



Arizona Federal Employees

AZ Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 9:08 PM

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	IDR	SDR	Total
18-75	INDIVIDUAL	\$21.86	\$2.75	\$0.42	\$25.03
18-75	INSURED/SPOUSE	\$37.32	\$6.48	\$0.42	\$44.22
18-75	ONE-PARENT FAMILY	\$21.86	\$2.75	\$0.42	\$25.03
18-75	TWO-PARENT FAMILY	\$37.32	\$6.48	\$0.42	\$44.22

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units (\$500)
SDR* = Optional Specified Disease Rider (Series B70052)

AFLAC ACCIDENT INSURANCE - 24-HOUR ACCIDENT OPTION 3 - Series A38000

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

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

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income	\$40,000	\$42,000	\$44,000	\$46,000	\$48,000	\$50,000	\$52,000	\$54,000	\$56,000	\$58,000
Monthly Benefit	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900
Benefit Period	Age									
6 MONTHS	18-49	\$25.20	\$26.46	\$27.72	\$28.98	\$30.24	\$31.50	\$32.76	\$34.02	\$35.28
	50-64	\$34.80	\$36.54	\$38.28	\$40.02	\$41.76	\$43.50	\$45.24	\$46.98	\$48.72
	65-74	\$43.20	\$45.36	\$47.52	\$49.68	\$51.84	\$54.00	\$56.16	\$58.32	\$60.48
12 MONTHS	18-49	\$36.00	\$37.80	\$39.60	\$41.40	\$43.20	\$45.00	\$46.80	\$48.60	\$50.40
	50-64	\$49.20	\$51.66	\$54.12	\$56.58	\$59.04	\$61.50	\$63.96	\$66.42	\$68.88
	65-74	\$68.40	\$71.82	\$75.24	\$78.66	\$82.08	\$85.50	\$88.92	\$92.34	\$95.76

Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	\$1.44
30-39		\$2.04
40-49		\$3.48
50-70		\$5.94

Age	Coverage	Aflac Value Rider
18-69	INDIVIDUAL	\$5.04



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

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	\$12.36	\$5.34	\$8.40	\$26.10
50-59		\$12.60	\$6.00	\$10.74	\$29.34
60-75		\$12.96	\$6.12	\$14.04	\$33.12
18-49	INSURED/SPOUSE	\$17.46	\$11.16	\$15.36	\$43.98
50-59		\$18.48	\$12.54	\$21.36	\$52.38
60-75		\$19.80	\$12.66	\$26.82	\$59.28
18-49	ONE-PARENT FAMILY	\$15.66	\$10.62	\$11.64	\$37.92
50-59		\$15.90	\$10.86	\$13.20	\$39.96
60-75		\$16.14	\$11.10	\$17.34	\$44.58
18-49	TWO-PARENT FAMILY	\$18.54	\$13.56	\$15.66	\$47.76
50-59		\$18.72	\$13.80	\$21.78	\$54.30
60-75		\$20.04	\$14.40	\$28.62	\$63.06

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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

CRITICAL CARE AND RECOVERY LEVEL TWO - Series A71200

FOBBR: First Occurrence Building Benefit Rider (Rider Series A71050) (\$500);PSHERR: Primary Specified Health Event Recovery Rider (Rider Series A71051)

Age	Premium	FOBBR	PSHERR	Total
18-35	\$7.56	\$1.08	\$0.54	\$9.18
36-45	\$10.80	\$1.98	\$1.32	\$14.10
46-55	\$14.70	\$2.34	\$2.16	\$19.20
56-70	\$18.96	\$2.58	\$3.06	\$24.60

Critical Care and Recovery (Insured/Spouse)

Age	Premium	FOBBR	PSHERR	Total
18-35	\$14.58	\$2.16	\$1.08	\$17.82
36-45	\$18.96	\$3.96	\$2.22	\$25.14
46-55	\$25.50	\$4.68	\$3.72	\$33.90
56-70	\$35.52	\$5.16	\$5.70	\$46.38

Critical Care and Recovery (One Parent Family)

Age	Premium	FOBBR	PSHERR	Total
18-35	\$12.96	\$1.14	\$0.60	\$14.70
36-45	\$15.24	\$2.10	\$1.32	\$18.66
46-55	\$19.62	\$2.40	\$2.16	\$24.18
56-70	\$25.80	\$2.70	\$3.12	\$31.62

Critical Care and Recovery (Two Parent Family)

Age	Premium	FOBBR	PSHERR	Total
18-35	\$16.56	\$2.22	\$1.14	\$19.92
36-45	\$21.00	\$4.08	\$2.40	\$27.48
46-55	\$28.08	\$4.74	\$4.02	\$36.84
56-70	\$38.58	\$5.28	\$6.00	\$49.86

DENTAL LEVEL 2 - Series A-82300R

* = Optional Orthodontic Rider (Series A82050) premium;** = Optional Cosmetic Rider (Series A82051) premium

Age	Coverage	Premium	Orthodontic Rider*	Cosmetic Rider**	Total
18-70	INDIVIDUAL	\$17.70	\$10.92	\$11.82	\$40.44
18-70	INSURED/SPOUSE	\$34.68	\$11.94	\$11.82	\$58.44
18-70	ONE-PARENT FAMILY	\$34.44	\$11.94	\$11.82	\$58.20
18-70	TWO-PARENT FAMILY	\$51.78	\$11.94	\$11.82	\$75.54



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VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	\$6.42	\$10.11	\$10.57	\$13.34
40-49	\$8.72	\$14.72	\$12.18	\$17.22
50-70	\$13.11	\$22.57	\$15.18	\$23.03