

UT Benefits

THE UNIVERSITY of TEXAS SYSTEM



Annual Enrollment & Resource Guide

FOR INSURANCE, RETIREMENT AND WELLNESS PROGRAMS

**RETIRED
EMPLOYEE**
JULY 2022

A PUBLICATION OF
THE OFFICE OF EMPLOYEE BENEFITS

LETTER FROM THE OFFICE OF EMPLOYEE BENEFITS

Dear UT Benefits Medical Plan participants,

For more than two years, the COVID-19 pandemic has directly and indirectly affected virtually all aspects of daily life and created unprecedented challenges in healthcare and many other industries. Your medical plan has also faced significant challenges during the pandemic as utilization patterns have fluctuated and overall costs have risen sharply. Given that, the **UT SELECT™** and **UT CONNECT** medical plans need adjustments to premium rates and member cost sharing (the amount a member pays when seeking medical services).

PLAN IMPACT

The need to make changes in the 2022-2023 medical plans is due to several significant factors, including:

- Based on plan experience, premium rate increases were indicated for the past two plan years but were postponed following consultation with UT institutions. This decision was made largely to help individuals coping with the challenges of the pandemic.
- There has been a significant increase in utilization of the plan and the number of claims, including claims resulting from the treatment of COVID-19.
- Delayed care due to COVID-19 has resulted in later diagnosis of some conditions, resulting in advanced stages of diseases that are more costly to treat.
- As with many other goods and services, the cost of medical care has increased.
- The cost of prescription medications continues to rise.
- Reduction in plan investment return due to market volatility.

Because the plan is self-funded and relies on monthly premiums to pay the cost of all claims, there will be a premium rate increase and plan design changes for both **UT SELECT™** Medical and for **UT CONNECT** (offered in the DFW-area only) for the 2022-2023 plan year. This is only the second rate increase in six years, having had no change to premium rates for the 2018, 2019, 2021, and 2022 plan years.

As a reminder, with premium sharing from the state and your institution, retired employees pay no monthly premium for the **UT SELECT™** or **UT CONNECT** medical plan. Part-time benefits-eligible employees receive 50% premium sharing that covers 50% of the medical plan monthly premium. While approximately 58% of participants have “employee-

only” coverage at no cost to themselves, institutions will pay additional premium sharing costs for this coverage. Both the institution and plan members who cover their family members on the plan will see an increase in premium. The UT institutions fund more than 85% of the cost of the **UT SELECT™** and **UT CONNECT** medical plans through their contribution to your health plan premiums. This in turn, assists UT Benefits in funding the \$1.4 billion program on behalf of our employees and their families.

The complete details about new premium rates can be found on page 7 of this newsletter listed under Out-of-Pocket Premiums for 2022-2023.

HOW DOES THIS IMPACT MY BENEFITS?

To help account for the deferred premium increases over the past two years without relying solely on a direct increase to monthly premiums and to respond to the significant increases in the cost of care for all members, there will also be some plan design changes for 2022-2023. These are the first significant plan design changes since 2016, aside from plan design enhancements including new plan tools and resources. These changes are designed to secure and protect the long-term financial viability of the **UT SELECT™** and **UT CONNECT** Medical plans.

Please review the table on page 8 carefully to learn about the **UT SELECT™** and **UT CONNECT** plan design changes effective September 1, 2022.

In September look for more information about the new **UT CARE™** Medicare PPO plan. This plan will be effective January 1, 2023, and will offer benefits that are equal to or greater than the current **UT SELECT™** plan.

Sincerely,

OFFICE OF EMPLOYEE BENEFITS | UT SYSTEM

Annual Enrollment & Resource Guide

This special edition guide provides details on the benefits enrollment process and the uniform benefits plan for UT retired employees and their qualified dependents. It also contains important information you may wish to refer to throughout the year.

IN THIS ISSUE

Annual Enrollment Timeline	5
What to Expect in the New Plan Year.....	5
Annual Enrollment Detailed Timeline	6
Out-of-Pocket Premiums for 2022-2023.....	7
Keep Your ID Cards.....	7
UT SELECT Medical Plan Overview for 2022-2023	8
Fertility Benefit for UT SELECT Medical	9
UT Health Network	9
Telemedicine	9
Continue Using these Powerful Resources for 2022-2023	10
Prescription Plan	13
UT CONNECT Medical Plan Enhancements (DFW Only)	14
Updated Billing Policy for Cancelled Coverage.....	16
Make your Premium Payments Through your TRS Annuity	16
Dental Benefits	17
Vision Benefits	18
Blue Cross Blue Shield of Texas (BCBSTX) Ancillary	
Group Term Life Insurance	19
Medicare and UT SELECT	20
Spotlight: Outside Medicare Plans	23
Living Well Make It a Priority	24
Dependent Eligibility and Documentation.....	25
Other Eligibility	25
How to Change your Benefits	26
Mobile App Instructions	30
Evidence of Insurability.....	31
Evidence of Eligibility	31
Evidence of Waiver.....	31
Changes During the Year.....	32
Nondiscrimination Notice	32
Accessibility Requirements Notice	33
Retiree Associations.....	34
UT Benefits Contacts: Institutions	35
UT Benefits Contacts: Plan Administrators	35

IMPORTANT: AVAILABILITY OF SUMMARY HEALTH INFORMATION

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The Uniform Summary of Benefits and Coverage (SBC) provision of the Affordable Care Act requires all insurers and group health plans to provide consumers with an SBC to describe key plan features in a mandated format, including limitations and exclusions. The provision also requires that consumers have access to a uniform glossary of terms commonly used in health care coverage.

To review an SBC for your medical plan, visit the website utbenefits.link/SBC. You can view the glossary at utbenefits.link/CMSGlossary. To request a copy of these documents free of charge, you may call the SBC hotline at 855-756-4448.

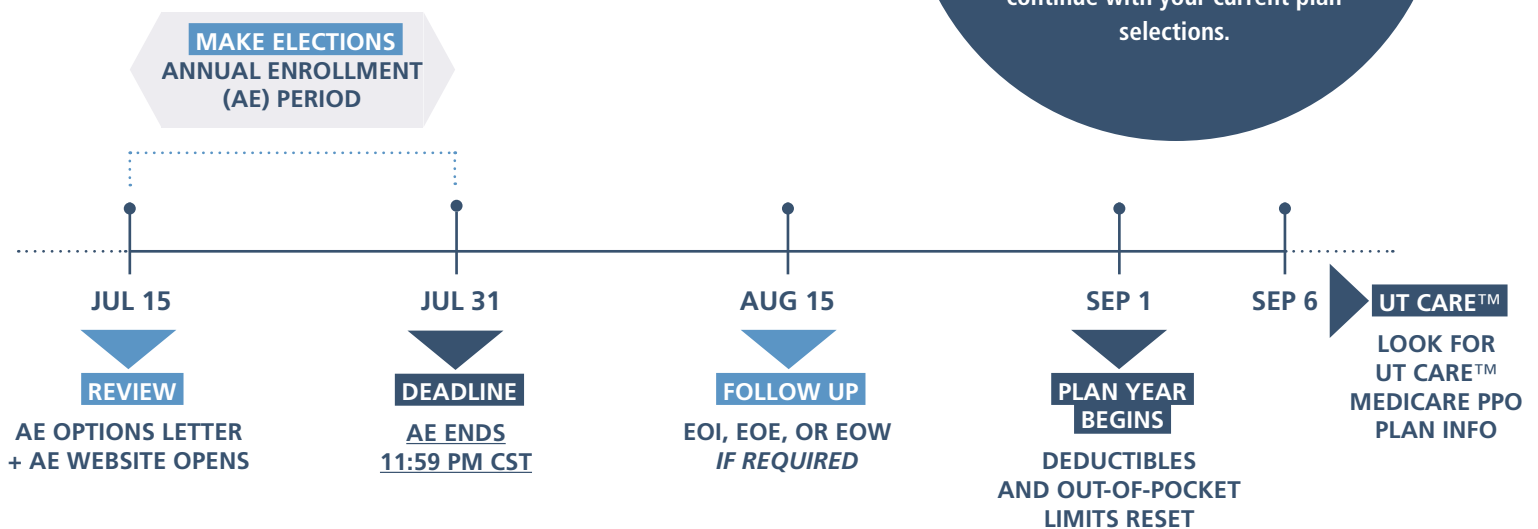
UT Benefits for one. Health for UT System.

IMPORTANT

Carefully review this guide for information about insurance plan premium rates, plan changes, and other Annual Enrollment details.

If you don't want to make any changes, you don't have to do anything to continue with your current plan selections.

Annual Enrollment Timeline



What to Expect in the New Plan Year

SEPTEMBER 1, 2022

- Plan changes begin.
- Deductibles (other than **UT SELECT™** Part D) and limits start over.

SEPTEMBER 6, 2022

- Look for **UT CARE™** Medicare PPO plan enrollment kit.

ONGOING: KEEP IN TOUCH



YOUR ADDRESS | Notify your institution about any changes to your contact information.

CONTACT INFO | Keep the Contact Information section of this newsletter to contact insurance vendors for plan information or your institution about your coverage.



Annual Enrollment Detailed Timeline

REVIEW

<p>BY JULY 15</p>	<p> REVIEW MAKE INFORMED BENEFITS CHOICES WITH RESOURCES AVAILABLE TO HELP YOU</p>	<p>Annual Enrollment Website available by July 15, 2022</p> <ul style="list-style-type: none"> • Virtual and/or Annual Enrollment Meetings (at your institution) • Insurance vendors available for plan-specific questions (see information on OEB Virtual Annual Enrollment website and Contacts at the end of this publication) <p>www.utsystem.edu/benefits</p>
<p>JULY 15 – 31</p>	<p> MAKE ELECTIONS ANNUAL ENROLLMENT PERIOD</p>	<p>July 15 – July 31, 2022</p> <p>UT Benefits Enrollment Options email or letter delivered by July 15 lists current coverage, options for coverage for the next plan year beginning September 1, 2022, and instructions for making changes online.</p> <p>During this period, you can:</p> <ul style="list-style-type: none"> • Make changes to your benefits, • Add or remove dependents, • Change coverage options for certain plans, and • Register for UT Living Well platform, powered by Limeade. <p>This is a good time to update other items if you've had changes during the year, like:</p> <ul style="list-style-type: none"> • Contact information, • Tobacco user status, and • Beneficiary information.
<p>BY AUGUST 15</p>	<p> FOLLOW UP COMPLETE EOI OR EOE (IF REQUIRED)</p>	<p>Deadline Wednesday, August 15, 2022</p> <p>Evidence of Insurability (EOI) is required to enroll in certain insurance coverage, including Voluntary Group Term Life.</p> <p>Evidence of Eligibility (EOE) is required when you enroll your spouse or a dependent in the UT Benefits program for the first time.</p> <p>Evidence of Waiver (EOW) is required if you waive your UT SELECT™ medical coverage and wish to apply premium sharing to pay for other eligible coverage.</p>
<p>BY SEPTEMBER 6</p>	<p>NEW UT CARE™ MEDICARE PPO ENROLLMENT KIT</p>	<p>New UT CARE™ Medicare PPO (UT CARE) enrollment kits arrive by mail for Medicare eligible retirees and dependents</p> <ul style="list-style-type: none"> • Benefits will be equal to or greater than the current UT SELECT™ plan. • UT CARE™ participants will receive more information about the new plan during Fall 2022. • Must be enrolled in Medicare Part A and Medicare Part B to participate. • Enrollment into UT CARE™ will be automatic if enrolled in Medicare Part A and Part B.

