

# Summit School District RE-1

## Premium Calculation Sheet

Rates Effective September 1, 2023



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

### Employee Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:

| Coverage  | 0.050 | 0.060 | 0.080 | 0.090 | 0.100 | 0.150 | 0.230 | 0.430  | 0.660  | 1.270  | 2.060  | 2.060  |
|-----------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|
| Age<25    | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64  | 65-69  | 70-74  | 75+    |        |
| \$10,000  | 0.50  | 0.60  | 0.80  | 0.90  | 1.00  | 1.50  | 2.30  | 4.30   | 6.60   | 12.70  | 20.60  | 20.60  |
| \$20,000  | 1.00  | 1.20  | 1.60  | 1.80  | 2.00  | 3.00  | 4.60  | 8.60   | 13.20  | 25.40  | 41.20  | 41.20  |
| \$30,000  | 1.50  | 1.80  | 2.40  | 2.70  | 3.00  | 4.50  | 6.90  | 12.90  | 19.80  | 38.10  | 61.80  | 61.80  |
| \$40,000  | 2.00  | 2.40  | 3.20  | 3.60  | 4.00  | 6.00  | 9.20  | 17.20  | 26.40  | 50.80  | 82.40  | 82.40  |
| \$50,000  | 2.50  | 3.00  | 4.00  | 4.50  | 5.00  | 7.50  | 11.50 | 21.50  | 33.00  | 63.50  | 103.00 | 103.00 |
| \$60,000  | 3.00  | 3.60  | 4.80  | 5.40  | 6.00  | 9.00  | 13.80 | 25.80  | 39.60  | 76.20  | 123.60 | 123.60 |
| \$70,000  | 3.50  | 4.20  | 5.60  | 6.30  | 7.00  | 10.50 | 16.10 | 30.10  | 46.20  | 88.90  | 144.20 | 144.20 |
| \$80,000  | 4.00  | 4.80  | 6.40  | 7.20  | 8.00  | 12.00 | 18.40 | 34.40  | 52.80  | 101.60 | 164.80 | 164.80 |
| \$90,000  | 4.50  | 5.40  | 7.20  | 8.10  | 9.00  | 13.50 | 20.70 | 38.70  | 59.40  | 114.30 | 185.40 | 185.40 |
| \$100,000 | 5.00  | 6.00  | 8.00  | 9.00  | 10.00 | 15.00 | 23.00 | 43.00  | 66.00  | 127.00 | 206.00 | 206.00 |
| \$110,000 | 5.50  | 6.60  | 8.80  | 9.90  | 11.00 | 16.50 | 25.30 | 47.30  | 72.60  | 139.70 | 226.60 | 226.60 |
| \$120,000 | 6.00  | 7.20  | 9.60  | 10.80 | 12.00 | 18.00 | 27.60 | 51.60  | 79.20  | 152.40 | 247.20 | 247.20 |
| \$130,000 | 6.50  | 7.80  | 10.40 | 11.70 | 13.00 | 19.50 | 29.90 | 55.90  | 85.80  | 165.10 | 267.80 | 267.80 |
| \$140,000 | 7.00  | 8.40  | 11.20 | 12.60 | 14.00 | 21.00 | 32.20 | 60.20  | 92.40  | 177.80 | 288.40 | 288.40 |
| \$150,000 | 7.50  | 9.00  | 12.00 | 13.50 | 15.00 | 22.50 | 34.50 | 64.50  | 99.00  | 190.50 | 309.00 | 309.00 |
| \$160,000 | 8.00  | 9.60  | 12.80 | 14.40 | 16.00 | 24.00 | 36.80 | 68.80  | 105.60 | 203.20 | 329.60 | 329.60 |
| \$170,000 | 8.50  | 10.20 | 13.60 | 15.30 | 17.00 | 25.50 | 39.10 | 73.10  | 112.20 | 215.90 | 350.20 | 350.20 |
| \$180,000 | 9.00  | 10.80 | 14.40 | 16.20 | 18.00 | 27.00 | 41.40 | 77.40  | 118.80 | 228.60 | 370.80 | 370.80 |
| \$190,000 | 9.50  | 11.40 | 15.20 | 17.10 | 19.00 | 28.50 | 43.70 | 81.70  | 125.40 | 241.30 | 391.40 | 391.40 |
| \$200,000 | 10.00 | 12.00 | 16.00 | 18.00 | 20.00 | 30.00 | 46.00 | 86.00  | 132.00 | 254.00 | 412.00 | 412.00 |
| \$210,000 | 10.50 | 12.60 | 16.80 | 18.90 | 21.00 | 31.50 | 48.30 | 90.30  | 138.60 | 266.70 | 432.60 | 432.60 |
| \$220,000 | 11.00 | 13.20 | 17.60 | 19.80 | 22.00 | 33.00 | 50.60 | 94.60  | 145.20 | 279.40 | 453.20 | 453.20 |
| \$230,000 | 11.50 | 13.80 | 18.40 | 20.70 | 23.00 | 34.50 | 52.90 | 98.90  | 151.80 | 292.10 | 473.80 | 473.80 |
| \$240,000 | 12.00 | 14.40 | 19.20 | 21.60 | 24.00 | 36.00 | 55.20 | 103.20 | 158.40 | 304.80 | 494.40 | 494.40 |
| \$250,000 | 12.50 | 15.00 | 20.00 | 22.50 | 25.00 | 37.50 | 57.50 | 107.50 | 165.00 | 317.50 | 515.00 | 515.00 |
| \$260,000 | 13.00 | 15.60 | 20.80 | 23.40 | 26.00 | 39.00 | 59.80 | 111.80 | 171.60 | 330.20 | 535.60 | 535.60 |
| \$270,000 | 13.50 | 16.20 | 21.60 | 24.30 | 27.00 | 40.50 | 62.10 | 116.10 | 178.20 | 342.90 | 556.20 | 556.20 |
| \$280,000 | 14.00 | 16.80 | 22.40 | 25.20 | 28.00 | 42.00 | 64.40 | 120.40 | 184.80 | 355.60 | 576.80 | 576.80 |
| \$290,000 | 14.50 | 17.40 | 23.20 | 26.10 | 29.00 | 43.50 | 66.70 | 124.70 | 191.40 | 368.30 | 597.40 | 597.40 |
| \$300,000 | 15.00 | 18.00 | 24.00 | 27.00 | 30.00 | 45.00 | 69.00 | 129.00 | 198.00 | 381.00 | 618.00 | 618.00 |

