

HealthQuotient is available to anyone enrolled in the UT SELECT plan, including dependents age eighteen and older, at no additional cost and is accessible within your Living Well website. HQ gives you the information you need to identify and stay one step ahead of potentially serious or chronic health problems.

Here is what you can expect when you complete your WebMD HQ:

- a personalized health risk assessment, including a confidential report with an “at-a-glance” summary and prioritized results;
- personalized recommendations to help reduce or eliminate your risk factors;

- what-if scenarios to see the impact of changing certain lifestyle behaviors; and
- results that can help you determine if you need intervention before a more serious condition may develop.

Complete your HQ today!

Be assured that the information you provide in the WebMD HQ is completely confidential and will not be released to your employer.

To find your current health score, visit Living Well Health Manager, powered by WebMD, at: www.webmdhealth.com/ut and select HealthQuotient.

UT SELECT Medical Plan

UT offers UT SELECT, a self-funded medical PPO plan, administered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Choice of Doctors Each Time You Need Health Care

When you enroll in UT SELECT, you can receive care from any licensed doctor you choose; no referrals are required. If you use a network doctor, you will receive the highest level of benefits, pay less out-of-pocket, and will usually not have to file any claims. If you use an out-of-network doctor, you will still be covered, but your out-of-pocket costs for health care services will be higher.

NETWORK - Network benefits are available to UT SELECT participants living in Texas and certain areas of New Mexico and Washington, D.C. who receive services from providers who have a network contract agreement with BCBSTX. Network benefits may also be available when services are rendered by providers outside of Texas if that provider has a network contract agreement with the Blue Cross and Blue Shield Plan in the state where services were rendered. Network providers have agreed to charge only up to the BCBSTX allowed amount. You are responsible for applicable deductibles, copays and/or coinsurance.

OUT-OF-NETWORK – Out-of-network benefits are available to UT SELECT participants living in Texas and certain areas of New Mexico and Washington, D.C. who receive services from providers who do not have a network contract agreement with BCBSTX. When receiving services from out-of-network providers, you will be responsible for applicable deductibles, copays and/or coinsurance, as well as any amounts exceeding the BCBSTX allowed amount.

OUT-OF-AREA - Out-of-area benefits are available only to those UT SELECT participants who reside outside of Texas, certain areas of New Mexico and Washington, D.C.

A Word About Preventive Care

As a part of health care reform legislation, the list of in-network preventive care and services offered at no out-of-pocket cost to the member is expanding. Eligible services are outlined in the federal regulations based on U.S. Preventive Service Task Force Recommendations.

Please be aware that you may incur some cost if the preventive service is not the primary purpose of the visit or if your doctor bills for services that are not preventive.

UT SELECT BENEFIT SUMMARY CHART

September 1, 2011 - August 31, 2012

Coverage	UT SELECT – Medical Plan		
	Network	Out-of-Network *	Out-of-Area *
Annual Deductible	\$350/person \$1,050/family (applicable when coinsurance is required)	\$750/person \$2,250/family (applicable when coinsurance is required)	\$350/person \$1,050/family (applicable when coinsurance is required)
Annual Out-of-Pocket Maximum	\$2,500/person \$7,500/family	\$5,000/person \$15,000/family	\$2,500/person \$7,500/family
Pre-existing Condition Limitation	No	No	No
Hospital - Semi private Room and Board**	\$100 Copay/Day (\$500 max/admission); then 80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Outpatient or Same Day Surgery	\$100 Copay; then 80% Plan /20% Member	60% Plan/40% Member	75% Plan/25% Member
Office Visit	FCP \$30 Copay; Specialist \$35 Copay;100% covered after copay	60% Plan/40% Member	75% Plan/25% Member
Preventive Care	Plan pays 100% (no copayment required)	60% Plan/40% Member	Plan pays 100% (no copayment required)
Prenatal and Postnatal Care	\$30 Copay (initial visit only)	60% Plan/40% Member	75% Plan/25% Member
Hospital Obstetrical Care**	\$100 Copay (\$500 max/admission); then 80% Plan /20% Member	60% Plan/40% Member	75% Plan/25% Member
Hospital Inpatient Surgery**	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Surgical Assistant	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Bariatric Surgery**	\$5,000 deductible (does not apply to plan year deductible or out-of-pocket maximum) After \$5,000 bariatric surgery deductible, plan pays 100% of covered services—for example: surgeon, assistant surgeon, anesthesia and facility charges—when using network providers (For non-network providers and out-of-area services, after \$5,000 deductible, plan pays 100% up to the allowable amount; member pays charges exceeding the allowable amount)		
Office Surgery	FCP \$30 Copay; Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Skilled Nursing/ Convalescent Facility**	80% Plan/20% Member (max.180 days)	60% Plan/40% Member (max. 180 days)	75% Plan/25% Member (max. 180 days)
Radiologist, Pathologist, and Anesthesiologist	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Allergy Testing	FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Hospice Care Services**	80% Plan / 20% Member	60% Plan/40% Member	75% Plan/25% Member
Home Health Care Services**	80% Plan/20% Member (max.120 visits)	60% Plan/40% Member (max. 120 visits)	75% Plan/25% Member (max. 120 visits)
Physical Rehabilitation Therapy	80% Plan/20% Member (max. 20 visits/yr)	60% Plan/40% Member (max. 20 visits/yr)	75% Plan/25% Member (max. 20 visits/yr)

Coverage	UT SELECT – Medical Plan		
	Network	Out-of-Network *	Out-of-Area *
Diagnostic Laboratory Services	Included in Office Visit Copay	60% Plan/40% Member	75% Plan/25% Member
Diagnostic X-Rays, therapeutic radiology, mammography	Included in Office Visit Copay	60% Plan/40% Member	75% Plan/25% Member
Hospital Emergency Room	\$150 Copay (waived if admitted)	\$150 Copay (waived if admitted)	75% Plan/25% Member
Ambulance Service (if transported)	80% Plan/20% Member	80% Plan /20% Member	75% Plan/25% Member
Chemical Dependency - Inpatient Treatment** (max 30 days/yr)	\$100 Copay/Day (\$500 max/admission) then 80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Chemical Dependency - Outpatient Treatment** (max 20 visits/yr for outpatient facility and office visits combined)	Outpatient Facility: 80% Plan/20% Member Office Setting FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Smoking Cessation	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Serious Mental Illness - Inpatient**	\$100 Copay/Day (\$500 max/admission) then 80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Serious Mental Illness – Outpatient**	FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Mental Illness – Inpatient** (Other than Serious Mental Illness)	\$100 Copay/Day (\$500 max/admission) then 80% Plan /20% Member (max. 30 days/yr)	60% Plan/40% Member (max. 30 days/yr)	75% Plan/25% Member (max. 30 days/yr)
Mental Illness Outpatient**	FCP \$30 Copay Specialist \$35 Copay (max. 20 visits/yr.)	60% Plan/40% Member (max. 20 visits/yr.)	75% Plan/25% Member (max. 20 visits/yr.)
Birth Control Management	FCP \$30 Copay Specialist \$35 Copay	60% Plan/40% Member	75% Plan/25% Member
Durable Medical Equipment	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Prosthetic Devices	80% Plan/20% Member	60% Plan/40% Member	75% Plan/25% Member
Speech and Hearing Therapy	80% Plan/20% Member (max. 60 visits/yr)	60% Plan/40% Member (max. 60 visits/yr)ww	75% Plan/25% Member (max. 60 visits/yr)

* Out-of-network and out-of-area, any charges over the allowable amount are the patient's responsibility.

**These services require preauthorization to establish medical necessity.

Your Health Care Benefits Travel With You

Your UT SELECT Medical ID card features the Blue Cross and Blue Shield symbols and the PPO in a suitcase logo telling providers that you are part of the BlueCard program. This means you and your covered dependents have access to Blue Cross and Blue Shield network providers throughout the United States and around the world. To receive the network (highest) level of benefits when you need to seek care, please call 1-800-810-BLUE (2583) printed on your Medical ID card.

Transitional Benefits

If you or a covered dependent are being treated for certain chronic or ongoing medical conditions at the time you enroll in UT SELECT, and your doctor is **not** in the UT SELECT PPO network, ongoing care with your current doctor for up to three months may be requested.

Transitional benefits are subject to approval. To request transitional benefits, complete a “Transitional Benefits Form” available from your institution Benefits Office or online at www.bcbstx.com/ut.

UT SELECT and Medicare

Active Employees

If you are an active employee, for more information on UT SELECT and Medicare, please see the UT Benefits Handbook for Employees on the UT Benefits website www.utsystem.edu/benefits. You may also request a copy from your institution Benefits Office.

Retired Employees

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. It is your responsibility to inform your institution Benefits Office if your covered dependents are Medicare-eligible.

In most instances, if you are eligible for Medicare and are working in a position for at least 20 hours per week, your UT medical plan will be primary, 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.

