

AFLAC Dental

PREMIUM RATES

POLICY SERIES A81000

**AFLAC DENTAL
PAYROLL PREMIUM RATES**

**Basic
Policy Series A81100**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL	8-MONTH	9-MONTH	10-MONTH	BI-WEEKLY	SEMI- MTHLY	WKLY
Individual	18-65	\$23.40	\$70.20	\$140.40	\$280.80	\$35.10	\$31.20	\$28.08	\$10.80	\$11.70	\$5.40
One-Parent Family	18-65	\$40.90	\$122.70	\$245.40	\$490.80	\$61.35	\$54.53	\$49.08	\$18.88	\$20.45	\$9.44
Insured/Spouse	18-65	\$41.20	\$123.60	\$247.20	\$494.40	\$61.80	\$54.93	\$49.44	\$19.02	\$20.60	\$9.51
Two-Parent Family	18-65	\$58.90	\$176.70	\$353.40	\$706.80	\$88.35	\$78.53	\$70.68	\$27.18	\$29.45	\$13.59

**Standard
Policy Series A81200**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL	8-MONTH	9-MONTH	10-MONTH	BI-WEEKLY	SEMI- MTHLY	WKLY
Individual	18-65	\$30.40	\$91.20	\$182.40	\$364.80	\$45.60	\$40.53	\$36.48	\$14.03	\$15.20	\$7.02
One-Parent Family	18-65	\$58.40	\$175.20	\$350.40	\$700.80	\$87.60	\$77.87	\$70.08	\$26.95	\$29.20	\$13.48
Insured/Spouse	18-65	\$59.20	\$177.60	\$355.20	\$710.40	\$88.80	\$78.93	\$71.04	\$27.32	\$29.60	\$13.66
Two-Parent Family	18-65	\$88.30	\$264.90	\$529.80	\$1,059.60	\$132.45	\$117.73	\$105.96	\$40.75	\$44.15	\$20.38

**Premier
Policy Series A81300**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL	8-MONTH	9-MONTH	10-MONTH	BI-WEEKLY	SEMI- MTHLY	WKLY
Individual	18-65	\$37.20	\$111.60	\$223.20	\$446.40	\$55.80	\$49.60	\$44.64	\$17.17	\$18.60	\$8.58
One-Parent Family	18-65	\$72.40	\$217.20	\$434.40	\$868.80	\$108.60	\$96.53	\$86.88	\$33.42	\$36.20	\$16.71
Insured/Spouse	18-65	\$72.90	\$218.70	\$437.40	\$874.80	\$109.35	\$97.20	\$87.48	\$33.65	\$36.45	\$16.82
Two-Parent Family	18-65	\$108.90	\$326.70	\$653.40	\$1,306.80	\$163.35	\$145.20	\$130.68	\$50.26	\$54.45	\$25.13

**Premier Plus
Policy Series A81400**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL	8-MONTH	9-MONTH	10-MONTH	BI-WEEKLY	SEMI- MTHLY	WKLY
Individual	18-65	\$53.90	\$161.70	\$323.40	\$646.80	\$80.85	\$71.87	\$64.68	\$24.88	\$26.95	\$12.44
One-Parent Family	18-65	\$106.20	\$318.60	\$637.20	\$1,274.40	\$159.30	\$141.60	\$127.44	\$49.02	\$53.10	\$24.51
Insured/Spouse	18-65	\$107.30	\$321.90	\$643.80	\$1,287.60	\$160.95	\$143.07	\$128.76	\$49.52	\$53.65	\$24.76
Two-Parent Family	18-65	\$159.50	\$478.50	\$957.00	\$1,914.00	\$239.25	\$212.67	\$191.40	\$73.62	\$79.75	\$36.81

**AFLAC DENTAL
PAYROLL PREMIUM RATES**

Orthodontic Benefit Rider
Policy Series A81050

	AGES	ANNUAL
Individual	18-65	\$324.00
One-Parent Family	18-65	\$354.00
Insured/Spouse	18-65	\$354.00
Two-Parent Family	18-65	\$354.00

