

Everglades College
Premium Calculation Sheet
 Rates Effective January 1, 2025



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

Employee Voluntary Short Term Disability - Current Semi-Monthly Cost by Age Band

Current Monthly Rates per \$10:		0.550	0.572	0.534	0.430	0.426	0.389	0.456	0.554	0.634	0.735
Annual Earnings	Weekly Benefit	Age <25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$20,000	\$230.77	6.35	6.60	6.16	4.96	4.92	4.49	5.26	6.39	7.32	8.48
\$25,000	\$288.46	7.93	8.25	7.70	6.20	6.14	5.61	6.58	7.99	9.14	10.60
\$30,000	\$346.15	9.52	9.90	9.24	7.44	7.37	6.73	7.89	9.59	10.97	12.72
\$35,000	\$403.85	11.11	11.55	10.78	8.68	8.60	7.85	9.21	11.19	12.80	14.84
\$40,000	\$461.54	12.69	13.20	12.32	9.92	9.83	8.98	10.52	12.78	14.63	16.96
\$45,000	\$519.23	14.28	14.85	13.86	11.16	11.06	10.10	11.84	14.38	16.46	19.08
\$50,000	\$576.92	15.87	16.50	15.40	12.40	12.29	11.22	13.15	15.98	18.29	21.20
\$55,000	\$634.62	17.45	18.15	16.94	13.64	13.52	12.34	14.47	17.58	20.12	23.32
\$60,000	\$692.31	19.04	19.80	18.48	14.88	14.75	13.47	15.78	19.18	21.95	25.44
\$65,000	\$750.00	20.63	21.45	20.03	16.13	15.98	14.59	17.10	20.78	23.78	27.56
\$70,000	\$807.69	22.21	23.10	21.57	17.37	17.20	15.71	18.42	22.37	25.60	29.68
\$75,000	\$865.38	23.80	24.75	23.11	18.61	18.43	16.83	19.73	23.97	27.43	31.80
\$80,000	\$923.08	25.38	26.40	24.65	19.85	19.66	17.95	21.05	25.57	29.26	33.92
\$85,000	\$980.77	26.97	28.05	26.19	21.09	20.89	19.08	22.36	27.17	31.09	36.04
\$90,000	\$1,038.46	28.56	29.70	27.73	22.33	22.12	20.20	23.68	28.77	32.92	38.16
\$95,000	\$1,096.15	30.14	31.35	29.27	23.57	23.35	21.32	24.99	30.36	34.75	40.28
\$100,000	\$1,153.85	31.73	33.00	30.81	24.81	24.58	22.44	26.31	31.96	36.58	42.40

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

$$\frac{\$ \text{Annual Earnings}}{52} = \$ \text{Weekly Earnings} \times 60.0\% = \$ \text{Weekly Benefit}$$

(\$3,500 Benefit Maximum)

Covered Weekly Benefit used below is the lesser of the calculated Weekly Benefit or the Benefit Maximum

$$\frac{\$ \text{Covered Weekly Benefit}}{\text{Rate}} \div 10 = \$ \text{Monthly Cost} \times 12 \div 24 = \$ \text{Semi-Monthly Cost}$$

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 Unimerica 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.