



Colorado Federal Employees

CO Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 9:38 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)

Age	Coverage	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-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	\$24.00	\$25.20	\$26.40	\$27.60	\$28.80	\$30.00	\$31.20	\$32.40	\$33.60	\$34.80
	50-64	\$32.40	\$34.02	\$35.64	\$37.26	\$38.88	\$40.50	\$42.12	\$43.74	\$45.36	\$46.98
	65-74	\$40.80	\$42.84	\$44.88	\$46.92	\$48.96	\$51.00	\$53.04	\$55.08	\$57.12	\$59.16
12 MONTHS	18-49	\$33.60	\$35.28	\$36.96	\$38.64	\$40.32	\$42.00	\$43.68	\$45.36	\$47.04	\$48.72
	50-64	\$46.80	\$49.14	\$51.48	\$53.82	\$56.16	\$58.50	\$60.84	\$63.18	\$65.52	\$67.86
	65-74	\$64.80	\$68.04	\$71.28	\$74.52	\$77.76	\$81.00	\$84.24	\$87.48	\$90.72	\$93.96
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	\$11.04	\$7.14	\$7.50	\$25.68
50-59		\$11.28	\$8.10	\$9.66	\$29.04
60-75		\$11.58	\$8.16	\$12.54	\$32.28
18-49	INSURED/SPOUSE	\$15.66	\$15.00	\$13.74	\$44.40
50-59		\$16.56	\$16.86	\$19.14	\$52.56
60-75		\$17.70	\$16.98	\$24.00	\$58.68
18-49	ONE-PARENT FAMILY	\$14.04	\$14.22	\$10.44	\$38.70
50-59		\$14.22	\$14.58	\$11.82	\$40.62
60-75		\$14.46	\$14.88	\$15.54	\$44.88
18-49	TWO-PARENT FAMILY	\$16.62	\$18.18	\$14.04	\$48.84
50-59		\$16.80	\$18.54	\$17.52	\$52.86
60-75		\$17.94	\$19.32	\$25.62	\$62.88

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

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

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR LEVEL TWO - Series A-35200

Age	Coverage	Premium	ADBR	Sickness	Spouse	Total
18-49	INDIVIDUAL	\$13.32	\$1.98	\$22.80	N/A	\$38.10
50-70		\$13.32	\$1.98	\$45.60	N/A	\$60.90
18-49	INSURED SPOUSE	\$17.46	\$2.76	\$22.80	\$3.78	\$46.80
50-70		\$17.46	\$2.76	\$45.60	\$3.78	\$69.60
18-49	ONE-PARENT FAMILY	\$19.56	\$2.22	\$22.80	N/A	\$44.58
50-70		\$19.56	\$2.22	\$45.60	N/A	\$67.38
18-49	TWO-PARENT FAMILY	\$24.36	\$3.12	\$22.80	\$3.78	\$54.06
50-70		\$24.36	\$3.12	\$45.60	\$3.78	\$76.86

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



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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	\$17.40	\$10.92	\$11.82	\$40.14
18-70	INSURED/SPOUSE	\$34.14	\$11.94	\$11.82	\$57.90
18-70	ONE-PARENT FAMILY	\$33.90	\$11.94	\$11.82	\$57.66
18-70	TWO-PARENT FAMILY	\$51.00	\$11.94	\$11.82	\$74.76

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