Kentucky Federal Employees

KY Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 10:50 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)

.

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**

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	$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

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

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$11.64	$5.04	$7.92	**$24.60**
50-59		$11.88	$5.70	$10.14	**$27.72**
60-75		$12.18	$5.76	$13.20	**$31.14**
18-49	INSURED/SPOUSE	$16.50	$10.56	$14.52	**$41.58**
50-59		$17.46	$11.82	$20.16	**$49.44**
60-75		$18.66	$11.94	$25.26	**$55.86**
18-49	ONE-PARENT FAMILY	$14.76	$9.96	$10.98	**$35.70**
50-59		$15.00	$10.20	$12.48	**$37.68**
60-75		$15.24	$10.44	$16.38	**$42.06**
18-49	TWO-PARENT FAMILY	$17.52	$12.78	$14.76	**$45.06**
50-59		$17.70	$13.02	$19.38	**$50.10**
60-75		$18.84	$13.56	$27.00	**$59.40**

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

ACCIDENT INDEMNITY ADVANTAGE OFF-JOB ACCIDENT ESSENTIALS - Series A-35BOF

Age	Coverage	Premium	Total
18-49	INDIVIDUAL	$6.96	**$6.96**
50-70		$6.96	**$6.96**
18-49	INSURED SPOUSE	$9.18	**$9.18**
50-70		$9.18	**$9.18**
18-49	ONE-PARENT FAMILY	$10.20	**$10.20**
50-70		$10.20	**$10.20**
18-49	TWO-PARENT FAMILY	$12.72	**$12.72**
50-70		$12.72	**$12.72**

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

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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**

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**