

**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
<b>Individual</b>	18-65	\$23.40	\$70.20	\$140.40	\$280.80	\$35.10	\$31.20	\$28.08	\$10.80	\$11.70	\$5.40
<b>One-Parent Family</b>	18-65	\$40.90	\$122.70	\$245.40	\$490.80	\$61.35	\$54.53	\$49.08	\$18.88	\$20.45	\$9.44
<b>Insured/Spouse</b>	18-65	\$41.20	\$123.60	\$247.20	\$494.40	\$61.80	\$54.93	\$49.44	\$19.02	\$20.60	\$9.51
<b>Two-Parent Family</b>	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
<b>Individual</b>	18-65	\$30.40	\$91.20	\$182.40	\$364.80	\$45.60	\$40.53	\$36.48	\$14.03	\$15.20	\$7.02
<b>One-Parent Family</b>	18-65	\$58.40	\$175.20	\$350.40	\$700.80	\$87.60	\$77.87	\$70.08	\$26.95	\$29.20	\$13.48
<b>Insured/Spouse</b>	18-65	\$59.20	\$177.60	\$355.20	\$710.40	\$88.80	\$78.93	\$71.04	\$27.32	\$29.60	\$13.66
<b>Two-Parent Family</b>	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
<b>Individual</b>	18-65	\$37.20	\$111.60	\$223.20	\$446.40	\$55.80	\$49.60	\$44.64	\$17.17	\$18.60	\$8.58
<b>One-Parent Family</b>	18-65	\$72.40	\$217.20	\$434.40	\$868.80	\$108.60	\$96.53	\$86.88	\$33.42	\$36.20	\$16.71
<b>Insured/Spouse</b>	18-65	\$72.90	\$218.70	\$437.40	\$874.80	\$109.35	\$97.20	\$87.48	\$33.65	\$36.45	\$16.82
<b>Two-Parent Family</b>	18-65	\$108.90	\$326.70	\$653.40	\$1,306.80	\$163.35	\$145.20	\$130.68	\$50.26	\$54.45	\$25.13

**AFLAC DENTAL  
PAYROLL PREMIUM RATES**

**Orthodontic Benefit Rider**  
**Policy Series A81050**

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

**Cosmetic Benefit Rider**  
**Policy Series A81051**

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

**AFLAC DENTAL  
DIRECT AND ASSOCIATION PREMIUM RATES**

**Basic  
Policy Series A81100**

	AGES	MTHLY	QTRLY	SEMI- ANNUAL	ANNUAL
<b>Individual</b>	18-49	\$30.80	\$92.40	\$184.80	\$369.60
	50-64	\$36.90	\$110.70	\$221.40	\$442.80
<b>One-Parent Family</b>	18-49	\$53.80	\$161.40	\$322.80	\$645.60
	50-64	\$64.50	\$193.50	\$387.00	\$774.00
<b>Insured/Spouse</b>	18-49	\$54.20	\$162.60	\$325.20	\$650.40
	50-64	\$64.90	\$194.70	\$389.40	\$778.80
<b>Two-Parent Family</b>	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
<b>Individual</b>	18-49	\$39.90	\$119.70	\$239.40	\$478.80
	50-64	\$47.90	\$143.70	\$287.40	\$574.80
<b>One-Parent Family</b>	18-49	\$76.80	\$230.40	\$460.80	\$921.60
	50-64	\$92.20	\$276.60	\$553.20	\$1,106.40
<b>Insured/Spouse</b>	18-49	\$77.80	\$233.40	\$466.80	\$933.60
	50-64	\$93.40	\$280.20	\$560.40	\$1,120.80
<b>Two-Parent Family</b>	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
<b>Individual</b>	18-49	\$48.90	\$146.70	\$293.40	\$586.80
	50-64	\$58.70	\$176.10	\$352.20	\$704.40
<b>One-Parent Family</b>	18-49	\$95.20	\$285.60	\$571.20	\$1,142.40
	50-64	\$114.20	\$342.60	\$685.20	\$1,370.40
<b>Insured/Spouse</b>	18-49	\$95.90	\$287.70	\$575.40	\$1,150.80
	50-64	\$115.10	\$345.30	\$690.60	\$1,381.20
<b>Two-Parent Family</b>	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