Hospital Choice $1000 Semi-Monthly A Rates

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New York Payroll Premium rates are Semi-Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series NYB40100

		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$12.55	$4.29	$5.33	$22.17
50-59		$12.74	$4.88	$7.15	$24.77
60-75		$13.07	$4.94	$9.56	$27.57
18-49	INSURED/SPOUSE	$16.71	$9.04	$9.95	$35.70
50-59		$17.55	$10.14	$14.37	$42.06
60-75		$18.53	$10.21	$18.40	$47.14
18-49	ONE-PARENT FAMILY	$15.86	$8.91	$8.00	$32.77
50-59		$16.06	$9.10	$9.23	$34.39
60-75		$16.25	$9.30	$12.48	$38.03
18-49	TWO-PARENT FAMILY	$18.27	$11.38	$10.66	$40.31
50-59		$18.40	$11.57	$10.40	$40.37
60-75		$19.50	$12.09	$20.67	$52.26

EBR: Extended Benefit Rider Premium (Available for ages 18-75)*

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

**Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.*