



PME Illinois

Rate sheet prepared by Web User on 5/22/2019 12:49:55 PM.
 Illinois Payroll Premium rates are Weekly for industry Class B.

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 For more information about policy/plan benefits and limitations, please refer to the accompanying
 product brochure for each insurance policy/plan listed below.

Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series A36000

	Premium	Accidental Death*	Total
18-75 INDIVIDUAL	\$6.21	\$0.99	\$7.20
18-75 NAMED INSURED/SPOUSE	\$8.28	\$1.38	\$9.66
18-75 ONE-PARENT FAMILY	\$9.63	\$1.11	\$10.74
18-75 TWO-PARENT FAMILY	\$12.12	\$1.56	\$13.68

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

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

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



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CRITICAL CARE PROTECTION POLICY - Series A74300

Individual					One Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$4.20	\$0.54	\$0.27	\$5.01	18-35	\$7.14	\$0.57	\$0.30	\$8.01
36-45	\$5.94	\$1.02	\$0.66	\$7.62	36-45	\$8.43	\$1.08	\$0.66	\$10.17
46-55	\$8.76	\$1.20	\$1.11	\$11.07	46-55	\$10.83	\$1.23	\$1.11	\$13.17
56-70	\$12.12	\$1.32	\$1.56	\$15.00	56-70	\$15.27	\$1.38	\$1.59	\$18.24

Insured/Spouse					Two Parent Family				
Age	Premium	FOBBR	SHERR	Total	Age	Premium	FOBBR	SHERR	Total
18-35	\$8.04	\$1.11	\$0.54	\$9.69	18-35	\$9.12	\$1.14	\$0.57	\$10.83
36-45	\$10.65	\$2.01	\$1.14	\$13.80	36-45	\$11.61	\$2.07	\$1.23	\$14.91
46-55	\$16.41	\$2.40	\$1.89	\$20.70	46-55	\$17.37	\$2.43	\$2.04	\$21.84
56-70	\$23.37	\$2.64	\$2.91	\$28.92	56-70	\$25.02	\$2.70	\$3.06	\$30.78

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

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

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000
Benefit Period	Age	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000
3 MONTHS	18-49	\$7.59	\$8.28	\$8.97	\$9.66	\$10.35	\$11.04	\$11.73	\$12.42	\$13.11	\$13.80
	50-64	\$8.91	\$9.72	\$10.53	\$11.34	\$12.15	\$12.96	\$13.77	\$14.58	\$15.39	\$16.20
	65-74	\$10.56	\$11.52	\$12.48	\$13.44	\$14.40	\$15.36	\$16.32	\$17.28	\$18.24	\$19.20

AFLAC VALUE RIDER

Aflac Value Rider	
18-69	\$2.52



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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$3.87	\$2.64	\$4.17	\$10.68
50-59	\$3.99	\$3.00	\$5.34	\$12.33
60-75	\$4.11	\$3.03	\$6.96	\$14.10
18-49 INSURED/SPOUSE	\$5.07	\$5.55	\$7.62	\$18.24
50-59	\$5.37	\$6.21	\$10.59	\$22.17
60-75	\$5.52	\$6.27	\$13.29	\$25.08
18-49 ONE-PARENT FAMILY	\$5.07	\$5.25	\$5.76	\$16.08
50-59	\$5.19	\$5.37	\$6.57	\$17.13
60-75	\$5.31	\$5.49	\$8.61	\$19.41
18-49 TWO-PARENT FAMILY	\$5.79	\$6.72	\$7.77	\$20.28
50-59	\$5.91	\$6.84	\$10.71	\$23.46
60-75	\$6.03	\$7.14	\$14.19	\$27.36

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	\$6.12	\$2.64	\$4.17	\$12.93
50-59	\$6.24	\$3.00	\$5.34	\$14.58
60-75	\$6.42	\$3.03	\$6.96	\$16.41
18-49 INSURED/SPOUSE	\$8.67	\$5.55	\$7.62	\$21.84
50-59	\$9.18	\$6.21	\$10.59	\$25.98
60-75	\$9.81	\$6.27	\$13.29	\$29.37
18-49 ONE-PARENT FAMILY	\$7.77	\$5.25	\$5.76	\$18.78
50-59	\$7.89	\$5.37	\$6.57	\$19.83
60-75	\$8.01	\$5.49	\$8.61	\$22.11
18-49 TWO-PARENT FAMILY	\$9.21	\$6.72	\$7.77	\$23.70
50-59	\$9.30	\$6.84	\$10.71	\$26.85
60-75	\$9.93	\$7.14	\$14.19	\$31.26

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.