

Ascen Workforce, LLC

Premium Calculation Sheet

Rates Effective July 1, 2026



Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

Employee Supplemental Life - Current Weekly Cost by Age Band

Current Monthly Rates per \$1,000:

	0.046	0.055	0.073	0.083	0.092	0.138	0.211	0.395	0.606	1.166	1.891	1.891
Coverage	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	0.11	0.13	0.17	0.19	0.21	0.32	0.49	0.91	1.40	2.69	4.36	4.36
\$20,000	0.21	0.25	0.34	0.38	0.42	0.64	0.97	1.82	2.80	5.38	8.73	8.73
\$30,000	0.32	0.38	0.51	0.57	0.64	0.96	1.46	2.73	4.20	8.07	13.09	13.09
\$40,000	0.42	0.51	0.67	0.77	0.85	1.27	1.95	3.65	5.59	10.76	17.46	17.46
\$50,000	0.53	0.63	0.84	0.96	1.06	1.59	2.43	4.56	6.99	13.45	21.82	21.82
\$60,000	0.64	0.76	1.01	1.15	1.27	1.91	2.92	5.47	8.39	16.14	26.18	26.18
\$70,000	0.74	0.89	1.18	1.34	1.49	2.23	3.41	6.38	9.79	18.84	30.55	30.55
\$80,000	0.85	1.02	1.35	1.53	1.70	2.55	3.90	7.29	11.19	21.53	34.91	34.91
\$90,000	0.96	1.14	1.52	1.72	1.91	2.87	4.38	8.20	12.59	24.22	39.27	39.27
\$100,000	1.06	1.27	1.68	1.92	2.12	3.18	4.87	9.12	13.98	26.91	43.64	43.64
\$110,000	1.17	1.40	1.85	2.11	2.34	3.50	5.36	10.03	15.38	29.60	48.00	48.00
\$120,000	1.27	1.52	2.02	2.30	2.55	3.82	5.84	10.94	16.78	32.29	52.37	52.37
\$130,000	1.38	1.65	2.19	2.49	2.76	4.14	6.33	11.85	18.18	34.98	56.73	56.73
\$140,000	1.49	1.78	2.36	2.68	2.97	4.46	6.82	12.76	19.58	37.67	61.09	61.09
\$150,000	1.59	1.90	2.53	2.87	3.18	4.78	7.30	13.67	20.98	40.36	65.46	65.46
\$160,000	1.70	2.03	2.70	3.06	3.40	5.10	7.79	14.58	22.38	43.05	69.82	69.82
\$170,000	1.80	2.16	2.86	3.26	3.61	5.41	8.28	15.50	23.77	45.74	74.19	74.19
\$180,000	1.91	2.28	3.03	3.45	3.82	5.73	8.76	16.41	25.17	48.43	78.55	78.55
\$190,000	2.02	2.41	3.20	3.64	4.03	6.05	9.25	17.32	26.57	51.12	82.91	82.91
\$200,000	2.12	2.54	3.37	3.83	4.25	6.37	9.74	18.23	27.97	53.82	87.28	87.28
\$210,000	2.23	2.67	3.54	4.02	4.46	6.69	10.23	19.14	29.37	56.51	91.64	91.64
\$220,000	2.34	2.79	3.71	4.21	4.67	7.01	10.71	20.05	30.77	59.20	96.00	96.00
\$230,000	2.44	2.92	3.87	4.41	4.88	7.32	11.20	20.97	32.16	61.89	100.37	100.37
\$240,000	2.55	3.05	4.04	4.60	5.10	7.64	11.69	21.88	33.56	64.58	104.73	104.73
\$250,000	2.65	3.17	4.21	4.79	5.31	7.96	12.17	22.79	34.96	67.27	109.10	109.10
\$260,000	2.76	3.30	4.38	4.98	5.52	8.28	12.66	23.70	36.36	69.96	113.46	113.46
\$270,000	2.87	3.43	4.55	5.17	5.73	8.60	13.15	24.61	37.76	72.65	117.82	117.82
\$280,000	2.97	3.55	4.72	5.36	5.94	8.92	13.63	25.52	39.16	75.34	122.19	122.19
\$290,000	3.08	3.68	4.89	5.55	6.16	9.24	14.12	26.43	40.56	78.03	126.55	126.55
\$300,000	3.18	3.81	5.05	5.75	6.37	9.55	14.61	27.35	41.95	80.72	130.92	130.92

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

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 52 = \text{Weekly Cost}$$

(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.

