



Retiree **Enrollment Guide**

2018/19 BENEFITS GUIDE FOR RETIRING EMPLOYEES

A PUBLICATION OF
THE OFFICE OF EMPLOYEE BENEFITS

Enrollment Guide for Retiring Employees

2018 - 2019

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This publication is provided as an overview of terms and conditions of the insurance and wellness programs for employees retiring from The University of Texas System. The University of Texas System reserves the right to interpret the provisions of the Booklet and to amend any provisions thereof.

*The current version of this publication may be found at:
www.utsystem.edu/offices/employee-benefits/forms-and-publications.*

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Getting Ready to Retire

Congratulations on your upcoming retirement!

After years of hard work, you want to make sure that the transition to the next phase of your life goes smoothly. There are many key factors to consider leading up to your official retirement date.

This booklet was created to help you understand your UT insurance benefits as you make the transition to retirement. One condition of UT insurance eligibility is formal retirement under the **Teacher Retirement System of Texas (TRS)**, **Employees Retirement System of Texas (ERS)** or the **Optional Retirement Program (ORP)**.

Before you get started

You must establish your legal status as a retired employee in order to receive any UT Retired Employee insurance benefits. Retirement eligibility and eligibility for UT insurance as a retired employee are not the same. Please see the appropriate contacts listed on the next page for information on how to retire under TRS, ERS or ORP.

To make sure you're on track, keep in close contact with your HR/Benefits Office well before you plan to retire. Your institution is your main point of contact during this transition although you may need to work with other agencies to complete various steps in the process. Many institutions have special resources available to you including classes or personal appointments to make sure you make this transition successfully. Institution contact information is listed at the back of this book.



Your UT Financial Retirement

TRS

The **TRS** website has a wealth of information available for you including checklists, forms and the TRS Benefits Handbook. They also have group retirement informational sessions and videos to help answer your questions.

www.trs.texas.gov | TRS Counseling Center (800) 223-8778, M-F 7 am – 6 pm CT

ERS

ERS Provides a very informative website to help you understand the retirement process or even sign up to meet with a retirement counselor. You can also call ERS to speak with someone and schedule an appointment.

www.ers.texas.gov | (877) 275-4377, M-F 7:30 am – 5:30 pm CT

ORP

If you are an **ORP** participant and you wish to retire, contact your HR/Benefits Office to complete your Declaration of Retirement, and contact your ORP vendor(s) to discuss distribution options.

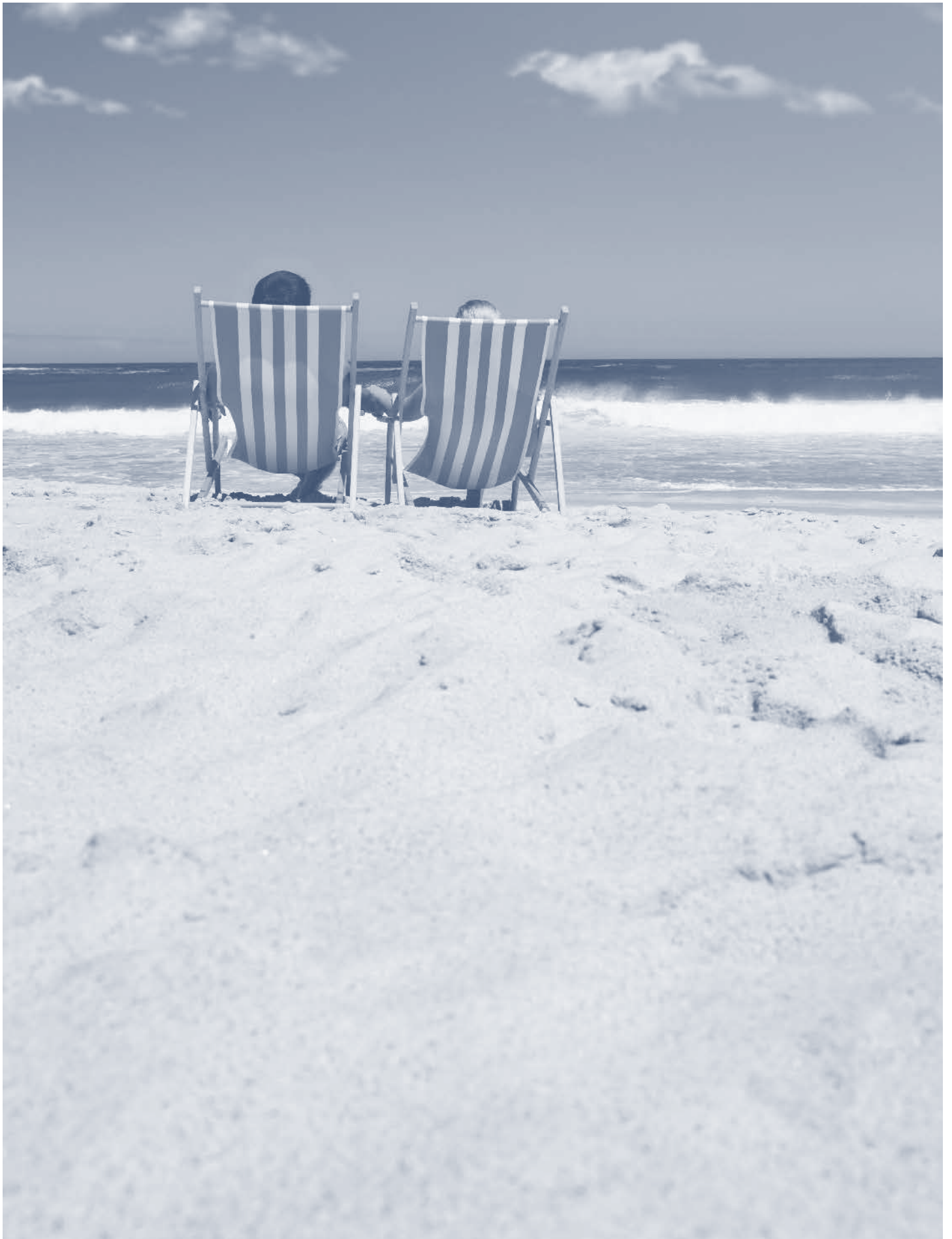
Find ORP vendor contact information on the back page of this book.

