



Childrens Board of Hillsborough County 2018

Rate sheet prepared by Web User on 9/24/2018 11:03:21 AM.
 Florida Payroll Premium rates are Biweekly 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.

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$9.84	\$9.84
18-75 NAMED INSURED/SPOUSE	\$16.14	\$16.14
18-75 ONE-PARENT FAMILY	\$17.58	\$17.58
18-75 TWO-PARENT FAMILY	\$25.44	\$25.44

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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$12.48	\$5.40	\$8.52	\$26.40
50-59	\$12.72	\$6.12	\$10.92	\$29.76
60-75	\$13.08	\$6.18	\$14.22	\$33.48
18-49 INSURED/SPOUSE	\$17.70	\$11.34	\$15.60	\$44.64
50-59	\$18.72	\$12.72	\$21.66	\$53.10
60-75	\$20.04	\$12.84	\$27.12	\$60.00
18-49 ONE-PARENT FAMILY	\$15.84	\$10.74	\$11.76	\$38.34
50-59	\$16.08	\$10.98	\$13.38	\$40.44
60-75	\$16.38	\$11.22	\$17.58	\$45.18
18-49 TWO-PARENT FAMILY	\$18.78	\$13.74	\$15.84	\$48.36
50-59	\$18.96	\$13.98	\$22.38	\$55.32
60-75	\$20.28	\$14.58	\$28.98	\$63.84

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 CANCER CARE PLAN CLASSIC - Series A78300

	Premium	Total
18-75 INDIVIDUAL	\$17.58	\$17.58
18-75 INSURED/SPOUSE	\$29.88	\$29.88
18-75 ONE-PARENT FAMILY	\$17.58	\$17.58
18-75 TWO-PARENT FAMILY	\$29.88	\$29.88

DENTAL ESSENTIALS - Series A-82100R

	Premium	Total
18-70 INDIVIDUAL	\$10.74	\$10.74
18-70 ONE-PARENT FAMILY	\$18.78	\$18.78
18-70 INSURED/SPOUSE	\$18.90	\$18.90
18-70 TWO-PARENT FAMILY	\$27.06	\$27.06



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CRITICAL CARE PROTECTION POLICY - Series A74300

Individual			One Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$7.80	\$7.80	18-35	\$13.26	\$13.26
36-45	\$11.04	\$11.04	36-45	\$15.66	\$15.66
46-55	\$16.32	\$16.32	46-55	\$20.16	\$20.16
56-70	\$22.56	\$22.56	56-70	\$28.44	\$28.44

Insured/Spouse			Two Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$15.00	\$15.00	18-35	\$16.98	\$16.98
36-45	\$19.86	\$19.86	36-45	\$21.60	\$21.60
46-55	\$30.54	\$30.54	46-55	\$32.40	\$32.40
56-70	\$43.56	\$43.56	56-70	\$46.62	\$46.62