Annual Enrollment & Resource Guide

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

IN THIS GUIDE
Annual Enrollment Timeline................................................3
What to Expect in the New Plan Year ..................................3
Annual Enrollment Detailed Timeline......................................4
What Do We Do & How Can You Find Help?.........................4
Out-of-Pocket Premiums for 2018-2019...............................5
Keep Your ID Cards............................................................5
UT SELECT Medical Plan Changes for 2018-2019...............6
Group Term Life Insurance..................................................7
Vision Benefits...................................................................7
Medicare and UT SELECT ..................................................8
Dental Benefits...................................................................10
How to Change your Benefits................................................11
Dependent Eligibility and Documentation Requirements........12
Other Eligibility..................................................................12
Living Well Make It a Priority..............................................13
Evidence of Insurability.......................................................14
Evidence of Eligibility.........................................................14
Changes During the Year.....................................................15
Nondiscrimination Notice....................................................15
UT CONNECT Medical Plan for Dallas / Fort Worth Area.....16
Accessibility Requirements Notice.........................................17
Retiree Associations...........................................................18
2018-2019 UT Benefits Contacts: Institutions.....................19
2018-2019 UT Benefits Contacts: Plan Administrators .......19

IMPORTANT: AVAILABILITY OF SUMMARY HEALTH INFORMATION

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

To review an SBC for your medical plan, visit the website http://bit.ly/UTBSBC. You can view the glossary at www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf. To request a copy of these documents free of charge, you may call the SBC hotline at (855) 756-4448.
UT Benefits for one.
Health for UT System.

Annual Enrollment Timeline

MAKE ELECTIONS
ANNUAL ENROLLMENT (AE) PERIOD

JUL 15
REVIEW
AE OPTIONS LETTER + AE WEBSITE

JUL 31

AUG 15
FOLLOW UP
EOI OR EOE, IF REQUIRED

SEP 1
PLAN YEAR BEGINS
DEDUCTIBLES AND OUT-OF-POCKETS LIMITS RESET

What to Expect in the New Plan Year

SEPTEMBER 1, 2018
• Plan changes begin.
• New ID cards for any plans you changed during Annual Enrollment.
• Deductibles (other than UT SELECT Part D) and limits start over.

ONGOING: KEEP IN TOUCH
YOUR ADDRESS OR EMPLOYMENT | If your address or employment changes, it could affect your benefits. Notify your institution if you have one of these changes.
NEWSLETTER | Read the UT Office of Employee Benefits monthly newsletter. If you don’t already receive it, subscribe by entering your email address in My UT Benefits.
CONTACT INFO | Keep the Contact Information section of this newsletter to contact insurance vendors for plan information or your institution about your coverage.
### Annual Enrollment Detailed Timeline

<table>
<thead>
<tr>
<th>BY JULY 15</th>
<th>REVIEW MAKE INFORMED BENEFITS CHOICES WITH RESOURCES AVAILABLE TO HELP YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Enrollment Website available by July 15, 2018</td>
<td></td>
</tr>
</tbody>
</table>
- Annual Enrollment Meetings (at your institution) |
- Insurance vendors available for plan-specific questions (see Contacts at the end of this publication) |
- [www.utsystem.edu/offices/employee-benefits](http://www.utsystem.edu/offices/employee-benefits) |

<table>
<thead>
<tr>
<th>JULY 15 – 31</th>
<th>MAKE ELECTIONS ANNUAL ENROLLMENT PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 15 – July 31, 2018</td>
<td></td>
</tr>
</tbody>
</table>
- UT Benefits Enrollment Options (PIN) letter or email delivered by July 15 lists current coverage, options for coverage for the next plan year beginning September 1, 2018, and instructions for making changes online. |
- During this period, you can: |
  - Make changes to your benefits, |
  - Add or remove dependents, and |
  - Change coverage options for certain plans. |
- This is a good time to update other items if you’ve had changes during the year like: |
  - Contact information, |
  - Tobacco user status, |
  - Beneficiary information. |

<table>
<thead>
<tr>
<th>BY AUGUST 15</th>
<th>FOLLOW UP COMPLETE EOI OR EOE (IF REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline Wednesday, August 15, 2018</td>
<td></td>
</tr>
</tbody>
</table>
- Evidence of Insurability (EOI) is required to enroll in or increase Voluntary Group Term Life. |
- Evidence of Eligibility (EOE) is required when you enroll your spouse or a dependent in the UT Benefits program for the first time. |

## What Do We Do & How Can You Find Help? 

### INSTITUTION
- Address Change
- Life Events / Change of Status
- Eligibility
- Rates

### UT BENEFITS
- Monthly Newsletters
- Legal Notices
- Plan Guides
- Annual Enrollment

### PLAN ADMINISTRATORS
- Plan Details
- ID Cards
- Value Added Benefits
- Claim Issues
- Customer Service
Out-of-Pocket Premiums for 2018-2019

There are no increases to any out-of-pocket premium rates for the 2018-2019 plan year. Age and salary-based premiums may change depending on your age and salary as of September 1, 2018.

