Aflac | Rate Sheet

Aflac Critical Care Protection | Option 2

Weekly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 35	$3.90	$7.50	$6.63	$8.52
36 to 45	$5.55	$9.75	$7.86	$10.83
46 to 55	$7.56	$13.14	$10.11	$14.46
56 to 70	$9.75	$18.30	$13.29	$19.86

RATE TOOL DISCLAIMER

The estimated premium rates created by this online tool should not be construed as an agreement to extend health insurance coverage, or to otherwise guarantee prices for such coverage. The estimated premium rates are for illustrative purposes only and reflect projected costs of coverage that are based upon employee census data provided to the above referenced insurance carrier(s), or their agents, by the employees' employer. Everwell and the insurance carriers listed herein disclaim any warranty or liability related to the census data provided by an employer and upon which the estimated premium rates are based. Exact premium rates can only be determined after an underwriting review and may be different than what is reflected in this proposal.

Insurance policies have terms, and limitations and exclusions which may affect your coverage. Insurance policies may not be available in all states, and benefits may vary by state, coverage, and plan level selected.

The insurance agents assisting with this proposal cannot provide legal or tax advice. You should discuss any specific questions about benefits decisions with your independent legal counsel or tax advisors. This piece is intended to be an information presentation to the employer only. It must be accompanied by the brochure.