

# Benefits Cost Worksheet for Retired Employees

## PLAN YEAR 2019-2020

**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 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	\$270.41	\$282.81	\$532.51	
UT CONNECT (OUT-OF-POCKET) DALLAS-FORT WORTH AREA ONLY	\$0	\$243.37	\$254.53	\$479.26	
<b>PREMIUM SHARING</b> (PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)	\$628.05	\$957.27	\$838.70	\$1,169.89	
<b>Medical Plan Rates include:</b> Prescription benefit coverage + \$6,000 Life					\$

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	\$28.51	\$54.13	\$59.66	\$84.83	
UT SELECT Dental Plus	\$61.39	\$116.59	\$128.65	\$183.29	
CERTAIN AREAS IN TEXAS					
DeltaCare Dental HMO	\$8.80	\$16.73	\$18.49	\$26.40	\$

VISION OUT-OF-POCKET COST PER MONTH					SUPERIOR VISION
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	VISION TOTAL
Superior Vision	\$5.90	\$9.30	\$9.52	\$15.10	
Superior Vision Plus	\$9.00	\$14.08	\$15.08	\$21.30	\$

<b>Enter Elected Coverage Amount:</b> 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.		<b>A</b>	
Divide total in A by 1,000 to determine units of \$1,000 for premium calculation. Enter here.		<b>B</b>	
Refer to <b>Retiree Rate Chart</b> below. Enter the rate that corresponds with your age on September 1, 2019.		<b>C</b>	
To determine the premium cost per month, multiply <b>B x C</b> .		<b>D</b>	
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.		<b>E</b>	
To determine total Life premium cost per month, add <b>D + E</b> . Otherwise, enter zero.		<b>LIFE TOTAL</b>	<b>\$</b>

RETIREE RATE CHART	
AGE OF SUBSCRIBER ON 9/01/19	RATE PER \$1,000 COVERAGE
15 - 34	\$0.037
35 - 39	\$0.047
40 - 44	\$0.063
45 - 49	\$0.097
50 - 54	\$0.150
55 - 59	\$0.233
60 - 64	\$0.364
65 - 69	\$0.650
70 - 74	\$0.752
75 - 79	\$0.932
80 and over	\$1.634

<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.

<b>ESTIMATED TOTAL MONTHLY OUT-OF-POCKET</b> (Add ALL boxes and enter total)	\$
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