

Employee Voluntary Long Term Disability (LTD) – Current Monthly Cost

| Current Monthly Rate per \$100 of monthly covered payroll | | \$0.482 |
|--|-----------------|-----------------|
| Annual Earnings | Monthly Benefit | Monthly Premium |
| \$20,000 | \$1,000.00 | \$ 8.03 |
| \$25,000 | \$1,250.00 | \$ 10.04 |
| \$30,000 | \$1,500.00 | \$ 12.05 |
| \$35,000 | \$1,750.00 | \$ 14.06 |
| \$40,000 | \$2,000.00 | \$ 16.07 |
| \$45,000 | \$2,250.00 | \$ 18.08 |
| \$50,000 | \$2,500.00 | \$ 20.08 |
| \$55,000 | \$2,750.00 | \$ 22.09 |
| \$60,000 | \$3,000.00 | \$ 24.10 |
| \$65,000 | \$3,250.00 | \$ 26.11 |
| \$70,000 | \$3,500.00 | \$ 28.12 |
| \$75,000 | \$3,750.00 | \$ 30.13 |
| \$80,000 | \$4,000.00 | \$ 32.13 |
| \$85,000 | \$4,250.00 | \$ 34.14 |
| \$90,000 | \$4,500.00 | \$ 36.15 |
| \$95,000 | \$4,750.00 | \$ 38.16 |
| \$100,000 | \$5,000.00 | \$ 40.17 |

To calculate the cost of coverage for an amount not shown in the table above, use the formula below

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

$$\frac{\$ \text{Annual Earnings}}{12} = \$ \text{Monthly Earnings} \times \frac{.60}{100} = \$ \text{Monthly Benefit}$$

$$\frac{\$ \text{Monthly Earnings}}{100} = \text{Subtotal} \times \$ \text{0.482 Rate} = \$ \text{Monthly Cost}$$

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.

Any applicable age-related benefit reductions are not shown.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and Unimerica Insurance Company; Unimerica Life Insurance Company of New York (NYC); and in California, Unimerica Life Insurance Company.

UnitedHealthcare Critical Illness products are provided by UnitedHealthcare Insurance Company. Texas Coverage is provided on Form UHICI-POL -1

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company and its affiliates. In Texas, it is provided on Policy Form UHCAC-POL-1-TX (01/12).