



The University of Texas System  
2002-2003

# Benefit Cost Worksheet

This is NOT an enrollment form. This worksheet is intended to assist you in determining your estimated out-of-pocket cost for the benefits you select during the July 2002 Annual Enrollment.

Please remember this form only provides you 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 and provider directories for each plan offered in your area before completing this worksheet. Once you have determined the benefits you wish to select, please reference your 2002-2003 Annual Enrollment Booklet for additional information about how to enroll.

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

Plans Available	Rate table			
	Subscriber only	Subscriber and spouse	Subscriber and child(ren)	Subscriber and family
<b>All Areas</b>				
UT SELECT	\$0	\$124.14	\$129.84	\$244.48
<b>Austin Area</b>				
Humana HMO	\$0	\$102.93	\$107.65	\$202.71
<b>Dallas/Ft Worth Area</b>				
HMO Blue	\$0	\$113.66	\$118.88	\$223.83
<b>Houston Area</b>				
Humana HMO	\$0	\$102.64	\$107.34	\$202.13
<b>Galveston Area</b>				
Humana HMO	\$0	\$121.11	\$126.67	\$238.52
<b>San Antonio Area</b>				
Humana HMO	\$0	\$98.30	\$102.83	\$193.61
<b>Corpus Christi Area</b>				
Humana HMO	\$0	\$98.99	\$103.53	\$194.95

Total

## Dental out-of-pocket cost per month

Plans Available	Subscriber only	Subscriber and spouse	Subscriber and child(ren)	Subscriber and family
<b>All Areas</b>				
Delta Dental	\$26.41	\$50.14	\$55.27	\$78.59
<b>Austin, Dallas, El Paso, Galveston, Houston and San Antonio</b>				
Fortis Dental DMO	\$10.73	\$17.97	\$24.50	\$28.78

Total

## Vision out-of-pocket cost per month

Plan Available	Subscriber only	Subscriber and spouse	Subscriber and child(ren)	Subscriber and family
<b>All Areas</b>				
Superior Vision	\$7.22	\$11.20	\$11.46	\$18.48

Total

## UT FLEX monthly salary deductions (employees only)

	Minimum	Maximum	
<b>Medical Expense</b>	\$15.00	\$416 if single or married filing jointly for employees with a 12 month contract \$555 if single or married filing jointly for employees with a 9 month contract	A
<b>Dependent Care Expense</b>	\$15.00	\$416 if single or married filing jointly for employees with a 12 month contract \$555 if single or married filing jointly for employees with a 9 month contract \$208 if married and filing separately for employees with a 12 month contract \$277 if married and filing separately for employees with a 9 month contract	B

**Total = A + B**

## Personal Accident Insurance out-of-pocket cost per month (employees only)

Plan Available (all areas): CIGNA Life Insurance

Enter desired coverage amount in increments of \$10,000. Coverage is available up to 10 x your basic annual earnings or contract salary (rounded down to nearest \$10,000). Basic annual earnings may be rounded up to the next \$1,000 increment (e.g. \$21,323 would be rounded to \$22,000, maximum coverage amount of \$220,000). Total employee coverage cannot exceed \$1,000,000.	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).	B
If you desire dependent child(ren) coverage, enter \$10,000 in item C. All of your eligible children are covered for one monthly premium cost. If not electing family coverage, enter zero.	C
Enter the sum of A and the greater of B or C.	D
Enter item D minus 10,000.	E

**Total = E x 0.000017**

## Life out-of-pocket cost per month

Plan Available (all areas): CIGNA Life Insurance

### Life Rate chart (per \$1,000 of coverage)

Subscriber			Spouse	
Age of Subscriber <sup>1</sup>	Pre-tax (for coverage up to \$50,000) <sup>2</sup>	After-tax (for coverage above \$50,000)	Age of Spouse <sup>1</sup>	After-tax <sup>3</sup>
16-24	\$0.051	\$0.048	16-24	\$0.048
25-29	\$0.051	\$0.049	25-29	\$0.049
30-34	\$0.051	\$0.051	30-34	\$0.051
35-39	\$0.066	\$0.064	35-39	\$0.064
40-44	\$0.093	\$0.090	40-44	\$0.090
45-49	\$0.143	\$0.138	45-49	\$0.138
50-54	\$0.222	\$0.216	50-54	\$0.216
55-59	\$0.348	\$0.337	55-59	\$0.337
60-64	\$0.526	\$0.515	60-64	\$0.515
65	\$0.793	\$0.769	65	\$0.769
66-69	\$0.989	\$0.769	66-69	\$0.769
70 and over	\$0.989	\$1.015	70 and over	\$1.015

<sup>1</sup> Age for calculating monthly premium is based upon attained age on each plan anniversary date of September 1.

<sup>2</sup> 1st \$10,000 of employee coverage (Basic Coverage) is at no cost.

<sup>3</sup> Used in calculating total cost for \$25,000 and \$50,000 Spouse Coverage amounts.

