

# Insurance Benefits Cost for Plan Year 2018-2019

## 12-Month Deduction Rates

2018-2019 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
UT Connect - ACO	\$ -	\$ 231.78	\$ 242.41	\$ 456.44
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
UT Connect - ACO	\$ 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	\$ 28.51	\$ 54.13	\$ 59.86	\$ 84.83
UT Select Dental Plus	\$ 59.03	\$ 112.11	\$ 123.70	\$ 176.24
DeltaCare Dental HMO*	\$ 8.80	\$ 16.73	\$ 18.49	\$ 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	\$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.

## 9-Month Deduction Rates

2018-2019 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
UT Connect-ACO	\$ -	\$ 309.04	\$ 323.21	\$ 608.59
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	\$ 951.17	\$ 891.62	\$ 1,418.98
UT Connect-ACO	\$ 398.76	\$ 951.17	\$ 891.62	\$ 1,418.98
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	\$ 38.01	\$ 72.17	\$ 79.55	\$ 113.11
UT Select Dental Plus	\$ 78.71	\$ 149.48	\$ 164.93	\$ 234.99
DeltaCare Dental HMO*	\$ 11.73	\$ 22.31	\$ 24.65	\$ 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	\$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

Link to Benefits Cost: <https://utdirect.utexas.edu/nlogon/sgwww/myUTBenefits/sgpncost.WBX>

If errors occur, the policy and plan guides will prevail.