### Voluntary Group Term Life Rates

Please be sure to review the rate associated with your age.

#### Retiree Rate Chart

<table>
<thead>
<tr>
<th>Age of Subscriber on 9/01/18</th>
<th>Rate per $1,000 Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 34</td>
<td>$0.037</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.047</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.063</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.097</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.150</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.233</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$0.364</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$0.650</td>
</tr>
<tr>
<td>70 - 74</td>
<td>$0.752</td>
</tr>
<tr>
<td>75 - 79</td>
<td>$0.932</td>
</tr>
<tr>
<td>80 and over</td>
<td>$1.634</td>
</tr>
</tbody>
</table>

* UT CONNECT is an Accountable Care Organization medical plan available in Dallas Fort Worth area only. See details in page 15.*

Keep Your ID Cards

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

If you enroll in a new insurance plan type during Annual Enrollment or you change the plan you are currently enrolled in (such as from Vision to Vision Plus), you will receive a new insurance ID card prior to the start of the 2018-2019 plan year.

Basic Coverage package includes medical, prescription, and $6,000 Basic Life for retirees.
Great news -- there are no changes to out-of-pocket premium rates for the UT SELECT Medical plan for 2018-2019! This is the second year in a row where there have been no changes, and since this is a self-funded plan, all participants should be congratulated for being wise healthcare consumers and for using the UT SELECT Medical plan (including prescription coverage) in ways which saves money for participants and the plan.

As for the UT SELECT Medical plan, the provider network continues to be administered by BCBSTX and the PPO plan’s structure remains unchanged. Also, the UT Health Network (described below) will continue to be offered at participating UT health institutions, and effective September 1, 2018, physicians from UT Rio Grande Valley’s Medical School will be included in the UT Health Network. The UT Health Network gives you access to enhanced benefits when services are provided by UT physicians.

There is one benefit enhancement to the UT SELECT Medical plan for plan year 2018-2019. The hearing aid benefit is being enhanced to $1,000 per ear every 3 years (from $500 per ear every 4 years). Otherwise, there are no benefit changes. The annual deductible remains at $350 for individuals and $1,050 for families. Recall that the deductible is the amount you pay out-of-pocket for certain services (outpatient and inpatient procedures and services, for example) before the medical plan starts to pay. Once the deductible is met, the plan pays a portion of the costs and you pay a portion called coinsurance. In-network coinsurance is 20% of allowed charges. For the 2018-2019 plan year, the UT SELECT Medical Plan coinsurance out-of-pocket maximum remains $2,150 for individuals and $6,450 for families. This means that you will not pay above that amount in coinsurance for allowed charges.

In accordance with guidelines set by the Affordable Care Act (ACA), total out-of-pocket limits for in-network member cost share (which includes medical and prescription drug costs) are increasing to $7,350 for the individual (an increase of $200), and to $14,700 for families (an increase of $400). This applies to individuals whose primary insurance is Medicare as well, making these limits an extra level of financial protection for you.

The costs paid for services not covered under the plan, including balance billing for out-of-network services, do not apply to any out-of-pocket limits.

REFRESHER UT HEALTH NETWORK

The UT Health Network is an enhanced plan design for UT SELECT participants receiving services from certain UT physicians at certain UT System Health Institutions. The UT Health Network has lower copays and coinsurance when seeing a UT physician at a UT-owned facility, and you can also save on physician charges when treatment is received from a UT physician at a non-UT owned facility.

Participating UT Medical institutions include:
- UT Rio Grande Valley providers and facilities (effective September 1, 2018);
- UT Medical Branch Galveston facilities and providers;
- UT Health East Texas (Tyler) facilities and providers;
- UT Health Houston providers and facilities;
- UT Austin, UT Health Houston, UT Health San Antonio, UT Rio Grande Employee and Nursing Clinics.

You can log into Blue Access for Members to access the Provider Finder specific to UT SELECT Medical and find participating providers and facilities clearly marked as being part of the UT Health Network.

REMINDER: IN HOSPITAL / OUTPATIENT SERVICES

Benefits and claims for services provided by Emergency Room physicians, anesthesiologists, radiologists, and pathologists will be based on the network status of the provider. Ask your providers if they are in the BCBS network to ensure network benefits will apply.

PRESCRIPTION DRUG PLAN

The UT SELECT Prescription Drug plan (administered by Express Scripts) is included in the UT SELECT Basic Coverage package. There are occasional updates to the formulary for the UT SELECT Prescription Drug plan. Even though the plan benefits are not changing (annual deductible and copays), you could see changes in your medication costs, generally after January 1 of each year.

