



cogent, llc

Rate sheet prepared by Web User on 4/20/2020 11:28:20 AM.
Indiana Payroll Premium rates are Weekly for industry Class A.

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.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

| | | Premium | IDR* (5 units) | DCR* | SDR* | Total |
|--------------|--------------------------|----------------|-----------------------|-------------|-------------|--------------|
| 18-75 | INDIVIDUAL | \$7.73 | \$1.37 | \$0.00 | \$0.21 | \$9.31 |
| 18-75 | INSURED/SPOUSE | \$13.30 | \$3.24 | \$0.00 | \$0.21 | \$16.75 |
| 18-75 | ONE-PARENT FAMILY | \$7.73 | \$1.37 | \$0.21 | \$0.21 | \$9.52 |
| 18-75 | TWO-PARENT FAMILY | \$13.30 | \$3.24 | \$0.21 | \$0.21 | \$16.96 |

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*

DCR = Optional Dependent Child Rider (Series B70051) premium 1 unit*

SDR = Optional Specified Disease Rider (Series B70052) premium*



cogent, llc

Rate sheet prepared by Web User on 4/20/2020 11:28:20 AM.
Indiana Payroll Premium rates are Weekly for industry Class A.

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.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|--------|---------|---------|
| 18-49 INDIVIDUAL | \$4.02 | \$2.67 | \$4.20 | \$10.89 |
| 50-59 | \$4.14 | \$3.00 | \$5.40 | \$12.54 |
| 60-75 | \$4.26 | \$3.06 | \$7.02 | \$14.34 |
| 18-49 INSURED/SPOUSE | \$5.25 | \$5.58 | \$7.68 | \$18.51 |
| 50-59 | \$5.58 | \$6.27 | \$10.68 | \$22.53 |
| 60-75 | \$5.73 | \$6.33 | \$13.41 | \$25.47 |
| 18-49 ONE-PARENT FAMILY | \$5.25 | \$5.31 | \$5.82 | \$16.38 |
| 50-59 | \$5.37 | \$5.43 | \$6.60 | \$17.40 |
| 60-75 | \$5.52 | \$5.55 | \$8.67 | \$19.74 |
| 18-49 TWO-PARENT FAMILY | \$6.00 | \$6.78 | \$7.83 | \$20.61 |
| 50-59 | \$6.12 | \$6.90 | \$10.89 | \$23.91 |
| 60-75 | \$6.27 | \$7.20 | \$14.31 | \$27.78 |

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

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

*Note - The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1000 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|--------|---------|---------|
| 18-49 INDIVIDUAL | \$6.36 | \$2.67 | \$4.20 | \$13.23 |
| 50-59 | \$6.48 | \$3.00 | \$5.40 | \$14.88 |
| 60-75 | \$6.66 | \$3.06 | \$7.02 | \$16.74 |
| 18-49 INSURED/SPOUSE | \$9.00 | \$5.58 | \$7.68 | \$22.26 |
| 50-59 | \$9.51 | \$6.27 | \$10.68 | \$26.46 |
| 60-75 | \$10.17 | \$6.33 | \$13.41 | \$29.91 |
| 18-49 ONE-PARENT FAMILY | \$8.07 | \$5.31 | \$5.82 | \$19.20 |
| 50-59 | \$8.19 | \$5.43 | \$6.60 | \$20.22 |
| 60-75 | \$8.31 | \$5.55 | \$8.67 | \$22.53 |
| 18-49 TWO-PARENT FAMILY | \$9.54 | \$6.78 | \$7.83 | \$24.15 |
| 50-59 | \$9.66 | \$6.90 | \$10.89 | \$27.45 |
| 60-75 | \$10.29 | \$7.20 | \$14.31 | \$31.80 |

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

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

*Note - The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.



cogent, llc

Rate sheet prepared by Web User on 4/20/2020 11:28:20 AM.
 Indiana Payroll Premium rates are Weekly for industry Class A.

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.

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 1500 - Series B40100

| | Premium | EBR | HSSCR | Total |
|-------------------------|---------|--------|---------|---------|
| 18-49 INDIVIDUAL | \$9.00 | \$2.67 | \$4.20 | \$15.87 |
| 50-59 | \$9.09 | \$3.00 | \$5.40 | \$17.49 |
| 60-75 | \$9.51 | \$3.06 | \$7.02 | \$19.59 |
| 18-49 INSURED/SPOUSE | \$13.11 | \$5.58 | \$7.68 | \$26.37 |
| 50-59 | \$13.86 | \$6.27 | \$10.68 | \$30.81 |
| 60-75 | \$15.06 | \$6.33 | \$13.41 | \$34.80 |
| 18-49 ONE-PARENT FAMILY | \$11.16 | \$5.31 | \$5.82 | \$22.29 |
| 50-59 | \$11.31 | \$5.43 | \$6.60 | \$23.34 |
| 60-75 | \$11.43 | \$5.55 | \$8.67 | \$25.65 |
| 18-49 TWO-PARENT FAMILY | \$13.23 | \$6.78 | \$7.83 | \$27.84 |
| 50-59 | \$13.98 | \$6.90 | \$10.89 | \$31.77 |
| 60-75 | \$15.18 | \$7.20 | \$14.31 | \$36.69 |