Ascen Workforce, LLC

Premium Calculation Sheet

Rates Effective July 1, 2026



Spouse Supplemental Life - Current Weekly Cost by Age Band

Current Monthly Rates per \$1,000:

Coverage	0.046	0.055	0.073	0.083	0.092	0.138	0.211	0.395	0.606	1.166	1.891	1.891
	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	0.05	0.06	0.08	0.10	0.11	0.16	0.24	0.46	0.70	1.35	2.18	2.18
\$10,000	0.11	0.13	0.17	0.19	0.21	0.32	0.49	0.91	1.40	2.69	4.36	4.36
\$15,000	0.16	0.19	0.25	0.29	0.32	0.48	0.73	1.37	2.10	4.04	6.55	6.55
\$20,000	0.21	0.25	0.34	0.38	0.42	0.64	0.97	1.82	2.80	5.38	8.73	8.73
\$25,000	0.27	0.32	0.42	0.48	0.53	0.80	1.22	2.28	3.50	6.73	10.91	10.91
\$30,000	0.32	0.38	0.51	0.57	0.64	0.96	1.46	2.73	4.20	8.07	13.09	13.09
\$35,000	0.37	0.44	0.59	0.67	0.74	1.11	1.70	3.19	4.89	9.42	15.27	15.27
\$40,000	0.42	0.51	0.67	0.77	0.85	1.27	1.95	3.65	5.59	10.76	17.46	17.46
\$45,000	0.48	0.57	0.76	0.86	0.96	1.43	2.19	4.10	6.29	12.11	19.64	19.64
\$50,000	0.53	0.63	0.84	0.96	1.06	1.59	2.43	4.56	6.99	13.45	21.82	21.82
\$55,000	0.58	0.70	0.93	1.05	1.17	1.75	2.68	5.01	7.69	14.80	24.00	24.00
\$60,000	0.64	0.76	1.01	1.15	1.27	1.91	2.92	5.47	8.39	16.14	26.18	26.18
\$65,000	0.69	0.82	1.09	1.24	1.38	2.07	3.16	5.92	9.09	17.49	28.36	28.36
\$70,000	0.74	0.89	1.18	1.34	1.49	2.23	3.41	6.38	9.79	18.84	30.55	30.55
\$75,000	0.80	0.95	1.26	1.44	1.59	2.39	3.65	6.84	10.49	20.18	32.73	32.73
\$80,000	0.85	1.02	1.35	1.53	1.70	2.55	3.90	7.29	11.19	21.53	34.91	34.91
\$85,000	0.90	1.08	1.43	1.63	1.80	2.71	4.14	7.75	11.89	22.87	37.09	37.09
\$90,000	0.96	1.14	1.52	1.72	1.91	2.87	4.38	8.20	12.59	24.22	39.27	39.27
\$95,000	1.01	1.21	1.60	1.82	2.02	3.03	4.63	8.66	13.29	25.56	41.46	41.46
\$100,000	1.06	1.27	1.68	1.92	2.12	3.18	4.87	9.12	13.98	26.91	43.64	43.64
\$105,000	1.11	1.33	1.77	2.01	2.23	3.34	5.11	9.57	14.68	28.25	45.82	45.82
\$110,000	1.17	1.40	1.85	2.11	2.34	3.50	5.36	10.03	15.38	29.60	48.00	48.00
\$115,000	1.22	1.46	1.94	2.20	2.44	3.66	5.60	10.48	16.08	30.94	50.18	50.18
\$120,000	1.27	1.52	2.02	2.30	2.55	3.82	5.84	10.94	16.78	32.29	52.37	52.37
\$125,000	1.33	1.59	2.11	2.39	2.65	3.98	6.09	11.39	17.48	33.63	54.55	54.55
\$130,000	1.38	1.65	2.19	2.49	2.76	4.14	6.33	11.85	18.18	34.98	56.73	56.73
\$135,000	1.43	1.71	2.27	2.59	2.87	4.30	6.57	12.31	18.88	36.33	58.91	58.91
\$140,000	1.49	1.78	2.36	2.68	2.97	4.46	6.82	12.76	19.58	37.67	61.09	61.09
\$145,000	1.54	1.84	2.44	2.78	3.08	4.62	7.06	13.22	20.28	39.02	63.28	63.28
\$150,000	1.59	1.90	2.53	2.87	3.18	4.78	7.30	13.67	20.98	40.36	65.46	65.46

