



Rate sheet prepared by Client User on 3/19/2019 9:20:42 AM.
 Florida Payroll Premium rates are Semi-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.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$12,000	\$12,000	\$17,000	\$19,000	\$22,000	\$24,000	\$26,000	\$27,000	\$29,000	\$32,000
Benefit Period	Age	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600
3 MONTHS	18-49	\$7.74	\$8.84	\$9.95	\$11.05	\$12.16	\$13.26	\$14.37	\$15.47	\$16.58	\$17.68
	50-64	\$8.19	\$9.36	\$10.53	\$11.70	\$12.87	\$14.04	\$15.21	\$16.38	\$17.55	\$18.72
	65-74	\$10.01	\$11.44	\$12.87	\$14.30	\$15.73	\$17.16	\$18.59	\$20.02	\$21.45	\$22.88

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/14 DAYS

Annual Income		\$12,000	\$12,000	\$17,000	\$19,000	\$22,000	\$24,000	\$26,000	\$27,000	\$29,000	\$32,000
Benefit Period	Age	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600
3 MONTHS	18-49	\$5.92	\$6.76	\$7.61	\$8.45	\$9.30	\$10.14	\$10.99	\$11.83	\$12.68	\$13.52
	50-64	\$5.92	\$6.76	\$7.61	\$8.45	\$9.30	\$10.14	\$10.99	\$11.83	\$12.68	\$13.52
	65-74	\$6.83	\$7.80	\$8.78	\$9.75	\$10.73	\$11.70	\$12.68	\$13.65	\$14.63	\$15.60

Accident Advantage - 24-HOUR ACCIDENT OPTION 1 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$5.27	\$5.27
18-75 NAMED INSURED/SPOUSE	\$8.13	\$8.13
18-75 ONE-PARENT FAMILY	\$8.97	\$8.97
18-75 TWO-PARENT FAMILY	\$11.83	\$11.83

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$10.66	\$10.66
18-75 NAMED INSURED/SPOUSE	\$17.49	\$17.49
18-75 ONE-PARENT FAMILY	\$19.05	\$19.05
18-75 TWO-PARENT FAMILY	\$27.56	\$27.56



Rate sheet prepared by Client User on 3/19/2019 9:20:42 AM.
 Florida Payroll Premium rates are Semi-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.

AFLAC CANCER CARE PLAN PREFERRED - Series A78100

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-75	INDIVIDUAL	\$7.41	\$3.25	\$0.00	\$0.46	\$11.12
18-75	INSURED/SPOUSE	\$13.33	\$7.15	\$0.00	\$0.85	\$21.32
18-75	ONE-PARENT FAMILY	\$7.41	\$3.25	\$0.46	\$0.46	\$11.57
18-75	TWO-PARENT	\$13.33	\$7.15	\$0.46	\$0.85	\$21.78

IDR* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units

DCR* = Optional Dependent Child Rider (Series A-78051) premium

SDR* = Optional Specified Disease Rider (Series A-78052) premium

AFLAC CANCER CARE PLAN CLASSIC - Series A78300

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-75	INDIVIDUAL	\$19.05	\$3.25	\$0.00	\$0.46	\$22.75
18-75	INSURED/SPOUSE	\$32.37	\$7.15	\$0.00	\$0.85	\$40.37
18-75	ONE-PARENT FAMILY	\$19.05	\$3.25	\$0.46	\$0.46	\$23.21
18-75	TWO-PARENT	\$32.37	\$7.15	\$0.46	\$0.85	\$40.82

IDR* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units

DCR* = Optional Dependent Child Rider (Series A-78051) premium

SDR* = Optional Specified Disease Rider (Series A-78052) premium

VISION NOW - Series VSN100

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-39	\$5.40	\$8.91	\$8.52	\$11.25
40-49	\$7.35	\$10.27	\$12.42	\$14.56
50-70	\$11.05	\$12.81	\$19.05	\$19.44



Rate sheet prepared by Client User on 3/19/2019 9:20:42 AM.
 Florida Payroll Premium rates are Semi-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.