Out-of-Pocket Premiums for 2022-2023



Please review the premium rate changes below carefully.

PLAN				
	RETIREE	RETIREE & SPOUSE	RETIREE & CHILD(REN)	RETIREE & FAMILY
PREMIUMS				
UT SELECT Medical	\$0 <i>no change</i>	\$290.70 \$20.28 <i>increase ▲</i>	\$304.04 \$21.22 <i>increase ▲</i>	\$572.46 \$39.94 <i>increase ▲</i>
UT CONNECT* Medical <i>DFW only</i>	\$0 <i>no change</i>	\$261.64 \$18.26 <i>increase ▲</i>	\$273.64 \$19.10 <i>increase ▲</i>	\$515.22 \$35.96 <i>increase ▲</i>
UT SELECT Dental	\$28.52 <i>no change</i>	\$54.14 <i>no change</i>	\$59.66 <i>no change</i>	\$84.84 <i>no change</i>
UT SELECT Dental Plus	\$61.40 <i>no change</i>	\$116.60 <i>no change</i>	\$128.66 <i>no change</i>	\$183.30 <i>no change</i>
DeltaCare Dental HMO	\$8.80 <i>no change</i>	\$16.74 <i>no change</i>	\$18.50 <i>no change</i>	\$26.40 <i>no change</i>
Superior Vision	\$5.02 <i>no change</i>	\$7.90 <i>no change</i>	\$8.10 <i>no change</i>	\$12.84 <i>no change</i>
Superior Vision Plus	\$7.64 <i>no change</i>	\$11.98 <i>no change</i>	\$12.82 <i>no change</i>	\$18.10 <i>no change</i>

Tobacco Premium Program
\$0 to \$90 per month based upon tobacco user status

* **UT CONNECT** is an Accountable Care Organization medical plan available in Dallas Fort Worth area only. See details on page 14.

Basic Coverage package includes medical, prescription, \$10,000 Basic Life for retirees.

VOLUNTARY GROUP TERM LIFE RATES

Please be sure to review the rate associated with your age as of September 1, 2022.

RETIREE RATE CHART	
AGE OF SUBSCRIBER ON 9/01/22	RATE PER \$1,000 COVERAGE
15 - 19	\$0.035
20 - 24	\$0.035
25 - 29	\$0.035
30 - 34	\$0.035
35 - 39	\$0.045
40 - 44	\$0.059
45 - 49	\$0.092
50 - 54	\$0.142
55 - 59	\$0.221
60 - 64	\$0.345
65 - 69	\$0.616
70 - 74	\$0.713
75 - 79	\$0.884
80 - 84	\$1.549
85 - 90	\$1.549
90 and over	\$1.549

Keep Your ID Cards

Keep your ID cards for insurance plans you did not change.

Current and new **UT SELECT™** and **UT CONNECT** enrollees will receive new medical and prescription ID cards. Contact the insurance carrier to request additional cards.

If you enroll in a new insurance plan type during Annual Enrollment or you change the plan you are currently enrolled in (such as from Vision to Vision Plus), you will receive a new insurance ID card prior to the start of the 2022-2023 plan year. Current and new **UT CONNECT** enrollees will receive new ID cards.

Keep your **UT SELECT™** Part D ID cards as these are not being updated at this time.



UT SELECT™ Medical Plan Overview for 2022-2023

REVIEW

For plan year 2022-2023, there are several plan design changes to the UT SELECT™ Medical plan, including the introduction of an exciting enhancement for those members interested in a family building benefit. Aside from the addition of new benefits tools and enhancements, these types of changes have not been made since the 2015-2016 plan year. While these changes are due in part to the reasons outlined previously in this newsletter (see page 3), they are being implemented at this time to help balance out cost share between the member and the plan. The changes are primarily a result of significantly increased utilization and increases in the cost of patient care and treatment.

Even with the changes below, it's important to recognize that the UT SELECT™ Medical plan continues to maintain a Gold Level plan rating according to the Affordable Care Act. This rating is significant as it validates the plan provides a high level of coverage and meets standards where the overall insurance plan pays 80% or more of costs.

The table below illustrates which benefits are changing (**in bold**) and includes the prior benefit in parentheses for reference.

2022-2023 UT SELECT PLAN DESIGN CHANGES THE UT SELECT MEDICAL PLAN

PLAN BENEFIT	NEW 2022-2023 GOLD LEVEL PLAN
PHYSICIAN OFFICE VISIT	\$30 PCP / \$50 Specialist (was \$35) \$20 UT Health PCP / \$40 UT Health Specialist (was \$25)
URGENT CARE COPAYMENT	\$50 (was \$35)
DEDUCTIBLE	\$600/individual in-network (was \$350) \$1,800/family in-network (was \$1,050) \$1,800/individual out-of-network (was \$750) \$600/individual out-of-area (was \$350)
COINSURANCE STOP LOSS	\$3,500 (was \$2,150)
EMERGENCY ROOM	\$500 all inclusive (was \$150 copay, plus 20% coinsurance; 10% UT Health coinsurance, for room and physician fees)
INPATIENT COPAYMENT	\$200 per day (was \$100) (\$0 UT Health) 5-day max, plus 20% coinsurance; 10% coinsurance UT Health
OUTPATIENT COPAYMENT	\$200 per day (was \$100) (\$0 UT Health) plus 20% coinsurance; 10% coinsurance UT Health
HIGH-COST IMAGING	\$150, removal of waiver program (was \$100 with waiver program)
PRESCRIPTION DRUG DEDUCTIBLE	\$200 deductible (was \$100)
PRESCRIPTION COPAYMENT	\$10 / \$35 / \$60 retail (was \$50) \$20 / \$87.50 / \$150 mail (was \$125)
NEW! FERTILITY BENEFIT	2 Smart Cycles Covered Lifetime

NEW Fertility Benefit for UT SELECT Medical



New this year, we are excited to offer a fertility and family building benefit for **UT SELECT™** members through Progyny, a leading fertility benefits solution. The Progyny benefit offers inclusive and comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance from dedicated Patient Care Advocates (PCAs).

Progyny's mission is to make dreams of parenthood come true through a healthy, timely, and supported family building journey. The benefit is designed to support all paths to parenthood, removing barriers to care so you and your doctor can create the customized treatment plan that is right for you. The program bundles all the individual services, tests, and treatments you may need into a Progyny Smart Cycle. That means you won't run out of coverage mid treatment cycle, and you can focus on the most effective treatment plan for you.

Effective September 1, 2022, eligible **UT SELECT™** members will have access to the following:

- (2) Smart Cycles; flexible coverage to pursue your unique path to parenthood
- Progyny Rx (integrated fertility medication coverage)
- Fertility Preservation (egg and sperm freezing coverage)
- Donor Tissue Purchase (egg and sperm coverage)

To access the Progyny benefit, the person(s) receiving fertility treatment must have been continuously enrolled for 12 months in an employee health plan offered through The University of Texas System. Enrollment in the Student Health Plan does not count towards the 12 months of continuous coverage. Your coverage will be subject to copays. To learn more and activate your benefit, you can reach out to your dedicated PCA at **844-535-0711**.

Refresher: UT Health Network

The UT Health Network is an enhanced tier plan design for **UT SELECT™** participants. **UT SELECT™** participants receive their highest level of benefits when services are delivered by a UT Health network physician participating at a UT-owned or partner facility.

In cases where a UT physician provides care at non-UT owned or partner facility, members can still save on physician costs. UT Health Network benefits are also available at the participating medical institution employee and nursing clinics.

Participating UT Medical institutions include::

- UT Austin Dell Medical School
- UT Tyler (Health Science Center)
- UT Medical Branch Galveston
- UT Health Houston
- UT Rio Grande Valley
- UT Health San Antonio*

**University Hospital System in San Antonio is a UT Health Network provider for all UT SELECT members. As a UT Health Network provider, University Hospital System offers a lower member cost share for inpatient hospital stays and hospital-based services.*

For more information about the UT Health Network, please visit our website at utbenefits.link/UTHealthNetwork.

To locate a UT Health Network provider, log into Blue Access for Members and review the **UT SELECT™** Provider Finder.

Update: Telemedicine

UT SELECT™ telemedicine visits will remain a plan benefit with an applicable copay. Telemedicine benefits will cover services consistent with and determined by CMS and the American Medical Association (AMA) as clinically appropriate for telemedicine. BCBSTX providers are aware of the CMS and AMA service guidelines. Members may contact BCBSTX Customer Service with any questions.



Continue Using these Powerful Resources for 2022-2023

A HEALTH ADVOCATE CAN HELP GUIDE YOU THROUGH THE HEALTH CARE PROCESS

We know the key to helping members partner with their health plan is to ensure awareness and access. An Advocate helps **UT SELECT™** participants by:

- Connecting members to providers;
- Sorting out complex cases for members;
- Helping employees and retirees understand their health benefits better;
- Helping participants shop for quality, lower-cost health care; and
- HAS representatives are available 24/7 to provide expert level customer service and assistance.

Health Advocates are on the job and ready to help. Just call a health advocate at **866-882-2034** or download the BCBSTX app to chat live with a health advocate today. They are able to assist you in coordinating your care through the offered programs. Health advocates do not replace the care of a doctor and you should talk to your doctor about any medical questions or concerns.

VIRTUAL VISITS POWERED BY MDLIVE®

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. Your medical provider, including UT Health providers, may offer telehealth consultations by phone or video. If they don't, MDLIVE® offers 24/7/365 access to virtual visits for your primary care and behavioral health needs. You don't have to leave the comfort of your own home to talk to a doctor, and best of all, your virtual visit with MDLIVE® has a \$0 copay!

With virtual visits, you get:

- 24/7 access to independently contracted, board-certified doctors;
- Access via online video, mobile app or telephone; and
- E-prescriptions sent to your local pharmacy, when appropriate.

Virtual visits doctors can treat a variety of health conditions, including:

- Allergies,
- Asthma,
- Behavioral Health,
- Colds and flu,
- Ear problems (age 12+),
- Fever (age 3+),
- Nausea,
- Pink eye,
- Rash, and
- Sinus infections.

Download the MDLIVE® app now and register. It's simple and you just need your first name, date of birth, and BCBSTX member ID number, found on your ID card. For more information about MDLIVE®, contact a health advocate at **866-882-2034** or visit MDLIVE.com/bcbstx for more information.

*In the event of an emergency, this service should not take place of an emergency room or urgent care facility. Proper diagnosis should come from your doctor and medical advice is between you and your doctor.

MDLIVE®, an independent company, operates and administers the virtual visits program and is solely responsible for its operations and that of its contracted providers.

OMADA®: A DIGITAL SUPPORT PROGRAM

Omada is a breakthrough digital program that surrounds you with the tools and support you need to build healthy habits that stick. If you have, or are at risk for, certain chronic health conditions such as diabetes, you may be eligible for this new program. With Omada, you get:

- An interactive program that adapts to you;
- An Omada health coach to help keep you on track;
- A wireless smart scale to monitor your progress;
- A small online peer group for real-time support;
- And more!

