



**AFLAC Supplemental Health Benefit Rates**  
**C Industry – Monthly Payroll Deduction**

<u>Hospital Choice</u>	<u>18-49</u>	<u>50-59</u>	<u>60-75</u>
Individual	\$ 27.56	\$ 28.08	\$ 28.99
One Parent Family	\$ 34.97	\$ 35.62	\$ 36.14
Insured & Spouse	\$ 39.13	\$ 41.34	\$ 44.20
Two Parent Family	\$ 41.47	\$ 41.99	\$ 44.72

\*\*\*\*\$1,000 Hospital Confinement - No Riders\*\*\*\*

**Add Aflac Plus Critical Illness Rider to**  
**Short-term Disability, Accident or Hospital Plans**

<u>Aflac Rider Plus</u>	<u>18-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-70</u>
Individual	\$ 3.12	\$ 4.42	\$ 7.54	\$ 12.87
One Parent Family	\$ 6.24	\$ 6.75	\$ 9.10	\$ 13.26
Insured & Spouse	\$ 5.85	\$ 8.71	\$ 14.30	\$ 24.57
Two Parent Family	\$ 7.54	\$ 9.75	\$ 14.69	\$ 24.70

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