

# UTU-MTA Trust Fund

## Premium Calculation Sheet

Rates Effective January 1, 2021



**Eligibility:** Active full time Members meeting the Trust Fund eligibility requirements

### Employee Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:

	0.075	0.075	0.075	0.075	0.278	0.278	0.501	0.921	1.266	1.266	1.266	1.266
Coverage	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	0.38	0.38	0.38	0.38	1.39	1.39	2.51	4.61	6.33	6.33	6.33	6.33
\$10,000	0.75	0.75	0.75	0.75	2.78	2.78	5.01	9.21	12.66	12.66	12.66	12.66
\$15,000	1.13	1.13	1.13	1.13	4.17	4.17	7.52	13.82	18.99	18.99	18.99	18.99
\$20,000	1.50	1.50	1.50	1.50	5.56	5.56	10.02	18.42	25.32	25.32	25.32	25.32
\$25,000	1.88	1.88	1.88	1.88	6.95	6.95	12.53	23.03	31.65	31.65	31.65	31.65
\$30,000	2.25	2.25	2.25	2.25	8.34	8.34	15.03	27.63	37.98	37.98	37.98	37.98
\$35,000	2.63	2.63	2.63	2.63	9.73	9.73	17.54	32.24	44.31	44.31	44.31	44.31
\$40,000	3.00	3.00	3.00	3.00	11.12	11.12	20.04	36.84	50.64	50.64	50.64	50.64
\$45,000	3.38	3.38	3.38	3.38	12.51	12.51	22.55	41.45	56.97	56.97	56.97	56.97
\$50,000	3.75	3.75	3.75	3.75	13.90	13.90	25.05	46.05	63.30	63.30	63.30	63.30
\$55,000	4.13	4.13	4.13	4.13	15.29	15.29	27.56	50.66	69.63	69.63	69.63	69.63
\$60,000	4.50	4.50	4.50	4.50	16.68	16.68	30.06	55.26	75.96	75.96	75.96	75.96
\$65,000	4.88	4.88	4.88	4.88	18.07	18.07	32.57	59.87	82.29	82.29	82.29	82.29
\$70,000	5.25	5.25	5.25	5.25	19.46	19.46	35.07	64.47	88.62	88.62	88.62	88.62
\$75,000	5.63	5.63	5.63	5.63	20.85	20.85	37.58	69.08	94.95	94.95	94.95	94.95
\$80,000	6.00	6.00	6.00	6.00	22.24	22.24	40.08	73.68	101.28	101.28	101.28	101.28
\$85,000	6.38	6.38	6.38	6.38	23.63	23.63	42.59	78.29	107.61	107.61	107.61	107.61
\$90,000	6.75	6.75	6.75	6.75	25.02	25.02	45.09	82.89	113.94	113.94	113.94	113.94
\$95,000	7.13	7.13	7.13	7.13	26.41	26.41	47.60	87.50	120.27	120.27	120.27	120.27
\$100,000	7.50	7.50	7.50	7.50	27.80	27.80	50.10	92.10	126.60	126.60	126.60	126.60
\$105,000	7.88	7.88	7.88	7.88	29.19	29.19	52.61	96.71	132.93	132.93	132.93	132.93
\$110,000	8.25	8.25	8.25	8.25	30.58	30.58	55.11	101.31	139.26	139.26	139.26	139.26
\$115,000	8.63	8.63	8.63	8.63	31.97	31.97	57.62	105.92	145.59	145.59	145.59	145.59
\$120,000	9.00	9.00	9.00	9.00	33.36	33.36	60.12	110.52	151.92	151.92	151.92	151.92
\$125,000	9.38	9.38	9.38	9.38	34.75	34.75	62.63	115.13	158.25	158.25	158.25	158.25
\$130,000	9.75	9.75	9.75	9.75	36.14	36.14	65.13	119.73	164.58	164.58	164.58	164.58
\$135,000	10.13	10.13	10.13	10.13	37.53	37.53	67.64	124.34	170.91	170.91	170.91	170.91
\$140,000	10.50	10.50	10.50	10.50	38.92	38.92	70.14	128.94	177.24	177.24	177.24	177.24
\$145,000	10.88	10.88	10.88	10.88	40.31	40.31	72.65	133.55	183.57	183.57	183.57	183.57
\$150,000	11.25	11.25	11.25	11.25	41.70	41.70	75.15	138.15	189.90	189.90	189.90	189.90

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.

