

Benefits Cost Worksheet for Employees

PLAN YEAR 2015-2016

This is NOT an enrollment form. You must enroll online using *My UT Benefits* during Annual Enrollment or, for new Employees at institutions not participating in *My UT Benefits* Initial Enrollment, 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 <i>Full-Time Employees:</i>				BLUE CROSS BLUE SHIELD OF TEXAS	
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL
UT SELECT	\$0	\$244.10	\$255.30	\$480.71	(FULL-TIME) TOTAL
Medical Plan Rates include: Prescription benefit coverage + \$20,000 Life + \$20,000 AD&D			<i>Full-time = Appointed for at least 40 hours per week</i>		\$

OR

MEDICAL OUT-OF-POCKET COST PER MONTH <i>Part-Time Employees:</i>				BLUE CROSS BLUE SHIELD OF TEXAS	
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL
UT SELECT	\$283.48	\$676.18	\$633.86	\$1,008.76	(PART-TIME) TOTAL
Medical Plan Rates include: Prescription benefit coverage + \$20,000 Life + \$20,000 AD&D			<i>Part-time = Appointed for at least 20 hours but less than 40 hours per week</i>		\$

TOBACCO PREMIUM PROGRAM (TPP)					
Tobacco User(s)	Non-user	Subscriber	Spouse	Child(ren)	TPP TOTAL ²
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	\$32.40	\$61.51	\$67.80	\$96.40	
UT SELECT Dental Plus	\$55.85	\$106.06	\$117.03	\$166.74	
CERTAIN AREAS IN TEXAS					
DeltaCare Dental HMO	\$8.89	\$16.90	\$18.68	\$26.67	\$

VISION OUT-OF-POCKET COST PER MONTH					SUPERIOR VISION
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	VISION TOTAL
Superior Vision	\$5.90	\$9.30	\$9.52	\$15.10	
Superior Vision Plus	\$9.00	\$14.08	\$15.08	\$21.30	

LIFE OUT-OF-POCKET COST PER MONTH		DEARBORN NATIONAL
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 1-6 times basic annual earnings and enter how many times your earnings you desire for coverage amount. Enter a number from 1 to 6 (see ¹ below).	B	
Enter Elected Coverage Amount: Multiply A x B and enter amount here. If C is greater than \$1.5 million, enter \$1.5 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, 2015.	E	
To determine the 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.	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, 2015. 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 9/01/15	RATE PER \$1,000 COVERAGE
< 35	\$0.038
35 - 39	\$0.048
40 - 44	\$0.065
45 -49	\$0.100
50 -54	\$0.155
55 -59	\$0.240
60 -64	\$0.375
65 -69	\$0.670
70 and over	\$0.752

SPOUSE RATE CHART	
AGE OF SPOUSE ON 9/01/15	RATE PER \$1,000 COVERAGE
15 - 24	\$0.055
25 - 29	\$0.056
30 - 34	\$0.059
35 - 39	\$0.074
40 - 44	\$0.104
45 - 49	\$0.159
50 - 54	\$0.248
55 - 59	\$0.388
60 - 64	\$0.592
65 - 69	\$0.884
70 and over	\$1.167

¹ If you are increasing your Life coverage amount or are electing Spouse coverage amounts above \$10,000, Evidence of Insurability (EOI) is required.

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

ACCIDENTAL DEATH & DISMEMBERMENT OUT-OF-POCKET COST PER MONTH		DEARBORN NATIONAL
Enter desired coverage amount in \$10,000 increments. <i>Coverage is available up to 10 times your basic annual earnings or contract salary. Basic annual earnings should be rounded up to the next \$1,000 increment (e.g. \$51,454 would be rounded to \$52,000, maximum coverage amount of \$520,000). Total employee coverage cannot exceed \$1,000,000.</i>	A	
Enter desired Spouse coverage amount in increments of \$10,000. The maximum Spouse coverage is 50% of the amount in item A (rounded down to nearest \$10,000). Employee must have \$20,000 Voluntary AD&D coverage to elect Spouse AD&D coverage.	B	
If you desire Dependent child(ren) coverage, enter \$10,000 in item C. <i>Employee must have \$20,000 Voluntary AD&D coverage to elect Dependent AD&D coverage. All of your eligible children are covered for one monthly premium cost.</i> 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 \$.000014 for Total AD&D		AD&D TOTAL \$

SHORT TERM DISABILITY (STD) OUT-OF-POCKET COST PER MONTH

DEARBORN NATIONAL

Multiply Basic MONTHLY earnings (cannot exceed \$5,000) x \$0.0028.	STD TOTAL
<i>To calculate basic MONTHLY earnings, divide <u>annual</u> contract salary (including longevity and hazardous duty pay) by 12 months.</i>	\$

Evidence of Insurability (EOI) is required for enrollment during Annual Enrollment.

