OR Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by BRYAN 11/6/26 11:53 AM

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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.
**The rates displayed are valid through 11/06/2026 and are subject to change.**

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## AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $500 - Series B40100

| Age | Coverage | Premium | EBR | HSSCR | Total |
|---|---|---|---|---|---|
| 18-49 | INDIVIDUAL | $8.04 | $5.46 | $8.70 | **$22.20** |
| 50-59 | | $8.28 | $6.24 | $11.10 | **$25.62** |
| 60-75 | | $8.58 | $6.30 | $14.46 | **$29.34** |
| 18-49 | INSURED/SPOUSE | $10.56 | $11.52 | $15.90 | **$37.98** |
| 50-59 | | $11.16 | $12.96 | $22.08 | **$46.20** |
| 60-75 | | $11.46 | $13.08 | $27.66 | **$52.20** |
| 18-49 | ONE-PARENT FAMILY | $10.56 | $10.92 | $12.00 | **$33.48** |
| 50-59 | | $10.80 | $11.16 | $13.68 | **$35.64** |
| 60-75 | | $11.04 | $11.46 | $17.88 | **$40.38** |
| 18-49 | TWO-PARENT FAMILY | $12.06 | $13.98 | $16.20 | **$42.24** |
| 50-59 | | $12.30 | $14.22 | $23.22 | **$49.74** |
| 60-75 | | $12.54 | $14.88 | $29.58 | **$57.00** |

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)