# UTU-MTA Trust Fund

## Premium Calculation Sheet

Rates Effective January 1, 2021



### Spouse Supplemental Life - Current Monthly Cost by Age Band

Current Monthly Rates per \$1,000:

	0.075	0.075	0.075	0.075	0.278	0.278	0.501	0.921	1.266	1.266	1.266	1.266
Coverage	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	0.38	0.38	0.38	0.38	1.39	1.39	2.51	4.61	6.33	6.33	6.33	6.33
\$10,000	0.75	0.75	0.75	0.75	2.78	2.78	5.01	9.21	12.66	12.66	12.66	12.66
\$15,000	1.13	1.13	1.13	1.13	4.17	4.17	7.52	13.82	18.99	18.99	18.99	18.99
\$20,000	1.50	1.50	1.50	1.50	5.56	5.56	10.02	18.42	25.32	25.32	25.32	25.32
\$25,000	1.88	1.88	1.88	1.88	6.95	6.95	12.53	23.03	31.65	31.65	31.65	31.65
\$30,000	2.25	2.25	2.25	2.25	8.34	8.34	15.03	27.63	37.98	37.98	37.98	37.98
\$35,000	2.63	2.63	2.63	2.63	9.73	9.73	17.54	32.24	44.31	44.31	44.31	44.31
\$40,000	3.00	3.00	3.00	3.00	11.12	11.12	20.04	36.84	50.64	50.64	50.64	50.64
\$45,000	3.38	3.38	3.38	3.38	12.51	12.51	22.55	41.45	56.97	56.97	56.97	56.97
\$50,000	3.75	3.75	3.75	3.75	13.90	13.90	25.05	46.05	63.30	63.30	63.30	63.30
\$55,000	4.13	4.13	4.13	4.13	15.29	15.29	27.56	50.66	69.63	69.63	69.63	69.63
\$60,000	4.50	4.50	4.50	4.50	16.68	16.68	30.06	55.26	75.96	75.96	75.96	75.96
\$65,000	4.88	4.88	4.88	4.88	18.07	18.07	32.57	59.87	82.29	82.29	82.29	82.29
\$70,000	5.25	5.25	5.25	5.25	19.46	19.46	35.07	64.47	88.62	88.62	88.62	88.62
\$75,000	5.63	5.63	5.63	5.63	20.85	20.85	37.58	69.08	94.95	94.95	94.95	94.95
\$80,000	6.00	6.00	6.00	6.00	22.24	22.24	40.08	73.68	101.28	101.28	101.28	101.28
\$85,000	6.38	6.38	6.38	6.38	23.63	23.63	42.59	78.29	107.61	107.61	107.61	107.61
\$90,000	6.75	6.75	6.75	6.75	25.02	25.02	45.09	82.89	113.94	113.94	113.94	113.94
\$95,000	7.13	7.13	7.13	7.13	26.41	26.41	47.60	87.50	120.27	120.27	120.27	120.27
\$100,000	7.50	7.50	7.50	7.50	27.80	27.80	50.10	92.10	126.60	126.60	126.60	126.60

\*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	\$10,000
\$0.120	1.200

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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.**

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# UTU-MTA Trust Fund

## Premium Calculation Sheet

Rates Effective January 1, 2021



### Employee Supplemental AD&D - Current Monthly Cost:

Current Monthly Rates per \$1,000: 0.020

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$5,000	0.10	\$10,000	0.20	\$15,000	0.30
\$20,000	0.40	\$25,000	0.50	\$30,000	0.60
\$35,000	0.70	\$40,000	0.80	\$45,000	0.90
\$50,000	1.00	\$55,000	1.10	\$60,000	1.20
\$65,000	1.30	\$70,000	1.40	\$75,000	1.50
\$80,000	1.60	\$85,000	1.70	\$90,000	1.80
\$95,000	1.90	\$100,000	2.00	\$105,000	2.10
\$110,000	2.20	\$115,000	2.30	\$120,000	2.40
\$125,000	2.50	\$130,000	2.60	\$135,000	2.70
\$140,000	2.80	\$145,000	2.90	\$150,000	3.00

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.020 = \frac{\text{Monthly Cost}}{1,000}$$

### Spouse Supplemental AD&D - Current Monthly Cost:

Current Monthly Rates per \$1,000: 0.020

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$5,000	0.10	\$10,000	0.20	\$15,000	0.30
\$20,000	0.40	\$25,000	0.50	\$30,000	0.60
\$35,000	0.70	\$40,000	0.80	\$45,000	0.90
\$50,000	1.00	\$55,000	1.10	\$60,000	1.20
\$65,000	1.30	\$70,000	1.40	\$75,000	1.50
\$80,000	1.60	\$85,000	1.70	\$90,000	1.80
\$95,000	1.90	\$100,000	2.00		

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.020 = \frac{\text{Monthly Cost}}{1,000}$$

Supplemental Life Insurance can be purchased without Supplemental AD&D Insurance, however you cannot purchase Supplemental AD&D Insurance without Supplemental Life Insurance. If you do elect Supplemental AD&D Insurance, the amount elected must not exceed the amount of Supplemental Life elected and approved.

This applies to you and your Spouse.

*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.**

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