UTSAVER TSA AND DCP PARTICIPATION

If you participated in either of the UTSaver Voluntary Retirement plans and want to begin receiving distributions, contact your plan provider(s) approximately 3 months prior to your anticipated retirement date to ensure a smooth transition. Also, prior to your final month of employment cancel your contributions through the online resource Retirement Manager or contact your HR/Benefits office to do so. Find UTSaver provider contact information on the back page of this book.

Thank you for your years of service, and good luck!

THE OFFICE OF EMPLOYEE BENEFITS





Secure Retired Employee Insurance

Eligibility

RETIRED EMPLOYEE INSURANCE ELIGIBILITY

There are two sets of insurance eligibility requirements for UT System Retired Employees. The requirements applicable to you depend on your employment status with UT System in August 2003. System employees employed or eligible for Retired Employee insurance in August 2003 are “grandfathered” under the eligibility requirements that were in place at that time.

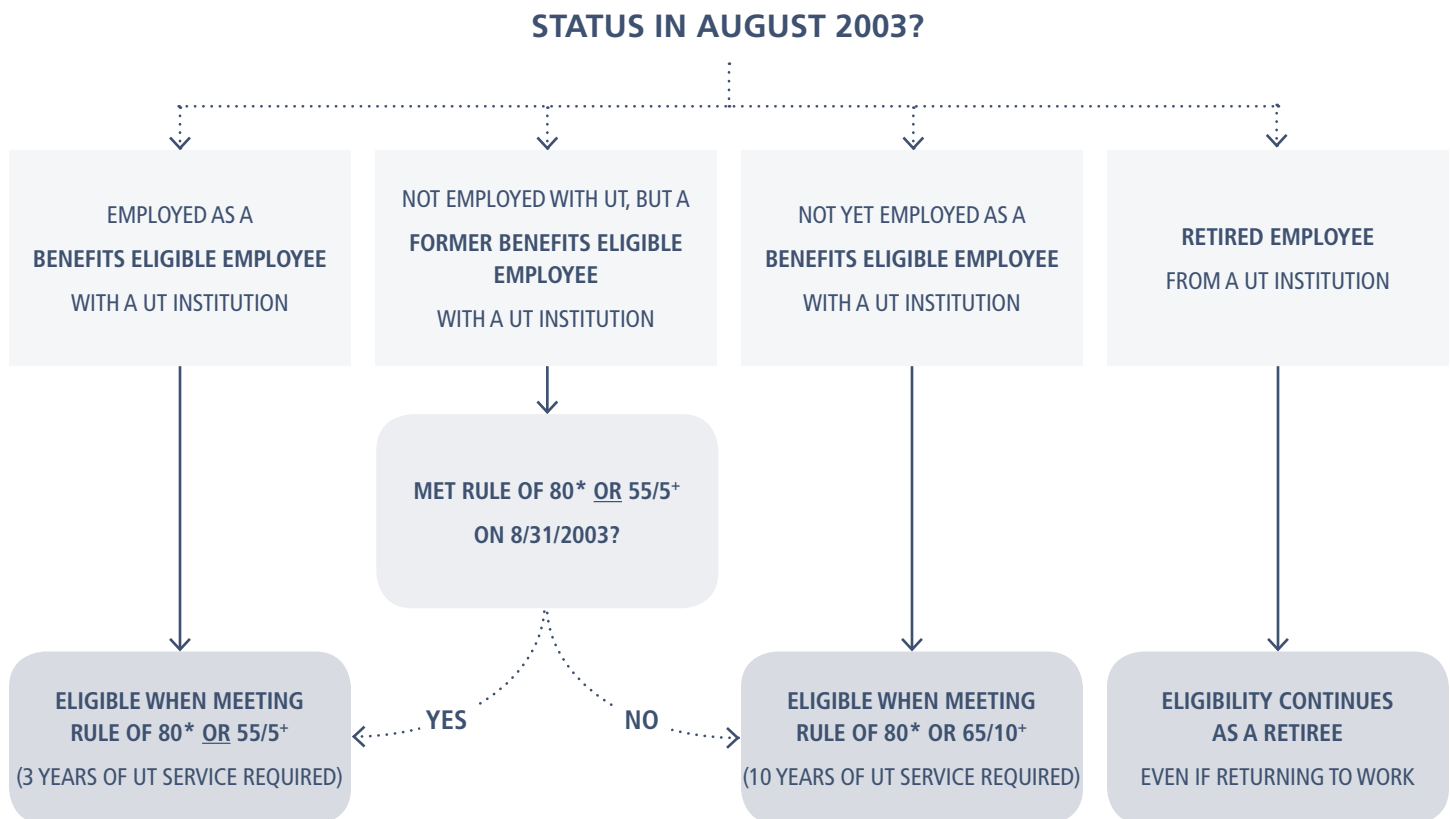
System employees who were not employed or eligible for Retired Employee insurance on that date are subject to new requirements that took effect when the previous law was amended. See eligibility details in the following pages of this section.

