

HOW TO CALCULATE YOUR MONTHLY COST

The initial cost of insurance for you and your lawful spouse is based on your age on the day your insurance becomes effective—the cost increases as you grow older. The chart below shows your monthly premium rate per \$10,000 of coverage for members, and per \$5,000 of coverage for spouses. You will be billed semiannually on March 1 and September 1. You can also make arrangements to pay your premium in increments other than semiannual.

The premium contributions shown below reflect the current rates and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date, but not more than once in any 12-month period, and on any date on which benefits are changed.

However, your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with the same issue age and tobacco/nicotine usage. Premium contributions vary with the amount of benefit chosen. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee.

The annual rate is 12 times the monthly rate. Premiums increase on the premium due date coinciding with or next following the date that a member enters a new age bracket. All eligible children can be insured for a semiannual rate of \$3.60 for \$10,000 regardless of number or age.

CURRENT 2021 MONTHLY PREMIUM RATES				
Member Age	Member Unit Amount \$10,000		Spouse Unit Amount \$5,000	
	NON SMOKER	SMOKER	NON SMOKER	SMOKER
< 30	\$0.30	\$0.40	\$0.15	\$0.20
30–34	\$0.40	\$0.50	\$0.20	\$0.20
35–39	\$0.50	\$0.60	\$0.25	\$0.25
40–44	\$0.80	\$1.00	\$0.35	\$0.40
45–49	\$1.30	\$1.50	\$0.55	\$0.65
50	\$1.40	\$1.70	\$0.60	\$0.70
51	\$1.60	\$1.90	\$0.65	\$0.80
52	\$1.70	\$2.00	\$0.70	\$0.85
53	\$1.90	\$2.20	\$0.80	\$0.95
54	\$2.00	\$2.40	\$0.85	\$1.00
55	\$2.30	\$2.70	\$0.95	\$1.10
56	\$2.60	\$3.00	\$1.05	\$1.20
57	\$2.80	\$3.30	\$1.15	\$1.35
58	\$3.10	\$3.60	\$1.20	\$1.45
59	\$3.30	\$3.90	\$1.30	\$1.55
60	\$4.00	\$4.70	\$1.60	\$1.90
61	\$5.30	\$6.30	\$2.05	\$2.40
62	\$6.50	\$7.70	\$2.30	\$2.70
63	\$8.00	\$9.40	\$2.65	\$3.15
64	\$8.70	\$10.20	\$3.05	\$3.60
65–68**	\$11.40	\$13.50	\$4.05	\$4.75
69–72**	\$16.00	\$18.90	\$5.70	\$6.65
73–74**	\$22.90	\$26.90	\$8.15	\$9.50

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).

*To qualify as a non-smoker, the insured must not have used tobacco or nicotine in any form for the past 12 months.

**Amounts of insurance decrease with age; coverage terminates at member age 100. See Amounts of Insurance at Ages 65–99. Premiums do not reduce.



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