# Minnesota Federal Employees

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Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 11:21 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)

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| 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 | $15.65 | **$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 | $22.80 | $23.94 | $25.08 | $26.22 | $27.36 | $28.50 | $29.64 | $30.78 | $31.92 | $33.06 |
| | 50-64 | $31.20 | $32.76 | $34.32 | $35.88 | $37.44 | $39.00 | $40.56 | $42.12 | $43.68 | $45.24 |
| | 65-74 | $38.40 | $40.32 | $42.24 | $44.16 | $46.08 | $48.00 | $49.92 | $51.84 | $53.76 | $55.68 |
| 12 MONTHS | 18-49 | $32.40 | $34.02 | $35.64 | $37.26 | $38.88 | $40.50 | $42.12 | $43.74 | $45.36 | $46.98 |
| | 50-64 | $43.20 | $45.36 | $47.52 | $49.68 | $51.84 | $54.00 | $56.16 | $58.32 | $60.48 | $62.64 |
| | 65-74 | $60.00 | $63.00 | $66.00 | $69.00 | $72.00 | $75.00 | $78.00 | $81.00 | $84.00 | $87.00 |

| 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 | $14.10 | $6.06 | $9.60 | **$29.76** |
| 50-59 | | $14.34 | $6.90 | $12.30 | **$33.54** |
| 60-75 | | $14.76 | $6.96 | $16.02 | **$37.74** |
| 18-49 | INSURED/SPOUSE | $19.92 | $12.72 | $17.52 | **$50.16** |
| 50-59 | | $21.12 | $14.34 | $24.36 | **$59.82** |
| 60-75 | | $22.56 | $14.46 | $30.60 | **$67.62** |
| 18-49 | ONE-PARENT FAMILY | $17.88 | $12.12 | $13.26 | **$43.26** |
| 50-59 | | $18.12 | $12.36 | $15.12 | **$45.60** |
| 60-75 | | $18.42 | $12.66 | $19.80 | **$50.88** |
| 18-49 | TWO-PARENT FAMILY | $21.18 | $15.48 | $17.88 | **$54.54** |
| 50-59 | | $21.42 | $15.72 | $28.32 | **$65.46** |
| 60-75 | | $22.86 | $16.44 | $32.64 | **$71.94** |

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 | $8.94 | $1.02 | $0.54 | **$10.50** |
| 36-45 | $12.60 | $1.92 | $1.26 | **$15.78** |
| 46-55 | $18.60 | $2.22 | $2.04 | **$22.86** |
| 56-70 | $25.80 | $2.46 | $2.94 | **$31.20** |

### Critical Care Protection (Insured/Spouse)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $17.10 | $2.04 | $1.02 | **$20.16** |
| 36-45 | $22.68 | $3.78 | $2.10 | **$28.56** |
| 46-55 | $34.74 | $4.50 | $3.54 | **$42.78** |
| 56-70 | $49.62 | $4.92 | $5.46 | **$60.00** |

### Critical Care Protection (One Parent Family)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $15.24 | $1.08 | $0.60 | **$16.92** |
| 36-45 | $17.82 | $2.04 | $1.26 | **$21.12** |
| 46-55 | $22.92 | $2.28 | $2.04 | **$27.24** |
| 56-70 | $32.40 | $2.58 | $3.00 | **$37.98** |

### Critical Care Protection (Two Parent Family)

| Age | Premium | FOBBR | SHERR | Total |
|---|---|---|---|---|
| 18-35 | $19.38 | $2.10 | $1.08 | **$22.56** |
| 36-45 | $24.54 | $3.90 | $2.28 | **$30.72** |
| 46-55 | $36.84 | $4.56 | $3.84 | **$45.24** |
| 56-70 | $53.10 | $5.04 | $5.76 | **$63.90** |

Aflac

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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 | $16.98 | $10.92 | $11.82 | **$39.72** |
| 18-70 | INSURED/SPOUSE | $33.24 | $11.94 | $11.82 | **$57.00** |
| 18-70 | ONE-PARENT FAMILY | $33.00 | $11.94 | $11.82 | **$56.76** |
| 18-70 | TWO-PARENT FAMILY | $49.62 | $11.94 | $11.82 | **$73.38** |

## VISION NOW - Series VSN100

| Age | Individual | Insured/Spouse | One Parent Family | Two Parent Family |
|---|---|---|---|---|
| 18-39 | $6.09 | $9.60 | $10.06 | **$12.69** |
| 40-49 | $8.26 | $13.98 | $11.58 | **$16.34** |
| 50-70 | $12.42 | $21.46 | $14.45 | **$21.88** |