Utah

UT Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/26/26 4:55 PM

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CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

Age	Coverage	Premium	IDR	DCR	SDR	Total
18-75	INDIVIDUAL	$21.86	$2.75	$0.00	$0.42	**$25.03**
18-75	INSURED/SPOUSE	$37.32	$6.48	$0.00	$0.42	**$44.22**
18-75	ONE-PARENT FAMILY	$21.86	$2.75	$0.42	$0.42	**$25.45**
18-75	TWO-PARENT FAMILY	$37.32	$6.48	$0.42	$0.42	**$44.64**

IDR* = Optional Initial Diagnosis Rider (Series B70050) 5 units ($500)
DCR* = Optional Dependent Child Rider (Series B70051) ($10,000)
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
	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 Plus Rider
18-29	INDIVIDUAL	$1.44
30-39		$2.10
40-49		$3.66
50-70		$6.18

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	$12.48	$5.40	$8.52	**$26.40**
50-59		$12.72	$6.12	$10.92	**$29.76**
60-75		$13.08	$6.18	$14.22	**$33.48**
18-49	INSURED/SPOUSE	$17.70	$11.28	$15.54	**$44.52**
50-59		$18.72	$12.72	$21.60	**$53.04**
60-75		$20.04	$12.78	$27.12	**$59.94**
18-49	ONE-PARENT FAMILY	$15.84	$10.74	$11.76	**$38.34**
50-59		$16.08	$10.98	$13.38	**$40.44**
60-75		$16.32	$11.22	$17.58	**$45.12**
18-49	TWO-PARENT FAMILY	$18.78	$13.74	$15.84	**$48.36**
50-59		$18.96	$13.98	$22.26	**$55.20**
60-75		$20.28	$14.58	$28.98	**$63.84**

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

Aflac

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Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	$1.44
30-39		$2.10
40-49		$3.66
50-70		$6.18
18-29	INSURED/SPOUSE	$2.76
30-39		$4.14
40-49		$6.90
50-70		$12.30
18-29	ONE-PARENT FAMILY	$2.88
30-39		$3.18
40-49		$4.38
50-70		$6.42
18-29	TWO-PARENT FAMILY	$3.54
30-39		$4.62
40-49		$7.02
50-70		$11.16

ACCIDENT ADVANTAGE - 24-HOUR ACCIDENT OPTION 1 - Series A36000

Age	Coverage	Premium	Accidental Death Rider	Total
18-75	INDIVIDUAL	$7.92	$1.98	**$9.90**
18-75	INSURED/SPOUSE	$10.38	$2.76	**$13.14**
18-75	ONE-PARENT FAMILY	$11.58	$2.22	**$13.80**
18-75	TWO-PARENT FAMILY	$14.46	$3.12	**$17.58**

Accidental Death*: Accidental Death Benefit Rider (Series A-36050) Premium (Available for ages 18-70)

ACCIDENT ADVANTAGE - 24-HOUR ACCIDENT OPTION 4 - Series A36000

Age	Coverage	Premium	Accidental Death Rider	Total
18-75	INDIVIDUAL	$15.60	$1.98	**$17.58**
18-75	INSURED/SPOUSE	$20.46	$2.76	**$23.22**
18-75	ONE-PARENT FAMILY	$23.88	$2.22	**$26.10**
18-75	TWO-PARENT FAMILY	$29.46	$3.12	**$32.58**

Accidental Death*: Accidental Death Benefit Rider (Series A-36050) Premium (Available for ages 18-70)

Age	Coverage	Aflac Plus Rider
18-29	INDIVIDUAL	$1.44
30-39		$2.10
40-49		$3.66
50-70		$6.18
18-29	INSURED/SPOUSE	$2.76
30-39		$4.14
40-49		$6.90
50-70		$12.30
18-29	ONE-PARENT FAMILY	$2.88
30-39		$3.18
40-49		$4.38
50-70		$6.42
18-29	TWO-PARENT FAMILY	$3.54
30-39		$4.62
40-49		$7.02
50-70		$11.16

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**

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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	$18.84	$10.92	$11.82	**$41.58**
18-70	INSURED/SPOUSE	$36.96	$11.94	$11.82	**$60.72**
18-70	ONE-PARENT FAMILY	$39.30	$11.94	$11.82	**$63.06**
18-70	TWO-PARENT FAMILY	$66.30	$11.94	$11.82	**$90.06**

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**