If you are retired and also eligible for Medicare, Medicare becomes your primary payer and pays your medical claims first; UT SELECT pays second. If you choose a doctor who accepts Medicare assignment, you will not be responsible for any difference between the billed charge and the Medicare allowed amount.

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 and fail to re-apply, you will be required to pay the portion that Medicare Part B would have paid as primary insurer for Part B-covered items for yourself and any Medicare-eligible dependents.

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.

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;
- UT SELECT will pay 100% of benefits approved but not paid by Medicare (subject to UT SELECT plan limitations);
- There are no deductibles, copayments or coinsurance; and
- When you or your dependents are an inpatient at a facility that accepts Medicare assignment, UT SELECT will pay the Medicare inpatient deductible, and the \$100 per day Copay (\$500 maximum) will not apply.

If your doctor 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.

This chart shows you how UT SELECT coordinates benefits with Medicare. All benefits are subject to plan limitations.

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 \$350 Deductible or 100% after Copay, whichever is applicable	20% of BCBS Allowed after \$350 Deductible or 100% after Copay, whichever is applicable
Y	N	N	0	60% of BCBS Allowed after \$750 Deductible	\$750 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 \$350 Deductible or 100% after Copay, whichever is applicable	\$350 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 \$750 Deductible	\$750 Deductible and 40% coinsurance
N	Y	N	0	80% of BCBS Allowed after \$350 Deductible or 100% after Copay, whichever is applicable	20% of BCBS Allowed after \$350 Deductible or 100% after Copay, whichever is applicable
N	N	N	0	60% of BCBS Allowed After \$750 Deductible	\$750 Deductible + 40% of BCBS Allowed + Difference between Billed Charge and BCBS Allowed

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

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

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. Generally, the law states that Medicare is primary to retiree plans.

Medicare is secondary when

- The Beneficiary has group plan coverage through active employment
- The Beneficiary is eligible for Medicare due to age (65) or disability; AND
- The Beneficiary has Medicare Part A or Parts A and B.

The following examples show the proper coordination of benefits for some common insurance situations:

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.

EXAMPLE C

Meredith is 72 and has retired from UT. During her phased retirement, she returns to teach for the Fall semester, from September 1 through January 15. She is covered by her husband's employer.

During the semester that Meredith has returned to a benefits-eligible position at UT, her claims are paid in this order:

4. UT SELECT
5. Spouse's Employer
6. Medicare

For the remainder of the year, when Meredith is not teaching, her claims are paid as follows:

7. Spouse's Employer
8. Medicare
9. UT SELECT

It is important to inform your providers and health plan carriers of all the insurances in which you are enrolled. Understanding correct coordination of benefits will help to ensure timely and accurate claims payments. If you have questions regarding your specific insurance situation, please contact your institution Benefits Office, the UT System Office of Employee Benefits, or your health care administrator.

UT SELECT Prescription Drug Plan

Your prescription drug benefits under UT SELECT are administered by Medco Health Solutions (Medco) and require a \$100 annual deductible per plan participant, per plan year.

UT SELECT Prescription Drug Benefits

Annual Deductible (does not apply to medical plan annual deductible)	\$100/person/year		
Access Options	Generic Drug Copayment	Preferred Drug Copayment	Non-Preferred Drug Copayment
Retail Network Pharmacy: Up to a 30-day supply. Refills allowed as prescribed. (good option for new prescriptions)	\$10	\$35	\$50
Home Delivery Pharmacy: Up to a 90-day supply. Refills allowed as prescribed. (best option for maintenance medication)	\$20	\$87.50	\$125

If you purchase a preferred or non-preferred drug when a less expensive generic alternative drug is available, you must pay the difference between the cost of the brand name drug and the generic drug plus the applicable generic copayment. This difference does NOT count toward your annual deductible. Sometimes the cost difference is quite large. Below is an example of how this type of claim would process if you had already met your \$100 annual deductible:

Cost of brand name drug	\$150
Less cost of generic equivalent	- 55
Plus cost of generic copayment	<u>+ 10</u>
Your payment	\$105

The generic, preferred, or non-preferred list of covered drugs is reviewed periodically resulting in changes to the prescription drug list throughout the year. If you are taking a medication that is affected by one of these changes, Medco will mail a letter to your address on file to alert you of the change in benefits. Please refer to the Medco website (www.medco.com/ut) or call Medco Customer Service (1-800-818-0155) for current information on specific medications.

Consult the Medco website (www.medco.com/ut) or call Medco Customer Service (1-800-818-0155) for the most up-to-date information on these managed drug classes.

Specialty Pharmacy (Accredo)

Medco provides specialty pharmacy services for patients with certain complex and chronic conditions through its wholly owned subsidiary, Accredo Health Group, Inc. (Accredo), with locations throughout the United States.

Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple

sclerosis, and rheumatoid arthritis. Whether they're administered by a health care professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service.

You can obtain drugs designated by Medco as specialty drugs using either your retail or mail-order benefit. You will be responsible for paying the corresponding mail-order or retail pharmacy copayment. If you choose to receive specialty drugs from a mail-order pharmacy, you must use Accredo as your pharmacy. The exception to this would be for certain products that are available through only one or two U.S. pharmacies. For those products, you will be directed to a pharmacy that can fill your prescription.

Your Prescription Drug Plan and Medicare Part D

The Federal Medicare program provides a Medicare-approved prescription drug benefit – Medicare Part D. The University of Texas System continues to offer your current UT SELECT prescription drug benefit, and enrollment in Medicare Part D will have a negative financial impact for most UT participants.

UT strongly urges you NOT to enroll in the Medicare Part D program. UT is committed to providing your prescription drug coverage now and in the future and to helping you make informed choices about your prescription drug benefit. For a relatively small number of very low-income UT retirees, enrolling in Medicare Part D may save money if the retiree also qualifies for a “low income subsidy” provided as part of the Medicaid Part D Program. Please see the Medicare Part D Notice of Creditable Coverage in the Legal Notices section of this handbook. For more information about the low income subsidy, 1-800-772-1213 or visit www.socialsecurity.gov.

Dental

Depending on where you live, you may have a choice of dental insurance:

- UT SELECT Dental, the self-funded dental plan administered by Delta Dental, or
- Assurant DMO, a fully insured dental HMO plan administered by Assurant Employee Benefits

The following chart shows which portion of the dental charges you are expected to pay and the service areas for each dental plan option.

Dental Service	UT SELECT Dental ¹	ASSURANT Heritage Plus Plan
Service Area	Available Nationwide	Austin, Dallas/Ft. Worth, El Paso, Galveston, Houston, San Antonio
Maximum Annual Benefit	\$1,250	None
Annual Deductible	\$25 per Person ²	None
Oral Exam, X-rays, Cleaning	\$0	\$0-5
Fluoride Treatment	\$0, up to age 19	\$0 up to age 14
Sealants	\$0, up to age 14	\$10, per tooth
Space Maintainers	\$0, up to age 14	\$60-105
Fillings	20%	\$10-110
Extractions	20%	\$15-135
Root Canals	20%	\$95-175
Periodontics ³	20%	\$27-140
Crowns, Jackets and Cast Restorations	50%	\$275 (lab fees may also apply)
Bridges and Dentures	50%	\$295-400 (lab fees may also apply)
Orthodontics	50%, \$1,250 Lifetime benefit per person	25% discount off Network Dentist Retail Fee, no lifetime maximum
Out-of-Network Benefits	Yes	Limited to Emergencies

¹ Reimbursement is based on a percentage of the allowable amount

² Excludes oral exams, X-rays, cleanings, fluoride treatments, sealants, space maintainers and specialist consultations

³ Scaling, root planing and treatment of gum disease

Vision

Fully insured Vision Care benefits are offered by Superior Vision Services.

Covered Services ¹	Network Benefits	Out-of-Network Benefits
Comprehensive eye exam by an ophthalmologist or optometrist	Covered in full after \$35 Copay (does not include Contact Lens Fitting fees). See below for information about benefit for Contact Lens Fitting Fees.	Up to \$42 (ophthalmologist) Up to \$37 (optometrist)
Standard lenses (per pair) - plastic (CR39), clear, uncoated	Covered in full	Up to \$32 (single vision) Up to \$46 (bifocal) Up to \$61 (trifocal) Up to \$84 (lenticular)
Frames	Covered in full up to \$140 retail allowance	Up to \$53
Contact lenses ²	Up to \$125 retail allowance (elective/cosmetic) Covered in full (non-elective/medically necessary). See additional explanation below.	Up to \$100 (elective/cosmetic) Up to \$210 (non-elective/medically necessary)
Standard Contact Lens Fitting ³	Covered in full after a \$35 Copay (separate from comprehensive eye exam copay)	No out-of-network benefit
Specialty Contact Lens Fitting ³	Covered in full after a \$35 Copay up to an allowance of \$50 (separate from comprehensive eye exam copay)	No out-of-network benefit

¹ Only one comprehensive exam is covered per plan year. Only one pair of eyeglass lenses and one set of frames or one contact lens allowance is covered per plan year.

