

## FY 2017–2018 Insurance Benefits Premiums

2017-2018 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	\$ -	\$ 257.53	\$ 269.34	\$ 507.15
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	\$ 299.07	\$ 713.37	\$ 668.72	\$ 1,064.24
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	\$ 32.40	\$ 61.51	\$ 67.80	\$ 96.40
UT Select Dental Plus	\$ 59.03	\$ 112.11	\$ 123.70	\$ 176.24
DeltaCare Dental HMO*	\$ 8.89	\$ 16.90	\$ 18.68	\$ 26.67
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	\$299.07	May be used for Dental, Vision &	UT Select Medical Plan includes Prescription	
Part-Time Employees: 20-29 hours	\$149.54		\$40,000 Basic Life and \$40,000 AD&D Insurance	
*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	\$ 598.14	\$ 911.69	\$ 798.76	\$ 1,114.18
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	\$ 299.07	\$ 455.85	\$ 399.38	\$ 557.09

2017-2018 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	\$ -	\$ 343.37	\$ 359.12	\$ 676.20
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	\$ 398.76	\$ 951.16	\$ 891.63	\$ 1,418.99
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	\$ 43.20	\$ 82.01	\$ 90.40	\$ 128.53
UT Select Dental Plus	\$ 78.71	\$ 149.48	\$ 164.93	\$ 234.99
DeltaCare Dental HMO*	\$ 11.85	\$ 22.53	\$ 24.91	\$ 35.56
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	\$398.76	May be used for Dental, Vision & AD&D	UT Select Medical Plan includes Prescription	
Part-Time Employees: 20-29 hours	\$199.38		\$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	\$ 797.52	\$ 1,215.59	\$ 1,065.01	\$ 1,485.57
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	\$ 398.76	\$ 607.80	\$ 532.51	\$ 742.79

If there is any error on this rate sheet, the insurance contract and UT System policy information will prevail. Go to My UT Benefits [Interactive Benefits Cost Worksheet](#) for more information.