



City of Carlsbad 4 plans

Rate sheet prepared by Web User on 12/20/2018 12:21:19 PM.
California Payroll Premium rates are Semi-Monthly 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.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	SDR*	Total
18-64	INDIVIDUAL	\$16.75	\$0.46	\$17.21
18-64	INSURED/SPOUSE	\$28.82	\$0.46	\$29.28
18-64	ONE-PARENT FAMILY	\$16.75	\$0.46	\$17.21
18-64	TWO-PARENT FAMILY	\$28.82	\$0.46	\$29.28

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

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

		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	\$13.78	\$5.92	\$9.36	\$29.06
50-59		\$14.04	\$6.76	\$12.03	\$32.83
60-64		\$14.50	\$6.83	\$15.67	\$37.00
18-49	INSURED/SPOUSE	\$19.57	\$12.48	\$17.16	\$49.21
50-59		\$20.67	\$14.04	\$23.86	\$58.57
60-64		\$22.10	\$14.17	\$29.97	\$66.24
18-49	ONE-PARENT FAMILY	\$17.49	\$11.83	\$13.00	\$42.32
50-59		\$17.81	\$12.09	\$14.76	\$44.66
60-64		\$18.07	\$12.42	\$19.37	\$49.86
18-49	TWO-PARENT FAMILY	\$20.74	\$15.15	\$17.49	\$53.38
50-59		\$20.93	\$15.41	\$25.09	\$61.43
60-64		\$22.36	\$16.12	\$31.98	\$70.46

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.



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Accident Advantage - 24-Hour ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 3 - Series A36000

	Premium	Total
18-64 INDIVIDUAL	\$13.46	\$13.46
18-64 NAMED INSURED/SPOUSE	\$17.94	\$17.94
18-64 ONE-PARENT FAMILY	\$20.87	\$20.87
18-64 TWO-PARENT FAMILY	\$26.26	\$26.26

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

	Premium	Total
18-64 INDIVIDUAL	\$15.47	\$15.47
18-64 NAMED INSURED/SPOUSE	\$20.61	\$20.61
18-64 ONE-PARENT FAMILY	\$23.99	\$23.99
18-64 TWO-PARENT FAMILY	\$30.23	\$30.23

CRITICAL CARE PROTECTION POLICY - Series A74200

Individual			One Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$8.45	\$8.45	18-35	\$14.37	\$14.37
36-45	\$12.03	\$12.03	36-45	\$17.03	\$17.03
46-55	\$16.38	\$16.38	46-55	\$21.91	\$21.91
56-64	\$21.13	\$21.13	56-64	\$28.80	\$28.80
Insured/Spouse			Two Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$16.25	\$16.25	18-35	\$18.46	\$18.46
36-45	\$21.13	\$21.13	36-45	\$23.47	\$23.47
46-55	\$28.47	\$28.47	46-55	\$31.33	\$31.33
56-64	\$39.65	\$39.65	56-64	\$43.03	\$43.03