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Washington Federal Employees

WA Payroll Premium rates are Biweekly for industry Class C.
Rate sheet prepared by DANA PURNELL & COMPANY, INC. 7/27/26 3:32 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)

.

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

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR LEVEL TWO - Series A-35200

Age	Coverage	Premium	Total
18-49	INDIVIDUAL	$14.40	**$14.40**
50-70		$14.40	**$14.40**
18-49	INSURED SPOUSE	$18.84	**$18.84**
50-70		$18.84	**$18.84**
18-49	ONE-PARENT FAMILY	$21.12	**$21.12**
50-70		$21.12	**$21.12**
18-49	TWO-PARENT FAMILY	$26.28	**$26.28**
50-70		$26.28	**$26.28**

CRITICAL CARE PROTECTION POLICY - Series A74300

Critical Care Protection (Individual)

FOBBR: Specified Health Event 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	$17.70	$10.92	$11.86	**$40.48**
18-70	INSURED/SPOUSE	$34.68	$11.94	$11.86	**$58.48**
18-70	ONE-PARENT FAMILY	$34.44	$11.94	$11.86	**$58.24**
18-70	TWO-PARENT FAMILY	$51.78	$11.94	$11.86	**$75.58**

AFLAC HOSPITAL ADVANTAGE SELECT 3000 - Option1 Series A49100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-75	$34.74	$50.94	$42.42	$52.50

AFLAC HOSPITAL ADVANTAGE SELECT 3000 - Option2 Series A49200

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-75	$38.10	$58.08	$48.78	$60.84

AFLAC HOSPITAL ADVANTAGE SELECT 3000 - Option3 Series A49300

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-75	$41.28	$63.78	$52.32	$66.54

AFLAC HOSPITAL ADVANTAGE SELECT 3000 - Option4 Series A49400

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-75	$45.48	$71.58	$56.70	$72.72

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AFLAC HOSPITAL ADVANTAGE SELECT 3000 - OptionH Series A4910H

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-75	$33.72	$48.90	$38.04	$50.70

PERSONAL RECOVERY PLUS LEVEL TWO - Series A-70200 - Individual

Age	Premium	BBR	Total
18-36	$3.18	$0.92	**$4.11**
36-45	$5.95	$1.85	**$7.80**
46-55	$10.11	$2.31	**$12.42**
56-70	$15.65	$2.54	**$18.18**

PERSONAL RECOVERY PLUS LEVEL TWO - Series A-70200 - One Parent Family

Age	Premium	BBR	Total
18-36	$3.46	$1.15	**$4.62**
36-45	$6.23	$2.08	**$8.31**
46-55	$10.38	$2.54	**$12.92**
56-70	$15.92	$2.77	**$18.69**

PERSONAL RECOVERY PLUS LEVEL TWO - Series A-70200 - Two Parent Family

Age	Premium	BBR	Total
18-36	$5.03	$1.62	**$6.65**
36-45	$10.11	$3.00	**$13.11**
46-55	$18.42	$3.92	**$22.34**
56-70	$30.88	$4.38	**$35.26**

* 5 units of Optional Building Benefit Rider A70250 ($100 per unit) selected

VISION NOW - Series VSN100

Age	Individual	Insured/Spouse	One Parent Family	Two Parent Family
18-39	$6.32	$9.92	$10.38	**$13.11**
40-49	$8.58	$14.49	$11.95	**$16.94**
50-70	$12.88	$22.20	$14.95	**$22.66**