



Hospital Plan Rates Bi-Weekly

Rate sheet prepared by Web User on 11/2/2023 1:11:38 PM.
Alabama Payroll Premium rates are Biweekly 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 500 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$7.74	\$5.28	\$8.34	\$21.36
50-59	\$7.98	\$6.00	\$10.68	\$24.66
60-75	\$8.22	\$6.06	\$13.92	\$28.20
18-49 INSURED/SPOUSE	\$10.14	\$11.10	\$15.24	\$36.48
50-59	\$10.74	\$12.42	\$21.18	\$44.34
60-75	\$11.04	\$12.54	\$26.58	\$50.16
18-49 ONE-PARENT FAMILY	\$10.14	\$10.50	\$11.52	\$32.16
50-59	\$10.38	\$10.74	\$13.14	\$34.26
60-75	\$10.62	\$10.98	\$17.22	\$38.82
18-49 TWO-PARENT FAMILY	\$11.58	\$13.44	\$15.54	\$40.56
50-59	\$11.82	\$13.68	\$21.42	\$46.92
60-75	\$12.06	\$14.28	\$28.38	\$54.72

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.

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$12.24	\$5.28	\$8.34	\$25.86
50-59	\$12.48	\$6.00	\$10.68	\$29.16
60-75	\$12.84	\$6.06	\$13.92	\$32.82
18-49 INSURED/SPOUSE	\$17.34	\$11.10	\$15.24	\$43.68
50-59	\$18.36	\$12.42	\$21.18	\$51.96
60-75	\$19.62	\$12.54	\$26.58	\$58.74
18-49 ONE-PARENT FAMILY	\$15.54	\$10.50	\$11.52	\$37.56
50-59	\$15.78	\$10.74	\$13.14	\$39.66
60-75	\$16.02	\$10.98	\$17.22	\$44.22
18-49 TWO-PARENT FAMILY	\$18.42	\$13.44	\$15.54	\$47.40
50-59	\$18.60	\$13.68	\$21.42	\$53.70
60-75	\$19.86	\$14.28	\$28.38	\$62.52

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.



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AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1500 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$17.34	\$5.28	\$8.34	\$30.96
50-59	\$17.52	\$6.00	\$10.68	\$34.20
60-75	\$18.36	\$6.06	\$13.92	\$38.34
18-49 INSURED/SPOUSE	\$25.26	\$11.10	\$15.24	\$51.60
50-59	\$26.70	\$12.42	\$21.18	\$60.30
60-75	\$29.04	\$12.54	\$26.58	\$68.16
18-49 ONE-PARENT FAMILY	\$21.54	\$10.50	\$11.52	\$43.56
50-59	\$21.78	\$10.74	\$13.14	\$45.66
60-75	\$22.02	\$10.98	\$17.22	\$50.22
18-49 TWO-PARENT FAMILY	\$25.50	\$13.44	\$15.54	\$54.48
50-59	\$26.94	\$13.68	\$21.42	\$62.04
60-75	\$29.28	\$14.28	\$28.38	\$71.94

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.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 2000 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$23.10	\$5.28	\$8.34	\$36.72
50-59	\$23.34	\$6.00	\$10.68	\$40.02
60-75	\$24.72	\$6.06	\$13.92	\$44.70
18-49 INSURED/SPOUSE	\$34.44	\$11.10	\$15.24	\$60.78
50-59	\$36.36	\$12.42	\$21.18	\$69.96
60-75	\$39.90	\$12.54	\$26.58	\$79.02
18-49 ONE-PARENT FAMILY	\$28.44	\$10.50	\$11.52	\$50.46
50-59	\$28.62	\$10.74	\$13.14	\$52.50
60-75	\$28.86	\$10.98	\$17.22	\$57.06
18-49 TWO-PARENT FAMILY	\$34.62	\$13.44	\$15.54	\$63.60
50-59	\$36.60	\$13.68	\$21.42	\$71.70
60-75	\$40.14	\$14.28	\$28.38	\$82.80

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.