

**Eligibility: All Active Full Time Employees working a minimum of 30 Hours per week.**

## **Employee Voluntary Long Term Disability - Current Semi-Monthly Cost by Age Band**

Current Monthly Rates per \$100:		0.112	0.112	0.112	0.231	0.320	0.433	0.582	0.664	0.515	0.195
Annual Earnings	Monthly Benefit	Age <25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$20,000	\$1,000.00	0.93	0.93	0.93	1.93	2.67	3.61	4.85	5.53	4.29	1.63
\$25,000	\$1,250.00	1.17	1.17	1.17	2.41	3.33	4.51	6.06	6.92	5.36	2.03
\$30,000	\$1,500.00	1.40	1.40	1.40	2.89	4.00	5.41	7.28	8.30	6.44	2.44
\$35,000	\$1,750.00	1.63	1.63	1.63	3.37	4.67	6.31	8.49	9.68	7.51	2.84
\$40,000	\$2,000.00	1.87	1.87	1.87	3.85	5.33	7.22	9.70	11.07	8.58	3.25
\$45,000	\$2,250.00	2.10	2.10	2.10	4.33	6.00	8.12	10.91	12.45	9.66	3.66
\$50,000	\$2,500.00	2.33	2.33	2.33	4.81	6.67	9.02	12.13	13.83	10.73	4.06
\$55,000	\$2,750.00	2.57	2.57	2.57	5.29	7.33	9.92	13.34	15.22	11.80	4.47
\$60,000	\$3,000.00	2.80	2.80	2.80	5.78	8.00	10.83	14.55	16.60	12.88	4.88
\$65,000	\$3,250.00	3.03	3.03	3.03	6.26	8.67	11.73	15.76	17.98	13.95	5.28
\$70,000	\$3,500.00	3.27	3.27	3.27	6.74	9.33	12.63	16.98	19.37	15.02	5.69
\$75,000	\$3,750.00	3.50	3.50	3.50	7.22	10.00	13.53	18.19	20.75	16.09	6.09
\$80,000	\$4,000.00	3.73	3.73	3.73	7.70	10.67	14.43	19.40	22.13	17.17	6.50
\$85,000	\$4,250.00	3.97	3.97	3.97	8.18	11.33	15.34	20.61	23.52	18.24	6.91
\$90,000	\$4,500.00	4.20	4.20	4.20	8.66	12.00	16.24	21.83	24.90	19.31	7.31
\$95,000	\$4,750.00	4.43	4.43	4.43	9.14	12.67	17.14	23.04	26.28	20.39	7.72
\$100,000	\$5,000.00	4.67	4.67	4.67	9.63	13.33	18.04	24.25	27.67	21.46	8.13

If your annual earnings are not shown above, use the formula below to calculate the cost of coverage:

\$10,000.00 Benefit Maximum ÷ 60% Benefit = **\$16,666.67 Maximum Covered Monthly Earnings**

*The lesser of the calculated Monthly Earnings or the Maximum Covered Monthly Earnings is used for the Covered Monthly Earnings below.*

*Rates shown are current as of the effective date and are subject to change over time.*

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimérica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.