

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:

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

$$\$ \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \div 10 = \$ \underline{\hspace{2cm}} \times 12 \div 24 = \$ \underline{\hspace{2cm}}$$

Covered Weekly Benefit Rate Monthly Cost 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 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.