Rhode Island

RI Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/26/26 1:40 AM

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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)

.

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**

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

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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**

HOSPITAL PROTECTION PLAN THREE - Series A46300 - Individual

Age	Premium	Rider*	Total
18-39	$18.60	$7.20	**$25.80**
40-49	$23.04	$8.16	**$31.20**
50-59	$29.16	$11.28	**$40.44**
60-70	$34.80	$16.56	**$51.36**

HOSPITAL PROTECTION PLAN THREE - Series A46300 - One Parent Family

Age	Premium	Rider*	Total
18-39	$26.10	$10.80	**$36.90**
40-49	$29.04	$11.04	**$40.08**
50-59	$34.20	$12.48	**$46.68**
60-70	$42.72	$17.52	**$60.24**

Aflac

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HOSPITAL PROTECTION PLAN THREE - Series A46300 - Insured/Spouse

Age	Premium	Rider*	Total
18-39	$33.84	$14.16	**$48.00**
40-49	$38.52	$15.60	**$54.12**
50-59	$49.32	$21.12	**$70.44**
60-70	$57.84	$33.12	**$90.96**

HOSPITAL PROTECTION PLAN THREE - Series A46300 - Two Parent Family

Age	Premium	Rider*	Total
18-39	$39.00	$17.52	**$56.52**
40-49	$42.18	$18.24	**$60.42**
50-59	$53.46	$22.32	**$75.78**
60-70	$63.84	$34.08	**$97.92**

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

DENTAL BASIC - Series A-81100

* = Optional Orthodontic Rider (Series A-81050) premium;** = Optional Cosmetic Rider (Series A-81051) premium

Age	Coverage	Premium	Orthodontic_Rider	Cosmetic_Rider	Total
18-65	INDIVIDUAL	$10.80	$12.46	$11.86	**$35.12**
18-65	INSURED/SPOUSE	$19.02	$13.62	$11.86	**$44.49**
18-65	ONE-PARENT FAMILY	$18.88	$13.62	$11.86	**$44.35**
18-65	TWO-PARENT FAMILY	$27.18	$13.62	$11.86	**$52.66**

PERSONAL DISABILITY INCOME PROTECTOR - Series A-57400

Elimination Period Accident/Sickness - 7/14 DAYS

Annual Income		$41,000	$43,000	$45,000	$48,000	$50,000	$52,000	$55,000	$57,000	$59,000	$63,000
Monthly Benefit		$1,800	$1,900	$2,000	$2,100	$2,200	$2,300	$2,400	$2,500	$2,600	$2,700
Benefit Period	Age										
6 MONTHS	18-49	$25.75	$27.18	$28.62	$30.05	$31.48	$32.91	$34.34	$35.77	$37.20	$38.63
	50-64	$32.40	$34.20	$36.00	$37.80	$39.60	$41.40	$43.20	$45.00	$46.80	$48.60
12 MONTHS	18-49	$34.06	$35.95	$37.85	$39.74	$41.63	$43.52	$45.42	$47.31	$49.20	$51.09
	50-64	$41.54	$43.85	$46.15	$48.46	$50.77	$53.08	$55.38	$57.69	$60.00	$62.31

PERSONAL SICKNESS INDEMNITY LEVEL THREE - Series A-45300 - Individual

Age	Premium	Rider*	Total
18-39	$15.42	$4.57	**$19.99**
40-49	$16.20	$5.12	**$21.32**
50-59	$19.75	$7.20	**$26.95**
60-70	$27.51	$10.66	**$38.17**

PERSONAL SICKNESS INDEMNITY LEVEL THREE - Series A-45300 - One Parent Family

Age	Premium	Rider*	Total
18-39	$26.12	$6.78	**$32.90**
40-49	$26.17	$6.92	**$33.09**
50-59	$29.03	$7.89	**$36.92**
60-70	$35.08	$11.22	**$46.30**

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PERSONAL SICKNESS INDEMNITY LEVEL THREE - Series A-45300 - Insured/Spouse

Age	Premium	Rider*	Total
18-39	$28.80	$9.00	**$37.80**
40-49	$29.08	$9.83	**$38.91**
50-59	$35.54	$13.43	**$48.97**
60-70	$48.28	$21.18	**$69.46**

PERSONAL SICKNESS INDEMNITY LEVEL THREE - Series A-45300 - Two Parent Family

* 3 units of Optional Hospital Rider A45050 ($250 per unit) selected

Age	Premium	Rider*	Total
18-39	$30.88	$11.22	**$42.10**
40-49	$31.80	$11.63	**$43.43**
50-59	$38.17	$14.12	**$52.29**
60-70	$48.88	$21.74	**$70.62**

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**