Omada's approach combines proven science with rich data to help you make the changes that matter most — whether it's eating, activity, sleep or stress. Our published results show the average participant loses about 10 pounds along the way.

If you or your adult family members are enrolled in the **UT SELECT™** Blue Cross and Blue Shield of Texas health plan and are at risk for Type 2 diabetes or heart disease, the Omada program is included in your benefits package.

Contact a health advocate at **866-882-2034** for more information.

LIVONGO – A HIGH-TECH APPROACH TO MANAGING DIABETES AND BLOOD PRESSURE

With Livongo you can...

- **Get Unlimited Strips** – Including Delivery: Get an easy-to-use blood glucose meter, blood pressure monitor, and as many strips and lancets as you need, all shipped directly to you.
- **Enjoy Peace of Mind With 24/7 Support:** A Livongo expert coach can contact you within minutes of an out-of-range blood reading to help you safely get back on track.
- **Get Answers:** Expert coaches are available to answer your questions on blood sugar, blood pressure, managing medications, nutrition, and living a healthy lifestyle. Chat by phone, or ask quick questions in your Livongo app.
- **Worry Less About Cost:** Livongo is a benefit provided for you and your covered dependents, as part of your UT SELECT plan at no additional cost to you.

If you have any questions about this program, please call a health advocate at **866-882-2034** for more information.



NEW! LEARN TO LIVE, BASED ON COGNITIVE BEHAVIORAL THERAPY (CBT)

Learn to Live (L2L) is a behavioral health digital platform available to **UT SELECT™** and **UT CONNECT** members which offers condition-specific programs, each delivered in a user-paced multimedia experience. Services are also available on demand with the options for one-to-one clinician coaching services.

The five self-directed programs are available in English and Spanish:

- Depression
- Stress, Anxiety & Worry
- Social Anxiety
- Insomnia
- Substance Use

How to Register

There are two ways to enroll.

Visit the **BCBSTX Blue Access for Members** website to enroll and complete a comprehensive clinical assessment (confidential).

1. **UT SELECT™** members log in at bcbstx.com/ut
UT CONNECT members log in at bcbstx.com/utconnect
2. Click **Wellness**
3. Choose **Learn to Live**

Or, visit the **Learn to Live** website and follow these steps to enroll.

1. Go to www.learntolive.com/welcome/BCBSTX
2. Enter Access Code: **BETTERME**
3. Once you enter the access code, you will be prompted to enter your **BCBSTX identification number**

If you have questions, **UT SELECT™** members can call a **Health Advocate at 866-882-2034**, and **UT CONNECT** members can call **customer service at 888-399-8889**.

About L2L

Learn to Live (L2L) offers customized, user-paced, online programs based on the proven principles of Cognitive Behavioral Therapy (CBT). The programs are confidential, accessible anywhere, and based on years of research showing online CBT programs to be as effective as face-to-face therapy.

If you are in need of a behavioral health specialist you can find a list of providers by login into the **BCBSTX Blue Access for Members** for **UT SELECT™** or **UT CONNECT** members. Behavioral health care is part of your available benefits under your **UT SELECT™** or **UT CONNECT** plan.

If you are in crisis, call the national hotline at 1-800-273-TALK (8256) or call 911 if you feel you are in immediate danger.

OVERCOME BACK, KNEE, HIP, NECK AND SHOULDER PAIN WITH HINGE HEALTH

Hinge Health is an innovative digital health solution to help you get relief from back, knee, hip, neck and shoulder pain. The program is available at no additional cost to you and your covered dependents over the age of 18 who are enrolled in the **UT SELECT™** health plan. Once enrolled in the program, you'll be paired with your personal health coach who will be with you every step of the way and tailor the program to your needs.

You'll also get the Hinge Health Welcome Kit, which includes a free tablet and wearable motion sensors that give real-time feedback while you do the exercises. The 12-week program only takes 45 minutes per week.

You can call a health advocate at **866-882-2034** for more information.

OVIA HEALTH: A DIGITAL SUPPORT PROGRAM

Ovia Health provides maternity and family apps to support you through your entire parenthood journey. These apps are included with your **UT SELECT™** and **UT CONNECT** health plan, offered through Blue Cross and Blue Shield of Texas (BCBSTX).

With Ovia, you'll have access to enhanced, personalized health and wellness features:

- **Health assessment and symptom tracking** | Receive alerts and predictive, personal coaching when Ovia detects a potential medical issue.
- **More than fifty physician-developed clinical programs to help you be as healthy as possible** | Engage with personalized health and wellness programs to help you navigate infertility, sexual health, birth planning, preterm delivery, mental health, breastfeeding, and more.
- **Unlimited 1-on-1 coaching** | Message instantly with Registered Nurse health coaches to ask all your questions.
- **Career and return-to-work programs** | Find coaching and career advice for preparing for maternity leave, returning to work, and being a working parent.

Download the app that's right for you:

Ovia Fertility – Health & Fertility	Ovia Pregnancy – Pregnancy & Postpartum	Ovia Parenting – Family & working parents
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To create an account, choose **"I have Ovia Health as a benefit"** before tapping **"Sign up"** and make sure to select **BCBSTX** as your health plan and enter your employer name. You'll also need to enter your first and last name (as listed with your health plan), date of birth and ZIP code. Once you accept the terms and conditions, you're ready to explore Ovia!

You can also contact a health advocate at **866-882-2034** for more information or should you have any questions.



Continue Using these Powerful Resources, *continued*

REVIEW

SEASONS OF LIFESM

Seasons of Life is a proactive outreach program offered through your **UT SELECTTM** and **UT CONNECT** benefits and Blue Cross and Blue Shield of Texas (BCBSTX) that provides personalized claims resolution assistance to you and your dependents who may be dealing with the death of a loved one.

When BCBSTX learns of a death, a specially trained customer advocate will send a handwritten sympathy card. This advocate will become your single point of contact for the duration of the program. You and/or your family can then contact the customer advocate at a time that is convenient for you to discuss any insurance-related matters.

BCBSTX will conduct a full review of the deceased's reimbursement history, claims status and customer service history before contacting you and/or your family, so the customer advocate can anticipate needs and ensure that compassionate help is available when it's needed most.

While the Seasons of Life program is launched proactively based on information provided to BCBSTX, please know that you and/or your dependents can contact a health advocate for assistance if needed. Simply call **866-882-2034**.

Prescription Plan



Your prescription drug benefits are included as part of your medical coverage. The **UT SELECT™** Prescription Plan is administered by Express Scripts and the same benefits are provided for both **UT SELECT™** Medical and **UT CONNECT** plan participants.

There are two plan design changes for the prescription drug program for the upcoming plan year:

1. Annual deductible increased to \$200 (from \$100)
2. Non-preferred drug copay increased to \$60 (from \$50)

We want to remind members there are a number of ways to help you maximize your prescription benefit and save you money.

These options include filling 90-day maintenance medications via home delivery and at certain retail locations and substituting generic medications when available.

REMINDER: MORE OPTIONS AVAILABLE FOR FILLING YOUR 90-DAY MAINTENANCE MEDICATIONS

As part of your **UT SELECT™** and **UT CONNECT** non-Medicare prescription benefit, you have access to a more convenient and money-saving feature for your maintenance medications (those drugs you take regularly for ongoing conditions). Through your plan, you could pay less when you fill a 90-day supply of your maintenance medications at a participating ESI pharmacy (including Express Scripts home delivery, and the University of Texas pharmacies) than you would pay for three 30-day supplies at a non-preferred retail pharmacy.

There are Two Ways to Save on Your Maintenance Prescriptions

1. For savings and convenience, take advantage of home delivery from the Express Scripts Pharmacy. Get 90-day supplies of your medications delivered direct to you, safely and securely, with free standard shipping.
Log in at [express-scripts.com/ut](https://www.express-scripts.com/ut) or call the number listed on the back of your member ID card to learn how to get started with home delivery. Express Scripts can contact your doctor to have a new 90-day prescription sent right to you.
2. Or, you can fill your maintenance prescriptions at a participating ESI retail or UT pharmacy. The pharmacist will contact your doctor to get a new 90-day prescription or will transfer your current 90-day prescriptions.

Your copayment for your 90-day supply will be the same whether you fill your prescriptions through Express Scripts home delivery or at a participating Walgreens or UT pharmacy.

If you have questions about the 90-day maintenance medication benefit or want assistance to help you get started, call Express Scripts at **800-818-0155** 24 hours a day, 7 days a week.

YOUR PRESCRIPTION BENEFIT: MEDICATION COVERAGE REVIEW

The **UT SELECT™** prescription drug program utilizes Express Scripts' coverage management programs to help ensure you receive the prescription drugs you need at a reasonable cost. The three primary management programs are: prior authorization, step therapy and quantity duration guidelines. Each program is administered by Express Scripts to determine whether your use of certain medications is appropriate for both clinical and cost considerations.

PRIOR AUTHORIZATION | Just as some healthcare plans approve some medical procedures before they're done to ensure those procedures are needed, some drugs need a "prior authorization" to make sure they are right for you and are covered by your pharmacy benefit. Prior authorization is a program that lets you get the effective medication that you and your family need and helps your plan sponsor maintain affordable prescription-drug coverage for everyone your plan covers. When your pharmacist tells you that your prescription needs a prior authorization, Express Scripts needs more information to know if your plan covers the drug. Only your physician can provide this information and request a prior authorization.

STEP THERAPY | Step therapy is a program that lets you get the safe and effective treatment you and your family need. It also helps your plan sponsor maintain affordable prescription drug coverage for everyone your plan covers.

In step therapy, medications are grouped in categories based on treatment and cost. First-line medications are the first step and are typically generic and lower-cost brand-name medications approved by the U.S. Food & Drug Administration (FDA). They are proven to be safe and effective, as well as affordable.

Second-line drugs typically are brand-name drugs. They are best suited for the few patients who don't respond to first-line medications. Second-line drugs are the most expensive options.

DRUG QUANTITY MANAGEMENT | Drug quantity management (DQM) is a program that makes sure that patients are using medications at doses that have been proven effective. It provides the medication you need for good health, while making sure you receive it in the amount – or quantity – considered safe.

To determine if a medication you have been prescribed has a prior authorization, step-therapy, or drug quantity limit, visit the UT specific Express Scripts website at www.express-scripts.com/utselect and use the "price a medication" feature to see if you have a prescription that will require coverage review.

REMINDER: MID-YEAR FORMULARY CHANGES FOR NON-MEDICARE PLAN | While mid-year formulary changes don't occur frequently, it is possible that a medication can change co-pay tiers during the plan year. For more information on what your cost will be please use the member website at www.express-scripts.com where you can run drug coverage checks to see your cost.

The new plan year for Part D begins on January 1, 2023.



