

Louisiana State University System

Premium Calculation Sheet

Rates Effective January 1, 2021



Eligibility: All active full-time Salaried Academic, Unclassified and Classified Employees working at 75% full-time employment or greater per pay period (average 30 hours per week), with an appointment of more than 120 days or one regular academic semester.

Employee Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:

Coverage	0.032	0.039	0.045	0.057	0.071	0.100	0.170	0.260	0.394	0.650	1.223	2.046
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	0.32	0.39	0.45	0.57	0.71	1.00	1.70	2.60	3.94	6.50	12.23	20.46
\$20,000	0.64	0.78	0.90	1.14	1.42	2.00	3.40	5.20	7.88	13.00	24.46	40.92
\$30,000	0.96	1.17	1.35	1.71	2.13	3.00	5.10	7.80	11.82	19.50	36.69	61.38
\$40,000	1.28	1.56	1.80	2.28	2.84	4.00	6.80	10.40	15.76	26.00	48.92	81.84
\$50,000	1.60	1.95	2.25	2.85	3.55	5.00	8.50	13.00	19.70	32.50	61.15	102.30
\$60,000	1.92	2.34	2.70	3.42	4.26	6.00	10.20	15.60	23.64	39.00	73.38	122.76
\$70,000	2.24	2.73	3.15	3.99	4.97	7.00	11.90	18.20	27.58	45.50	85.61	143.22
\$80,000	2.56	3.12	3.60	4.56	5.68	8.00	13.60	20.80	31.52	52.00	97.84	163.68
\$90,000	2.88	3.51	4.05	5.13	6.39	9.00	15.30	23.40	35.46	58.50	110.07	184.14
\$100,000	3.20	3.90	4.50	5.70	7.10	10.00	17.00	26.00	39.40	65.00	122.30	204.60
\$110,000	3.52	4.29	4.95	6.27	7.81	11.00	18.70	28.60	43.34	71.50	134.53	225.06
\$120,000	3.84	4.68	5.40	6.84	8.52	12.00	20.40	31.20	47.28	78.00	146.76	245.52
\$130,000	4.16	5.07	5.85	7.41	9.23	13.00	22.10	33.80	51.22	84.50	158.99	265.98
\$140,000	4.48	5.46	6.30	7.98	9.94	14.00	23.80	36.40	55.16	91.00	171.22	286.44
\$150,000	4.80	5.85	6.75	8.55	10.65	15.00	25.50	39.00	59.10	97.50	183.45	306.90
\$160,000	5.12	6.24	7.20	9.12	11.36	16.00	27.20	41.60	63.04	104.00	195.68	327.36
\$170,000	5.44	6.63	7.65	9.69	12.07	17.00	28.90	44.20	66.98	110.50	207.91	347.82
\$180,000	5.76	7.02	8.10	10.26	12.78	18.00	30.60	46.80	70.92	117.00	220.14	368.28
\$190,000	6.08	7.41	8.55	10.83	13.49	19.00	32.30	49.40	74.86	123.50	232.37	388.74
\$200,000	6.40	7.80	9.00	11.40	14.20	20.00	34.00	52.00	78.80	130.00	244.60	409.20
\$210,000	6.72	8.19	9.45	11.97	14.91	21.00	35.70	54.60	82.74	136.50	256.83	429.66
\$220,000	7.04	8.58	9.90	12.54	15.62	22.00	37.40	57.20	86.68	143.00	269.06	450.12
\$230,000	7.36	8.97	10.35	13.11	16.33	23.00	39.10	59.80	90.62	149.50	281.29	470.58
\$240,000	7.68	9.36	10.80	13.68	17.04	24.00	40.80	62.40	94.56	156.00	293.52	491.04
\$250,000	8.00	9.75	11.25	14.25	17.75	25.00	42.50	65.00	98.50	162.50	305.75	511.50
\$260,000	8.32	10.14	11.70	14.82	18.46	26.00	44.20	67.60	102.44	169.00	317.98	531.96
\$270,000	8.64	10.53	12.15	15.39	19.17	27.00	45.90	70.20	106.38	175.50	330.21	552.42
\$280,000	8.96	10.92	12.60	15.96	19.88	28.00	47.60	72.80	110.32	182.00	342.44	572.88
\$290,000	9.28	11.31	13.05	16.53	20.59	29.00	49.30	75.40	114.26	188.50	354.67	593.34
\$300,000	9.60	11.70	13.50	17.10	21.30	30.00	51.00	78.00	118.20	195.00	366.90	613.80

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.

