

## MONTHLY RATES FOR INSURANCE PLANS – EFFECTIVE SEPTEMBER 1, 2021

The University of Texas Health Science Center at Houston  
Office of Employee Benefits

### MEDICAL- UT OUT-OF-POCKET COST PER MONTH

| Full Time Employees   |  |                 |                  | Part Time Employees   |  |                 |                  |
|-----------------------|--|-----------------|------------------|-----------------------|--|-----------------|------------------|
|                       | Total Premium                            | Premium Sharing | Cost to Employee |                       | Total Premium                            | Premium Sharing | Cost to Employee |
| Subscriber Only       | \$ 628.06                                | \$628.06        | \$ 0.00          | Subscriber Only       | \$ 628.06                                | \$314.03        | \$314.03         |
| Subscriber & Spouse   | \$1,227.68                               | \$957.26        | \$270.42         | Subscriber & Spouse   | \$1,227.68                               | \$478.64        | \$749.04         |
| Subscriber & Children | \$1,121.52                               | \$838.70        | \$282.82         | Subscriber & Children | \$1,121.52                               | \$419.36        | \$702.16         |
| Subscriber & Family   | \$1,702.40                               | \$1,169.88      | \$532.52         | Subscriber & Family   | \$1,702.40                               | \$584.94        | \$1,117.46       |
| Tobacco Premium       | \$30 per Person, \$90 maximum per Family |                 |                  | Tobacco Premium       | \$30 per Person, \$90 maximum per Family |                 |                  |
| Waiving Medical       |  | \$314.03        |                  | Waiving Medical       |  | \$157.02        |                  |

### MEDICAL - UT CONNECT (for Dallas/Ft. Worth area only)

| Full Time Employees   |  |                 |                  | Part Time Employees   |  |                 |                  |
|-----------------------|--|-----------------|------------------|-----------------------|--|-----------------|------------------|
|                       | Total Premium                            | Premium Sharing | Cost to Employee |                       | Total Premium                            | Premium Sharing | Cost to Employee |
| Subscriber Only       | \$ 628.06                                | \$ 628.06       | \$ 0.00          | Subscriber Only       | \$ 628.06                                | \$314.04        | \$314.02         |
| Subscriber & Spouse   | \$ 1,200.64                              | \$ 957.26       | \$ 243.38        | Subscriber & Spouse   | \$1,227.68                               | \$478.64        | \$749.04         |
| Subscriber & Children | \$ 1,093.24                              | \$ 838.70       | \$ 254.54        | Subscriber & Children | \$1,121.52                               | \$419.36        | \$702.16         |
| Subscriber & Family   | \$ 1,649.14                              | \$1,169.88      | \$ 479.26        | Subscriber & Family   | \$1,702.40                               | \$584.94        | \$1,117.46       |
| Tobacco Premium       | \$30 per Person, \$90 maximum per Family |                 |                  | Tobacco Premium       | \$30 per Person, \$90 maximum per Family |                 |                  |
| Waiving Medical       |  | \$314.03        |                  | Waiving Medical       |  | \$157.01        |                  |

Plan self-insured by UT and administered by Blue Cross Blue Shield. [www.bcbstx.com/ut](http://www.bcbstx.com/ut) 1-866-882-2034 Group: 71778

### DENTAL COVERAGE OUT-OF-POCKET COST PER MONTH

|                       | Dental  | Dental Plus | DeltaCare HMO |
|-----------------------|---------|-------------|---------------|
| Subscriber Only       | \$28.52 | \$61.40     | \$8.80        |
| Subscriber & Spouse   | \$54.14 | \$116.60    | \$16.74       |
| Subscriber & Children | \$59.66 | \$128.66    | \$18.50       |
| Subscriber & Family   | \$84.83 | \$183.30    | \$26.40       |

Delta Dental - [www.deltadentalins.com/universityoftexas](http://www.deltadentalins.com/universityoftexas) Group: 6690 1-800-893-3582

### VISION CARE PLAN OUT-OF-POCKET COST PER MONTH

|                       | Vision  | Vision Plus |
|-----------------------|---------|-------------|
| Subscriber Only       | \$5.02  | \$7.64      |
| Subscriber & Spouse   | \$7.90  | \$11.98     |
| Subscriber & Children | \$8.10  | \$12.82     |
| Subscriber & Family   | \$12.84 | \$18.10     |