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

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

*Note - The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

AFLAC PLUS RIDER

| | | Aflac Plus Rider |
|-------|-------------------|------------------|
| 18-29 | INDIVIDUAL | \$0.72 |
| 30-39 | | \$1.02 |
| 40-49 | | \$1.74 |
| 50-70 | | \$2.97 |
| 18-29 | INSURED/SPOUSE | \$1.35 |
| 30-39 | | \$2.01 |
| 40-49 | | \$3.30 |
| 50-70 | | \$5.67 |
| 18-29 | ONE-PARENT FAMILY | \$1.44 |
| 30-39 | | \$1.56 |
| 40-49 | | \$2.10 |
| 50-70 | | \$3.06 |
| 18-29 | TWO-PARENT FAMILY | \$1.74 |
| 30-39 | | \$2.25 |
| 40-49 | | \$3.39 |
| 50-70 | | \$5.70 |

*Note - The Aflac Plus Rider is not available with Option H.

Accident Advantage - 24-Hour ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 4 - Series A36000

| | Premium | Accidental Death* | Total |
|----------------------------|---------|-------------------|---------|
| 18-75 INDIVIDUAL | \$5.79 | \$0.99 | \$6.78 |
| 18-75 NAMED INSURED/SPOUSE | \$8.28 | \$1.38 | \$9.66 |
| 18-75 ONE-PARENT FAMILY | \$9.93 | \$1.11 | \$11.04 |
| 18-75 TWO-PARENT FAMILY | \$12.96 | \$1.56 | \$14.52 |

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



cogent, llc

Rate sheet prepared by Web User on 4/20/2020 11:28:20 AM.
Indiana Payroll Premium rates are Weekly for industry Class A.

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.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

| Annual Income | | \$40,000 | \$42,000 | \$44,000 | \$46,000 | \$48,000 | \$50,000 | \$52,000 | \$54,000 | \$56,000 | \$58,000 |
|----------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Benefit Period | Age | \$2,000 | \$2,100 | \$2,200 | \$2,300 | \$2,400 | \$2,500 | \$2,600 | \$2,700 | \$2,800 | \$2,900 |
| 3 MONTHS | 18-49 | \$13.20 | \$13.86 | \$14.52 | \$15.18 | \$15.84 | \$16.50 | \$17.16 | \$17.82 | \$18.48 | \$19.14 |
| | 50-64 | \$13.80 | \$14.49 | \$15.18 | \$15.87 | \$16.56 | \$17.25 | \$17.94 | \$18.63 | \$19.32 | \$20.01 |
| | 65-74 | \$16.80 | \$17.64 | \$18.48 | \$19.32 | \$20.16 | \$21.00 | \$21.84 | \$22.68 | \$23.52 | \$24.36 |

CRITICAL CARE PROTECTION POLICY - Series A74300

| Individual | | | | | One Parent Family | | | | |
|----------------|---------|--------|--------|---------|-------------------|---------|--------|--------|---------|
| Age | Premium | FOBBR | SHERR | Total | Age | Premium | FOBBR | SHERR | Total |
| 18-35 | \$4.11 | \$0.54 | \$0.27 | \$4.92 | 18-35 | \$6.99 | \$0.57 | \$0.30 | \$7.86 |
| 36-45 | \$5.82 | \$0.99 | \$0.66 | \$7.47 | 36-45 | \$8.25 | \$1.05 | \$0.66 | \$9.96 |
| 46-55 | \$8.58 | \$1.17 | \$1.08 | \$10.83 | 46-55 | \$10.62 | \$1.20 | \$1.08 | \$12.90 |
| 56-70 | \$11.88 | \$1.29 | \$1.53 | \$14.70 | 56-70 | \$14.97 | \$1.35 | \$1.56 | \$17.88 |
| Insured/Spouse | | | | | Two Parent Family | | | | |
| Age | Premium | FOBBR | SHERR | Total | Age | Premium | FOBBR | SHERR | Total |
| 18-35 | \$7.89 | \$1.08 | \$0.54 | \$9.51 | 18-35 | \$8.94 | \$1.11 | \$0.57 | \$10.62 |
| 36-45 | \$10.44 | \$1.98 | \$1.11 | \$13.53 | 36-45 | \$11.37 | \$2.04 | \$1.20 | \$14.61 |
| 46-55 | \$16.08 | \$2.34 | \$1.86 | \$20.28 | 46-55 | \$17.04 | \$2.37 | \$2.01 | \$21.42 |
| 56-70 | \$22.92 | \$2.58 | \$2.85 | \$28.35 | 56-70 | \$24.54 | \$2.64 | \$3.00 | \$30.18 |

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)