



**2019-20 OE LT Home Healthcare Group KXY15 Agent: Cynthia Hilborn 832.877.3858**

Rate sheet prepared by Web User on 4/8/2019 1:19:04 PM.

Texas Payroll Premium rates are Semi-Monthly 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.

**Accident Advantage - 24-HOUR ACCIDENT OPTION 1 - Series A36000**

	Premium	Total
18-75 INDIVIDUAL	\$7.80	\$7.80
18-75 NAMED INSURED/SPOUSE	\$10.53	\$10.53
18-75 ONE-PARENT FAMILY	\$11.83	\$11.83
18-75 TWO-PARENT FAMILY	\$14.89	\$14.89

**AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100**

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$8.58	\$5.85	\$9.23	\$23.66
50-59	\$8.84	\$6.63	\$11.83	\$27.30
60-75	\$9.10	\$6.70	\$15.41	\$31.21
18-49 INSURED/SPOUSE	\$11.18	\$12.22	\$16.84	\$40.24
50-59	\$11.90	\$13.78	\$23.40	\$49.08
60-75	\$12.22	\$13.85	\$29.38	\$55.45
18-49 ONE-PARENT FAMILY	\$11.18	\$11.64	\$12.74	\$35.56
50-59	\$11.44	\$11.90	\$14.50	\$37.84
60-75	\$11.77	\$12.16	\$19.05	\$42.98
18-49 TWO-PARENT FAMILY	\$12.81	\$14.89	\$17.16	\$44.86
50-59	\$13.07	\$15.15	\$24.12	\$52.34
60-75	\$13.33	\$15.80	\$31.40	\$60.53

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.

**CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200**

	Premium	IDR* (1 unit)	DCR*	SDR*	Total
18-75 INDIVIDUAL	\$16.75	\$0.60	\$0.00	\$0.46	\$17.80
18-75 INSURED/SPOUSE	\$28.82	\$1.41	\$0.00	\$0.46	\$30.68
18-75 ONE-PARENT FAMILY	\$16.75	\$0.60	\$0.46	\$0.46	\$18.26
18-75 TWO-PARENT FAMILY	\$28.82	\$1.41	\$0.46	\$0.46	\$31.14

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

DCR\* = Optional Dependent Child Rider (Series B70051) premium 1 unit

SDR\* = Optional Specified Disease Rider (Series B70052) premium



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**Aflac Life Solutions 20-YEAR TERM POLICY - Series A68300**

**Female Applicant Face Amount: \$50,000.00**

<b>Age</b>	<b>Non-Tobacco User</b>	<b>Policy Fee</b>	<b>Non- Tobacco Total</b>
18	\$2.90	\$2.00	\$4.90
19	\$2.90	\$2.00	\$4.90
20	\$2.90	\$2.00	\$4.90
21	\$2.90	\$2.00	\$4.90
22	\$2.90	\$2.00	\$4.90
23	\$2.90	\$2.00	\$4.90
24	\$2.90	\$2.00	\$4.90
25	\$2.90	\$2.00	\$4.90
26	\$2.90	\$2.00	\$4.90
27	\$3.00	\$2.00	\$5.00
28	\$3.00	\$2.00	\$5.00
29	\$3.10	\$2.00	\$5.10
30	\$3.15	\$2.00	\$5.15
31	\$3.20	\$2.00	\$5.20
32	\$3.30	\$2.00	\$5.30
33	\$3.40	\$2.00	\$5.40
34	\$3.50	\$2.00	\$5.50
35	\$3.65	\$2.00	\$5.65
36	\$3.95	\$2.00	\$5.95
37	\$4.30	\$2.00	\$6.30
38	\$4.70	\$2.00	\$6.70
39	\$5.15	\$2.00	\$7.15
40	\$5.70	\$2.00	\$7.70
41	\$6.15	\$2.00	\$8.15
42	\$6.70	\$2.00	\$8.70
43	\$7.30	\$2.00	\$9.30
44	\$8.00	\$2.00	\$10.00
45	\$8.75	\$2.00	\$10.75
46	\$9.60	\$2.00	\$11.60
47	\$10.50	\$2.00	\$12.50
48	\$11.60	\$2.00	\$13.60
49	\$12.80	\$2.00	\$14.80
50	\$14.10	\$2.00	\$16.10