

AFLAC

GROUP ACCIDENT ADVANTAGE PLUS	
INDIVIDUAL	\$9.07
EMPLOYEE & SPOUSE	\$13.59
ONE PARENT FAMILY	\$15.90
TWO PARENT FAMILY	\$20.42

CANCER PROTECTION ASSURANCE	AGE 18-75
INDIVIDUAL	\$18.63
ONE PARENT FAMILY	\$18.63
INSURED & SPOUSE	\$33.51
TWO PARENT FAMILY	\$33.51

DISABILITY INCOME PROTECTION ADVANTAGE		
0 Day Wait For Accident		
7 Day Wait For Sickness		
INCOME	AGE 18-49	AGE 50-64
\$500 per month	\$ 6.60	\$ 6.90
\$600 per month	\$ 7.92	\$ 8.28
\$700 per month	\$ 9.24	\$ 9.66
\$800 per month	\$ 10.56	\$ 11.04
\$900 per month	\$ 11.88	\$ 12.42
\$1000 per month	\$ 13.20	\$ 13.80
\$1100 per month	\$ 14.52	\$ 15.18
\$1200 per month	\$ 15.84	\$ 16.56
\$1300 per month	\$ 17.16	\$ 17.94
\$1400 per month	\$ 18.48	\$ 19.32
\$1500 per month	\$ 19.80	\$ 20.70
\$1600 per month	\$ 21.12	\$ 22.08
\$1700 per month	\$ 22.44	\$ 23.46
\$1800 per month	\$ 23.76	\$ 24.84
\$1900 per month	\$ 25.08	\$ 26.22
\$2000 per month	\$ 26.40	\$ 27.60
\$2100 per month	\$ 27.72	\$ 28.98
\$2200 per month	\$ 29.04	\$ 30.36
\$2300 per month	\$ 30.36	\$ 31.74
\$2400 per month	\$ 31.68	\$ 33.12
\$2500 per month	\$ 33.00	\$ 34.50
\$2600 per month	\$ 34.32	\$ 35.88
\$2700 per month	\$ 35.64	\$ 37.26
\$2800 per month	\$ 36.96	\$ 38.64
\$2900 per month	\$ 38.28	\$ 40.02
\$3000 per month	\$ 39.60	\$ 41.40

CRITICAL CARE PROTECTION OPTION 1	AGE 18-35	AGE 36-45	AGE 46-55	AGE 56-70
INDIVIDUAL	\$ 5.46	\$ 8.88	\$ 11.94	\$ 15.48
ONE PARENT FAMILY	\$ 6.06	\$ 9.24	\$ 12.30	\$ 15.90
INSURED/SPOUSE	\$ 8.52	\$ 14.52	\$ 20.58	\$ 28.44
FAMILY	\$ 9.54	\$ 15.78	\$ 22.02	\$ 30.12

AFLAC CHOICE HOSPITAL \$1,000 CONFINEMENT	AGE	BASE HOSPITAL PLAN	EXTENDED BENEFITS RIDER	HOSP STAY & SURGICAL RIDER
INDIVIDUAL	18-49	\$ 12.24	\$ 5.28	\$ 8.34
INDIVIDUAL	50-59	\$ 12.48	\$ 6.00	\$ 10.68
INDIVIDUAL	60-75	\$ 12.84	\$ 6.06	\$ 13.92
ONE PARENT FAMILY	18-49	\$ 15.54	\$ 10.50	\$ 11.52
ONE PARENT FAMILY	50-59	\$ 15.78	\$ 10.74	\$ 13.14
ONE PARENT FAMILY	60-75	\$ 16.02	\$ 10.98	\$ 17.22
INSURED & SPOUSE	18-49	\$ 17.34	\$ 11.10	\$ 15.24
INSURED & SPOUSE	50-59	\$ 18.36	\$ 12.42	\$ 21.18
INSURED & SPOUSE	60-75	\$ 19.62	\$ 12.54	\$ 26.52
FAMILY	18-49	\$ 18.42	\$ 13.44	\$ 15.54
FAMILY	50-59	\$ 18.60	\$ 13.68	\$ 21.42
FAMILY	60-75	\$ 19.86	\$ 14.28	\$ 28.38

3 Month Benefit

*DISABILITY DEDUCTIONS ARE AFTER TAX