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

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost}$$

(See top row above)

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 included.**

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.

# Summit School District RE-1

## Premium Calculation Sheet

Rates Effective September 1, 2023



### Spouse Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:

|           | 0.050  | 0.060 | 0.080 | 0.090 | 0.100 | 0.150 | 0.230 | 0.430 | 0.660 | 1.270  | 2.060  | 2.060  |
|-----------|--------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|
| Coverage  | Age<25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69  | 70-74  | 75+    |
| \$5,000   | 0.25   | 0.30  | 0.40  | 0.45  | 0.50  | 0.75  | 1.15  | 2.15  | 3.30  | 6.35   | 10.30  | 10.30  |
| \$10,000  | 0.50   | 0.60  | 0.80  | 0.90  | 1.00  | 1.50  | 2.30  | 4.30  | 6.60  | 12.70  | 20.60  | 20.60  |
| \$15,000  | 0.75   | 0.90  | 1.20  | 1.35  | 1.50  | 2.25  | 3.45  | 6.45  | 9.90  | 19.05  | 30.90  | 30.90  |
| \$20,000  | 1.00   | 1.20  | 1.60  | 1.80  | 2.00  | 3.00  | 4.60  | 8.60  | 13.20 | 25.40  | 41.20  | 41.20  |
| \$25,000  | 1.25   | 1.50  | 2.00  | 2.25  | 2.50  | 3.75  | 5.75  | 10.75 | 16.50 | 31.75  | 51.50  | 51.50  |
| \$30,000  | 1.50   | 1.80  | 2.40  | 2.70  | 3.00  | 4.50  | 6.90  | 12.90 | 19.80 | 38.10  | 61.80  | 61.80  |
| \$35,000  | 1.75   | 2.10  | 2.80  | 3.15  | 3.50  | 5.25  | 8.05  | 15.05 | 23.10 | 44.45  | 72.10  | 72.10  |
| \$40,000  | 2.00   | 2.40  | 3.20  | 3.60  | 4.00  | 6.00  | 9.20  | 17.20 | 26.40 | 50.80  | 82.40  | 82.40  |
| \$45,000  | 2.25   | 2.70  | 3.60  | 4.05  | 4.50  | 6.75  | 10.35 | 19.35 | 29.70 | 57.15  | 92.70  | 92.70  |
| \$50,000  | 2.50   | 3.00  | 4.00  | 4.50  | 5.00  | 7.50  | 11.50 | 21.50 | 33.00 | 63.50  | 103.00 | 103.00 |
| \$55,000  | 2.75   | 3.30  | 4.40  | 4.95  | 5.50  | 8.25  | 12.65 | 23.65 | 36.30 | 69.85  | 113.30 | 113.30 |
| \$60,000  | 3.00   | 3.60  | 4.80  | 5.40  | 6.00  | 9.00  | 13.80 | 25.80 | 39.60 | 76.20  | 123.60 | 123.60 |