Cosmetic Benefit Rider
Policy Series A81051

	AGES	ANNUAL
Individual	18-65	\$308.40
One-Parent Family	18-65	\$308.40
Insured/Spouse	18-65	\$308.40
Two-Parent Family	18-65	\$308.40

**AFLAC DENTAL
DIRECT AND ASSOCIATION PREMIUM RATES**

**Basic
Policy Series A81100**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL
Individual	18-49	\$30.80	\$92.40	\$184.80	\$369.60
	50-64	\$36.90	\$110.70	\$221.40	\$442.80
One-Parent Family	18-49	\$53.80	\$161.40	\$322.80	\$645.60
	50-64	\$64.50	\$193.50	\$387.00	\$774.00
Insured/Spouse	18-49	\$54.20	\$162.60	\$325.20	\$650.40
	50-64	\$64.90	\$194.70	\$389.40	\$778.80
Two-Parent Family	18-49	\$77.50	\$232.50	\$465.00	\$930.00
	50-64	\$92.90	\$278.70	\$557.40	\$1,114.80

**Standard
Policy Series A81200**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL
Individual	18-49	\$39.90	\$119.70	\$239.40	\$478.80
	50-64	\$47.90	\$143.70	\$287.40	\$574.80
One-Parent Family	18-49	\$76.80	\$230.40	\$460.80	\$921.60
	50-64	\$92.20	\$276.60	\$553.20	\$1,106.40
Insured/Spouse	18-49	\$77.80	\$233.40	\$466.80	\$933.60
	50-64	\$93.40	\$280.20	\$560.40	\$1,120.80
Two-Parent Family	18-49	\$116.10	\$348.30	\$696.60	\$1,393.20
	50-64	\$139.30	\$417.90	\$835.80	\$1,671.60

**Premier
Policy Series A81300**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL
Individual	18-49	\$48.90	\$146.70	\$293.40	\$586.80
	50-64	\$58.70	\$176.10	\$352.20	\$704.40
One-Parent Family	18-49	\$95.20	\$285.60	\$571.20	\$1,142.40
	50-64	\$114.20	\$342.60	\$685.20	\$1,370.40
Insured/Spouse	18-49	\$95.90	\$287.70	\$575.40	\$1,150.80
	50-64	\$115.10	\$345.30	\$690.60	\$1,381.20
Two-Parent Family	18-49	\$143.20	\$429.60	\$859.20	\$1,718.40
	50-64	\$171.80	\$515.40	\$1,030.80	\$2,061.60

AFLAC DENTAL PREMIUM RATES

WHEN CALCULATING THE PREMIUM RATES FOR THE BASE PLAN AND ONE OR MORE RIDERS, YOU MUST FIRST CALCULATE THE TOTAL ANNUALIZED PREMIUM. TO OBTAIN THE MODAL PREMIUM FOR SPECIAL FREQUENCIES, DIVIDE THE TOTAL ANNUAL PREMIUM BY THE CORRECT MODAL FACTOR. PREMIUM CALCULATION BY ANY OTHER METHOD WILL RESULT IN AN INCORRECT RATE.

EXAMPLE: If you select Two-Parent Family - Age 25 - Basic - Payroll - Policy Series A81100
Biweekly Mode

Base Plan
Orthodontic Benefit Rider

	\$706.80	
	+ \$354.00	
	\$1,060.80	
Divide by	/ 26	
	\$40.80	
		Base Plan Annual Premium
		Orthodontic Benefit Rider
		Base and Rider Annual Premium
		Modal Factor
		Total Biweekly Premium

Base Plan
Cosmetic Benefit Rider

	\$706.80	
	+ \$308.40	
	\$1,015.20	
Divide by	/ 26	
	\$39.05	
		Base Plan Annual Premium
		Cosmetic Benefit Rider
		Base and Rider Annual Premium
		Modal Factor
		Total Biweekly Premium

MODAL FACTORS

Monthly = Annual / 12
Quarterly = Annual / 4
Semiannual = Annual / 2

8-Month = Annual / 8
9-Month = Annual / 9
10-Month = Annual / 10

Semimonthly = Annual / 24
Biweekly = Annual / 26
Weekly = Annual / 52