Lane County

Oregon Payroll Premium rates are Biweekly.
Aflac Group coverage is underwritten by Continental American Insurance Company (CAIC). 1-800-433-3036

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.

CAIC GROUP HOSPITAL INDEMNITY Plan I - Series 8500

	Premium
Employee	$16.17
Employee & Spouse	$32.16
Employee & Child	$24.96
Family	$40.95

Note: This plan is not HSA compatible.

Lane County - HSA compatible hospital rates biweekly
Rate sheet prepared by Web User on 10/16/2024 2:54:15 PM.
Oregon Payroll Premium rates are Biweekly for industry Class B.

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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.

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 500 - Series B4010H

		Premium	Total
18-49	INDIVIDUAL	$10.14	$10.14
50-59		$10.86	$10.86
60-75		$12.66	$12.66
18-49	INSURED/SPOUSE	$14.10	$14.10
50-59		$17.34	$17.34
60-75		$21.12	$21.12
18-49	ONE-PARENT FAMILY	$11.58	$11.58
50-59		$12.18	$12.18
60-75		$13.68	$13.68
18-49	TWO-PARENT FAMILY	$14.34	$14.34
50-59		$17.58	$17.58
60-75		$21.36	$21.36

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 1000 - Series B4010H

		Premium	Total
18-49	INDIVIDUAL	$15.00	$15.00
50-59		$15.42	$15.42
60-75		$18.06	$18.06
18-49	INSURED/SPOUSE	$21.78	$21.78
50-59		$25.56	$25.56
60-75		$30.30	$30.30
18-49	ONE-PARENT FAMILY	$17.40	$17.40
50-59		$17.64	$17.64
60-75		$18.66	$18.66
18-49	TWO-PARENT FAMILY	$22.08	$22.08
50-59		$25.80	$25.80
60-75		$30.60	$30.60

Lane County - HSA compatible hospital rates biweekly
Rate sheet prepared by Web User on 10/16/2024 2:54:15 PM.
Oregon Payroll Premium rates are Biweekly for industry Class B.

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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.

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 1500 - Series B4010H

		Premium	Total
18-49	INDIVIDUAL	$20.40	$20.40
50-59		$20.40	$20.40
60-75		$24.00	$24.00
18-49	INSURED/SPOUSE	$30.36	$30.36
50-59		$34.50	$34.50
60-75		$40.44	$40.44
18-49	ONE-PARENT FAMILY	$23.76	$23.76
50-59		$24.06	$24.06
60-75		$24.12	$24.12
18-49	TWO-PARENT FAMILY	$30.84	$30.84
50-59		$34.74	$34.74
60-75		$40.68	$40.68

AFLAC HOSPITAL CHOICE - Option H Benefit Amount 2000 - Series B4010H

		Premium	Total
18-49	INDIVIDUAL	$26.64	$26.64
50-59		$26.88	$26.88
60-75		$30.78	$30.78
18-49	INSURED/SPOUSE	$40.14	$40.14
50-59		$44.82	$44.82
60-75		$52.08	$52.08
18-49	ONE-PARENT FAMILY	$31.14	$31.14
50-59		$31.44	$31.44
60-75		$31.68	$31.68
18-49	TWO-PARENT FAMILY	$40.92	$40.92
50-59		$45.06	$45.06
60-75		$52.32	$52.32