Massachusetts Federal Employees

MA Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 11:04 PM

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
The rates displayed are valid through 07/25/2026 and are subject to change.

CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	IDR	SDR	Total
18-64	INDIVIDUAL	$21.86	$2.75	$0.42	**$25.03**
18-64	INSURED/SPOUSE	$37.32	$6.48	$0.42	**$44.22**
18-64	ONE-PARENT FAMILY	$21.86	$2.75	$0.42	**$25.03**
18-64	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-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
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

Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	$1.44
30-39		$2.04
40-49		$3.48
50-64		$5.94

Age	Coverage	Aflac Value Rider
18-59	INDIVIDUAL	$5.04

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

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$11.76	$3.90	$8.16	**$23.82**
50-59		$11.94	$4.38	$10.44	**$26.76**
60-64		$12.30	$4.44	$13.62	**$30.36**
18-49	INSURED/SPOUSE	$16.62	$8.16	$14.94	**$39.72**
50-59		$17.58	$9.12	$20.76	**$47.46**
60-64		$18.84	$9.24	$26.04	**$54.12**
18-49	ONE-PARENT FAMILY	$14.88	$7.74	$11.28	**$33.90**
50-59		$15.12	$7.92	$12.84	**$35.88**
60-64		$15.36	$8.04	$16.86	**$40.26**
18-49	TWO-PARENT FAMILY	$17.64	$9.84	$15.24	**$42.72**
50-59		$17.82	$10.02	$20.52	**$48.36**
60-64		$19.02	$10.50	$27.78	**$57.30**

EBR*: Extended Benefit Rider Premium (Available for ages 18-64)
HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-64)

Aflac

Massachusetts Federal Employees

MA Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 11:04 PM

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
The rates displayed are valid through 07/25/2026 and are subject to change.

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 ADVANTAGE - 24-HOUR ACCIDENT OPTION 4 - Series A36000

Age	Coverage	Premium	Total
18-64	INDIVIDUAL	$15.00	**$15.00**
18-64	INSURED/SPOUSE	$19.62	**$19.62**
18-64	ONE-PARENT FAMILY	$22.92	**$22.92**
18-64	TWO-PARENT FAMILY	$28.38	**$28.38**

Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	$1.44
30-39		$2.04
40-49		$3.48
50-64		$5.94
18-29	INSURED/SPOUSE	$2.70
30-39		$4.02
40-49		$6.60
50-64		$11.34
18-29	ONE-PARENT FAMILY	$2.88
30-39		$3.12
40-49		$4.20
50-64		$6.12
18-29	TWO-PARENT FAMILY	$3.48
30-39		$4.50
40-49		$6.78
50-64		$11.40

CRITICAL CARE PROTECTION POLICY - Series A74100

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	$3.96	$1.08	$0.48	**$5.52**
36-45	$6.18	$1.98	$1.20	**$9.36**
46-55	$8.58	$2.34	$1.92	**$12.84**
56-64	$11.52	$2.58	$2.76	**$16.86**

Critical Care Protection (Insured/Spouse)

Age	Premium	FOBBR	SHERR	Total
18-35	$5.64	$2.16	$0.96	**$8.76**
36-45	$9.48	$3.96	$1.98	**$15.42**
46-55	$14.16	$4.68	$3.36	**$22.20**
56-64	$20.76	$5.16	$5.16	**$31.08**

Aflac

Massachusetts Federal Employees

MA Payroll Premium rates are Biweekly for industry Class C.

Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 11:04 PM

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
The rates displayed are valid through 07/25/2026 and are subject to change.

Critical Care Protection (One Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$4.38	$1.14	$0.54	**$6.06**
36-45	$6.36	$2.10	$1.20	**$9.66**
46-55	$8.85	$2.40	$1.92	**$13.17**
56-64	$11.82	$2.70	$2.82	**$17.34**

Critical Care Protection (Two Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$6.54	$2.22	$1.02	**$9.78**
36-45	$10.44	$4.08	$2.16	**$16.68**
46-55	$15.42	$4.74	$3.60	**$23.76**
56-64	$22.20	$5.28	$5.40	**$32.88**

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**