UT SELECT PART D PRESCRIPTION DRUG PLAN

Medicare-eligible retirees and Medicare-eligible dependents of retirees are automatically enrolled in the UT SELECT Part D prescription drug plan. There are no changes to the UT SELECT Part D prescription drug plan including the deductible and copays. For current enrollees in the UT SELECT Part D plan, the annual prescription deductible will reset on January 1, 2019, due to federal guidelines. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1, 2018, as usual.

Please see the section on Medicare and UT SELECT for more information.
Vision Benefits

VISION PLAN OPTIONS
This year, there are no changes to the premium for the vision plans. You and your eligible dependents have the option to enroll in the basic plan or the enhanced “Plus” plan, both administered by Superior Vision. While both plans cover most of the same types of services, the Plus plan includes some additional benefit at a slightly higher premium. New this year is an increase to the already greater frame allowance on the Superior Vision Plus Plan (from the current $150 to $165). Compare the benefits closely in order to select the plan that best meets your or your family’s particular needs. See below for some examples.

VISION PLAN DESIGN FEATURES 2018-2019

<table>
<thead>
<tr>
<th>PLAN DESIGN FEATURES</th>
<th>SUPERIOR VISION PLAN</th>
<th>SUPERIOR VISION PLUS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Exam Copayment</td>
<td>$35 COPAY</td>
<td>$35 COPAY</td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>$140</td>
<td>NEW! $165 (from $150)</td>
</tr>
<tr>
<td>Progressive Lens Allowance</td>
<td>Member pays difference between retail cost of lined trifocals and progressive lenses.</td>
<td>$120</td>
</tr>
</tbody>
</table>
| Covered Lens Options       | Standard lens options covered in full; additional options not covered | Standard lenses and additional lens options covered in full:  
- Polycarbonates (dependent children to age 26)  
- Scratch coat  
- Ultraviolet coat |
| Network of Providers       | Best value provided when visiting a contracted Superior Vision provider. Please contact Superior Vision customer service before you receive services to confirm whether your provider is in-network. | |

For additional information about each of the current UT vision plans briefly described above, please visit the Office of Employee Benefits website. Plan limitations and exclusions do apply for each of these plans. For specific details about plan benefits and coverage, please contact Superior Vision customer service at (800) 507-3800.

Voluntary Group Term Life (VGTL) insurance can help ensure financial security for your family and loved ones upon your death. There are no changes to Retiree VGTL coverage options for 2018-2019. Benefits for Retiree GTL include:
- $6,000 Basic GTL included in the basic coverage package;
- With EOI approval, retirees can elect Voluntary GTL (VGTL) amounts of $7,000, $10,000, $25,000, and $50,000 up to a maximum of $100,000; and
- Spouses of retirees who have VGTL are eligible to apply for $3,000 in VGTL, with EOI as well.

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

For prescription benefits, UT System will automatically enroll Medicare-eligible retirees and Medicare-eligible dependents of retirees into the UT SELECT Part D plan. The UT SELECT Part D plan maintains the familiar copays and other benefits of the employee prescription plan. Due to the robust prescription benefits offered under the UT SELECT Part D plan, UT System strongly discourages participants from enrolling in a separate Part D plan. For current enrollees in the UT SELECT Part D plan, the annual prescription deductible will reset on January 1, 2019. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1, 2018, as usual.

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

In most instances, if you are eligible for Medicare and you return to work for UT in a position for at least 20 hours per week, the UT SELECT Medical Plan will be primary for you and your Medicare-eligible dependents, and Medicare will be secondary. Medicare may be primary for some Medicare eligible active employees with certain medical conditions such as End Stage Renal Disease. Consult with your local Social Security Administration office to learn what illnesses qualify for Medicare coverage prior to turning age 65.

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

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

If you return to work at UT in a benefits-eligible position while covered under Medicare, the UT plan becomes primary.
This chart shows how UT SELECT coordinates benefits with Medicare when Medicare is primary. Special rules are mandated by federal law when coordinating benefits between UT SELECT, Medicare, and another coverage. See page 14 for additional information about coordination between three coverages.

