



Rate Sheet

Aflac Vision Insurance - Supplemental Option 1

Semimonthly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 39	\$6.95	\$10.95	\$11.45	\$14.45
40 to 49	\$9.45	\$15.95	\$13.20	\$18.65
50 to 65	\$14.20	\$24.45	\$16.45	\$24.95