UT CONNECT Medical Plan Enhancements (DFW Only)

The **UT CONNECT** Accountable Care Organization (ACO) is a comprehensive UT Benefits medical plan offering in the Dallas / Fort Worth (DFW) area. The plan is available for Employees and certain Retirees living in the designated service area. This plan is separate from UT SELECT Medical and can be elected during Annual Enrollment. Through the **UT CONNECT** ACO, participants will have access to excellent care managed through a designated primary care provider and receive all of their medical services from a top-quality network of Southwestern Health Resources providers and facilities.

ENHANCED CUSTOMER SERVICE

UT CONNECT's customer service platform can help make navigating healthcare simpler. It's called the **CONNECT** Team and they are available to Employees and Retirees that enroll in the plan – providing personalized support to find doctors, schedule appointments with physicians, answer questions about benefits, and help find ways to save even more on out-of-pocket expenses for care. This service offers a single phone number to reach **CONNECT** navigators.

VIRTUAL VISITS POWERED BY MDLIVE®

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center. Your medical provider may offer telehealth consultations by phone or video. If they don't, **MDLIVE®** offers 24/7/365 access to virtual visits for your primary care and behavioral health needs. You don't have to leave the comfort of your own home to talk to a doctor and, best of all, your virtual visit with **MDLIVE®** has a \$0 copay!

Virtual visits allow you to consult a doctor for non-emergency health conditions by phone, mobile app or online video — anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you. With virtual visits, you get:

- 24/7 access to independently contracted, board-certified doctors;
- Access via online video, mobile app or telephone; and
- E-prescriptions sent to your local pharmacy, when appropriate.

Through virtual visits doctors can treat a variety of health conditions, including: allergies, asthma, behavioral health, colds & flu, ear problems (age 12+), fever (age 3+), nausea, pink eye, rash, and sinus infections.

Registering is simple and easy. You just need your first name, date of birth, and **BCBSTX** member ID number, found on your ID card. For more information about **MDLIVE®**, contact the **CONNECT** Team, or you can call **MDLIVE®** directly at **888-680-8646**. Visit [MDLIVE.com/bcbstx](https://www.mdlive.com/bcbstx) for more information.

**In the event of an emergency, this service should not take place of an emergency room or urgent care facility. Proper diagnosis should come from your doctor and medical advice is between you and your doctor.*

MDLIVE®, an independent company, operates and administers the virtual visits program and is solely responsible for its operations and that of its contracted providers.

ELIGIBILITY

The **UT CONNECT** ACO focuses on achieving better health outcomes through closely managed medical care. Benefits are offered only for care obtained through a specific network of providers and facilities in the DFW area. Eligibility for the plan is limited to **benefits-eligible Employees** and **non-Medicare eligible Retirees** who live within the DFW service area. Retirees living in the area who are Medicare-eligible or who cover Medicare-eligible family members are not eligible to enroll in the **UT CONNECT** ACO, but continue to be eligible for the **UT SELECT** Medical plan.

IMPORTANT NOTE: New enrollees wishing to enroll in the **UT CONNECT** ACO plan must make an election during Annual Enrollment. If you are currently enrolled in the **UT CONNECT** ACO plan, you will continue in that plan unless you actively change to the **UT SELECT** Medical plan.

QUALITY PROVIDER NETWORK

By enrolling in the **UT CONNECT** ACO plan (administered by Blue Cross Blue Shield of Texas), you can be assured that you and your dependents will have access to carefully managed health care through a dedicated network of outstanding Southwestern Health Resources (**SWHR**) providers and facilities. To ensure a broad selection of providers in the North Texas area, **UT CONNECT** participants will have access to more than 10,000 doctors and caregivers in the network. If you currently receive services from a **SWHR** affiliated physician, they will be in the **UT CONNECT** provider network. You can locate a network primary care provider online or by contacting the **UT CONNECT** Team at **888-399-8889**.

BENEFITS CHANGES

- There are now 18 Texas Health Resources (THR) Urgent Care Facilities in DFW. The THR Urgent Care copay is \$40 vs. \$50 for all other non-THR urgent care facilities;
- New! The Primary Care Physician (PCP) copay will continue to be \$5 (first visit is still \$0). However, the Specialist copay is increasing to \$50 (from \$35).
- There is also a change to the Affordable Care Act out-of-pocket limit. This new limit (combining medical and prescription drug costs) is increasing to \$8,700 (from \$8,550) per individual and to \$17,400 (from \$17,100) per family. These limits on total out-of-pocket expenses provide an extra level of financial protection for you and your family.

UT CONNECT (DFW Only), *continued*



REVIEW

UPDATE: TELEMEDICINE

Your **UT CONNECT** providers may also offer telemedicine in addition to what MDLIVE® provides. This will remain a plan benefit with the applicable PCP or Specialist copay.

IMPORTANT NOTE: When enrolling in the **UT CONNECT** ACO plan, participants must designate a primary care provider (PCP) from the list of SWHR and affiliated community physicians. All care is coordinated through the PCP so participants must have one on file to receive benefits.

SELECTING YOUR PCP

Returning **UT CONNECT** subscribers can verify or change their PCP election online at www.bcbstx.com/utconnect

New **UT CONNECT** subscribers can visit the BCBSTX **UT CONNECT** Provider Finder. You may also call **888-399-8889**, Monday through Friday, 8am – 5pm, for assistance or questions.

OUT-OF-POCKET PREMIUM SAVINGS

Just as with the **UT SELECT™** Medical plan, full-time Employee-only and Retiree-only coverage is available at no cost to the primary subscriber. Out-of-pocket premium rates for full-time employee and retiree Subscriber/Spouse, Subscriber/Children, and Subscriber/Family levels of coverage are lower than those for the **UT SELECT™** Medical plan. Check the complete UT Benefits premium rate chart to see the savings you can enjoy based on your level of coverage.

ENHANCED PLAN DESIGN

When visiting **UT CONNECT** ACO network providers, benefits under the **UT CONNECT** plan are similar to those on the **UT SELECT™** Medical plan. However, there are a few important differences between the two plans outlined below, and you can go online to take a deeper look at the **UT CONNECT** plan at www.ut-connect.com.

IMPORTANT NOTE: Due to the managed care model of the **UT CONNECT** ACO plan, there are no benefits for out-of-network or out-of-area services except for urgent care and medical emergencies.

The **UT CONNECT** ACO plan will continue to utilize the prescription drug plan (administered by Express Scripts) that matches the **UT SELECT™** prescription benefit. The **UT CONNECT** ACO plan includes Basic Life Insurance for employees and retirees, plus Accidental Death and Dismemberment Insurance for employees.

CUSTOMER SERVICE

For more information about the **UT CONNECT** ACO plan or further assistance, please call the **UT CONNECT** Team at **888-399-8889**.

BENEFITS HIGHLIGHTS	UT CONNECT ACO	UT SELECT PPO
Administered by Blue Cross Blue Shield of Texas	YES	YES
Copay for First Primary Care Physician (PCP) Office Visit (Annually)	\$0	\$30 (unless for preventive care)
Copay for PCP Office Visits (After the First Visit)	\$5 (unless for preventive care)	\$30 (unless for preventive care)
Copay for Specialist Office Visit	\$50	\$50
Copay for THR Urgent Care Facilities	\$40	\$50
Copay for First 5 Days of Inpatient Care for UT Southwestern, Texas Health, Children's Health and Cook Children's Hospital Locations	\$100 per day (maximum \$500)	\$200 per day (maximum \$1,000)
Copay for Outpatient Facility (Plus Coinsurance)	\$150	\$200
Annual Deductible Individual / Family	\$500 / \$1,500	\$600 / \$1,800
Coinsurance	80% plan / 20% member	
Coinsurance Maximum Individual / Family	\$3,500	\$3,500
Annual Out-of-Pocket Maximum Individual / Family (includes medical and prescription drug deductibles, copayments and coinsurance)	\$8,700 / \$17,400	
Out-of-Network and Out-of-Area Benefits	Urgent Care and Emergency Only	YES



Updated Billing Policy for Cancelled Coverage

CANCELLATION OF COVERAGE DUE TO NON-PAYMENT

Benefits-eligible Retired Employees are responsible for making timely payment of out-of-pocket premiums for all voluntary coverage that has been elected such as Retiree Spouse Medical, Dental, Vision and Voluntary Life Insurance.

REMEMBER: Any voluntary coverage cancelled due to nonpayment of premium must be resolved before that voluntary coverage may be re-added.

HOW DO I RE-ADD MY COVERAGE?

If your coverage is terminated due to nonpayment, election of voluntary coverage during any future enrollment period will be prohibited until the nonpayment status has been resolved. Payment will be required in an amount equal to the out-of-pocket premiums that would have been owed for the remainder of the plan year in which the voluntary coverage you elected was canceled.

After full payment has been submitted for the cancelled coverage, you will be permitted to re-elect those voluntary coverages in a future Annual Enrollment period, or following a qualified change of status event.

WHAT IF I DON'T PAY FOR THE CANCELLED COVERAGE?

If you choose to not pay the past due premiums for the cancelled voluntary coverages, you will not be permitted to elect them again in the future. Retirees will retain their Basic Medical and Basic Life (\$6,000) coverage because the full cost is paid by premium sharing. Voluntary coverage will be available to you again only after nonpayment status has been resolved.

You should also be aware that re-enrollment in Voluntary Group Term Life coverage that was terminated due to nonpayment requires completion of Evidence of Insurability.

Make your Premium Payments Through your TRS Annuity

Benefits-eligible Retired Employees can assure themselves of timely payment of premiums by having those premiums deducted through their TRS annuity. Best of all, it's simple, easy and quick to sign up.

To sign up, all you need is to have your account balance current, you'll fill in a few pieces of information on the form, and in most cases you will be set up for the next payment month.

Deductions will happen each month and you'll receive the remainder of the check balance after that.

Never worry again about missing a payment or having a bank account mishap. Just set it up and forget about it, we've got you taken care of.

Please contact our UT Benefits Billing or your local Benefits Office for the easy to fill out form to get set up today!

utbenefitsbilling@utsystem.edu or 855-688-2455.

Dental Benefits



DENTAL PLAN OPTIONS

UT System offers three dental plan options: two self-funded PPO plan options (**UT SELECT Dental** and **UT SELECT Dental Plus**) and a fully insured dental HMO option (DeltaCare USA), all administered by Delta Dental Insurance Company. There are no benefit changes on any of the plans, and the rates for the **UT SELECT Dental** PPO plan and HMO remain the same.

UT SELECT DENTAL PPO PLAN OPTIONS

PPO dental plans allow you to see any dentist, although your benefits go further if you choose a network dentist. While both PPO plans cover most of the same types of services and provisions, the premiums are different, and the benefits are more enhanced in the **UT SELECT Dental Plus** plan. Compare the benefits closely to select the plan that best meets your or your family's needs.

PLAN DESIGN FEATURES	UT SELECT DENTAL PPO	UT SELECT DENTAL PLUS PPO
DEDUCTIBLE	\$25 deductible	Plan pays deductible
ANNUAL BENEFIT ALLOWANCE	\$1,250 annual benefit maximum	\$3,000 annual benefit maximum
ORTHODONTICS	Separate \$1,250 lifetime orthodontic maximum	Separate \$3,000 lifetime orthodontic benefit maximum
NETWORK OPTIONS	Freedom to choose any licensed dentist. For maximum savings, choose from the Dental Preferred Organization (DPO). If you choose a provider outside of the DPO network, you may be subject to balance billing. Contact Delta Dental customer service to confirm the status of your dental provider.	Freedom to choose any licensed dentist. For maximum savings, choose from the Dental Preferred Organization (DPO). If you choose a provider outside of the DPO network, you may be subject to balance billing. Contact Delta Dental customer service to confirm the status of your dental provider.

