



NH Payroll Premium rates are Monthly for industry Class B.
 Rate sheet prepared by ROBERT CELESTE JR 3/4/26 7:32 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.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-49	INDIVIDUAL	\$20.93	\$8.45	\$19.11	\$48.49
50-59		\$21.58	\$9.62	\$24.57	\$55.77
60-75		\$22.23	\$9.75	\$31.98	\$63.96
18-49	INSURED/SPOUSE	\$27.56	\$17.81	\$35.10	\$80.47
50-59		\$29.12	\$20.02	\$48.75	\$97.89
60-75		\$29.90	\$20.15	\$61.10	\$111.15
18-49	ONE-PARENT FAMILY	\$27.56	\$16.90	\$26.52	\$70.98
50-59		\$28.21	\$17.29	\$30.16	\$75.66
60-75		\$28.86	\$17.68	\$39.52	\$86.06
18-49	TWO-PARENT FAMILY	\$31.46	\$21.58	\$35.75	\$88.79
50-59		\$32.11	\$21.97	\$52.26	\$106.34
60-75		\$32.76	\$23.01	\$65.26	\$121.03

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 1000 - Series B40100

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-49	INDIVIDUAL	\$33.15	\$8.45	\$19.11	\$60.71
50-59		\$33.80	\$9.62	\$24.57	\$67.99
60-75		\$34.84	\$9.75	\$31.98	\$76.57
18-49	INSURED/SPOUSE	\$47.06	\$17.81	\$35.10	\$99.97
50-59		\$49.79	\$20.02	\$48.75	\$118.56
60-75		\$53.17	\$20.15	\$61.10	\$134.42
18-49	ONE-PARENT FAMILY	\$42.12	\$16.90	\$26.52	\$85.54
50-59		\$42.77	\$17.29	\$30.16	\$90.22
60-75		\$43.42	\$17.68	\$39.52	\$100.62
18-49	TWO-PARENT FAMILY	\$49.92	\$21.58	\$35.75	\$107.25
50-59		\$50.44	\$21.97	\$52.26	\$124.67
60-75		\$53.82	\$23.01	\$65.26	\$142.09

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 1500 - Series B40100

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-49	INDIVIDUAL	\$47.06	\$8.45	\$19.11	\$74.62
50-59		\$47.58	\$9.62	\$24.57	\$81.77
60-75		\$49.79	\$9.75	\$31.98	\$91.52
18-49	INSURED/SPOUSE	\$68.51	\$17.81	\$35.10	\$121.42
50-59		\$72.41	\$20.02	\$48.75	\$141.18
60-75		\$78.78	\$20.15	\$61.10	\$160.03
18-49	ONE-PARENT FAMILY	\$58.37	\$16.90	\$26.52	\$101.79
50-59		\$59.02	\$17.29	\$30.16	\$106.47
60-75		\$59.67	\$17.68	\$39.52	\$116.87
18-49	TWO-PARENT FAMILY	\$69.16	\$21.58	\$35.75	\$126.49
50-59		\$73.06	\$21.97	\$52.26	\$147.29
60-75		\$79.43	\$23.01	\$65.26	\$167.70

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



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

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-49	INDIVIDUAL	\$62.66	\$8.45	\$19.11	\$90.22
50-59		\$63.31	\$9.62	\$24.57	\$97.50
60-75		\$67.08	\$9.75	\$31.98	\$108.81
18-49	INSURED/SPOUSE	\$93.47	\$17.81	\$35.10	\$146.38
50-59		\$98.67	\$20.02	\$48.75	\$167.44
60-75		\$108.16	\$20.15	\$61.10	\$189.41
18-49	ONE-PARENT FAMILY	\$77.09	\$16.90	\$26.52	\$120.51
50-59		\$77.61	\$17.29	\$30.16	\$125.06
60-75		\$78.26	\$17.68	\$39.52	\$135.46
18-49	TWO-PARENT FAMILY	\$93.86	\$21.58	\$35.75	\$151.19
50-59		\$99.32	\$21.97	\$52.26	\$173.55
60-75		\$108.81	\$23.01	\$65.26	\$197.08

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