Superior Vision - [www.superiorvision.com/ut](http://www.superiorvision.com/ut) 1-800-507-3800 Group: 26856

### DISABILITY OUT-OF-POCKET COST PER MONTH

|   |  |
|---|--|
| <p>Short Term Disability ( 7 day Elimination Period)<br/>\$ 0.30 per \$100 of monthly earnings to a maximum of \$6,139</p> <p>Long Term Disability (90 day Elimination Period)<br/>\$ 0.34 per \$100 of monthly earnings to a maximum of \$25,000</p> | <p>Standard Long Term Disability*<br/>per \$100 of monthly earnings to a max of \$58,333</p> <p>Option 1 – 90 day elim w/COLA \$ 0.85</p> <p>Option 2 – 90 day elim w/o COLA \$ 0.65</p> <p>Option 3 – 180 day w/COLA \$ 0.64</p> <p>Option 4 – 180 day w/o COLA \$ 0.49</p> <p><small>*eligibility based on appointment</small></p> |
| Dearborn National. <a href="http://www.dearbornnational.com/ut/">www.dearbornnational.com/ut/</a> 1-866-628-2606  | Standard Insurance Company. <a href="http://www.standard.com">www.standard.com</a> 1-800-368-1135  |

### UT FLEX

|   |
|---|
| UT Flex medical plan year limit - \$2,750 (monthly \$229.00)<br>UT Flex Dependent Care plan year limit - \$5,000 (monthly \$416.66)<br>Maestro Health – <a href="http://www.myUTFLEX.com">www.myUTFLEX.com</a> 1-844-887-3539 |
|---|

### EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM

| Annual Deductible: \$100 per person per year (Deductible does not apply to medical plan deductible)  |         |                |                    |
|--|---------|----------------|--------------------|
| Access Options   | Generic | Preferred Drug | Non-Preferred Drug |
| Retail Pharmacy:<br>(Up to 30 day supply)  | \$ 10   | \$ 35          | \$ 50              |
| Mail Order Pharmacy:<br>(Up to 90-day supply)  | \$ 20   | \$ 87.50       | \$ 125             |
| The premiums for this plan are included in the medical rates listed above.<br><a href="http://www.expressscripts.com">www.expressscripts.com</a> 1-800-818-0155 Group: UTSYSRX |         |                |                    |

### VOLUNTARY TERM LIFE INSURANCE COST PER MONTH

| EMPLOYEE RATES*               |   | DEPENDENT RATES             |  | Dependent Life Family coverage option: <b>\$2.87</b>  |
|-------------------------------|---|-----------------------------|--|---|
| Age of Employee on 09/01/2021 | Voluntary Group Term Life (cost per \$1000 of coverage) | Age of Spouse on 09/01/2021 | Voluntary Term Life Rates per \$1000 for coverage of either \$15,000 or \$40,000 |   |
| < 35                          | \$0.037   | 15 - 24                     | \$0.053  | Provides \$10,000 for each dependent Insured by Dearborn National<br><br>AD&D INSURANCE<br>Monthly Rate (per each \$10,000 unit) <b>\$ 0.14</b><br><br>Group: <b>GFZ71778</b> |
| 35 - 39                       | \$0.047   | 25 - 29                     | \$0.054  |   |
| 40 - 44                       | \$0.063   | 30 - 34                     | \$0.057  |   |
| 45 - 49                       | \$0.097   | 35 - 39                     | \$0.072  |   |
| 50 - 54                       | \$0.150   | 40 - 44                     | \$0.101  |   |
| 55 - 59                       | \$0.233   | 45 - 49                     | \$0.154  |   |
| 60 - 64                       | \$0.364   | 50 - 54                     | \$0.241  |   |
| 65 - 69                       | \$0.650   | 55 - 59                     | \$0.376  |   |
| 70 - 74                       | \$0.752   | 60 - 64                     | \$0.574  |   |
| 75 - 79                       | \$0.932   | 65 - 69                     | \$0.857  |   |
| 80 and over                   | \$1.634   | 70 - 74                     | \$1.167  |   |
|                               |   | 75 - 79                     | \$1.446  |   |
|                               |   | 80 and over                 | \$2.536  |   |

\* \$40,000 Employee Life & AD&D furnished at no cost with medical.