You must work with your institution's HR/Benefits office to complete your Retired Employee insurance enrollment within 31 days of your retirement from TRS, ERS or ORP, or wait until the next Annual Enrollment to enroll.



Are you Eligible?

Steps to Determine Eligibility for UT System Retired Employee Group Insurance**



*RULE OF 80

AGE + NUMBER OF YEARS OF
CREDITABLE STATE SERVICE
= AT LEAST 80

+55/5 OR 65/10

REPRESENTS THE MINIMUM
AGE / NUMBER OF YEARS OF
CREDITABLE STATE SERVICE
REQUIRED TO BE ELIGIBLE

IMPORTANT NOTE:

EMPLOYEE MUST ENROLL
WITHIN 31 DAYS OR
RETIREMENT OR MUST WAIT
UNTIL THE NEXT ANNUAL
ENROLLMENT OR QUALIFYING
CHANGE OF STATUS TO ENROLL.

FOR MORE DETAILED INFORMATION:

SEE POLICY 220 IN THE OFFICE
OF EMPLOYEE BENEFITS
ADMINISTRATIVE MANUAL.

**To qualify, most recent State of Texas Employment prior to retirement must be at a UT Institution (with limited exceptions) and retire under TRS, ERS, or ORP.



An individual who was employed at a UT System institution in a benefits-eligible position or eligible to retire from UT in August 2003, and subsequently retires from the System is eligible for benefits as a Retired Employee if:

- The individual meets the Rule of 80 (total of age plus years of creditable state service equals or exceeds 80), or
 - the individual is at least age 55 with five (5) years of creditable state service; and
- The individual has at least three (3) years of service with the System for which the individual was eligible to participate in the UT Group Insurance Program; and
- The individual's last place of state employment before retirement was with a System institution; and
- The individual retires from System under the jurisdiction of the Teacher Retirement System of Texas (TRS); the Employees Retirement System of Texas (ERS); or the Optional Retirement Program (ORP) established by Chapter 830, Government Code or any other federal or state statutory retirement program to which the System has made employer contributions.

An individual who was NOT employed at a UT System institution in a benefits-eligible position or eligible to retire from UT before or in August 2003 is eligible for benefits as a Retired Employee if:

- The individual meets the Rule of 80 (total of age plus years of state service credit equals or exceeds 80) with at least ten (10) years of creditable state service, or
 - is at least age 65 with ten (10) years of total state service credit; and
- The individual has at least ten (10) years of service with the System for which the individual was eligible to participate in the UT Group Insurance Program; and
- The individual's last state employment before retirement was with a System institution; and
- The individual retires from System under the jurisdiction of the Teacher Retirement System of Texas (TRS); the Employees Retirement System of Texas (ERS); or the Optional Retirement Program (ORP) established by Chapter 830, Government Code or any other federal or state statutory retirement program to which the System has made employer contributions.

