

# Benefits Cost Worksheet for Retired Employees

## PLAN YEAR 2025-2026

**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	\$362.82	\$379.46	\$714.48	
<b>PREMIUM SHARING</b> <i>(PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)</i>	\$842.66	\$1,284.34	\$1,125.26	\$1,569.62	
UT CARE Medicare PPO	<a href="#">Review Rates at utbenefits.link/UTCARE</a>				
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 <sup>2</sup>
Tobacco User(s) Cost	\$0	\$30.00	\$30.00	\$30.00 <sup>1</sup>	\$

<sup>1</sup> Maximum cost of \$30 per month regardless of how many covered dependent children use tobacco.

<sup>2</sup> 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 (see<sup>1</sup> 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, 2025.

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 (see <sup>2</sup> 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 9/01/25	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

<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.

## ESTIMATED TOTAL MONTHLY OUT-OF-POCKET

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

\$