



2023

EMPLOYEE BENEFITS

- **3 ZERO DEDUCTIBLE HEALTH PLANS**
- **DENTAL & VISION**
- **SHORT TERM DISABILITY INSURANCE**
- **TERM LIFE & WHOLE LIFE**
- **SUPPLEMENTAL HEALTH PLANS**
- **CRITICAL ILLNESS W/CANCER**

EACH EMPLOYEE IS PROVIDED A \$375 MONTHLY ALLOWANCE TO USE TOWARDS THE HEALTH PLAN OF THEIR CHOOSING FOR 2023

Innovative & Affordable Benefits for Employees

Designed with Employer ACA Compliance at Top of Mind

Employers with 50 or more full-time or full-time equivalent employees must meet two important requirements of the Affordable Care Act (ACA).

2023 PENALTIES

A Penalty

Employers who fail to offer a Minimum Essential Coverage (MEC) plan that provides certain wellness and preventive care to full-time employees may face a penalty of \$2,880 per full-time employees (minus the first 30).

B Penalty

A penalty of \$4,320 per full-time employee who enrolls in a subsidized plan through a government exchange if the employer fails to offer an affordable Minimum Value Plan (MVP) which provides more comprehensive coverage, such as hospitalization.

BENEFITS THAT DELIVER VALUE

MEC Options

- Designed to meet ACA compliance and avoid the A Penalty
- All MEC plans cover preventive services as recommended by the ACA and include additional benefits, such as network discounts and telemedicine
- Each proceeding plan options continues to add richer coverage for employees
- All plans are affordable and offer employer contribution flexibility

MVP Options

- Each level designed to meet ACA compliance and avoid the B Penalty
- Covers at least 60% of allowed cost
- Meets “affordability” requirement when employers agree to pay any plan costs above 9.12% of the employee’s income.
- Provides substantial benefits for both in- and out-patient hospitalization with increasing benefit at each level

