



WI Payroll Premium rates are Monthly for industry Class C.
Rate sheet prepared by VALERIE MARQUEZ BLANCO

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.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

Age	Coverage	Premium	EBRider	HSSCRider	Total
18-49	INDIVIDUAL	\$27.56	\$11.83	\$18.85	\$58.24
50-59		\$28.08	\$13.52	\$24.05	\$65.65
60-75		\$28.99	\$13.65	\$31.33	\$73.97
18-49	INSURED/SPOUSE	\$39.13	\$24.96	\$34.45	\$98.54
50-59		\$41.34	\$28.08	\$47.84	\$117.26
60-75		\$44.20	\$28.34	\$59.93	\$132.47
18-49	ONE-PARENT FAMILY	\$34.97	\$23.66	\$26.00	\$84.63
50-59		\$35.62	\$24.18	\$29.64	\$89.44
60-75		\$36.14	\$24.83	\$38.74	\$99.71
18-49	TWO-PARENT FAMILY	\$41.47	\$30.29	\$35.10	\$106.86
50-59		\$41.99	\$30.81	\$50.31	\$123.11
60-75		\$44.72	\$32.24	\$64.09	\$141.05

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