

# AFLAC Cancer Insurance semi-monthly rates

## Pitney-Bowes Rate Sheet

<b>Cancer Care Select</b>	
New Jersey	
Individual/One-Parent Family	\$9.49
Insured/Spouse -Two-Parent Family	\$15.47
<b>Cancer Care Classic</b>	
New Jersey	
Individual/One-Parent Family	\$16.90
Insured/Spouse -Two-Parent Family	\$28.99

<b>Cancer Care Select</b>	
New York	
Individual/One-Parent Family	\$9.95
Insured/Spouse -Two-Parent Family	\$16.06
<b>Cancer Care Classic</b>	
New York	
Individual/One-Parent Family	\$16.45
Insured/Spouse -Two-Parent Family	\$28.15

<b>Cancer Care Select</b>	
Ohio	
Individual	\$8.97
Named Insured/Spouse Only	\$14.50
One-Parent Family	\$8.97
Two-Parent Family	\$14.50

<b>Cancer Care Classic</b>	
Ohio	
Individual	\$15.86
Named Insured/Spouse Only	\$26.98
One-Parent Family	\$15.86
Two-Parent Family	\$26.98

<b>Cancer Care Select</b>	
Washington	
Individual	\$8.97
Named Insured/Spouse Only	\$14.50
One-Parent Family	\$8.97
Two-Parent Family	\$14.50

<b>Cancer Care Classic</b>	
Washington	
Individual	\$15.86
Named Insured/Spouse Only	\$26.98
One-Parent Family	\$15.86
Two-Parent Family	\$26.98

<b>Personal Cancer Indemnity Insurance   Level 1</b>	
Virginia	
Individual	\$9.35
One-Parent Family	\$10.85
Two-Parent Family	\$15.25
<b>Personal Cancer Indemnity Insurance   Level 2</b>	
Virginia	
Individual	\$13.45
Vir One-Parent Family	\$16.45
Two-Parent Family	\$22.75

<b>Personal Cancer Indemnity Insurance   Level 1</b>	
Puerto Rico	
Individual	\$9.35
One-Parent Family	\$10.85
Two-Parent Family	\$15.25
<b>Personal Cancer Indemnity Insurance   Level 2</b>	
Puerto Rico	
Individual	\$13.45
One-Parent Family	\$16.45
Two-Parent Family	\$22.75

<b>Lump Sum Cancer - \$30,000</b>	
New Hampshire	
Individual	\$10.53
Named Insured/Spouse Only	\$16.77
One-Parent Family	\$12.09
Two-Parent Family	\$17.94

**Aflac Cancer Protection Assurance | Plan 1**

Alaska, Alabama, Arkansas, California, Colorado, Delaware, DC, Georgia, Guam, Hawaii, Iowa, Kentucky, Idaho, Kansas, Louisiana, Maine, Michigan, Minnesota, Mississippi, North Dakota, North Carolina, Nebraska, New Mexico, Nevada, Massachusetts, Oklahoma, Texas, South Carolina, South Dakota, Oregon, Virgin Islands, Vermont, Wisconsin, West Virginia, Wyoming

Individual	\$8.30
Named Insured/Spouse Only	\$13.18
One-Parent Family	\$8.30
Two-Parent Family	\$13.18

**Aflac Cancer Protection Assurance | Plan 2**

Alaska, Alabama, Arkansas, California, Colorado, Delaware, DC, Georgia, Guam, Hawaii, Iowa, Kentucky, Idaho, Kansas, Louisiana, Maine, Michigan, Minnesota, Mississippi, North Dakota, North Carolina, Nebraska, New Mexico, Nevada, Massachusetts, Oklahoma, Texas, South Carolina, South Dakota, Oregon, Virgin Islands, Vermont, Wisconsin, West Virginia, Wyoming

Individual	\$16.75
Named Insured/Spouse Only	\$28.82
One-Parent Family	\$16.75
Two-Parent Family	\$28.82

<b>Aflac Cancer Protection Assurance   Plan 1</b>	
Tennessee	
Individual	\$9.20
Named Insured/Spouse Only	\$14.37
One-Parent Family	\$9.20
Two-Parent Family	\$14.37

<b>Aflac Cancer Protection Assurance   Plan 2</b>	
Tennessee	
Individual	\$17.66
Named Insured/Spouse Only	\$30.06
One-Parent Family	\$17.66
Two-Parent Family	\$30.06

<b>Aflac Cancer Protection Assurance   Plan 1</b>	
Montana	
Individual	\$8.39
Named Insured/Spouse Only	\$13.08
One-Parent Family	\$8.39
Two-Parent Family	\$13.08

<b>Aflac Cancer Protection Assurance   Plan 2</b>	
Montana	
Individual	\$16.94
Named Insured/Spouse Only	\$28.62
One-Parent Family	\$16.94
Two-Parent Family	\$28.62

<b>Aflac Cancer Protection Assurance   Plan 1</b>	
Connecticut and Utah	
Individual	\$8.82
Named Insured/Spouse Only	\$14.52
One-Parent Family	\$8.82
Two-Parent Family	\$14.52

<b>Aflac Cancer Protection Assurance   Plan 2</b>	
Connecticut and Utah	
Individual	\$16.75
Named Insured/Spouse Only	\$28.82
One-Parent Family	\$16.75
Two-Parent Family	\$28.82

<b>Aflac Cancer Protection Assurance   Plan 1</b>	
Maryland	
Individual	\$8.71
Named Insured/Spouse Only	\$13.85
One-Parent Family	\$8.71
Two-Parent Family	\$13.85

<b>Aflac Cancer Protection Assurance   Plan 2</b>	
Maryland	
Individual	\$17.58
Named Insured/Spouse Only	\$30.30
One-Parent Family	\$17.58
Two-Parent Family	\$30.30