MVP Options

Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Network	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan	PHCS / Multiplan
Deductible (Indv/Fam)	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	\$8,700 / \$17,400	\$5,000 / \$10,000	\$5,000 / \$10,000	\$2,000 / \$13,200
Preventive, Physician & Diagnostic Services				
Preventive & Wellness (Non-Hospital Based)	Included	Included	Included	Included
Primary Care Office Visit (Non-Hospital Based)	\$25 Copay (8 visits per plan year)	\$15 Copay (10 visits per plan year)	\$15 Copay (12 visits per plan year)	\$20 Copay
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$50 Copay (8 visits per plan year)	\$25 Copay (10 visits per plan year)	\$25 Copay (12 visits per plan year)	\$40 Copay
Urgent Care	\$50 Copay (2 visits per plan year)	\$35 Copay (3 visits per plan year)	\$35 Copay (3 visits per plan year)	\$50 Copay
Telemedicine	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)	\$0 Copay (Unlimited)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	\$50 Copay (3 visits per plan year)	\$50 Copay (4 visits per plan year)	\$50 Copay
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Authorization Required)	\$350 Copay ¹ (1 per plan year)	\$350 Copay ¹ (2 per plan year)	\$350 Copay ¹ (3 per plan year)	\$400 Copay ¹
Allergy Services	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	\$40 Copay (Separate copay from PCP or Specialist Office visit.)
Hospital & Facility Services (Subject to Referenced Based Pricing)				
Inpatient Hospitalization (Prior Authorization Required)	\$350 Copay per Admission ¹ (5 days per plan year)	\$350 Copay per Admission ¹ (7 days per plan year)	\$350 Copay per Admission ¹ (10 days per plan year)	\$400 Copay per Admission ¹
Inpatient Visits - Physician	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay	Included in IP Hospitalization Copay
Inpatient Surgery (Prior Authorization Required)	Included in IP Hospitalization Copay (2 surgeries per plan year)	Included in IP Hospitalization Copay (3 surgeries per plan year)	Included in IP Hospitalization Copay (4 surgeries per plan year)	Included in IP Hospitalization Copay
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Authorization Required)	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$400 Copay ¹
Anesthesia	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (2 IP and 1 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay (4 IP and 2 OP per plan year)	Included in IP Hospitalization or OP Hospital or FSF Services and Surgery Copay
Emergency Room	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (1 visit per plan year)	\$350 Copay ¹ (2 visits per plan year)	\$400 Copay ¹
Ambulance Service (Ground Services Only)	\$250 Copay ¹ (1 per plan year)	\$250 Copay ¹ (1 per plan year)	\$250 Copay ¹ (2 per plan year)	\$400 Copay ¹
Second Surgical Opinion	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Pregnancy Benefits				
Professional Services	Not Covered	\$350 Copay	\$350 Copay	\$50 Copay
Maternity / Childbirth / Delivery (Considered Inpatient Hospital Stay) (Prior Authorization Required)	Not Covered	\$350 Copay per Admission ¹	\$350 Copay per Admission ¹	\$400 Copay per Admission ¹
Other Services				
Home Health Care (Prior Authorization Required)	\$25 Copay (10 visits per plan year)	\$25 Copay (15 visits per plan year)	\$25 Copay (20 visits per plan year)	\$25 Copay (20 visits per plan year)
Hospice (Prior Authorization Required)	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Treatment for Chemical Abuse & Dependency – Inpatient (Prior Authorization Required)	\$250 Copay per Day ¹ (5 days per plan year)	\$250 Copay per Day ¹ (7 days per plan year)	\$250 Copay per Day ¹ (10 days per plan year)	\$250 Copay per Day ¹ (10 days per plan year)
Treatment for Chemical Abuse & Dependency – Outpatient (Prior Authorization Required)	\$25 Copay per Day (5 days per plan year)	\$25 Copay per Day (7 days per plan year)	\$25 Copay per Day (10 days per plan year)	\$25 Copay per Day (10 days per plan year)
Chemotherapy / Radiation Therapy (Prior Authorization Required) (Chemotherapy only includes infusion, not oral)	Not Covered	Not Covered	Not Covered	\$400 Copay ¹

Dialysis <i>(Prior Authorization Required)</i>	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Rehabilitation / Habilitation Services <i>(Physical, Speech, and Occupational) (Prior Authorization Required)</i>	Not Covered	Not Covered	\$50 Copay per Day <i>(12 visits per plan year)</i>	\$75 Copay per Day <i>(20 visits per plan year)</i>
Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Transplant – Facility <i>(Prior Authorization Required)</i>	Not Covered	Not Covered	Not Covered	\$400 Copay ¹
Transplant – Physician & Anesthesiologist Charges during Inpatient Hospitalization <i>(Prior Authorization Required)</i>	Not Covered	Not Covered	Not Covered	Benefit Subject to Reference Based Pricing
Pharmacy Benefits (Subject to Formulary)				
Preventive <i>(Generic Only)</i>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Non-Preventive <i>(Retail)</i>	\$5 Copay <i>(Generic)</i>	\$5 Copay <i>(Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>	\$5 Copay <i>(Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>	\$5 Copay <i>(Generic)</i> \$40 Copay <i>(Preferred Brand)</i> \$80 Copay <i>(Non-Preferred Brand)</i>
Non-Preventive <i>(Mail Order)</i>	\$15 Copay <i>(Generic)</i>	\$15 Copay <i>(Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>	\$15 Copay <i>(Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>	\$15 Copay <i>(Generic)</i> \$120 Copay <i>(Preferred Brand)</i> \$240 Copay <i>(Non-Preferred Brand)</i>

¹ After Copay, benefit subject to Reference Based Pricing

DISCLAIMER: BENEFITS LISTED ON THIS PROPOSAL ARE INTENDED TO BE A BRIEF SUMMARY AND ARE SUBJECT TO CHANGE, REFER TO THE SUMMARY OF BENEFITS FOR FULL DETAILS OF THE BENEFITS INCLUDING DESCRIPTION OF COVERAGE AND A LIST OF EXCLUSIONS.

