



EMORY UNIVERSITY

Rate sheet prepared by Web User on 2/2/2024 5:13:33 PM.
Georgia Payroll Premium rates are Biweekly for industry Class A.

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.

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$11.58	\$11.58
18-75 NAMED INSURED/SPOUSE	\$16.56	\$16.56
18-75 ONE-PARENT FAMILY	\$19.86	\$19.86
18-75 TWO-PARENT FAMILY	\$25.92	\$25.92

AFLAC PLUS RIDER

		Aflac Plus Rider
18-29	INDIVIDUAL	\$1.44
30-39		\$2.04
40-49		\$3.48
50-70		\$5.94
18-29	INSURED/SPOUSE	\$2.70
30-39		\$4.02
40-49		\$6.60
50-70		\$11.34
18-29	ONE-PARENT FAMILY	\$2.88
30-39		\$3.12
40-49		\$4.20
50-70		\$6.12
18-29	TWO-PARENT FAMILY	\$3.48
30-39		\$4.50
40-49		\$6.78
50-70		\$11.40

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

	Premium	IDR* (5 units)	Total
18-75 INDIVIDUAL	\$15.46	\$2.75	\$18.21
18-75 INSURED/SPOUSE	\$26.60	\$6.48	\$33.09
18-75 ONE-PARENT FAMILY	\$15.46	\$2.75	\$18.21
18-75 TWO-PARENT FAMILY	\$26.60	\$6.48	\$33.09

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units



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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$12.48	\$5.40	\$8.52	\$26.40
50-59	\$12.72	\$6.12	\$10.92	\$29.76
60-75	\$13.08	\$6.18	\$14.22	\$33.48
18-49 INSURED/SPOUSE	\$17.70	\$11.28	\$15.54	\$44.52
50-59	\$18.72	\$12.72	\$21.60	\$53.04
60-75	\$20.04	\$12.78	\$27.12	\$59.94
18-49 ONE-PARENT FAMILY	\$15.84	\$10.74	\$11.76	\$38.34
50-59	\$16.08	\$10.98	\$13.38	\$40.44
60-75	\$16.32	\$11.22	\$17.58	\$45.12
18-49 TWO-PARENT FAMILY	\$18.78	\$13.74	\$15.84	\$48.36
50-59	\$18.96	\$13.98	\$22.26	\$55.20
60-75	\$20.28	\$14.58	\$28.98	\$63.84

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 1500 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$17.70	\$5.40	\$8.52	\$31.62
50-59	\$17.88	\$6.12	\$10.92	\$34.92
60-75	\$18.72	\$6.18	\$14.22	\$39.12
18-49 INSURED/SPOUSE	\$25.74	\$11.28	\$15.54	\$52.56
50-59	\$27.24	\$12.72	\$21.60	\$61.56
60-75	\$29.64	\$12.78	\$27.12	\$69.54
18-49 ONE-PARENT FAMILY	\$21.96	\$10.74	\$11.76	\$44.46
50-59	\$22.20	\$10.98	\$13.38	\$46.56
60-75	\$22.44	\$11.22	\$17.58	\$51.24
18-49 TWO-PARENT FAMILY	\$26.04	\$13.74	\$15.84	\$55.62
50-59	\$27.48	\$13.98	\$22.26	\$63.72
60-75	\$29.88	\$14.58	\$28.98	\$73.44

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.