



# Rate Sheet

## Aflac Dental Insurance - Supplemental Essentials

Semimonthly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 99	\$12.03	\$21.19	\$21.06	\$30.36



# Rate Sheet

## Aflac Dental Insurance - Supplemental Level 3

Semimonthly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 99	\$27.76	\$55.25	\$54.67	\$82.16