New Hampshire

NH Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/25/26 11:45 PM

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	IDR	Total
18-75	INDIVIDUAL	$24.61	$2.75	**$27.36**
18-75	INSURED/SPOUSE	$42.55	$6.48	**$49.03**
18-75	ONE-PARENT FAMILY	$24.61	$2.75	**$27.36**
18-75	TWO-PARENT FAMILY	$42.55	$6.48	**$49.03**

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units ($500)

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AFLAC ACCIDENT INSURANCE - 24-HOUR ACCIDENT OPTION 3 - Series A38000

Age	Coverage	Premium	Total
18-75	INDIVIDUAL	$15.42	**$15.42**
18-75	INSURED/SPOUSE	$21.83	**$21.83**
18-75	ONE PARENT FAMILY	$25.94	**$25.94**
18-75	TWO PARENT FAMILY	$31.78	**$31.78**

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

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

Age	Coverage	Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	$15.30	$3.90	$8.82	**$28.02**
50-59		$15.60	$4.44	$11.34	**$31.38**
60-75		$16.08	$4.50	$14.76	**$35.34**
18-49	INSURED/SPOUSE	$21.72	$8.22	$16.20	**$46.14**
50-59		$22.98	$9.24	$22.50	**$54.72**
60-75		$24.54	$9.30	$28.20	**$62.04**
18-49	ONE-PARENT FAMILY	$19.44	$7.80	$12.24	**$39.48**
50-59		$19.74	$7.98	$13.92	**$41.64**
60-75		$20.04	$8.16	$18.24	**$46.44**
18-49	TWO-PARENT FAMILY	$23.04	$9.96	$16.50	**$49.50**
50-59		$23.28	$10.14	$24.12	**$57.54**
60-75		$24.84	$10.62	$30.12	**$65.58**

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

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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**

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	$15.78	$9.72	$10.50	**$36.00**
18-70	INSURED/SPOUSE	$30.84	$10.62	$10.50	**$51.96**
18-70	ONE-PARENT FAMILY	$30.66	$10.62	$10.50	**$51.78**
18-70	TWO-PARENT FAMILY	$46.08	$10.62	$10.50	**$67.20**

VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	$5.95	$9.37	$9.78	**$12.32**
40-49	$8.08	$13.62	$11.26	**$15.92**
50-70	$12.14	$20.86	$14.03	**$21.32**