

Deductions per year: 12

These rates were prepared on 10/2/2019 and are valid for 90 days.

Critical Illness 1.0 for NY

Applicable to policy forms CI-1.0-PL1-NY, CI-1.0-PL2-NY, CI-1.0-PL3-NY, CI-1.0-PL4-NY, CI-1.0-PL5-NY, CI-1.0-PL6-NY, CI-1.0-PL7-NY and CI-1.0-PL8-NY

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

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$15,000	17-24	\$10.10	\$16.00	\$10.55	\$16.45
	25-29	\$13.70	\$21.85	\$14.15	\$22.30
	30-34	\$15.65	\$25.00	\$16.10	\$25.45
	35-39	\$17.00	\$27.10	\$17.45	\$27.55
	40-44	\$20.75	\$33.25	\$21.20	\$33.70
	45-49	\$27.65	\$44.35	\$28.10	\$44.80
	50-54	\$40.55	\$64.75	\$41.00	\$65.20
	55-59	\$51.50	\$82.45	\$51.95	\$82.90
\$25,000	60-64	\$69.65	\$111.55	\$70.10	\$112.00
	17-24	\$15.50	\$24.60	\$16.25	\$25.35
	25-29	\$21.50	\$34.35	\$22.25	\$35.10
	30-34	\$24.75	\$39.60	\$25.50	\$40.35
	35-39	\$27.00	\$43.10	\$27.75	\$43.85
	40-44	\$33.25	\$53.35	\$34.00	\$54.10
	45-49	\$44.75	\$71.85	\$45.50	\$72.60
	50-54	\$66.25	\$105.85	\$67.00	\$106.60
\$40,000	55-59	\$84.50	\$135.35	\$85.25	\$136.10
	60-64	\$114.75	\$183.85	\$115.50	\$184.60
	17-24	\$23.60	\$37.50	\$24.80	\$38.70
	25-29	\$33.20	\$53.10	\$34.40	\$54.30
	30-34	\$38.40	\$61.50	\$39.60	\$62.70
	35-39	\$42.00	\$67.10	\$43.20	\$68.30
	40-44	\$52.00	\$83.50	\$53.20	\$84.70
	45-49	\$70.40	\$113.10	\$71.60	\$114.30
	50-54	\$104.80	\$167.50	\$106.00	\$168.70
	55-59	\$134.00	\$214.70	\$135.20	\$215.90
	60-64	\$182.40	\$292.30	\$183.60	\$293.50

Individual Accident (IAC4000) for NY

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Premier	0-80	\$23.84	\$35.26	\$41.28	\$52.11

Important Notice Regarding Coverage

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 Paul Revere 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. Colonial Voluntary Benefits products are underwritten by: The Paul Revere Life Insurance Company, Worcester, MA.

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Individual Dental PPO(IDN8000) for NY

● with Rollover Benefit

Applicable to policy form Individual Dental PPO(IDN8000)

Zip Codes: 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 125, 126, 127

COVERAGE LEVEL	ISSUE AGE	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 - 0/20/50 member resp., \$2,000 MAC	17-74	\$33.62	\$63.53	\$79.67	\$117.95
Plan 5 - 0/20/50 member resp., \$1,500 PPO	17-74	\$49.36	\$94.77	\$120.01	\$178.51

Individual Dental PPO(IDN8000) for NY

● with Rollover Benefit and Vision Rider

Applicable to policy form Individual Dental PPO(IDN8000)

Zip Codes: 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 125, 126, 127

COVERAGE LEVEL	ISSUE AGE	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 - 0/20/50 member resp., \$2,000 MAC	17-74	\$39.87	\$75.88	\$92.67	\$138.30
Plan 5 - 0/20/50 member resp., \$1,500 PPO	17-74	\$55.61	\$107.12	\$133.01	\$198.86

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Term Life 1000 for NY

Applicable to policy form Term1000-NY

● 20 Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$200,000
15	\$10.08	\$16.17	\$27.50
25	\$10.08	\$16.17	\$27.50
35	\$11.62	\$19.25	\$33.50
45	\$22.29	\$40.58	\$72.00
55	\$50.21	\$96.41	\$167.99

Endowment at Age 100 for NY

Applicable to policy forms WL-GPO-65-NY, WL-GPO-95-NY,
WL-NGPO-65-NY and WL-NGPO-95-NY

● Adult Base Plan Paid-Up at Age 95

Non-Tobacco Rates

ISSUE AGE	\$50,000	\$100,000	\$200,000
25	\$38.12	\$65.83	\$128.66
35	\$57.04	\$102.08	\$201.16
45	\$89.16	\$161.16	\$319.32
55	\$152.16	\$256.66	\$510.31
65	\$283.78	\$427.65	\$852.30

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