1. Health: Enter premium amount. The employer contribution has already been deducted. Add $30 each if you, your spouse, or any dependent children use tobacco products, up to a possible additional $90 per month. Add $30 each if your A&M System Medical coverage began prior to September 1, 2013 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: ________ × .564 = $__________ *

6. Dependent Life:
   - Plan A Premium: Your spouse's age-based premium of ________ × (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 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) =

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 $253.69 ($126.85 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.