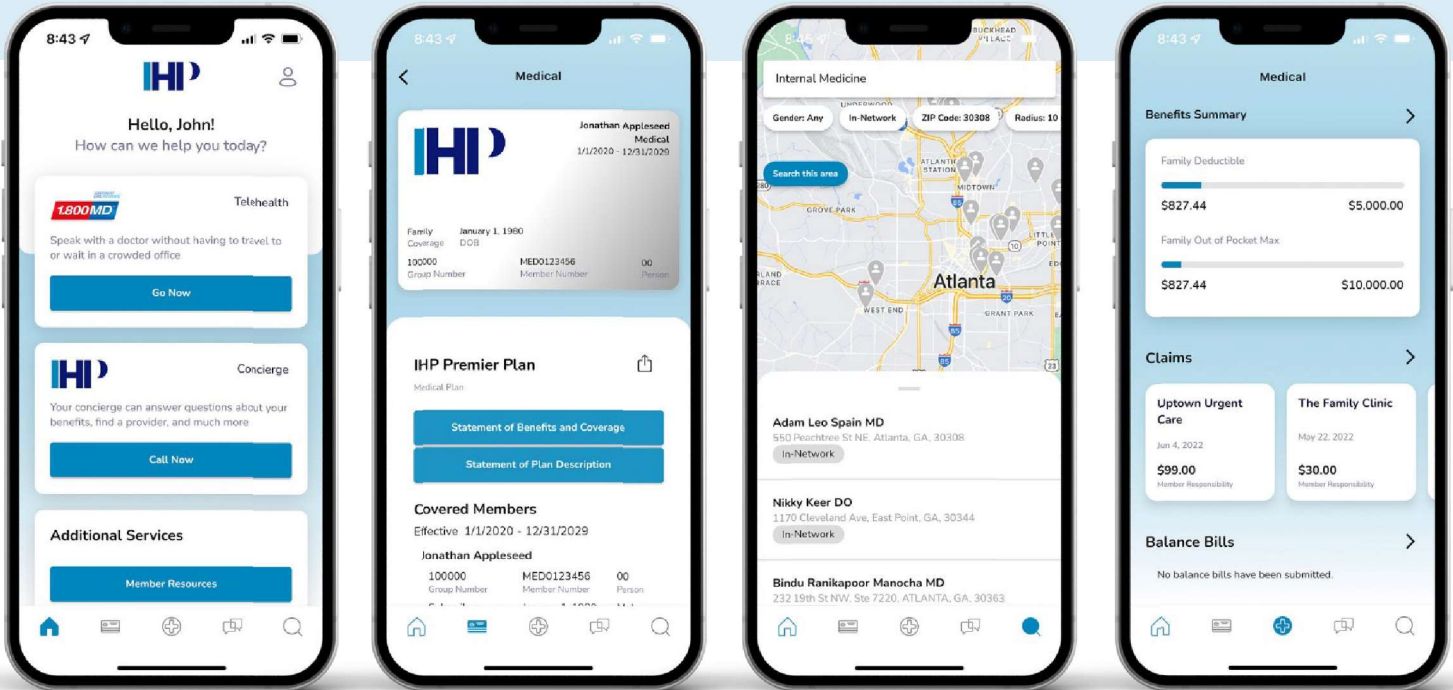
Rates

Plan	IHP Basic	IHP Plus	IHP Premier	IHP Ultimate
Single	\$402.30	\$446.87	\$481.67	\$595.09
EE + Spouse	\$653.57	\$751.63	\$810.09	\$1,058.01
EE + Child(ren)	\$575.31	\$655.55	\$700.61	\$903.70
Family	\$826.59	\$960.30	\$1,029.03	\$1,366.65



How Do I Access the Mobile App?

