Rate sheet prepared by Web User on 1/23/2025 7:28:27 PM.
Minnesota Payroll Premium rates are Biweekly for industry Class C.

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	Total
18-49	INDIVIDUAL	$8.88	$8.88
50-59		$9.18	$9.18
60-75		$9.48	$9.48
18-49	INSURED/SPOUSE	$11.64	$11.64
50-59		$12.36	$12.36
60-75		$12.72	$12.72
18-49	ONE-PARENT FAMILY	$11.64	$11.64
50-59		$11.94	$11.94
60-75		$12.24	$12.24
18-49	TWO-PARENT FAMILY	$13.32	$13.32
50-59		$13.62	$13.62
60-75		$13.86	$13.86

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

		Premium	Total
18-49	INDIVIDUAL	$14.10	$14.10
50-59		$14.34	$14.34
60-75		$14.76	$14.76
18-49	INSURED/SPOUSE	$19.92	$19.92
50-59		$21.12	$21.12
60-75		$22.56	$22.56
18-49	ONE-PARENT FAMILY	$17.88	$17.88
50-59		$18.12	$18.12
60-75		$18.42	$18.42
18-49	TWO-PARENT FAMILY	$21.18	$21.18
50-59		$21.42	$21.42
60-75		$22.86	$22.86

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AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1500 - Series B40100

		Premium	Total
18-49	INDIVIDUAL	$19.92	$19.92
50-59		$20.16	$20.16
60-75		$21.12	$21.12
18-49	INSURED/SPOUSE	$29.04	$29.04
50-59		$30.72	$30.72
60-75		$33.42	$33.42
18-49	ONE-PARENT FAMILY	$24.78	$24.78
50-59		$25.02	$25.02
60-75		$25.32	$25.32
18-49	TWO-PARENT FAMILY	$29.34	$29.34
50-59		$30.96	$30.96
60-75		$33.66	$33.66

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 2000 - Series B40100

		Premium	Total
18-49	INDIVIDUAL	$26.58	$26.58
50-59		$26.82	$26.82
60-75		$28.44	$28.44
18-49	INSURED/SPOUSE	$39.60	$39.60
50-59		$41.82	$41.82
60-75		$45.90	$45.90
18-49	ONE-PARENT FAMILY	$32.70	$32.70
50-59		$32.94	$32.94
60-75		$33.18	$33.18
18-49	TWO-PARENT FAMILY	$39.84	$39.84
50-59		$42.06	$42.06
60-75		$46.14	$46.14