

**The University of Texas at Tyler**  
**Office of Human Resources**  
**MONTHLY RATES FOR INSURANCE PLANS – EFFECTIVE SEPTEMBER 1, 2018**

**MEDICAL OUT-OF-POCKET COST PER MONTH**

**Full Time Employees and Retirees\*\***

Category	Total Premium	Premium Sharing	Cost to Employee
Subscriber Only	\$ 598.14	\$ 598.14	\$ 0.00
Subscriber & Spouse	\$ 1,169.22	\$ 911.69	\$ 257.53
Subscriber & Children	\$ 1,068.10	\$ 798.76	\$ 269.34
Subscriber & Family	\$ 1,621.33	\$ 1,114.18	\$ 507.15
Waiving Medical		\$ 299.07	

**Part Time Employees**

Category	Total Premium	Premium Sharing	Cost to Employee
Subscriber Only	\$ 598.14	\$ 299.07	\$ 299.07
Subscriber & Spouse	\$ 1,169.22	\$ 455.85	\$ 713.37
Subscriber & Children	\$ 1,068.10	\$ 399.38	\$ 668.72
Subscriber & Family	\$ 1,621.33	\$ 557.09	\$ 1,064.24
Waiving Medical		\$ 149.54	

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

**Express Scripts HEALTH PRESCRIPTION DRUG PROGRAM**

The premiums for this plan are included in the medical rates listed above. [www.express-scripts.com/ut](http://www.express-scripts.com/ut) 1-800-818-0155

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

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

Category	Rate
Subscriber Only	\$ 28.51
Subscriber & Spouse	\$ 54.13
Subscriber & Children	\$ 59.66
Subscriber & Family	\$ 84.83

Plan self insured and administered by [Delta Dental](http://DeltaDental.com). 1-800-893-3582

**DENTAL PLUS COVERAGE OUT-OF-POCKET COST PER MONTH**

Category	Rate
Subscriber Only	\$ 59.03
Subscriber & Spouse	\$ 112.11
Subscriber & Children	\$ 123.70
Subscriber & Family	\$ 176.24

Plan self insured and administered by [Delta Dental](http://DeltaDental.com). 1-800-893-3582

**DENTAL HMO COVERAGE OUT-OF-POCKET COST PER MONTH**

Category	Rate
Subscriber Only	\$ 8.80
Subscriber & Spouse	\$ 16.73
Subscriber & Children	\$ 18.49
Subscriber & Family	\$ 26.40

Plan self insured and administered by [Delta Dental](http://DeltaDental.com). 1-800-893-3582

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

Category	Rate
Subscriber Only	\$ 5.90
Subscriber & Spouse	\$ 9.30
Subscriber & Children	\$ 9.52
Subscriber & Family	\$ 15.10

Plan self insured and administered by [Superior Vision Plan](http://SuperiorVisionPlan.com). 1-800-507-3800

**VISION CARE PLUS COVERAGE OUT-OF-POCKET COST PER MONTH**

Category	Rate
Subscriber Only	\$ 9.00
Subscriber & Spouse	\$ 14.08
Subscriber & Children	\$ 15.08
Subscriber & Family	\$ 21.30

Plan self insured and administered by [Superior Vision Plan](http://SuperiorVisionPlan.com). 1-800-507-3800

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

Short Term Disability (14 day Elimination Period)	Basic Monthly Earnings (capped at \$ 5,000) times \$ 0.0027 = Monthly Premium
Long Term Disability (90 day Elimination Period)	Basic Monthly Earnings (capped at \$ 20,042) times \$ 0.0038 = Monthly Premium
Insured by Dearborn National	

**AD&D INSURANCE OUT-OF-POCKET COST PER MONTH**

Monthly Rate (per each \$10,000 unit) = \$ 0.14	Insured by Dearborn National*
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**VOLUNTARY TERM LIFE INSURANCE OUT-OF-POCKET COST PER MONTH FOR ACTIVE EMPLOYEES**

EMPLOYEE & RETIREE RATES		DEPENDENT RATES		Dependent Life Family coverage option: \$2.87 Provides \$10,000 for each dependent Insured by Dearborn National *
Age of Employee 09/01/16	Voluntary Group Term Life	Age of Spouse 09/01/16	Voluntary Term Life Rates per \$1000 for coverage of either \$15,000 or \$40,000	
< 35	\$0.037	15 - 24	\$0.053	* \$40,000 Employee Life & AD&D furnished at no cost with medical election.
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 >	\$1.634	70 - 74	\$1.167	
		75 - 79	\$1.446	
		80 >	\$2.536	