## Louisiana State University System Premium Calculation Sheet Rates Effective January 1, 2025



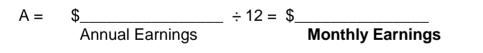
Eligibility: All eligible employees who enrolled in this plan on or after January 1, 2001.

**Employee Voluntary Long Term Disability - Current Monthly Cost** 

<u>Current Monthly Rate</u> 0.311 per \$100 of monthly covered payroll		
Annual Earnings	Monthly Benefit	Monthly Premium
\$20,000	\$1,000.00	5.18
\$25,000	\$1,250.00	6.48
\$30,000	\$1,500.00	7.78
\$35,000	\$1,750.00	9.07
\$40,000	\$2,000.00	10.37
\$45,000	\$2,250.00	11.66
\$50,000	\$2,500.00	12.96
\$55,000	\$2,750.00	14.25
\$60,000	\$3,000.00	15.55
\$65,000	\$3,250.00	16.85
\$70,000	\$3,500.00	18.14
\$75,000	\$3,750.00	19.44
\$80,000	\$4,000.00	20.73
\$85,000	\$4,250.00	22.03
\$90,000	\$4,500.00	23.33
\$95,000	\$4,750.00	24.62
\$100,000	\$5,000.00	25.92

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

## Monthly Covered Payroll (MPC) - Is the lesser of A or B where:



B = **\$20,000.00** Maximum Monthly Earnings (\$12,000.00 Benefit Maximum ÷ 60%)

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.