Premium Worksheet

1. Health: Enter premium amount. The employer contribution has already been deducted.

2. Dental: 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: _________ × .529 = $_________

6. Dependent Life:
   Plan A Premium: Your Optional Life premium (see #4) _________ × (spouse coverage amt/1000) + (child coverage amt/1000 X.06) = ____________
   Plan B Premium: $1.37/month (flat rate)
   Plan C Premium: 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 that number (or $12,307, if less) 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) = $_________

Complete items 11 and 12 if you do not have A&M System health coverage but certify that you have other health coverage:

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 $228.57 ($114.29 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.