

UT Benefits Cost Worksheet for Employees

Plan Year 2011-2012



This is NOT an enrollment form. You must enroll online using MY UT BENEFITS during Annual Enrollment or, for new Employees, 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. Be sure to review available benefits information 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:		FULL-TIME EMPLOYEES ONLY			
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL (FULL-TIME) TOTAL
UT SELECT <i>(Administered by BlueCross BlueShield of Texas)</i>	\$0	\$199.02	\$208.15	\$391.93	
<i>Medical Plan Rates include: Prescription benefit coverage, \$20,000 Life & \$20,000 AD&D</i>		<i>Full-time = Appointed for at least 40 Hours/Week</i>			

OR

MEDICAL OUT-OF-POCKET COST PER MONTH:		PART-TIME EMPLOYEES ONLY			
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL (PART-TIME) TOTAL
UT SELECT <i>(Administered by BlueCross BlueShield of Texas)</i>	\$231.13	\$551.31	\$516.80	\$822.46	
<i>Medical Plan Rates include: Prescription benefit coverage, \$20,000 Life & \$20,000 AD&D</i>		<i>Part-time = Appointed for at least 20 hours but less than 40 hours per week</i>			

DENTAL OUT-OF-POCKET COST PER MONTH:					DENTAL TOTAL
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	
Worldwide:					
UT SELECT Dental <i>(Administered by Delta Dental)</i>	\$30.86	\$58.58	\$64.57	\$91.81	
Austin, Dallas, El Paso, Galveston, Houston & San Antonio:					
Assurant Dental HMO	\$10.05	\$19.10	\$21.11	\$30.15	

VISION OUT-OF-POCKET COST PER MONTH:					VISION TOTAL
Plan Available – Nationwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	
Superior Vision	\$6.80	\$10.76	\$10.96	\$17.40	

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: <ul style="list-style-type: none"> 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, 2011 or your age at enrollment if after 9/1/11.		E
To determine the premium cost per month, multiply D x E .		F
<i>The remainder of the Life Out-of-Pocket calculation section relates to eligible dependents of Employees.</i>		
If you are electing the \$10,000 Family Coverage option, enter \$2.87 (see ² below). Otherwise, enter zero.		G
<ul style="list-style-type: none"> 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, 2011 or your age at enrollment if after 9/1/11. 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

LIFE TOTAL
Employees
(F + L)

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EMPLOYEE RATE CHART	
Age of Subscriber on 9/01/11	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 9/01/11	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 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 \$220,000). 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

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SHORT TERM DISABILITY (STD) OUT-OF-POCKET COST PER MONTH Dearborn National
Basic MONTHLY earnings (<i>includes salary, longevity pay & hazard pay BUT cannot exceed \$5,000</i>) times \$0.00267 or... If you are on a 9 or 12-month contract, divide your contract salary by the number of months of the contract. Multiply this amount by \$0.00267.

**STD
TOTAL**

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

LONG TERM DISABILITY (LTD) OUT-OF-POCKET COST PER MONTH Dearborn National
Basic MONTHLY earnings (<i>includes salary, longevity pay & hazard pay BUT cannot exceed \$20,042</i>) times \$0.00397 or... If you are on a 9 or 12-month contract, divide your contract salary by the number of months of the contract. Multiply this amount by \$0.00397.

**LTD
TOTAL**

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

UT FLEX SALARY REDUCTIONS PER MONTH			PayFlex
Type of Account	Minimum	Maximum	Monthly Contribution
Health Care Reimbursement Account ¹	\$15 per month	\$5,000 Annual Election	
Dependent Day Care Reimbursement Account ²	\$15 per month	<ul style="list-style-type: none"> • \$5,000 Annual Election <i>If <u>single</u> or <u>married filing jointly</u> on your Federal Income Tax Return</i> • \$2,500 Annual Election <i>If <u>married filing separately</u> on your Federal Income Tax Return</i> 	

A

**FLEX
TOTAL
A+B**

¹ **Health Care Reimbursement Account (HCRA):**

- **Debit Card** – Available for the HCRA ONLY. The **\$9 annual fee** is deducted from your first account contribution in the new plan year. If you enroll during the plan year and select the Debit Card, the fee is prorated.
- **Administrative Fee** – A **\$12 annual administrative fee** is deducted from your first account contribution in the new plan year. If you enroll during the plan year, the administrative fee is prorated.

² **Dependent Day Care Reimbursement Account (DCRA):**

- **Administrative Fee** – A **\$12 annual administrative fee** is deducted from your first account contribution in the new plan year. If you enroll during the plan year, the administrative fee is prorated.
- **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.