You're just a few clicks away from your new IHP branded health benefits experience



Access, Track, and Manage your benefits, online or by mobile, in three easy steps:

STEP 1

Download the app at the Apple App Store or Google Play Store by searching for "Medxoom" or visit member.medxoom.com for online access!



STEP 2

Open the app and register by verifying your Social Security Number or Member ID and Date of Birth (don't worry, your information is kept private and secure).

STEP 3

Review dependents and invite adult dependents to register

NOW YOU CAN

- View your Digital ID Card and details about your medical plan
- View detailed information about your Claims
- Get real-time updates on progress towards meeting your deductible and Out-of-Pocket maximums
- Initiate a Telehealth visit
- View and pay medical bills
- Search for doctors and procedures
- See important messages from IHP
- ...and much more! Start maximizing your health benefits today!

Plans Administered By



27 Years of TPA Experience

500K Lives Under Administration

1K Employer Group Clients

90% Client Retention

99% Claims Financial Accuracy

S&S Health was established 27 years ago in Cincinnati, Ohio. We offer modular technology within a proprietary claims platform that delivers a premiere national healthcare solution. We support Employers, Brokers, Consultants, Other TPA's and Direct to Employer health plan solutions. The company processes just over \$1 Billion in claims, annually, servicing just under 500,000 employee lives in over 1,000 employer groups.

S&S Health prides itself on market leading service in a secure and compliant environment. The company focuses on accurately servicing their clients quickly to alleviate stress on members and providers. S&S Health has achieved 99.97% financial accuracy and 99.04% coding accuracy on claims. We are committed to investing in people, processes, and technology to provide our clients with the best benefits and services available.

Reference-Based Pricing Through



98% Acceptance Rate with Providers

72% Average Savings on Medical Claims

45:1 Return on Investment

\$12,792 Average Savings Per Member

Reference-Based Pricing (aka Value-Based Payments) is an alternative health plan that uses a transparent way to determine the price of service based on value and quality. This process is based on Medicare prices plus a percentage – not some hidden arbitrary number.

In general, Value Based Payments is based on a percentage of Medicare (often 150%) and is used to determine hospital payments.





Dental PPO Insurance

Plan 4 Premier – \$2,000 | 100% | 80% | 50%

Life is full of unexpected smiles, and good oral health helps maintain them. Colonial Life dental insurance helps you pay for routine and costly dental care for you and your family, so you can focus on what’s important.

POLICY DETAILS

The policy year maximum benefit for this policy is \$2,000 per person.

Class A, B and C services apply toward the maximum.

This policy has a deductible of \$50 per person, per policy year for class B and C services.

Each covered family member pays a deductible up to a maximum of three members each policy year.

The co-insurance for this policy is:

CLASS	TYPE OF SERVICE	INSURANCE PAYS
Class A	Preventive services	100%
Class B	Basic services	80%
Class C	Major services	50%

LARGE NATIONAL NETWORK

- Save more with 117,000+ unique providers
- Claims filed for members by providers
- Easy provider search on ColonialLifeDental.com
- In-house recruiting team dedicated to expanding the network

How does this policy pay benefits for network and out-of-network care?

NETWORK BENEFITS

Network providers have agreed to charge discounted rates for covered services. You receive the benefit of discounted services, and pay only your co-insurance portion and any applicable deductible. Plus, network providers will file your claim for you, so you don’t have to deal with the paperwork.

OUT-OF-NETWORK BENEFITS

Out-of-network providers haven’t agreed to discounted rates, and their fees may vary significantly. Your policy’s co-insurance may not cover the total costs of dental care and, in addition to any deductible, you are responsible for any remaining balance. This is referred to as “balance billing” and only happens when you go out of network.



