



## Rate Sheet

### Aflac Hospital Advantage I Option 1

Weekly rates

Age Range	Individual	Named Insured / Spouse Only	One Parent Family	Two Parent Family
18 to 75	\$7.29	\$10.23	\$8.04	\$10.41

#### RATE TOOL DISCLAIMER

The estimated premium rates created by this online tool should not be construed as an agreement to extend health insurance coverage, or to otherwise guarantee prices for such coverage. The estimated premium rates are for illustrative purposes only and reflect projected costs of coverage that are based upon employee census data provided to the above referenced insurance carrier(s), or their agents, by the employees' employer. Everwell and the insurance carriers listed herein disclaim any warranty or liability related to the census data provided by an employer and upon which the estimated premium rates are based. Exact premium rates can only be determined after an underwriting review and may be different than what is reflected in this proposal.

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