A former System employee who terminated employment and subsequently worked for another state agency or state institution of higher education and does not qualify for retiree insurance coverage under that state agency or institution may be eligible to participate in the UT group insurance program if the former Employee meets the minimum applicable requirements described above and does not meet the requirements for an annuitant under the Employees Retirement System of Texas (ERS) group insurance program..

Individuals, regardless of age and years of service credit, who worked in a benefits-eligible position with UT and are members of the Teacher Retirement System (TRS) and qualify for disability retirement may also qualify to participate in the UT Benefits program. Individuals who are participants in the Optional Retirement Program (ORP) may also qualify for disability retirement.

Complete details about Retired Employee insurance eligibility is available in the Office of Employee Benefits Administrative Manual, Policy 220 in the Forms and Publications section of the OEB website.

DEPENDENTS

You may enroll your eligible dependents for certain UT Benefits coverage. The definition of dependent for purposes of UT group insurance is the same for Active and Retired Employees.

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

Eligible dependents are:

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

Examples of dependents that are not eligible for UT Benefits include:

- your former spouse;
- your child over age 26, if not medically incapacitated and unable to provide their own support;
- foster children covered by another government program, unless coverage is required by law or court order;
- any dependent insured in the same plan type by another UT employee or retired employee; and
- any dependent insured by another plan that receives State of Texas premium contributions.

PREMIUM SHARING

As a Retired Employee, UT and the State of Texas will pay 100% of your premiums for the basic coverage package, and up to 50% of the premiums for your dependents' medical coverage. You are responsible for all optional coverage premiums.

If you are a benefits-eligible Retired Employee with coverage under another group health plan and elect to waive the basic coverage package you are eligible to receive 50% of the cost of the Basic Coverage Package to purchase Dental and/or Vision Coverage. If you waive, you will not be enrolled in Basic Group Life Insurance or be eligible for the Living Well Program as those are a part of the Basic Coverage Package.



SURVIVING DEPENDENT BENEFITS


Dependents who are covered in a UT medical, dental and/or vision insurance plan at the time of an Active Employee or Retired Employee's death may continue System insurance as surviving dependents if:

- The employee/retiree had at least five years of creditable service with the Teacher Retirement System (TRS) or Optional Retirement Program (ORP) prior to the time of death, AND
- Three of the five years of service were with the University of Texas System as a benefits-eligible employee.

A surviving spouse may continue **UT Benefits** coverage 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.

Surviving dependents may only continue the coverage in place at the time of the deceased's death. If surviving dependent coverage is ever terminated, it may not be reinstated and new coverage may not be added for a surviving dependent at any time.

Premium sharing is not available for surviving dependent coverage.

 In the event of a retired employee's death, it is very important for someone to contact the institution from which the employee retired within 31 days to update premium billing and coverage options. A helpful contact list for your next-of-kin or other legal representative is provided in the resources section of this guide.

Enrollment

INITIAL PERIOD OF ELIGIBILITY FOR RETIRED EMPLOYEES

An individual must enroll in the program as a Retired Employee within 31 days of the date upon which the individual retires from TRS, ERS or ORP. An individual who fails to enroll within the 31 day period may not enroll until:

(a) the next Annual Enrollment period; or (b) the occurrence of a qualified change of status event.

You may enroll in or make changes to benefits during your initial period of eligibility (when you first retire) through your institution's HR/Benefits Office.

WAITING PERIOD FOR RETIRED EMPLOYEES

There is no waiting period for individuals who transition directly from active employment to retirement without a break in coverage.

An Employee who terminates employment without retiring and later applies for Retired Employee insurance will not be eligible to participate in UT Basic Coverage (Medical with Prescription Drug Coverage and Basic Life Insurance) until the first of the calendar month following 90 days after the retirement date. There is no waiting period for enrollment in optional coverages which are paid in full by the Retired Employee.

EVIDENCE OF INSURABILITY (EOI)

Evidence of insurability (EOI) is the record of a person's past and current health events. EOI is used by insurance companies to verify whether a person meets the definition of good health. Most people retire directly from active employment without a break in coverage and do not require EOI. However, an EOI form is required to add or increase voluntary life insurance for the Retired Employee or spouse. EOI must be submitted within 31 days of the change event date. Coverage subject to EOI will become effective on the EOI approval date, and your billing for the coverage begins the first of the month after the approval date. If the approval date is the first of a month, the coverage and billing change is effective on that date. If EOI is denied, the change in coverage will not take effect.



