



## Male, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$100,000 - \$249,999

Issue Age	Male Super-Preferred		Male Preferred		Male Select		Male Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.95	\$0.76	\$1.01	\$0.82	\$1.28	\$1.03	\$3.20	\$2.57
21	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
22	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
23	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
24	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
25	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
26	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
27	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
28	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
29	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
30	0.95	0.76	1.01	0.82	1.28	1.03	3.20	2.57
31	0.97	0.78	1.04	0.83	1.31	1.05	3.37	2.70
32	0.99	0.79	1.07	0.86	1.35	1.08	3.54	2.83
33	1.00	0.81	1.10	0.88	1.39	1.12	3.70	2.96
34	1.02	0.82	1.12	0.90	1.42	1.14	3.86	3.09
35	1.04	0.83	1.16	0.93	1.45	1.17	4.02	3.22
36	1.10	0.88	1.20	0.97	1.53	1.23	4.30	3.44
37	1.15	0.93	1.25	1.01	1.60	1.28	4.56	3.65
38	1.21	0.98	1.30	1.05	1.67	1.34	4.84	3.88
39	1.27	1.02	1.35	1.08	1.75	1.40	5.10	4.08
40	1.34	1.08	1.40	1.12	1.83	1.47	5.37	4.30
41	1.40	1.12	1.49	1.19	1.97	1.58	5.89	4.72
42	1.46	1.18	1.59	1.28	2.10	1.68	6.40	5.13
43	1.53	1.23	1.68	1.35	2.25	1.81	6.92	5.54
44	1.59	1.28	1.77	1.42	2.39	1.92	7.44	5.95
45	1.65	1.33	1.86	1.49	2.54	2.03	7.95	6.37
46	1.83	1.47	2.07	1.66	2.78	2.23	8.70	6.97
47	2.00	1.61	2.26	1.82	3.04	2.43	9.45	7.57
48	2.17	1.74	2.46	1.98	3.29	2.63	10.20	8.16
49	2.35	1.88	2.66	2.13	3.54	2.83	10.95	8.77
50	2.52	2.02	2.85	2.28	3.79	3.03	11.70	9.37
51	2.83	2.27	3.20	2.57	4.21	3.38	12.84	10.28
52	3.15	2.52	3.55	2.84	4.64	3.72	13.98	11.18
53	3.46	2.78	3.90	3.12	5.05	4.05	15.11	12.09
54	3.78	3.03	4.23	3.38	5.48	4.38	16.25	13.01

**Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.**

\* Payable semiannually, annually, quarterly or via the monthly Electronic Funds Transfer (EFT) option.

\*\* The current 20% premium credit is not guaranteed and subject to change, however the Group 20-Year Level Term Life Insurance program for ACP members has returned premium credits for several years.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen. Only non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Select" rates. (Note: Smokers may only qualify for "Standard" rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

The premium contributions shown 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 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 insurance under this group policy. For example, a class of insureds is a group of people with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee of the American College of Physicians, Inc. Insurance Trust.



## Male, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$250,000 - \$499,999

Issue Age	Male Super-Preferred		Male Preferred		Male Select		Male Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.70	\$0.57	\$0.75	\$0.60	\$0.98	\$0.78	\$2.58	\$2.07
21	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
22	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
23	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
24	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
25	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
26	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
27	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
28	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
29	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
30	0.70	0.57	0.75	0.60	0.98	0.78	2.58	2.07
31	0.71	0.58	0.78	0.63	1.01	0.82	2.73	2.18
32	0.73	0.58	0.81	0.65	1.05	0.85	2.89	2.32
33	0.74	0.59	0.84	0.68	1.08	0.87	3.03	2.43
34	0.75	0.60	0.87	0.70	1.11	0.89	3.19	2.55
35	0.75	0.61	0.90	0.73	1.15	0.93	3.35	2.68
36	0.81	0.65	0.94	0.75	1.22	0.98	3.59	2.88
37	0.88	0.71	0.99	0.79	1.30	1.04	3.84	3.08
38	0.93	0.75	1.03	0.83	1.37	1.10	4.09	3.28
39	0.99	0.79	1.08	0.87	1.45	1.16	4.33	3.47
40	1.04	0.83	1.12	0.90	1.52	1.22	4.58	3.67
41	1.11	0.89	1.21	0.98	1.66	1.33	5.05	4.05
42	1.18	0.95	1.30	1.05	1.88	1.45	5.52	4.42
43	1.25	1.01	1.40	1.12	1.94	1.55	6.00	4.81
44	1.31	1.05	1.49	1.19	2.08	1.67	6.47	5.18
45	1.39	1.12	1.58	1.27	2.22	1.78	6.95	5.56
46	1.55	1.24	1.77	1.42	2.46	1.98	7.62	6.10
47	1.71	1.38	1.97	1.58	2.71	2.18	8.31	6.65
48	1.88	1.51	2.15	1.73	2.95	2.36	9.00	7.20
49	2.04	1.63	2.35	1.88	3.20	2.56	9.68	7.75
50	2.20	1.77	2.53	2.03	3.44	2.75	10.36	8.29
51	2.50	2.01	2.86	2.29	3.85	3.08	11.41	9.13
52	2.81	2.25	3.20	2.56	4.26	3.42	12.45	9.96
53	3.11	2.49	3.53	2.83	4.67	3.74	13.49	10.79
54	3.42	2.74	3.85	3.08	5.07	4.06	14.54	11.63

**Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.**

\* Payable semiannually, annually, quarterly or via the monthly Electronic Funds Transfer (EFT) option.

\*\* The current 20% premium credit is not guaranteed and subject to change, however the Group 20-Year Level Term Life Insurance program for ACP members has returned premium credits for several years.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen. Only non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Select" rates. (Note: Smokers may only qualify for "Standard" rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

The premium contributions shown 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 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 insurance under this group policy. For example, a class of insureds is a group of people with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee of the American College of Physicians, Inc. Insurance Trust.



## Male, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$500,000 - \$999,999

Issue Age	Male Super-Preferred		Male Preferred		Male Select		Male Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.54	\$0.43	\$0.61	\$0.49	\$0.85	\$0.68	\$2.36	\$1.89
21	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
22	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
23	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
24	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
25	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
26	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
27	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
28	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
29	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
30	0.54	0.43	0.61	0.49	0.85	0.68	2.36	1.89
31	0.55	0.45	0.63	0.51	0.90	0.72	2.52	2.02
32	0.57	0.46	0.64	0.52	0.93	0.75	2.66	2.13
33	0.58	0.47	0.65	0.53	0.97	0.78	2.81	2.25
34	0.60	0.48	0.66	0.53	1.00	0.81	2.96	2.38
35	0.61	0.49	0.69	0.55	1.04	0.83	3.11	2.49
36	0.65	0.52	0.72	0.58	1.11	0.89	3.36	2.69
37	0.67	0.54	0.75	0.61	1.19	0.95	3.60	2.88
38	0.71	0.58	0.80	0.64	1.27	1.02	3.85	3.08
39	0.74	0.59	0.83	0.67	1.35	1.08	4.10	3.28
40	0.78	0.63	0.87	0.70	1.42	1.14	4.34	3.48
41	0.85	0.68	0.97	0.78	1.55	1.25	4.80	3.84
42	0.94	0.75	1.08	0.87	1.70	1.36	5.27	4.22
43	1.01	0.82	1.19	0.95	1.84	1.48	5.74	4.59
44	1.10	0.88	1.30	1.04	1.98	1.58	6.20	4.96
45	1.18	0.95	1.40	1.13	2.11	1.69	6.66	5.33
46	1.34	1.08	1.60	1.28	2.36	1.89	7.34	5.88
47	1.49	1.19	1.80	1.44	2.61	2.09	8.00	6.41
48	1.65	1.32	1.99	1.59	2.85	2.28	8.68	6.95
49	1.80	1.45	2.18	1.75	3.10	2.48	9.35	7.48
50	1.95	1.57	2.37	1.90	3.35	2.68	10.02	8.02
51	2.25	1.80	2.69	2.15	3.75	3.01	11.05	8.84
52	2.53	2.03	3.02	2.42	4.17	3.34	12.07	9.66
53	2.81	2.25	3.35	2.68	4.58	3.67	13.09	10.48
54	3.10	2.48	3.66	2.93	4.98	3.98	14.11	11.29

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## Male, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$1,000,000 - \$2,000,000