BENEFITS AND COVERED SERVICES	UT SELECT DENTAL PPO	UT SELECT DENTAL PLUS PPO
DIAGNOSTIC & PREVENTIVE SERVICES	100%	100%
BASIC SERVICES	80%	100%
MAJOR SERVICES	50%	80%
ORTHODONTIC SERVICES	50%	80%

For additional information about the two **UT SELECT Dental** PPO plans briefly described above, please visit the Office of Employee Benefits website.

DENTAL HMO – DELTACARE USA

The DeltaCare USA Dental Health Maintenance Organization (DHMO) plans require you to choose one dentist or dental facility to coordinate all your oral health needs. If you need to see a specialist, your primary care dentist will refer you; specialty care requires preauthorization. When you receive a dental service, you pay a fixed dollar amount for the treatment (a "copayment"). Diagnostic and preventive services have a low copayment or even no copayment. In most cases, if you visit a dentist outside of the network, you may be responsible for the entire bill.

Limitations & exclusions apply. Contact Delta Dental for specific details about benefits and coverage at **800-893-3582**.

DELTACARE USA PLAN DESIGN FEATURES

- Set copayments.
- No annual deductibles and no maximums for covered benefits.
- Low out-of-pocket costs for many diagnostic and preventive services (such as professional cleanings and regular dental exams).
- Upon enrollment into the DeltaCare USA plan, you must select a primary dentist. You may call Delta Dental at **800-893-3582** to find out if your current dentist is in the DeltaCare network. Do not make any appointments until you are certain that DeltaCare has confirmed a dentist for you and/or for each of your covered dependents. If you visit a dentist other than the one listed as your primary dental provider, your services may not be covered.



Vision Benefits

REVIEW

VISION PLAN OPTIONS

There are no changes to the vision plan design this year. We are also pleased to announce there will be a decrease in monthly premiums for both the Basic and Plus plans. You and your eligible dependents have the option to enroll in the basic plan or the Plus plan (offering enhanced benefits), both administered by Superior Vision. While both plans cover most of the same types of services, the Plus plan includes some additional benefit at a slightly higher premium. Compare the benefits closely to select the plan that best meets your or your family’s needs. See below for some examples.

PLAN DESIGN FEATURES	SUPERIOR VISION PLAN	SUPERIOR VISION PLUS PLAN
ANNUAL EXAM COPAYMENT	\$35 COPAY	\$35 COPAY
FRAME ALLOWANCE	\$140	\$165
PROGRESSIVE LENS ALLOWANCE	Member pays difference between lined trifocals and progressive retail cost.	\$120
COVERED LENS OPTIONS	Standard lens options covered in full; additional options not covered	Standard lenses and additional lens options covered in full: <ul style="list-style-type: none"> • Polycarbonates (dependent children to age 26) • Scratch coat • Ultraviolet coat
NETWORK OF PROVIDERS	Best value provided when visiting a contracted Superior Vision provider. Please contact Superior Vision customer service before you receive services to confirm if your provider is in-network.	

For additional information about each of the current UT vision plans briefly described above, please visit the OEB website. Plan limitations and exclusions do apply for each of these plans. For specific details about plan benefits and coverage, please contact Superior Vision customer service at 844-549-2603.

Blue Cross Blue Shield of Texas (BCBSTX) Ancillary Group Term Life Insurance



Group Term Life (GTL) insurance from Blue Cross Blue Shield of Texas (BCBSTX) Ancillary (formerly known as Dearborn National) can help ensure financial security for your family and loved ones upon your death.

Effective September 1, 2022, the Basic Retiree Group Term Life coverage amount is increasing to \$10,000 (from \$6,000).

There are no changes to Retiree Voluntary GTL coverage options for plan year 2022-2023. Benefits for Life insurance include:

- With Evidence of Insurability (EOI) approval, retirees can elect Voluntary GTL (VGTL) amounts of \$7,000, \$10,000, \$25,000, and \$50,000 up to a maximum of \$100,000; and
- Spouses of retirees who have VGTL are eligible for \$3,000 in VGTL, with EOI as well.

Any new VGTL election or increase to VGTL will require EOI.

REDUCED RATES FOR VOLUNTARY LIFE

Review the rate associated with your age as of September 1, 2022.

RETIREE RATE CHART	
AGE OF SUBSCRIBER ON 9/01/22	RATE PER \$1,000 COVERAGE
15 - 19	\$0.035
20 - 24	\$0.035
25 - 29	\$0.035
30 - 34	\$0.035
35 - 39	\$0.045
40 - 44	\$0.059
45 - 49	\$0.092
50 - 54	\$0.142
55 - 59	\$0.221
60 - 64	\$0.345
65 - 69	\$0.616
70 - 74	\$0.713
75 - 79	\$0.884
80 - 84	\$1.549
85 - 90	\$1.549
90 and over	\$1.549

BENEFICIARY DESIGNATIONS

The beneficiary designation often gets overlooked by participants in a group life insurance plan. Keep in mind that there is basic life insurance with enrollment in the **UT SELECT™** and **UT CONNECT** Medical plan. So, almost all our retirees have at least that basic coverage and many have additional voluntary coverage.

While your current beneficiary information may be on file with our current carrier BCBSTX Ancillary, you are encouraged to update it in the enhanced *My UT Benefits* platform for fast and easy online beneficiary management.

Online Beneficiary Management:

- Allows you to quickly designate and update beneficiary information anytime of the day or night;
- Helps avoid legal disputes and provides a safeguard for confidential information;
- Is offered to you at no charge; and
- Is secure and designed to protect privacy.

Beneficiaries can be changed as often as circumstances shift and your changes take effect immediately. Don't forget to update your beneficiary information when you experience important life events like marriage, divorce, or retirement. You'll have an online record of your life insurance designations.



Medicare and UT SELECT

REVIEW

When you or your covered dependent(s) become eligible for Medicare, you and your Medicare-eligible dependents should enroll in Part A (typically inpatient coverage) and Part B coverage (typically office visits and doctor fees). The University of Texas System urges all retired employees and dependents to enroll in Medicare Parts A and B when they become eligible at age 65*, or earlier if they are eligible due to a disability such as End Stage Renal Disease. Retired employees, or soon-to-be retired employees, or their dependents who are eligible for Medicare must have Medicare Parts A and B to receive the maximum benefits available from the UT SELECT plan.

For prescription benefits, UT System will automatically enroll Medicare-eligible retirees and Medicare-eligible dependents of retirees into the UT SELECT Part D plan. The UT SELECT Part D plan maintains the familiar copays and other benefits of the employee prescription plan. Due to the robust prescription benefits offered under the UT SELECT Part D plan, UT

System strongly discourages participants from enrolling in a separate Part D plan. For current enrollees in the UT SELECT Part D plan, the annual prescription deductible will reset on January 1, 2022. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1, 2022, as usual.

Part D participants with income above a certain level may be subject to the Medicare Part D Income Related Medicare Adjustment Amount (D-IRMAA). This fee, paid to Medicare and not a premium paid to the UT SELECT plan, is similar to the Part B IRMAA fee which certain individuals pay. If subject to this fee as determined by Medicare, the monthly amount will be deducted through your SSA pension.

In most instances, if you are eligible for Medicare and you return to work for UT in a position for at least 20 hours per week, the UT SELECT Medical Plan will be primary for you and your Medicare-eligible dependents, and Medicare will be secondary. Medicare may

be primary for some Medicare eligible active employees with certain medical conditions such as End Stage Renal Disease. Consult with your local Social Security Administration office to learn what illnesses qualify for Medicare coverage prior to turning age 65.

To ensure claims are correctly processed, you should contact Blue Cross and Blue Shield of Texas and report your or your dependent's Medicare Health Insurance Claim (HIC) number and the effective dates of Medicare Parts A and B immediately upon enrollment. You should also ensure your providers know you are enrolled in Medicare on your next visit.

*The Medicare Annual Election period typically runs from October 15 to December 7.

IF YOU RETURN TO WORK at UT in a benefits-eligible position while covered under Medicare, the UT plan becomes primary.

IMPORTANT!

If you decline Part B, you will have to pay a higher premium if you ever re-apply for Medicare coverage. As a retired employee, if you or your Medicare-eligible dependent have declined Medicare Part B, UT SELECT Medical will reduce your claim payment by the benefit that would have been available to you under Medicare Part B (usually 80%), and then pay the remaining claim amount under the terms of your health plan. You will be responsible for the approximate 80% of the cost.

EXAMPLE: Bert is retired and enrolled in Medicare Part A when he was eligible, but he declined Part B because he didn't want to pay the extra premium. He had foot surgery that year at the total allowed amount of \$38,000. UT SELECT paid \$7,600 assuming the Medicare benefit to be \$30,400. Since Bert didn't enroll in Medicare, he was responsible for paying the \$30,400.

The same exclusions and plan limitations apply when UT SELECT is secondary to Medicare or another plan. Benefits will not be available for services not normally covered or beyond the usual plan limits.

EXAMPLE: UT SELECT limits physical therapy to 35 visits per condition per plan year. Unless more visits are authorized by Blue Cross, UT SELECT will not pay past the 35th visit. Please review the UT SELECT Medical Plan Guide for medical plan details.

Medicare and UT SELECT, *continued*



This chart shows you how UT SELECT coordinates benefits with Medicare when Medicare is primary. Special rules are mandated by federal law when coordinating benefits between UT SELECT, Medicare, and another coverage. See page 19 for additional information about coordination between three coverages.

PROVIDER ACCEPTS MEDICARE ASSIGNMENT	BCBSTX IN-NETWORK PROVIDER	SERVICE COVERED BY MEDICARE	MEDICARE PAYS	UT SELECT PAYS (SUBJECT TO PLAN LIMITATIONS)	UT SELECT MEMBER PAYS
Y	Y	Y	80% MC Allowed	20% MC Allowed	No Charge
Y	N	Y	80% MC Allowed	20% MC Allowed	No Charge
Y	Y	N	\$0	80% of BCBS Allowed after \$600 Deductible or 100% after Copay, whichever is applicable	20% of BCBS Allowed after \$600 Deductible or 100% after Copay, whichever is applicable
Y	N	N	\$0	60% of BCBS Allowed after \$1,800 Deductible	\$1,800 Deductible + 40% of BCBS Allowed + Difference between Billed Charge and BCBSTX Allowed
N	Y	Y	After MC Deductible is satisfied 80% MC Limiting Charge ¹	20% of allowed charges ² after \$600 Deductible or 100% after Copay, whichever is applicable	\$600 Deductible and 20% Coinsurance or Copay, whichever is applicable
N	N	Y	After MC Deductible is satisfied 80% MC Limiting Charge	20% of allowed charges ² after \$1,800 Deductible	\$1,800 Deductible and 40% coinsurance
N	Y	N	\$0	80% of BCBS Allowed after \$600 Deductible or 100% after Copay, whichever is applicable	20% of BCBS Allowed after \$600 Deductible or 100% after Copay, whichever is applicable
N	N	N	\$0	60% of BCBS Allowed after \$1,800 Deductible	\$1,800 Deductible + 40% of BCBS Allowed + Difference between Billed Charge and BCBSTX Allowed

¹ Provider who does not participate with Medicare may not bill more than the Medicare Limiting Charge (115% of MC Allowed).

