



Rate sheet prepared by Web User on 3/18/2021 2:44:20 PM.
Illinois Payroll Premium rates are Semi-Monthly for industry Class D.

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	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$8.39	\$5.72	\$9.04	\$23.15
50-59	\$8.65	\$6.50	\$11.57	\$26.72
60-75	\$8.91	\$6.57	\$15.08	\$30.56
18-49 INSURED/SPOUSE	\$10.99	\$12.03	\$16.51	\$39.53
50-59	\$11.64	\$13.46	\$22.95	\$48.05
60-75	\$11.96	\$13.59	\$28.80	\$54.35
18-49 ONE-PARENT FAMILY	\$10.99	\$11.38	\$12.48	\$34.85
50-59	\$11.25	\$11.64	\$14.24	\$37.13
60-75	\$11.51	\$11.90	\$18.66	\$42.07
18-49 TWO-PARENT FAMILY	\$12.55	\$14.56	\$16.84	\$43.95
50-59	\$12.81	\$14.82	\$23.21	\$50.84
60-75	\$13.07	\$15.47	\$30.75	\$59.29

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$13.26	\$5.72	\$9.04	\$28.02
50-59	\$13.52	\$6.50	\$11.57	\$31.59
60-75	\$13.91	\$6.57	\$15.08	\$35.56
18-49 INSURED/SPOUSE	\$18.79	\$12.03	\$16.51	\$47.33
50-59	\$19.89	\$13.46	\$22.95	\$56.30
60-75	\$21.26	\$13.59	\$28.80	\$63.65
18-49 ONE-PARENT FAMILY	\$16.84	\$11.38	\$12.48	\$40.70
50-59	\$17.10	\$11.64	\$14.24	\$42.98
60-75	\$17.36	\$11.90	\$18.66	\$47.92
18-49 TWO-PARENT FAMILY	\$19.96	\$14.56	\$16.84	\$51.36
50-59	\$20.15	\$14.82	\$23.21	\$58.18
60-75	\$21.52	\$15.47	\$30.75	\$67.74

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.



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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$18.79	\$5.72	\$9.04	\$33.55
50-59	\$18.98	\$6.50	\$11.57	\$37.05
60-75	\$19.89	\$6.57	\$15.08	\$41.54
18-49 INSURED/SPOUSE	\$27.37	\$12.03	\$16.51	\$55.91
50-59	\$28.93	\$13.46	\$22.95	\$65.34
60-75	\$31.46	\$13.59	\$28.80	\$73.85
18-49 ONE-PARENT FAMILY	\$23.34	\$11.38	\$12.48	\$47.20
50-59	\$23.60	\$11.64	\$14.24	\$49.48
60-75	\$23.86	\$11.90	\$18.66	\$54.42
18-49 TWO-PARENT FAMILY	\$27.63	\$14.56	\$16.84	\$59.03
50-59	\$29.19	\$14.82	\$23.21	\$67.22
60-75	\$31.72	\$15.47	\$30.75	\$77.94

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$25.03	\$5.72	\$9.04	\$39.79
50-59	\$25.29	\$6.50	\$11.57	\$43.36
60-75	\$26.78	\$6.57	\$15.08	\$48.43
18-49 INSURED/SPOUSE	\$37.31	\$12.03	\$16.51	\$65.85
50-59	\$39.39	\$13.46	\$22.95	\$75.80
60-75	\$43.23	\$13.59	\$28.80	\$85.62
18-49 ONE-PARENT FAMILY	\$30.81	\$11.38	\$12.48	\$54.67
50-59	\$31.01	\$11.64	\$14.24	\$56.89
60-75	\$31.27	\$11.90	\$18.66	\$61.83
18-49 TWO-PARENT FAMILY	\$37.51	\$14.56	\$16.84	\$68.91
50-59	\$39.65	\$14.82	\$23.21	\$77.68
60-75	\$43.49	\$15.47	\$30.75	\$89.71

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.