40	\$14.80
Level 2	17-75	\$11.15	\$17.43	\$11.30	\$17.58
Level 3	17-75	\$13.73	\$22.85	\$13.95	\$23.08
Level 4	17-75	\$18.33	\$30.58	\$18.63	\$30.88
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$8.61	\$13.59	\$8.68	\$13.66
Level 2	17-75	\$10.29	\$16.08	\$10.43	\$16.22
Level 3	17-75	\$12.67	\$21.09	\$12.88	\$21.30
Level 4	17-75	\$16.92	\$28.22	\$17.19	\$28.50

Critical Illness 1.0

Colonial Life's individual Specified Critical Illness 1.0 insurance helps you and your family maintain financial security during the lengthy, expensive recovery period of a critical illness. It provides a lump sum benefit to help with the out-of-pocket medical and non-medical expenses of employees who suffer a critical illness. Sample CA Rates shown at the bottom includes Subsequent Diagnosis & Health Screening Benefits. Rates are based off non-tobacco. Critical Illness coverage is post-tax.

Benefits:	Description:
Face Amount:	Can choose anywhere from \$5,000 face amount up to \$30,000. <i>Spouse receives 50% of employee's face amount. Children receive 25% of the employee's face amount.</i>
For the diagnosis of this covered critical illness condition:	This percentage of the face amount is payable:
Heart attack (myocardial infarction)	100%
Stroke	100%
End-stage renal (kidney) failure	100%
Major organ failure	100%
Permanent paralysis due to a covered accident	100%
Coma	100%
Blindness	100%
Coronary artery bypass graft surgery/disease	25%
Additional Benefits:	Description:
Subsequent Diagnosis Of A Critical Illness	If you receive a benefit for a specified critical illness, and later you are diagnosed with a different specified critical illness, the original percentage of the face amount is payable for that particular specified critical illness. If you receive a benefit for a specified critical illness, and later you are diagnosed with the same specified critical illness, 25% of the original face amount is payable
Maximum Benefit Amount	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.
Health Screening Benefit <i>Per covered person per calendar year</i>	\$50
Mammography Benefit	\$200
Cervical Cancer Screening Test Benefit	\$70

MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$15,000	25-29	\$9.30	\$14.30	\$9.30	\$14.30
	30-34	\$10.50	\$16.25	\$10.50	\$16.25
	35-39	\$14.10	\$21.65	\$14.10	\$21.65
	40-44	\$16.50	\$25.25	\$16.50	\$25.25
	45-49	\$21.00	\$32.15	\$21.00	\$32.15
	50-54	\$26.40	\$40.55	\$26.40	\$40.55
11THLY RATES (11 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$15,000	25-29	\$10.15	\$15.60	\$10.15	\$15.60
	30-34	\$11.45	\$17.73	\$11.45	\$17.73
	35-39	\$15.38	\$23.62	\$15.38	\$23.62
	40-44	\$18.00	\$27.55	\$18.00	\$27.55
	45-49	\$22.91	\$35.07	\$22.91	\$35.07
	50-54	\$28.80	\$44.24	\$28.80	\$44.24
10THLY RATES (10 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$15,000	25-29	\$11.16	\$17.16	\$11.16	\$17.16
	30-34	\$12.60	\$19.50	\$12.60	\$19.50
	35-39	\$16.92	\$25.98	\$16.92	\$25.98
	40-44	\$19.80	\$30.30	\$19.80	\$30.30
	45-49	\$25.20	\$38.58	\$25.20	\$38.58
	50-54	\$31.68	\$48.66	\$31.68	\$48.66
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$15,000	25-29	\$4.65	\$7.15	\$4.65	\$7.15
	30-34	\$5.25	\$8.13	\$5.25	\$8.13
	35-39	\$7.05	\$10.83	\$7.05	\$10.83
	40-44	\$8.25	\$12.63	\$8.25	\$12.63
	45-49	\$10.50	\$16.08	\$10.50	\$16.08
	50-54	\$13.20	\$20.28	\$13.20	\$20.28
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$15,000	25-29	\$4.29	\$6.60	\$4.29	\$6.60
	30-34	\$4.85	\$7.50	\$4.85	\$7.50
	35-39	\$6.51	\$9.99	\$6.51	\$9.99
	40-44	\$7.62	\$11.65	\$7.62	\$11.65
	45-49	\$9.69	\$14.84	\$9.69	\$14.84
	50-54	\$12.18	\$18.72	\$12.18	\$18.72