Covered procedures and waiting periods

PREVENTIVE SERVICES (CLASS A): NO WAITING PERIOD

- Routine exams and cleanings (twice every 12 months)
 - One additional cleaning per 12 months if member is in second or third trimester of pregnancy¹
- X-rays
 - Bitewing X-rays (up to four films, once every 12 months)
 - Full mouth X-rays (once every five years)
- Children's services (up to age 14)
 - Fluoride treatment (once every 12 months)
 - Sealants (once every 36 months)
 - Space maintainers (up to age 14, once every 24 months)
- Oral cancer screening (for age 40 +, once every 12 months)

BASIC SERVICES (CLASS B): NO WAITING PERIOD

- Fillings
- Simple extractions
- Periodontics (gum treatments)
- Endodontics (root canals)
- Repair of crowns, dentures or bridges
- Emergency treatment

MAJOR SERVICES (CLASS C): 12-MONTH WAITING PERIOD^{2,3}

- Oral surgery (extractions and impacted teeth)
- Anesthesia (covered with complex oral surgery)
- Inlays and onlays
- Crowns
- Bridges
- Dentures
- Endosteal implants (in place of a three-unit bridge)

Oral wellness is an essential component of our overall health. Based on experience with my own patients, people who actively seek regular dental care have a greater chance to be healthier and happier than people who don't.

Jim Di Marino

DMD, Dental Director for
Colonial Life



**For more information
about this dental policy,
talk with your
benefits counselor.**

1. Member may have one additional periodontal maintenance in place of an additional cleaning.
2. Waiting periods may be waived if takeover applies.
3. No waiting period in Maine.

THIS POLICY PROVIDES LIMITED BENEFITS.

This product is not available in ZIP codes beginning with 025.

This information is not intended to be a complete description of the insurance coverage available. The insurance 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 IDN8000 (including state abbreviations where used, for example: IDN8000-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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ColonialLifeDental.com

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Individual Dental PPO Insurance

Vision Rider



Dental insurance offers an optional vision rider to help pay for eye exams and materials, such as glasses and contact lenses. This coverage can help you maintain healthy vision and overall wellness, as well as provide valuable financial protection for you, your spouse and dependent children.

For more information,
talk with your
benefits counselor.

ColonialLife.com

Vision benefits	IN-NETWORK	OUT-OF-NETWORK ALLOWANCE
CO-PAYS		
Exam (once per 12 months)	\$10	Up to \$35
Materials	\$25	See below
STANDARD PLASTIC LENSES¹ (once per 12 months)		
Single vision	Covered by co-pay	Up to \$25
Bifocal	Covered by co-pay	Up to \$40
Trifocal	Covered by co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
Polycarbonate lenses (for children to age 19)	Covered by co-pay	N/A
FRAMES¹ (once per 12 months)		
Choose any frame available at provider locations	\$120 allowance	Up to \$50
CONTACT LENSES² (once per 12 months) (Includes fit, follow-up and materials) In lieu of eyeglass lenses and frames		
Elective	Up to \$120 allowance	Up to \$100 allowance
Medically necessary	Up to \$210 allowance	Up to \$210 allowance

Freedom of choice

You'll have access to a national vision network that includes independent optometrists, ophthalmologists and retail stores including Walmart, Sam's Club Optical, Costco,³ Pearle Vision and Target. You can search for providers at ColonialLifeVision.com.

Additional vision benefit advantages

- Eye exams and materials (frames, lenses) can be purchased from different locations and providers. For example, you could have an eye exam with your favorite eye care professional and order contacts online.
- Check the network for Value Added and Service Plus providers. They can provide special discounts for extra purchases of lenses and coatings, frames, contact lenses and other products.





Special discounts on material purchases⁴

Providers identified as Value Added or Service Plus in our online provider directory offer the following additional values for our members on vision material purchases.

We encourage you to contact your selected provider prior to visiting their location to confirm their continued participation. Not all providers, such as Walmart, Sam's Club and Costco Optical,³ choose to participate in these special discounts.

