

## INSURANCE PREMIUM RATES FOR PLAN YEAR 2020-2021 TWELVE-MONTH DEDUCTION RATES

2020-2021 Insurance Benefits Premium - 12-Month Deduction Rates for Staff/Faculty Paid Over 12 Months & RA/TA				
<b>Medical Plan with Prescription</b>		<b>Employee Cost - Full-time (30-40 Hours per week)</b>		
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ -	\$ 270.42	\$ 282.82	\$ 532.52
UT Connect - ACO	\$ -	\$ 243.38	\$ 254.54	\$ 479.26
Tobacco Program	\$ 30.00	\$ 60.00	\$ 60.00	\$ 90.00
<b>Medical Plan with Prescription</b>		<b>Employee Cost - Part-time (20-29 Hours per week)</b>		
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ 314.02	\$ 749.04	\$ 702.16	\$ 1,117.46
UT Connect - ACO	\$ 314.02	\$ 749.04	\$ 702.16	\$ 1,117.46
Tobacco Program	\$ 30.00	\$ 60.00	\$ 60.00	\$ 90.00
<b>Dental Plan</b>		<b>Employee Cost</b>		
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Dental	\$ 28.52	\$ 54.14	\$ 59.66	\$ 84.84
UT Select Dental Plus	\$ 61.40	\$ 116.60	\$ 128.66	\$ 183.30
DeltaCare Dental HMO*	\$ 8.80	\$ 16.74	\$ 18.50	\$ 26.40
<b>Vision Plan</b>		<b>Employee Cost</b>		
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Superior Vision	\$ 5.90	\$ 9.30	\$ 9.52	\$ 15.10
Superior Vision Plus	\$ 9.00	\$ 14.08	\$ 15.08	\$ 21.30
<b>Premium Sharing for Waived Medical Coverage</b>			<b>Basic Coverage Package</b>	
Full-Time Employees: 30-40 hours	\$314.03	May be used for Dental, Vision &	UT Select Medical Plan includes Prescription \$40,000 Basic Life and \$40,000 AD&D Insurance	
Part-Time Employees: 20-29 hours	\$157.02			
*Available in certain areas of the State of Texas.				
<b>PREMIUM SHARING AMOUNT (EMPLOYER PORTION) FOR MEDICAL COVERAGE</b>				
<b>Medical Plan with Prescription</b>		<b>Employer Cost/Premium Sharing - Full-time (30-40 Hours per week)</b>		
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ 628.06	\$ 957.26	\$ 838.70	\$ 1,169.88
UT Connect-ACO	\$ 628.06	\$ 957.26	\$ 838.70	\$ 1,169.88
<b>Medical Plan with Prescription</b>		<b>Employer Cost/Premium Sharing - Part-time (20-29 Hours per week)</b>		
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ 314.04	\$ 478.64	\$ 419.36	\$ 584.94
UT Connect-ACO	\$ 314.04	\$ 478.64	\$ 419.36	\$ 584.94

[Interactive Cost Worksheet](#)