<table>
<thead>
<tr>
<th>PROVIDER ACCEPTS MEDICARE ASSIGNMENT</th>
<th>BCBSTX IN-NETWORK PROVIDER</th>
<th>SERVICE COVERED BY MEDICARE</th>
<th>MEDICARE PAYS</th>
<th>UT SELECT PAYS (SUBJECT TO PLAN LIMITATIONS)</th>
<th>UT SELECT MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>80% MC Allowed</td>
<td>20% MC Allowed</td>
<td>No Charge</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>80% MC Allowed</td>
<td>20% of BCBSTX allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
<td>20% of BCBSTX allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>$0</td>
<td>$750 Deductible + 40% of BCBSTX Allowed + Difference between Billed Charge and BCBSTX Allowed</td>
<td>$750 Deductible + 40% of BCBSTX Allowed + Difference between Billed Charge and BCBSTX Allowed</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>$0</td>
<td>$350 Deductible and 20% Coinsurance or Copay, whichever is applicable</td>
<td>$350 Deductible and 20% Coinsurance or Copay, whichever is applicable</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>After MC Deductible is satisfied 80% MC Limiting Charge&lt;sup&gt;1&lt;/sup&gt;</td>
<td>20% of allowed charges&lt;sup&gt;2&lt;/sup&gt; after $350 Deductible or 100% after Copay, whichever is applicable</td>
<td>$750 Deductible and 40% coinsurance</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>After MC Deductible is satisfied 80% MC Limiting Charge</td>
<td>20% of allowed charges&lt;sup&gt;2&lt;/sup&gt; after $750 Deductible</td>
<td>$750 Deductible and 40% coinsurance</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>$0</td>
<td>80% of BCBSTX allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
<td>20% of BCBSTX allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>$0</td>
<td>60% of BCBSTX allowed after $750 Deductible</td>
<td>$750 Deductible + 40% of BCBSTX Allowed + Difference between Billed Charge and BCBSTX Allowed</td>
</tr>
</tbody>
</table>

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

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

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

When you or your dependents are inpatient at a facility that accepts Medicare assignment:
- UT SELECT will pay the Medicare inpatient deductible; and
- The $100 per day Copay ($500 maximum) will not apply.

If your doctor or inpatient facility does not accept Medicare assignment:
- Network and Out-of-Network benefits apply;
- UT SELECT will coordinate with Medicare; and
- Deductibles, copayments and coinsurance may apply.

CONTINUES ON PAGE 14
Dental Benefits

UT System and the Office of Employee Benefits are pleased to announce that, through our recent Request for Proposal, Delta Dental was selected to continue as the vendor for the UT Benefits dental plans. This contract ensures uninterrupted services for current participants, comprehensive networks, and flat or lower premium rates depending on the plan selected.

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

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

<table>
<thead>
<tr>
<th>PLAN DESIGN FEATURES</th>
<th>UT SELECT DENTAL PPO</th>
<th>UT SELECT DENTAL PLUS PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$25</td>
<td>Plan pays deductible</td>
</tr>
<tr>
<td>Annual Benefit Allowance</td>
<td>$1,250 annual benefit maximum</td>
<td>$3,000 annual benefit maximum</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Separate $1,250 lifetime orthodontic maximum</td>
<td>Separate $3,000 lifetime orthodontic maximum</td>
</tr>
<tr>
<td>Network options</td>
<td>Freedom to choose any licensed dentist. For maximum savings, choose from the Dental Preferred Organization (DPO). If you choose a provider outside of the DPO network, you may be subject to balance billing. Contact Delta Dental customer service to confirm the status of your dental provider.</td>
<td>Freedom to choose any licensed dentist. For maximum savings, choose from the Dental Preferred Organization (DPO). If you choose a provider outside of the DPO network, you may be subject to balance billing. Contact Delta Dental customer service to confirm the status of your dental provider.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFITS AND COVERED SERVICES</th>
<th>UT SELECT DENTAL PPO</th>
<th>UT SELECT DENTAL PLUS PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive Services</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>50%</td>
<td>80%</td>
</tr>
</tbody>
</table>

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

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

- Set copayments.
- No annual deductibles and no maximums for covered benefits.
- Low out-of-pocket costs for many diagnostic and preventive services (such as professional cleanings and regular dental exams).

- Upon enrollment into the DeltaCare USA plan, you must select a primary dentist. You may call Delta Dental at (800) 893-3582 to find out if your current dentist is in the DeltaCare network. Do not make any appointments until you are certain that DeltaCare has confirmed a dentist for you and/or for each of your covered dependents. If you visit a dentist other than the one listed as your primary dental provider, your services may not be covered.

Plan limitations and exclusions do apply for each of the three plans described above. Contact Delta Dental customer service for specific details about plan benefits and coverage at (800) 893-3582.

How to Change Your Benefits

All of your changes can be made using the My UT Benefits online system at www.utsystem.edu/myutbenefits.

LOGIN TO MY UT BENEFITS
Login using one of the options provided. Your PIN will be sent to you by July 15th in an email or letter titled “Your UT Benefits Enrollment Options.”

IMPORTANT! Logging in with your SSN is no longer an option for My UT Benefits. Logging in using UT EID (UT Austin) or Single Sign On (SSO) might be an option for some, but most retirees will need to login using your 8-character Benefits ID (BID) & PIN or Campus ID & PIN. Your BID can be found on your medical, prescription, and dental ID cards. Campus ID can be retrieved by contacting your campus benefits office. Both BID and Campus ID are available once you successfully login to My UT Benefits.