Issue Age	Male Super-Preferred		Male Preferred		Male Select		Male Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.46	\$0.38	\$0.55	\$0.45	\$0.80	\$0.65	\$2.26	\$1.82
21	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
22	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
23	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
24	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
25	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
26	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
27	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
28	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
29	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
30	0.46	0.38	0.55	0.45	0.80	0.65	2.26	1.82
31	0.48	0.38	0.57	0.46	0.84	0.68	2.40	1.93
32	0.50	0.41	0.58	0.47	0.88	0.71	2.55	2.05
33	0.53	0.43	0.60	0.48	0.91	0.73	2.69	2.15
34	0.55	0.44	0.61	0.49	0.95	0.76	2.84	2.28
35	0.56	0.45	0.63	0.51	0.99	0.79	2.99	2.39
36	0.60	0.48	0.66	0.53	1.06	0.85	3.22	2.58
37	0.63	0.51	0.71	0.58	1.13	0.91	3.46	2.78
38	0.66	0.53	0.75	0.60	1.20	0.96	3.71	2.98
39	0.70	0.56	0.79	0.63	1.27	1.02	3.95	3.16
40	0.73	0.58	0.83	0.67	1.35	1.08	4.19	3.35
41	0.81	0.65	0.93	0.75	1.48	1.18	4.64	3.72
42	0.89	0.72	1.03	0.83	1.62	1.30	5.09	4.08
43	0.97	0.78	1.13	0.91	1.75	1.41	5.53	4.43
44	1.04	0.83	1.25	1.00	1.89	1.52	5.98	4.78
45	1.12	0.90	1.35	1.08	2.02	1.62	6.43	5.15
46	1.27	1.02	1.53	1.23	2.26	1.82	7.08	5.67
47	1.43	1.15	1.71	1.38	2.50	2.00	7.73	6.18
48	1.57	1.26	1.90	1.52	2.74	2.19	8.39	6.72
49	1.72	1.38	2.09	1.68	2.98	2.38	9.04	7.23
50	1.88	1.51	2.27	1.82	3.21	2.58	9.69	7.75
51	2.14	1.72	2.58	2.07	3.60	2.88	10.66	8.53
52	2.41	1.93	2.90	2.32	4.01	3.22	11.65	9.32
53	2.69	2.15	3.20	2.57	4.40	3.53	12.63	10.11
54	2.96	2.38	3.51	2.82	4.80	3.84	13.61	10.89

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## Female, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$100,000 - \$249,999

Issue Age	Female Super-Preferred		Female Preferred		Female Select		Female Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.80	\$0.65	\$0.89	\$0.72	\$1.04	\$0.83	\$2.19	\$1.75
21	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
22	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
23	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
24	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
25	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
26	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
27	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
28	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
29	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
30	0.80	0.65	0.89	0.72	1.04	0.83	2.19	1.75
31	0.82	0.66	0.91	0.73	1.08	0.87	2.36	1.89
32	0.84	0.68	0.94	0.75	1.11	0.89	2.53	2.03
33	0.85	0.68	0.96	0.78	1.15	0.93	2.69	2.15
34	0.88	0.71	0.99	0.79	1.19	0.95	2.86	2.29
35	0.89	0.72	1.01	0.82	1.24	0.99	3.03	2.43
36	0.91	0.73	1.04	0.83	1.29	1.03	3.30	2.65
37	0.94	0.75	1.07	0.86	1.35	1.08	3.57	2.86
38	0.97	0.78	1.10	0.88	1.40	1.12	3.85	3.08
39	1.00	0.80	1.13	0.91	1.45	1.17	4.12	3.30
40	1.02	0.82	1.16	0.93	1.51	1.22	4.39	3.52
41	1.10	0.88	1.25	1.01	1.65	1.32	4.85	3.88
42	1.17	0.94	1.35	1.08	1.77	1.42	5.31	4.25
43	1.25	1.00	1.45	1.16	1.91	1.53	5.77	4.62
44	1.31	1.05	1.54	1.23	2.04	1.63	6.23	4.98
45	1.39	1.12	1.63	1.31	2.18	1.75	6.69	5.35
46	1.50	1.20	1.77	1.42	2.35	1.88	7.32	5.86
47	1.62	1.30	1.91	1.53	2.54	2.03	7.95	6.37
48	1.74	1.39	2.06	1.65	2.71	2.18	8.59	6.88
49	1.85	1.48	2.20	1.76	2.90	2.32	9.22	7.38
50	1.97	1.58	2.35	1.88	3.07	2.46	9.85	7.88
51	2.14	1.72	2.55	2.04	3.32	2.66	10.74	8.59
52	2.32	1.86	2.75	2.20	3.57	2.86	11.63	9.31
53	2.50	2.00	2.95	2.37	3.83	3.07	12.53	10.03
54	2.68	2.15	3.16	2.53	4.09	3.28	13.41	10.73

**Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.**

\* Payable semiannually, annually, quarterly or via the monthly Electronic Funds Transfer (EFT) option.