Individual Short-Term Disability 3000

Colonial Life's voluntary short-term disability insurance policy is an individual plan that is sold via payroll deduction at the workplace. It insures your employee's paycheck by replacing a portion of your employee's income if he becomes disabled because of a covered accidental injury or covered sickness. Sample CA Rates shown at the bottom represents Off-Job Injury & Sickness/Maternity with Health Screening & 1st Day Hospital. Rates are based off AARisk Classification & 6 month benefit period.

Benefits:	Description:
Monthly Benefit Amount <i>Amounts vary based on income, offered in \$100 increments</i>	Available up to \$4,000 in monthly benefits for up to 40% of income
Benefit Periods <i>Refers to the maximum length of time benefits may be payable for a covered disability</i>	6 months and 12 months are available
Elimination Periods <i>Elimination periods vary by benefit period selected, the first number represents accident elimination period, the second number represents sickness elimination period</i>	0/7, 7/7, 7/14, 0/14, 14/14, 0/30, 30/30 60/60, 90/90, and 180/180
Total Disability and Partial Disability Benefits <i>Partial disability pays 50% of the total disability benefit and for up to 3 months</i>	Included
Pregnancy Benefits <i>The usual recovery period is six weeks (vaginal delivery) or eight weeks (cesarean delivery), subject to elimination periods, subject to Giving Birth Limitation</i>	Included
Additional Benefits:	Description:
Additional Disability Benefits Riders <i>Provides policyholders the ability to purchase additional disability coverage on a guarantee issue basis after their initial enrollment, Policyholders can purchase a maximum of two riders, at two separate intervals</i>	\$100 or \$200 monthly
Health Screening Rider <i>Per calendar year</i>	\$50

MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	\$500/mo	\$1,000/mo	\$1,500/mo	\$2,000/mo	\$2,500/mo
Elimination 0 days Injury / 7 days Sickness	17-49	\$29.25	\$55.60	\$81.95	\$108.30	\$134.65
	50-64	\$39.90	\$76.90	\$113.90	\$150.90	\$187.90
	65-74	\$47.70	\$92.50	\$137.30	\$182.10	\$226.90
Elimination 0 days Injury / 14 days Sickness	17-49	\$23.65	\$44.40	\$65.15	\$85.90	\$106.65
	50-64	\$31.00	\$59.10	\$87.20	\$115.30	\$143.40
	65-74	\$36.90	\$70.90	\$104.90	\$138.90	\$172.90
11THLY RATES (11 PAY PERIODS)	ISSUE AGE	\$500/mo	\$1,000/mo	\$1,500/mo	\$2,000/mo	\$2,500/mo
Elimination 0 days Injury / 7 days Sickness	17-49	\$31.91	\$60.65	\$89.40	\$118.15	\$146.89
	50-64	\$43.53	\$83.89	\$124.25	\$164.62	\$204.98
	65-74	\$52.04	\$100.91	\$149.78	\$198.65	\$247.53
Elimination 0 days Injury / 14 days Sickness	17-49	\$25.80	\$48.44	\$71.07	\$93.71	\$116.35
	50-64	\$33.82	\$64.47	\$95.13	\$125.78	\$156.44
	65-74	\$40.25	\$77.35	\$114.44	\$151.53	\$188.62
10THLY RATES (10 PAY PERIODS)	ISSUE AGE	\$500/mo	\$1,000/mo	\$1,500/mo	\$2,000/mo	\$2,500/mo
Elimination 0 days Injury / 7 days Sickness	17-49	\$35.10	\$66.72	\$98.34	\$129.96	\$161.58
	50-64	\$47.88	\$92.28	\$136.68	\$181.08	\$225.48
	65-74	\$57.24	\$111.00	\$164.76	\$218.52	\$272.28
Elimination 0 days Injury / 14 days Sickness	17-49	\$28.38	\$53.28	\$78.18	\$103.08	\$127.98
	50-64	\$37.20	\$70.92	\$104.64	\$138.36	\$172.08
	65-74	\$44.28	\$85.08	\$125.88	\$166.68	\$207.48
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	\$500/mo	\$1,000/mo	\$1,500/mo	\$2,000/mo	\$2,500/mo
Elimination 0 days Injury / 7 days Sickness	17-49	\$14.63	\$27.80	\$40.98	\$54.15	\$67.33
	50-64	\$19.95	\$38.45	\$56.95	\$75.45	\$93.95
	65-74	\$23.85	\$46.25	\$68.65	\$91.05	\$113.45
Elimination 0 days Injury / 14 days Sickness	17-49	\$11.83	\$22.20	\$32.58	\$42.95	\$53.33
	50-64	\$15.50	\$29.55	\$43.60	\$57.65	\$71.70
	65-74	\$18.45	\$35.45	\$52.45	\$69.45	\$86.45
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	\$500/mo	\$1,000/mo	\$1,500/mo	\$2,000/mo	\$2,500/mo
Elimination 0 days Injury / 7 days Sickness	17-49	\$13.50	\$25.66	\$37.82	\$49.98	\$62.15
	50-64	\$18.42	\$35.49	\$52.57	\$69.65	\$86.72
	65-74	\$22.02	\$42.69	\$63.37	\$84.05	\$104.72
Elimination 0 days Injury / 14 days Sickness	17-49	\$10.92	\$20.49	\$30.07	\$39.65	\$49.22
	50-64	\$14.31	\$27.28	\$40.25	\$53.22	\$66.18
	65-74	\$17.03	\$32.72	\$48.42	\$64.11	\$79.80

Individual Medical Bridge 7000

Colonial Life's Individual Medical Bridge insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children. Individual Medical Bridge coverage is pre-tax eligible.

Benefits:	Description:
Hospital Confinement <i>Maximum of one benefit per covered person per calendar year</i>	Can choose \$1,500 or \$2,500
Observation Room Visit <i>Maximum of two visits per covered person per calendar year</i>	\$100 per visit
Rehabilitation Unit Confinement <i>Maximum of 15 days per confinement with a 30-day maximum per covered person per year</i>	\$100 per day
Waiver of Premium <i>Available after 30 continuous days of a covered hospital confinement of the named insured</i>	Included
Medical Treatment Package 1. Air Ambulance 2. Ambulance 3. Appliance 4. Doctor's Office Visit/Telemedicine 5. Emergency Room Visit 6. X-Ray	1. \$1,000/day with a maximum of one day per covered person per calendar year 2. \$100/day with a maximum of one day per covered person per calendar year 3. \$100/day with a maximum of one day per covered person per calendar year 4. \$25/day with a maximum of three days per calendar year for named insured only coverage; maximum of five days per calendar year for all covered persons combined for family coverage 5. \$100/day with a maximum of two days per covered person per calendar year 6. \$25/day with a maximum of two days per covered person per calendar year
Diagnostic Benefit <i>This benefit contains two tiers of benefits and a calendar year maximum payable per covered person per calendar year for the specified diagnostic procedures.</i>	Tier 1 - \$250 Tier 2 - \$500 Calendar Year Maximum - \$500
Outpatient Surgery - Tier 1 <i>Examples: Colonoscopy, Hemorrhoidectomy, Laparoscopic hernia repair, Tonsillectomy, Pacemaker insertion, Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair), Removal of tendon lesion</i>	\$500
Outpatient Surgery - Tier 2 <i>Examples: Breast reconstruction, Breast reduction, Angioplasty, Cardiac catheterization, Exploratory laparoscopy, Ethmoidectomy, Cataract surgery, Glaucoma surgery, Hysterectomy, Myomectomy, Arthroscopic knee surgery with meniscectomy (knee cartilage repair), Dislocations & Fractures (open reduction with internal fixation), Tendon/ligament repair</i>	\$1,000
Maximum Outpatient Surgery Benefit <i>Per covered person per calendar year for all covered</i>	\$1,500
Health Screening Benefit	\$100
Additional Benefits:	Description:
Daily Hospital Confinement <i>Per covered person day of hospital confinement, maximum of 365 days per confinement</i>	\$100 per day
Enhanced Intensive Care Unit Confinement <i>Per covered person per day of intensive care unit confinement, maximum of 30 days per confinement</i>	\$500 per day

