



Rate sheet prepared by Web User on 3/9/2021 3:44:46 PM.  
California Payroll Premium rates are Biweekly for industry Class B.

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	\$8.04	\$5.46	\$8.64	\$22.14
50-59	\$8.28	\$6.24	\$11.10	\$25.62
60-64	\$8.52	\$6.30	\$14.46	\$29.28
18-49 INSURED/SPOUSE	\$10.56	\$11.52	\$15.84	\$37.92
50-59	\$11.16	\$12.96	\$22.02	\$46.14
60-64	\$11.46	\$13.08	\$27.66	\$52.20
18-49 ONE-PARENT FAMILY	\$10.56	\$10.92	\$12.00	\$33.48
50-59	\$10.80	\$11.16	\$13.62	\$35.58
60-64	\$11.04	\$11.46	\$17.88	\$40.38
18-49 TWO-PARENT FAMILY	\$12.06	\$13.98	\$16.14	\$42.18
50-59	\$12.30	\$14.22	\$23.16	\$49.68
60-64	\$12.54	\$14.88	\$29.52	\$56.94

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	\$12.72	\$5.46	\$8.64	\$26.82
50-59	\$12.96	\$6.24	\$11.10	\$30.30
60-64	\$13.38	\$6.30	\$14.46	\$34.14
18-49 INSURED/SPOUSE	\$18.06	\$11.52	\$15.84	\$45.42
50-59	\$19.08	\$12.96	\$22.02	\$54.06
60-64	\$20.40	\$13.08	\$27.66	\$61.14
18-49 ONE-PARENT FAMILY	\$16.14	\$10.92	\$12.00	\$39.06
50-59	\$16.44	\$11.16	\$13.62	\$41.22
60-64	\$16.68	\$11.46	\$17.88	\$46.02
18-49 TWO-PARENT FAMILY	\$19.14	\$13.98	\$16.14	\$49.26
50-59	\$19.32	\$14.22	\$23.16	\$56.70
60-64	\$20.64	\$14.88	\$29.52	\$65.04

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 Web User on 3/9/2021 3:44:46 PM.  
California Payroll Premium rates are Biweekly for industry Class B.

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 1500 - Series B40100**

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$18.06	\$5.46	\$8.64	\$32.16
50-59	\$18.24	\$6.24	\$11.10	\$35.58
60-64	\$19.08	\$6.30	\$14.46	\$39.84
18-49 INSURED/SPOUSE	\$26.28	\$11.52	\$15.84	\$53.64
50-59	\$27.78	\$12.96	\$22.02	\$62.76
60-64	\$30.18	\$13.08	\$27.66	\$70.92
18-49 ONE-PARENT FAMILY	\$22.38	\$10.92	\$12.00	\$45.30
50-59	\$22.68	\$11.16	\$13.62	\$47.46
60-64	\$22.92	\$11.46	\$17.88	\$52.26
18-49 TWO-PARENT FAMILY	\$26.52	\$13.98	\$16.14	\$56.64
50-59	\$28.02	\$14.22	\$23.16	\$65.40
60-64	\$30.48	\$14.88	\$29.52	\$74.88

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 Web User on 3/9/2021 3:44:46 PM.  
California Payroll Premium rates are Biweekly for industry Class B.

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 2000 - Series B40100**

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$24.00	\$5.46	\$8.64	\$38.10
50-59	\$24.30	\$6.24	\$11.10	\$41.64
60-64	\$25.68	\$6.30	\$14.46	\$46.44
18-49 INSURED/SPOUSE	\$35.82	\$11.52	\$15.84	\$63.18
50-59	\$37.80	\$12.96	\$22.02	\$72.78
60-64	\$41.52	\$13.08	\$27.66	\$82.26
18-49 ONE-PARENT FAMILY	\$29.58	\$10.92	\$12.00	\$52.50
50-59	\$29.76	\$11.16	\$13.62	\$54.54
60-64	\$30.00	\$11.46	\$17.88	\$59.34
18-49 TWO-PARENT FAMILY	\$36.00	\$13.98	\$16.14	\$66.12
50-59	\$38.04	\$14.22	\$23.16	\$75.42
60-64	\$41.76	\$14.88	\$29.52	\$86.16

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 PLUS RIDER**

		Aflac Plus Rider
18-29	INDIVIDUAL	\$1.44
30-39		\$2.10
40-49		\$3.66
50-64		\$6.12
18-29	INSURED/SPOUSE	\$2.76
30-39		\$4.14
40-49		\$6.90
50-64		\$11.16
18-29	ONE-PARENT FAMILY	\$2.76
30-39		\$3.12
40-49		\$4.32
50-64		\$6.36
18-29	TWO-PARENT FAMILY	\$3.48
30-39		\$4.62
40-49		\$7.02
50-64		\$11.22

\*Note – The Aflac Plus Rider is not available with Option H.