



Oklahoma Payroll Premium rates are Biweekly for industry Class C.

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$12.72	\$5.46	\$8.64	\$26.82
50-59	\$12.96	\$6.24	\$11.10	\$30.30
60-75	\$13.38	\$6.30	\$14.46	\$34.14
18-49 INSURED/SPOUSE	\$18.06	\$11.52	\$15.84	\$45.42
50-59	\$19.08	\$12.96	\$22.02	\$54.06
60-75	\$20.40	\$13.08	\$27.66	\$61.14
18-49 ONE-PARENT FAMILY	\$16.14	\$10.92	\$12.00	\$39.06
50-59	\$16.44	\$11.16	\$13.62	\$41.22
60-75	\$16.68	\$11.46	\$17.88	\$46.02
18-49 TWO-PARENT FAMILY	\$19.14	\$13.98	\$16.14	\$49.26
50-59	\$19.32	\$14.22	\$23.16	\$56.70
60-75	\$20.64	\$14.88	\$29.52	\$65.04

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.