



Connecticut Federal Employees

CT Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 9:50 PM

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For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	IDR	DCR	SHE	Total
18-35	INDIVIDUAL	\$21.86	\$2.75	\$0.00	\$4.32	\$28.93
36-45		\$21.86	\$2.75	\$0.00	\$6.96	\$31.57
46-55		\$21.86	\$2.75	\$0.00	\$9.36	\$33.97
56-75		\$21.86	\$2.75	\$0.00	\$12.12	\$36.73
18-35	INSURED/SPOUSE	\$37.32	\$6.48	\$0.00	\$6.66	\$50.46
36-45		\$37.32	\$6.48	\$0.00	\$11.40	\$55.20
46-55		\$37.32	\$6.48	\$0.00	\$16.08	\$59.88
56-75		\$37.32	\$6.48	\$0.00	\$22.26	\$66.06
18-35	ONE-PARENT FAMILY	\$21.86	\$2.75	\$0.42	\$4.74	\$29.77
36-45		\$21.86	\$2.75	\$0.42	\$7.20	\$32.23
46-55		\$21.86	\$2.75	\$0.42	\$9.60	\$34.63
56-75		\$21.86	\$2.75	\$0.42	\$12.42	\$37.45
18-35	TWO-PARENT FAMILY	\$37.32	\$6.48	\$0.42	\$7.50	\$51.72
36-45		\$37.32	\$6.48	\$0.42	\$12.36	\$56.58
46-55		\$37.32	\$6.48	\$0.42	\$17.22	\$61.44
56-75		\$37.32	\$6.48	\$0.42	\$23.52	\$67.74

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units (\$500)
DCR* = Optional Dependent Child Rider (Series B70051) (\$10,000)
SHE* = Optional SHE Rider (Series A78055) premium. Available for 18-70 yrs only.

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	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



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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	\$36.54
	50-64	\$34.80	\$36.54	\$38.28	\$40.02	\$41.76	\$43.50	\$45.24	\$46.98	\$48.72	\$50.46
	65-74	\$43.20	\$45.36	\$47.52	\$49.68	\$51.84	\$54.00	\$56.16	\$58.32	\$60.48	\$62.64
12 MONTHS	18-49	\$36.00	\$37.80	\$39.60	\$41.40	\$43.20	\$45.00	\$46.80	\$48.60	\$50.40	\$52.20
	50-64	\$49.20	\$51.66	\$54.12	\$56.58	\$59.04	\$61.50	\$63.96	\$66.42	\$68.88	\$71.34
	65-74	\$68.40	\$71.82	\$75.24	\$78.66	\$82.08	\$85.50	\$88.92	\$92.34	\$95.76	\$99.18

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

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

Age	Coverage	Premium	HSR	Total
18-49	INDIVIDUAL	\$12.24	\$6.42	\$18.66
50-59		\$12.48	\$8.04	\$20.52
60-75		\$12.84	\$10.56	\$23.40
18-49	INSURED/SPOUSE	\$17.34	\$11.64	\$28.98
50-59		\$18.36	\$16.14	\$34.50
60-75		\$19.62	\$20.10	\$39.72
18-49	ONE-PARENT FAMILY	\$15.54	\$8.64	\$24.18
50-59		\$15.78	\$10.02	\$25.80
60-75		\$16.02	\$13.14	\$29.16
18-49	TWO-PARENT FAMILY	\$18.42	\$11.70	\$30.12
50-59		\$18.60	\$16.38	\$34.98
60-75		\$19.86	\$21.66	\$41.52

HSR*: Hospital Stay Rider Premium (Available for ages 18-75)

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



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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	\$17.70	\$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

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