² Contact lenses in lieu of eyeglass lenses and one set of frames

³ Standard contact lens fitting fee applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses. For the specialty fit, the member is responsible for any charges over \$50 after the copayment is paid.

All costs and allowances are retail; you are responsible for any charges in excess of the retail allowances. All final determinations of benefits, administrative duties, and definitions are governed by the certificate of insurance for your specific benefits.

Additional discounts are available on LASIK, lens options and upgrades and mail-order contacts.

Group Term Life Insurance

Group term life (GTL) insurance can help ensure financial security for your family and loved ones upon your death. UT System, through the vendor Dearborn National, provides eligible retired employees with basic GTL as part of the basic coverage package. Eligible retired employees also have the opportunity to purchase additional employee and spouse coverage at group rates.

Basic Group Term Life (GTL) Benefits

Basic group term life insurance in the amount of \$6,000 is a part of the basic coverage package.

Voluntary Group Term Life Options

Coverage Level	Benefit Amount
Retired Employee Voluntary GTL	\$7,000
	\$10,000
	\$25,000
	\$50,000
Dependent Spouse Voluntary GTL*	\$3,000

* Retired employee must be insured in retired employee voluntary GTL benefits in order to elect benefits for a spouse.

When you first move from active employment to a retired employee without a break in service, you are guaranteed coverage up to the amount of voluntary GTL coverage you had in force as an active employee up to a maximum of \$50,000.

After your initial eligibility period to elect voluntary GTL coverage as a retired employee, evidence of insurability is required for any increase in voluntary GTL benefits during annual enrollment or following a qualified change in status event.

Evidence of insurability is required on all spouses of retired employees who elect to enroll for voluntary GTL insurance. However, this requirement will be waived if your spouse was enrolled for voluntary GTL insurance on the last day you were an active employee, if you had no break in service.

Group Long-Term Care (LTC)

The fully insured group long-term care (LTC) insurance is offered to you through CNA. LTC insurance provides funds for necessary services when an individual becomes incapable of caring for himself or herself. Covered services can vary depending on the individual's condition and can range from assistance in the home with day-to-day activities to care provided in a nursing home. It is important to note the need for long-term care does not just affect the elderly. The need for long-term care can occur at any age. Also, keep in mind this type of care is not covered by disability insurance. In addition, health insurance and Medicare will only pay for limited amounts of care. Medicaid does pay for LTC but only after you have spent most of your financial assets.

The LTC plan is available to you, your spouse, adult children (25 years and older), parents, grandparents, parents-in-law and grandparents-in-law. Your eligible family members may apply without your having applied for coverage. Evidence of insurability (EOI) is required for enrollment in the LTC coverage.

LTC coverage is portable, so if you leave your employment with UT System, you can keep your LTC coverage, and your premium will remain the same.

Long-Term Care Benefit Summary

Daily Maximum Nursing Home Benefit	\$100	\$125	\$150	\$200
Daily Max for Community Based Care	\$50	\$72.50	\$75	\$100
Lifetime Maximum Benefit	\$182,500	\$228,125	\$273,750	\$365,000

Inflation causes everything to cost more in the future than it may today. To help counter the effects of inflation, you may elect either the **guaranteed benefit increase option (GBO)**, which will offer periodic opportunities to increase (buy-up) your existing coverage, or the optional lifetime **automatic benefit increase (ABI)**. If ABI is chosen, on each anniversary of your coverage effective date CNA will increase each benefit amount in effect by 5%.

Enrollment in LTC cannot be done through *My UT Benefits*. You must enroll with CNA enrollment materials. For information or to order a complete package of information including enrollment materials, please call CNA Customer Service at (888) 825-0353. Additional information is also available at www.ltcbenefits.com/uts or your institution Benefits Office.

Retirement Programs

Information for Retired Employees



TRS Retired Employees

If you plan to return to work in Texas public education after retirement, you should carefully review all requirements that apply to such work. If you do not effectively terminate employment, or if your work is not in compliance with the requirements, you could lose monthly annuity payments for work that exceeds the allowable amount and possibly even revoke your retirement entirely.

To work after retirement without revocation of retirement or loss of benefits, you must:

- have an effective date of retirement by terminating employment,
- wait to negotiate a return to employment as permitted under law,
- not be employed or otherwise work for a TRS-covered employer during the required break in service after the retirement effective date, and
- work only the amount of time permitted under one of the “employment after retirement” exceptions. The exceptions permit certain kinds of employment without losing the annuity for the month in which the employment is performed.

These requirements apply to all retirees, both service and disability and both normal age and early age. However, there are some differences in how the requirements are applied, depending on retirement circumstances. Please contact TRS if you are considering returning to employment in Texas public education after retirement and are unsure whether your employment will affect your retirement or your monthly annuity payment.

Once retired and receiving an annuity from TRS, you are no longer eligible to participate as an active member with TRS.

ORP Retired Employees

Unlike the Teacher Retirement System, retirees from the Optional Retirement Program (ORP) do not have the same limitations on employment after retirement. However, ORP retirees who later return to employment in Texas public institutions of higher education are not eligible to participate in ORP, with the following exceptions:

- ORP retirees who enrolled in retiree group insurance on or before June 1, 1997;
- Employees who elected ORP in lieu of ERS at the Texas Higher Education Coordinating Board (THECB) and who, after terminating employment with the THECB and enrolling in retiree group insurance as an ORP retiree from the THECB, subsequently become employed in an ORP-eligible position at a Texas public institution of higher education;
- Employees who elected ORP in lieu of TRS and who, after terminating employment with all Texas public institutions of higher education and enrolling in retiree group insurance as an ORP retiree from a Texas public institution of higher education, subsequently become employed in an ORP-eligible position at the THECB; and
- ORP retirees who enroll in retiree group insurance as a part of a phased retirement program, as defined in 19 *Texas Administrative Code* Chapter 25.

Voluntary Retirement Programs

Your UTSaver Voluntary Retirement Programs at a Glance

	UTSaver TSA		UTSaver DCP
	Traditional	Roth	
Eligibility	All employees	All employees	All employees
Employee contribution	Pre-tax dollars	After-tax dollars	Pre-tax Dollars
Employer Contribution	None	None	None
Employee withdrawals	Taxable when withdrawn	Tax free when withdrawn as a "qualified" distribution ¹	Taxable when withdrawn
General contribution limits	\$17,000 IRS maximum (2012) for both traditional and Roth sources. (Each dollar of a Roth contribution reduces the amount that can be contributed pretax, and vice versa.) ²		\$17,000 IRS maximum (2012)
Over age 50 catch-up contribution	\$5,500 combined with Roth	\$5,500 combined with Traditional	\$5,500
15-year catch-up contribution	\$3,000 combined with Roth	\$3,000 combined with Traditional	N/A
Three years prior to retirement catch-up (special catch-up) ³	N/A	N/A	Up to \$17,000 (may not be used simultaneously with age 50 catch-up)
Early distributions	Distributions made prior to age 59 ½ will be subject to ordinary income tax and a possible 10% penalty	"Nonqualified" distributions made prior to age 59 ½ will be subject to ordinary income tax and possibly a 10% penalty	Distributions made prior to age 59 ½ will be subject to ordinary income tax only.

UTSaver Voluntary Programs

U.T. System offers two voluntary retirement savings programs: The UTSaver 403(b) Tax Sheltered Annuity (TSA) and the 457(b) Deferred Compensation plan (DCP).

Notes to Remember:

1) Anyone receiving a salary can participate, even graduate student employees and retiree rehires.

2) You can enroll at any time.

¹ A "qualified" distribution occurs when the Roth account has been in place for five taxable years (from the year of first contribution) and one of the following events has occurred: (1) attainment of age 59 ½; (2) disability; or (3) death.

² Contribution limits for the UTSaver TSA may vary based on income, years of service, previous deferrals, and other factors. Contact your Benefits Office for a calculation of your personal contribution limit.

³ For one or more of the employee's last three calendar years ending before the year in which the employee attains normal retirement age. The special catch-up amount is \$17,000 for 2012. May not be used simultaneously with the Age 50 and over catch-up.