² Allowed charges are the lesser of the Medicare Limiting Charge or the Blue Cross and Blue Shield allowed amount. If the Blue Cross and Blue Shield allowed amount is less, the member may be billed the difference.

If you or your dependents are enrolled in Medicare and your doctor accepts Medicare assignment:

- The doctor may be in or out of the UT SELECT Network;
- The participant may be in or out-of-area;
- UT SELECT will pay 100% of benefits approved but not paid by Medicare; and
- There are no deductibles, copayments or coinsurance.

When you or your dependents are inpatient at a facility that accepts Medicare assignment:

- UT SELECT will pay the Medicare inpatient deductible; and
- The \$200 per day Copay (\$1,000 maximum) will not apply.

If your doctor or inpatient facility does not accept Medicare assignment:

- Network and Out-of-Network benefits apply;
- UT SELECT will coordinate with Medicare; and
- Deductibles, copayments and coinsurance may apply.

CONTINUES ON NEXT PAGE



Medicare and UT SELECT, continued

COORDINATION OF BENEFITS WITH UT SELECT, MEDICARE, AND A THIRD COVERAGE

Special rules are mandated by federal law when coordinating benefits between UT SELECT, Medicare and another coverage. The following examples show the proper coordination of benefits for some common insurance situations. If you have questions about coordination of benefits, contact the Office of Employee Benefits or Medicare.

EXAMPLE A

John is 68, continues to have a full-time position at UT, and is covered as a dependent under his wife's retiree plan with ABC Company. John's claims will be paid in this order:

1. **UT SELECT**
2. **MEDICARE**
3. **ABC COMPANY**

John and his wife may wish to consider whether the reimbursements received as a dependent on his wife's plan justify their additional premium costs. In many instances, Medicare's secondary payment will cover the out-of-pocket costs remaining after the primary insurer pays.

EXAMPLE B

Linda is 67, has retired from UT and returned to work in a position working less than 20 hours per week. Linda's husband also covers her under his retiree plan with XYZ Company. Linda's claims will be paid in this order:

1. **MEDICARE**
2. **UT SELECT**
3. **XYZ COMPANY**

Although Linda has returned to work after retiring, her position is not benefits-eligible; therefore, her insurance benefits are obtained as a result of retirement, not employment.

Spotlight: Outside Medicare Plans



It's a well-documented fact that health insurance carriers heavily market their Medicare-related coverages to retirement aged individuals. The emails and calls mention their supplemental insurance plans are vital to your health and financial well-being and that if you'll purchase their plan, you'll be covered for things traditional Medicare doesn't. The number of emails and calls you receive, typically over several months' time, is enough to make someone wonder if they truly do need to purchase a Medicare supplemental insurance plan in order to be adequately covered?

While this article is for informational purposes only and isn't intended to persuade or dissuade someone either way regarding enrollment in a supplemental Medicare plan, here are some things a **UT SELECT™** Medical plan participant might consider when evaluating whether to enroll in a Medicare supplemental type of plan:

BENEFIT PROVISION / PLAN DESIGN CONSIDERATION	UT SELECT MEDICAL	MEDICAL SUPPLEMENTAL PLAN
PLAN PREMIUMS	No cost for UT SELECT™ Retiree only coverage. There is a charge for Medicare Part B which pays 80% of a claim as primary. UT SELECT™ pays the remaining 20% as secondary	Member is responsible for 100% of premium
PROVIDER NETWORK	Same BCBSTX PPO network available to UT SELECT™ employee plan	Typically includes a variety of cost options including HMO or local-based network. May be more limited than UT SELECT™ BCBSTX PPO network
PLAN FEATURES	Includes regular Medicare benefits plus UT SELECT™ benefit plan design (can be interpreted to be a richer plan design)	Typically includes standard Medicare benefits
IF PROVIDER ACCEPTS MEDICARE	There are no deductibles, copayments or coinsurance for Medicare approved charges; and All other services that are not covered by Medicare, but are covered by UT SELECT™ , are covered as any other covered UT SELECT™ service.	To be determined by Supplemental Plan's benefit plan design
PRESCRIPTION BENEFIT	UT SELECT™ Part D prescription drug plan included at no cost for UT SELECT™ enrollee. There is a \$200 annual prescription deductible which is the same as for the UT SELECT™ employee plan.	If Supplemental plan has a prescription drug plan component, it will likely cause an incompatibility with the UT SELECT™ Part D drug plan because Medicare allows enrollment in only one plan. Issues can generally be resolved but require effort. Interpretation of other drug plan provisions are the responsibility of the member.
CUSTOMER SERVICE	Dedicated UT SELECT BCBSTX Customer Service Health Advocate Solutions (HAS) team for UT SELECT based questions	Individual Medicare plan customer service

In addition to the sample of benefits plan provisions / plan design features outlined above, there are many more aspects a person should consider. There are Medicare supplemental plans which work well for some individuals, and determining the best scenario for each individual is the right and responsibility of the participant. Remember to choose carefully and consider what works best for you in your situation.

Living Well Make It a Priority

REVIEW

The UT System Living Well program provides a variety of resources to enable employees, retirees, and dependents who participate in the **UT SELECT™** Medical plan to take charge of their health and develop their own personal wellness program. Our mission is to improve the health and well-being of Texans through achieving optimal levels of health for University of Texas System employees, retirees and dependents at all institutions.

NEW! UT LIVING WELL PLATFORM POWERED BY LIMEADE

Our new well-being and engagement program designed to help you live your best life. Achieve your physical, emotional, financial, and work well-being goals with personalized activities. When you participate in activities, you'll earn points toward recognition all while achieving your best self.

How it works:

- Visit ut.limeade.com
- At the bottom of the form click on the "Continue with Employee & UT Austin Retiree Login" button
- Follow the remaining prompts to register
- Complete your Well-Being Assessment (optional) to learn about your strengths and areas of improvement to personalize your program experience
- Join activities that interest you and help you reach your goals

Once you've registered at ut.limeade.com, download the **UT Living Well app powered by Limeade ONE** (available for iOS or Android) and enter "UTX" or "University of Texas System" to get started.

The UT Living Well platform powered by Limeade is available to **UT SELECT™** and **UT CONNECT** members (employees, retirees, and dependents) ages 18+.

24/7 NURSELINE

Get answers to your health care questions, information about major medical issues, chronic illness support, and lifestyle change support.

Call toll-free: 866-882-2034, 24 hours a day, 7 days a week.

SPECIALIZED PHARMACISTS

If you take medications to treat high cholesterol, diabetes, or one of several other conditions, specialized pharmacists can answer your questions and offer improvements in the quality and affordability of your pharmacy care. **Learn more: 800-818-0155.**

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) can help you resolve problems that affect your personal life or job performance.

WELLNESS ACTIVITY CHALLENGE

Team up with your institution for the wellness activity challenge. You'll receive a weekly goal and can work with colleagues towards earning your institution the coveted traveling trophy.

WONDR HEALTH (FORMERLY NATURALLY SLIM)

Wondr Health is an online program that helps you lose weight and improve your overall health – all while eating the foods you love. With Wondr Health, you'll learn that you don't have to starve yourself or count calories to be healthy, lose weight, and keep it off forever.

TOBACCO CESSATION RESOURCES

The **UT SELECT™** Medical plan offers members a variety of tobacco cessation resources at no out-of-pocket cost. These resources include professional counseling and pharmaceutical therapy.

CENTERED APP

The Centered app (for iPhone) by BCBSTX is designed to reduce stress by helping users add mindful activity to their daily routines. Through the app, you can set goals for mindful minutes, choose from a variety of guided activities and track how your mood is impacted by meditation and activity.

SILVER SNEAKERS FOR RETIREES

Silver Sneakers provides access to local fitness facilities for retirees and their spouses (age 50+). This program helps retirees take greater control of their health through physical activity, education and social interaction.

LEARN MORE

Read about all of these programs at our Living Well website:
www.livingwell.utsystem.edu.

Dependent Eligibility and Documentation



ELIGIBILITY

Eligibility to participate in certain UT Benefits coverage as a dependent is determined by law. Eligible dependents are:

Your spouse; and

Your children under age 26 regardless of their marital status, including:

- biological children;
- stepchildren and adopted children;
- grandchildren you claim as dependents for federal tax purposes;
- children for whom you are named a legal guardian or who are the subject of a medical support order requiring such coverage; and
- certain children over age 26 who are determined by OEB to be medically incapacitated and are unable to provide their own support.

IF YOU CURRENTLY COVER A DEPENDENT who is also receiving premium sharing for coverage through a plan with Texas A&M, The Employees Retirement System of Texas, or The Teacher Retirement System of Texas, please choose to have that person covered under only one plan and make the appropriate enrollment changes at this time.

Other Eligibility **SURVIVING DEPENDENTS | INCAPACITATED DEPENDENTS**

SURVIVING DEPENDENTS

A surviving spouse or other benefits-eligible dependent may continue limited participation in the UT Benefits program following the death of a participating employee or retired employee, provided the retired employee has at least five (5) years of creditable service with either Teacher Retirement System of Texas (TRS) or the Texas Optional Retirement Program (ORP), including at least three (3) years as a benefits-eligible employee with UT System. A surviving spouse may only continue UT Benefits Medical, Dental or Vision coverage they are enrolled in at the time of the employee's death. They may not add coverage at that time, and if the coverage is ever dropped or terminated for non-payment, it may not be reinstated. Surviving dependents are not eligible for Premium Sharing.

Coverage may continue for the remainder of the surviving spouse's life. A dependent child may continue until the child loses his or her status as a dependent child. The dependent of an individual who has not met the service requirements at the time of death may elect COBRA coverage for a period not to exceed 36 months.

OVERAGE INCAPACITATED DEPENDENTS

Enrolled children may remain eligible for UT Benefits as an incapacitated dependent if they are determined to be medically incapacitated at the time they age out of eligibility for coverage as a child under the program at age 26. An older dependent child who is determined to be medically incapacitated at the time a subscriber first becomes benefits eligible may be enrolled in the plan if the child was covered by the subscriber's previous health plan with no break in coverage. Please contact your institution's Human Resources or Benefits Office for additional information about covering incapacitated dependent children.

IMPORTANT NOTICE

Misrepresentation of dependent eligibility constitutes a policy violation that could result in consequences ranging from a reprimand to dismissal. Misrepresentation may also require that you reimburse benefits paid on behalf of an ineligible individual. Deliberate misrepresentation may constitute criminal fraud and could result in a referral to law enforcement.



How to Change Your Benefits

LOGIN TO MY UT BENEFITS BASED ON INSTITUTION

Depending which institution you are a member of, we have a [specific link for you](#).

