

Aflac Voluntary Insurance Rates

Rates effective June 1, 2025 to May 31, 2026.

Accident | Monthly Premiums

Plan Name	You Only	You + Spouse	You + Child(ren)	You + Family
Accident Insurance	\$ 5.02	\$ 7.98	\$ 9.51	\$ 12.47

Critical Illness | Monthly Premiums

Age	Employee \$10,000 Coverage	\$20,000 Coverage	\$30,000 Coverage	Spouse \$10,000 Coverage	\$20,000 Coverage	\$30,000 Coverage
18-24	\$ 3.68	\$ 7.35	\$ 11.03	\$ 3.21	\$ 6.41	\$ 9.62
25-29	\$ 4.68	\$ 9.36	\$ 14.03	\$ 4.21	\$ 8.42	\$ 12.62
30-34	\$ 5.36	\$ 10.72	\$ 16.09	\$ 4.89	\$ 9.78	\$ 14.68
35-39	\$ 6.87	\$ 13.73	\$ 20.60	\$ 6.40	\$ 12.79	\$ 19.19
40-44	\$ 8.50	\$ 16.99	\$ 25.49	\$ 8.03	\$ 16.05	\$ 24.08
45-49	\$ 8.99	\$ 17.98	\$ 26.97	\$ 8.52	\$ 17.04	\$ 25.56
50-54	\$ 15.73	\$ 31.45	\$ 47.18	\$ 15.26	\$ 30.51	\$ 45.77
55-59	\$ 14.73	\$ 29.47	\$ 44.20	\$ 14.26	\$ 28.53	\$ 42.79
60-64	\$ 25.07	\$ 50.15	\$ 75.22	\$ 24.60	\$ 49.21	\$ 73.81
65-69	\$ 53.63	\$ 107.26	\$ 160.89	\$ 53.16	\$ 106.32	\$ 159.48
70+	\$ 53.53	\$ 107.06	\$ 160.59	\$ 53.16	\$ 106.32	\$ 159.48

Hospital Indemnity | Monthly Premiums

Plan Name	You Only	You + Spouse	You + Child(ren)	You + Family
Low Plan	\$ 12.64	\$ 24.86	\$ 19.16	\$ 31.38
High Plan	\$ 24.00	\$ 46.82	\$ 36.28	\$ 59.10