DEPENDENT DOCUMENTATION

UT requires supporting documentation when you request to add a dependent to your plan. Be prepared to provide proof of eligibility such as your marriage certificate, your child(ren)'s birth certificates, appropriate adoption paperwork, federal tax forms or other documents that support the dependent relationship. For medically incapacitated dependents, proof of the incapacitating condition and dependency must be submitted within 31 days of initial eligibility for enrollment of an incapacitated dependent. This paperwork is required not only to support the coverage of eligible dependents but also to support a mid-year change of status such as marriage or birth of a child. Even if you have supplied this documentation to your institution in the past, they may require another copy at retirement to update records.

BENEFICIARY INFORMATION

It is important to designate beneficiaries for all of your insurance and retirement accounts that require them. If you don't, state laws may cause death benefits to be distributed differently than you had planned, may result in additional taxes, and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations.

For your UT Benefits group term life insurance (which you receive even if you only have the basic coverage), you can review your beneficiary information and make updates any time online by accessing the Dearborn National Online Beneficiary Management system through My UT Benefits at www.utsystem.edu/myutbenefits. You must complete a new designation for Retired Employee coverage. If you have questions or are unable to access the online system, please contact Dearborn National Customer Service at (866) 628-2606 (available Monday through Friday from 7 a.m. to 7 p.m. central time) for assistance. You also have the

Misrepresentation of benefit eligibility requirements constitutes a violation of OEB's official policy. A verified misrepresentation by an Employee or Retired Employee shall be reported by OEB to the appropriate institution for investigation and possible sanctions. Possible sanctions for such a violation range from a reprimand to dismissal. In addition, reimbursement may be required for any benefits paid to an ineligible individual. Deliberate misrepresentation of dependent eligibility by an Employee or Retired Employee may constitute criminal fraud and may result in a referral to a law enforcement office. Any ineligible dependent may be terminated from plan participation upon discovery of ineligibility.

option to complete a paper beneficiary form to return to the insurance vendor by fax or mail. For your convenience, a copy of this form is included at the back of this book.

If you are a member of the Teachers Retirement System (TRS), you should download the TRS beneficiary designation form and return the form directly to TRS. For more information, go to the TRS website at www.trs.texas.gov or call 1-800-223-8778.

If you are a participant in the Optional Retirement Program (ORP), or the voluntary UT Saver Tax-Sheltered Annuity (TSA) or UT Saver Deferred Compensation Plan (DCP), you should always be sure that a current beneficiary is on file for each of these retirement accounts. You can download the appropriate beneficiary designation form and return the completed form directly to your specific retirement provider. For more information, please see the Retirement Plan section of the OEB website.

ANNUAL ENROLLMENT

Annual Enrollment is the period of time during which you may make changes to benefit elections for you and your eligible dependents. Outside of Annual Enrollment, you may only make changes if you have a qualified change of status event. UT System holds annual enrollment each

summer, usually during the month of July. Prior to Annual Enrollment, you will receive a letter or email titled "Your UT Benefit Enrollment Options" that lists your current coverage and future coverage options and informs you if any action is required on your part. During this time you may change

your group insurance benefit elections and add, update or remove dependents from coverage using the My UT Benefits online system.

Your Annual Enrollment elections become effective each September 1st after the Annual Enrollment period. If coverage requires EOI, and EOI is not approved by

September 1, that coverage will be effective on the EOI approval date (Voluntary Life Insurance) or the first of the month following the approval date (all other coverage). If EOI is denied, the change in coverage will not take effect. If dependent documentation is not received or approved, the dependent's coverage will not take effect.

QUALIFYING CHANGES OF STATUS

You have **31 days** from the date of certain qualified change of status event to notify your institution's Benefits Office and complete changes to your benefits that are consistent with that event. If you do not make your eligible changes during the **31-day** status change period, your changes cannot be made until the next Annual Enrollment in July, to be effective the following September 1.

The list below includes common examples of qualified change of status events:

- 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;
- starting or ending employment, starting or returning from FMLA, or other change of job status (e.g., from non-benefits eligible part-time to full-time) affecting eligibility;
- change in dependent's eligibility (e.g., reaching age 26 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.

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.

Note: EOI and dependent documentation may be required for some benefit changes following a qualified change of status event.

You may enroll in or make changes to benefits within the required time frame through your institution HR/Benefits office.

RETIRED EMPLOYEE BILLING

If you will carry any insurance other than the Retired Employee only basic coverage and you need to pay monthly premiums, talk with your HR/Benefits office about how to set up your premium billing. Some institutions handle Retired Employee billing internally, and some handle it

through UT System Administration Benefits Billing.

Confirm your contact information and update it (if necessary). Always contact your HR/Benefits Office with any changes to your mailing address, email address and/or phone numbers.

