

BENEFIT COST WORKSHEET 2009-2010

for UTB/TSC Employees

Use this form to estimate your total monthly out-of-pocket cost for benefits. Be sure to READ the important Annual Enrollment information you will receive by email in July. For each section, figure the correct cost and enter your insurance premium in the total box.

| INSURANCE PLANS | EMPLOYEE ONLY | EMPLOYEE AND SPOUSE | EMPLOYEE AND CHILDREN | EMPLOYEE AND FAMILY | TOTAL |
|----------------------------|---------------|---------------------|-----------------------|---------------------|-------|
| MEDICAL OUT OF POCKET COST | 0.00 | 169.23 | 177.00 | 333.28 | |
| DENTAL OUT OF POCKET COST | 29.96 | 56.87 | 62.69 | 89.14 | |
| VISION OUT OF POCKET COST | 6.80 | 10.76 | 10.96 | 17.40 | |

LIFE INSURANCE OUT-OF-POCKET COST

Eligible Employees receive \$10,000 of Basic Life Insurance Coverage at no cost. Employees may elect to increase coverage up to six times their basic annual earnings not to exceed \$1.5 million. Employees may also elect family coverage. Family coverage options include: Option 1: \$10,000 for spouse, \$10,000 for each child; Option 2: \$25,000 for spouse, \$10,000 for each child; or Option 3: \$50,000 for spouse, \$10,000 for each child. *The first \$10,000 of family coverage is \$2.87.*

| Employee Rate Chart (Per \$1,000 of coverage) | |
|--|---|
| Age of Employee on 09/01/09 | Voluntary Group Term Life Insurance Rates |
| < 35 | \$0.041 |
| 35 - 39 | \$0.053 |
| 40 - 44 | \$0.074 |
| 45 - 49 | \$0.114 |
| 50 - 54 | \$0.177 |
| 55 - 59 | \$0.278 |
| 60 - 64 | \$0.422 |
| 65 - 69 | \$0.760 |
| 70 and over | \$0.792 |

| Spouse Rate Chart (Per \$1,000 of coverage) | |
|--|--|
| Age of Spouse on 09/01/09 | Voluntary Group Term Life Insurance Rates for \$15,000 or \$40,000 of coverage |
| 15 - 24 | \$0.055 |
| 25 - 29 | \$0.056 |
| 30 - 34 | \$0.059 |
| 35 - 39 | \$0.074 |
| 40 - 44 | \$0.104 |
| 45 - 49 | \$0.159 |
| 50 - 54 | \$0.248 |
| 55 - 59 | \$0.388 |
| 60 - 64 | \$0.592 |
| 65 - 69 | \$0.884 |
| 70 and over | \$1.167 |

EMPLOYEE CALCULATION:

Use the **Employee Rate Chart** above to calculate your monthly premium.

TOTAL

Enter your coverage amount here: _____ ÷ 1,000 × rate: _____ =

For Example: On September 1, 2009, you are 32 years old. Your annual salary is \$30,000 and you elect 3 x annual salary.

Example: Enter your coverage amount here: 90,000 ÷ 1,000 = 90 × .041 = \$3.69

FAMILY CALCULATION:

Employees must purchase at least 1 x annual salary in life insurance to purchase family coverage. The first \$10,000 of family coverage is automatically **\$2.87**. For an extra **\$15,000** or **\$40,000** of spouse coverage, use the **Spouse Rate Chart** above to calculate your monthly premium.

Enter your coverage amount here: _____ ÷ 1,000 × rate: _____ =

For Example: On September 1, 2009, your spouse is 29 years old. You elect \$50,000 of coverage for your spouse. *Please Note: The first \$10,000 of family coverage is automatically \$2.87 per month.*

Example: Enter your coverage amount here: 40,000 ÷ 1,000 = 40 × .056 = \$2.24

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ACCIDENTAL DEATH & DISMEMBERMENT OUT-OF-POCKET COST

Eligible employees receive \$10,000 of Basic Accidental Death & Dismemberment at no cost. Employees must purchase at least \$20,000 of voluntary AD&D coverage to purchase family coverage.

EMPLOYEE CALCULATION:

Coverage must be purchased in increments of \$10,000. Election amount cannot exceed 1 million or 10 × basic annual salary (contract salary). Basic annual salary should be rounded up to the next \$1,000 increment (e.g. \$21,323 would be rounded to \$22,000 for a maximum coverage amount of \$220,000).

Enter coverage amount here: _____ ÷ 10,000 × \$0.16 = _____

For Example: Your annual salary is \$21323 and you elect 10 × basic annual salary.

Enter coverage amount here: 220,000 ÷ 10,000 × \$0.16 = \$3.52

FAMILY CALCULATION:

Enter spouse or dependent coverage in increments of \$10,000 if electing family coverage. Spouse maximum is \$500,000 or 50% of employee coverage amount (rounded down to the nearest \$10,000). Children's maximum is \$10,000. All of your eligible children are covered for one monthly premium cost.

Enter coverage amount here: _____ ÷ 10,000 × \$0.16 = _____

For Example: You elect \$110,000 of coverage for your spouse and \$10,000 for each child.

Enter coverage amount here: 110,000 ÷ 10,000 × \$0.16 = \$1.76

TOTAL

SHORT TERM DISABILITY OUT-OF-POCKET COST (EMPLOYEE ONLY)

Enter your basic annual salary here: _____ ÷ 12 × \$0.00267 = _____

TOTAL

LONG TERM DISABILITY OUT-OF-POCKET COST (EMPLOYEE ONLY)

Enter your basic annual salary here: _____ ÷ 12 × \$0.00397 = _____

TOTAL

UT FLEX MONTHLY SALARY DEDUCTION AMOUNT (EMPLOYEE ONLY)

| Type of Account | Minimum | Maximum | TOTAL |
|-----------------|---------|---|--------------|
| Medical Expense | \$15.00 | \$416 if single or married filing jointly | |
| Dependent Care | \$15.00 | \$416 if single or married filing jointly \$208 if married and filing separately | |

MONTHLY OUT-OF-POCKET COST FOR BENEFITS

TOTAL