

This is NOT an enrollment form. You must enroll online using *My UT Benefits* or through your institution's Benefits Office. Please remember that this form only provides you (the subscriber) with an estimate of your total out-of-pocket cost per month based on state-appropriated funds and contracted premium rates. Be sure to review available benefits materials for more information on the plans listed.

For each section, figure the correct cost and enter it in the TOTAL boxes to the right of each section.

MEDICAL OUT-OF-POCKET COST PER MONTH ¹					BLUE CROSS BLUE SHIELD OF TEXAS
UT SELECT Medical Plan	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL TOTAL
FULL-TIME EMPLOYEES (FT)	\$0	\$429.20	\$414.39	\$820.85	
PART-TIME EMPLOYEES (PT)	\$449.67	\$1,125.68	\$1,031.65	\$1,686.03	
PREMIUM SHARING ² (FT/PT) (INFORMATIONAL ONLY)	\$899.33 / \$449.66	\$1,392.98 / \$696.50	\$1,234.52 / \$617.26	\$1,730.38 / \$865.20	
¹ Medical Plan Rates include: Prescription benefit coverage + \$50,000 Life + \$50,000 AD&D ² Premium sharing is the monthly amount contributed by the State of Texas and your UT institution toward the cost of you and your family's medical coverage.					\$

PREVENTIVE CARE INCENTIVE PROGRAM (PCIP) <i>Applies to subscriber and spouse individually; Does not apply to dependent children</i>			
Applies beginning with May 2027 paychecks	Subscriber	Spouse	PCIP TOTAL
Standard Premium Differential ¹	\$50	\$50	\$

¹ Standard premium differential can be waived by completing an annual preventive care exam. Waiver applies individually after claim is on file with BCBSTX.

TOBACCO PREMIUM PROGRAM (TPP)					
Tobacco User(s)	Non-user	Subscriber	Spouse	Child(ren)	TPP TOTAL²
Tobacco User(s) Cost	\$0	\$30.00	\$30.00	\$30.00 ¹	\$

¹ Maximum cost of \$30 per month regardless of how many covered dependent children use tobacco.

² Maximum cost per family is \$90 per month.

DENTAL OUT-OF-POCKET COST PER MONTH					DELTA DENTAL
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	DENTAL TOTAL
NATIONWIDE					
UT SELECT Dental	\$28.52	\$54.14	\$59.66	\$84.84	
UT SELECT Dental Plus	\$61.40	\$116.60	\$128.66	\$183.30	
CERTAIN AREAS IN TEXAS					\$
DeltaCare Dental HMO	\$9.01	\$17.14	\$18.94	\$27.05	

VISION OUT-OF-POCKET COST PER MONTH					SUPERIOR VISION
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	VISION TOTAL
Superior Vision	\$5.02	\$7.90	\$8.10	\$12.84	
Superior Vision Plus	\$7.64	\$11.98	\$12.82	\$18.10	\$

LIFE OUT-OF-POCKET COST PER MONTH		BCBSTX LIFE
Enter your basic annual earnings (or contract salary) rounded up to the next \$1,000 increment (e.g. \$51,454 = \$52,000).	A	
Select from 1-10 times basic annual earnings and enter how many times your earnings you desire for coverage amount. Enter a number from 1 to 10 (see ¹ below for details about Evidence of Insurability requirements).	B	
Enter Elected Coverage Amount: Multiply A x B and enter amount here. If C is greater than \$2 million, enter \$2 million.	C	
Divide total in C by 1,000 to determine units of \$1,000 for premium calculation. Enter here.	D	
Refer to Employee Rate Chart below. Enter the rate that corresponds with your age on September 1, 2026.	E	
To determine the estimated premium cost per month, multiply D x E.	F	

The remainder of the Life Out-of-Pocket calculation section relates to eligible dependents of Employees.

If you are electing the \$10,000 Family Coverage option, enter \$2.87 (see ² below). Otherwise, enter zero.	G	
If you are eligible and choose to elect Spouse Coverage of \$25,000, enter \$15,000 (see ¹ below); OR If you are eligible and choose to elect Spouse Coverage of \$50,000, enter \$40,000 (see ¹ below); OR Enter zero if you do not choose to elect Spouse Coverage.	H	
Divide total in H by 1,000 to determine units of \$1,000 for premium calculation. Otherwise, enter zero.	I	
Refer to Spouse Rate Chart below. Enter the rate that corresponds to your Spouse's age on September 1, 2026. Otherwise, enter zero.	J	
To determine the total Spouse Coverage premium cost per month, multiply I x J. Otherwise, enter zero.	K	
To determine total Dependent Coverage premium cost per month, add G + K. Otherwise, enter zero.	L	
Add F + L	LIFE TOTAL \$	

