



AFLAC Supplemental Health Benefit Rates
C Industry – Monthly Payroll Deduction

<u>Cancer Assurance</u>	<u>Level 2</u>	<u>Level 3</u>
Individual	\$ 39.45	\$ 53.32
One Parent Family	\$ 39.45	\$ 53.32
Insured & Spouse	\$ 71.69	\$ 94.91
Two Parent Family	\$ 71.69	\$ 94.91

Includes \$500 Building Benefit Rider
Children Under 26 Included at No Additional Cost

****Lower Cost Options are available. Please ask for details****