

Publix

Supplemental Term Life Insurance Rates

Rates guaranteed to 12/31/2024

Associate And Spouse Coverage

Monthly cost of insurance per \$10,000 coverage unit

Age*	Non-Smoker NO AD&D	Non-Smoker WITH AD&D	Smoker NO AD&D	Smoker WITH AD&D
Under 25	\$0.22	\$0.44	\$0.87	\$1.09
25–29	\$0.26	\$0.48	\$0.93	\$1.15
30–34	\$0.36	\$0.58	\$1.18	\$1.40
35–39	\$0.40	\$0.62	\$1.27	\$1.49
40–44	\$0.46	\$0.68	\$1.38	\$1.60
45–49	\$0.70	\$0.92	\$1.93	\$2.15
50–54	\$1.10	\$1.32	\$2.82	\$3.04
55–59	\$2.05	\$2.27	\$5.05	\$5.27
60–64	\$3.14	\$3.36	\$7.60	\$7.82
65–69	\$6.05	\$6.27	\$14.40	\$14.62
70–74	\$9.82	\$10.04	\$22.52	\$22.74
75 and over	Available upon request			

Child Coverage

Coverage Amount	Monthly Cost
\$5,000	\$0.50
\$10,000	\$1.00

* Use age as of December 31 of the current year.