Your UTRetirement Programs Authorized Providers

Authorized Provider	Products	Services available at no cost to the employee							Services available for a fee to the employee		Enrollment
		In person appointment	Discuss UT Retirement Plan Options	Assess employee risk tolerance and retirement goals	Consider outside assets with no advice on those assets	Provide asset allocation models and the list of available company funds in those models	Suggestion of which company fund(s) to select	Suggestion of which company fund(s) to select	Actively manage company accounts		
Fidelity	Mutual Funds Lifecycle Funds Self-Directed Brokerage Accounts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Available at no cost online	No	Online or by downloadable forms at www.fidelity.com/ut .
ING	Annuities Mutual Funds Lifecycle Funds	Yes	Yes	Yes	Yes	Yes	Yes	Yes-online only	Yes-In person or at no cost online	Yes-mutual funds only	Online or by downloadable form at www.ingretirementplans.com/texas .
Lincoln	Annuities Mutual Funds Lifespan Models	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes-In addition to comprehensive financial planning	No	Forms may be downloaded at www.lfg.com/ut .
MetLife	Annuities Mutual Funds Lifecycle Funds	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Available at no cost	No	Call 1-800-236-8489 or see www.metlife.com/uts .
TIAA-CREF	Annuities Mutual Funds Lifecycle Funds Self-Directed Brokerage Accounts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Available at no cost	Yes	Online from the TIAA-CREF UT site at www.tiaa-cref.org/texas .
VALIC	Annuities Mutual Funds Lifecycle Funds Self-Directed Brokerage Accounts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Available at no cost	Yes	You may enroll online at www.valic.com/texascorp .

Legal Notices

UT SELECT Medical Plan Opt Out of Certain Provisions of the Public Health Service (PHS) Act

Group health plans sponsored by State governmental employers, such as UT System must generally comply with certain requirements in title XXVII of the federal Public Health Service Act. However, the Act also permits State governmental employers that sponsor “self-funded” health plans (rather than provide coverage through a health insurance policy) to elect to exempt the self-funded plan from such requirements. UT System has elected to exempt the UT SELECT Medical plan, which is self-funded, from the following requirements:

1. Protection against limiting stays in connection with the birth to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section. (Newborn and Mother’s Health Protection Act)
2. Certain requirements to provide benefits for reconstructive surgery following a mastectomy. (Women’s Health & Cancer Rights Act (WHCRA) of 1988)
3. Protection against having benefits for mental health and substance abuse disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.
4. Continued coverage for up to one year for a dependent child who is covered under a plan solely based on student status, who takes a medically necessary leave of absence from a post-secondary educational institution. (Michelle’s Law)

The exemption from these federal requirements will be in effect for the 2011-2012 plan year. The election may be renewed for subsequent plan years.

However, UT System currently voluntarily provides coverage that substantially complies with the requirements of the Newborn and Mother’s Protection Act and the WHCRA. Information about coverage available to newborns and mothers after delivery and coverage for reconstructive surgery can be found in the UT SELECT Medical plan guide.

Medicare Part D Notice of Creditable Coverage

Important Notice from The University of Texas System Office of Employee Benefits About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The University of Texas System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The University of Texas System Office of Employee Benefits has determined that the prescription drug coverage offered by the UT SELECT Medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? Enrollees of the UT SELECT Medical plan are automatically enrolled in prescription drug coverage. It is not possible to enroll in UT SELECT Medical coverage and decline or waive the prescription drug portion of the coverage. If you decide to join a Medicare drug plan, you are not required to drop your current UT SELECT Medical plan coverage. If you elect part D coverage in addition to your UT SELECT Medical coverage, the pharmacy benefits you are eligible for under your UT SELECT Medical will coordinate with your Part D coverage.

If you do decide to join a Medicare drug plan and drop your current UT SELECT Medical plan coverage, be aware that you and your dependents will be able to get this coverage back during Annual Enrollment or following a qualified change of status event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with the UT SELECT Medical plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact your institution Benefits Office for additional information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the UT SELECT Medical plan changes. You also may request a copy of this notice at any time from The UT System Office of Employee Benefits or your institution Benefits Office.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit www.medicare.gov.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

CONTINUATION OF GROUP COVERAGE (COBRA)

If you or your dependents lose eligibility for coverage, UT will offer you the option to continue coverage for any UT medical, dental, vision, and/or UT FLEX Health Care Reimbursement Account plan. You are responsible for the full premium for elected COBRA coverage plus a 2% administration fee. For information regarding the conditions for continuation of coverage including if you may qualify for the COBRA premium subsidy, please contact your institution Benefits Office.

If you lose eligibility for coverage and are already enrolled in the Basic or Voluntary Group Term Life or Long-Term Care plans, you may also be able to access a conversion benefit provided directly to you under an individual plan from the plan carrier. To do so, you must obtain the required form(s) from your institution Benefits Office and forward them to the appropriate plan carrier within **31 days** of the end of the month in which your eligibility status changes or terminates.

Genetic Information Non-Discrimination Act of 2008

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, UT System will generally never require a UT System benefits participant to provide any genetic information when responding to any request for medical information in connection with enrollment in any UT System benefits plan or accessing any of your UT System plan benefits. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. There may be circumstances where your health care provider may recommend that an individual undergo genetic testing for health reasons and in some cases a UT System plan may request the results of a genetic test to determine payment of a claim for benefits, but only the minimum amount of information necessary in order to determine payment. For more information about GINA, visit www.dol.gov/ebsa/faqs/faq-GINA.html.

HIPAA Notice of Privacy Practices

REVISION EFFECTIVE AS OF March 23, 2009

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

I. PURPOSE OF THIS NOTICE. This Notice of Privacy Practices (this “Notice”) describes the privacy practices of the UT SELECT, UT DENTAL SELECT and UT FLEX Self-funded Group Health Plans (“the Plans”) which are funded by The University of Texas System and administered by the Office of Employee Benefits (“OEB”) of the University of Texas System Administration. Federal law requires OEB to ensure that any medical information that it collects, creates or holds on behalf of the Plans which identifies you remains private. Federal law also requires OEB to provide this Notice of OEB’s legal duties and privacy practices with respect to your medical information. Specifically, this Notice describes how OEB may use or disclose your medical information (see Section II), your rights concerning your medical information (see Section III), how you may contact OEB regarding OEB’s privacy policies (see Section IV), and OEB’s right to revise this Notice (see Section V).

OEB will abide by the terms of this Notice as long as it is in effect. This Notice applies to any use or disclosure of your medical information occurring on or after the effective date written at the top of this page, even if OEB created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.

II. HOW OEB MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION. OEB may use or disclose your medical information only as described in this Section II.

- A. Treatment.** OEB may disclose your medical information to a health care provider for your medical treatment.
- B. Payment.** OEB may use or disclose your medical information in order to determine premiums, determine whether OEB is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor’s bill, OEB may use your medical information to determine whether the terms of your Plan cover the medical care you received. OEB may also disclose your medical information to a health care provider or other person as needed for that person’s payment activities.
- C. Health Care Operations.** OEB may use or disclose your medical information in order to conduct “health care operations.” Health care operations are activities that federal law considers important to OEB’s successful operation. As examples, OEB may use your medical information to evaluate the performance of participating providers in a Plans’ networks, and OEB may disclose your medical information to an auditor who will make sure that a third party administrator of a Plan is complying with contracts and applicable laws. In addition, third party administrators of the plan may contact you to give you information about treatment alternatives or other health-related services that may interest you. OEB may also disclose your medical information to a health care provider or other health plan that is involved with your health care, as needed for that person’s quality-related health care operations.

- D. Required by Law.** OEB will use or disclose your medical information if a federal, state, or local law requires it to do so.
- E. Required by Military Authority.** If you are a member of the Armed Forces or a foreign military, OEB may use or disclose your medical information if the appropriate military authorities require it to do so.
- F. Serious Threat to Health or Safety.** OEB may use or disclose your medical information if necessary because of a serious threat to someone's health or safety.
- G. Limited Data Set.** OEB may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.
- H. Disclosure to You.** OEB may disclose your medical information to you.
- I. Disclosures to Individuals Involved with Your Health Care.** OEB may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. OEB may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person's involvement with your health care or payment for your health care.
- J. Disclosures to Business Associates.** OEB may contract with an entity to perform services on behalf of OEB. OEB may then disclose your medical information to such "business associate," and the business associate will use or disclose your medical information only to the extent OEB would be able to do so under the terms of this Section II.
- K. Other Disclosures.** OEB may disclose your medical information to:
- Authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
 - Law enforcement officials if they need the information to investigate a crime or to identify or locate a suspect, fugitive, material witness, or missing person;
 - Health oversight agencies, if authorized by law, in order to monitor the health care system, government benefit programs, or compliance with civil rights laws;
 - Persons authorized by law to receive public health information, including reports of disease, injury, birth, death, child abuse or neglect, food problems, or product defects;
 - Persons authorized by law to receive the information under a court order, subpoena, discovery request, warrant, summons, or similar process;
 - Persons who need the information to comply with workers' compensation laws or similar programs providing benefits for work-related injuries or illnesses;
 - Governmental agencies authorized to receive reports of abuse if you are a victim of abuse, neglect, or domestic violence;
 - Coroners or medical examiners, after your death, to identify you, to determine your cause of death, or as otherwise authorized by law;
 - Funeral directors, after your death, who need the information;
 - The Secretary of Health and Human Services, a federal agency that investigates compliance with federal privacy law.
- L. Incidental Uses and Disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described in this Section II are acceptable if they occur notwithstanding OEB's reasonable safeguards to limit such incidental uses and disclosures.
- M. Written Authorization.** OEB may use or disclose your medical information under circumstances that are not described above only if you provide permission by "written authorization." After you provide written authorization, you may revoke that authorization, in writing, at any time by sending notice of the revocation to the Contact Person identified in Section IV of this Notice. If you revoke an authorization, OEB will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, OEB cannot take back any disclosures already made under that authorization.

III. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION. You have the following rights associated with your medical information:

- A. Right To Request Restrictions.** Although OEB is generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that OEB limit those uses and disclosures of medical information. You must make your request in writing to OEB's Contact Person identified in Section IV of this Notice. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on Plan disclosures, and (4) if your request would impact payment, how payment will be handled. OEB will consider your request but does not have to agree to it. If OEB does agree, OEB will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or OEB cancels the restriction. There is a form you can use to make this request which is available on the OEB website or by contacting OEB or the Office of Human Resources at the component institution of The University of Texas System where you are employed.
- B. Right To Confidential Communications.** You have the right to request that OEB communicate your medical information to you by a certain method (for example, by e-mail) or at a certain location (for example, at a post office box). You must make your request in writing to OEB's contact person. Your request must include the method or location desired. If your request would impact payment, you must describe how payment will be handled. Your request must indicate why disclosure of your medical information by another method or to another location could endanger you.
- C. Right To Inspect and Copy.** You have the right, in most cases, to inspect and copy your medical information maintained by or for OEB. You must make your request in writing to OEB's Contact Person identified in Section IV of this Notice. If OEB denies your request, you may have the right to have the denial reviewed by a licensed health care professional selected by OEB. If OEB (or a licensed health care professional performing the review on behalf of OEB) grants your request to inspect your information, OEB will provide you with the requested access. If OEB (or the licensed health care professional on review) grants your request to copy your information, OEB will provide you with the requested documents, but OEB may charge you a fee.
- D. Right To Amend.** If you feel that medical information OEB has about you is incorrect or incomplete, you may ask OEB to amend the information. You have the right to request an amendment for as long as the information is kept by or for OEB. You must make your request in writing to the Contact Person identified in Section IV of this Notice, and you must give a reason that supports your request. If OEB denies your request for an amendment, OEB will explain to you its reasons for denial and your appeal rights following denial.
- E. Right To an Accounting of Disclosures.** You have the right to request a list of disclosures of your medical information that have been made by OEB and its business associates. OEB does not have to list the following disclosures:
- Disclosures for treatment;
 - Disclosures for payment;
 - Disclosures for health care operations;
 - Disclosures of a limited data set for health care operations, research, or public health activities;
 - Disclosures to you;
 - Disclosures to individuals involved with your health care;
 - Disclosures to authorized federal officials for national security activities;
 - Disclosures that occur incidentally with other permissible uses and disclosures;
 - Disclosures made under your written authorization; and

- In certain circumstances, disclosures to law enforcement officials or health oversight agencies.
- You must make your request in writing to the Contact Person identified in Section IV of this Notice. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request or before April 14, 2003. OEB may charge you a fee for the list of disclosures if you request more than one list within 12 months.

- F. Right To Make a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with OEB's contact person or with the federal government's Department of Health and Human Services. OEB will not penalize you or retaliate against you in any way if you file a complaint.
- G. Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Contact Person identified in Section IV of this Notice at any time.

IV. WHOM TO CONTACT REGARDING OEB'S PRIVACY POLICIES.

- A. OEB's Contact Person.** To obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, you may contact OEB's Contact Person at:

Assistant Director, Employee Benefits
Office of Employee Benefits
702 Colorado Street, Suite 2.100
Austin, Texas 78701
(512) 499-4616

- B. Department of Health and Human Services.** To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, consult the Department's website at www.dhhs.gov/ocd/privacy/hipaa/complaints/index.html. You can also contact the Department's Regional Office via regular mail, phone or fax:

Ralph Rouse, Regional Manager, Region IV
Office of Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
Voice Phone (214) 767-4056, FAX (214) 767-0432, TDD (214) 767-8940

- C. Electronic Copy of This Notice.** You may obtain an electronic copy of the most current version of this Notice at the following website:

www.utsystem.edu/benefits/hipaa.

- V. OEB'S RIGHT TO REVISE THIS NOTICE.** OEB reserves the right to change the terms of this Notice at any time. OEB also reserves the right to make the revised notice effective for medical information OEB already has about you as well as any information OEB receives while such notice is in effect. Within 60 days of a material revision to this Notice, OEB will provide the revised notice to all individuals then covered by a Plan. If you want to make sure that you have the latest version of this Notice, you may contact OEB's Contact Person.

Medicaid and the Children's Health Insurance Program (CHIP)

Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility –

ALABAMA – Medicaid

Website: www.medicaid.alabama.gov

Phone: 1-800-362-1504

ALASKA – Medicaid

Website: <http://health.bss.state.ak.us/dpa/programs/medicaid>

Phone (Outside of Anchorage): 1-888-318-8890

Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Website: www.azahcccs.gov/applicants/default.aspx

Phone (Outside of Maricopa County): 1-877-764-5437

Phone (Maricopa County): 602-417-5437

ARKANSAS – CHIP

Website: www.arkidsfirst.com

Phone: 1-888-474-8275

CALIFORNIA – Medicaid

Website: www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx

Phone: 1-866-298-8443

COLORADO – Medicaid and CHIP

Medicaid Phone (In state): 1-800-866-3513

Medicaid Phone (Out of state): 1-800-221-3943

CHIP Website: www.CHPlus.org

CHIP Phone: 303-866-3243

FLORIDA – Medicaid

Website: www.fdhc.state.fl.us/Medicaid/index.shtml

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>

Click on Programs, then Medicaid

Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Website:

www.accesstohealthinsurance.idaho.gov

Medicaid Phone: 1-800-926-2588

CHIP Website: www.medicaid.idaho.gov

CHIP Phone: 1-800-926-2588

INDIANA – Medicaid

Website: www.in.gov/fssa

Phone: 1-800-889-9948

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp

Phone: 1-888-346-9562

KANSAS – Medicaid

Website: www.kbpa.ks.gov

Phone: 1-800-792-4884

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: www.labipp.dhb.louisiana.gov

Phone: 1-888-342-6207

MAINE – Medicaid

Website:

www.maine.gov/dbhs/OLAS/public-assistance/index.html

Phone: 1-800-321-5557

MASSACHUSETTS – Medicaid and CHIP

Website: www.mass.gov/MassHealth

Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: www.dhs.state.mn.us

Click on Health Care, then Medical Assistance

Phone (Outside of Twin City area): 800-657-3739

Phone (Twin City area): 651-431-2670

MISSOURI – Medicaid

Website:

www.dss.mo.gov/mhd/participants/pages/hipp.htm

Phone: 573-751-2005

MONTANA – Medicaid

Website:

<http://medicaidprovider.bhs.mt.gov/clientpages/clientindex.shtml>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.dbhs.ne.gov/med/medindex.htm

Phone: 1-877-255-3092

NEVADA – Medicaid and CHIP

Medicaid Website: <http://dwss.nv.gov>

Medicaid Phone: 1-800-992-0900

CHIP Website: www.nevadacheckup.nv.org

CHIP Phone: 1-877-543-7669

NEW HAMPSHIRE – Medicaid

Website: www.dbhs.nh.gov/ombp/index.htm

Phone: 603-271-4238

NEW JERSEY – Medicaid and CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid

Medicaid Phone: 1-800-356-1561

CHIP Website: www.njfamilycare.org/index.html

CHIP Phone: 1-800-701-0710

NEW MEXICO – Medicaid and CHIP

Medicaid Website:

www.hsd.state.nm.us/mad/index.html

Medicaid Phone: 1-888-997-2583

CHIP Website: www.hsd.state.nm.us/mad/index.html

Click on Insure New Mexico

CHIP Phone: 1-888-997-2583

NEW YORK – Medicaid

Website: www.nyhealth.gov/health_care/medicaid

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: www.nc.gov

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:

www.nd.gov/dhs/services/medicalserv/medicaid

Phone: 1-800-755-2604

OKLAHOMA – Medicaid

Website: www.insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: www.oregonhealthykids.gov

Phone: 1-877-314-5678

PENNSYLVANIA – Medicaid

Website: www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm

Phone: 1-800-644-7730

RHODE ISLAND – Medicaid

Website: www.dhs.ri.gov

Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: www.scdhhs.gov

Phone: 1-888-549-0820

TEXAS – Medicaid

Website: www.gethipptexas.com

Phone: 1-800-440-0493

UTAH – Medicaid

Website: <http://health.utah.gov/upp>

Phone: 1-866-435-7414

VERMONT – Medicaid

Website: www.greenmountaincare.org

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:

www.dmas.virginia.gov/rcp-HIPP.htm

Medicaid Phone: 1-800-432-5924

CHIP Website: www.famis.org

CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid

Website:

<http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: www.wvrecovery.com/hipp.htm

Phone: 304-342-1604

WISCONSIN – Medicaid

Website: www.badgercareplus.org/pubs/p-10095.htm

Phone: 1-800-362-3002

WYOMING – Medicaid

Website:

www.health.wyo.gov/healthcarefin/index.html

Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

Resources

In addition to the robust UT Benefits, additional resources are available to help you stay financially and physically healthy. If you have specific questions about any of these resources, please feel free to contact customer service for the sponsoring plan vendor. Vendor contact information is on the back cover of this handbook.

