

City County of San Francisco Voluntary Benefit Sample Rates

Voya Compass Critical Illness Benefit

Non Tobacco Rates

EE Coverage Amount	Age	EE Monthly Rate	EE Pay Period Rate	Spouse Coverage Amount	Spouse Monthly Rate	Spouse Pay Period Rate
\$10,000	30-39	\$4.80	\$2.22	\$5,000	\$2.50	\$1.15
\$10,000	40-49	\$10.10	\$4.66	\$5,000	\$5.30	\$2.45
\$10,000	50-59	\$21.80	\$10.06	\$5,000	\$11.45	\$5.29
\$20,000	30-39	\$9.60	\$4.43	\$10,000	\$5.00	\$2.31
\$20,000	40-49	\$20.20	\$9.32	\$10,000	\$10.60	\$4.89
\$20,000	50-59	\$43.60	\$20.12	\$10,000	\$22.90	\$10.57
\$30,000	30-39	\$14.40	\$6.65	\$15,000	\$7.50	\$3.46
\$30,000	40-49	\$30.30	\$13.99	\$15,000	\$15.90	\$7.34
\$30,000	50-59	\$65.40	\$30.19	\$15,000	\$34.35	\$15.85

Sample rates above include Wellness Benefit Rider. Additional age rates, children rates, and coverage amounts available.

Tobacco Rates

EE Coverage Amount	Age	EE Monthly Rate	EE Pay Period Rate	Spouse Coverage Amount	Spouse Monthly Rate	Spouse Pay Period Rate
\$10,000	30-39	\$7.50	\$3.46	\$5,000	\$3.95	\$1.82
\$10,000	40-49	\$16.30	\$7.52	\$5,000	\$8.55	\$3.95
\$10,000	50-59	\$36.10	\$16.66	\$5,000	\$18.95	\$8.75
\$20,000	30-39	\$15.00	\$6.92	\$10,000	\$7.90	\$3.65
\$20,000	40-49	\$32.60	\$15.05	\$10,000	\$17.10	\$7.89
\$20,000	50-59	\$72.20	\$33.32	\$10,000	\$37.90	\$17.49
\$30,000	30-39	\$22.50	\$10.39	\$15,000	\$11.85	\$5.47
\$30,000	40-49	\$48.90	\$22.57	\$15,000	\$25.65	\$11.84
\$30,000	50-59	\$108.30	\$49.99	\$15,000	\$56.85	\$26.24

Sample rates above include Wellness Benefit Rider. Additional age rates, children rates, and coverage amounts available.