<sup>4</sup> Provides coverage of \$10,000 for each covered dependent.

<sup>5</sup> Spouse coverage above \$25,000 always requires approval through evidence of insurability (EOI).

For Employees electing \$10,000 basic coverage only or the \$50,000 option, skip to item C. For Retiree coverage, skip to item C. Otherwise, enter your basic annual salary (contract salary) rounded up to the next \$1,000 increment (e.g. \$21,454 = \$22,000).	A
For employees electing coverage using multiples of their annual salary, select and enter how many times your earnings you desire as a coverage amount (must be 1-6 times salary).	B
Enter Elected Coverage Amount <i>Employees</i> <ul style="list-style-type: none"> <li>• \$10,000 Basic Only option; or</li> <li>• \$50,000 option; or</li> <li>• Multiple of earnings (<b>A x B = C</b>). If <b>C</b> is greater than \$1.5 million, change <b>C</b> to \$1.5 million.</li> </ul> <i>Retirees</i> <ul style="list-style-type: none"> <li>• Retirees enter \$3,000 plus additional coverage you may be eligible for (see CIGNA Life Plan Certificate to determine your eligibility)</li> </ul>	C
Employees enter \$10,000. Retirees enter \$3,000.	D
Determine Employee / Retiree coverage amount above Basic plan ( <b>C - D</b> )	E
If <b>E</b> is \$40,000 or less, enter amount from E. If <b>E</b> is greater than \$40,000, enter \$40,000.	F
Divide total in item <b>F</b> by 1,000 to determine units of \$1,000 for premium calculation	G
Refer to Subscriber Rate Chart at the bottom of the previous page. Enter the rate from the "Pre-tax" column that corresponds with your age on September 1, 2002.	H
To determine the "Pre-tax" premium cost per month, multiply ( <b>G x H</b> ). If you are electing the Basic 10,000 coverage, enter zero.	I
If <b>E</b> is greater than \$40,000, enter the result of <b>E</b> minus \$40,000 ( <b>E - \$40,000</b> ). If <b>E</b> is \$40,000 or less, enter zero.	J
Divide total in item <b>J</b> by 1,000 to determine units of \$1,000 for premium calculation.	K
Refer to Subscriber Rate Chart at the bottom of the previous page. Enter the rate from the "After-tax" column that corresponds with your age on September 1, 2002.	L
To determine the "After-tax" premium cost per month, multiply ( <b>K x L</b> ).	M
If you are electing the Family Coverage option, enter \$2.50 (see <sup>4</sup> , previous page). Otherwise, enter zero.	N
If you are eligible and choose to elect Spouse Coverage of \$25,000, enter \$15,000. If you are eligible and choose to elect Spouse Coverage of \$50,000 (see <sup>5</sup> , previous page), enter \$40,000. Otherwise, enter zero.	O
Divide total in Item <b>O</b> by 1,000 to determine units of \$1,000 for premium calculation. Otherwise, enter zero.	P
Refer to Spouse Rate Chart at the bottom of the previous page. Enter the corresponding rate to your spouse's age as of September 1, 2002. Otherwise, enter zero	Q
To determine the total spouse coverage premium cost per month, multiply ( <b>P x Q</b> ). Otherwise, enter zero	R
To determine your total Dependent Coverage (Family Coverage Option + Spouse Coverage), add ( <b>N + R</b> ). Otherwise, enter zero	S
	<b>Total = I + M + S</b> <div style="border: 1px solid black; width: 150px; height: 25px; margin-left: 50px;"></div>

### Long Term Disability out-of-pocket cost per month (employees only)

Plan Available (all areas): CNA, Inc.

Basic monthly earnings times \$0.0041; or

If you are on a 9 or 12-month contract, divide your contract salary by the number of months of the contract, and then multiply this amount by \$0.0041.

If you are not electing Long Term Disability, skip this section.

Total

## Long Term Care out-of-pocket cost per month

Plan Available (all areas): CNA, Inc.

Using the chart below, enter the monthly premium for the Long Term Care plan you have chosen