LONG TERM DISABILITY (LTD) OUT-OF-POCKET COST PER MONTH

DEARBORN NATIONAL

Multiply Basic MONTHLY earnings (cannot exceed \$20,042) x \$0.0038.	LTD TOTAL
<i>To calculate basic MONTHLY earnings, divide <u>annual</u> contract salary (including longevity and hazardous duty pay) by 12 months.</i>	\$

Evidence of Insurability (EOI) is not required for 2015-2016 Annual Enrollment.

UT FLEX SALARY REDUCTIONS PER MONTH

PAYFLEX

Type of Account	Minimum	Maximum	Monthly Contribution		
Health Care Reimbursement Account ¹	\$15 per month	\$2,550 Annual Election		A	FLEX TOTAL A + B
Dependent Day Care Reimbursement Account ²	\$15 per month	\$5,000 Annual Election If <u>single</u> or <u>married filing jointly</u> on your Federal Income Tax Return \$2,500 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 \$2,550 per employee per calendar year for federal income tax filing purposes.

2 Dependent Day Care Reimbursement Account (DCRA):

Maximum Election - For a new employee hired during the plan year, the DCRA maximum annual election cannot exceed approximately \$416 per month for a 12-month employee (or \$555 per month for a 9-month employee) multiplied by the number of remaining months in the plan year. IMPORTANT: In any given calendar year (Jan.1-Dec.31), the DCRA deductions cannot exceed \$5,000 for federal income tax filing purposes.

