

AFLAC Cancer Insurance semi-monthly and weekly rates

Pitney Bowes Rate Sheet

Cancer Care Select		
New Jersey		
	Semit Monthly	Weekly
Individual/One-Parent Family	\$9.49	\$4.38
Insured/Spouse -Two-Parent Family	\$15.47	\$7.14
Cancer Care Classic		
New Jersey		
	Semi Monthly	Weekly
Individual/One-Parent Family	\$16.90	\$7.80
Insured/Spouse -Two-Parent Family	\$28.99	\$13.38

Cancer Care Select		
New York		
	semi monthly	weekly
Individual/One-Parent Family	\$9.95	\$4.59
Insured/Spouse -Two-Parent Family	\$16.06	\$4.59
Cancer Care Classic		
New York		
	semi monthly	weekly
Individual/One-Parent Family	\$16.45	\$7.59
Insured/Spouse -Two-Parent Family	\$28.15	\$12.99

Cancer Care Select		
Ohio		
	semi monthly	weekly
Individual	\$8.97	\$4.14
Named Insured/Spouse Only	\$14.50	\$6.69
One-Parent Family	\$8.97	\$4.14
Two-Parent Family	\$14.50	\$6.69

Cancer Care Classic			
	Ohio	semi monthly	weekly
Individual		\$15.86	\$7.32
Named Insured/Spouse Only		\$26.98	\$12.45
One-Parent Family		\$15.86	\$7.32
Two-Parent Family		\$26.98	\$12.45

Cancer Care Select			
	Washington	semi monthly	weekly
Individual		\$8.97	\$4.14
Named Insured/Spouse Only		\$14.50	\$6.69
One-Parent Family		\$8.97	\$4.14
Two-Parent Family		\$14.50	\$6.69

Cancer Care Classic			
	Washington	semi monthly	weekly
Individual		\$15.86	\$7.32
Named Insured/Spouse Only		\$26.98	\$12.45
One-Parent Family		\$15.86	\$7.32
Two-Parent Family		\$26.98	\$12.45

Personal Cancer Indemnity Insurance Level 1			
Virginia		semi monthly	weekly
Individual		\$9.35	\$4.32
One-Parent Family		\$10.85	\$5.02
Two-Parent Family		\$15.25	\$7.04
Personal Cancer Indemnity Insurance Level 2			
Virginia		semi monthly	weekly
Individual		\$13.45	\$6.21
Vir One-Parent Family		\$16.45	\$7.59
Two-Parent Family		\$22.75	\$10.50

Personal Cancer Indemnity Insurance Level 1			
Puerto Rico		semi monthly	weekly
Individual		\$9.35	\$4.32
One-Parent Family		\$10.85	\$5.01
Two-Parent Family		\$15.25	\$7.04
Personal Cancer Indemnity Insurance Level 2			
Puerto Rico		semi monthly	weekly
Individual		\$13.45	\$6.21
One-Parent Family		\$16.45	\$7.59
Two-Parent Family		\$22.75	\$10.50

Lump Sum Cancer - \$30,000			
	New Hampshire	semi monthly	weekly
Individual		\$10.53	\$4.86
Named Insured/Spouse Only		\$16.77	\$7.74
One-Parent Family		\$12.09	\$5.58
Two-Parent Family		\$17.94	\$8.28

Rates for New Hampshire based on ages 18-35
Rates are higher based on ages 35 and higher.

Aflac Cancer Protection Assurance | Plan 1

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

	semi monthly	weekly
Individual	\$8.30	\$3.83
Named Insured/Spouse Only	\$13.18	\$6.08
One-Parent Family	\$8.30	\$3.83
Two-Parent Family	\$13.18	\$6.08

Aflac Cancer Protection Assurance | Plan 2

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

	semi monthly	weekly
Individual	\$16.75	\$7.73
Named Insured/Spouse Only	\$28.82	\$13.30
One-Parent Family	\$16.75	\$7.73
Two-Parent Family	\$28.82	\$13.30

Aflac Cancer Protection Assurance Plan 1		
Tennessee		
	semi monthly	weekly
Individual	\$9.20	4.25
Named Insured/Spouse Only	\$14.37	\$6.63
One-Parent Family	\$9.20	\$4.25
Two-Parent Family	\$14.37	\$6.63

Aflac Cancer Protection Assurance Plan 2		
Tennessee		
	semi monthly	weekly
Individual	\$17.66	\$8.15
Named Insured/Spouse Only	\$30.06	\$13.87
One-Parent Family	\$17.66	\$8.15
Two-Parent Family	\$30.06	\$13.87

Aflac Cancer Protection Assurance Plan 1		
Montana		
	semi monthly	weekly
Individual	\$8.39	\$3.87
Named Insured/Spouse Only	\$13.08	\$6.03
One-Parent Family	\$8.39	\$3.87
Two-Parent Family	\$13.08	\$6.03

Aflac Cancer Protection Assurance Plan 2		
Montana		
	semi monthly	weekly
Individual	\$16.94	\$7.82
Named Insured/Spouse Only	\$28.62	\$13.21
One-Parent Family	\$16.94	\$7.82
Two-Parent Family	\$28.62	\$13.21

Aflac Cancer Protection Assurance Plan 1		
Connecticut and Utah		
	semi monthly	weekly
Individual	\$8.82	\$4.07
Named Insured/Spouse Only	\$14.52	\$6.70
One-Parent Family	\$8.82	\$4.07
Two-Parent Family	\$14.52	\$6.70

Aflac Cancer Protection Assurance Plan 2		
Connecticut and Utah		
	semi monthly	weekly
Individual	\$16.75	\$7.73
Named Insured/Spouse Only	\$28.82	\$13.30
One-Parent Family	\$16.75	\$7.73
Two-Parent Family	\$28.82	\$13.30

Aflac Cancer Protection Assurance Plan 1			
Maryland		semi monthly	weekly
Individual		\$8.71	\$4.02
Named Insured/Spouse Only		\$13.85	\$6.39
One-Parent Family		\$8.71	\$4.02
Two-Parent Family		\$13.85	\$6.39

Aflac Cancer Protection Assurance Plan 2			
Maryland		semi monthly	weekly
Individual		\$17.58	\$8.11
Named Insured/Spouse Only		\$30.30	\$13.98
One-Parent Family		\$17.58	\$8.11
Two-Parent Family		\$30.30	\$13.98

Aflac Cancer Protection Assurance Plan 1			
Florida		semi monthly	weekly
Individual		\$9.05	\$4.18
Named Insured/Spouse Only		\$14.52	\$6.70
One-Parent Family		\$9.05	\$4.18
Two-Parent Family		\$14.52	\$6.70

Aflac Cancer Protection Assurance | Plan 2

	Florida	semi monthly	weekly
Individual		\$19.04	\$8.79
Named Insured/Spouse Only		\$32.94	\$15.20
One-Parent Family		\$19.04	\$8.79
Two-Parent Family		\$32.94	\$15.20