Wellness Resources

Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a benefit of your UT employment that provides confidential, professional assistance to help resolve problems that affect your personal life or job performance. The program is designed to allow you to seek help when you need it, at no charge.

To find out more about the EAP or to make an appointment, select your UT institution from the directory available on the EAP homepage at www.livingwell.utsystem.edu/eap.htm.

24/7 Nurseline (BCBSTX)

Health concerns don't always follow a 9-to-5 schedule. Fortunately, you can call the toll-free Nurseline 24 hours a day, seven days a week to get the information you need. In addition to speaking with a registered nurse, you also have the option to access an audio library of more than 1,000 health topics—from allergies to women's health—with more than 600 topics available in Spanish. Call the 24/7 Nurseline toll-free at **888-315-9473**.

Special Beginnings® Prenatal Program (BCBSTX)

This prenatal program can help during pregnancy and postpartum care. The program provides support and education, pregnancy risk factor identification and ongoing communication and monitoring from pregnancy until six weeks after delivery. Enrolled mothers-to-be receive personal contact from program staff who can help them better understand and manage their pregnancies and coordinate care with their doctor. Call Special Beginnings at **888-421-7781**. Women who enroll in their first trimester and complete the Special Beginnings program will receive a \$50 Target reward card after delivery.

Living Well HealthQuotient (WebMD)

Find out how healthy you really are—and how your health ranks compared to your peers—by completing the HealthQuotient (HQ) health risk assessment. You'll receive a personalized report identifying any health risks, and recommendations on how to improve or manage them. Go to www.webmdhealth.com/ut and take your HQ today.

High-Risk Coaching Intervention Program (WebMD)

Some individuals may be eligible to receive support from a personal health coach. Through a series of convenient phone conversations, your health coach can help you establish your health goals—and create a personalized program to meet your needs.

To see if you're eligible for a personal health coach, you must first complete your HQ located in your Living Well Health Manager. Although it's up to you to take the first step toward better health by completing the HQ, support to help you achieve your big dreams of better health might be just around the corner.

Condition Management (BCBSTX)

If you experience a complex medical situation, registered nurse case managers can help you or a family member cope with the situation, identify and achieve your goals and access many of the services you need. Voluntary health improvement programs are available to help members with cancer, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, asthma, diabetes, metabolic syndrome (high cholesterol, high blood pressure and obesity) and low back pain. To request condition management, contact Blue Access® for UT SELECT members at **1-800-462-3275**.

Lifestyle Management (BCBSTX)

For participants who want to lose weight or stop smoking, UT SELECT coverage also features lifestyle management programs, composed of licensed masters level social workers and licensed professional counselors, who promote wellness through a holistic approach of behavioral coaching, clinical coaching, education and condition management. To enroll in a lifestyle management program, please call toll-free at **1-800-462-3275**.

Superior Vision's SmartAlert Program (Superior Vision)

Superior Vision's SmartAlert provides an easy way to foster communication between you, your Superior Vision eye care provider and your primary care physician or specialist.

This tool is the My Vision Lifestyle Update* form and is located on the Superior Vision website at www.superiorvision.com/ut in the member portal. You should print a copy of the form, review and answer the questions carefully, then share this form with your Superior Vision provider during your next eye exam appointment.

*Superior Vision Services makes no representation about the suitability of this information for medical purposes or any other purpose. In no event shall Superior Vision be liable for any special, indirect, or consequential damages whatsoever, arising out of or in connection with the use of this form.

Wise Consumer Resources

My Rx Choices (Medco)

An industry-leading prescription savings program, *My Rx Choices* is offered as an enhancement to your benefit plan. Here you can view a single presentation of medications with potential savings and comparison shop for available lower cost alternatives. You also have the option to have Medco contact physicians on your behalf to review options with your doctor and request approval for equivalent conversions received through mail.

Personalized Medicine Program (Medco)

Your prescription drug coverage includes the Personalized Medicine Program, a program that incorporates genetic testing to optimize prescription drug therapies for certain conditions. The conditions, drugs and testing covered by the program will change from time to time as new genetic tests become available and are included in the program. As of the date this handbook was printed, the Personalized Medicine Program is available to participants meeting a specified clinical profile who are prescribed Tamoxifen for breast cancer or Warfarin. The most up-to-date information on the conditions and drugs covered by the program can be accessed online at www.medco.com/ut or by calling a Medco customer service representative at **1-800-818-0155**.

If you are a qualified participant, additional services are available to you through the Personalized Medicine Program at no additional cost. The Personalized Medicine Program

includes: (i) access to certain specified genetic tests administered and analyzed by one of several designated clinical laboratories; and (ii) a clinical program that includes the interpretation of test results and consultation with your prescriber by a representative of Medco trained specifically in genetic testing. Medco will also offer ongoing outreach and education to physicians and patients when appropriate.

When you qualify, Medco will contact you and your physician to enroll you in the program. With approval from your physician, the clinical laboratory will facilitate the processing of a genetic test and share the results of the test with your physician and Medco. The results of the genetic test are for informational purposes only; any dosing or medication changes remain in the sole discretion of your physician. Your participation is voluntary and if you decide to participate, Medco will facilitate your coverage under the program.

Blue Access for MembersSM (BCBSTX)

Go to www.bcbstx.com/ut, log onto Blue Access for Members, and:

- Check the status of a claim and your claims history
- Confirm who in your family is covered under your plan
- View and print an explanation of benefits (EOB)* for a claim
- Locate a doctor or hospital in the Network
- Sign up to receive claim status email alerts

- Request email notification of finalized claims
- Request a new or replacement ID card or print a temporary ID card
- Access the Personal Health Manager and earn Blue Points

*BCBSTX no longer mails an explanation of benefits (EOB) statement to UT SELECT participants unless they specifically request that their EOBs be mailed. Always review your EOBs following medical treatment to ensure the accuracy of provider billing and payment.

Hospital Comparison Tool (BCBSTX)

When your physician has recommended a surgical treatment, you can easily find and review the outcome history of procedures previously performed at hospitals. To review hospital outcome data, log onto Blue Access for MembersSM, click on the “My Health” section and select “Compare Hospitals.”

Treatment Cost Advisor (BCBSTX)

Through the Treatment Cost Advisor* tool, you can find the typical cost of a health care procedure from a list of common medical conditions. You simply need to enter information, such as age, gender, and state or ZIP code to help determine a cost estimate for a specified medical procedure. To get started, log onto Blue Access[®] for Members, click on the “My Health” section and select “Treatment Cost Advisor.”

* All information is intended for your general use only and is not a substitute for medical advice or treatment for specific medical conditions. You should seek prompt medical care for specific health issues and consult your physician before taking any action on your health conditions. Use of this online service is subject to Terms and Conditions.

Discounts/Value Added Services

BlueExtras Discounts (BCBSTX)

Gym Membership Discount

Enjoy unlimited access to multiple fitness center locations for one low monthly fee. Log into www.bcbstx.com/ut. (You will need to register, if you've never done so before.) On the right side navigation bar, under "Quick Links", click on "Fitness Program".

Complementary Alternative Medicine

Complementary Alternative Medicine (CAM) includes a variety of therapies that may help to improve your health, prevent illness, and address existing symptoms and conditions. As a BCBSTX member, you are automatically eligible to receive up to 30% off standard fees through a national network of more than 35,000 practitioners, spas, wellness and fitness centers. You are also eligible to receive discounts on vitamins, herbal supplements, and health and wellness magazines. To learn more about CAM discounts, go to www.bcbstx.com/ut for more details or call (866) 656-6069.

TruHearing

Blue Cross and Blue Shield of Texas (BCBSTX) has arranged a discount program through TruHearing that offers digital hearing aids at a reduced price.* This program is available to BCBSTX health plan members, as well as parents and grandparents who are not enrolled in a BCBSTX plan.

To learn more about TruHearing or to find a location, visit www.truehearing.com or call (800) 687-4796 and identify yourself as a BCBSTX member.

*Products and prices may be subject to change without notice.

Davis Vision

Members can save on eyeglasses and receive discounts on contact lenses, eye exams and accessories through Davis Vision, a leading national provider of routine vision care programs. The Davis Vision network consists of major national and regional retail locations, such as EyeMasters® and Visionworks®, as well as independent ophthalmologists and optometrists.

For questions, members can call Davis Vision at 800-501-1459 or visit www.davisvision.com then click "Open Enrollment" and enter control Code 2295.

