



**REDINGTON FAIRVIEW**

Rate sheet prepared by Web User on 2/22/2023 4:36:50 PM.  
 Maine Payroll Premium rates are Biweekly for industry Class C.

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 3 - Series A36000**

	Premium	Total
18-75 INDIVIDUAL	\$13.56	\$13.56
18-75 NAMED INSURED/SPOUSE	\$17.82	\$17.82
18-75 ONE-PARENT FAMILY	\$20.76	\$20.76
18-75 TWO-PARENT FAMILY	\$25.62	\$25.62

**CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200**

	Premium	Total
18-75 INDIVIDUAL	\$15.46	\$15.46
18-75 INSURED/SPOUSE	\$26.60	\$26.60
18-75 ONE-PARENT FAMILY	\$15.46	\$15.46
18-75 TWO-PARENT FAMILY	\$26.60	\$26.60

**CRITICAL CARE PROTECTION POLICY - Series A74100**

Individual			One Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$4.32	\$4.32	18-35	\$4.80	\$4.80
36-45	\$6.72	\$6.72	36-45	\$6.96	\$6.96
46-55	\$9.36	\$9.36	46-55	\$9.66	\$9.66
56-70	\$12.60	\$12.60	56-70	\$12.90	\$12.90
Insured/Spouse			Two Parent Family		
Age	Premium	Total	Age	Premium	Total
18-35	\$6.18	\$6.18	18-35	\$7.14	\$7.14
36-45	\$10.32	\$10.32	36-45	\$11.40	\$11.40
46-55	\$15.48	\$15.48	46-55	\$16.80	\$16.80
56-70	\$22.68	\$22.68	56-70	\$24.24	\$24.24



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

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$11.88	\$5.10	\$8.10	\$25.08
50-59	\$12.12	\$5.82	\$10.38	\$28.32
60-75	\$12.42	\$5.88	\$13.50	\$31.80
18-49 INSURED/SPOUSE	\$16.80	\$10.74	\$14.76	\$42.30
50-59	\$17.82	\$12.06	\$20.52	\$50.40
60-75	\$19.02	\$12.18	\$25.74	\$56.94
18-49 ONE-PARENT FAMILY	\$15.06	\$10.20	\$11.16	\$36.42
50-59	\$15.30	\$10.44	\$12.72	\$38.46
60-75	\$15.54	\$10.68	\$16.68	\$42.90
18-49 TWO-PARENT FAMILY	\$17.82	\$13.02	\$15.06	\$45.90
50-59	\$18.00	\$13.26	\$20.10	\$51.36
60-75	\$19.26	\$13.86	\$27.54	\$60.66

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 HOSPITAL CHOICE - Option 1 Benefit Amount 2000 - Series B40100**

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$22.38	\$5.10	\$8.10	\$35.58
50-59	\$22.62	\$5.82	\$10.38	\$38.82
60-75	\$23.94	\$5.88	\$13.50	\$43.32
18-49 INSURED/SPOUSE	\$33.36	\$10.74	\$14.76	\$58.86
50-59	\$35.22	\$12.06	\$20.52	\$67.80
60-75	\$38.64	\$12.18	\$25.74	\$76.56
18-49 ONE-PARENT FAMILY	\$27.54	\$10.20	\$11.16	\$48.90
50-59	\$27.72	\$10.44	\$12.72	\$50.88
60-75	\$27.96	\$10.68	\$16.68	\$55.32
18-49 TWO-PARENT FAMILY	\$33.54	\$13.02	\$15.06	\$61.62
50-59	\$35.46	\$13.26	\$20.10	\$68.82
60-75	\$38.88	\$13.86	\$27.54	\$80.28

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.