



# Rate Sheet

## Aflac Vision Insurance - Supplemental Option 2

Biweekly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 39	\$6.42	\$10.11	\$10.57	\$13.34
40 to 49	\$8.72	\$14.72	\$12.18	\$17.22
50 to 70	\$13.11	\$22.57	\$15.18	\$23.03