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$8.58	\$5.85	\$9.23	\$23.66
50-59	\$8.84	\$6.63	\$11.83	\$27.30
60-75	\$9.10	\$6.70	\$15.41	\$31.21
18-49 INSURED/SPOUSE	\$11.18	\$12.29	\$16.90	\$40.37
50-59	\$11.90	\$13.78	\$23.47	\$49.15
60-75	\$12.22	\$13.91	\$29.38	\$55.51
18-49 ONE-PARENT FAMILY	\$11.18	\$11.64	\$12.74	\$35.56
50-59	\$11.51	\$11.90	\$14.50	\$37.91
60-75	\$11.77	\$12.16	\$19.05	\$42.98
18-49 TWO-PARENT FAMILY	\$12.81	\$14.89	\$17.16	\$44.86
50-59	\$13.07	\$15.15	\$24.25	\$52.47
60-75	\$13.33	\$15.80	\$31.40	\$60.53

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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.

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$13.52	\$5.85	\$9.23	\$28.60
50-59	\$13.78	\$6.63	\$11.83	\$32.24
60-75	\$14.17	\$6.70	\$15.41	\$36.28
18-49 INSURED/SPOUSE	\$19.18	\$12.29	\$16.90	\$48.37
50-59	\$20.28	\$13.78	\$23.47	\$57.53
60-75	\$21.71	\$13.91	\$29.38	\$65.00
18-49 ONE-PARENT FAMILY	\$17.16	\$11.64	\$12.74	\$41.54
50-59	\$17.42	\$11.90	\$14.50	\$43.82
60-75	\$17.75	\$12.16	\$19.05	\$48.96
18-49 TWO-PARENT FAMILY	\$20.35	\$14.89	\$17.16	\$52.40
50-59	\$20.54	\$15.15	\$24.25	\$59.94
60-75	\$21.97	\$15.80	\$31.40	\$69.17

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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.



Rate sheet prepared by Client User on 3/19/2019 9:20:42 AM.
 Florida Payroll Premium rates are Semi-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.

CRITICAL CARE PROTECTION POLICY - Series A74100

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$4.42	\$1.11	\$5.53	18-35	\$4.94	\$1.17	\$6.11
36-45	\$6.89	\$2.02	\$8.91	36-45	\$7.15	\$2.15	\$9.30
46-55	\$9.62	\$2.41	\$12.03	46-55	\$9.95	\$2.47	\$12.42
56-70	\$13.00	\$2.67	\$15.67	56-70	\$13.26	\$2.80	\$16.06

Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$6.37	\$2.21	\$8.58	18-35	\$7.35	\$2.28	\$9.62
36-45	\$10.60	\$4.10	\$14.69	36-45	\$11.77	\$4.23	\$15.99
46-55	\$15.93	\$4.81	\$20.74	46-55	\$17.29	\$4.88	\$22.17
56-70	\$23.34	\$5.33	\$28.67	56-70	\$24.96	\$5.46	\$30.42

FOBBR: First Occurrence Building Benefit Rider (Rider Form A74050FL)

CRITICAL CARE PROTECTION POLICY - Series A74300

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$8.45	\$1.11	\$9.56	18-35	\$14.37	\$1.17	\$15.54
36-45	\$11.96	\$2.02	\$13.98	36-45	\$16.97	\$2.15	\$19.11
46-55	\$17.68	\$2.41	\$20.09	46-55	\$21.84	\$2.47	\$24.31
56-70	\$24.44	\$2.67	\$27.11	56-70	\$30.81	\$2.80	\$33.61

Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$16.25	\$2.21	\$18.46	18-35	\$18.40	\$2.28	\$20.67
36-45	\$21.52	\$4.10	\$25.61	36-45	\$23.40	\$4.23	\$27.63
46-55	\$33.09	\$4.81	\$37.90	46-55	\$35.10	\$4.88	\$39.98
56-70	\$47.19	\$5.33	\$52.52	56-70	\$50.51	\$5.46	\$55.97

FOBBR: First Occurrence Building Benefit Rider (Rider Form A74050FL)

DENTAL ESSENTIALS - Series A-82100R

		Premium	Total
18-70	INDIVIDUAL	\$11.64	\$11.64
18-70	ONE-PARENT FAMILY	\$20.35	\$20.35
18-70	INSURED/SPOUSE	\$20.48	\$20.48
18-70	TWO-PARENT FAMILY	\$29.32	\$29.32

DENTAL LEVEL 2 - Series A-82300R

		Premium	Total
18-70	INDIVIDUAL	\$18.53	\$18.53
18-70	ONE-PARENT FAMILY	\$36.01	\$36.01
18-70	INSURED/SPOUSE	\$36.27	\$36.27
18-70	TWO-PARENT FAMILY	\$54.21	\$54.21