Aflac

Clackamas County

OR Payroll Premium rates are Semi-Monthly for industry Class B.
Rate sheet prepared by WILLIAM 9/4/26 1:41 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.
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AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $500 - Series B40100

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$8.71	$5.92	$9.43	**$24.06**
50-59		$8.97	$6.76	$12.03	**$27.76**
60-75		$9.30	$6.83	$15.67	**$31.80**
18-49	INSURED/SPOUSE	$11.44	$12.48	$17.23	**$41.15**
50-59		$12.09	$14.04	$23.92	**$50.05**
60-75		$12.42	$14.17	$29.97	**$56.56**
18-49	ONE-PARENT FAMILY	$11.44	$11.83	$13.00	**$36.27**
50-59		$11.70	$12.09	$14.82	**$38.61**
60-75		$11.96	$12.42	$19.37	**$43.75**
18-49	TWO-PARENT FAMILY	$13.07	$15.15	$17.55	**$45.77**
50-59		$13.33	$15.41	$25.16	**$53.90**
60-75		$13.59	$16.12	$32.05	**$61.76**

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	$13.78	$5.92	$9.43	**$29.13**
50-59		$14.04	$6.76	$12.03	**$32.83**
60-75		$14.50	$6.83	$15.67	**$37.00**
18-49	INSURED/SPOUSE	$19.57	$12.48	$17.23	**$49.28**
50-59		$20.67	$14.04	$23.92	**$58.63**
60-75		$22.10	$14.17	$29.97	**$66.24**
18-49	ONE-PARENT FAMILY	$17.49	$11.83	$13.00	**$42.32**
50-59		$17.81	$12.09	$14.82	**$44.72**
60-75		$18.07	$12.42	$19.37	**$49.86**
18-49	TWO-PARENT FAMILY	$20.74	$15.15	$17.55	**$53.44**
50-59		$21.00	$15.41	$25.16	**$61.57**
60-75		$22.36	$16.12	$32.05	**$70.53**

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	$19.57	$5.92	$9.43	**$34.92**
50-59		$19.76	$6.76	$12.03	**$38.55**
60-75		$20.67	$6.83	$15.67	**$43.17**
18-49	INSURED/SPOUSE	$28.47	$12.48	$17.23	**$58.18**
50-59		$30.10	$14.04	$23.92	**$68.06**
60-75		$32.76	$14.17	$29.97	**$76.90**
18-49	ONE-PARENT FAMILY	$24.31	$11.83	$13.00	**$49.14**
50-59		$24.57	$12.09	$14.82	**$51.48**
60-75		$24.83	$12.42	$19.37	**$56.62**
18-49	TWO-PARENT FAMILY	$28.73	$15.15	$17.55	**$61.43**
50-59		$30.36	$15.41	$25.16	**$70.93**
60-75		$33.02	$16.12	$32.05	**$81.19**

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	$26.07	$5.92	$9.43	**$41.42**
50-59		$26.33	$6.76	$12.03	**$45.12**
60-75		$27.89	$6.83	$15.67	**$50.39**
18-49	INSURED/SPOUSE	$38.81	$12.48	$17.23	**$68.52**
50-59		$40.95	$14.04	$23.92	**$78.91**
60-75		$44.98	$14.17	$29.97	**$89.12**
18-49	ONE-PARENT FAMILY	$32.05	$11.83	$13.00	**$56.88**
50-59		$32.24	$12.09	$14.82	**$59.15**
60-75		$32.50	$12.42	$19.37	**$64.29**
18-49	TWO-PARENT FAMILY	$39.00	$15.15	$17.55	**$71.70**
50-59		$41.28	$15.41	$25.16	**$81.85**
60-75		$45.24	$16.12	$32.05	**$93.41**

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	$1.56
30-39		$2.21
40-49		$3.77
50-70		$6.44
18-29	INSURED/SPOUSE	$2.93
30-39		$4.36
40-49		$7.15
50-70		$12.29
18-29	ONE-PARENT FAMILY	$3.12
30-39		$3.38
40-49		$4.55
50-70		$6.63
18-29	TWO-PARENT FAMILY	$3.77
30-39		$4.88
40-49		$7.35
50-70		$12.35