

Premium Worksheet

1.	Health: Enter premium amount. The employer contribution has already been deducted. Add \$30 if you or your spouse use tobacco products. Add \$30 each if your A&M System Medical coverage began prior to September 1, 2016 and if you or your spouse have not had a preventive wellness exam processed through BlueCross BlueShield.	\$ _____
2.	Dental: Enter premium amount.	\$ _____
3.	Vision: Enter premium amount.	\$ _____
4.	Optional Life: Take your annualized salary, multiply by your coverage amount (½, 1, 2, 3, 4, 5 or 6), and round down to the nearest thousand (maximum is \$1,000,000). Divide by 1,000: _____ × your age-based premium of _____ =	\$ _____
5.	Alternate Basic Life: Divide your coverage amount by 1,000: _____ × .878 =	\$ _____*
6.	Dependent Life: <i>Plan A Premium:</i> Your spouse's age-based premium of _____ × (spouse coverage amount/1000) + (child coverage amount/1000 × .06) = _____ <i>Plan B Premium:</i> \$1.37/month (flat rate) <i>Plan C Premium:</i> Your Alternate Basic Life premium (see #5) _____ × .5 (.1 if covering children only) =	\$ _____ \$ _____* \$ _____
7.	Accidental Death and Dismemberment: Choose your coverage amount and divide by 10,000: _____ × your premium of _____ = (Maximum coverage is the greater of \$250,000 or 10 times your annual salary, not to exceed coverage of \$800,000.)	\$ _____
8.	Long-Term Disability: Divide your annual salary by 12. Divide the lesser of that number or \$12,307 by 100: _____ × your premium of _____ =	\$ _____*
9.	Spending Accounts: Enter Health Care Account monthly contribution \$ _____ + Dependent Day Care Account monthly contribution _____ =	\$ _____ \$ _____
10.	YOUR TOTAL MONTHLY COST (Add 1 through 9) =	\$ _____
<i>Complete items 11 and 12 if you do not have A&M System health coverage but certify that you have other health coverage:</i>		
11.	Employer Contribution: Enter the total of your premiums shown above for Dental (line 2), Vision (line 3), Alternate Basic Life (line 5), AD&D (line 7) and Long-Term Disability (line 8)** or \$300.18 (\$150.09 if part-time), whichever is less.	- \$ _____
12.	YOUR TOTAL MONTHLY OUT-OF-POCKET COST (Subtract line 11 from line 10) =	\$ _____

* The premiums may increase based on your salary.

** Include only premiums you choose to pay using the employer contribution.