



**Rate Sheet prepared for City of Reno  
Nevada Payroll Premium rates are Monthly.**

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**

**7 day Elimination Period (before Disability benefits will begin) for Sickness. Benefits pay beginning Day 1 of an injury-related Disability**

Annual Income		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
3 MONTHS	18-49	\$29.90	\$32.89	\$35.88	\$38.87	\$41.86	\$44.85	\$47.84	\$50.83	\$53.82	\$56.81
	50-64	\$35.10	\$38.61	\$42.12	\$45.63	\$49.14	\$52.65	\$56.16	\$59.67	\$63.18	\$66.69
	65-74	\$41.60	\$45.76	\$49.92	\$54.08	\$58.24	\$62.40	\$66.56	\$70.72	\$74.88	\$79.04
6 MONTHS	18-49	\$39.00	\$42.90	\$46.80	\$50.70	\$54.60	\$58.50	\$62.40	\$66.30	\$70.20	\$74.10
	50-64	\$46.80	\$51.48	\$56.16	\$60.84	\$65.52	\$70.20	\$74.88	\$79.56	\$84.24	\$88.92
	65-74	\$58.50	\$64.35	\$70.20	\$76.05	\$81.90	\$87.75	\$93.60	\$99.45	\$105.30	\$111.15

*\* Additional Benefits available for higher incomes. These are starting quotes. Please speak with your Aflac Agent to review your annual income and allowable benefits. This coverage is customizable to fit your needs and affordability!*

**AFLAC-SHORT TERM DISABILITY - Series A-57600**

**14 day Elimination Period (before Disability benefits will begin) for Sickness. Benefits pay beginning Day 1 of an injury-related Disability**

Annual Income		\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
3 MONTHS	18-49	\$22.10	\$24.31	\$26.52	\$28.73	\$30.94	\$33.15	\$35.36	\$37.57	\$39.78	\$41.99
	50-64	\$27.30	\$30.03	\$32.76	\$35.49	\$38.22	\$40.95	\$43.68	\$46.41	\$49.14	\$51.87
	65-74	\$32.50	\$35.75	\$39.00	\$42.25	\$45.50	\$48.75	\$52.00	\$55.25	\$58.50	\$61.75
6 MONTHS	18-49	\$27.30	\$30.03	\$32.76	\$35.49	\$38.22	\$40.95	\$43.68	\$46.41	\$49.14	\$51.87
	50-64	\$36.40	\$40.04	\$43.68	\$47.32	\$50.96	\$54.60	\$58.24	\$61.88	\$65.52	\$69.16
	65-74	\$45.50	\$50.05	\$54.60	\$59.15	\$63.70	\$68.25	\$72.80	\$77.35	\$81.90	\$86.45

*\* Additional Benefits available for higher incomes. These are starting quotes. Please speak with your Aflac Agent to review your annual income and allowable benefits. This coverage is customizable to fit your needs and affordability!*

**AFLAC PLUS RIDER**

Age	Aflac Plus Rider
18-29	\$3.12
30-39	\$4.42
40-49	\$7.54
50-70	\$12.87

**CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200**

Age		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

*\*Children up to the age of 26 covered at no extra cost!*

**\*New Plan as of May 2025**

**Accident Insurance - 24-HOUR ACCIDENT OPTION 2 - Series A38000**

	Premium	Total
18-75 INDIVIDUAL	\$26.99	\$26.99
18-75 NAMED INSURED/SPOUSE	\$37.95	\$37.95
18-75 ONE-PARENT FAMILY	\$44.91	\$44.91
18-75 TWO-PARENT FAMILY	\$57.09	\$57.09

**\*\*Optional Line of Duty Rider (Additional \$2.00 per month!)**

The Line of Duty Benefit Rider is for the named insured only. It is a part of the policy and is subject to all policy provisions.

Issue Ages: 18-70

**WHAT WE WILL PAY**

**Line of Duty Benefit:**

While the rider is in force, we will pay \$10,000 when the named insured suffers a gunshot wound requiring surgical repair or sustains an injury for which a severe acquired brain injury, dismemberment, permanent paralysis, third degree burn (20% or greater of total body surface), or accidental death benefit is payable while in the line of duty. This benefit is payable once per covered accident. The rider will terminate upon the earlier termination of the policy to which it is attached, your failure to pay premiums for the rider, or your death.

**DEFINITIONS:**

Line of Duty: Performance of an activity that is an authorized and required duty of the named insured in his or her work as a first responder.

First Responder: A person serving a public agency in an official capacity, with or without compensation, as a law enforcement officer, firefighter, or member of a public rescue squad or ambulance crew. Law enforcement officer includes police, corrections, probation, parole, and transit police. First responder does not include members of the military.

**\*New Plan as of May 2025**

**Accident Insurance - 24-HOUR ACCIDENT OPTION 3 - Series A38000**

	Premium	Total
18-75 INDIVIDUAL	\$30.83	\$30.83
18-75 NAMED INSURED/SPOUSE	\$43.65	\$43.65
18-75 ONE-PARENT FAMILY	\$52.34	\$52.34
18-75 TWO-PARENT FAMILY	\$66.10	\$66.10

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$17.42	\$11.83	\$18.72	\$47.97
50-59	\$17.94	\$13.52	\$24.05	\$55.51
60-75	\$18.46	\$13.65	\$31.33	\$63.44
18-49 INSURED/SPOUSE	\$22.88	\$24.96	\$34.32	\$82.16
50-59	\$24.18	\$28.08	\$47.71	\$99.97
60-75	\$24.83	\$28.34	\$59.93	\$113.10
18-49 ONE-PARENT FAMILY	\$22.88	\$23.66	\$26.00	\$72.54
50-59	\$23.40	\$24.18	\$29.51	\$77.09
60-75	\$23.92	\$24.83	\$38.74	\$87.49
18-49 TWO-PARENT FAMILY	\$26.13	\$30.29	\$34.97	\$91.39
50-59	\$26.65	\$30.81	\$50.18	\$107.64
60-75	\$27.17	\$32.24	\$63.96	\$123.37

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.

## CRITICAL CARE PROTECTION POLICY - Series A74200

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$16.90	\$2.34	\$19.24	18-35	\$28.73	\$2.47	\$31.20
36-45	\$24.05	\$4.29	\$28.34	36-45	\$34.06	\$4.55	\$38.61
46-55	\$32.76	\$5.07	\$37.83	46-55	\$43.81	\$5.20	\$49.01
56-70	\$42.25	\$5.59	\$47.84	56-70	\$57.59	\$5.85	\$63.44
Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$32.50	\$4.68	\$37.18	18-35	\$36.92	\$4.81	\$41.73
36-45	\$42.25	\$8.58	\$50.83	36-45	\$46.93	\$8.84	\$55.77
46-55	\$56.94	\$10.14	\$67.08	46-55	\$62.66	\$10.27	\$72.93
56-70	\$79.30	\$11.18	\$90.48	56-70	\$86.06	\$11.44	\$97.50

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

## DENTAL PREMIER - Series A-81300

		Premium	Total
18-65	INDIVIDUAL	\$37.20	\$37.20
18-65	ONE-PARENT FAMILY	\$72.40	\$72.40
18-65	HUSBAND WIFE	\$72.90	\$72.90
18-65	TWO-PARENT FAMILY	\$108.90	\$108.90

## LIFE INSURANCE- Whole & Term Life Options

Please speak with your Aflac agent for quotes and details