

INSURANCE PREMIUM RATES FOR PLAN YEAR 2020-2021 NINE-MONTH DEDUCTION RATES

2020-2021 Insurance Benefits Premium - 9-Month Deduction Rates for Faculty Members Paid Over 9 Months				
Medical Plan with Prescription	Employee Cost - Full-time (30-40 Hours per week)			
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ -	\$ 360.56	\$ 377.09	\$ 710.03
UT Connect-ACO	\$ -	\$ 324.51	\$ 339.39	\$ 639.01
Tobacco Program	\$ 40.00	\$ 80.00	\$ 80.00	\$ 120.00
Medical Plan with Prescription	Employee Cost - Part-time (20-29 Hours per week)			
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ 418.69	\$ 998.72	\$ 936.21	\$ 1,489.95
UT Connect-ACO	\$ 418.69	\$ 998.72	\$ 936.21	\$ 1,489.95
Tobacco Program	\$ 40.00	\$ 80.00	\$ 80.00	\$ 120.00
Dental Plan	Employee Cost			
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Dental	\$ 38.03	\$ 72.19	\$ 79.55	\$ 113.12
UT Select Dental Plus	\$ 81.87	\$ 155.47	\$ 171.55	\$ 244.40
DeltaCare Dental HMO*	\$ 11.73	\$ 22.32	\$ 24.67	\$ 35.20
Vision Plan	Employee Cost			
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Superior Vision	\$ 7.87	\$ 12.40	\$ 12.69	\$ 20.13
Superior Vision Plus	\$ 12.00	\$ 18.77	\$ 20.11	\$ 28.40
Premium Sharing for Waived Medical Coverage			Basic Coverage Package - No Cost to Employees	
Full-Time Employees: 30-40 hours	\$418.69	May be used for Dental, Vision & AD&D	UT Select Medical Plan includes Prescription	
Part-Time Employees: 20-29 hours	\$209.35		\$40,000 Basic Life and \$40,000 AD&D Insurance	
*Available in certain areas of the State of Texas				
9-Month Premium Calculation: Total Monthly Premiums times 12 months divided by 9 months				
PREMIUM SHARING AMOUNT (EMPLOYER PORTION) FOR MEDICAL COVERAGE				
Medical Plan with Prescription	Employer Cost/Premium Sharing - Full-time (30-40 Hours per week)			
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ 837.41	\$ 1,276.35	\$ 1,118.27	\$ 1,559.84
UT Connect-ACO	\$ 837.41	\$ 1,276.35	\$ 1,118.27	\$ 1,559.84
Medical Plan with Prescription	Employer Cost/Premium Sharing - Part-time (20-29 Hours per week)			
Coverage/Tier Level	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
UT Select Medical	\$ 418.72	\$ 638.19	\$ 559.15	\$ 779.92
UT Connect-ACO	\$ 418.72	\$ 638.19	\$ 559.15	\$ 779.92