Value Added providers

DISCOUNTS FOR FIRST PAIR OF GLASSES

Lens options (add-ons for insured purchases):

- UV coating...\$15
- Solid tinting/gradient tinting...\$15
- Standard scratch resistance coating...\$15
- Standard anti-reflective coating...\$45
- Premium anti-reflective coating...\$70
- Ultra anti-reflective coating...20% discount
- Polarized...\$75
- Transition...\$75
- Progressive lenses:
 - Standard...\$110
 - Premium...\$170
 - Ultra...member receives a 20% discount
- Standard polycarbonate ...\$40
- High index (single vision)
 - 1.56-1.60...\$60
 - 1.66+...20% discount
- High index (multi-focal)
 - 1.56-1.60...\$75
 - 1.66+...20% discount

PURCHASE A SECOND PAIR OF GLASSES AND RECEIVE PREFERRED PRICING

Lenses:

- Single vision plastic lenses...\$40
- Bifocal plastic lenses...\$60
- Trifocal lenses...\$70
- Progressive lenses (standard)...\$110
- Progressive lenses (premium and ultra)...20% discount

DISCOUNTS ON FRAMES, CONTACT LENSES AND OTHER PRODUCTS

- **Frames** – Up to 35% discount
- **Contact Lenses** – 5-15% discount, depending on type
- **Other products** – 20% discount on non-prescription sunglasses and other ancillary products/solutions⁵

Service Plus providers

RECEIVE UP TO A 20% DISCOUNT FOR THE FOLLOWING ADD-ONS TO INSURED PURCHASES:

- UV coating
- Solid tinting/gradient tinting
- Standard scratch resistance coating
- Standard anti-reflective coating
- Premium anti-reflective coating
- Transition
- Standard polycarbonate

ColonialLife.com

¹ Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

² The contact lenses benefit is paid in lieu of eyeglass lenses and frames. Contact lenses consist of three components: materials, exams and fittings. Coverage is for materials and the exam, up to the contact lenses allowance. Fittings may be covered but only up to the amount of any unused contact lenses allowance – after materials.

³ Optometrists at Costco Optical outlets are independent of Costco and may not be in network. To verify that your vision exam will be fully covered after co-pay, confirm that your doctor is an in-network provider. Special payment and reimbursement terms apply for material purchases at Costco. Additional discounts are not applicable.

⁴ Not a covered benefit. These schedules are subject to change without notice. Added value discounts may not be available in all geographical areas and vary by network. Many providers are not able to offer discounts on "Prestige" frames. Special lens packages that combine numerous lens enhancements at value price points are not covered by these added value programs. Cannot be combined with any other promotions or discounts.

⁵ Some retail chains sell sunglasses in departments outside of their optical shops where discounts do not apply.

The policy or its provisions may vary or be unavailable in some states. The policy had exclusions and limitations, which may affect any benefits payable. See the actual policy or your Colonial Life benefits counselor for specific provisions and details of availability.

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With most Colonial Life plans:

- Coverage is available for your spouse and eligible dependent children.
- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums.
- You may receive benefits regardless of any insurance you may have with other companies.



Everyone's benefit needs are different. That's why it's important to choose the benefits that are right for your personal situation. Complete this page and bring it to your personal, 1-to-1 benefits counseling session. At the session, you'll learn how these products fit into your overall benefits package and how they can help protect what you've worked so hard to build.

- Disability insurance** — Helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.
- Accident insurance** — Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.
- Life insurance** — Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.
- Cancer insurance** — Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.
- Critical illness insurance** — Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness.
- Hospital confinement indemnity insurance** — Provides a lump-sum benefit for a covered hospital confinement or outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.
- Dental insurance** — Provides the same benefit amounts with any dentist you choose and covers a variety of dental procedures, from routine cleanings to more advanced procedures such as crowns and root canals. Additional savings are available by visiting a network dentist.