UT INSTITUTIONS

MEMBERS FROM

- UT ARLINGTON
- UT DALLAS
- UT EL PASO
- UT HEALTH HOUSTON
- UT HEALTH SAN ANTONIO
- UT HEALTH TYLER
- UT MD ANDERSON
- UTMB GALVESTON
- UT PERMIAN BASIN
- UT RIO GRANDE VALLEY
- UT SAN ANTONIO
- UT SOUTHWESTERN
- UT SYSTEM
- UT TYLER

(Preferred browsers are Google, Chrome, Safari, latest version of Microsoft Edge, and Firefox).

Login to > utbenefits.link/myutbenefits

1 LOG IN TO MY UT BENEFITS

You will be using the new version of My UT Benefits. The Office of Employee Benefits (OEB) will mail you a personalized letter with your Username. Please keep this letter for your reference as it contains the Username to use now for Annual Enrollment and in the future any time you need to make changes or view your benefit information.

2 OBTAIN YOUR USERNAME

1. Refer to the Annual Enrollment letter sent to your home address from the Office of Employee Benefits in July, or
2. Contact login support at 844-870-0044.

UT has standardized usernames, and you must use this username sent to you.

3 USE AN INITIAL PASSWORD *

Your Last name (first letter capitalized) + **last 4 digits of your social security number**

Example: Smith1234

*If you have a password from last year, please use that or use the Reset Password option.

You may update your password, but you may not update your Username.

MEMBERS FROM UT AUSTIN (ONLY)

(Preferred browsers are Google, Chrome, Safari, latest version of Microsoft Edge, and Firefox).

Login to > utbenefits.link/ssomyutbenefits

1 LOG IN TO MY UT BENEFITS

By July 15 you will receive an email or letter titled *Your UT Benefits Enrollment Options*.

Click on the *My UT Benefits* link in that email or go to utbenefits.link/ssomyutbenefits in Google Chrome.

Select "The University of Texas at Austin" from the institution list on the first page and click "Select."

THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

THE OFFICE of EMPLOYEE BENEFITS My UT Benefits

Select your home institution

My UT Benefits requires that you authenticate with your home institution. Please either select it from the list below, then click 'Select', or you may use the search-as-you-type feature by typing a partial name into the search box below, then clicking 'Search'.

Please do not create a bookmark or favorite in your web browser on this page. This page is not part of the application you are accessing. You may create a bookmark/favorite after you complete the authentication process.

Enter organization name (partials ok):

Or choose from a list:

Remember for session

Need assistance? Send email to [The UT System Administration Help Desk](#) with a description of the problem.

2 CAMPUS USERNAME & PASSWORD

Enter your UT EID and password on the UT Austin login page to log in.

For more information about logging into My UT Benefits with your UT EID, please visit <https://hr.utexas.edu/file/870>.

Username

Password

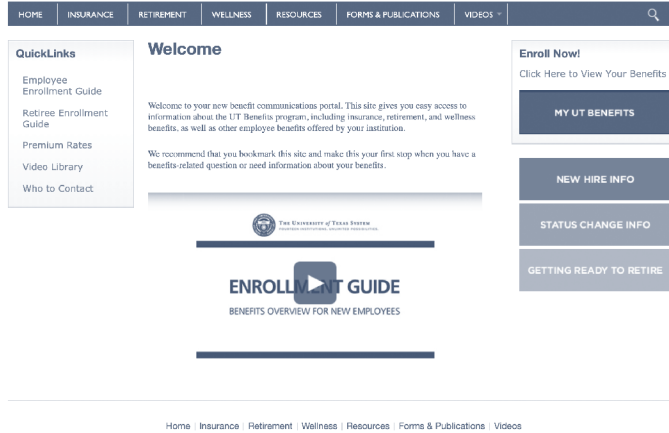
Don't Remember Login

MEMBERS FROM UT AUSTIN (ONLY) *continued...*

Once you've logged in, all retirees:

3 COMMUNICATION PORTAL

Logging in will take you to the Communication Portal. Once there, under Enroll Now, click *My UT Benefits*.



4 Click Make/View Annual Enrollment Changes

[Edit your benefits >](#)

Proceed through the workflow and make sure you **SAVE** your changes and **COMPLETE ENROLLMENT** at each step.

TIP
Once logged in, make sure you're on the **Annual Enrollment Benefits** tab. You can check by clicking on that tab.

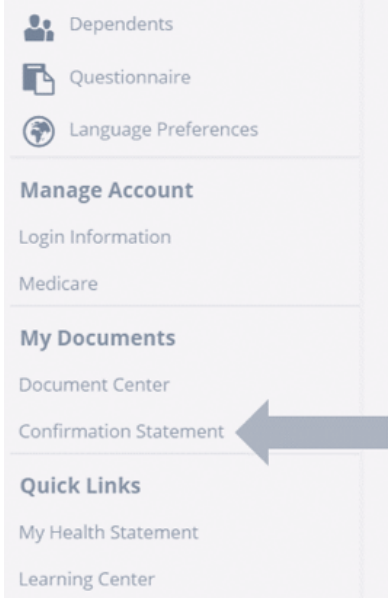
Make sure you're on the **Annual Enrollment Benefits** tab.



Important to Know...

BEFORE MAKING YOUR ELECTIONS, YOU MUST DECLARE OR UPDATE YOUR TOBACCO USER STATUS

The Tobacco Premium Program (TPP) is an out-of-pocket premium of \$30 per month. It applies to subscribers and dependents aged 16 and over who are enrolled in the UT Medical plan and use tobacco products. Before making election changes via *My UT Benefits*, you will be prompted to confirm tobacco user status for yourself and eligible dependents.

<p>BY JULY 31</p>	<p>REVIEW YOUR CHANGES</p>	<p>5 You may view a confirmation statement within <i>My UT Benefits</i> online. You have until midnight July 31 to log into <i>My UT Benefits</i> and correct any errors. After July 31 you should contact your Human Resources office if you discover an error.</p>  <p>The screenshot shows a vertical menu with the following sections: 'Dependents' (with a person icon), 'Questionnaire' (with a document icon), and 'Language Preferences' (with a globe icon). Below these is the 'Manage Account' section containing 'Login Information' and 'Medicare'. The 'My Documents' section contains 'Document Center', 'Confirmation Statement', and 'Quick Links'. The 'Quick Links' section contains 'My Health Statement' and 'Learning Center'. A grey arrow points to the 'Confirmation Statement' link.</p>
	<p>CHANGES TAKE EFFECT ON SEPTEMBER 1</p> <p>Be aware that changes made during Annual Enrollment will take effect on September 1, 2022.</p> <p>EXCEPTION: If EOI is required and has not been approved by September 1, changes will take effect on the approval date for that coverage.</p>	

Mobile App Instructions

DOWNLOAD THE APP TODAY!

You can view and update your information in the palm of your hand by using the **Benefitplace™ app** on your phone or tablet.

With the Benefitplace™ app you can:

- Quickly view benefit information and account balances
- Update benefits and dependent information
- Receive personalized, communications and education on the go
- Store photos of your ID cards to make forms and office visits easy
- Use the document center to take pictures of and upload any required documentation

INSTALL THE APP

1. Install the **Benefitplace™ app** from Google Play or the Apple App Store. Scan this QR code or go to utbenefits.link/BenefitfocusApp
2. Enter the **company ID** shown on this page for your institution
3. Log into your benefits using the **same username and password** you use on your computer



LOGGING IN TO THE BENEFITPLACE™ APP

1. After entering your Company ID,
2. **If you retired from a campus other than UT Austin** you will use the **'Login'** button – *not 'Employee Login'*, and
3. Log in using the standardized username and the password you use to access *My UT Benefits* online. Usernames are mailed to you by July 15 each year.
4. **If you retired from UT Austin** you will use the **'Employee Login'** button – *not 'Login'*, and
5. Select your campus location.

You will log into *My UT Benefits* using your UT EID. Select "The University of Texas at Austin" from the institution list on the first page and click "Select." Enter your UT EID and password on the UT Austin login page to log in.

ONCE YOU ARE LOGGED IN

Go to Benefits & Accounts to view and update benefits. Make sure to **SAVE** any changes. You can screen shot your changes and also view your confirmation statement online.

INSTITUTION	MOBILE APP COMPANY ID
UT Austin	UTAUSTIN
UT Arlington	UTARL
UT Dallas	UTDALLAS
UT El Paso	UTEP
UT HSC Houston	UTHEALTH
UT HSC San Antonio	UTHSCSA
UT HSC Tyler	UTHSCT
UT MD Anderson Cancer Center	UTMDA
UT Medical Branch	UTMBG
UT Permian Basin	UTPB
UT Rio Grande Valley	UTRGV
UT San Antonio	UTSA
UT Southwestern Medical Center	UTSWMC
UT System Administration	UTSYSADMIN
UT Tyler	UTTYLER

TECHNICAL ASSISTANCE

For technical assistance with login or site navigation, please call *My UT Benefits* support at **1 (844) 870-0044** (Available Monday-Friday, 8am – 5pm CST).

Evidence of Insurability DEADLINE FOR SUBMISSION IS AUGUST 15



FOLLOW UP

During this year's Annual Enrollment (AE) period, Evidence of Insurability (EOI) is required to add or increase Voluntary Group Term Life changes.

LIFE EOI

The *My UT Benefits* online system will automatically direct you to complete EOI electronically if you enroll online. If you have trouble logging in, using or uploading documents to the system, call My UT Benefits Support at 844-870-0044, available M-F, 8AM to 5PM CST. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the life and disability EOI forms online at utbenefits.link/EOIForm.

Important Notes:

- EOI is *not* required for enrollment in the **UT SELECT** or **UT CONNECT** Medical plans.
- The deadline for submitting electronic EOI is **August 15**.
- Paper EOI forms submitted via U.S. Mail must be postmarked by **August 15**.
- You can also request a form from your institution's HR or Benefits Office. Contact information for the UT HR/Benefits Offices is available at the end of this booklet.

Evidence of Eligibility DEADLINE FOR SUBMISSION IS AUGUST 15

DOCUMENTATION – EVIDENCE OF ELIGIBILITY

When requesting to add a dependent to your UT Benefits coverage, you must provide appropriate supporting documentation demonstrating Evidence of Eligibility (EOE). You should be prepared to provide copies of relevant documents. Depending on the relationship and circumstances, appropriate documentation may include items such as a marriage certificate, a birth certificate, completed adoption paperwork, or other legal documents.

The *My UT Benefits* online system offers the convenience of submitting documents electronically when adding NEW dependents to your benefits coverage during Annual Enrollment. To do this, you simply upload clear, legible digital images (scanned documents or photographs) of required documents directly through *My UT Benefits* as evidence of your dependent's eligibility. Additional information will be available when you log into *My UT Benefits*, including FAQs about the documentation upload process. There is a separate tab for dependent information to help you more easily find details that you may need.

Evidence of Waiver DEADLINE FOR SUBMISSION IS AUGUST 15

DOCUMENTATION – EVIDENCE OF WAIVER

When requesting to waive your Basic Coverage Package (which includes the UT SELECT medical plan coverage and the basic Term Life benefit) to apply the premium sharing to pay for other eligible coverage, you must submit appropriate documentation of other non-state group health plan coverage no later than August 15th to demonstrate valid Evidence of Waiver (EOW). You should be prepared to provide copies of relevant documents. Depending on the circumstances, appropriate documentation may include a letter from another employer's HR/Benefits office that displays information about their group medical insurance such as name of subscriber, effective date, names of dependents and their effective dates on the coverage, etc.