| \$65,000  | 3.25   | 3.90  | 5.20  | 5.85  | 6.50  | 9.75  | 14.95 | 27.95 | 42.90 | 82.55  | 133.90 | 133.90 |
| \$70,000  | 3.50   | 4.20  | 5.60  | 6.30  | 7.00  | 10.50 | 16.10 | 30.10 | 46.20 | 88.90  | 144.20 | 144.20 |
| \$75,000  | 3.75   | 4.50  | 6.00  | 6.75  | 7.50  | 11.25 | 17.25 | 32.25 | 49.50 | 95.25  | 154.50 | 154.50 |
| \$80,000  | 4.00   | 4.80  | 6.40  | 7.20  | 8.00  | 12.00 | 18.40 | 34.40 | 52.80 | 101.60 | 164.80 | 164.80 |
| \$85,000  | 4.25   | 5.10  | 6.80  | 7.65  | 8.50  | 12.75 | 19.55 | 36.55 | 56.10 | 107.95 | 175.10 | 175.10 |
| \$90,000  | 4.50   | 5.40  | 7.20  | 8.10  | 9.00  | 13.50 | 20.70 | 38.70 | 59.40 | 114.30 | 185.40 | 185.40 |
| \$95,000  | 4.75   | 5.70  | 7.60  | 8.55  | 9.50  | 14.25 | 21.85 | 40.85 | 62.70 | 120.65 | 195.70 | 195.70 |
| \$100,000 | 5.00   | 6.00  | 8.00  | 9.00  | 10.00 | 15.00 | 23.00 | 43.00 | 66.00 | 127.00 | 206.00 | 206.00 |
| \$105,000 | 5.25   | 6.30  | 8.40  | 9.45  | 10.50 | 15.75 | 24.15 | 45.15 | 69.30 | 133.35 | 216.30 | 216.30 |
| \$110,000 | 5.50   | 6.60  | 8.80  | 9.90  | 11.00 | 16.50 | 25.30 | 47.30 | 72.60 | 139.70 | 226.60 | 226.60 |
| \$115,000 | 5.75   | 6.90  | 9.20  | 10.35 | 11.50 | 17.25 | 26.45 | 49.45 | 75.90 | 146.05 | 236.90 | 236.90 |
| \$120,000 | 6.00   | 7.20  | 9.60  | 10.80 | 12.00 | 18.00 | 27.60 | 51.60 | 79.20 | 152.40 | 247.20 | 247.20 |
| \$125,000 | 6.25   | 7.50  | 10.00 | 11.25 | 12.50 | 18.75 | 28.75 | 53.75 | 82.50 | 158.75 | 257.50 | 257.50 |
| \$130,000 | 6.50   | 7.80  | 10.40 | 11.70 | 13.00 | 19.50 | 29.90 | 55.90 | 85.80 | 165.10 | 267.80 | 267.80 |
| \$135,000 | 6.75   | 8.10  | 10.80 | 12.15 | 13.50 | 20.25 | 31.05 | 58.05 | 89.10 | 171.45 | 278.10 | 278.10 |
| \$140,000 | 7.00   | 8.40  | 11.20 | 12.60 | 14.00 | 21.00 | 32.20 | 60.20 | 92.40 | 177.80 | 288.40 | 288.40 |
| \$145,000 | 7.25   | 8.70  | 11.60 | 13.05 | 14.50 | 21.75 | 33.35 | 62.35 | 95.70 | 184.15 | 298.70 | 298.70 |
| \$150,000 | 7.50   | 9.00  | 12.00 | 13.50 | 15.00 | 22.50 | 34.50 | 64.50 | 99.00 | 190.50 | 309.00 | 309.00 |

\*Spouse rate is based on Spouses's age.

