

MONTHLY RATES FOR INSURANCE PLANS – EFFECTIVE SEPTEMBER 1, 2020

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 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 Group: 6690 1-800-893-3582

VISION CARE PLAN OUT-OF-POCKET COST PER MONTH

	Vision	Vision Plus
Subscriber Only	\$5.90	\$9.00
Subscriber & Spouse	\$9.30	\$14.08
Subscriber & Children	\$9.52	\$15.08
Subscriber & Family	\$15.10	\$21.30

Superior Vision - www.superiorvision.com/ut 1-800-507-3800 Group: 26856

DISABILITY OUT-OF-POCKET COST PER MONTH

<p>Short Term Disability (14 day Elimination Period) \$ 0.27 per \$100 of monthly earnings to a maximum of \$5,000</p> <p>Long Term Disability (90 day Elimination Period) \$ 0.38 per \$100 of monthly earnings to a maximum of \$20,042</p>	<p>Standard Long Term Disability* 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. www.dearbornnational.com/ut/ 1-866-628-2606	Standard Insurance Company. www.standard.com 1-800-368-1135

UT FLEX

UT Flex medical plan year limit - \$2,700 (monthly \$225.00) UT Flex Dependent Care plan year limit - \$5,000 (monthly \$416.66) Maestro Health – www.myUTFLEX.com 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: (Up to 30 day supply)	\$ 10	\$ 35	\$ 50
Mail Order Pharmacy: (Up to 90-day supply)	\$ 20	\$ 87.50	\$ 125
The premiums for this plan are included in the medical rates listed above. www.expressscripts.com 1-800-818-0155 Group: UTSYSRX			

VOLUNTARY TERM LIFE INSURANCE COST PER MONTH

EMPLOYEE RATES*		DEPENDENT RATES		Dependent Life Family coverage option: \$2.87
Age of Employee on 09/01/2019	Voluntary Group Term Life (cost per \$1000 of coverage)	Age of Spouse on 09/01/2019	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 AD&D INSURANCE Monthly Rate (per each \$10,000 unit) \$ 0.14 Group: GFZ71778
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.