



Aflac Vision Insurance - Supplemental Option 1

Weekly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 39	\$3.21	\$5.05	\$5.28	\$6.67
40 to 49	\$4.36	\$7.36	\$6.09	\$8.61
50 to 70	\$6.55	\$11.28	\$7.59	\$11.52



Aflac Vision Insurance - Supplemental Option 2

Weekly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 39	\$3.21	\$5.05	\$5.28	\$6.67
40 to 49	\$4.36	\$7.36	\$6.09	\$8.61
50 to 70	\$6.55	\$11.28	\$7.59	\$11.52



Aflac Vision Insurance - Supplemental Option 3

Weekly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 39	\$3.21	\$5.05	\$5.28	\$6.67
40 to 49	\$4.36	\$7.36	\$6.09	\$8.61
50 to 70	\$6.55	\$11.28	\$7.59	\$11.52