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

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost}$$

(See top row above)

### Dependent Child(ren) Supplemental Life - Current Monthly Cost:

| Monthly Rate per \$1,000 | \$1,000 | \$2,000 | \$3,000 | \$4,000 | \$5,000 | \$6,000 | \$7,000 | \$8,000 | \$9,000 | \$10,000 |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| \$0.200                  | 0.200   | 0.400   | 0.600   | 0.800   | 1.000   | 1.200   | 1.400   | 1.600   | 1.800   | 2.000    |

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 included.**

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.

# Summit School District RE-1

## Premium Calculation Sheet

Rates Effective September 1, 2023



### Employee Supplemental AD&D - Current Monthly Cost:

Current Monthly Rates per \$1,000: 0.020

| Coverage  | Cost | Coverage  | Cost | Coverage  | Cost |
|-----------|------|-----------|------|-----------|------|
| \$10,000  | 0.20 | \$20,000  | 0.40 | \$30,000  | 0.60 |
| \$40,000  | 0.80 | \$50,000  | 1.00 | \$60,000  | 1.20 |
| \$70,000  | 1.40 | \$80,000  | 1.60 | \$90,000  | 1.80 |
| \$100,000 | 2.00 | \$110,000 | 2.20 | \$120,000 | 2.40 |
| \$130,000 | 2.60 | \$140,000 | 2.80 | \$150,000 | 3.00 |
| \$160,000 | 3.20 | \$170,000 | 3.40 | \$180,000 | 3.60 |
| \$190,000 | 3.80 | \$200,000 | 4.00 | \$210,000 | 4.20 |
| \$220,000 | 4.40 | \$230,000 | 4.60 | \$240,000 | 4.80 |
| \$250,000 | 5.00 | \$260,000 | 5.20 | \$270,000 | 5.40 |
| \$280,000 | 5.60 | \$290,000 | 5.80 | \$300,000 | 6.00 |

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.020 = \frac{\text{Subtotal}}{1,000} = \text{Monthly Cost}$$

### Spouse Supplemental AD&D - Current Monthly Cost:

Current Monthly Rates per \$1,000: 0.020

| Coverage  | Cost | Coverage  | Cost | Coverage  | Cost |
|-----------|------|-----------|------|-----------|------|
| \$5,000   | 0.10 | \$10,000  | 0.20 | \$15,000  | 0.30 |
| \$20,000  | 0.40 | \$25,000  | 0.50 | \$30,000  | 0.60 |
| \$35,000  | 0.70 | \$40,000  | 0.80 | \$45,000  | 0.90 |
| \$50,000  | 1.00 | \$55,000  | 1.10 | \$60,000  | 1.20 |
| \$65,000  | 1.30 | \$70,000  | 1.40 | \$75,000  | 1.50 |
| \$80,000  | 1.60 | \$85,000  | 1.70 | \$90,000  | 1.80 |
| \$95,000  | 1.90 | \$100,000 | 2.00 | \$105,000 | 2.10 |
| \$110,000 | 2.20 | \$115,000 | 2.30 | \$120,000 | 2.40 |
| \$125,000 | 2.50 | \$130,000 | 2.60 | \$135,000 | 2.70 |
| \$140,000 | 2.80 | \$145,000 | 2.90 | \$150,000 | 3.00 |

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.020 = \frac{\text{Subtotal}}{1,000} = \text{Monthly Cost}$$

### Dependent Child(ren) Supplemental AD&D - Current Monthly Cost:

| Monthly Rate per \$1,000 | \$1,000 | \$2,000 | \$3,000 | \$4,000 | \$5,000 | \$6,000 | \$7,000 | \$8,000 | \$9,000 | \$10,000 |
|--------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| \$0.020                  | 0.020   | 0.040   | 0.060   | 0.080   | 0.100   | 0.120   | 0.140   | 0.160   | 0.180   | 0.200    |

This applies to you, your Spouse and your Dependent Child(ren).

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** included.

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.