\*\* The current 20% premium credit is not guaranteed and subject to change, however the Group 20-Year Level Term Life Insurance program for ACP members has returned premium credits for several years.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen. Only non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Select" rates. (Note: Smokers may only qualify for "Standard" rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

The premium contributions shown 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 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 insurance under this group policy. For example, a class of insureds is a group of people with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee of the American College of Physicians, Inc. Insurance Trust.



## Female, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$250,000 - \$499,999

Issue Age	Female Super-Preferred		Female Preferred		Female Select		Female Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.49	\$0.39	\$0.56	\$0.45	\$0.75	\$0.60	\$1.81	\$1.45
21	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
22	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
23	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
24	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
25	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
26	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
27	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
28	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
29	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
30	0.49	0.39	0.56	0.45	0.75	0.60	1.81	1.45
31	0.51	0.42	0.60	0.48	0.79	0.63	1.98	1.58
32	0.53	0.43	0.61	0.49	0.82	0.66	2.14	1.72
33	0.55	0.44	0.64	0.52	0.85	0.68	2.30	1.85
34	0.56	0.45	0.66	0.53	0.90	0.73	2.47	1.98
35	0.58	0.47	0.70	0.56	0.94	0.75	2.64	2.12
36	0.62	0.50	0.72	0.58	1.00	0.80	2.91	2.33
37	0.65	0.52	0.75	0.61	1.06	0.85	3.18	2.55
38	0.67	0.54	0.79	0.63	1.11	0.89	3.45	2.77
39	0.70	0.57	0.81	0.65	1.17	0.94	3.73	2.98
40	0.73	0.58	0.84	0.68	1.24	0.99	4.00	3.20
41	0.80	0.64	0.93	0.75	1.36	1.09	4.45	3.57
42	0.85	0.68	1.01	0.82	1.49	1.19	4.90	3.93
43	0.92	0.74	1.10	0.88	1.62	1.30	5.36	4.29
44	1.00	0.80	1.19	0.95	1.75	1.40	5.80	4.65
45	1.06	0.85	1.27	1.02	1.88	1.51	6.26	5.02
46	1.16	0.93	1.40	1.12	2.05	1.64	6.89	5.52
47	1.26	1.02	1.53	1.23	2.21	1.78	7.51	6.02
48	1.36	1.09	1.65	1.33	2.39	1.92	8.14	6.52
49	1.47	1.18	1.77	1.42	2.56	2.05	8.76	7.02
50	1.57	1.26	1.90	1.53	2.74	2.19	9.38	7.51
51	1.73	1.38	2.09	1.68	2.99	2.39	10.26	8.22
52	1.90	1.52	2.27	1.82	3.23	2.58	11.15	8.92
53	2.05	1.64	2.45	1.97	3.48	2.78	12.01	9.62
54	2.20	1.77	2.64	2.12	3.73	2.98	12.90	10.32

**Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.**

\* Payable semiannually, annually, quarterly or via the monthly Electronic Funds Transfer (EFT) option.

\*\* The current 20% premium credit is not guaranteed and subject to change, however the Group 20-Year Level Term Life Insurance program for ACP members has returned premium credits for several years.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen. Only non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Select" rates. (Note: Smokers may only qualify for "Standard" rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

The premium contributions shown 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 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 insurance under this group policy. For example, a class of insureds is a group of people with the same issue age. Benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the Trustee of the American College of Physicians, Inc. Insurance Trust.



