

Members may apply for coverage between \$50,000 and \$1,000,000 in increments of \$50,000.

Spouses are eligible for coverage between \$25,000 and \$1,000,000 in increments of \$25,000.

CURRENT 2020 MONTHLY PREMIUM RATES (Non-tobacco/Tobacco)									
AGE	\$1,000,000	\$750,000	\$500,00	\$400,000	\$300,000	\$250,000	\$100,000	\$50,000	\$25,000
Less than 30	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
30	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
31	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
32	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
33	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
34	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
35	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
36	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
37	\$1.67	\$1.25	\$0.83	\$0.67	\$0.50	\$0.42	\$0.17	\$0.08	\$0.04
38	\$2.50	\$1.88	\$1.25	\$1.00	\$0.75	\$0.63	\$0.25	\$0.13	\$0.06
39	\$3.33	\$2.50	\$1.67	\$1.33	\$1.00	\$0.83	\$0.33	\$0.13	\$0.06
40	\$4.17	\$3.13	\$2.08	\$1.67	\$1.25	\$1.04	\$0.42	\$0.42	\$0.21
41	\$5.00	\$3.75	\$2.50	\$2.00	\$1.50	\$1.25	\$0.50	\$0.42	\$0.21
42	\$6.67	\$5.00	\$3.33	\$2.67	\$2.00	\$1.67	\$0.67	\$0.42	\$0.21
43	\$7.50	\$5.63	\$3.75	\$3.00	\$2.25	\$1.88	\$0.75	\$0.42	\$0.21
44	\$9.17	\$6.88	\$4.58	\$3.67	\$2.75	\$2.29	\$0.92	\$0.42	\$0.21
45	\$10.00	\$7.50	\$5.00	\$4.00	\$3.00	\$2.50	\$1.00	\$0.88	\$0.44
46	\$11.67	\$8.75	\$5.83	\$4.67	\$3.50	\$2.92	\$1.17	\$0.88	\$0.44
47	\$13.33	\$10.00	\$6.67	\$5.33	\$4.00	\$3.33	\$1.33	\$0.88	\$0.44
48	\$15.83	\$11.88	\$7.92	\$6.33	\$4.75	\$3.96	\$1.58	\$0.88	\$0.44
49	\$20.00	\$15.00	\$10.00	\$8.00	\$6.00	\$5.00	\$2.00	\$0.88	\$0.44
50	\$24.17	\$18.13	\$12.08	\$9.67	\$7.25	\$6.04	\$2.42	\$1.96	\$0.98
51	\$28.33	\$21.25	\$14.17	\$11.33	\$8.50	\$7.08	\$2.83	\$1.96	\$0.98
52	\$33.33	\$25.00	\$16.67	\$13.33	\$10.00	\$8.33	\$3.33	\$1.96	\$0.98
53	\$36.67	\$27.50	\$18.33	\$14.67	\$11.00	\$9.17	\$3.67	\$1.96	\$0.98
54	\$40.83	\$30.63	\$20.42	\$16.33	\$12.25	\$10.21	\$4.08	\$1.96	\$0.98
55	\$45.83	\$34.38	\$22.92	\$18.33	\$13.75	\$11.46	\$4.58	\$3.42	\$1.71
56	\$50.83	\$38.13	\$25.42	\$20.33	\$15.25	\$12.71	\$5.08	\$3.42	\$1.71
57	\$57.50	\$43.13	\$28.75	\$23.00	\$17.25	\$14.38	\$5.75	\$3.42	\$1.71
58	\$62.50	\$46.88	\$31.25	\$25.00	\$18.75	\$15.63	\$6.25	\$3.42	\$1.71
59	\$68.33	\$51.25	\$34.17	\$27.33	\$20.50	\$17.08	\$6.83	\$3.42	\$1.71
60	\$73.33	\$55.00	\$36.67	\$29.33	\$22.00	\$18.33	\$7.33	\$5.58	\$2.79
61	\$78.33	\$58.75	\$39.17	\$31.33	\$23.50	\$19.58	\$7.83	\$5.58	\$2.79
62	\$83.33	\$62.50	\$41.67	\$33.33	\$25.00	\$20.83	\$8.33	\$5.58	\$2.79
63	\$99.17	\$74.38	\$49.58	\$39.67	\$29.75	\$24.79	\$9.92	\$5.58	\$2.79
64	\$120.00	\$90.00	\$60.00	\$48.00	\$36.00	\$30.00	\$12.00	\$5.58	\$2.79
65*	\$158.33	\$118.75	\$79.17	\$63.33	\$47.50	\$39.58	\$15.83	\$14.88	\$7.44
66*	\$207.50	\$155.63	\$103.75	\$83.00	\$62.25	\$51.88	\$20.75	\$14.88	\$7.44
67*	\$271.67	\$203.75	\$135.83	\$108.67	\$81.50	\$67.92	\$27.17	\$14.88	\$7.44
68*	\$319.17	\$239.38	\$159.58	\$127.67	\$95.75	\$79.79	\$31.92	\$14.88	\$7.44
69*	\$375.00	\$281.25	\$187.50	\$150.00	\$112.50	\$93.75	\$37.50	\$14.88	\$7.44

For more information about this coverage or any other plan available to you through your ASCE membership, contact us at **800.650.ASCE(2723)**. You may also visit us online for **additional information or to apply for coverage at [ASCEinsurance.com](https://www.asceinsurance.com)**.

*For renewal only.