Individual Medical Bridge 7000

Colonial Life's Individual Medical Bridge insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children. Individual Medical Bridge coverage is pre-tax eligible.

Sample Deductions

MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	EMPLOYEE	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$1,500 Hospital Confinement	17-49	\$45.10	\$84.50	\$61.85	\$101.25
	50-59	\$57.25	\$107.50	\$74.00	\$124.25
	60-64	\$71.45	\$134.50	\$88.20	\$151.25
	65-75	\$89.00	\$167.85	\$105.75	\$184.60
11THLY RATES (11 PAY PERIODS)	ISSUE AGE	EMPLOYEE	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$1,500 Hospital Confinement	17-49	\$49.20	\$92.18	\$67.47	\$110.45
	50-59	\$62.45	\$117.27	\$80.73	\$135.55
	60-64	\$77.95	\$146.73	\$96.22	\$165.00
	65-75	\$97.09	\$183.11	\$115.36	\$201.38
10THLY RATES (10 PAY PERIODS)	ISSUE AGE	EMPLOYEE	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$1,500 Hospital Confinement	17-49	\$54.12	\$101.40	\$74.22	\$121.50
	50-59	\$68.70	\$129.00	\$88.80	\$149.10
	60-64	\$85.74	\$161.40	\$105.84	\$181.50
	65-75	\$106.80	\$201.42	\$126.90	\$221.52
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	EMPLOYEE	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$1,500 Hospital Confinement	17-49	\$22.55	\$42.25	\$30.93	\$50.63
	50-59	\$28.63	\$53.75	\$37.00	\$62.13
	60-64	\$35.73	\$67.25	\$44.10	\$75.63
	65-75	\$44.50	\$83.93	\$52.88	\$92.30
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	EMPLOYEE	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$1,500 Hospital Confinement	17-49	\$20.82	\$39.00	\$28.55	\$46.73
	50-59	\$26.42	\$49.62	\$34.15	\$57.35
	60-64	\$32.98	\$62.08	\$40.71	\$69.81
	65-75	\$41.08	\$77.47	\$48.81	\$85.20
WEEKLY (52 PAY PERIODS)	ISSUE AGE	EMPLOYEE	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$1,500 Hospital Confinement	17-49	\$10.41	\$19.50	\$14.27	\$23.37
	50-59	\$13.21	\$24.81	\$17.08	\$28.67
	60-64	\$16.49	\$31.04	\$20.35	\$34.90
	65-75	\$20.54	\$38.73	\$24.40	\$42.60

Term Life 5000

Colonial Life's Term Life insurance plan offers life insurance protection where the benefit remains the same through the life of the policy. At the end of the term period selected by the employee (10-, 15-, 20-, or 30-years), the policy may be continued on a yearly renewable basis, without proof of good health. Sample Rates shown at the bottom are based off non-tobacco rates. Term Life coverage is post-tax.

