



## REGIONAL BRAIN INSTITUTE

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 Accident Insurance - 24-HOUR ACCIDENT-ONLY OPTION 3 - Series A38000

	Premium	Total
18-75 INDIVIDUAL	\$15.65	\$15.65
18-75 NAMED INSURED/SPOUSE	\$22.16	\$22.16
18-75 ONE-PARENT FAMILY	\$26.33	\$26.33
18-75 TWO-PARENT FAMILY	\$32.26	\$32.26

### AFLAC PLUS RIDER

		Aflac Plus Rider
18-29	INDIVIDUAL	\$1.44
30-39		\$2.04
40-49		\$3.48
50-70		\$5.94
18-29	INSURED/SPOUSE	\$2.70
30-39		\$4.02
40-49		\$6.60
50-70		\$11.34
18-29	ONE-PARENT FAMILY	\$2.88
30-39		\$3.12
40-49		\$4.20
50-70		\$6.12
18-29	TWO-PARENT FAMILY	\$3.48
30-39		\$4.50
40-49		\$6.78
50-70		\$11.40

### 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.



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### LUMP SUM CRITICAL ILLNESS POLICY - Series A73100

Age	Coverage	Non-Smoker Premium	Non-Smoker LSCBR*	Non-Smoker Add-on Premium*	Non-Smoker Add-on LSCBR*	Non-Smoker Total
18-24	INDIVIDUAL	\$2.04	\$1.26	\$1.44	\$2.40	\$7.14
25-29		\$2.28	\$1.74	\$2.16	\$3.36	\$9.54
30-34		\$3.00	\$2.34	\$2.88	\$4.56	\$12.78
35-39		\$4.08	\$3.06	\$4.08	\$6.00	\$17.22
40-44		\$5.28	\$4.08	\$5.52	\$7.92	\$22.80
45-49		\$6.42	\$5.10	\$6.96	\$10.08	\$28.56
50-54		\$7.50	\$6.42	\$8.16	\$12.48	\$34.56
55-59		\$8.52	\$7.92	\$9.36	\$15.60	\$41.40
60-64	HUSBAND WIFE	\$10.02	\$9.54	\$11.04	\$18.72	\$49.32
65-70		\$10.02	\$9.54	\$11.04	\$18.72	\$49.32
18-24		\$3.30	\$2.16	\$2.64	\$4.32	\$12.42
25-29		\$3.72	\$2.70	\$3.60	\$5.28	\$15.30
30-34		\$4.86	\$3.42	\$4.80	\$6.72	\$19.80
35-39		\$6.42	\$4.38	\$6.72	\$8.64	\$26.16
40-44		\$8.04	\$5.94	\$8.40	\$11.76	\$34.14
45-49		\$9.78	\$7.86	\$10.56	\$15.36	\$43.56
50-54	ONE-PARENT FAMILY	\$11.76	\$10.20	\$12.72	\$19.92	\$54.60
55-59		\$13.80	\$12.48	\$14.88	\$24.48	\$65.64
60-64		\$16.98	\$14.82	\$18.72	\$29.04	\$79.56
65-70		\$16.98	\$14.82	\$18.72	\$29.04	\$79.56
18-24		\$2.04	\$1.26	\$1.44	\$2.40	\$7.14
25-29		\$2.28	\$1.74	\$2.16	\$3.36	\$9.54
30-34		\$3.00	\$2.34	\$2.88	\$4.56	\$12.78
35-39		\$4.08	\$3.06	\$4.08	\$6.00	\$17.22
40-44	TWO-PARENT FAMILY	\$5.28	\$4.08	\$5.52	\$7.92	\$22.80
45-49		\$6.42	\$5.10	\$6.96	\$10.08	\$28.56
50-54		\$7.50	\$6.42	\$8.16	\$12.48	\$34.56
55-59		\$8.52	\$7.92	\$9.36	\$15.60	\$41.40
60-64		\$10.02	\$9.54	\$11.04	\$18.72	\$49.32
65-70		\$10.02	\$9.54	\$11.04	\$18.72	\$49.32
18-24		\$3.30	\$2.16	\$2.64	\$4.32	\$12.42
25-29		\$3.72	\$2.70	\$3.60	\$5.28	\$15.30
30-34		\$4.86	\$3.42	\$4.80	\$6.72	\$19.80
35-39		\$6.42	\$4.38	\$6.72	\$8.64	\$26.16
40-44		\$8.04	\$5.94	\$8.40	\$11.76	\$34.14
45-49		\$9.78	\$7.86	\$10.56	\$15.36	\$43.56
50-54		\$11.76	\$10.20	\$12.72	\$19.92	\$54.60
55-59		\$13.80	\$12.48	\$14.88	\$24.48	\$65.64
60-64		\$16.98	\$14.82	\$18.72	\$29.04	\$79.56
65-70		\$16.98	\$14.82	\$18.72	\$29.04	\$79.56

Premium: Lump Sum Critical Illness(A73100) - Benefit Amount (\$10,000)

LSCBR\*: Lump Sum Cancer Benefit Rider (Series A-73050) Premium

Add-on Premium\*: Lump Sum Critical Illness (A73100) 4 Add-on units of coverage (\$20,000.00)

Add-on LSCBR\*: Lump Sum Cancer Benefit Rider 4 Add-on units of coverage (\$20,000.00)