FL Payroll Premium rates are Biweekly for industry Class A.
Rate sheet prepared by JESSICA GODWIN 11/9/26 3:33 PM

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.
The rates displayed are valid through 11/09/2026 and are subject to change.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

Age	Coverage	Premium	DCR	SDR	Total
18-75	INDIVIDUAL	$17.58	$0.00	$0.42	**$18.00**
18-75	INSURED/SPOUSE	$30.40	$0.00	$0.42	**$30.82**
18-75	ONE-PARENT FAMILY	$17.58	$0.42	$0.42	**$18.42**
18-75	TWO-PARENT FAMILY	$30.40	$0.42	$0.42	**$31.24**

DCR* = Optional Dependent Child Rider (Series B70051) ($10,000)
SDR* = Optional Specified Disease Rider (Series B70052)

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	DCR	SDR	Total
18-75	INDIVIDUAL	$24.96	$0.00	$0.42	**$25.38**
18-75	INSURED/SPOUSE	$42.91	$0.00	$0.42	**$43.33**
18-75	ONE-PARENT FAMILY	$24.96	$0.42	$0.42	**$25.80**
18-75	TWO-PARENT FAMILY	$42.91	$0.42	$0.42	**$43.75**

DCR* = Optional Dependent Child Rider (Series B70051) ($10,000)
SDR* = Optional Specified Disease Rider (Series B70052)

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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