ICOE Rates

CA Payroll Premium rates are 10 Month for industry Class A.
Rate sheet prepared by HEIDI 8/12/26 8:33 PM

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.
The rates displayed are valid through 08/12/2026 and are subject to change.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

Age	Coverage	Premium	IDR	DCR	SDR	Total
18-64	INDIVIDUAL	$40.20	$7.14	$0.00	$1.09	**$48.43**
18-64	INSURED/SPOUSE	$69.17	$16.86	$0.00	$1.09	**$87.12**
18-64	ONE-PARENT FAMILY	$40.20	$7.14	$1.09	$1.09	**$49.52**
18-64	TWO-PARENT FAMILY	$69.17	$16.86	$1.09	$1.09	**$88.21**

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units ($500)
DCR* = Optional Dependent Child Rider (Series B70051) ($10,000)
SDR* = Optional Specified Disease Rider (Series B70052)

.

AFLAC ACCIDENT INSURANCE - 24-HOUR ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 3 - Series A38000

Age	Coverage	Premium	Total
18-64	INDIVIDUAL	$33.79	**$33.79**
18-64	INSURED/SPOUSE	$48.49	**$48.49**
18-64	ONE PARENT FAMILY	$57.95	**$57.95**
18-64	TWO PARENT FAMILY	$75.64	**$75.64**

AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $500 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$20.90	$14.20	$22.46	**$57.56**
50-59		$21.53	$16.22	$28.86	**$66.61**
60-64		$22.15	$16.38	$37.60	**$76.13**
18-49	INSURED/SPOUSE	$27.46	$29.95	$41.18	**$98.59**
50-59		$29.02	$33.70	$57.25	**$119.97**
60-64		$29.80	$34.01	$71.92	**$135.73**
18-49	ONE-PARENT FAMILY	$27.46	$28.39	$31.20	**$87.05**
50-59		$28.08	$29.02	$35.41	**$92.51**
60-64		$28.70	$29.80	$46.49	**$104.99**
18-49	TWO-PARENT FAMILY	$31.36	$36.35	$41.96	**$109.67**
50-59		$31.98	$36.97	$60.22	**$129.17**
60-64		$32.60	$38.69	$76.75	**$148.04**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $1,000 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$33.07	$14.20	$22.46	**$69.73**
50-59		$33.70	$16.22	$28.86	**$78.78**
60-64		$34.79	$16.38	$37.60	**$88.77**
18-49	INSURED/SPOUSE	$46.96	$29.95	$41.18	**$118.09**
50-59		$49.61	$33.70	$57.25	**$140.56**
60-64		$53.04	$34.01	$71.92	**$158.97**
18-49	ONE-PARENT FAMILY	$41.96	$28.39	$31.20	**$101.55**
50-59		$42.74	$29.02	$35.41	**$107.17**
60-64		$43.37	$29.80	$46.49	**$119.66**
18-49	TWO-PARENT FAMILY	$49.76	$36.35	$41.96	**$128.07**
50-59		$50.23	$36.97	$60.22	**$147.42**
60-64		$53.66	$38.69	$76.75	**$169.10**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

ICOE Rates

CA Payroll Premium rates are 10 Month for industry Class A.
Rate sheet prepared by HEIDI 8/12/26 8:33 PM

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.
The rates displayed are valid through 08/12/2026 and are subject to change.

AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $1,500 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$46.96	$14.20	$22.46	**$83.62**
50-59		$47.42	$16.22	$28.86	**$92.50**
60-64		$49.61	$16.38	$37.60	**$103.59**
18-49	INSURED/SPOUSE	$68.33	$29.95	$41.18	**$139.46**
50-59		$72.23	$33.70	$57.25	**$163.18**
60-64		$78.47	$34.01	$71.92	**$184.40**
18-49	ONE-PARENT FAMILY	$58.19	$28.39	$31.20	**$117.78**
50-59		$58.97	$29.02	$35.41	**$123.40**
60-64		$59.59	$29.80	$46.49	**$135.88**
18-49	TWO-PARENT FAMILY	$68.95	$36.35	$41.96	**$147.26**
50-59		$72.85	$36.97	$60.22	**$170.04**
60-64		$79.25	$38.69	$76.75	**$194.69**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $2,000 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$62.40	$14.20	$22.46	**$99.06**
50-59		$63.18	$16.22	$28.86	**$108.26**
60-64		$66.77	$16.38	$37.60	**$120.75**
18-49	INSURED/SPOUSE	$93.13	$29.95	$41.18	**$164.26**
50-59		$98.28	$33.70	$57.25	**$189.23**
60-64		$107.95	$34.01	$71.92	**$213.88**
18-49	ONE-PARENT FAMILY	$76.91	$28.39	$31.20	**$136.50**
50-59		$77.38	$29.02	$35.41	**$141.81**
60-64		$78.00	$29.80	$46.49	**$154.29**
18-49	TWO-PARENT FAMILY	$93.60	$36.35	$41.96	**$171.91**
50-59		$98.90	$36.97	$60.22	**$196.09**
60-64		$108.58	$38.69	$76.75	**$224.02**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	$3.74
30-39		$5.46
40-49		$9.52
50-64		$15.91
18-29	INSURED/SPOUSE	$7.18
30-39		$10.76
40-49		$17.94
50-64		$29.02
18-29	ONE-PARENT FAMILY	$7.18
30-39		$8.11
40-49		$11.23
50-64		$16.54
18-29	TWO-PARENT FAMILY	$9.05
30-39		$12.01
40-49		$18.25
50-64		$29.17