<u>Benefits:</u>	<u>Description:</u>
Death Benefit <i>Amounts available vary by age</i>	Range from \$10,000 to \$250,000
Term Levels <i>Varies by age, provides coverage for set amount of years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability</i>	10, 15, 20, and 30-year terms available
Terminal Illness Accelerated Death Benefit <i>Automatically included in the base policy at no additional premium, allows policyowner to receive an advance of up to 75% of face amount, up to a maximum of \$150,000 (in most states)</i>	Can request up to 75% of death benefit if diagnosed with a terminal illness has a life expectancy of 12 months or less
<u>Additional Benefits:</u>	<u>Description:</u>
Spouse Term Rider <i>Spouse signature not required, may convert to a cash value policy</i>	Death benefits range from \$10,000 to \$50,000, 10 and 20-year term options available
Children's Term Rider <i>Covers all dependent children for one level premium, may convert to a cash value policy</i>	Death benefits range from \$1,000 to \$20,000
Accidental Death Benefit Rider <i>Up to a maximum of \$150,000</i>	Doubles benefit amount if insured dies as a result of an accident before age 70
Waiver of Premium Benefit Rider <i>Total disability is considered permanent when the total disability continues with no interruptions for at least six consecutive months.</i>	Waives all premiums due on the base policy & attached riders during the total and permanent disability of the primary insured before age 65

Term Life 5000

Colonial Life’s Term Life insurance plan offers life insurance protection where the benefit remains the same through the life of the policy. At the end of the term period selected by the employee (10-, 15-, 20-, or 30-years), the policy may be continued on a yearly renewable basis, without proof of good health. Sample Rates shown at the bottom are based off non-tobacco rates. Term Life coverage is post-tax.

Sample Monthly Deductions

Non-Tobacco Rates	10 Year Term				
MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$11.65	\$10.21	\$13.31	\$16.42
	40	\$13.96	\$14.04	\$19.06	\$24.08
	50	\$23.29	\$25.58	\$36.37	\$47.16
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$5.83	\$5.11	\$6.66	\$8.21
	40	\$6.98	\$7.02	\$9.53	\$12.04
	50	\$11.65	\$12.79	\$18.19	\$23.58
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$5.38	\$4.71	\$6.14	\$7.58
	40	\$6.44	\$6.48	\$8.80	\$11.11
	50	\$10.75	\$11.81	\$16.79	\$21.77
WEEKLY (52 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$2.69	\$2.36	\$3.07	\$3.79
	40	\$3.22	\$3.24	\$4.40	\$5.56
	50	\$5.37	\$5.90	\$8.39	\$10.88
Non-Tobacco Rates		20 Year Term			
MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$11.81	\$10.54	\$13.81	\$17.08
	40	\$14.58	\$15.42	\$21.12	\$26.83
	50	\$25.69	\$31.58	\$45.37	\$59.16
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$5.91	\$5.27	\$6.91	\$8.54
	40	\$7.29	\$7.71	\$10.56	\$13.42
	50	\$12.85	\$15.79	\$22.69	\$29.58
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$5.45	\$4.86	\$6.37	\$7.88
	40	\$6.73	\$7.12	\$9.75	\$12.38
	50	\$11.86	\$14.58	\$20.94	\$27.30
WEEKLY (52 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$2.73	\$2.43	\$3.19	\$3.94
	40	\$3.36	\$3.56	\$4.87	\$6.19
	50	\$5.93	\$7.29	\$10.47	\$13.65

Whole Life 5000

Colonial Life's WholeLife insurance plan is individually owned, with guaranteed level premiums, guaranteed cash values and a guaranteed death benefit. Coverage is permanent and is guaranteed for the life of the policy (to age 100), provided premiums are paid when due. Sample Rates shown below are based off non-tobacco. Both Paid up at age 70 and Paid up at age 100 are represented.