## Female, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$500,000 - \$999,999

Issue Age	Female Super-Preferred		Female Preferred		Female Select		Female Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.36	\$0.29	\$0.43	\$0.35	\$0.62	\$0.50	\$1.55	\$1.25
21	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
22	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
23	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
24	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
25	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
26	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
27	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
28	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
29	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
30	0.36	0.29	0.43	0.35	0.62	0.50	1.55	1.25
31	0.38	0.31	0.45	0.36	0.66	0.53	1.71	1.38
32	0.40	0.32	0.46	0.38	0.70	0.57	1.86	1.49
33	0.42	0.34	0.48	0.38	0.75	0.60	2.02	1.62
34	0.44	0.35	0.50	0.41	0.79	0.63	2.18	1.75
35	0.45	0.37	0.53	0.43	0.83	0.67	2.34	1.88
36	0.48	0.38	0.56	0.45	0.89	0.72	2.58	2.07
37	0.51	0.42	0.60	0.48	0.95	0.76	2.84	2.28
38	0.54	0.43	0.64	0.52	1.01	0.82	3.10	2.48
39	0.57	0.46	0.67	0.54	1.07	0.86	3.35	2.68
40	0.60	0.48	0.71	0.58	1.13	0.91	3.60	2.88
41	0.66	0.53	0.80	0.64	1.26	1.02	4.03	3.23
42	0.73	0.58	0.88	0.71	1.39	1.12	4.46	3.58
43	0.80	0.64	0.95	0.76	1.52	1.12	4.88	3.91
44	0.85	0.68	1.03	0.83	1.65	1.32	5.30	4.25
45	0.92	0.74	1.11	0.89	1.77	1.42	5.74	4.59
46	1.02	0.82	1.24	0.99	1.95	1.56	6.32	5.06
47	1.11	0.89	1.35	1.08	2.12	1.70	6.90	5.53
48	1.21	0.98	1.47	1.18	2.30	1.84	7.50	6.00
49	1.31	1.05	1.59	1.28	2.47	1.98	8.08	6.47
50	1.42	1.14	1.72	1.38	2.65	2.12	8.67	6.94
51	1.56	1.25	1.90	1.52	2.90	2.32	9.50	7.60
52	1.72	1.38	2.07	1.66	3.14	2.52	10.32	8.26
53	1.86	1.49	2.25	1.80	3.39	2.72	11.15	8.92
54	2.02	1.62	2.41	1.93	3.64	2.92	11.97	9.58

**Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.**

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\*\* The current 20% premium credit is not guaranteed and subject to change, however the Group 20-Year Level Term Life Insurance program for ACP members has returned premium credits for several years.

The current annual premium for all eligible children is \$12.00 for \$5,000 of life insurance.

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen. Only non-smokers meeting the highest underwriting standards will qualify for "Super-Preferred" rates. Other non-smokers may qualify for the higher "Preferred" or "Select" rates. (Note: Smokers may only qualify for "Standard" rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

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## Female, 20-year Term Monthly Rates\*

Current 2025 Monthly Rates per \$10,000 of Coverage  
Coverage Amounts \$1,000,000 - \$2,000,000

Issue Age	Female Super-Preferred		Female Preferred		Female Select		Female Standard	
	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**	Base Rate	With 20% Premium Credit**
20	\$0.32	\$0.26	\$0.38	\$0.31	\$0.56	\$0.45	\$1.46	\$1.18
21	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
22	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
23	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
24	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
25	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
26	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
27	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
28	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
29	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
30	0.32	0.26	0.38	0.31	0.56	0.45	1.46	1.18
31	0.34	0.28	0.40	0.32	0.61	0.49	1.62	1.30
32	0.35	0.28	0.42	0.34	0.65	0.52	1.77	1.42
33	0.37	0.30	0.44	0.35	0.70	0.56	1.92	1.54
34	0.39	0.32	0.45	0.37	0.73	0.58	2.08	1.67
35	0.41	0.33	0.47	0.38	0.76	0.62	2.22	1.78
36	0.44	0.35	0.51	0.42	0.83	0.67	2.47	1.98
37	0.47	0.38	0.55	0.44	0.89	0.72	2.72	2.18
38	0.50	0.41	0.58	0.47	0.95	0.76	2.96	2.38
39	0.53	0.43	0.62	0.50	1.00	0.81	3.21	2.58
40	0.55	0.45	0.65	0.53	1.07	0.86	3.46	2.78
41	0.62	0.50	0.74	0.59	1.19	0.95	3.88	3.11
42	0.69	0.55	0.81	0.65	1.31	1.05	4.30	3.44
43	0.74	0.59	0.90	0.72	1.44	1.15	4.70	3.77
44	0.80	0.65	0.98	0.78	1.56	1.25	5.12	4.10
45	0.85	0.68	1.05	0.85	1.68	1.35	5.53	4.43
46	0.96	0.78	1.17	0.94	1.85	1.48	6.10	4.88
47	1.05	0.85	1.28	1.03	2.02	1.62	6.66	5.33
48	1.15	0.92	1.40	1.12	2.20	1.76	7.23	5.78
49	1.25	1.00	1.52	1.22	2.36	1.89	7.79	6.23
50	1.34	1.08	1.63	1.31	2.54	2.03	8.35	6.68
51	1.48	1.18	1.80	1.45	2.77	2.22	9.15	7.33
52	1.63	1.31	1.97	1.58	3.01	2.42	9.95	7.96
53	1.77	1.42	2.13	1.71	3.25	2.61	10.74	8.59
54	1.92	1.54	2.30	1.84	3.49	2.79	11.54	9.23

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