

## Aflac Hospital Choice | Option 1

**Biweekly rates** 

Age Range	Benefit Amount	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 49	\$500	\$7.92	\$10.32	\$10.32	\$11.82
50 to 59	\$500	\$8.16	\$10.98	\$10.56	\$12.06
60 to 75	\$500	\$8.40	\$11.28	\$10.86	\$12.30
18 to 49	\$1,000	\$12.48	\$17.70	\$15.84	\$18.78
50 to 59	\$1,000	\$12.72	\$18.72	\$16.08	\$18.96
60 to 75	\$1,000	\$13.08	\$20.04	\$16.32	\$20.28
18 to 49	\$1,500	\$17.70	\$25.74	\$21.96	\$26.04
50 to 59	\$1,500	\$17.88	\$27.24	\$22.20	\$27.48
60 to 75	\$1,500	\$18.72	\$29.64	\$22.44	\$29.88
18 to 49	\$2,000	\$23.58	\$35.10	\$28.98	\$35.34
50 to 59	\$2,000	\$23.82	\$37.08	\$29.22	\$37.32
60 to 75	\$2,000	\$25.20	\$40.68	\$29.46	\$40.92
18 to 49	\$3,000	\$35.94	\$54.54	\$43.62	\$54.72
50 to 59	\$3,000	\$36.18	\$57.30	\$43.86	\$57.54
60 to 75	\$3,000	\$38.64	\$63.60	\$44.10	\$63.84
18 to 49	\$4,000	\$49.68	\$76.14	\$60.00	\$76.38

Rates are valid for 04/27/2025 and are subject to change.



Age Range	Benefit Amount	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
50 to 59	\$4,000	\$49.92	\$79.98	\$60.24	\$80.22
60 to 75	\$4,000	\$53.64	\$89.28	\$60.48	\$89.52
18 to 49	\$5,000	\$65.16	\$100.56	\$78.48	\$100.80
50 to 59	\$5,000	\$65.40	\$105.66	\$78.72	\$105.90
60 to 75	\$5,000	\$70.56	\$118.32	\$78.96	\$118.50