PA Payroll Premium rates are Weekly for industry Class B.
Rate sheet prepared by MEREDITH 11/11/26 12:26 PM

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For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
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AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $500 - Form B40100PA

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$4.11	$2.73	$4.38	**$11.22**
50-59		$4.23	$3.09	$5.61	**$12.93**
60-75		$4.35	$3.12	$7.32	**$14.79**
18-49	INSURED/SPOUSE	$5.37	$5.70	$8.01	**$19.08**
50-59		$5.70	$6.42	$11.13	**$23.25**
60-75		$5.85	$6.48	$13.95	**$26.28**
18-49	ONE-PARENT FAMILY	$5.37	$5.40	$6.06	**$16.83**
50-59		$5.52	$5.55	$6.90	**$17.97**
60-75		$5.64	$5.67	$9.03	**$20.34**
18-49	TWO-PARENT FAMILY	$6.15	$6.93	$8.16	**$21.24**
50-59		$6.27	$7.05	$11.82	**$25.14**
60-75		$6.39	$7.35	$14.91	**$28.65**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $1,000 - Form B40100PA

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$6.48	$2.73	$4.38	**$13.59**
50-59		$6.63	$3.09	$5.61	**$15.33**
60-75		$6.81	$3.12	$7.32	**$17.25**
18-49	INSURED/SPOUSE	$9.21	$5.70	$8.01	**$22.92**
50-59		$9.75	$6.42	$11.13	**$27.30**
60-75		$10.41	$6.48	$13.95	**$30.84**
18-49	ONE-PARENT FAMILY	$8.25	$5.40	$6.06	**$19.71**
50-59		$8.37	$5.55	$6.90	**$20.82**
60-75		$8.49	$5.67	$9.03	**$23.19**
18-49	TWO-PARENT FAMILY	$9.78	$6.93	$8.16	**$24.87**
50-59		$9.87	$7.05	$11.82	**$28.74**
60-75		$10.53	$7.35	$14.91	**$32.79**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $1,500 - Form B40100PA

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$9.21	$2.73	$4.38	**$16.32**
50-59		$9.30	$3.09	$5.61	**$18.00**
60-75		$9.75	$3.12	$7.32	**$20.19**
18-49	INSURED/SPOUSE	$13.41	$5.70	$8.01	**$27.12**
50-59		$14.16	$6.42	$11.13	**$31.71**
60-75		$15.39	$6.48	$13.95	**$35.82**
18-49	ONE-PARENT FAMILY	$11.43	$5.40	$6.06	**$22.89**
50-59		$11.55	$5.55	$6.90	**$24.00**
60-75		$11.67	$5.67	$9.03	**$26.37**
18-49	TWO-PARENT FAMILY	$13.53	$6.93	$8.16	**$28.62**
50-59		$14.28	$7.05	$11.82	**$33.15**
60-75		$15.54	$7.35	$14.91	**$37.80**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

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AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $2,000 - Form B40100PA

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$12.24	$2.73	$4.38	**$19.35**
50-59		$12.39	$3.09	$5.61	**$21.09**
60-75		$13.11	$3.12	$7.32	**$23.55**
18-49	INSURED/SPOUSE	$18.27	$5.70	$8.01	**$31.98**
50-59		$19.29	$6.42	$11.13	**$36.84**
60-75		$21.15	$6.48	$13.95	**$41.58**
18-49	ONE-PARENT FAMILY	$15.09	$5.40	$6.06	**$26.55**
50-59		$15.18	$5.55	$6.90	**$27.63**
60-75		$15.30	$5.67	$9.03	**$30.00**
18-49	TWO-PARENT FAMILY	$18.36	$6.93	$8.16	**$33.45**
50-59		$19.41	$7.05	$11.82	**$38.28**
60-75		$21.30	$7.35	$14.91	**$43.56**

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)