BEFORE MAKING YOUR ELECTIONS, YOU MUST DECLARE OR UPDATE YOUR TOBACCO USER STATUS
The Tobacco Premium Program (TPP) is an out-of-pocket premium of $30 per month. It applies to subscribers and dependents aged 16 and over who are enrolled in the UT SELECT Medical plan and use tobacco products. Before making election changes via My UT Benefits, you will be prompted to confirm tobacco user status for yourself and eligible dependents.

EVIDENCE OF INSURABILITY/EVIDENCE OF ELIGIBILITY
If you make a coverage election that requires you to submit an Evidence of Insurability (EOI) application or Evidence of Eligibility (EOE) for a dependent, you must follow through by providing this information by August 15, 2018. If you do not, your requested changes will not be implemented.

The My UT Benefits online system will automatically direct you to complete EOI electronically if you enroll online. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the Life insurance EOI form online under the “Forms” tab at www.dearbornnational.com/ut.

REVIEW YOUR CHANGES
You’ll receive a confirmation statement via email or letter following any election changes. Be sure to review your elections. You have until midnight July 31 to log into My UT Benefits and correct any errors. After July 31 you should contact your Human Resources office if you discover an error.

BE AWARE THAT CHANGES MADE DURING AE WILL TAKE EFFECT ON SEPTEMBER 1
EXCEPTION: If EOI is required for Life insurance and has not been approved by September 1, changes will take effect on the approval date.
Other Eligibility

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

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

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

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

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

IMPORTANT NOTICE
Misrepresentation of dependent eligibility constitutes a policy violation that could result in consequences ranging from a reprimand to dismissal. Misrepresentation may also require that you reimburse benefits paid on behalf of an ineligible individual. Deliberate misrepresentation may constitute criminal fraud and could result in a referral to law enforcement.
The UT System Living Well program provides a variety of resources to enable employees, retirees, and dependents who participate in the UT SELECT Medical plan to take charge of their health and develop their own personal wellness program. Our mission is to improve the health and well-being of Texans through achieving optimal levels of health for University of Texas System employees, retirees and dependents at all Institutions.

**LIFESTYLE MANAGEMENT**
Weight Management and Tobacco Cessation Programs: Guidance and support with licensed wellness coaches provided by BCBSTX.
Call (800) 462-3275.

**CONDITION MANAGEMENT**
These voluntary health improvement programs provided by BCBSTX can help members with congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, asthma, and diabetes.
Call (800) 462-3275.

**24/7 NURSELINE**
Get answers to your health care questions, information about major medical issues, chronic illness support, and lifestyle change support.
Call toll-free: (888) 315-9473, 24 hours a day, 7 days a week.

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

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

**REIMBURSEMENT FOR EXERCISE EXPENSES**
Individuals with medical conditions that can be improved by physical activity are able to receive reimbursement from their healthcare flexible spending account to pay for some exercise programs or equipment.
A Letter of Medical Necessity is required for all exercise referrals.

**ONSITE HEALTH CHECKUPS**
This checkup, similar to what you might receive at your doctor’s office, is designed to identify issues that may affect your health and help you get them under control before they become serious. Participating institutions will be communicating the dates via email and posters.

**ONSITE FLU SHOTS**
Flu shots may be available at your institution at no cost to you. Details will be sent via email and our “A Matter of Health” newsletter during September/October.

**ANNUAL PHYSICAL ACTIVITY CHALLENGE**
Team up with your institution for the annual Physical Activity Challenge. You’ll receive a weekly goal and can work with colleagues towards earning your institution the coveted Traveling Trophy.

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

**SILVER SNEAKERS**
Silver Sneakers is a new program offered to retirees and their spouses (age 50+), providing access to local fitness facilities.

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

**SHARE YOUR HEALTH & WELLNESS SUCCESS STORY**
Be a resource and inspiration to help others improve their health! Do you have a story to share? Tell us about it at www.surveymonkey.com/r/LivingWellSuccessStory.

**LEARN MORE**
Read about all of these programs at our Living Well website: www.livingwell.utsystem.edu.
Evidence of Eligibility

DEADLINE FOR SUBMISSION IS AUGUST 15

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

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

Evidence of Insurability

DEADLINE FOR SUBMISSION IS AUGUST 15

During this year’s Annual Enrollment (AE) period, Evidence of Insurability (EOI) will be required to enroll in or increase Voluntary Group Term Life. EOI is not required for UT SELECT Medical.

Important Notes:
• EOI is not required for enrollment in the UT SELECT Medical plan
• The deadline for submitting electronic EOI is August 15th. Paper EOI forms submitted via U.S. Mail must be postmarked by August 15th.