BENEFITS
FOR TRUCKING

Individual Dental PPO(IDN8000) for OH

Applicable to policy form Individual Dental PPO(IDN8000)

Zip Codes: 434, 435, 436, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 450, 451, 452, 453, 454, 455, 458, 459

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 Premier - 100/80/50, \$2,000 MAC	\$7.31	\$13.72	\$17.23	\$25.48

Zip Codes: 430, 431, 432, 433, 437, 438, 449, 456, 457

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 Premier - 100/80/50, \$2,000 MAC	\$7.65	\$14.39	\$18.07	\$26.74

Individual Disability - ISTD3000 for OH *B Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness with Psychiatric and Psychological Condition

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,500*	\$2,000*	\$2,500*	\$3,000*	\$3,500*
0 days Accident/14 days Sickness	17-49	\$14.09	\$18.78	\$23.48	\$28.18	\$32.87
	50-64	\$18.00	\$24.00	\$30.00	\$36.00	\$42.00
	65-74	\$23.09	\$30.78	\$38.48	\$46.18	\$53.87
14 days Accident/14 days Sickness	17-49	\$12.50	\$16.66	\$20.83	\$24.99	\$29.16
	50-64	\$16.13	\$21.51	\$26.88	\$32.26	\$37.64
	65-74	\$21.01	\$28.02	\$35.02	\$42.02	\$49.03

*monthly benefit amount

Term Life (ITL5000) for OH

Applicable to policy form ITL5000

- 20-Year Term Base Plan, Accidental Death Benefit

Non-Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000
25	\$3.35	\$5.79	\$8.22
35	\$3.59	\$6.27	\$8.94
45	\$5.95	\$10.98	\$16.01
55	\$11.61	\$22.31	\$33.00
65	\$28.40	\$55.88	\$83.36

Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$150,000
25	\$5.12	\$9.33	\$13.53
35	\$5.68	\$10.44	\$15.20
45	\$11.41	\$21.90	\$32.39
55	\$25.39	\$49.87	\$74.33
65	\$47.85	\$94.78	\$141.71

(Continued...)

Whole Life (IWL5000) for OH

Applicable to policy forms ICC19-IWL500-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO

- Adult Base Plan Paid-Up at Age 100, Accidental Death Benefit

Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000
25	\$5.40	\$9.23
35	\$7.25	\$12.68
45	\$10.58	\$19.12
55	\$17.04	\$29.21
65	\$24.76	\$48.82

Tobacco Rates

ISSUE AGE	\$25,000	\$50,000
25	\$8.50	\$13.11
35	\$10.84	\$16.90
45	\$15.06	\$25.48
55	\$26.55	\$40.26
65	\$33.16	\$65.63

Individual Accident (IAC4000) for OH

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage, Wellbeing Assistance Standard - \$100

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Premier	0-80	\$5.68	\$9.58	\$11.69	\$15.59

Critical Illness 1.0 for OH

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$1.45	\$2.19	\$1.82	\$2.58
	25-29	\$1.91	\$2.91	\$2.28	\$3.30
	30-34	\$2.39	\$3.64	\$2.76	\$4.04
	35-39	\$3.11	\$4.75	\$3.48	\$5.14
	40-44	\$3.73	\$5.70	\$4.10	\$6.09
	45-49	\$4.86	\$7.48	\$5.25	\$7.84
	50-54	\$6.73	\$10.34	\$7.10	\$10.71
	55-59	\$8.28	\$12.71	\$8.67	\$13.11
	60-64	\$10.95	\$16.82	\$11.35	\$17.21
	65-70	\$12.13	\$18.64	\$12.52	\$19.01

(Continued...)

