



South Dakota

SD Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/26/26 1:46 AM

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product brochure for each insurance policy/plan listed below.

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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)

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

Age	Coverage	Premium	Total
18-75	INDIVIDUAL	\$17.69	\$17.69
18-75	INSURED/SPOUSE	\$25.04	\$25.04
18-75	ONE PARENT FAMILY	\$29.76	\$29.76
18-75	TWO PARENT FAMILY	\$36.46	\$36.46

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-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	\$26.40	\$27.72	\$29.04	\$30.36	\$31.68	\$33.00	\$34.32	\$35.64	\$38.28
	50-64	\$36.00	\$37.80	\$39.60	\$41.40	\$43.20	\$45.00	\$46.80	\$48.60	\$52.20
	65-74	\$44.40	\$46.62	\$48.84	\$51.06	\$53.28	\$55.50	\$57.72	\$59.94	\$64.38
12 MONTHS	18-49	\$37.20	\$39.06	\$40.92	\$42.78	\$44.64	\$46.50	\$48.36	\$50.22	\$53.94
	50-64	\$51.60	\$54.18	\$56.76	\$59.34	\$61.92	\$64.50	\$67.08	\$69.66	\$74.82
	65-74	\$70.80	\$74.34	\$77.88	\$81.42	\$84.96	\$88.50	\$92.04	\$95.58	\$102.66

Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	\$1.44
30-39		\$2.04
40-49		\$3.48
50-70		\$5.94

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	\$14.70	\$6.30	\$10.02	\$31.02
50-59		\$15.00	\$7.20	\$12.84	\$35.04
60-75		\$15.42	\$7.26	\$16.68	\$39.36
18-49	INSURED/SPOUSE	\$20.82	\$13.32	\$18.30	\$52.44
50-59		\$22.02	\$14.94	\$25.44	\$62.40
60-75		\$23.52	\$15.06	\$31.92	\$70.50
18-49	ONE-PARENT FAMILY	\$18.66	\$12.60	\$13.86	\$45.12
50-59		\$18.96	\$12.90	\$15.72	\$47.58
60-75		\$19.20	\$13.20	\$20.64	\$53.04
18-49	TWO-PARENT FAMILY	\$22.08	\$16.14	\$18.66	\$56.88
50-59		\$22.32	\$16.44	\$30.84	\$69.60
60-75		\$23.82	\$17.16	\$34.08	\$75.06

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

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

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

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

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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

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	\$18.72	\$10.92	\$11.82	\$41.46
18-70	INSURED/SPOUSE	\$36.66	\$11.94	\$11.82	\$60.42
18-70	ONE-PARENT FAMILY	\$36.42	\$11.94	\$11.82	\$60.18
18-70	TWO-PARENT FAMILY	\$54.78	\$11.94	\$11.82	\$78.54

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