

Rate sheet prepared by Web User on 4/27/2023 8:04:35 AM. Alabama Payroll Premium rates are Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$33.50	\$5.95	\$0.91	\$40.36
18-75	INSURED/SPOUSE	\$57.64	\$14.05	\$0.91	\$72.60
18-75	ONE-PARENT FAMILY	\$33.50	\$5.95	\$0.91	\$40.36
18-75	TWO-PARENT FAMILY	\$57.64	\$14.05	\$0.91	\$72.60

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

SDR* = Optional Specified Disease Rider (Series B70052) premium



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AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$16.77	\$11.44	\$18.07	\$46.28
50-59	\$17.29	\$13.00	\$23.14	\$53.43
60-75	\$17.81	\$13.13	\$30.16	\$61.10
18-49 INSURED/SPOUSE	\$21.97	\$24.05	\$33.02	\$79.04
50-59	\$23.27	\$26.91	\$45.89	\$96.07
60-75	\$23.92	\$27.17	\$57.59	\$108.68
18-49 ONE-PARENT FAMILY	\$21.97	\$22.75	\$24.96	\$69.68
50-59	\$22.49	\$23.27	\$28.47	\$74.23
60-75	\$23.01	\$23.79	\$37.31	\$84.11
18-49 TWO-PARENT FAMILY	\$25.09	\$29.12	\$33.67	\$87.88
50-59	\$25.61	\$29.64	\$46.41	\$101.66
60-75	\$26.13	\$30.94	\$61.49	\$118.56

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$26.52	\$11.44	\$18.07	\$56.03
50-59	\$27.04	\$13.00	\$23.14	\$63.18
60-75	\$27.82	\$13.13	\$30.16	\$71.11
18-49 INSURED/SPOUSE	\$37.57	\$24.05	\$33.02	\$94.64
50-59	\$39.78	\$26.91	\$45.89	\$112.58
60-75	\$42.51	\$27.17	\$57.59	\$127.27
18-49 ONE-PARENT FAMILY	\$33.67	\$22.75	\$24.96	\$81.38
50-59	\$34.19	\$23.27	\$28.47	\$85.93
60-75	\$34.71	\$23.79	\$37.31	\$95.81
18-49 TWO-PARENT FAMILY	\$39.91	\$29.12	\$33.67	\$102.70
50-59	\$40.30	\$29.64	\$46.41	\$116.35
60-75	\$43.03	\$30.94	\$61.49	\$135.46

EBR*: Extended Benefit Rider Premium (Available for ages 18-75) HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

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HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)
*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

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CRITICAL CARE PROTECTION POLICY - Series A74300

	Individual			One Parent Family	y
Age	Premium	Total	Age	Premium	Total
18-35	\$17.81	\$17.81	18-35	\$30.29	\$30.29
36-45	\$25.22	\$25.22	36-45	\$35.75	\$35.75
46-55	\$37.18	\$37.18	46-55	\$46.02	\$46.02
56-70	\$51.48	\$51.48	56-70	\$64.87	\$64.87
	Insured/Spouse			Two Parent Family	y
Age	Insured/Spouse Premium	Total	Age	Two Parent Family	y Total
Age 18-35	•	Total \$34.19	Age	Premium	•
	Premium		- 	Premium \$38.74	Total
18-35	Premium \$34.19	\$34.19	18-35	Premium \$38.74 \$49.27	Total \$38.74

Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$21.97	\$21.97
18-75 NAMED INSURED/SPOUSE	\$31.20	\$31.20
18-75 ONE-PARENT FAMILY	\$36.92	\$36.92
18-75 TWO-PARENT FAMILY	\$47.84	\$47.84