



OH Payroll Premium rates are Biweekly for industry Class A.
Rate sheet prepared by DERRICK FELLOWS 3/1/26 6:30 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.

CANCER PROTECTION ASSURANCE PLAN LEVEL3 - Series B70300

Age	Coverage	Premium	IDR	DCR	SDR	Total
18-75	INDIVIDUAL	\$21.86	\$2.75	\$0.00	\$0.42	\$25.03
18-75	INSURED/SPOUSE	\$37.32	\$6.48	\$0.00	\$0.42	\$44.22
18-75	ONE-PARENT FAMILY	\$21.86	\$2.75	\$0.42	\$0.42	\$25.45
18-75	TWO-PARENT FAMILY	\$37.32	\$6.48	\$0.42	\$0.42	\$44.64

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units (\$500)
DCR* = Optional Dependent Child Rider (Series B70051) (\$10,000)
SDR* = Optional Specified Disease Rider (Series B70052)

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	
Monthly Benefit	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	
Benefit Period	Age										
6 MONTHS	18-49	\$16.80	\$18.48	\$20.16	\$21.84	\$23.52	\$25.20	\$26.88	\$28.56	\$30.24	\$31.92
	50-64	\$18.00	\$19.80	\$21.60	\$23.40	\$25.20	\$27.00	\$28.80	\$30.60	\$32.40	\$34.20
	65-74	\$22.80	\$25.08	\$27.36	\$29.64	\$31.92	\$34.20	\$36.48	\$38.76	\$41.04	\$43.32

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-75	INDIVIDUAL	\$12.06	\$5.34	\$9.00	\$26.40
18-75	INSURED/SPOUSE	\$17.46	\$11.40	\$18.42	\$47.28
18-75	ONE-PARENT FAMILY	\$15.30	\$10.32	\$11.52	\$37.14
18-75	TWO-PARENT FAMILY	\$18.06	\$13.20	\$16.02	\$47.28

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

Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	\$1.44
30-39		\$2.04
40-49		\$3.48
50-70		\$5.94
18-29	INSURED/SPOUSE	\$2.70
30-39		\$4.02
40-49		\$6.60
50-70		\$11.34
18-29	ONE-PARENT FAMILY	\$2.88
30-39		\$3.12
40-49		\$4.20
50-70		\$6.12
18-29	TWO-PARENT FAMILY	\$3.48
30-39		\$4.50
40-49		\$6.78
50-70		\$11.40

Accident Advantage - Series A36000 FRANCHISE 24-HOUR ACCIDENT OPTION 4

Age	Coverage	Premium	Total
18-75	INDIVIDUAL	\$11.58	\$11.58
18-75	NAMED INSURED/SPOUSE	\$16.56	\$16.56
18-75	ONE-PARENT FAMILY	\$19.86	\$19.86
18-75	TWO-PARENT FAMILY	\$25.92	\$25.92



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CRITICAL CARE PROTECTION POLICY - Series A74300

Critical Care Protection (Individual)

Individual;FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050);SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

Age	Premium	FOBBR	SHERR	Total
18-35	\$8.22	\$1.08	\$0.54	\$9.84
36-45	\$11.64	\$1.98	\$1.32	\$14.94
46-55	\$17.16	\$2.34	\$2.16	\$21.66
56-70	\$23.76	\$2.58	\$3.06	\$29.40

Critical Care Protection (One Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	\$13.98	\$1.14	\$0.60	\$15.72
36-45	\$16.50	\$2.10	\$1.32	\$19.92
46-55	\$21.24	\$2.40	\$2.16	\$25.80
56-70	\$29.94	\$2.70	\$3.12	\$35.76

Critical Care Protection (Insured/Spouse)

Age	Premium	FOBBR	SHERR	Total
18-35	\$15.78	\$2.16	\$1.08	\$19.02
36-45	\$20.88	\$3.96	\$2.22	\$27.06
46-55	\$32.16	\$4.68	\$3.72	\$40.56
56-70	\$45.84	\$5.16	\$5.70	\$56.70

Critical Care Protection (Two Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	\$17.88	\$2.22	\$1.14	\$21.24
36-45	\$22.74	\$4.08	\$2.40	\$29.22
46-55	\$34.08	\$4.74	\$4.02	\$42.84
56-70	\$49.08	\$5.28	\$6.00	\$60.36

DENTAL LEVEL 1 - Series A-82200R

Age	Coverage	Premium	Total
18-70	INDIVIDUAL	\$14.46	\$14.46
18-70	ONE-PARENT FAMILY	\$27.78	\$27.78
18-70	INSURED/SPOUSE	\$28.14	\$28.14
18-70	TWO-PARENT FAMILY	\$42.00	\$42.00

VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	\$6.42	\$10.11	\$10.57	\$13.34
40-49	\$8.72	\$14.72	\$12.18	\$17.22
50-70	\$13.11	\$22.57	\$15.18	\$23.03