ICOE Rates

CA Payroll Premium rates are 10 Month for industry Class A.
Rate sheet prepared by HEIDI 8/12/26 8:33 PM

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.
The rates displayed are valid through 08/12/2026 and are subject to change.

CRITICAL CARE PROTECTION POLICY - Series A74300

Critical Care Protection (Individual)

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)
SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

Age	Premium	FOBBR	SHERR	Total
18-35	$21.37	$2.81	$1.40	**$25.58**
36-45	$30.26	$5.15	$3.43	**$38.84**
46-55	$44.62	$6.08	$5.62	**$56.32**
56-64	$61.78	$6.71	$7.96	**$76.44**

Critical Care Protection (Insured/Spouse)

Age	Premium	FOBBR	SHERR	Total
18-35	$41.03	$5.62	$2.81	**$49.45**
36-45	$54.29	$10.30	$5.77	**$70.36**
46-55	$83.62	$12.17	$9.67	**$105.46**
56-64	$119.18	$13.42	$14.82	**$147.42**

Critical Care Protection (One Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$36.35	$2.96	$1.56	**$40.87**
36-45	$42.90	$5.46	$3.43	**$51.79**
46-55	$55.22	$6.24	$5.62	**$67.08**
56-64	$77.84	$7.02	$8.11	**$92.98**

Critical Care Protection (Two Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$46.49	$5.77	$2.96	**$55.22**
36-45	$59.12	$10.61	$6.24	**$75.97**
46-55	$88.61	$12.32	$10.45	**$111.38**
56-64	$127.61	$13.73	$15.60	**$156.94**

ICOE Rates

CA Payroll Premium rates are 10 Month for industry Class A.

Rate sheet prepared by HEIDI 8/12/26 8:33 PM

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.

The rates displayed are valid through 08/12/2026 and are subject to change.

SPECIFIED DISEASE LUMP SUM POLICY - Series A73100

Age	Coverage	Non-Smoker Premium	Non-Smoker Total
18-24	INDIVIDUAL	$5.30	**$5.30**
25-29		$5.93	**$5.93**
30-34		$7.80	**$7.80**
35-39		$10.61	**$10.61**
40-44		$13.73	**$13.73**
45-49		$16.69	**$16.69**
50-54		$19.50	**$19.50**
55-59		$22.15	**$22.15**
60-64		$26.05	**$26.05**
18-24	INSURED/SPOUSE	$8.58	**$8.58**
25-29		$9.67	**$9.67**
30-34		$12.64	**$12.64**
35-39		$16.69	**$16.69**
40-44		$20.90	**$20.90**
45-49		$25.43	**$25.43**
50-54		$30.58	**$30.58**
55-59		$35.88	**$35.88**
60-64		$44.15	**$44.15**
18-24	ONE-PARENT FAMILY	$5.30	**$5.30**
25-29		$5.93	**$5.93**
30-34		$7.80	**$7.80**
35-39		$10.61	**$10.61**
40-44		$13.73	**$13.73**
45-49		$16.69	**$16.69**
50-54		$19.50	**$19.50**
55-59		$22.15	**$22.15**
60-64		$26.05	**$26.05**
18-24	TWO-PARENT FAMILY	$8.58	**$8.58**
25-29		$9.67	**$9.67**
30-34		$12.64	**$12.64**
35-39		$16.69	**$16.69**
40-44		$20.90	**$20.90**
45-49		$25.43	**$25.43**
50-54		$30.58	**$30.58**
55-59		$35.88	**$35.88**
60-64		$44.15	**$44.15**

Premium: Specified Disease Lump Sum(A73100) - Benefit Amount ($10,000)