Rate sheet prepared by Web User on 11/15/2022 9:43:50 AM.
Florida Payroll Premium rates are Semi-Monthly for industry Class A.

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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 1 Benefit Amount 1000 - Series B40100

		Premium	EBR	HSSCR	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	$12.29	$16.90	$48.37
50-59		$20.28	$13.78	$23.47	$57.53
60-75		$21.71	$13.91	$29.38	$65.00
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		$17.75	$12.16	$19.05	$48.96
18-49	TWO-PARENT FAMILY	$20.35	$14.89	$17.16	$52.40
50-59		$20.54	$15.15	$24.25	$59.94
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)*
**Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.*

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1500 - Series B40100

		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$19.18	$5.85	$9.23	$34.26
50-59		$19.37	$6.63	$11.83	$37.83
60-75		$20.28	$6.70	$15.41	$42.39
18-49	INSURED/SPOUSE	$27.95	$12.29	$16.90	$57.14
50-59		$29.51	$13.78	$23.47	$66.76
60-75		$32.11	$13.91	$29.38	$75.40
18-49	ONE-PARENT FAMILY	$23.79	$11.64	$12.74	$48.17
50-59		$24.05	$11.90	$14.50	$50.45
60-75		$24.38	$12.16	$19.05	$55.59
18-49	TWO-PARENT FAMILY	$28.21	$14.89	$17.16	$60.26
50-59		$29.77	$15.15	$24.25	$69.17
60-75		$32.37	$15.80	$31.40	$79.57

EBR: Extended Benefit Rider Premium (Available for ages 18-75)*
HSSCR: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)*
**Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.*

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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