FL Payroll Premium rates are Biweekly for industry Class A.
Rate sheet prepared by JESSICA GODWIN 11/9/26 4:17 PM

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AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $500 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$7.92	$5.40	$8.52	**$21.84**
50-59		$8.16	$6.12	$10.92	**$25.20**
60-75		$8.40	$6.18	$14.22	**$28.80**
18-49	INSURED/SPOUSE	$10.32	$11.34	$15.60	**$37.26**
50-59		$10.98	$12.72	$21.66	**$45.36**
60-75		$11.28	$12.84	$27.12	**$51.24**
18-49	ONE-PARENT FAMILY	$10.32	$10.74	$11.76	**$32.82**
50-59		$10.62	$10.98	$13.38	**$34.98**
60-75		$10.86	$11.22	$17.58	**$39.66**
18-49	TWO-PARENT FAMILY	$11.82	$13.74	$15.84	**$41.40**
50-59		$12.06	$13.98	$22.38	**$48.42**
60-75		$12.30	$14.58	$28.98	**$55.86**

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 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$12.48	$5.40	$8.52	**$26.40**
50-59		$12.72	$6.12	$10.92	**$29.76**
60-75		$13.08	$6.18	$14.22	**$33.48**
18-49	INSURED/SPOUSE	$17.70	$11.34	$15.60	**$44.64**
50-59		$18.72	$12.72	$21.66	**$53.10**
60-75		$20.04	$12.84	$27.12	**$60.00**
18-49	ONE-PARENT FAMILY	$15.84	$10.74	$11.76	**$38.34**
50-59		$16.08	$10.98	$13.38	**$40.44**
60-75		$16.38	$11.22	$17.58	**$45.18**
18-49	TWO-PARENT FAMILY	$18.78	$13.74	$15.84	**$48.36**
50-59		$18.96	$13.98	$22.38	**$55.32**
60-75		$20.28	$14.58	$28.98	**$63.84**

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 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$17.70	$5.40	$8.52	**$31.62**
50-59		$17.88	$6.12	$10.92	**$34.92**
60-75		$18.72	$6.18	$14.22	**$39.12**
18-49	INSURED/SPOUSE	$25.80	$11.34	$15.60	**$52.74**
50-59		$27.24	$12.72	$21.66	**$61.62**
60-75		$29.64	$12.84	$27.12	**$69.60**
18-49	ONE-PARENT FAMILY	$21.96	$10.74	$11.76	**$44.46**
50-59		$22.20	$10.98	$13.38	**$46.56**
60-75		$22.50	$11.22	$17.58	**$51.30**
18-49	TWO-PARENT FAMILY	$26.04	$13.74	$15.84	**$55.62**
50-59		$27.48	$13.98	$22.38	**$63.84**
60-75		$29.88	$14.58	$28.98	**$73.44**

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 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$23.58	$5.40	$8.52	**$37.50**
50-59		$23.82	$6.12	$10.92	**$40.86**
60-75		$25.20	$6.18	$14.22	**$45.60**
18-49	INSURED/SPOUSE	$35.16	$11.34	$15.60	**$62.10**
50-59		$37.08	$12.72	$21.66	**$71.46**
60-75		$40.74	$12.84	$27.12	**$80.70**
18-49	ONE-PARENT FAMILY	$29.04	$10.74	$11.76	**$51.54**
50-59		$29.22	$10.98	$13.38	**$53.58**
60-75		$29.46	$11.22	$17.58	**$58.26**
18-49	TWO-PARENT FAMILY	$35.34	$13.74	$15.84	**$64.92**
50-59		$37.38	$13.98	$22.38	**$73.74**
60-75		$40.98	$14.58	$28.98	**$84.54**

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