

**CSU VOLUNTARY CRITICAL ILLNESS AND ACCIDENT INSURANCE
2024 RATES**

VOLUNTARY CRITICAL ILLNESS NON-TOBACCO RATES										
Age	Employee Amounts									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<30	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
30-39	\$3.15	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90	\$22.05	\$25.20	\$28.35	\$31.50
40-49	\$5.45	\$10.90	\$16.35	\$21.80	\$27.25	\$32.70	\$38.15	\$43.60	\$49.05	\$54.50
50-59	\$10.45	\$20.90	\$31.35	\$41.80	\$52.25	\$62.70	\$73.15	\$83.60	\$94.05	\$104.50
60-64	\$18.55	\$37.10	\$55.65	\$74.20	\$92.75	\$111.30	\$129.85	\$148.40	\$166.95	\$185.50

VOLUNTARY CRITICAL ILLNESS NON-TOBACCO RATES						
Age	Spouse Amounts					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<30	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20
30-39	\$3.15	\$6.30	\$9.45	\$12.60	\$15.75	\$18.90
40-49	\$5.45	\$10.90	\$16.35	\$21.80	\$27.25	\$32.70
50-59	\$10.45	\$20.90	\$31.35	\$41.80	\$52.25	\$62.70
60-64	\$18.55	\$37.10	\$55.65	\$74.20	\$92.75	\$111.30

**VOLUNTARY CRITICAL ILLNESS
TOBACCO RATES**

Age	Employee Amounts									
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
<30	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
30-39	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50	\$36.50	\$42.00	\$47.25	\$52.50
40-49	\$10.50	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00	\$73.50	\$84.00	\$94.50	\$105.00
50-59	\$22.70	\$45.40	\$68.10	\$90.80	\$113.50	\$136.20	\$158.90	\$181.60	\$204.30	\$227.00
60-64	\$42.60	\$85.20	\$127.80	\$170.40	\$213.00	\$255.60	\$298.20	\$340.80	\$383.40	\$426.00

**VOLUNTARY CRITICAL ILLNESS
TOBACCO RATES**

Age	Spouse Amounts					
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<30	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40
30-39	\$5.25	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50
40-49	\$10.50	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00
50-59	\$22.70	\$45.40	\$68.10	\$90.80	\$113.50	\$136.20
60-64	\$42.60	\$85.20	\$127.80	\$170.40	\$213.00	\$255.60

**VOLUNTARY ACCIDENT INSURANCE
Employee Premier Rate**

Tier Coverage	Monthly Rate
Employee Only	\$9.52
Employee and Spouse	\$15.14
Employee and Child(ren)	\$19.13
Employee and Family	\$29.77