For a list of Davis Vision providers, members can log in to Blue Access for Members at www.bcbstx.com/ut and click the "My Coverage" tab at the top, then the "BlueExtras Discount Program" link.

The relationship between these vendors and Blue Cross and Blue Shield of Texas (BCBSTX) is that of independent contractors. BlueExtras is a discount program available to BCBSTX members. This is NOT insurance. Some of the services offered through BlueExtras may be covered under your health plan. Please refer to your benefits booklet or call the customer service number on the back of your ID card for specific benefit information under your health plan. Use of BlueExtras does not affect your premium, nor do costs of BlueExtras' services or products count toward your plan deductible, calendar year or lifetime maximums. Discounts are only available through participating vendors. BCBSTX does not guarantee or make any claims or recommendations regarding the services or products offered under BlueExtras. You may want to consult with your physician prior to use of these services and products. Services and products are subject to availability by location. BCBSTX reserves the right to discontinue or change this discount program at any time without notice.

UT SELECT is administered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Texas provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

International SOS (UT System)

When traveling abroad, coverage is provided for your medical needs through your UT SELECT program; however, additional services are available through the UT System-wide International SOS program. This is a comprehensive, 24-hour medical response organization that provides international assistance services worldwide through the use of multilingual alarm centers on duty 24 hours a day, 365 days a year. International SOS responds to calls for help and advice from students, travelers and expatriates, managing issues from the simplest task of a doctor referral to the most complex emergency evacuation. Membership is available at a discount when traveling for a personal trip. You may obtain a membership card from your institution travel office. All UT-related travel abroad not booked using one of the University's contracted travel agencies should be reported to International SOS in advance. This can be done via the UT System SOS portal at www.internationalsos.com (Use U.T. System Membership # 11BSGC000037 to log on). *International SOS is not a Uniform Group Insurance Program benefit.*

Benefits Cost Worksheet for Retired Employees

For Plan Year 2011-2012



This is NOT an enrollment form. You must enroll online using *MY UT BENEFITS* during Annual Enrollment or, for new Retired Employees, through your institution's Benefits Office.

Please remember that this form only provides you (the subscriber) with an estimate of your total out-of-pocket cost per month based on state-appropriated funds and contracted premium rates. Be sure to review available benefits information for more information on the plans listed.

For each section, figure the correct cost and enter it in the TOTAL boxes to the right of each section.

MEDICAL OUT-OF-POCKET COST PER MONTH:					MEDICAL TOTAL
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	
UT SELECT <i>(Administered by BlueCross BlueShield of Texas)</i>	\$0	\$199.02	\$208.15	\$391.93	
Medical Plan Rates include: Prescription benefit coverage and \$6,000 Life					

Effective September 1, 2011, Evidence of Insurability (EOI) is no longer required to enroll in UT Select Medical. All eligibility rules will continue to apply.

DENTAL OUT-OF-POCKET COST PER MONTH:					DENTAL TOTAL
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	
Worldwide:					
UT SELECT Dental <i>(Administered by Delta Dental)</i>	\$30.86	\$58.58	\$64.57	\$91.81	
Austin, Dallas, El Paso, Galveston, Houston & San Antonio:					
Assurant Dental HMO	\$10.05	\$19.10	\$21.11	\$30.15	

VISION OUT-OF-POCKET COST PER MONTH:					VISION TOTAL
Plan Available – Nationwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	
Superior Vision	\$6.80	\$10.76	\$10.96	\$17.40	

LIFE OUT-OF-POCKET COST PER MONTH:		Dearborn National
Enter Elected Coverage Amount: • Select from the following options and enter here (see ¹ below). ➤ \$7,000 ➤ \$10,000 ➤ \$25,000 ➤ \$50,000 <i>Note: For those Retired Employees of the U.T. System who retired through the 1993 one-time retirement option, enter the amount of coverage currently in place.</i>		A
Divide total in A by 1,000 to determine units of \$1,000 for premium calculation. Enter here.		B
Refer to Retiree Rate Chart below. Enter the rate that corresponds with your age on September 1, 2011.		C
To determine the premium cost per month, multiply B x C .		D
<i>The remainder of the Life Out-of-Pocket calculation section relates to the eligible spouse of a Retired Employee. Dependent children of Retirees are not eligible for life coverage.</i>		
If you are electing the \$3,000 Spouse Coverage option (see ² below) enter \$1.83. Otherwise, enter zero.		E
To determine total Life premium cost per month, add D + E . Otherwise, enter zero.		F
		LIFE TOTAL

RETIREE RATE CHART	
Age of Subscriber on 9/01/11	Rate per \$1,000 Coverage
< 35	\$0.038
35 - 39	\$0.048
40 - 44	\$0.065
45 - 49	\$0.100
50 - 54	\$0.155
55 - 59	\$0.240
60 - 64	\$0.375
65 - 69	\$0.670
70 and over	\$0.752

¹ If you are increasing your life coverage amount, Evidence of Insurability (EOI) is required.

² To elect Spouse life coverage, EOI may be required. Contact your institution Benefits Office for assistance.

LONG TERM CARE (LTC) OUT-OF-POCKET COST PER MONTH								CNA
Age	PLAN A				PLAN B			
	Basic Benefit with Guaranteed Benefit Increase Option				Basic Benefit with Lifetime Automatic Benefit Increase Option (Inflation Protection)			
	\$100 BENEFIT	\$125 BENEFIT	\$150 BENEFIT	\$200 BENEFIT	\$100 BENEFIT	\$125 BENEFIT	\$150 BENEFIT	\$200 BENEFIT
<25	5.64	7.05	8.46	11.28	16.96	21.20	25.44	33.92
25-29	6.68	8.35	10.02	13.36	19.88	24.85	29.82	39.76
30-34	8.00	10.00	12.00	16.00	23.09	28.86	34.64	46.18
35-39	9.76	12.20	14.63	19.51	29.99	37.49	44.99	59.98
40	11.84	14.81	17.77	23.69	34.52	43.15	51.78	69.04
41	12.60	15.75	18.90	25.20	35.76	44.70	53.64	71.52
42	13.39	16.74	20.09	26.78	37.43	46.79	56.14	74.86
43	13.99	17.49	20.98	27.98	39.10	48.88	58.65	78.21
44	14.64	18.31	21.97	29.29	40.85	51.06	61.27	81.70
45	15.42	19.27	23.12	30.83	43.09	53.87	64.64	86.18
46	16.17	20.21	24.25	32.34	45.18	56.48	67.77	90.36
47	17.04	21.29	25.55	34.07	47.54	59.42	71.31	95.08
48	18.12	22.65	27.18	36.24	50.05	62.56	75.07	100.09
49	19.28	24.10	28.92	38.56	52.63	65.79	78.95	105.26
50	20.78	25.97	31.16	41.55	56.01	70.02	84.02	112.02
51	22.27	27.84	33.40	44.54	59.36	74.20	89.04	118.71
52	24.14	30.18	36.21	48.28	63.39	79.23	95.08	126.77
53	26.28	32.85	39.43	52.57	67.94	84.93	101.91	135.89
54	28.73	35.91	43.10	57.46	72.88	91.10	109.32	145.76
55	32.43	40.54	48.65	64.86	78.93	98.66	118.39	157.85
56	36.28	45.35	54.42	72.55	84.78	105.98	127.17	169.56
57	40.21	50.27	60.32	80.42	91.24	114.05	136.86	182.48
58	44.14	55.17	66.20	88.27	98.69	123.36	148.03	197.37
59	48.49	60.62	72.74	96.98	106.93	133.66	160.40	213.86
60	54.16	67.70	81.24	108.32	116.55	145.68	174.82	233.09
61	59.65	74.57	89.48	119.30	125.17	156.47	187.76	250.34
62	65.29	81.61	97.93	130.57	133.34	166.68	200.02	266.69
63	70.61	88.27	105.92	141.23	139.99	174.99	209.99	279.99
64	76.53	95.67	114.80	153.06	146.88	183.60	220.32	293.76
65	83.69	104.62	125.54	167.39	155.31	194.14	232.97	310.63
66	91.32	114.15	136.98	182.64	164.13	205.16	246.20	328.26
67	98.84	123.55	148.26	197.68	176.10	220.13	264.15	352.20
68	107.48	134.35	161.22	214.96	190.68	238.35	286.02	381.36
69	116.92	146.15	175.38	233.84	204.96	256.20	307.44	409.92
70	127.68	159.60	191.52	255.36	221.56	276.95	332.34	443.12
71	140.44	175.55	210.66	280.88	241.32	301.65	361.98	482.64
72	155.80	194.75	233.70	311.60	264.84	331.05	397.26	529.68
73	173.92	217.40	260.88	347.84	292.16	365.20	438.24	584.32
74	194.36	242.95	291.54	388.72	322.68	403.35	484.02	645.36
75	216.96	271.20	325.44	433.92	355.80	444.75	533.70	711.60
76	241.32	301.65	361.98	482.64	390.96	488.70	586.44	781.92
77	267.24	334.05	400.86	534.48	427.56	534.45	641.34	855.12
78	294.48	368.10	441.72	588.96	465.28	581.60	697.92	930.56
79	320.56	400.70	480.84	641.12	500.04	625.05	750.06	1,000.08
80	350.88	438.60	526.32	701.76	540.36	675.45	810.54	1,080.72
81	380.00	475.00	570.00	760.00	577.60	722.00	866.40	1,155.20
82	414.40	518.00	621.60	828.80	621.56	776.95	932.34	1,243.12
83	452.04	565.05	678.06	904.08	669.00	836.25	1,003.50	1,338.00
84	492.80	616.00	739.20	985.60	719.48	899.35	1,079.22	1,438.96
85	530.56	663.20	795.84	1,061.12	764.00	955.00	1,146.00	1,528.00
86	572.68	715.85	859.02	1,145.36	813.24	1,016.55	1,219.86	1,626.48
87	613.48	766.85	920.22	1,226.96	858.88	1,073.60	1,288.32	1,717.76
88	647.08	808.85	970.62	1,294.16	893.00	1,116.25	1,339.50	1,786.00
89	679.52	849.40	1,019.28	1,359.04	924.12	1,155.15	1,386.18	1,848.24
90	717.32	896.65	1,075.98	1,434.64	961.20	1,201.50	1,441.80	1,922.40

