Kurtz Bros, Inc

Premium Calculation Sheet

Rates Effective January 1, 2024

UnitedHealthcare

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

Employee Voluntary Long Term Disability - Current Weekly Cost by Age Band

Current Monthly Rates per $100:		0.081	0.108	0.165	0.329	0.508	0.915	1.223	1.365	1.319	1.319
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**	0.31	0.42	0.63	1.27	1.95	3.52	4.70	5.25	5.07	5.07
$25,000	**$1,250.00**	0.39	0.52	0.79	1.58	2.44	4.40	5.88	6.56	6.34	6.34
$30,000	**$1,500.00**	0.47	0.62	0.95	1.90	2.93	5.28	7.06	7.87	7.61	7.61
$35,000	**$1,750.00**	0.55	0.73	1.11	2.21	3.42	6.16	8.23	9.19	8.88	8.88
$40,000	**$2,000.00**	0.62	0.83	1.27	2.53	3.91	7.04	9.41	10.50	10.15	10.15
$45,000	**$2,250.00**	0.70	0.93	1.43	2.85	4.40	7.92	10.58	11.81	11.41	11.41
$50,000	**$2,500.00**	0.78	1.04	1.59	3.16	4.88	8.80	11.76	13.12	12.68	12.68
$55,000	**$2,750.00**	0.86	1.14	1.75	3.48	5.37	9.68	12.94	14.44	13.95	13.95
$60,000	**$3,000.00**	0.93	1.25	1.90	3.80	5.86	10.56	14.11	15.75	15.22	15.22
$65,000	**$3,250.00**	1.01	1.35	2.06	4.11	6.35	11.44	15.29	17.06	16.49	16.49
$70,000	**$3,500.00**	1.09	1.45	2.22	4.43	6.84	12.32	16.46	18.37	17.76	17.76
$75,000	**$3,750.00**	1.17	1.56	2.38	4.75	7.33	13.20	17.64	19.69	19.02	19.02
$80,000	**$4,000.00**	1.25	1.66	2.54	5.06	7.82	14.08	18.82	21.00	20.29	20.29
$85,000	**$4,250.00**	1.32	1.77	2.70	5.38	8.30	14.96	19.99	22.31	21.56	21.56
$90,000	**$4,500.00**	1.40	1.87	2.86	5.69	8.79	15.84	21.17	23.62	22.83	22.83
$95,000	**$4,750.00**	1.48	1.97	3.01	6.01	9.28	16.72	22.34	24.94	24.10	24.10
$100,000	**$5,000.00**	1.56	2.08	3.17	6.33	9.77	17.60	23.52	26.25	25.37	25.37

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

$_____ ÷ 12 = $_____
Annual Earnings — Monthly Earnings

$7,500.00 Benefit Maximum ÷ 60% Benefit = **$12,500.00 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.

$_____ x _____ = _____ ÷100 = $_____ x 12 ÷ 52 = $_____
Covered Monthly Earnings — Rate (See top row above) — Subtotal — Monthly Cost — Weekly 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.