Florida Federal Employees

FL Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 9:57 PM

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	IDR	SDR	Total
18-75	INDIVIDUAL	$24.96	$2.75	$0.42	**$28.13**
18-75	INSURED/SPOUSE	$42.91	$6.48	$0.42	**$49.81**
18-75	ONE-PARENT FAMILY	$24.96	$2.75	$0.42	**$28.13**
18-75	TWO-PARENT FAMILY	$42.91	$6.48	$0.42	**$49.81**

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	$15.95	**$15.95**
18-75	INSURED/SPOUSE	$22.58	**$22.58**
18-75	ONE PARENT FAMILY	$26.84	**$26.84**
18-75	TWO PARENT FAMILY	$32.88	**$32.88**

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		$39,000	$41,000	$43,000	$45,000	$47,000	$49,000	$50,000	$52,000	$55,000	$57,000
Monthly Benefit		$2,500	$2,625	$2,750	$2,875	$3,000	$3,125	$3,250	$3,375	$3,500	$3,625
Benefit Period	Age										
6 MONTHS	18-49	$20.40	$21.42	$22.44	$23.46	$24.48	$25.50	$26.52	$27.54	$28.56	$29.58
	50-64	$27.60	$28.98	$30.36	$31.74	$33.12	$34.50	$35.88	$37.26	$38.64	$40.02
	65-74	$34.80	$36.54	$38.28	$40.02	$41.76	$43.50	$45.24	$46.98	$48.72	$50.46
12 MONTHS	18-49	$28.80	$30.24	$31.68	$33.12	$34.56	$36.00	$37.44	$38.88	$40.32	$41.76
	50-64	$38.40	$40.32	$42.24	$44.16	$46.08	$48.00	$49.92	$51.84	$53.76	$55.68
	65-74	$54.00	$56.70	$59.40	$62.10	$64.80	$67.50	$70.20	$72.90	$75.60	$78.30

Aflac

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

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$12.48	$5.40	$8.52	**$26.40**
50-59		$12.72	$6.12	$10.92	**$29.76**
60-75		$13.08	$6.18	$14.22	**$33.48**
18-49	INSURED/SPOUSE	$17.70	$11.34	$15.60	**$44.64**
50-59		$18.72	$12.72	$21.66	**$53.10**
60-75		$20.04	$12.84	$27.12	**$60.00**
18-49	ONE-PARENT FAMILY	$15.84	$10.74	$11.76	**$38.34**
50-59		$16.08	$10.98	$13.38	**$40.44**
60-75		$16.38	$11.22	$17.58	**$45.18**
18-49	TWO-PARENT FAMILY	$18.78	$13.74	$15.84	**$48.36**
50-59		$18.96	$13.98	$22.38	**$55.32**
60-75		$20.28	$14.58	$28.98	**$63.84**

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 Form A74050FL)
SHERR: Specified Health Event Recovery Benefit Rider (Rider Form A74051FL)

Age	Premium	FOBBR	SHERR	Total
18-35	$7.80	$1.02	$0.54	**$9.36**
36-45	$11.04	$1.86	$1.26	**$14.16**
46-55	$16.32	$2.22	$2.04	**$20.58**
56-70	$22.56	$2.46	$2.88	**$27.90**

Critical Care Protection (Insured/Spouse)

Age	Premium	FOBBR	SHERR	Total
18-35	$15.00	$2.04	$1.02	**$18.06**
36-45	$19.86	$3.78	$2.10	**$25.74**
46-55	$30.54	$4.44	$3.54	**$38.52**
56-70	$43.56	$4.92	$5.40	**$53.88**

Critical Care Protection (One Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$13.26	$1.08	$0.60	**$14.94**
36-45	$15.66	$1.98	$1.26	**$18.90**
46-55	$20.16	$2.28	$2.04	**$24.48**
56-70	$28.44	$2.58	$2.94	**$33.96**

Critical Care Protection (Two Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$16.98	$2.10	$1.08	**$20.16**
36-45	$21.60	$3.90	$2.28	**$27.78**
46-55	$32.40	$4.50	$3.84	**$40.74**
56-70	$46.62	$5.04	$5.70	**$57.36**

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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	$17.10	$10.92	$11.82	**$39.84**
18-70	INSURED/SPOUSE	$33.48	$11.94	$11.82	**$57.24**
18-70	ONE-PARENT FAMILY	$33.24	$11.94	$11.82	**$57.00**
18-70	TWO-PARENT FAMILY	$50.04	$11.94	$11.82	**$73.80**

VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	$4.98	$7.86	$8.22	**$10.38**
40-49	$6.78	$11.46	$9.48	**$13.44**
50-70	$10.20	$17.58	$11.82	**$17.94**