Age	PLAN A Basic Benefit with Guaranteed Benefit Increase Option			PLAN B Basic Benefit with Lifetime Automatic Benefit Increase Option (Inflation Protection)		
	\$100 Benefit	\$125 Benefit	\$150 Benefit	\$100 Benefit	\$125 Benefit	\$150 Benefit
<25	\$5.64	\$7.05	\$8.46	\$16.96	\$21.20	\$25.44
25-29	\$6.68	\$8.35	\$10.02	\$20.08	\$25.10	\$30.12
30-34	\$8.00	\$10.00	\$12.00	\$23.56	\$29.45	\$35.34
35-39	\$10.84	\$13.55	\$16.26	\$30.92	\$38.65	\$46.38
40	\$13.16	\$16.45	\$19.74	\$35.96	\$44.95	\$53.94
41	\$14.00	\$17.50	\$21.00	\$37.64	\$47.05	\$56.46
42	\$14.88	\$18.60	\$22.32	\$39.40	\$49.25	\$59.10
43	\$15.72	\$19.65	\$23.58	\$41.16	\$51.45	\$61.74
44	\$16.64	\$20.80	\$24.96	\$43.00	\$53.75	\$64.50
45	\$17.72	\$22.15	\$26.58	\$45.36	\$56.70	\$68.04
46	\$18.80	\$23.50	\$28.20	\$47.56	\$59.45	\$71.34
47	\$20.04	\$25.05	\$30.06	\$50.04	\$62.55	\$75.06
48	\$21.32	\$26.65	\$31.98	\$52.68	\$65.85	\$79.02
49	\$22.68	\$28.35	\$34.02	\$55.40	\$69.25	\$83.10
50	\$24.44	\$30.55	\$36.66	\$58.96	\$73.70	\$88.44
51	\$26.20	\$32.75	\$39.30	\$62.48	\$78.10	\$93.72
52	\$28.40	\$35.50	\$42.60	\$66.72	\$83.40	\$100.08
53	\$30.92	\$38.65	\$46.38	\$71.52	\$89.40	\$107.28
54	\$33.80	\$42.25	\$50.70	\$76.72	\$95.90	\$115.08
55	\$37.28	\$46.60	\$55.92	\$83.08	\$103.85	\$124.62
56	\$40.76	\$50.95	\$61.14	\$89.24	\$111.55	\$133.86
57	\$44.68	\$55.85	\$67.02	\$96.04	\$120.05	\$144.06
58	\$49.04	\$61.30	\$73.56	\$103.88	\$129.85	\$155.82
59	\$53.88	\$67.35	\$80.82	\$112.56	\$140.70	\$168.84
60	\$59.52	\$74.40	\$89.28	\$122.68	\$153.35	\$184.02
61	\$64.84	\$81.05	\$97.26	\$131.76	\$164.70	\$197.64
62	\$70.20	\$87.75	\$105.30	\$140.36	\$175.45	\$210.54
63	\$75.12	\$93.90	\$112.68	\$147.36	\$184.20	\$221.04
64	\$79.72	\$99.65	\$119.58	\$153.00	\$191.25	\$229.50
65	\$85.40	\$106.75	\$128.10	\$160.12	\$200.15	\$240.18
66	\$91.32	\$114.15	\$136.98	\$167.48	\$209.35	\$251.22
67	\$98.84	\$123.55	\$148.26	\$177.88	\$222.35	\$266.82
68	\$107.48	\$134.35	\$161.22	\$190.68	\$238.35	\$286.02
69	\$116.92	\$146.15	\$175.38	\$204.96	\$256.20	\$307.44
70	\$127.68	\$159.60	\$191.52	\$221.56	\$276.95	\$332.34
71	\$140.44	\$175.55	\$210.66	\$241.32	\$301.65	\$361.98
72	\$155.80	\$194.75	\$233.70	\$264.84	\$331.05	\$397.26
73	\$173.92	\$217.40	\$260.88	\$292.16	\$365.20	\$438.24
74	\$194.36	\$242.95	\$291.54	\$322.68	\$403.35	\$484.02
75	\$216.96	\$271.20	\$325.44	\$355.80	\$444.75	\$533.70
76	\$241.32	\$301.65	\$361.98	\$390.96	\$488.70	\$586.44
77	\$267.24	\$334.05	\$400.86	\$427.56	\$534.45	\$641.34
78	\$294.48	\$368.10	\$441.72	\$465.28	\$581.60	\$697.92
79	\$320.56	\$400.70	\$480.84	\$500.04	\$625.05	\$750.06
80	\$350.88	\$438.60	\$526.32	\$540.36	\$675.45	\$810.54
81	\$380.00	\$475.00	\$570.00	\$577.60	\$722.00	\$866.40
82	\$414.40	\$518.00	\$621.60	\$621.56	\$776.95	\$932.34
83	\$452.04	\$565.05	\$678.06	\$669.00	\$836.25	\$1,003.50
84	\$492.80	\$616.00	\$739.20	\$719.48	\$899.35	\$1,079.22
85	\$530.56	\$663.20	\$795.84	\$764.00	\$955.00	\$1,146.00
86	\$572.68	\$715.85	\$859.02	\$813.24	\$1,016.55	\$1,219.86
87	\$613.48	\$766.85	\$920.22	\$858.88	\$1,073.60	\$1,288.32
88	\$647.08	\$808.85	\$970.62	\$893.00	\$1,116.25	\$1,339.50
89	\$679.52	\$849.40	\$1,019.28	\$924.12	\$1,155.15	\$1,386.18
90	\$717.32	\$896.65	\$1,075.98	\$961.20	\$1,201.50	\$1,441.80

Total

**Total monthly out-of-pocket cost for benefits**

**Grand Total  
Add all previous Totals**