



## Aflac Vision Insurance - Supplemental Option 1

Monthly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 39	\$13.70	\$21.50	\$22.50	\$28.40
40 to 49	\$18.60	\$31.40	\$25.90	\$36.70
50 to 70	\$27.90	\$48.10	\$32.40	\$49.10



# Rate Sheet

## Aflac Short-Term Disability | 3 month benefit period

Monthly rates

Age Range	0/7 Days	0/14 Days	7/7 Days	7/14 Days	14/14 Days
18 to 49	\$3.25 per \$100	\$2.47 per \$100	\$3.12 per \$100	\$2.21 per \$100	\$2.08 per \$100
50 to 64	\$4.03 per \$100	\$3.12 per \$100	\$3.77 per \$100	\$2.73 per \$100	\$2.60 per \$100
65 to 74	\$4.81 per \$100	\$3.77 per \$100	\$4.55 per \$100	\$3.25 per \$100	\$3.12 per \$100



# Rate Sheet

## Aflac Short-Term Disability | 6 month benefit period

Monthly rates

Age Range	0/7 Days	0/14 Days	7/7 Days	7/14 Days	14/14 Days	0/30 Days	30/30 Days
18 to 49	\$4.29 per \$100	\$3.25 per \$100	\$4.03 per \$100	\$2.86 per \$100	\$2.73 per \$100	\$2.21 per \$100	\$1.82 per \$100
50 to 64	\$5.46 per \$100	\$4.29 per \$100	\$5.20 per \$100	\$4.03 per \$100	\$3.77 per \$100	\$3.12 per \$100	\$2.60 per \$100
65 to 74	\$6.89 per \$100	\$5.33 per \$100	\$6.50 per \$100	\$5.07 per \$100	\$4.68 per \$100	\$3.90 per \$100	\$3.25 per \$100