TERMINATION OF COVERAGE

If employee eligibility for coverage ends, the effective date of the termination of coverage is generally the end of the month in which eligibility ends. Failure to pay premium within 45 days of the due date will result in cancellation of coverage retroactive to the first of the month following the

last month of paid coverage. An individual whose coverage is cancelled for nonpayment of premium is not eligible for coverage under COBRA. See the COBRA information in the Legal Notices section of this guide.





Retired Employee Insurance Plan Information

The insurance plan options for UT Retired Employees vary slightly from the Active Employee insurance package. This section outlines the coverage options with notes about how the coverage transitions. Contact information for all plan vendors is located at the back of this book.

Basic Coverage Package

UT and the State of Texas pays 100% of your premiums for the Basic Coverage Package, and up to 50% of the premiums for your dependents' medical coverage. As a part of the Basic Coverage Package, you and your covered dependents over age 18 are also eligible for the Living Well Wellness Program.

UT SELECT MEDICAL (WITH PRESCRIPTION DRUG)

The UT SELECT Medical PPO plan for Retired Employees is the same plan as for Active Employees.

If you have UT SELECT Medical as a Retired Employee, you and anyone covered on your plan that is **eligible** for Medicare will use Medicare as the primary medical insurance. Medicare-eligible participants should be enrolled in Medicare Parts A and B before you retire. Medicare-eligible retiree plan participants are enrolled in the UT SELECT Part D plan for prescription drug coverage. (See more in the Medicare section of this guide.) Non-Medicare eligible plan participants continue in the same UT SELECT Medical and Prescription Drug plan as Active employees.

If your address on file is outside of Texas, New Mexico, or Washington D.C., Out of Area benefits apply. See the UT SELECT Medical Plan Guide for more information.



UT CONNECT MEDICAL (WITH PRESCRIPTION DRUG)	
<p>UT CONNECT ACO Medical Plan <i>for Dallas/Fort Worth Area</i></p> <p>See legal notices regarding the selection of Primary Care Physicians.</p>	<p>Effective September 1, 2018 the UT CONNECT Accountable Care Organization (ACO) became available for UT Employees and non-Medicare eligible Retirees living in the designated service area. You can go online to find out more information about the UT CONNECT plan: www.utsystem.edu/offices/employee-benefits/ut-connect-aco-medical-plan</p> <p>The prescription drug coverage is the same as UT SELECT medical participants.</p>
BASIC GROUP TERM LIFE INSURANCE	
<p>\$6,000 Group Term Life insurance is provided for each Retired Employee as a part of the Basic Coverage Package.</p>	<p>If you waive your Basic Coverage Package because you have other medical coverage, you will not be enrolled in the Basic Group Term Life insurance.</p>
LIVING WELL	
<p>Retired Employees and their dependents age 18 and over covered in the UT SELECT Medical Plan or UT CONNECT are automatically eligible for the Living Well wellness program offered by UT System.</p> <p>Retired Employees and their spouse age 50 and above are eligible for the SilverSneakers® Fitness program. See Resources at the back of this book.</p>	<p>If you waive or decline UT SELECT Medical or UT CONNECT, you will not be eligible to participate in Living Well. However, some institutions offer their own wellness resources regardless of enrollment in the UT SELECT or UT CONNECT Medical Plan.</p>

Optional Coverage

If you are a benefits-eligible Retired Employee with coverage under another group health plan and elect to waive the basic coverage package, you are eligible to use 50% of the state premium sharing to purchase Dental and/or Vision Coverage. If you waive the basic coverage, you will not be enrolled in Basic Group Life Insurance or be eligible for the Living Well Program as those are a part of the Basic Coverage Package.

DENTAL	
<p>Retired Employees have the same dental plan options as Active Employees. You may choose from UT SELECT Dental or UT SELECT Dental Plus PPO plans or the DeltaCare Dental HMO Plan for yourself and your dependents. You must be covered under the plan to cover a dependent.</p>	<p>When you change from Active Employee status to Retired Employee status, you may change your plan type.</p>

