

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