LONG TERM CARE (LTC) OUT-OF-POCKET COST PER MONTH *									CNA
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	\$100 BENEFIT	\$125 BENEFIT	\$150 BENEFIT	\$200 BENEFIT	
<25	5.64	7.05	8.46	11.28	16.96	21.20	25.44	33.92	
25-29	6.68	8.35	10.02	13.36	19.88	24.85	29.82	39.76	
30-34	8.00	10.00	12.00	16.00	23.09	28.86	34.64	46.18	
35-39	9.76	12.20	14.63	19.51	29.99	37.49	44.99	59.98	
40	11.84	14.81	17.77	23.69	34.52	43.15	51.78	69.04	
41	12.60	15.75	18.90	25.20	35.76	44.70	53.64	71.52	
42	13.39	16.74	20.09	26.78	37.43	46.79	56.14	74.86	
43	13.99	17.49	20.98	27.98	39.10	48.88	58.65	78.21	
44	14.64	18.31	21.97	29.29	40.85	51.06	61.27	81.70	
45	15.42	19.27	23.12	30.83	43.09	53.87	64.64	86.18	
46	16.17	20.21	24.25	32.34	45.18	56.48	67.77	90.36	
47	17.04	21.29	25.55	34.07	47.54	59.42	71.31	95.08	
48	18.12	22.65	27.18	36.24	50.05	62.56	75.07	100.09	
49	19.28	24.10	28.92	38.56	52.63	65.79	78.95	105.26	
50	20.78	25.97	31.16	41.55	56.01	70.02	84.02	112.02	
51	22.27	27.84	33.40	44.54	59.36	74.20	89.04	118.71	
52	24.14	30.18	36.21	48.28	63.39	79.23	95.08	126.77	
53	26.28	32.85	39.43	52.57	67.94	84.93	101.91	135.89	
54	28.73	35.91	43.10	57.46	72.88	91.10	109.32	145.76	
55	32.43	40.54	48.65	64.86	78.93	98.66	118.39	157.85	
56	36.28	45.35	54.42	72.55	84.78	105.98	127.17	169.56	
57	40.21	50.27	60.32	80.42	91.24	114.05	136.86	182.48	
58	44.14	55.17	66.20	88.27	98.69	123.36	148.03	197.37	
59	48.49	60.62	72.74	96.98	106.93	133.66	160.40	213.86	
60	54.16	67.70	81.24	108.32	116.55	145.68	174.82	233.09	
61	59.65	74.57	89.48	119.30	125.17	156.47	187.76	250.34	
62	65.29	81.61	97.93	130.57	133.34	166.68	200.02	266.69	
63	70.61	88.27	105.92	141.23	139.99	174.99	209.99	279.99	
64	76.53	95.67	114.80	153.06	146.88	183.60	220.32	293.76	
65	83.69	104.62	125.54	167.39	155.31	194.14	232.97	310.63	
66	91.32	114.15	136.98	182.64	164.13	205.16	246.20	328.26	
67	98.84	123.55	148.26	197.68	176.10	220.13	264.15	352.20	
68	107.48	134.35	161.22	214.96	190.68	238.35	286.02	381.36	
69	116.92	146.15	175.38	233.84	204.96	256.20	307.44	409.92	
70	127.68	159.60	191.52	255.36	221.56	276.95	332.34	443.12	
71	140.44	175.55	210.66	280.88	241.32	301.65	361.98	482.64	
72	155.80	194.75	233.70	311.60	264.84	331.05	397.26	529.68	
73	173.92	217.40	260.88	347.84	292.16	365.20	438.24	584.32	
74	194.36	242.95	291.54	388.72	322.68	403.35	484.02	645.36	
75	216.96	271.20	325.44	433.92	355.80	444.75	533.70	711.60	
76	241.32	301.65	361.98	482.64	390.96	488.70	586.44	781.92	
77	267.24	334.05	400.86	534.48	427.56	534.45	641.34	855.12	
78	294.48	368.10	441.72	588.96	465.28	581.60	697.92	930.56	
79	320.56	400.70	480.84	641.12	500.04	625.05	750.06	1,000.08	
80	350.88	438.60	526.32	701.76	540.36	675.45	810.54	1,080.72	
81	380.00	475.00	570.00	760.00	577.60	722.00	866.40	1,155.20	
82	414.40	518.00	621.60	828.80	621.56	776.95	932.34	1,243.12	
83	452.04	565.05	678.06	904.08	669.00	836.25	1,003.50	1,338.00	
84	492.80	616.00	739.20	985.60	719.48	899.35	1,079.22	1,438.96	
85	530.56	663.20	795.84	1,061.12	764.00	955.00	1,146.00	1,528.00	
86	572.68	715.85	859.02	1,145.36	813.24	1,016.55	1,219.86	1,626.48	
87	613.48	766.85	920.22	1,226.96	858.88	1,073.60	1,288.32	1,717.76	
88	647.08	808.85	970.62	1,294.16	893.00	1,116.25	1,339.50	1,786.00	
89	679.52	849.40	1,019.28	1,359.04	924.12	1,155.15	1,386.18	1,848.24	
90	717.32	896.65	1,075.98	1,434.64	961.20	1,201.50	1,441.80	1,922.40	

LTC TOTAL

* EOI is not required for new Employees who enroll during their initial period of eligibility. EOI is required for all other new enrollees.

Estimated Total Monthly Out-of-Pocket Cost
(Add ALL boxes and enter total)