VISION	
Retired Employees have the same vision plan options as Active Employees. You may choose from Superior Vision or Superior Vision Plus for yourself and your dependents. You must be covered under the plan to cover a dependent.	When you change from Active Employee status to Retired Employee status, you may change your plan type.
UT FLEX	
Retired Employees (including Return-to-Work Retired Employees) are not eligible for UT FLEX plans. Coverage ends on the last day of the month in which you retire.	<p>You may be reimbursed for expenses incurred through the time at which your coverage ends.</p> <p>If you have a balance in a Health Care Reimbursement Account, you may continue that coverage through COBRA. (Speak with your HR/Benefits representative to verify if you are eligible to continue this coverage.)</p> <p>If your coverage end date for the Health Care Reimbursement Account is August 31 (the last day of the plan year), you may take advantage of the grace period and incur expenses for reimbursement through November 15 of that same calendar year. The UT FLEX debit card is not available for you to use during the grace period of the plan year in which you retire.</p> <p>All UT FLEX claims must be submitted by November 30 following the end of the plan year to be eligible for reimbursement.</p>
DISABILITY INSURANCE*	
Disability Insurance is not available to Retired Employees since it is meant to replace a portion of your work pay if you become disabled.	Return-to-work Retired Employees are not eligible for Disability Insurance. Disability insurance is not portable when you retire.
RETIRED EMPLOYEE VOLUNTARY GROUP TERM LIFE INSURANCE	
<p>Retired Employees may enroll in Voluntary Group Term Life insurance in any of the following coverage amounts:</p> <p>\$7,000 \$10,000 \$25,000 \$50,000 \$100,000</p>	<p>If you retire without a break in coverage, you are guaranteed coverage up to the amount of coverage you had in place as an Active Employee, not to exceed \$100,000.</p> <p>Any coverage in place as an Active Employee (minus the Retired Employee coverage elected) may be converted to a whole life policy within 31 days of retirement if you retire without a break in coverage. Conditions Apply – Contact Dearborn National for complete details.</p>

RETIRED EMPLOYEE SPOUSE VOLUNTARY GROUP TERM LIFE INSURANCE

A spouse of a Retired Employee may elect \$3,000 Voluntary Group Term Life insurance if the Retired Employee is also enrolled in any amount of Retired Employee Voluntary Group Term Life insurance.

If you retire without a break in coverage and your spouse was enrolled in Voluntary Group Term Life insurance on your last day of active employment, the spouse may enroll without completing Evidence of Insurability.

Spouse coverage in place when the employee retires may be converted to a whole life policy. Conditions apply – Contact Dearborn National for complete details.

ACCIDENTAL DEATH AND DISMEMBERMENT

Retired Employees (including Return-to-Work Retired Employees) are not eligible for Accidental Death and Dismemberment. Coverage ends on the last day of the month in which you retire.

Conversion and portability is not available for AD&D.

UT FLEX

Retired Employees (including Return-to-Work Retired Employees) are not eligible to participate in UT FLEX plans. Coverage ends on the last day of the month in which you retire.

You may be reimbursed for expenses incurred through the time at which your coverage ends.

If you have a balance in a Health Care Reimbursement Account (HCRA), you may continue that coverage through COBRA. (Consult with your HR/Benefits representative to verify if you are eligible to continue this coverage.)

If your coverage end date for the HCRA is August 31 (the last day of the plan year), you may take advantage of the grace period and incur expenses for reimbursement through November 15 of that same calendar year. The UT FLEX debit card is not available for you to use during the grace period of the plan year in which you retire.

All UT FLEX claims must be submitted by November 30 following the end of the plan year to be eligible for reimbursement.

*If you are a Faculty member at one of the health institutions and your Disability insurance is through an alternative benefit provided by your institution, please ask your HR/Benefits representative to discuss the options of those plans with you.



Additional Action Items

Depending on your personal circumstances as you near retirement, you may need to take additional action to ensure a smooth transition from active employment. Several important topics to think about are listed below. Related contact information is listed at the end of this guide.

SOCIAL SECURITY PENSION

To determine whether you meet the guidelines for the social security pension plan please contact the Social Security Administration directly. Keep in mind that setting up payments may take up to 3 months.

MEDICARE (FEDERAL HEALTH INSURANCE PROGRAM)

If you or any of your covered dependents are or will soon be eligible to receive the federal health insurance program known as Medicare, you should reach out to the Social Security Administration office to determine your enrollment requirements. See information on the following page for more information about Medicare and your insurance.

UT SELECT and Medicare

Different parts of Medicare cover different services. You may hear about four parts of Medicare: Part A, Part B, Part C, and Part D. Parts A, B, and D work in conjunction with UT SELECT. Part C is typically not useful or necessary if you are enrolled in UT SELECT and could conflict with the UT SELECT plan.

Original Medicare is administered directly by the federal government. It is the way participants in UT SELECT get their Medicare medical coverage. It has two parts:

1. **Part A** (Hospital Insurance) covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.
2. **Part B** (Medical Insurance) covers most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services.

Medicare Part D (outpatient Prescription Drug Insurance) is the part of Medicare that provides outpatient prescription drug coverage. Part D is provided to Medicare-eligible UT SELECT participants through the Express Scripts Medicare® (PDP)* for UT SELECT (aka UT SELECT Part D). It is never provided directly by the government (like Original Medicare is).

*Prescription Drug Plan

Note: Certain retirees that will return-to-work in a modified or phased capacity may have additional options. To learn about those guidelines please reach out to your institution's HR/Benefits office for details.



