

## City and County of San Francisco Voluntary Benefit Sample Rates

### Voya Compass Accident Benefit

Coverage Tier	Monthly Rate	Pay Period Rate
Employee only	\$7.31	\$3.38
EE + Spouse	\$12.26	\$5.66
EE + Child(ren)	\$15.26	\$7.04
EE + Sp + Child(ren)	\$20.21	\$9.33