CA Payroll Premium rates are 10 Month for industry Class A.
Rate sheet prepared by DANIEL 7/27/26 9:56 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 07/27/2026 and are subject to change.

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)