Benefits:	Description:
Death Benefit <i>Amounts available vary by age</i>	\$5,000 to \$500,000
Two Plan Options <i>The policy is paid-up at the original face amount when the insured reaches the specified age, with no additional premiums due</i>	Paid-Up at Age 70 & Paid-Up at Age 100
Guaranteed Cash Value <i>In addition to death benefit coverage, it also provides a guaranteed cash value accumulation that grows tax deferred.</i>	4.5%
Terminal Illness Accelerated Death Benefit Provision <i>Automatically included in the base policy at no additional premium, up to a maximum of \$150,000 (in most states)</i>	Can request up to 75% of death benefit if diagnosed with a terminal illness and has a life expectancy of 12 months or less
Additional Benefits:	Description:
Guaranteed Purchase Option <i>Provides the policyowner the right to buy additional insurance on the life of the insured without providing evidence of insurability if the policy is purchased before age 55.</i>	Available on the second, fifth, and eight anniversary dates.
Juvenile Whole Life Plan <i>Employees can purchase this for children or grandchildren without purchasing coverage of themselves</i>	A juvenile whole life plan is available for eligible dependents.
Spouse Term Rider <i>Spouse signature not required, may convert to a cash value policy</i>	Face amounts range from \$5,000 to \$50,000, 10 and 20-year term options available
Children's Term Rider <i>Covers all dependent children for one level premium, may convert to a cash value policy</i>	Face amounts range from \$1,000 to \$20,000
Accidental Death Benefit Rider <i>Up to a maximum of \$150,000</i>	Doubles benefit amount if insured dies as a result of an accident before age 70
Waiver of Premium Benefit Rider <i>Total disability is considered permanent when the total disability continues with no interruptions for at least six consecutive months.</i>	Waives all premiums due on the base policy & attached riders during the total and permanent disability of the primary insured before age 65

Whole Life 5000

Colonial Life’s WholeLife insurance plan is individually owned, with guaranteed level premiums, guaranteed cash values and a guaranteed death benefit. Coverage is permanent and is guaranteed for the life of the policy (to age 100), provided premiums are paid when due. Sample Rates shown below are based off non-tobacco. Both Paid up at age 70 and Paid up at age 100 are represented.

Non-Tobacco Rates	Paid up at Age 70				
MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$27.75	\$47.46	\$69.68	\$91.91
	40	\$42.10	\$76.33	\$113.00	\$149.66
	45	\$70.50	\$135.83	\$202.24	\$268.66
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$13.88	\$23.73	\$34.84	\$45.96
	40	\$21.05	\$38.17	\$56.50	\$74.83
	45	\$35.25	\$67.92	\$101.12	\$134.33
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$12.81	\$21.90	\$32.16	\$42.42
	40	\$19.43	\$35.23	\$52.15	\$69.07
	45	\$32.54	\$62.69	\$93.34	\$124.00
WEEKLY (52 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$6.40	\$10.95	\$16.08	\$21.21
	40	\$9.72	\$17.61	\$26.08	\$34.54
	45	\$16.27	\$31.35	\$46.67	\$62.00
Non-Tobacco Rates	Paid up at Age 100				
MONTHLY RATES (12 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$25.00	\$42.24	\$61.81	\$81.41
	40	\$35.75	\$63.37	\$93.56	\$123.75
	45	\$55.52	\$98.25	\$145.87	\$193.49
SEMI-MONTHLY RATES (24 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$12.50	\$21.12	\$30.91	\$40.71
	40	\$17.88	\$31.69	\$46.78	\$61.88
	45	\$27.76	\$49.13	\$72.94	\$96.75
BI-WEEKLY (26 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$11.54	\$19.50	\$28.53	\$37.57
	40	\$16.50	\$29.25	\$43.18	\$57.12
	45	\$25.62	\$45.35	\$67.32	\$89.30
WEEKLY (52 PAY PERIODS)	ISSUE AGE	\$25,000.00	\$50,000.00	\$75,000.00	\$100,000.00
	30	\$5.77	\$9.75	\$14.26	\$18.79
	40	\$8.25	\$14.62	\$21.59	\$28.56
	45	\$12.81	\$22.67	\$33.66	\$44.65