Medical and UT SELECT, continued

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

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

EXAMPLE A
John is 68, continues to have a full-time position at UT, and is covered as a dependent under his wife’s retiree plan with ABC Company. John’s claims will be paid in this order:
1. UT SELECT
2. MEDICARE
3. ABC COMPANY

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

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

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

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

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

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

A retired employee

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

Nondiscrimination Notice

DISCRIMINATION IS AGAINST THE LAW

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

The UT System Office of Employee Benefits provides:

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

- Qualified sign language interpreters, and
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Free language services to people whose primary language is not English, such as:

- Qualified interpreters, and
- Information written in other languages.

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

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

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

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

Complaint forms are available at www.hhs.gov/ocr/office/file.
We’re pleased to share exciting news about a new UT Benefits offering in the Dallas / Fort Worth (DFW) area. Effective September 1, 2018, a new health plan, the UT CONNECT Accountable Care Organization (ACO), will be available for Employees and certain Retirees living in the designated service area. This plan is not replacing the UT SELECT Medical plan, it is an option that can be elected instead of UT SELECT during Annual Enrollment. By enrolling in the UT CONNECT ACO, participants will have access to excellent care managed through a designated primary care provider and will receive all of their medical services from a top quality network of Southwestern Health Resources providers and facilities.

**ELIGIBILITY**
The UT CONNECT ACO focuses on achieving better health outcomes through closely managed medical care, and benefits are offered only for care obtained through a specific network of providers and facilities in the DFW area. Eligibility for the plan is limited to benefits-eligible Employees and non-Medicare eligible Retirees who live within the DFW service area. Retirees living in the area who are Medicare-eligible or who cover Medicare-eligible family members are not eligible to enroll in the UT CONNECT ACO, but continue to be eligible for the UT SELECT Medical plan. IMPORTANT NOTE: Those wishing to enroll in the UT CONNECT ACO plan must make a positive election during Annual Enrollment. If you are currently enrolled in the UT SELECT Medical plan, you will continue in that plan unless you actively enroll in UT CONNECT.

**QUALITY PROVIDER NETWORK**
By enrolling in the UT CONNECT ACO (administered by Blue Cross Blue Shield of Texas), you can be assured that you and your dependents will have access to carefully managed health care through a dedicated network of outstanding Southwestern Health Resources (SWHR) providers and facilities. To ensure a broad selection of providers in the Dallas area, UT CONNECT participants will have access to certain carefully-selected community doctors in addition to SWHR providers. If you currently receive services from a SWHR affiliated physician, they will be in the UT CONNECT provider network. If you don’t currently see a SWHR physician, but want to enroll in UT CONNECT, you can locate a network primary care provider online beginning in mid-July or by contacting BCBSTX’s dedicated UT CONNECT Customer Service team at (888) 372-3398 starting July 1, 2018. IMPORTANT NOTE: When enrolling in the UT CONNECT ACO plan, participants must designate a primary care provider (PCP) from the list of SWHR and affiliated community physicians. All care is coordinated through the PCP so participants must have one on file to receive benefits.

**OUT-OF-POCKET PREMIUM SAVINGS**
Just as with the UT SELECT Medical plan, full-time Employee-only and Retiree-only coverage is available at no cost to the primary subscriber. Out-of-pocket premium rates for full-time employee and retiree Subscriber/Spouse, Subscriber/Children, and Subscriber/Family levels of coverage are approximately 10% lower than those for the UT SELECT Medical plan. Check the complete UT Benefits premium rate chart to see the savings you can enjoy based on your level of coverage.

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

<table>
<thead>
<tr>
<th>New UT CONNECT ACO</th>
<th>Current UT SELECT PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADMINISTERED BY BLUE CROSS BLUE SHIELD OF TEXAS</td>
<td>YES</td>
</tr>
<tr>
<td>COPAY FOR FIRST PRIMARY CARE PHYSICIAN (PCP) OFFICE VISIT</td>
<td>$0</td>
</tr>
<tr>
<td>COPAY FOR PCP OFFICE VISITS (After the First Visit)</td>
<td>$15 (unless for preventive care)</td>
</tr>
<tr>
<td>COPAY FOR SPECIALIST OFFICE VISIT</td>
<td>$25</td>
</tr>
<tr>
<td>COPAY FOR FIRST 5 DAYS OF INPATIENT CARE FOR UT SOUTHWESTERN, TEXAS HEALTH, CHILDREN’S HEALTH AND COOK CHILDREN’S HOSPITAL LOCATIONS</td>
<td>$0</td>
</tr>
<tr>
<td>COPAY FOR OUTPATIENT FACILITY (Plus Coinsurance)</td>
<td>$50</td>
</tr>
<tr>
<td>ANNUAL DEDUCTIBLE INDIVIDUAL / FAMILY</td>
<td>$250 / $750</td>
</tr>
<tr>
<td>COINSURANCE</td>
<td>80% plan / 20% member</td>
</tr>
<tr>
<td>COINSURANCE MAXIMUM INDIVIDUAL / FAMILY</td>
<td>N/A</td>
</tr>
<tr>
<td>ANNUAL OUT-OF-POCKET MAXIMUM INDIVIDUAL / FAMILY (includes medical and prescription drug deductibles, copayments and coinsurance)</td>
<td>$7,350 / $14,700</td>
</tr>
<tr>
<td>OUT-OF-NETWORK AND OUT-OF-AREA BENEFITS?</td>
<td>Urgent Care and emergency only</td>
</tr>
</tbody>
</table>
Accessibility Requirements Notice

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-882-2034.

