

**B** \_\_\_\_\_ **City of Carlsbad - AFLAC PAYROLL RATES**

**SEMI-MONTHLY DEDUCTIONS(PER PAYCHECK)**

<b>ACCIDENT 4 W/ WELLNESS</b>	
Employee Only	\$ 15.47
Employee / Spouse	\$ 20.61
Employee / Children	\$ 23.99
Employee/Family	\$ 30.23

<b>HOSPITAL CHOICE</b> <i>(\$1000 hospitalization) w/EBR and HSSCR</i>				
	<b>18-49</b>	<b>50-59</b>	<b>60-64</b>	
Employee Only	\$29.06	\$ 32.83	\$ 37.00	
Employee/ Spouse	\$49.21	\$ 58.57	\$ 66.24	
Employee / Children	\$42.32	\$ 44.66	\$ 49.86	
Employee/Family	\$53.38	\$ 61.43	\$ 70.46	

<b>DENTAL</b>	
	<b>ESS</b>
Employee/Children	\$ 12.03
Employee/Spouse	\$ 21.05
Employee/Family	\$ 21.19
Employee/Family	\$ 30.36

<b>CANCER ASSURANCE PROTECTION</b> <i>With \$500 IDR</i>	
Employee Only	\$ 19.73
Employee/Children	\$ 19.73
Employee/Spouse	\$ 35.85
Employee/Family	\$ 35.85

<b>CRITICAL CARE PROTECTION 2</b>					
	<b>18-35</b>	<b>36-45</b>	<b>46-55</b>	<b>56-64</b>	
Employee Only	\$ 8.45	\$ 12.02	\$ 16.38	\$ 21.12	
Employee/Children	\$14.36	\$ 17.03	\$ 21.90	\$ 28.80	
Employee/Spouse	\$16.25	\$ 21.12	\$ 28.47	\$ 39.65	
Employee/Family	\$18.46	\$ 23.46	\$ 31.33	\$ 43.03	

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_