**LTC
TOTAL**

* EOI is required for new Retirees who enroll in LTC during their initial period of eligibility and for all other new enrollees.

Estimated Total Monthly Out-of-Pocket Cost
(Add ALL boxes and enter total)

Institution Benefits Offices

UT Arlington	Office of Human Resources J. D. Wetsel Bldg. 1225 W. Mitchell, Ste 212 Arlington, TX 76019	Phone: (817) 272-5558 Benefits Line or (817) 272- 5554 Fax: (817) 272-5798 E-mail: benefits@uta.edu
UT Austin	Physical Address: Human Resource Service Center North Office Building A, Suite 2.200 101 E. 27th St. Austin, TX 78712 Mailing Address: Human Resource Service Center P.O. Box V Austin, Texas 78713	Phone: (512) 471-4772 or Toll Free: (800) 687-4178 Fax: (512) 232-3524 E-mail: hpsc@austin.utexas.edu
UT Brownsville	Human Resources UTB/TSC, Cortez 129 80 Fort Brown Brownsville, TX 78520	Phone: (956) 882-8205 Fax: (956) 882-6599 Email: benefits@utb.edu
UT Dallas	Human Resources Management Mail Station AD 10 800 W. Campbell Rd. Richardson, TX 75080	Phone: (972) 883-2221 Fax: (972) 883-2156 E-mail: benefits@utdallas.edu
UT El Paso	Administration Building, Room 216 500 West University Ave. El Paso, TX 79968	Phone: (915) 747-5202 Fax: (915) 747-5815 E-mail: benefits@utep.edu
UT Health Science Center Tyler	11937 US Highway 271 Tyler, TX 75708-3154	Phone: (903) 877-7784 Fax: (903) 877-5394 E-mail: benefits@uthct.edu
UT Health Science Center Houston	7000 Fannin The University Center Tower (UCT) 10th Floor Houston, TX 77030	Phone: (713) 500-3960 Fax: (713) 500-0342 E-mail: benefits@uth.tmc.edu
UT Health Science Center San Antonio	7703 Floyd Curl Drive, MSC 7972 San Antonio, TX 78229-3900	Phone: (210) 567-2600 Fax: (210) 567-6791 E-mail: benefits@uthscsa.edu
UT Medical Branch at Galveston	301 University Blvd. Galveston, TX 77555-0140	Phone: (409) 772-2630, Option "0" Toll Free: (866) 996-8862 Fax: (281) 554-5381 E-mail: benefits.services@utmb.edu
UT MD Anderson Cancer Center	Physical Address: 2450 Holcombe Blvd. Human Resources Benefits Houston, TX 77021-2024 Mailing Address: HR Benefits Unit 634 PO Box 301402 Houston, TX 77230-1402	Phone: (713) 745-6947 Fax: (713) 745-7160 E-mail: hrbenefits@mdanderson.org
UT MD Anderson Cancer Center Physicians Referral Service (PRS)	Physical Address: 6900 Fannin St., Suite 3.1001 Houston, TX 77030 Mailing Address: Physicians Referral Service (PRS) 1515 Holcombe Blvd., Unit 702 Houston, TX 77030	Phone: (713) 792-7600 Fax: (713) 794-4812 E-mail: PRSAAdministrativeServices@mdanderson.org
UT Pan American	1201 W. University Dr. PSBL Edinburg, TX 78541	Phone: (956) 381-2451 Fax: (956) 381-2340 E-mail: hrbenefits@utpa.edu
UT Permian Basin	4901 East University Blvd. Odessa, TX 79762	Phone: (432) 552-2751 Fax: (432) 552-3747
UT San Antonio	1 UTSA Circle San Antonio, TX 78249	Phone: (210) 458-4250 Fax: (210) 458-7890 E-mail: benefits@utsa.edu
UT Southwestern Medical Center	5323 Harry Hines Blvd Dallas, TX 75390-9023	Phone: (214) 648-9830 Fax: (214) 648-9881 E-mail: benefits@utsouthwestern.edu
UT System	Office of Employee Services 702 Colorado St., Ste 1.104 Austin, TX 78701	Phone: (512) 499-4660 Fax: (512) 499-4380 Email: esc@utsystem.edu
UT Tyler	Office of Human Resources 3900 University Blvd. Tyler, TX 75799	Phone: (903) 566-7358 Fax: (903) 565-5690

Insurance Plan Administrators

UT SELECT Medical (Blue Cross and Blue Shield of Texas) Group: 71778	P.O. Box 660044 Dallas, TX 75266-0044	(866) 882-2034 M-F 8:00 AM-6:00 PM CT	www.bcbstx.com/ut
UT SELECT Prescription (Medco Health Solutions) Group: UTSYSRX	PAID Prescriptions Medco Health Solutions, Inc. P.O. Box 14711 Lexington, KY 40512	(800) 818-0155 24hrs a day 7 days a week	www.medco.com
Living Well Health Manager (powered by WebMD)	N/A	(866) 584-5745 M-F 7:00 AM-7:30 PM CT	www.webmdhealth.com/ut
UT SELECT Dental (Delta Dental) Group: 5968	P.O. Box 1809 Alpharetta, GA 30023	(800) 893-3582 M-F 6:15 AM-6:30 PM CT	www.deltadentalins.com/universityoftexas
Assurant Dental DMO Group: CX 86	P.O. Box 830607 Birmingham, AL 35283-0949	(800) 443-2995 7:00 AM-6:00 PM CT	www.assurantemployeebenefits.com/ut
Superior Vision Group: 26856	P.O. Box 967 Rancho Cordova, CA 95741-0967	(800) 507-3800 M-F 7:00 AM-8:00 PM CT Sat 10:00 AM-3:30 PM CT	www.superiorvision.com/ut
Group Term Life (Dearborn National) Group: GFZ71778	P.O. Box 655403 Dallas, TX 75265-5403	(866) 628-2606 M-F 7:00 AM-7:00 PM CT	www.dearbornnational.com/ut
Long-Term Care (CNA) Group: 0010025TQ	Continental Casualty Attn: LTC Claims P.O. Box 946760 Maitland, FL 32794-6760	(888) 825-0353 7:00 AM-5:00 PM CT	www.ltcbenefits.com/uts

Retirement Providers

Fidelity Investments	P.O. Box 770002 Cincinnati, OH 45277-0090	(800) 343-0860 M-F 7:00 AM-11:00 PM CT	www.fidelity.com/ut
ING	One Orange Way Windsor, CT 06095-4774	(800) 584-6001 M-F 7:00 AM-9:00 PM CTS 7:00 AM-3:00 PM CT	www.ingretirementplans.com/utexas
Lincoln Financial Group	Lincoln Financial Group Attn: UT Retirement Servicing 1300 South Clinton Street For Wayne, IN 46802	(800) 454-6265 * 8 M-F 7:00 AM-7:00 PM CT	www.lfg.com/ut
MetLife Resources	2805 North Dallas Parkway Suite 215 Plano, TX 75093	(877) 948-4638 M-F 8:00 AM-5:00 PM CT	www.metlife.com/uts
TIAA-CREF	TIAA-CREF (Products, Services) P.O. Box 1259 Charlotte, NC 28201 TIAA-CREF Mutual Funds P.O. Box 8009 Boston, MA 02266-8009	(800) 842-2776 TDD (800) 842-2755 M-F 7:00 AM-9:00 PM S 8:00 AM-5:00 PM CT	www.tiaa-cref.org/utexas
VALIC	VALIC Document Control P.O. Box 15648 Amarillo, TX 79105-5648	(888) 568-2542 M-F 8:00 AM-7:00 PM CT	www.valic.com/utexasorp

