



OFFICE OF HUMAN RESOURCES

Enabling the Success of Others

2015-2016 Insurance Benefits Premium - 9-Month Deduction Rates for Faculty Members Paid Over 9 Months				
<b>Medical Plan with Prescription</b>				
<b>Employee Cost - Full-time (30-40 Hours per week)</b>				
<b>Coverage/Tier Level</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
UT Select Medical	\$ -	\$ 325.47	\$ 340.40	\$ 640.95
Tobacco Program	\$ 40.00	\$ 80.00	\$ 80.00	\$ 120.00
<b>Medical Plan with Prescription</b>				
<b>Employee Cost - Part-time (20-29 Hours per week)</b>				
<b>Coverage/Tier Level</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
UT Select Medical	\$ 377.98	\$ 901.58	\$ 845.14	\$ 1,345.01
Tobacco Program	\$ 40.00	\$ 80.00	\$ 80.00	\$ 120.00
<b>Dental Plan</b>				
<b>Employee Cost</b>				
<b>Coverage/Tier Level</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
UT Select Dental	\$ 43.20	\$ 82.01	\$ 90.40	\$ 128.53
UT Select Dental Plus	\$ 74.47	\$ 141.41	\$ 156.04	\$ 222.32
DeltaCare Dental HMO*	\$ 11.85	\$ 22.53	\$ 24.91	\$ 35.56
<b>Vision Plan</b>				
<b>Employee Cost</b>				
<b>Coverage/Tier Level</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
Superior Vision	\$ 7.87	\$ 12.40	\$ 12.69	\$ 20.13
Superior Vision Plus	\$ 12.00	\$ 18.77	\$ 20.11	\$ 28.40
For other coverage: Use this link: <a href="https://utdirect.utexas.edu/nlogon/sgwww/myUTBenefits/sgpncost.WBX">https://utdirect.utexas.edu/nlogon/sgwww/myUTBenefits/sgpncost.WBX</a>				
<b>Premium Sharing for Waived Medical Coverage</b>			<b>Basic Coverage Package - No Cost to Employees</b>	
Full-Time Employees: 30-39 hours	\$377.97	May be used for Dental, Vision & AD&D	UT Select Medical Plan includes Prescription	
Part-Time Employees: 30-39 hours	\$188.99		\$20,000 Basic Life and \$20,000 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				
<b>PREMIUM SHARING AMOUNT (EMPLOYER PORTION)</b>				
<b>Medical Plan with Prescription</b>				
<b>Employer Cost/Premium Sharing - Full-time (30-40 Hours per week)</b>				
<b>Coverage/Tier Level</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
UT Select Medical	\$ 755.95	\$ 1,152.23	\$ 1,009.49	\$ 1,408.13
<b>Medical Plan with Prescription</b>				
<b>Employer Cost/Premium Sharing - Part-time (20-29 Hours per week)</b>				
<b>Coverage/Tier Level</b>	<b>Employee Only</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Employee &amp; Family</b>
UT Select Medical	\$ 377.97	\$ 576.11	\$ 504.75	\$ 704.07

Click [here](#) to access the monthly rates for those who are nine-month faculty but are paid over 12 months.

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