



DISTRICT OF COLUMBIA GOVERNMENT RATES

Rate sheet prepared by Web User on 11/6/2014 11:37:29 AM.
 District of Columbia 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 INDEMNITY ADVANTAGE 24-HOUR LEVEL TWO - Series A-35200

	Premium	Total
18-49 INDIVIDUAL	\$9.96	\$9.96
50-70	\$9.96	\$9.96
18-49 HUSBAND WIFE	\$14.10	\$14.10
50-70	\$14.10	\$14.10
18-49 ONE-PARENT FAMILY	\$16.14	\$16.14
50-70	\$16.14	\$16.14
18-49 TWO-PARENT FAMILY	\$21.00	\$21.00
50-70	\$21.00	\$21.00

HOSPITAL PROTECTION PLAN TWO - Series A-46200

Age	INDIVIDUAL			ONE PARENT FAMILY			INSURED/SPOUSE			TWO PARENT FAMILY		
	Premium	Rider*	Total	Premium	Rider*	Total	Premium	Rider*	Total	Premium	Rider*	Total
18-39	\$16.74	\$3.84	\$20.58	\$23.58	\$5.64	\$29.22	\$31.08	\$7.44	\$38.52	\$35.88	\$9.12	\$45.00
40-49	\$19.56	\$4.08	\$23.64	\$25.02	\$5.76	\$30.78	\$33.48	\$7.80	\$41.28	\$36.66	\$9.24	\$45.90
50-59	\$25.14	\$5.64	\$30.78	\$29.70	\$6.24	\$35.94	\$43.74	\$10.56	\$54.30	\$47.34	\$11.16	\$58.50
60-70	\$30.72	\$8.28	\$39.00	\$38.10	\$8.76	\$46.86	\$52.14	\$16.56	\$68.70	\$57.60	\$17.04	\$74.64

* 2 units of Optional Hospital Rider A46050 (\$250 per unit) selected

AFLAC CANCER CARE PLAN CLASSIC - Series A78300

	Premium	Total
18-75 INDIVIDUAL	\$14.64	\$14.64
18-75 INSURED/SPOUSE	\$24.90	\$24.90
18-75 ONE-PARENT FAMILY	\$14.64	\$14.64
18-75 TWO-PARENT	\$24.90	\$24.90



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CRITICAL CARE AND RECOVERY LEVEL ONE - Series A71100

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$4.20	\$1.08	\$5.28	18-35	\$4.68	\$1.14	\$5.82
36-45	\$6.54	\$1.98	\$8.52	36-45	\$6.78	\$2.10	\$8.88
46-55	\$9.06	\$2.34	\$11.40	46-55	\$9.36	\$2.40	\$11.76
56-70	\$12.24	\$2.58	\$14.82	56-70	\$12.54	\$2.70	\$15.24
Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$6.00	\$2.16	\$8.16	18-35	\$6.96	\$2.22	\$9.18
36-45	\$10.02	\$3.96	\$13.98	36-45	\$11.04	\$4.08	\$15.12
46-55	\$15.00	\$4.68	\$19.68	46-55	\$16.32	\$4.74	\$21.06
56-70	\$22.02	\$5.16	\$27.18	56-70	\$23.52	\$5.28	\$28.80

FOBBR: First Occurrence Building Benefit Rider (Rider Series A71050) (\$500)

PERSONAL SICKNESS INDEMNITY LEVEL TWO - Series A-45200

Age	INDIVIDUAL		ONE PARENT FAMILY		INSURED/SPOUSE		TWO PARENT FAMILY	
	Premium	Total	Premium	Total	Premium	Total	Premium	Total
18-39	\$12.55	\$12.55	\$20.95	\$20.95	\$23.03	\$23.03	\$25.06	\$25.06
40-49	\$13.62	\$13.62	\$21.42	\$21.42	\$24.18	\$24.18	\$26.63	\$26.63
50-59	\$16.57	\$16.57	\$23.86	\$23.86	\$29.77	\$29.77	\$32.08	\$32.08
60-70	\$23.03	\$23.03	\$28.75	\$28.75	\$40.34	\$40.34	\$41.72	\$41.72