### Monthly Rates for Insurance Plans – Effective September 1, 2018
The University of Texas Health Science Center at Houston
Office of Employee Benefits

#### Medical - Ut Out-of-Pocket Cost Per Month

<table>
<thead>
<tr>
<th></th>
<th>Full Time Employees</th>
<th>Part Time Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Premium</td>
<td>Premium Sharing</td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$598.14</td>
<td>$598.14</td>
</tr>
<tr>
<td>Subscriber &amp; Spouse</td>
<td>$1,169.22</td>
<td>$911.69</td>
</tr>
<tr>
<td>Subscriber &amp; Children</td>
<td>$1,068.10</td>
<td>$798.76</td>
</tr>
<tr>
<td>Subscriber &amp; Family</td>
<td>$1,621.33</td>
<td>$1,114.18</td>
</tr>
<tr>
<td>Tobacco Premium</td>
<td>$30 per Person, $90 maximum per Family</td>
<td>$299.07</td>
</tr>
<tr>
<td>Waiving Medical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Medical - Ut Connect (for Dallas/Ft. Worth area only)

<table>
<thead>
<tr>
<th></th>
<th>Full Time Employees</th>
<th>Part Time Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Premium</td>
<td>Premium Sharing</td>
</tr>
<tr>
<td>Subscriber Only</td>
<td>$598.14</td>
<td>$598.14</td>
</tr>
<tr>
<td>Subscriber &amp; Spouse</td>
<td>$1,143.47</td>
<td>$911.69</td>
</tr>
<tr>
<td>Subscriber &amp; Children</td>
<td>$1,041.17</td>
<td>$798.76</td>
</tr>
<tr>
<td>Subscriber &amp; Family</td>
<td>$1,570.62</td>
<td>$1,114.18</td>
</tr>
<tr>
<td>Tobacco Premium</td>
<td>$30 per Person, $90 maximum per Family</td>
<td>$299.07</td>
</tr>
<tr>
<td>Waiving Medical</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Dental Coverage Out-of-Pocket Cost Per Month

<table>
<thead>
<tr>
<th></th>
<th>Dental</th>
<th>Dental Plus</th>
<th>DeltaCare HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Only</td>
<td>$28.51</td>
<td>$59.03</td>
<td>$6.80</td>
</tr>
<tr>
<td>Subscriber &amp; Spouse</td>
<td>$54.13</td>
<td>$112.11</td>
<td>$16.73</td>
</tr>
<tr>
<td>Subscriber &amp; Children</td>
<td>$59.66</td>
<td>$123.70</td>
<td>$18.49</td>
</tr>
<tr>
<td>Subscriber &amp; Family</td>
<td>$84.83</td>
<td>$176.24</td>
<td>$25.40</td>
</tr>
</tbody>
</table>


#### Vision Care Plan Out-of-Pocket Cost Per Month

<table>
<thead>
<tr>
<th></th>
<th>Vision</th>
<th>Vision Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Only</td>
<td>$5.90</td>
<td>$9.00</td>
</tr>
<tr>
<td>Subscriber &amp; Spouse</td>
<td>$9.30</td>
<td>$14.08</td>
</tr>
<tr>
<td>Subscriber &amp; Children</td>
<td>$9.52</td>
<td>$15.08</td>
</tr>
<tr>
<td>Subscriber &amp; Family</td>
<td>$15.10</td>
<td>$21.30</td>
</tr>
</tbody>
</table>


#### Disability Out-Of-Pocket Cost Per Month

- **Short Term Disability (14 day Elimination Period)**
  - $0.27 per $100 of monthly earnings to a maximum of $5,000
- **Long Term Disability (90 day Elimination Period)**
  - $0.38 per $100 of monthly earnings to a maximum of $20,042


#### Ut Flex

- UT Flex medical plan year limit - $2,650 (monthly $220.80)
- UT Flex Dependent Care plan year limit - $5,000 (monthly $416.66)

Maestro Health – [www.myUFTFLEX.com](http://www.myUFTFLEX.com) 1-844-887-3536

#### Express Scripts Prescription Drug Program

- **Annual Deductible**: $100 per person per year (Deductible does not apply to medical plan deductible)

<table>
<thead>
<tr>
<th>Access Options</th>
<th>Generic</th>
<th>Preferred Drug</th>
<th>Non-Preferred Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail Pharmacy: (Up to 30 day supply)</td>
<td>$10</td>
<td>$35</td>
<td>$50</td>
</tr>
<tr>
<td>Mail Order Pharmacy: (Up to 90-day supply)</td>
<td>$20</td>
<td>$87.50</td>
<td>$125</td>
</tr>
</tbody>
</table>

The premiums for this plan are included in the medical rates listed above. [www.expressscripts.com](http://www.expressscripts.com) 1-808-818-0155 Group: UTYSRX

#### Voluntary Term Life Insurance Cost Per Month

<table>
<thead>
<tr>
<th>Age of Employee on 09/01/2018</th>
<th>Voluntary Group Term Life (cost per $1000 of coverage)</th>
<th>Age of Spouse on 09/01/2018</th>
<th>Voluntary Term Life Rates per $1000 of coverage or $40,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 35</td>
<td>$0.037</td>
<td>15 - 24</td>
<td>$0.053</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.047</td>
<td>25 - 29</td>
<td>$0.054</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.063</td>
<td>30 - 34</td>
<td>$0.057</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.097</td>
<td>35 - 39</td>
<td>$0.072</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.150</td>
<td>40 - 44</td>
<td>$0.101</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.233</td>
<td>45 - 49</td>
<td>$0.154</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$0.364</td>
<td>50 - 54</td>
<td>$0.241</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$0.650</td>
<td>55 - 59</td>
<td>$0.376</td>
</tr>
<tr>
<td>70 - 74</td>
<td>$0.752</td>
<td>60 - 64</td>
<td>$0.574</td>
</tr>
<tr>
<td>75 - 79</td>
<td>$0.932</td>
<td>65 - 69</td>
<td>$0.857</td>
</tr>
<tr>
<td>80 and over</td>
<td>$1.634</td>
<td>70 - 74</td>
<td>$1.167</td>
</tr>
</tbody>
</table>

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

**Dependent Rates**

- **Family coverage option**: $2.87
- Provides $10,000 for each dependent insured by Dearborn National

#### AD&D Insurance Monthly Rate (per each $10,000 unit) $0.14

Group: GF71778