



PME New York

Rate sheet prepared by Web User on 5/22/2019 1:08:43 PM.
 New York Payroll Premium rates are Weekly for industry Class B.

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.

Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series NY36000

	Premium	Total
18-75 INDIVIDUAL	\$5.25	\$5.25
18-75 NAMED INSURED/SPOUSE	\$6.87	\$6.87
18-75 ONE-PARENT FAMILY	\$7.92	\$7.92
18-75 TWO-PARENT FAMILY	\$9.99	\$9.99

AFLAC CANCER CARE PLAN SELECT - Series NY78200

	Premium	IDR* (5 units)	DCR*	SHE*	Total
18-35 INDIVIDUAL	\$4.59	\$1.35	\$0.00	\$2.19	\$8.13
36-45	\$4.59	\$1.35	\$0.00	\$3.60	\$9.54
46-55	\$4.59	\$1.35	\$0.00	\$4.95	\$10.89
56-75	\$4.59	\$1.35	\$0.00	\$6.18	\$12.12
18-35 INSURED/SPOUSE	\$7.41	\$3.00	\$0.00	\$3.72	\$14.13
36-45	\$7.41	\$3.00	\$0.00	\$6.18	\$16.59
46-55	\$7.41	\$3.00	\$0.00	\$9.06	\$19.47
56-75	\$7.41	\$3.00	\$0.00	\$12.51	\$22.92
18-35 ONE-PARENT FAMILY	\$4.59	\$1.35	\$0.21	\$2.34	\$8.49
36-45	\$4.59	\$1.35	\$0.21	\$3.63	\$9.78
46-55	\$4.59	\$1.35	\$0.21	\$4.98	\$11.13
56-75	\$4.59	\$1.35	\$0.21	\$6.36	\$12.51
18-35 TWO-PARENT FAMILY	\$7.41	\$3.00	\$0.21	\$3.72	\$14.34
36-45	\$7.41	\$3.00	\$0.21	\$6.18	\$16.80
46-55	\$7.41	\$3.00	\$0.21	\$9.06	\$19.68
56-75	\$7.41	\$3.00	\$0.21	\$12.51	\$23.13

IDR* = Optional Initial Diagnosis Rider (Series NY78050) premium 1-5 units

DCR* = Optional Dependent Child Rider (Series NY78051) premium

SHE* = Specified Health Event with Recovery Benefit Rider (Series NY75056)



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Lump Sum Critical Illness - Series A-72100

	Premium	Total
18-35 INDIVIDUAL	\$4.83	\$4.83
36-45	\$8.40	\$8.40
46-55	\$12.60	\$12.60
56-70	\$17.64	\$17.64
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18-35 HUSBAND WIFE	\$7.98	\$7.98
36-45	\$13.86	\$13.86
46-55	\$22.05	\$22.05
56-70	\$35.49	\$35.49
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18-35 ONE-PARENT FAMILY	\$5.88	\$5.88
36-45	\$8.61	\$8.61
46-55	\$12.81	\$12.81
56-70	\$20.16	\$20.16
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18-35 TWO-PARENT FAMILY	\$9.24	\$9.24
36-45	\$16.38	\$16.38
46-55	\$26.25	\$26.25
56-70	\$42.21	\$42.21

Premium: Lump Sum Critical Illness - 7 units of coverage (\$35,000.00).

*To sell more than \$30,000 (6 units) of the Lump Sum Critical Illness Product (Series A-72100), the field force member must complete the Request for Large Account Product Approval Form.

AFLAC-SHORT TERM DISABILITY - Series NY57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$9,000	\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000
Benefit Period	Age	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300
3 MONTHS	18-49	\$3.12	\$3.90	\$4.68	\$5.46	\$6.24	\$7.02	\$7.80	\$8.58	\$9.36	\$10.14
	50-64	\$3.72	\$4.65	\$5.58	\$6.51	\$7.44	\$8.37	\$9.30	\$10.23	\$11.16	\$12.09
	65-74	\$4.44	\$5.55	\$6.66	\$7.77	\$8.88	\$9.99	\$11.10	\$12.21	\$13.32	\$14.43



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AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series NYB40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$4.11	\$1.98	\$2.46	\$8.55
50-59	\$4.20	\$2.25	\$3.30	\$9.75
60-75	\$4.29	\$2.28	\$4.41	\$10.98
18-49 INSURED/SPOUSE	\$5.01	\$4.17	\$4.59	\$13.77
50-59	\$5.22	\$4.68	\$6.63	\$16.53
60-75	\$5.34	\$4.71	\$8.49	\$18.54
18-49 ONE-PARENT FAMILY	\$5.19	\$4.11	\$3.69	\$12.99
50-59	\$5.31	\$4.20	\$4.26	\$13.77
60-75	\$5.40	\$4.29	\$5.76	\$15.45
18-49 TWO-PARENT FAMILY	\$5.76	\$5.25	\$4.92	\$15.93
50-59	\$5.85	\$5.34	\$4.80	\$15.99
60-75	\$5.94	\$5.58	\$9.54	\$21.06

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 NYB40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$5.79	\$1.98	\$2.46	\$10.23
50-59	\$5.88	\$2.25	\$3.30	\$11.43
60-75	\$6.03	\$2.28	\$4.41	\$12.72
18-49 INSURED/SPOUSE	\$7.71	\$4.17	\$4.59	\$16.47
50-59	\$8.10	\$4.68	\$6.63	\$19.41
60-75	\$8.55	\$4.71	\$8.49	\$21.75
18-49 ONE-PARENT FAMILY	\$7.32	\$4.11	\$3.69	\$15.12
50-59	\$7.41	\$4.20	\$4.26	\$15.87
60-75	\$7.50	\$4.29	\$5.76	\$17.55
18-49 TWO-PARENT FAMILY	\$8.43	\$5.25	\$4.92	\$18.60
50-59	\$8.49	\$5.34	\$4.80	\$18.63
60-75	\$9.00	\$5.58	\$9.54	\$24.12

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.