

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					BLUE CROSS BLUE SHIELD OF TEXAS
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL TOTAL
UT SELECT (OUT-OF-POCKET)	\$0	\$335.94	\$351.36	\$661.56	
PREMIUM SHARING <i>(PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)</i>	\$780.24	\$1,189.20	\$1,041.90	\$1,453.34	
UT CARE Medicare PPO	Review Rates at utbenefits.link/UTCARE				
Medical Plan Rates include: Prescription benefit coverage + \$10,000 Basic Life coverage					\$

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	\$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	\$8.71	\$16.56	\$18.31	\$26.14	\$	

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 Elected Coverage Amount:

Select from the following options and enter here (see¹ below).

- \$7,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000

Note: For those Retired Employees of the UT System who retired through the 1993 one-time retirement option, enter the amount of coverage currently in place.

A

Divide total in **A** by 1,000 to determine units of \$1,000 for premium calculation. Enter here.

B

Refer to **Retiree Rate Chart** below. Enter the rate that corresponds with your age on September 1, 2024.

C

To determine the premium cost per month, multiply **B x C**.

D

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.

If you are electing the \$3,000 Spouse Coverage option, enter \$1.83 (see² below). Otherwise, enter zero.

E

To determine total Life premium cost per month, add **D + E**. Otherwise, enter zero.

LIFE TOTAL

\$

RETIREE RATE CHART

AGE OF SUBSCRIBER ON 9/01/24	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

¹ If you are increasing your Life coverage amount, Evidence of Insurability (EOI) is required.

² To elect Spouse Life coverage, EOI may be required. Contact your institution Benefits Office for assistance.

ESTIMATED TOTAL MONTHLY OUT-OF-POCKET

(Enter the sum of the amounts from ALL coverage "TOTAL" boxes.)

\$