

**Kurtz Bros, Inc**  
**Premium Calculation Sheet**  
 Rates Effective January 1, 2025



**Eligibility:** All Active Full Time Owners, Officers, and Executives working a minimum of 30 hours per week.

**Employee Supplemental Life - Current Bi-Weekly Cost by Age Band**

Current Monthly Rates per \$1,000:

	0.060	0.060	0.077	0.128	0.187	0.323	0.578	0.935	1.394	2.125	3.128	5.704
Coverage	Age<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>\$25,000</b>	0.69	0.69	0.89	1.48	2.16	3.73	6.67	10.79	16.08	24.52	36.09	65.82
<b>\$50,000</b>	1.38	1.38	1.78	2.95	4.32	7.45	13.34	21.58	32.17	49.04	72.18	131.63
<b>\$75,000</b>	2.08	2.08	2.67	4.43	6.47	11.18	20.01	32.37	48.25	73.56	108.28	197.45
<b>\$100,000</b>	2.77	2.77	3.55	5.91	8.63	14.91	26.68	43.15	64.34	98.08	144.37	263.26
<b>\$125,000</b>	3.46	3.46	4.44	7.38	10.79	18.63	33.35	53.94	80.42	122.60	180.46	329.08
<b>\$150,000</b>	4.15	4.15	5.33	8.86	12.95	22.36	40.02	64.73	96.51	147.12	216.55	394.89

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

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 26 = \text{Bi-Weekly Cost}$$

(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.



**Spouse Supplemental Life - Current Bi-Weekly Cost by Age Band**

Current Monthly Rates per \$1,000:

	0.060	0.060	0.077	0.128	0.187	0.323	0.578	0.935	1.394	2.125	3.128	5.704
Coverage	Age<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
<b>\$5,000</b>	0.14	0.14	0.18	0.30	0.43	0.75	1.33	2.16	3.22	4.90	7.22	13.16
<b>\$10,000</b>	0.28	0.28	0.36	0.59	0.86	1.49	2.67	4.32	6.43	9.81	14.44	26.33
<b>\$15,000</b>	0.42	0.42	0.53	0.89	1.29	2.24	4.00	6.47	9.65	14.71	21.66	39.49
<b>\$20,000</b>	0.55	0.55	0.71	1.18	1.73	2.98	5.34	8.63	12.87	19.62	28.87	52.65
<b>\$25,000</b>	0.69	0.69	0.89	1.48	2.16	3.73	6.67	10.79	16.08	24.52	36.09	65.82
<b>\$30,000</b>	0.83	0.83	1.07	1.77	2.59	4.47	8.00	12.95	19.30	29.42	43.31	78.98
<b>\$35,000</b>	0.97	0.97	1.24	2.07	3.02	5.22	9.34	15.10	22.52	34.33	50.53	92.14
<b>\$40,000</b>	1.11	1.11	1.42	2.36	3.45	5.96	10.67	17.26	25.74	39.23	57.75	105.30
<b>\$45,000</b>	1.25	1.25	1.60	2.66	3.88	6.71	12.00	19.42	28.95	44.13	64.97	118.47
<b>\$50,000</b>	1.38	1.38	1.78	2.95	4.32	7.45	13.34	21.58	32.17	49.04	72.18	131.63

\*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:

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 26 = \text{Bi-Weekly Cost}$$

(See top row above)

**Dependent Child(ren) Supplemental Life - Current Bi-Weekly Cost:**

Monthly Rate per \$1,000	\$10,000
\$0.190	0.877

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.