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Maryland Federal Employees

MD Payroll Premium rates are Biweekly for industry Class C.

Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 11:12 PM

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	IDR	SDR	Total
18-75	INDIVIDUAL	$22.93	$2.82	$0.42	**$26.17**
18-75	INSURED/SPOUSE	$39.24	$6.49	$0.42	**$46.15**
18-75	ONE-PARENT FAMILY	$22.93	$2.82	$0.42	**$26.17**
18-75	TWO-PARENT FAMILY	$39.24	$6.49	$0.42	**$46.15**

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	$1.38
30-39		$2.04
40-49		$3.48
50-70		$5.76
18-29	INSURED/SPOUSE	$2.64
30-39		$3.96
40-49		$6.60
50-70		$11.28
18-29	ONE-PARENT FAMILY	$2.64
30-39		$3.00
40-49		$4.14
50-70		$5.94
18-29	TWO-PARENT FAMILY	$3.30
30-39		$4.44
40-49		$6.72
50-70		$11.40

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**

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

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

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$14.28	$6.18	$9.72	**$30.18**
50-59		$14.58	$6.96	$12.48	**$34.02**
60-75		$15.00	$7.08	$16.26	**$38.34**
18-49	INSURED/SPOUSE	$20.28	$12.96	$17.82	**$51.06**
50-59		$21.48	$14.52	$24.78	**$60.78**
60-75		$22.92	$14.70	$31.08	**$68.70**
18-49	ONE-PARENT FAMILY	$18.18	$12.30	$13.50	**$43.98**
50-59		$18.42	$12.54	$15.36	**$46.32**
60-75		$18.72	$12.84	$20.10	**$51.66**
18-49	TWO-PARENT FAMILY	$21.54	$15.72	$18.18	**$55.44**
50-59		$21.72	$16.02	$29.22	**$66.96**
60-75		$23.22	$16.68	$33.18	**$73.08**

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	$11.94	$1.98	$1.32	**$15.24**
46-55	$17.64	$2.34	$2.16	**$22.14**
56-70	$24.48	$2.58	$3.06	**$30.12**

Critical Care Protection (Insured/Spouse)

Age	Premium	FOBBR	SHERR	Total
18-35	$15.78	$2.16	$1.08	**$19.02**
36-45	$21.60	$3.96	$2.22	**$27.78**
46-55	$33.18	$4.68	$3.72	**$41.58**
56-70	$47.34	$5.16	$5.70	**$58.20**

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	$21.66	$2.40	$2.16	**$26.22**
56-70	$31.38	$2.70	$3.12	**$37.20**

Critical Care Protection (Two Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$17.88	$2.22	$1.14	**$21.24**
36-45	$23.46	$4.08	$2.40	**$29.94**
46-55	$35.16	$4.74	$4.02	**$43.92**
56-70	$50.70	$5.28	$6.00	**$61.98**

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DENTAL LEVEL 2 - Series A-82300R

Age	Coverage	Premium	Total
18-70	INDIVIDUAL	$18.18	**$18.18**
18-70	INSURED/SPOUSE	$35.64	**$35.64**
18-70	ONE-PARENT FAMILY	$35.40	**$35.40**
18-70	TWO-PARENT FAMILY	$53.28	**$53.28**

HOSPITAL PROTECTION PLAN THREE - Series A46300 - Individual

Age	Premium	Rider*	Total
18-39	$18.78	$7.44	**$26.22**
40-49	$23.64	$8.40	**$32.04**
50-59	$29.88	$11.52	**$41.40**
60-70	$35.70	$17.04	**$52.74**

HOSPITAL PROTECTION PLAN THREE - Series A46300 - One Parent Family

Age	Premium	Rider*	Total
18-39	$26.40	$10.80	**$37.20**
40-49	$29.76	$11.04	**$40.80**
50-59	$35.04	$12.72	**$47.76**
60-70	$43.80	$18.00	**$61.80**

HOSPITAL PROTECTION PLAN THREE - Series A46300 - Insured/Spouse

Age	Premium	Rider*	Total
18-39	$34.20	$14.16	**$48.36**
40-49	$39.48	$16.08	**$55.56**
50-59	$50.58	$21.60	**$72.18**
60-70	$59.28	$33.84	**$93.12**

HOSPITAL PROTECTION PLAN THREE - Series A46300 - Two Parent Family

Age	Premium	Rider*	Total
18-39	$39.36	$17.76	**$57.12**
40-49	$43.26	$18.72	**$61.98**
50-59	$54.78	$22.80	**$77.58**
60-70	$65.46	$35.04	**$100.50**

* 4 units of Optional Hospital Rider A46050 ($250 per unit) selected

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**