Aflac

Virginia Federal Employees

VA Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/26/26 4:59 PM

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
The rates displayed are valid through 07/26/2026 and are subject to change.

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

Age	Coverage	Premium	Total
18-75	INDIVIDUAL	$15.49	**$15.49**
18-75	INSURED/SPOUSE	$21.94	**$21.94**
18-75	ONE PARENT FAMILY	$26.07	**$26.07**
18-75	TWO PARENT FAMILY	$31.94	**$31.94**

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	$10.58	$4.54	$7.19	**$22.31**
50-59		$10.80	$5.18	$9.24	**$25.22**
60-75		$11.07	$5.24	$12.05	**$28.36**
18-49	INSURED/SPOUSE	$14.96	$9.56	$13.18	**$37.70**
50-59		$15.88	$10.74	$18.30	**$44.92**
60-75		$16.96	$10.86	$22.95	**$50.77**
18-49	ONE-PARENT FAMILY	$13.44	$9.07	$9.99	**$32.50**
50-59		$13.61	$9.29	$11.34	**$34.24**
60-75		$13.82	$9.50	$14.85	**$38.17**
18-49	TWO-PARENT FAMILY	$15.93	$11.61	$13.45	**$40.99**
50-59		$16.04	$11.82	$17.76	**$45.62**
60-75		$17.17	$12.31	$24.52	**$54.00**

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	$6.90	$0.90	$0.45	**$8.25**
36-45	$9.78	$1.66	$1.11	**$12.55**
46-55	$14.41	$1.96	$1.81	**$18.18**
56-70	$19.96	$2.16	$2.57	**$24.69**

Aflac

Virginia Federal Employees

VA Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/26/26 4:59 PM

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.
The rates displayed are valid through 07/26/2026 and are subject to change.

Critical Care Protection (Insured/Spouse)

Age	Premium	FOBBR	SHERR	Total
18-35	$13.26	$1.81	$0.90	**$15.97**
36-45	$17.54	$3.32	$1.86	**$22.72**
46-55	$27.01	$3.93	$3.12	**$34.06**
56-70	$38.50	$4.33	$4.79	**$47.62**

Critical Care Protection (One Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$11.74	$0.96	$0.50	**$13.20**
36-45	$13.86	$1.76	$1.11	**$16.73**
46-55	$17.84	$2.01	$1.81	**$21.66**
56-70	$25.15	$2.27	$2.62	**$30.04**

Critical Care Protection (Two Parent Family)

Age	Premium	FOBBR	SHERR	Total
18-35	$15.02	$1.86	$0.96	**$17.84**
36-45	$19.10	$3.42	$2.01	**$24.53**
46-55	$28.62	$3.98	$3.37	**$35.97**
56-70	$41.22	$4.44	$5.04	**$50.70**

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	$14.16	$8.74	$9.46	**$32.35**
18-70	INSURED/SPOUSE	$27.74	$9.55	$9.46	**$46.75**
18-70	ONE-PARENT FAMILY	$27.55	$9.55	$9.46	**$46.56**
18-70	TWO-PARENT FAMILY	$41.42	$9.55	$9.46	**$60.43**

PERSONAL CANCER INDEMNITY LEVEL THREE - Series A-75300

Age	Coverage	Premium	SDR	BBR	Total
18-70	INDIVIDUAL	$15.46	$0.46	$1.38	**$17.31**
18-70	ONE-PARENT FAMILY	$18.55	$0.69	$2.08	**$21.32**
18-70	TWO-PARENT FAMILY	$25.80	$0.92	$3.00	**$29.72**

SDR* = Optional Specified Disease Rider (Series A-75052) premium
BBR* = Optional Building Benefit Rider (Series A-75050) premium 1-5 units

VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	$5.13	$8.09	$8.46	**$10.67**
40-49	$6.98	$11.78	$9.75	**$13.77**
50-70	$10.49	$18.06	$12.15	**$18.42**