*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:

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 52 = \text{Weekly Cost}$$

(See top row above)

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

Monthly Rate per \$1,000	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.070	0.032	0.065	0.097	0.129	0.162

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.

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Premium Calculation Sheet

Rates Effective July 1, 2026



Employee Supplemental AD&D - Current Weekly Cost:

Current Monthly Rates per \$1,000: 0.021

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$10,000	0.05	\$20,000	0.10	\$30,000	0.15
\$40,000	0.19	\$50,000	0.24	\$60,000	0.29
\$70,000	0.34	\$80,000	0.39	\$90,000	0.44
\$100,000	0.48	\$110,000	0.53	\$120,000	0.58
\$130,000	0.63	\$140,000	0.68	\$150,000	0.73
\$160,000	0.78	\$170,000	0.82	\$180,000	0.87
\$190,000	0.92	\$200,000	0.97	\$210,000	1.02
\$220,000	1.07	\$230,000	1.11	\$240,000	1.16
\$250,000	1.21	\$260,000	1.26	\$270,000	1.31
\$280,000	1.36	\$290,000	1.41	\$300,000	1.45

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.021 = \frac{\text{Subtotal}}{1,000} = \frac{\text{Monthly Cost}}{\text{Monthly Cost}} \times 12 \div 52 = \frac{\text{Weekly Cost}}{\text{Weekly Cost}}$$

Spouse Supplemental AD&D - Current Weekly Cost:

Current Monthly Rates per \$1,000: 0.021

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$5,000	0.02	\$10,000	0.05	\$15,000	0.07
\$20,000	0.10	\$25,000	0.12	\$30,000	0.15
\$35,000	0.17	\$40,000	0.19	\$45,000	0.22
\$50,000	0.24	\$55,000	0.27	\$60,000	0.29
\$65,000	0.31	\$70,000	0.34	\$75,000	0.36
\$80,000	0.39	\$85,000	0.41	\$90,000	0.44
\$95,000	0.46	\$100,000	0.48	\$105,000	0.51
\$110,000	0.53	\$115,000	0.56	\$120,000	0.58
\$125,000	0.61	\$130,000	0.63	\$135,000	0.65
\$140,000	0.68	\$145,000	0.70	\$150,000	0.73

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

$$\frac{\text{Benefit Amount}}{\text{Subtotal}} \times 0.021 = \frac{\text{Subtotal}}{1,000} = \frac{\text{Monthly Cost}}{\text{Monthly Cost}} \times 12 \div 52 = \frac{\text{Weekly Cost}}{\text{Weekly Cost}}$$

Dependent Child(ren) Supplemental AD&D - Current Weekly Cost:

Monthly Rate per \$1,000	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000
\$0.021	0.010	0.019	0.029	0.039	0.048

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, your Spouse and your Dependent Child(ren).

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.