

**This is NOT an enrollment form. You must enroll online using MY UT BENEFITS during Annual Enrollment or, for new Retired 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 based on state-appropriated funds and contracted premium rates. 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.**

<b>MEDICAL OUT-OF-POCKET COST PER MONTH:</b>				
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family
UT SELECT <i>(Administered by BlueCross BlueShield of Texas)</i>	\$0	\$199.02	\$208.15	\$391.93
<b>Medical Plan Rates include:</b> Prescription benefit coverage and \$6,000 Life				

**MEDICAL  
TOTAL**

*Effective September 1, 2011, Evidence of Insurability (EOI) is no longer required to enroll in UT Select Medical. All eligibility rules will continue to apply.*

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

**DENTAL  
TOTAL**

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

**VISION  
TOTAL**

LIFE OUT-OF-POCKET COST PER MONTH:		Dearborn National
Enter Elected Coverage Amount: • Select from the following options and enter here (see <sup>1</sup> below). ➤ \$7,000 ➤ \$10,000 ➤ \$25,000 ➤ \$50,000  <i>Note: For those Retired Employees of the U.T. System who retired through the 1993 one-time retirement option, enter the amount of coverage currently in place.</i>		<b>A</b>
Divide total in <b>A</b> by 1,000 to determine units of \$1,000 for premium calculation. Enter here.		<b>B</b>
Refer to Retiree Rate Chart below. Enter the rate that corresponds with your age on September 1, 2011.		<b>C</b>
To determine the premium cost per month, multiply <b>B x C</b> .		<b>D</b>
<i>The remainder of the Life Out-of-Pocket calculation section relates to the eligible spouse of a Retired Employee. Dependent children of Retirees are not eligible for life coverage.</i>		
If you are electing the \$3,000 Spouse Coverage option (see <sup>2</sup> below) enter \$1.83. Otherwise, enter zero.		<b>E</b>
To determine total Life premium cost per month, add <b>D + E</b> . Otherwise, enter zero.		<b>F</b>
		<b>LIFE TOTAL</b>

RETIREE 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

<sup>1</sup> If you are increasing your life coverage amount, Evidence of Insurability (EOI) is required.

<sup>2</sup> To elect Spouse life coverage, EOI may be required. Contact your institution Benefits Office for assistance.

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 required for new Retirees who enroll in LTC during their initial period of eligibility and for all other new enrollees.

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