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.

OR Payroll Premium rates are Biweekly for industry Class B.
Rate sheet prepared by CAROL KENYON 9/14/26 2:16 PM

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AFLAC HOSPITAL CHOICE - OPTION H Benefit Amount $500 - Series B4010H

Age	Coverage	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 $1,000 - Series B4010H

Age	Coverage	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**

AFLAC HOSPITAL CHOICE - OPTION H Benefit Amount $1,500 - Series B4010H

Age	Coverage	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**

OR Payroll Premium rates are Biweekly for industry Class B.
Rate sheet prepared by CAROL KENYON 9/14/26 2:16 PM

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AFLAC HOSPITAL CHOICE - OPTION H Benefit Amount $2,000 - Series B4010H

Age	Coverage	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**

Age	Coverage	Aflac Plus Rider HSA
18-29	INDIVIDUAL	$1.44
30-39		$1.98
40-49		$3.42
50-70		$5.88
18-29	INSURED/SPOUSE	$2.70
30-39		$3.96
40-49		$6.54
50-70		$11.28
18-29	ONE-PARENT FAMILY	$2.88
30-39		$3.06
40-49		$4.14
50-70		$6.06
18-29	TWO-PARENT FAMILY	$3.48
30-39		$4.44
40-49		$6.72
50-70		$11.34