



Oklahoma Payroll Premium rates are Weekly for industry Class B.

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	\$6.36	\$2.73	\$4.32	\$13.41
50-59	\$6.48	\$3.12	\$5.55	\$15.15
60-75	\$6.69	\$3.15	\$7.23	\$17.07
18-49 INSURED/SPOUSE	\$9.03	\$5.76	\$7.92	\$22.71
50-59	\$9.54	\$6.48	\$11.01	\$27.03
60-75	\$10.20	\$6.54	\$13.83	\$30.57
18-49 ONE-PARENT FAMILY	\$8.07	\$5.46	\$6.00	\$19.53
50-59	\$8.22	\$5.58	\$6.81	\$20.61
60-75	\$8.34	\$5.73	\$8.94	\$23.01
18-49 TWO-PARENT FAMILY	\$9.57	\$6.99	\$8.07	\$24.63
50-59	\$9.66	\$7.11	\$11.58	\$28.35
60-75	\$10.32	\$7.44	\$14.76	\$32.52

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.