OK Payroll Premium rates are Semi-Monthly for industry Class C.
Rate sheet prepared by RICHARD DEFALCO

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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.
**The rates displayed are valid through 08/04/2026 and are subject to change.**

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## AFLAC HOSPITAL CHOICE - OPTION 1 Benefit Amount $1,000 - Series B40100

| Age | Coverage | Premium | EBR | HSSCR | Total |
|---|---|---|---|---|---|
| 18-49 | INDIVIDUAL | $13.78 | $5.92 | $9.36 | **$29.06** |
| 50-59 | | $14.04 | $6.76 | $12.03 | **$32.83** |
| 60-75 | | $14.50 | $6.83 | $15.67 | **$37.00** |
| 18-49 | INSURED/SPOUSE | $19.57 | $12.48 | $17.16 | **$49.21** |
| 50-59 | | $20.67 | $14.04 | $23.86 | **$58.57** |
| 60-75 | | $22.10 | $14.17 | $29.97 | **$66.24** |
| 18-49 | ONE-PARENT FAMILY | $17.49 | $11.83 | $13.00 | **$42.32** |
| 50-59 | | $17.81 | $12.09 | $14.76 | **$44.66** |
| 60-75 | | $18.07 | $12.42 | $19.37 | **$49.86** |
| 18-49 | TWO-PARENT FAMILY | $20.74 | $15.15 | $17.49 | **$53.38** |
| 50-59 | | $20.93 | $15.41 | $25.09 | **$61.43** |
| 60-75 | | $22.36 | $16.12 | $31.98 | **$70.46** |

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