



Kansas Federal Employees

KS Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 10:45 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 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	\$12.72	\$4.02	\$8.64	\$25.38
50-59		\$12.96	\$4.56	\$11.10	\$28.62
60-75		\$13.38	\$4.62	\$14.46	\$32.46
18-49	INSURED/SPOUSE	\$18.06	\$8.40	\$15.84	\$42.30
50-59		\$19.08	\$9.48	\$22.02	\$50.58
60-75		\$20.40	\$9.54	\$27.66	\$57.60
18-49	ONE-PARENT FAMILY	\$16.14	\$7.98	\$12.00	\$36.12
50-59		\$16.44	\$8.16	\$13.62	\$38.22
60-75		\$16.68	\$8.34	\$17.88	\$42.90
18-49	TWO-PARENT FAMILY	\$19.14	\$10.20	\$16.14	\$45.48
50-59		\$19.32	\$10.38	\$23.16	\$52.86
60-75		\$20.64	\$10.86	\$29.52	\$61.02

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