



Agent: Judy McCullough judy\_mccullough@us.aflac.com or TEXT 434-851-2241

VA Payroll Premium rates are 10 Month for industry Class A.  
Rate sheet prepared by JUDY 3/20/26 3:46 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.

### AFLAC ACCIDENT INSURANCE - 24-HOUR ACCIDENT OPTION 2 - Series A38000

Age	Coverage	Premium	Total
18-75	INDIVIDUAL	\$29.29	<b>\$29.29</b>
18-75	INSURED/SPOUSE	\$41.75	<b>\$41.75</b>
18-75	ONE PARENT FAMILY	\$49.22	<b>\$49.22</b>
18-75	TWO PARENT FAMILY	\$63.78	<b>\$63.78</b>

### AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/14 DAYS

Annual Income	\$40,000	\$42,000	\$44,000	\$46,000	\$48,000	\$50,000	\$52,000	\$54,000	\$56,000	\$58,000	
Monthly Benefit	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	
Benefit Period	Age										
6 MONTHS	18-49	\$56.16	\$58.97	\$61.78	\$64.58	\$67.39	\$70.20	\$73.01	\$75.82	\$78.62	\$81.43
	50-64	\$65.52	\$68.80	\$72.07	\$75.35	\$78.62	\$81.90	\$85.18	\$88.45	\$91.73	\$95.00
	65-74	\$81.12	\$85.18	\$89.23	\$93.29	\$97.34	\$101.40	\$105.46	\$109.51	\$113.57	\$117.62
Age	Coverage	Aflac Value Rider									
18-69	INDIVIDUAL	\$13.10									

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

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-49	INDIVIDUAL	\$30.58	\$13.10	\$20.75	<b>\$64.43</b>
50-59		\$31.20	\$14.98	\$26.68	<b>\$72.86</b>
60-75		\$31.98	\$15.13	\$34.79	<b>\$81.90</b>
18-49	INSURED/SPOUSE	\$43.21	\$27.61	\$38.06	<b>\$108.88</b>
50-59		\$45.86	\$31.04	\$52.88	<b>\$129.78</b>
60-75		\$48.98	\$31.36	\$66.30	<b>\$146.64</b>
18-49	ONE-PARENT FAMILY	\$38.84	\$26.21	\$28.86	<b>\$93.91</b>
50-59		\$39.31	\$26.83	\$32.76	<b>\$98.90</b>
60-75		\$39.94	\$27.46	\$42.90	<b>\$110.30</b>
18-49	TWO-PARENT FAMILY	\$46.02	\$33.54	\$38.84	<b>\$118.40</b>
50-59		\$46.33	\$34.16	\$51.32	<b>\$131.81</b>
60-75		\$49.61	\$35.57	\$70.82	<b>\$156.00</b>

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

### PERSONAL CANCER INDEMNITY LEVEL THREE - Series A-75300

Age	Coverage	Premium	BBR	Total
18-70	INDIVIDUAL	\$40.20	\$3.60	<b>\$43.80</b>
18-70	ONE-PARENT FAMILY	\$48.24	\$5.40	<b>\$53.64</b>
18-70	TWO-PARENT FAMILY	\$67.08	\$7.80	<b>\$74.88</b>

BBR\* = Optional Building Benefit Rider (Series A-75050) premium 1-5 units