

# CPA Life and Spouse Life Insurance

The rate charts referenced below, compare rates for coverage issued prior to November 1, 2022, to rates for coverage issued on or after November 1, 2022. Rates are based on your or your spouse's age as of October 1, 2024. When you or your spouse enter a new age band, the rate will increase as shown. Otherwise, rates can only change on a class-wide basis. Coverages are issued by **The Prudential Insurance Company of America**.

## Male Monthly Gross Rates without Waiver and Accidental Death & Dismemberment (AD&D), per \$10,000 of coverage amount

Age	Standard		Select		Preferred	
	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022
18-19	\$0.20	-	-	\$0.20	-	-
20-24	0.20	-	-	0.20	-	-
25-29	0.20	-	-	0.20	-	-
30-34	0.26	-	-	0.24	-	-
35-39	0.34	-	-	0.30	-	-
40-44	0.44	\$0.80	-	0.40	-	\$0.36
45-49	1.58	1.58	\$0.80	0.54	-	0.44
50	2.90	2.90	1.50	0.98	\$1.12	0.64
51	2.90	2.90	1.50	1.04	1.12	0.68
52	2.90	2.90	1.50	1.08	1.12	0.72
53	2.90	2.90	1.50	1.12	1.12	0.76
54	2.90	2.90	1.50	1.18	1.12	0.80
55	5.40	5.40	2.24	1.88	1.58	1.08
56	5.40	5.40	2.38	2.00	1.66	1.14
57	5.40	5.40	2.52	2.12	1.72	1.20
58	5.40	5.40	2.66	2.24	1.80	1.26
59	5.40	5.40	2.80	2.36	1.88	1.32
60	9.60	9.60	4.54	4.44	2.78	2.24
61	9.60	9.60	4.76	4.64	2.90	2.44
62	9.60	9.60	4.96	4.84	3.04	2.62
63	9.60	9.60	5.18	5.06	3.16	2.80
64	9.60	9.60	5.40	5.26	3.30	3.00
65	16.90	16.90	8.14	7.94	4.78	4.10
66	16.90	16.90	8.54	8.34	5.02	4.32
67	16.90	16.90	8.92	8.70	5.24	4.54
68	16.90	16.90	9.32	9.10	5.48	4.76
69	16.90	16.90	9.70	9.46	5.70	4.98
70	30.20	30.20	16.30	15.90	9.16	7.78
71	30.20	30.20	17.08	16.66	9.60	8.22
72	30.20	30.20	17.84	17.42	10.02	8.66
73	30.20	30.20	18.62	18.18	10.46	9.10
74	30.20	30.20	19.40	18.94	10.90	9.54

Gender-based rates are not available in Montana; male rates apply.

**For more information on rates for ages 75+, please contact Aon at 800.223.7473.**

## Female Monthly Gross Rates without Waiver and Accidental Death & Dismemberment (AD&D), per \$10,000 of coverage amount

Age	Standard		Select		Preferred	
	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022
18-19	\$0.16	-	-	\$0.16	-	-
20-24	0.16	-	-	0.16	-	-
25-29	0.16	-	-	0.16	-	-
30-34	0.21	-	-	0.20	-	-
35-39	0.27	-	-	0.24	-	-
40-44	0.36	\$0.64	-	0.32	-	\$0.30
45-49	1.32	1.32	\$0.64	0.44	-	0.36
50	2.30	2.30	1.20	0.78	\$0.90	0.54
51	2.30	2.30	1.20	0.82	0.90	0.56
52	2.30	2.30	1.20	0.86	0.90	0.58
53	2.30	2.30	1.20	0.90	0.90	0.60
54	2.30	2.30	1.20	0.94	0.90	0.62
55	4.40	4.40	1.84	1.56	1.32	0.88
56	4.40	4.40	1.96	1.66	1.38	0.94
57	4.40	4.40	2.08	1.76	1.44	1.00
58	4.40	4.40	2.18	1.84	1.50	1.06
59	4.40	4.40	2.30	1.94	1.56	1.12
60	7.80	7.80	3.70	3.52	2.36	2.02
61	7.80	7.80	3.88	3.74	2.46	2.12
62	7.80	7.80	4.04	3.94	2.58	2.22
63	7.80	7.80	4.22	4.16	2.68	2.32
64	7.80	7.80	4.40	4.40	2.80	2.42
65	13.70	13.70	6.88	6.72	3.86	3.30
66	13.70	13.70	7.22	7.04	4.04	3.48
67	13.70	13.70	7.54	7.36	4.24	3.66
68	13.70	13.70	7.88	7.70	4.42	3.84
69	13.70	13.70	8.20	8.00	4.60	4.02
70	24.40	24.40	13.02	12.70	7.14	6.08
71	24.40	24.40	13.64	13.32	7.48	6.42
72	24.40	24.40	14.26	13.92	7.82	6.76
73	24.40	24.40	14.88	14.52	8.16	7.10
74	24.40	24.40	15.50	15.12	8.50	7.44

Gender-based rates are not available in Montana; male rates apply.

**For more information on rates for ages 75+, please contact Aon at 800.223.7473.**

## Optional Coverage

Rates are shown per \$10,000 of the CPA and Spouse Life coverage amount. Applies to coverage issued prior to November 1, 2022, and for coverage issued on or after November 1, 2022. Spouse coverage is not eligible for Disability Waiver.

### Male Disability Waiver

Age	Standard		Select		Preferred	
	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022
Under 30	\$0.02	-	-	\$0.02	-	-
30-34	0.04	-	-	0.04	-	-
35-39	0.06	-	-	0.06	-	-
40-44	0.08	\$0.10	-	0.08	-	\$0.08
45-49	0.22	0.22	\$0.10	0.10	-	0.10
50-54	0.40	0.40	0.20	0.24	\$0.18	0.18
55-59	0.74	0.74	0.38	0.46	0.32	0.32

Gender-based rates are not available in Montana; male rates apply.

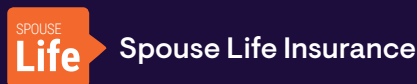
### AD&D

Age	Male/Female
18-64	\$0.20
65-74	0.30

### Female Disability Waiver

Age	Standard		Select		Preferred	
	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022	For Coverage issued prior to November 1, 2022	For Coverage issued on or after November 1, 2022
Under 30	\$0.02	-	-	\$0.02	-	-
30-34	0.02	-	-	0.02	-	-
35-39	0.04	-	-	0.04	-	-
40-44	0.06	\$0.08	-	0.06	-	\$0.06
45-49	0.18	0.18	\$0.08	0.08	-	0.08
50-54	0.30	0.30	0.16	0.18	\$0.16	0.16
55-59	0.60	0.60	0.30	0.36	0.26	0.26

Gender-based rates are not available in Montana; male rates apply.



Questions? Call 800.223.7473.  
We're available 8:30am-6pm ET, Monday-Friday.

If your or your spouse's coverage was issued prior to November 1, 2022, some of your current Plan details will differ and may be impacted if you apply to make changes. For example, certain impacted details could include but are not limited to rates, rate classes, and rate class expiration. Refer to your Certificate of Coverage and policy booklet and/or contact Aon for Plan details.

This site may contain marketing language, on products issued by The Prudential Insurance Company of America, that has not yet been approved in all states.

For AD&D: This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

**THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.**

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

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Not for residents of New Mexico.

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