

Louisiana State University System

Premium Calculation Sheet

Rates Effective January 1, 2021



Voluntary AD&D Employee Only - Current Monthly Cost:

Current Monthly Rates per \$1,000: 0.019

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$27,500	\$ 0.52	\$55,000	\$ 1.05	\$82,500	\$ 1.57
\$110,000	\$ 2.09	\$165,000	\$ 3.14	\$220,000	\$ 4.18
\$275,000	\$ 5.23	\$300,000	\$ 5.70		

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.019 = \frac{\text{Subtotal}}{1,000} = \text{Monthly Cost}$$

Voluntary AD&D Employee + Family - Current Monthly Cost:

Current Monthly Rates per \$1,000: 0.028

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$27,500	\$ 0.77	\$55,000	\$ 1.54	\$82,500	\$ 2.31
\$110,000	\$ 3.08	\$165,000	\$ 4.62	\$220,000	\$ 6.16
\$275,000	\$ 7.70	\$300,000	\$ 8.40		

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.028 = \frac{\text{Subtotal}}{1,000} = \text{Monthly Cost}$$

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 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.