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-372-3398.

Chinese
注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-818-0155.

Korean

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بمجمل الطعام. اتصل برق.

Urdu
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد مفت میں دستیاب بنیں - کال کریں.

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-893-3582.

French
ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-844-887-3539.

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-866-882-2034 पर कॉल कर।

Laotian
ປະປາຊາບ: ຖ້າທ້າомер້າທຸລະຄານການເປັນຊາບ, ການຊ່ວຍເຫຼື່ອສົມບິນທີ່ແມ່ນຄົມຄັ້ງຄາຍດູ່, ມັກຊະຄິດເຊກອນ, ຄະນະກ່ຽວກັບອາກາດ. ວັດ

Persian (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فر اهم باشد. با 1-888-372-3398 تماس بگیرید.

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-844-887-3539.

Gujarati
યુનિયણ્ટેશન: જો તમે ગુજરાતી બોલતા હોય તો, તો ઈફારી ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છ. 1-800-866-882-2034.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-372-3398.

Japanese
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-887-3539まで、お電話にてご連絡ください。

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

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>Website/Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UT ARLINGTON</strong></td>
<td>Rita Thompson, <em>President</em> <a href="mailto:rhuerta@uta.edu">rhuerta@uta.edu</a> Roseanne Minyard, <em>Secretary</em> <a href="mailto:Minyard@uta.edu">Minyard@uta.edu</a></td>
</tr>
<tr>
<td><strong>UT AUSTIN</strong></td>
<td>UT Retired Faculty-Staff Association sites.utexas.edu/rfsa/</td>
</tr>
<tr>
<td></td>
<td>Tany B. Norwood, <em>RFSA President</em> 512-267-2134 <a href="mailto:tanynorwood@utexas.edu">tanynorwood@utexas.edu</a> Carol Barrett, <em>RFSA Coordinator</em> 512-840-5657 <a href="mailto:barrett@alumni.utexas.edu">barrett@alumni.utexas.edu</a></td>
</tr>
<tr>
<td><strong>UT DALLAS</strong></td>
<td><a href="http://www.utdallas.edu/ra/">www.utdallas.edu/ra/</a> <a href="http://www.utdallas.edu/ra/contact.htm">www.utdallas.edu/ra/contact.htm</a></td>
</tr>
<tr>
<td></td>
<td>No retiree association, but you may join the Alumni Association: alumni.utep.edu/page.aspx?pid=1249</td>
</tr>
<tr>
<td><strong>UT EL PASO</strong></td>
<td>Peter &amp; Margaret de Wetter Center The University of Texas at El Paso 500 West University Avenue El Paso, Texas 79968 Hours: M-F, 8 a.m. to 5 p.m. Ph: 915-747-8600 Fax: 915-747-5502 Email: <a href="mailto:alumni@utep.edu">alumni@utep.edu</a></td>
</tr>
<tr>
<td><strong>UT HSC HOUSTON</strong></td>
<td><a href="http://www.uthro.org/">www.uthro.org/</a></td>
</tr>
<tr>
<td><strong>UT HSC SAN ANTONIO</strong></td>
<td>Contact Cindi Adcock for more information: <a href="mailto:AdcockC@uthscsa.edu">AdcockC@uthscsa.edu</a></td>
</tr>
<tr>
<td><strong>UT HEALTH TYLER</strong></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td><strong>UT MD ANDERSON CANCER CENTER</strong></td>
<td><a href="http://www.mdanderson.org/about-us/for-employees/employee-resources/retirees-association/index.html">www.mdanderson.org/about-us/for-employees/employee-resources/retirees-association/index.html</a> <a href="mailto:retirees@mdanderson.org">retirees@mdanderson.org</a></td>
</tr>
<tr>
<td><strong>UTMB GALVESTON</strong></td>
<td>hr.utmb.edu/retirees/ Korie Vance <a href="mailto:kevance@utmb.edu">kevance@utmb.edu</a></td>
</tr>
<tr>
<td><strong>UT PERMIAN BASIN</strong></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td><strong>UT RIO GRANDE VALLEY</strong></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td><strong>UT SAN ANTONIO</strong></td>
<td>Retired Faculty Association provost.utsa.edu/rfa/ <a href="mailto:retiredfacultyassociation@utsa.edu">retiredfacultyassociation@utsa.edu</a></td>
</tr>
<tr>
<td><strong>UT SOUTHWESTERN MEDICAL CENTER</strong></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td><strong>UT SYSTEM ADMINISTRATION</strong></td>
<td>UT System Administration Retired Employees may join the UT Austin Retired Faculty-Staff Association.</td>
</tr>
<tr>
<td><strong>UT TYLER</strong></td>
<td><a href="http://www.uttyler.edu/human-resources/retired-employees/retirees-association.php">www.uttyler.edu/human-resources/retired-employees/retirees-association.php</a></td>
</tr>
</tbody>
</table>
## UT Institutions

