

Voluntary AD&D – Current Monthly Cost

Monthly Rate per \$1,000	Employee Only \$0.03	Employee + Family \$0.045
Benefit Amount	Monthly Premium	Monthly Premium
\$27,500	\$ 0.83	\$ 1.24
\$55,000	\$ 1.65	\$ 2.48
\$82,500	\$ 2.48	\$ 3.71
\$110,000	\$ 3.30	\$ 4.95
\$165,000	\$ 4.95	\$ 7.43
\$220,000	\$ 6.60	\$ 9.90
\$275,000	\$ 8.25	\$12.38
\$300,000	\$ 9.00	\$13.50

*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 shown.
 UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and Unimerica Insurance Company; Unimerica Life Insurance Company of New York (NYC); and in California, Unimerica Life Insurance Company.
 UnitedHealthcare Critical Illness products are provided by UnitedHealthcare Insurance Company. Texas Coverage is provided on Form UHICI-POL -1
 UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company and its affiliates. In Texas, it is provided on Policy Form UHCAC-POL-1-TX (01/12).*