



AMOCO Federal Credit Union
 TX Payroll Premium rates are Semi-Monthly for industry Class B.
 Rate sheet prepared by RACHELLE 2/25/26 6:36 PM

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 For more information about policy/plan benefits and limitations, please refer to the accompanying
 product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE (EXPRESS) PLAN OPTION 2 - Series B70200

Age	Coverage	Premium	IDR	DCR	SDR	Total
18-75	INDIVIDUAL	\$16.75	\$2.98	\$0.00	\$0.46	\$20.19
18-75	INSURED/SPOUSE	\$28.82	\$7.03	\$0.00	\$0.46	\$36.31
18-75	ONE-PARENT FAMILY	\$16.75	\$2.98	\$0.46	\$0.46	\$20.65
18-75	TWO-PARENT FAMILY	\$28.82	\$7.03	\$0.46	\$0.46	\$36.77

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units (\$500)
 DCR* = Optional Dependent Child Rider (Series B70051) (\$10,000)
 SDR* = Optional Specified Disease Rider (Series B70052)

AFLAC ACCIDENT INSURANCE (EXPRESS) - 24-HOUR ACCIDENT OPTION 3 - Series A38000

Age	Coverage	Premium	Total
18-75	INDIVIDUAL	\$15.42	\$15.42
18-75	INSURED/SPOUSE	\$21.83	\$21.83
18-75	ONE PARENT FAMILY	\$26.17	\$26.17
18-75	TWO PARENT FAMILY	\$33.05	\$33.05

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

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-49	INDIVIDUAL	\$13.52	\$5.85	\$9.23	\$28.60
50-59		\$13.78	\$6.63	\$11.83	\$32.24
60-75		\$14.17	\$6.70	\$15.41	\$36.28
18-49	INSURED/SPOUSE	\$19.18	\$12.22	\$16.84	\$48.24
50-59		\$20.28	\$13.78	\$23.40	\$57.46
60-75		\$21.71	\$13.85	\$29.38	\$64.94
18-49	ONE-PARENT FAMILY	\$17.16	\$11.64	\$12.74	\$41.54
50-59		\$17.42	\$11.90	\$14.50	\$43.82
60-75		\$17.68	\$12.16	\$19.05	\$48.89
18-49	TWO-PARENT FAMILY	\$20.35	\$14.89	\$17.16	\$52.40
50-59		\$20.54	\$15.15	\$24.12	\$59.81
60-75		\$21.97	\$15.80	\$31.40	\$69.17

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



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CRITICAL CARE PROTECTION POLICY - Series A74300

Critical Care Protection (Individual)

Individual

Age	Premium	Total
18-35	\$8.91	\$8.91
36-45	\$12.61	\$12.61
46-55	\$18.59	\$18.59
56-70	\$25.74	\$25.74

Critical Care Protection (One Parent Family)

Age	Premium	Total
18-35	\$15.15	\$15.15
36-45	\$17.88	\$17.88
46-55	\$23.01	\$23.01
56-70	\$32.44	\$32.44

Critical Care Protection (Insured/Spouse)

Age	Premium	Total
18-35	\$17.10	\$17.10
36-45	\$22.62	\$22.62
46-55	\$34.84	\$34.84
56-70	\$49.66	\$49.66

Critical Care Protection (Two Parent Family)

Age	Premium	Total
18-35	\$19.37	\$19.37
36-45	\$24.64	\$24.64
46-55	\$36.92	\$36.92
56-70	\$53.17	\$53.17

DENTAL ESSENTIALS - Series A-82100R

Age	Coverage	Premium	Total
18-70	INDIVIDUAL	\$12.03	\$12.03
18-70	ONE-PARENT FAMILY	\$21.06	\$21.06
18-70	INSURED/SPOUSE	\$21.19	\$21.19
18-70	TWO-PARENT FAMILY	\$30.36	\$30.36

VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	\$6.95	\$10.95	\$11.45	\$14.45
40-49	\$9.45	\$15.95	\$13.20	\$18.65
50-70	\$14.20	\$24.45	\$16.45	\$24.95