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Florida Payroll Premium rates are Semi-Monthly for industry Class A.

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.

Accident Advantage - 24-HOUR ACCIDENT OPTION 1 - Series A38000

		Premium	Total
18-75	INDIVIDUAL	$10.08	$10.08
18-75	NAMED INSURED/SPOUSE	$14.38	$14.38
18-75	ONE-PARENT FAMILY	$17.05	$17.05
18-75	TWO-PARENT FAMILY	$22.28	$22.28

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

		Premium	Total
18-49	INDIVIDUAL	$15.93	$15.93
50-59		$16.38	$16.38
60-75		$19.18	$19.18
18-49	INSURED/SPOUSE	$23.21	$23.21
50-59		$27.17	$27.17
60-75		$32.24	$32.24
18-49	ONE-PARENT FAMILY	$18.46	$18.46
50-59		$18.72	$18.72
60-75		$19.83	$19.83
18-49	TWO-PARENT FAMILY	$23.47	$23.47
50-59		$27.43	$27.43
60-75		$32.50	$32.50

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

		Premium	Total
18-49	INDIVIDUAL	$21.71	$21.71
50-59		$21.71	$21.71
60-75		$25.48	$25.48
18-49	INSURED/SPOUSE	$32.24	$32.24
50-59		$36.66	$36.66
60-75		$42.97	$42.97
18-49	ONE-PARENT FAMILY	$25.29	$25.29
50-59		$25.55	$25.55
60-75		$25.61	$25.61
18-49	TWO-PARENT FAMILY	$32.76	$32.76
50-59		$36.92	$36.92
60-75		$43.23	$43.23

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CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	$19.04	$2.98	$0.46	$22.47
18-75	INSURED/SPOUSE	$32.94	$7.03	$0.46	$40.42
18-75	ONE-PARENT FAMILY	$19.04	$2.98	$0.46	$22.47
18-75	TWO-PARENT FAMILY	$32.94	$7.03	$0.46	$40.42

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*

SDR = Optional Specified Disease Rider (Series B70052) premium*

AFLAC PLUS RIDER

		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

CRITICAL CARE PROTECTION POLICY - Series A74100

Individual

Age	Premium	FOBBR	Total
18-35	$4.42	$1.11	$5.53
36-45	$6.89	$2.02	$8.91
46-55	$9.62	$2.41	$12.03
56-70	$13.00	$2.67	$15.67

One Parent Family

Age	Premium	FOBBR	Total
18-35	$4.94	$1.17	$6.11
36-45	$7.15	$2.15	$9.30
46-55	$9.95	$2.47	$12.42
56-70	$13.26	$2.80	$16.06

Insured/Spouse

Age	Premium	FOBBR	Total
18-35	$6.37	$2.21	$8.58
36-45	$10.60	$4.10	$14.69
46-55	$15.93	$4.81	$20.74
56-70	$23.34	$5.33	$28.67

Two Parent Family

Age	Premium	FOBBR	Total
18-35	$7.35	$2.28	$9.62
36-45	$11.77	$4.23	$15.99
46-55	$17.29	$4.88	$22.17
56-70	$24.96	$5.46	$30.42

FOBBR: First Occurrence Building Benefit Rider (Rider Form A74050FL)