

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

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				
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	\$ -	\$ 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
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	\$ 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
Dental Plan		Employee Cost		
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
Vision Plan		Employee Cost		
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
Premium Sharing for Waived Medical Coverage			Basic Coverage Package	
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.				
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	\$ 628.06	\$ 957.26	\$ 838.70	\$ 1,169.88
UT Connect-ACO	\$ 628.06	\$ 957.26	\$ 838.70	\$ 1,169.88
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	\$ 314.04	\$ 478.64	\$ 419.36	\$ 584.94
UT Connect-ACO	\$ 314.04	\$ 478.64	\$ 419.36	\$ 584.94

[Interactive Cost Worksheet](#)