The *My UT Benefits* online system offers the convenience of submitting documents electronically during Annual Enrollment. To do this, you simply upload clear, digital images (scanned documents or photographs) of required documents directly through *My UT Benefits* as evidence of your EOW. Additional information will be available when you log into *My UT Benefits*, including FAQs about the documentation upload process.

If you have trouble logging in, using or uploading documents to the system, call My UT Benefits Support at 844-870-0044, available M-F, 8AM to 5PM CST.



Changes During the Year

REVIEW

Outside of Annual Enrollment, you may not make changes to your benefits unless you have certain qualified change of status events including:

- marriage, divorce, annulment, or spouse's death;
- birth, adoption, medical child-support order, or dependent's death;
- significant change in residence if the change affects you or your dependents' current plan eligibility;
- change of job status affecting eligibility;
- change in dependent's eligibility (e.g., reaching age 26 – dependent children become ineligible for any coverage the month following their 26th birthday, or gaining or losing eligibility for any other reason); or
- significant change in coverage or cost of other benefit plans available to you and your family.

You may enroll in or make changes to benefits by contacting your institution's HR or Benefits office within 31 days of one of these change of status events.

A retiree

- whose dependent loses insurance coverage under the Medicaid or CHIP program as a result of loss of eligibility of either the employee or the dependent; or
- whose dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP may enroll this dependent in the basic coverage under UT Benefits, as long as the dependent meets all other UT eligibility requirements and is enrolled within 60 days from the date of the applicable event. If enrollment of the dependent is conditioned on enrollment of the retired employee, the retired employee will also be eligible to enroll.

Nondiscrimination Notice

DISCRIMINATION IS AGAINST THE LAW

The University of Texas System Office of Employee Benefits complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The UT System Office of Employee Benefits does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UT System Office of Employee Benefits provides:

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters, and
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters, and
 - Information written in other languages.

If you need these services, contact the UT System Office of Human Resources.

If you believe that the UT System Office of Employee Benefits has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The UT System Office of Human Resources, 210 W. 7th Street, Austin, Texas 78701, (512) 499-4587, (512) 499-4395, esc@utsystem.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the UT Office of Human Resources is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file.

Accessibility Requirements Notice



REVIEW

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 


Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  번으로 전화해 주십시오


Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالجمان. اتصل برقم 

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 


Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।  पर कॉल कर।

Laotian

ປັດຂາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 

Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم باشد. با  تماس بگیرید.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 

Gujarati

ચુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છે. ફોન કરો 

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。  まで、お電話にてご連絡ください。

UT SELECT Medical 1-866-882-2034
UT CONNECT Medical 1-888-372-3398
UT SELECT Prescription Drug 1-800-818-0155
UT SELECT Medicare Part D 1-800-860-7849 (TTY: 1-800-716-3231)
UT SELECT Dental 1-800-893-3582
UT FLEX 1-844-887-3539



Retiree Associations

REVIEW

INSTITUTION		
UT ARLINGTON	UT Arlington Retirees Club Dr. Shirley Theriot, <i>President</i> theriot@uta.edu	www.uta.edu/hr/retireesclub/ Dr. Tom Ryan, <i>Program Chairman</i> tomryan@swbell.net
UT AUSTIN	UT Retired Faculty-Staff Association Tanya B. Norwood, <i>RFSA President</i>	sites.utexas.edu/rfsa/ Carol Barrett, <i>RFSA Membership Coordinator</i> (512) 840-5657 carol.barrett@texasexes.org
UT DALLAS	UT Dallas Retiree Association Teresa Johnston, <i>President</i> Facebook: UTD RA	www.utdallas.edu/ra Sandee Goertzen, <i>Secretary</i> goertzen@utdallas.edu
UT EL PASO	No retiree association, but you may join the Alumni Association: alumni.utep.edu	
	Peter & Margaret de Wetter Center The University of Texas at El Paso 500 West University Avenue El Paso, Texas 79968	Hours: M-F, 8 am to 5 pm Ph: (915) 747-8600 Fax: (915) 747-5502 alumni@utep.edu
UT HSC HOUSTON	The University of Texas Houston Retiree Organization Kathryn Bradley, <i>President</i> kbradley77469@gmail.com	www.uthro.org/ Daun Gray dgsoc@yahoo.com
UT HSC SAN ANTONIO	Association of Retired Faculty & Associates (ARFA)	makelivesbetter.uthscsa.edu/arfa
	Contact Cindi Adcock for more information about ARFA: AdcockC@uthscsa.edu or (210) 567-2003	
UT HEALTH TYLER	No retiree association at this time.	
UT MD ANDERSON CANCER CENTER	Retiree Association MDARetiree@yahoo.com www.mdanderson.org/about-md-anderson/employee-resources/retirement/retirees-association.html	
UTMB GALVESTON	UTMB Retirees Association Amber Frieze, amfrieze@utmb.edu (409) 747-4878	hr.utmb.edu/retirees/
UT PERMIAN BASIN	No retiree association at this time.	
UT RIO GRANDE VALLEY	No retiree association at this time.	
UT SAN ANTONIO	UTSA Retired Faculty Association	provost@utsa.edu
UT SOUTHWESTERN MEDICAL CENTER	No retiree association at this time.	
UT SYSTEM ADMINISTRATION	UT System Administration Retired Employees may join the UT Austin Retired Faculty-Staff Association.	
UT TYLER	No retiree association at this time.	

UT Institutions

UT ARLINGTON

Office of Human Resources
(817) 272- 5554
Fax: (817) 272-6271
benefits@uta.edu

UT AUSTIN

Human Resources
(512) 471-4772 or
Toll Free: (800) 687-4178
Fax: (512) 232-3524
HRSC@austin.utexas.edu

UT DALLAS

Office of Human Resources
(972) 883-2221
Fax: (972) 883-2156
benefits@utdallas.edu

UT EL PASO

Office of Human Resources
(915) 747-5202
Fax: (915) 747-5815
annualenrollment@utep.edu

UT HEALTH SCIENCE CENTER HOUSTON

Employee Benefit Services
(713) 500-3935
Fax: (713) 500-0342
benefits@uth.tmc.edu

UT HEALTH SAN ANTONIO

Office of Human Resources
(210) 567-2600
Fax: (210) 567-6791
benefits@UTHSCSA.EDU

UT HEALTH SCIENCE CENTER AT TYLER

Office of Human Resources
(903) 877-7741
Fax: (903) 877-5394
benefits@uthct.edu

UT MD ANDERSON CANCER CENTER

Human Resources Benefits
(713) 745-6947
Fax: (713) 745-7160
HRBenefits@mdanderson.org
MDARetirees@gmail.com

Faculty & Executive Benefits (FEB)
(713) 792-7600
Fax: (713) 794-4812
FacExecBenefits@mdanderson.org

UT MEDICAL BRANCH AT GALVESTON

Employee Benefits Services
(409) 772-2630
Toll Free: (866) 996-8862
Fax: (409) 772-2754
benefits.services@utmb.edu

UT PERMIAN BASIN

Human Resources
(432) 552-2753
Fax: (432) 552-3747
hernandez_c@utpb.edu

UT RIO GRANDE VALLEY Brownsville

Office of Human Resources-Benefits
(956) 882-8205
Fax: (956) 882-6599
benefits@utrgv.edu

Edinburg

Office of Human Resources-Benefits
(956) 665-2451
Fax: (956) 665-3289
benefits@utrgv.edu

UT SAN ANTONIO

Human Resources
(210) 458-4250
Fax: (210) 458-4287
hr@utsa.edu

UT SOUTHWESTERN MEDICAL CENTER

Human Resources Benefits Division
(214) 648-9830
Fax: (214) 648-9881
benefits@utsouthwestern.edu

UT SYSTEM ADMINISTRATION

Office of Talent & Innovation
(512) 499-4587
Fax: (512) 499-4395
hrsp@utsystem.edu

UT TYLER

Office of Human Resources
(903) 566-7234
Fax: (903) 565-5690
benefits@uttyler.edu

Plan Administrators



REVIEW

INSURANCE PLAN ADMINISTRATORS

UT SELECT MEDICAL

(Blue Cross and Blue Shield of Texas)
Group: 71778
(866) 882-2034
M-F 8:00 AM-6:00 PM CT
www.bcbstx.com/ut

PRESCRIPTION PLAN

(Express Scripts)
Group: UTSYSRX
(800) 818-0155
24hrs a day 7 days a week
www.express-scripts.com/ut

MEDICARE PART D PRESCRIPTION PLAN

(Express Scripts)
Group: 7454MDRX
(800) 860-7849
24hrs a day 7 days a week
www.express-scripts.com/ut

UT CONNECT MEDICAL

(Blue Cross and Blue Shield of Texas)
Dallas / Fort Worth area only
(888) 372-3398
Group: 241132
www.bcbstx.com/utconnect

UT FLEX

(Maestro Health)
(844) UTS-FLEX (887-3539)
M-F 7:00 AM-7:00 PM CT
Sat 9:00 AM-2:00 PM CT
www.myutflex.com

RETIREMENT PROVIDERS

AIG

(800) 448-2542
M-F 8:00 AM-7:00 PM CT
www.valic.com/utsystem

FIDELITY INVESTMENTS

(800) 343-0860
M-F 7:00 AM-11:00 PM CT
www.fidelity.com/ut

LINCOLN FINANCIAL GROUP

(800) 454-6265 * 8
M-F 7:00 AM-7:00 PM CT
www.lfg.com/ut

LIVING WELL HEALTH PROGRAM

livingwell@utsystem.edu
www.livingwell.utsystem.edu

UT SELECT DENTAL and UT SELECT DENTAL PLUS

(Delta Dental)
Group: 5968
(800) 893-3582
M-F 6:15 AM-6:30 PM CT
www.deltadentalins.com/universityoftexas

DELTACARE USA DENTAL HMO

(Delta Dental)
Group: 6690
(800) 893-3582
M-F 7:00 AM-8:00 PM CT
www.deltadentalins.com/universityoftexas

SUPERIOR VISION

Group: 026856
(844) 549-2603
M-F 7:00 AM-8:00 PM CT
Sat 10:00 AM-3:30 PM CT
www.superiorvision.com/ut

GROUP TERM LIFE, AD&D, AND DISABILITY

(Blue Cross and Blue Shield of Texas)
Group: GFZ71778
(866) 628-2606
M-F 7:00 AM-7:00 PM CT
www.bcbstx.com/ancillary-ut

TIAA

(800) 842-2776
TDD (800) 842-2755
M-F 7:00 AM-9:00 PM
Sat 8:00 AM-5:00 PM CT
www.tiaa.org/utexas

VOYA FINANCIAL

(800) 584-6001
M-F 7:00 AM-9:00 PM CT
Sat 7:00 AM-3:00 PM CT
www.utexas.beready2retire.com



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Important News About Your UT Benefits and Annual Enrollment is Enclosed.

For detailed plan information visit our website at
www.utsystem.edu/benefits