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| UT ARLINGTON     | Office of Human Resources  
(817) 272-5554  
Fax: (817) 272-6271  
benefits@uta.edu |
| UT AUSTIN        | Human Resource Services  
(512) 471-4772 or  
Toll Free: (800) 687-4178  
Fax: (512) 232-3524  
HRSC@austin.utexas.edu |
| UT DALLAS       | Office of Human Resources  
(972) 883-2221  
Fax: (972) 883-2156  
benefits@utdallas.edu |
| UT EL PASO      | Office of Human Resources  
(915) 747-5202  
Fax: (915) 747-5815  
benefits@utep.edu |
| UT HEALTH SCIENCE CENTER HOUSTON | Employee Benefit Services  
(713) 500-3935  
Fax: (713) 500-0342  
benefits@uth.tmc.edu |
| UT HEALTH SAN ANTONIO | Office of Human Resources  
(210) 567-2600  
Fax: (210) 567-6791  
ben-admin@UTHSCSA.EDU |
| UT HEALTH EAST TEXAS (TYLER) | Office of Human Resources  
(903) 877-7784  
Fax: (903) 877-5394  
benefits@uthct.edu |
| UT MD ANDERSON CANCER CENTER | Human Resources Benefits  
(713) 745-6947  
Fax: (713) 745-7167  
MyHR@mdanderson.org  
Physicians Referral Service (PRS)  
(713) 792-7600  
Fax: (713) 794-4812  
prsfacbensrvs@mdanderson.org |

## Plan Administrators

<table>
<thead>
<tr>
<th>Insurance Plan Administrator</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| UT SELECT MEDICAL           | (Blue Cross and Blue Shield of Texas)  
Group: 71778  
(866) 882-2034  
M-F 8:00 AM-6:00 PM CT  
www.bcbsx.com/ut |
| UT SELECT PRESCRIPTION      | (Express Scripts)  
Group: UTSYSRX  
(800) 818-0155  
24hrs a day  7 days a week  
www.express-scripts.com/ut |
| UT SELECT PART D PRESCRIPTION | (Express Scripts)  
Group: 7454MDRX  
(800) 860-7849  
24hrs a day  7 days a week  
www.express-scripts.com/ut |
| UT SELECT DENTAL and DENTAL PLUS | (Delta Dental)  
Group: 9968  
(800) 893-3582  
M-F 6:15 AM-6:30 PM CT  
www.deltadentals.com/ut |
| TIAA                         | (800) 842-2776  
TDD (800) 842-2755  
M-F 7:00 AM-9:00 PM  
Sat 8:00 AM-5:00 PM CT  
www.tiaa.org/public/tcm/utexas/home |
| SUPERIOR VISION              | (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, AD&D, AND DISABILITY | (Dearborn National)  
Group: GFZ71778  
(866) 628-2606  
M-F 7:00 AM-7:00 PM CT  
www.deltadentalins.com/ut |

## Insurance Plan Administrators

<table>
<thead>
<tr>
<th>Insurance Plan Administrator</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| UT CONNECT MEDICAL         | (Blue Cross and Blue Shield of Texas)  
Dallas / Fort Worth area only  
(888) 372-3398 |
| LIVING WELL HEALTH PROGRAM | livingwell@utsystem.edu  
www.livingwell.utsystem.edu |

## Retirement Providers

<table>
<thead>
<tr>
<th>Retirement Provider</th>
<th>Contact Information</th>
</tr>
</thead>
</table>
| FIDELITY INVESTMENTS | (800) 343-0860  
M-F 7:00 AM-11:00 PM CT  
www.netbenefits.com/ut |
| VOYA FINANCIAL      | (866) 506-2199  
M-F 7:00 AM-9:00 PM CT  
Sat 7:00 AM-3:00 PM CT  
https://utexas.prepare4myfuture.com |
| LINCOLN FINANCIAL GROUP | (800) 454-6265 * 8  
M-F 7:00 AM-7:00 PM CT  
www.lfg.com/ut |
| VALIC               | (800) 448-2542  
M-F 8:00 AM-7:00 PM CT  
www.valic.com/utexasorps |
Annual Enrollment is July 15 - 31
Important News About Your UT Benefits and Annual Enrollment is Enclosed.

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