Critical Illness 1.0 for OH

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$2.39	\$3.62	\$3.13	\$4.41
	25-29	\$3.32	\$5.05	\$4.05	\$5.84
	30-34	\$4.28	\$6.53	\$5.02	\$7.31
	35-39	\$5.72	\$8.74	\$6.45	\$9.53
	40-44	\$6.96	\$10.64	\$7.70	\$11.42
	45-49	\$9.22	\$14.19	\$10.01	\$14.93
	50-54	\$12.96	\$19.91	\$13.70	\$20.65
	55-59	\$16.05	\$24.67	\$16.84	\$25.45
	60-64	\$21.41	\$32.88	\$22.19	\$33.67
	65-70	\$23.76	\$36.53	\$24.55	\$37.27
\$30,000	17-24	\$3.34	\$5.05	\$4.45	\$6.23
	25-29	\$4.72	\$7.20	\$5.83	\$8.38
	30-34	\$6.18	\$9.41	\$7.28	\$10.59
	35-39	\$8.32	\$12.74	\$9.43	\$13.91
	40-44	\$10.19	\$15.58	\$11.30	\$16.75
	45-49	\$13.58	\$20.91	\$14.76	\$22.01
	50-54	\$19.19	\$29.49	\$20.30	\$30.60
	55-59	\$23.83	\$36.62	\$25.01	\$37.80
	60-64	\$31.86	\$48.94	\$33.04	\$50.12
	65-70	\$35.39	\$54.41	\$36.57	\$55.52

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$1.84	\$2.81	\$2.23	\$3.21
	25-29	\$2.60	\$3.99	\$2.99	\$4.36
	30-34	\$3.55	\$5.44	\$3.94	\$5.84
	35-39	\$4.68	\$7.18	\$5.07	\$7.57
	40-44	\$5.85	\$9.00	\$6.25	\$9.39
	45-49	\$7.52	\$11.56	\$7.91	\$11.93
	50-54	\$10.22	\$15.69	\$10.61	\$16.08
	55-59	\$12.98	\$19.94	\$13.35	\$20.31
	60-64	\$16.56	\$25.43	\$16.95	\$25.82
	65-70	\$18.50	\$28.43	\$18.89	\$28.80

(Continued...)

Critical Illness 1.0 for OH

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$3.18	\$4.87	\$3.96	\$5.65
	25-29	\$4.70	\$7.22	\$5.48	\$7.96
	30-34	\$6.59	\$10.13	\$7.38	\$10.91
	35-39	\$8.85	\$13.59	\$9.64	\$14.38
	40-44	\$11.21	\$17.24	\$11.99	\$18.02
	45-49	\$14.53	\$22.36	\$15.32	\$23.10
	50-54	\$19.93	\$30.62	\$20.72	\$31.41
	55-59	\$25.47	\$39.11	\$26.21	\$39.85
	60-64	\$32.62	\$50.10	\$33.41	\$50.88
	65-70	\$36.50	\$56.10	\$37.28	\$56.84
\$30,000	17-24	\$4.52	\$6.92	\$5.69	\$8.10
	25-29	\$6.80	\$10.45	\$7.98	\$11.56
	30-34	\$9.64	\$14.81	\$10.82	\$15.99
	35-39	\$13.03	\$20.01	\$14.21	\$21.18
	40-44	\$16.56	\$25.48	\$17.74	\$26.65
	45-49	\$21.55	\$33.16	\$22.72	\$34.27
	50-54	\$29.65	\$45.55	\$30.82	\$46.73
	55-59	\$37.95	\$58.29	\$39.06	\$59.40
	60-64	\$48.68	\$74.77	\$49.86	\$75.94
	65-70	\$54.50	\$83.77	\$55.68	\$84.88

Individual Medical Bridge for OH

Applicable to policy form Individual Medical Bridge

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

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	\$5.73	\$10.75	\$7.10	\$12.13
50-59	\$7.44	\$14.01	\$8.81	\$15.39
60-64	\$9.02	\$17.02	\$10.41	\$18.40
65-75	\$10.56	\$19.96	\$11.94	\$21.35

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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