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Delaware Federal Employees

DE Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 9:53 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	$0.21	**$24.82**
18-75	INSURED/SPOUSE	$37.32	$6.48	$0.21	**$44.01**
18-75	ONE-PARENT FAMILY	$21.86	$2.75	$0.21	**$24.82**
18-75	TWO-PARENT FAMILY	$37.32	$6.48	$0.21	**$44.01**

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

Age	Coverage	Premium	Total
18-75	INDIVIDUAL	$15.49	**$15.49**
18-75	INSURED/SPOUSE	$21.94	**$21.94**
18-75	ONE PARENT FAMILY	$26.07	**$26.07**
18-75	TWO PARENT FAMILY	$31.94	**$31.94**

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 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	$12.24	$5.28	$8.34	**$25.86**
50-59		$12.48	$6.00	$10.68	**$29.16**
60-75		$12.84	$6.06	$13.92	**$32.82**
18-49	INSURED/SPOUSE	$17.34	$11.10	$15.24	**$43.68**
50-59		$18.36	$12.42	$21.18	**$51.96**
60-75		$19.62	$12.54	$26.58	**$58.74**
18-49	ONE-PARENT FAMILY	$15.54	$10.50	$11.52	**$37.56**
50-59		$15.78	$10.74	$13.14	**$39.66**
60-75		$16.02	$10.98	$17.22	**$44.22**
18-49	TWO-PARENT FAMILY	$18.42	$13.44	$15.54	**$47.40**
50-59		$18.60	$13.68	$21.42	**$53.70**
60-75		$19.86	$14.28	$28.38	**$62.52**

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 PROTECTION POLICY - Series A74300

Critical Care Protection (Individual)

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)
SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

Age	Premium	FOBBR	SHERR	Total
18-35	$8.22	$1.08	$0.54	**$9.84**
36-45	$11.64	$1.98	$1.32	**$14.94**
46-55	$17.16	$2.34	$2.16	**$21.66**
56-70	$23.76	$2.58	$3.06	**$29.40**

Critical Care Protection (Insured/Spouse)

Age	Premium	FOBBR	SHERR	Total
18-35	$15.78	$2.16	$1.08	**$19.02**
36-45	$20.88	$3.96	$2.22	**$27.06**
46-55	$32.16	$4.68	$3.72	**$40.56**
56-70	$45.84	$5.16	$5.70	**$56.70**

Critical Care Protection (One Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$13.98	$1.14	$0.60	**$15.72**
36-45	$16.50	$2.10	$1.32	**$19.92**
46-55	$21.24	$2.40	$2.16	**$25.80**
56-70	$29.94	$2.70	$3.12	**$35.76**

Critical Care Protection (Two Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$17.88	$2.22	$1.14	**$21.24**
36-45	$22.74	$4.08	$2.40	**$29.22**
46-55	$34.08	$4.74	$4.02	**$42.84**
56-70	$49.08	$5.28	$6.00	**$60.36**

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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**