Louisiana State University System

Premium Calculation Sheet

Rates Effective January 1, 2021



Spouse Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:

Coverage	0.032	0.039	0.045	0.057	0.071	0.100	0.170	0.260	0.394	0.650	1.223	2.046
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	0.16	0.20	0.23	0.29	0.36	0.50	0.85	1.30	1.97	3.25	6.12	10.23
\$10,000	0.32	0.39	0.45	0.57	0.71	1.00	1.70	2.60	3.94	6.50	12.23	20.46
\$15,000	0.48	0.59	0.68	0.86	1.07	1.50	2.55	3.90	5.91	9.75	18.35	30.69
\$20,000	0.64	0.78	0.90	1.14	1.42	2.00	3.40	5.20	7.88	13.00	24.46	40.92
\$25,000	0.80	0.98	1.13	1.43	1.78	2.50	4.25	6.50	9.85	16.25	30.58	51.15
\$30,000	0.96	1.17	1.35	1.71	2.13	3.00	5.10	7.80	11.82	19.50	36.69	61.38
\$35,000	1.12	1.37	1.58	2.00	2.49	3.50	5.95	9.10	13.79	22.75	42.81	71.61
\$40,000	1.28	1.56	1.80	2.28	2.84	4.00	6.80	10.40	15.76	26.00	48.92	81.84
\$45,000	1.44	1.76	2.03	2.57	3.20	4.50	7.65	11.70	17.73	29.25	55.04	92.07
\$50,000	1.60	1.95	2.25	2.85	3.55	5.00	8.50	13.00	19.70	32.50	61.15	102.30
\$55,000	1.76	2.15	2.48	3.14	3.91	5.50	9.35	14.30	21.67	35.75	67.27	112.53
\$60,000	1.92	2.34	2.70	3.42	4.26	6.00	10.20	15.60	23.64	39.00	73.38	122.76
\$65,000	2.08	2.54	2.93	3.71	4.62	6.50	11.05	16.90	25.61	42.25	79.50	132.99
\$70,000	2.24	2.73	3.15	3.99	4.97	7.00	11.90	18.20	27.58	45.50	85.61	143.22
\$75,000	2.40	2.93	3.38	4.28	5.33	7.50	12.75	19.50	29.55	48.75	91.73	153.45
\$80,000	2.56	3.12	3.60	4.56	5.68	8.00	13.60	20.80	31.52	52.00	97.84	163.68
\$85,000	2.72	3.32	3.83	4.85	6.04	8.50	14.45	22.10	33.49	55.25	103.96	173.91
\$90,000	2.88	3.51	4.05	5.13	6.39	9.00	15.30	23.40	35.46	58.50	110.07	184.14
\$95,000	3.04	3.71	4.28	5.42	6.75	9.50	16.15	24.70	37.43	61.75	116.19	194.37
\$100,000	3.20	3.90	4.50	5.70	7.10	10.00	17.00	26.00	39.40	65.00	122.30	204.60
\$105,000	3.36	4.10	4.73	5.99	7.46	10.50	17.85	27.30	41.37	68.25	128.42	214.83
\$110,000	3.52	4.29	4.95	6.27	7.81	11.00	18.70	28.60	43.34	71.50	134.53	225.06
\$115,000	3.68	4.49	5.18	6.56	8.17	11.50	19.55	29.90	45.31	74.75	140.65	235.29
\$120,000	3.84	4.68	5.40	6.84	8.52	12.00	20.40	31.20	47.28	78.00	146.76	245.52
\$125,000	4.00	4.88	5.63	7.13	8.88	12.50	21.25	32.50	49.25	81.25	152.88	255.75
\$130,000	4.16	5.07	5.85	7.41	9.23	13.00	22.10	33.80	51.22	84.50	158.99	265.98
\$135,000	4.32	5.27	6.08	7.70	9.59	13.50	22.95	35.10	53.19	87.75	165.11	276.21
\$140,000	4.48	5.46	6.30	7.98	9.94	14.00	23.80	36.40	55.16	91.00	171.22	286.44
\$145,000	4.64	5.66	6.53	8.27	10.30	14.50	24.65	37.70	57.13	94.25	177.34	296.67
\$150,000	4.80	5.85	6.75	8.55	10.65	15.00	25.50	39.00	59.10	97.50	183.45	306.90

*Spouse rate is based on Employee'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	\$5,000	\$10,000	\$15,000	\$20,000
\$0.070	\$ 0.35	\$ 0.70	\$ 1.05	\$ 1.40

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.