AGE	PLAN A					PLAN B					
	Basic Benefit with Guaranteed Benefit Increase Option					Basic Benefit with Lifetime Automatic Benefit Increase Option (Inflation Protection)					
	\$100 BENEFIT	\$125 BENEFIT	\$150 BENEFIT	\$200 BENEFIT	\$250 BENEFIT	\$100 BENEFIT	\$125 BENEFIT	\$150 BENEFIT	\$200 BENEFIT	\$250 BENEFIT	
<=24	6.46	8.07	9.69	12.92	16.15	40.73	50.92	61.10	81.47	101.83	
25	6.78	8.47	10.16	13.55	16.94	41.43	51.78	62.14	82.85	103.57	
26	6.96	8.71	10.45	13.93	17.41	42.20	52.76	63.31	84.41	105.51	
27	7.21	9.01	10.81	14.41	18.02	43.35	54.19	65.03	86.70	108.38	
28	7.49	9.36	11.23	14.97	18.71	44.79	55.99	67.19	89.59	111.99	
29	7.80	9.75	11.70	15.60	19.50	46.54	58.18	69.82	93.09	116.36	
30	8.13	10.17	12.20	16.27	20.33	48.49	60.61	72.73	96.97	121.22	
31	8.51	10.64	12.77	17.02	21.28	50.73	63.41	76.09	101.45	126.81	
32	8.91	11.14	13.37	17.83	22.29	53.13	66.42	79.70	106.27	132.83	
33	9.35	11.68	14.02	18.69	23.37	55.67	69.58	83.50	111.33	139.16	
34	9.83	12.29	14.75	19.66	24.58	58.43	73.04	87.65	116.86	146.08	
35	10.35	12.94	15.53	20.70	25.88	61.28	76.59	91.91	122.55	153.19	
36	10.92	13.65	16.37	21.83	27.29	64.17	80.22	96.26	128.35	160.43	
37	11.53	14.41	17.29	23.05	28.81	67.03	83.79	100.55	134.07	167.58	
38	12.16	15.20	18.24	24.32	30.41	69.69	87.11	104.54	139.38	174.23	
39	12.83	16.04	19.24	25.66	32.07	72.18	90.22	108.27	144.36	180.44	
40	13.50	16.88	20.25	27.01	33.76	74.35	92.93	111.52	148.69	185.87	
41	14.23	17.78	21.34	28.45	35.56	76.46	95.58	114.69	152.92	191.15	
42	14.98	18.73	22.47	29.96	37.45	78.41	98.01	117.61	156.81	196.02	
43	15.81	19.77	23.72	31.63	39.53	80.46	100.57	120.69	160.91	201.14	
44	16.70	20.88	25.06	33.41	41.76	82.50	103.12	123.75	165.00	206.25	
45	17.69	22.11	26.54	35.38	44.23	84.74	105.93	127.12	169.49	211.86	
46	18.78	23.48	28.17	37.56	46.95	87.22	109.02	130.83	174.44	218.05	
47	19.96	24.95	29.94	39.92	49.90	89.95	112.43	134.92	179.89	224.87	
48	21.16	26.45	31.74	42.32	52.90	92.43	115.54	138.64	184.85	231.07	
49	22.34	27.93	33.52	44.69	55.86	94.42	118.03	141.64	188.85	236.06	
50	23.52	29.40	35.28	47.03	58.79	95.97	119.96	143.96	191.94	239.93	
51	24.78	30.97	37.16	49.55	61.94	97.49	121.87	146.24	194.98	243.73	
52	26.13	32.66	39.20	52.26	65.33	99.01	123.76	148.51	198.01	247.52	
53	27.65	34.56	41.47	55.29	69.12	100.80	126.00	151.20	201.60	252.00	
54	29.41	36.76	44.11	58.82	73.52	103.10	128.88	154.66	206.21	257.76	
55	31.41	39.26	47.11	62.81	78.51	105.87	132.34	158.80	211.74	264.67	
56	33.72	42.15	50.58	67.44	84.30	109.39	136.73	164.08	218.77	273.46	
57	36.40	45.50	54.60	72.81	91.01	113.76	142.20	170.64	227.52	284.40	
58	39.18	48.97	58.77	78.36	97.94	118.12	147.65	177.18	236.24	295.30	
59	41.83	52.29	62.75	83.67	104.59	121.78	152.23	182.67	243.56	304.45	
60	44.50	55.63	66.76	89.01	111.26	125.19	156.49	187.79	250.38	312.97	
61	47.40	59.25	71.10	94.80	118.51	128.98	161.23	193.47	257.96	322.46	
62	50.61	63.26	75.91	101.21	126.51	133.19	166.49	199.79	266.38	332.98	
63	54.36	67.95	81.54	108.72	135.89	138.45	173.06	207.67	276.90	346.12	
64	58.71	73.39	88.07	117.43	146.78	144.79	180.98	217.18	289.57	361.97	
65	63.88	79.85	95.82	127.76	159.70	152.42	190.52	228.62	304.83	381.04	
66	70.06	87.57	105.08	140.11	175.14	161.69	202.11	242.53	323.38	404.22	
67	77.28	96.61	115.93	154.57	193.21	172.42	215.53	258.63	344.84	431.05	
68	85.58	106.97	128.37	171.16	213.94	184.42	230.52	276.63	368.84	461.05	
69	94.85	118.56	142.28	189.70	237.13	197.29	246.61	295.94	394.58	493.23	
70	104.87	131.09	157.31	209.74	262.18	210.48	263.09	315.71	420.95	526.19	
71	115.65	144.56	173.48	231.30	289.13	223.90	279.87	335.85	447.80	559.75	
72	127.12	158.90	190.68	254.24	317.80	237.46	296.82	356.19	474.91	593.64	
73	139.35	174.19	209.03	278.70	348.37	251.25	314.06	376.87	502.50	628.12	
74	152.03	190.03	228.04	304.06	380.07	264.83	331.04	397.25	529.67	662.08	
75	165.21	206.51	247.81	330.42	413.02	278.38	347.97	417.57	556.76	695.95	
76	178.99	223.74	268.49	357.98	447.48	292.29	365.37	438.44	584.59	730.73	
77	193.00	241.25	289.50	386.00	482.50	306.10	382.63	459.15	612.20	765.25	
78	207.92	259.90	311.88	415.85	519.81	321.45	401.81	482.17	642.90	803.62	
79	223.65	279.56	335.48	447.30	559.12	338.16	422.70	507.24	676.32	845.40	
80	240.40	300.50	360.59	480.79	600.99	356.75	445.94	535.12	713.50	891.87	
81	257.50	321.88	386.26	515.01	643.76	375.96	469.94	563.93	751.91	939.89	
82	275.24	344.05	412.86	550.48	688.11	396.35	495.44	594.52	792.70	990.87	
83	293.20	366.50	439.81	586.41	733.01	416.64	520.80	624.96	833.28	1041.60	
84	310.87	388.58	466.30	621.74	777.17	436.46	545.57	654.69	872.92	1091.14	
85	328.62	410.78	492.94	657.25	821.56	455.80	569.75	683.70	911.60	1139.50	
86	345.99	432.49	518.98	691.98	864.97	473.66	592.07	710.49	947.32	1184.15	
87	362.76	453.45	544.14	725.51	906.89	489.00	611.25	733.50	977.99	1222.49	
88	378.91	473.64	568.37	757.83	947.28	502.44	628.05	753.66	1004.88	1256.10	
89	395.56	494.45	593.34	791.12	988.90	515.41	644.27	773.12	1030.82	1288.53	
90	412.23	515.29	618.34	824.46	1030.57	528.07	660.08	792.10	1056.13	1320.17	
											LTC TOTAL
											\$

* EOI is required.

ESTIMATED TOTAL MONTHLY OUT-OF-POCKET
(Add ALL boxes and enter total)

\$