Group Hospital Indemnity Insurance Rates

High Plan

Subscriber(s)	Semimonthly Rates
Employee	$9.99
Employee and Spouse	$19.19
Employee and Child(ren)	$16.06
Employee, Spouse, and Child(ren)	$26.06

Low Plan

Subscriber(s)	Semimonthly Rates
Employee	$5.05
Employee and Spouse	$10.11
Employee and Child(ren)	$8.13
Employee, Spouse, and Child(ren)	$13.19

Aflac group plans may be continued and are available at the same rates, even if you retire or leave the company. See plan for details.

The rates shown above are for illustrative purposes only and do not imply coverage. Please see the accompanying product brochure for complete details, limitations, and exclusions.