EMPLOYEE RATE CHART	
AGE OF SUBSCRIBER ON 9/1/2026	RATE PER \$1,000 COVERAGE
15 - 34	\$0.035
35 - 39	\$0.045
40 - 44	\$0.059
45 - 49	\$0.092
50 - 54	\$0.142
55 - 59	\$0.221
60 - 64	\$0.345
65 - 69	\$0.616
70 - 74	\$0.713
75 - 79	\$0.884
80 and over	\$1.549

SPOUSE RATE CHART	
AGE OF SPOUSE ON 9/1/2026	RATE PER \$1,000 COVERAGE
15 - 24	\$0.053
25 - 29	\$0.054
30 - 34	\$0.057
35 - 39	\$0.072
40 - 44	\$0.101
45 - 49	\$0.154
50 - 54	\$0.241
55 - 59	\$0.376
60 - 64	\$0.574
65 - 69	\$0.857
70 - 74	\$1.167
75 - 79	\$1.446
80 and over	\$2.536

¹ If you are adding or increasing your Life coverage amount to a level of 4X-10X annual salary or if are electing Spouse coverage, Evidence of Insurability (EOI) is always required.

² The Family Coverage option provides coverage of \$10,000 for each covered Dependent.

ACCIDENTAL DEATH & DISMEMBERMENT OUT-OF-POCKET COST PER MONTH		BCBSTX AD&D
Enter desired coverage amount. Coverage is available in whole increments from 1 to 10 times your basic annual earnings/contract salary. The coverage amount should be rounded up to the next \$10,000 after applying the multiplier, with a maximum coverage amount of \$2,000,000. For example, 10 times a salary of \$51,454 would be \$514,540, which would then be rounded up to \$520,000.	A	
Enter desired Spouse coverage amount. Coverage is available in half increments from 0.5 to 5 times basic annual earnings/contract salary up to a maximum of half the employee multiplier (used in item A). The spouse coverage amount should be rounded down to next \$10,000 after applying the multiplier. For example, 5 times a salary of \$51,454 would be \$257,270, which would then be rounded down to \$250,000. NOTE: Employee must have at least 1 times salary in Voluntary AD&D coverage to elect Spouse AD&D coverage.	B	
If you desire Dependent child(ren) coverage, enter \$10,000 in item C. Employee must have at least 1 times salary in Voluntary AD&D coverage to elect Dependent AD&D coverage. All of your eligible children are covered for one monthly premium cost. If not electing Dependent coverage, enter zero.	C	
Enter the sum of A plus the greater of B or C	D	
Multiply amount in D x \$.000012 for Total AD&D		AD&D TOTAL \$

SHORT TERM DISABILITY (STD) OUT-OF-POCKET COST PER MONTH		BCBSTX DISABILITY
Multiply Basic MONTHLY earnings (cannot exceed \$6,139) x \$0.0030.		STD TOTAL
<i>To calculate basic MONTHLY earnings, divide <u>annual</u> contract salary (including longevity and hazardous duty pay) by 12 months.</i>		\$

LONG TERM DISABILITY (LTD) OUT-OF-POCKET COST PER MONTH		BCBSTX DISABILITY
Multiply Basic MONTHLY earnings (cannot exceed \$25,000) x \$0.0034.		LTD TOTAL
<i>To calculate basic MONTHLY earnings, divide <u>annual</u> contract salary (including longevity and hazardous duty pay) by 12 months.</i>		\$

UT FLEX SALARY REDUCTIONS PER MONTH				INSPIRA	
Type of Account	Minimum	Maximum	Monthly Contribution	FLEX TOTAL A + B	
Health Care Reimbursement Account ¹	\$15 per month	\$3,400 Annual Election			A
Dependent Day Care Reimbursement Account ²	\$15 per month	\$7,500 Annual Election If <u>single</u> or <u>married filing jointly</u> on your Federal Income Tax Return \$3,750 Annual Election If <u>married filing separately</u> on your Federal Income Tax Return			B
				\$	

1 Health Care Reimbursement Account (HCRA):

Maximum Election – HCRA deductions cannot exceed \$3,400 per employee per plan year for federal income tax filing purposes.

2 Dependent Day Care Reimbursement Account (DCRA):

Maximum Election - In any given calendar year (Jan.1-Dec.31), the DCRA deductions cannot exceed \$7,500 for federal income tax filing purposes.

ESTIMATED TOTAL MONTHLY OUT-OF-POCKET (Enter the sum of the amounts from ALL coverage "TOTAL" boxes.)	\$
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ADDITIONAL COVERAGE TYPES AVAILABLE*
 For information about enrolling in optional supplemental health, legal, and/or pet insurance, please visit the OEB Website at: utbenefits.link/lifestyle

*UT Dallas and UT Tyler will not offer supplemental health or legal benefits for the 2026-2027 Plan Year. We understand these benefits are meaningful to many employees and appreciate your patience as both institutions continue to evaluate offering them in the future. Pet insurance is available at all institutions.