RETIRED EMPLOYEES

When you retire (and are not working in a benefits-eligible position for 20 or more hours per week) any Medicare-eligible person covered on your plan including you should:

Enroll in Part A (typically inpatient coverage)

AND

Enroll in Part B coverage, (typically office visits and doctor fees)

AND

Decline Part D (prescription drug coverage) plans offered by private carriers

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.

AS A RETIRED EMPLOYEE, IF YOU OR YOUR MEDICARE-ELIGIBLE DEPENDENT HAVE DECLINED MEDICARE PART B, UT SELECT MEDICAL WILL REDUCE YOUR CLAIM PAYMENT BY THE BENEFIT THAT WOULD HAVE BEEN AVAILABLE TO YOU UNDER MEDICARE PART B (USUALLY 80%), AND THEN PAY THE REMAINING CLAIM AMOUNT UNDER THE TERMS OF YOUR HEALTH PLAN. MEDICAL BILLS CAN QUICKLY CLIMB TO TENS OR HUNDREDS OF THOUSANDS OF DOLLARS. 80% OF A HOSPITAL STAY OR OUTPATIENT PROCEDURE COULD HAVE A LASTING FINANCIAL IMPACT TO YOU AND YOUR FAMILY.

Contact your Social Security office **3 months prior to your retirement date**, if possible. If your dependents are also eligible, they will need to do the same. A delay in signing up could leave you covered at only 20% for medical expenses.

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.

Enrollment in a separate Part D plan or Medicare Advantage plan with prescription drug coverage will conflict with UT SELECT Part D coverage because the Centers for Medicare and Medicaid Services (CMS) only allows enrollment in one Medicare plan. For current enrollees in the UT SELECT Part D plan, the annual prescription deductible will reset on January 1. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1, as usual.

The Centers for Medicare and Medicaid Services (CMS) will send you prescription drug plan materials, including detailed benefits information and a new ID card. Non-Medicare-eligible UT SELECT plan participants with retiree coverage will continue to be enrolled in “the commercial plan”—the same plan that insures participants with coverage through active employment.

INCOME-BASED MEDICARE COSTS

Medicare-eligible participants with UT SELECT retiree coverage with income above a certain level may be subject to an Income Related Medicare Adjustment Amount (IRMAA). This fee, is paid to Medicare and is not a premium paid to the UT SELECT plan. The Social Security Administration (SSA) makes initial determinations whether the income-related monthly adjustment amount (IRMAA) applies to Medicare beneficiaries with Part B, or Medicare prescription drug coverage (or both if enrolled in both at

the time a determination is made) using IRS data. SSA sends a notice with information about the determination and appeal rights when they make an initial IRMAA determination.

Conversely, if your income qualifies you for extra help to pay for your Medicare prescription drug coverage such as your monthly premium, annual deductible and copays, you will receive information on this from the Medicare prescription drug plan.

MEDICARE PARTS A AND B COORDINATION OF BENEFITS

In most instances, if you are eligible for Medicare and are working at UT in a benefits-eligible position for at least 20 hours per week such as during phased retirement or if you have returned to work, your UT medical plan will be primary for you and your covered dependents, regardless of age, and Medicare will be secondary. Medicare may be primary for some Medicare-eligible active employees or their dependents with certain medical conditions such as end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS). Consult with your local Social Security Administration office to learn what illnesses qualify for Medicare coverage prior to turning age 65.

Once 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.

PLEASE NOTE: Effective September 1, 2018 the UT CONNECT Accountable Care Organization (ACO) became available for UT Employees and non-Medicare eligible Retirees living in the designated service area. If you participate with UT CONNECT ACO and then become eligible for Medicare, you will be switched to UT SELECT as of the effective date of your Medicare eligibility.

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 (subject to UT SELECT plan provisions);
- There are no deductibles, copayments or coinsurance (subject to UT SELECT plan provisions); and
- When you or your dependents are at an inpatient 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.



If a service is normally not covered by UT SELECT or is subject to limitations (such as the 20 visit limit on physical therapy), the service beyond plan limitations and exclusions will not be covered. All regular UT SELECT exclusions and limitations apply regardless of Medicare enrollment. See the UT SELECT Medical Plan Guide for complete details on plan limits and exclusions.

To ensure claims are correctly processed, you and your dependents should alert your medical providers of changes including:

When you first retire (and Medicare becomes primary)

When you first enroll in Medicare (if after retirement)

When you return to work in a benefits-eligible position (and Medicare becomes secondary)

This chart shows you how UT SELECT Medical coordinates benefits with Medicare Parts A and B when Medicare is primary.

Please Note: Medicare eligible retirees are eligible to participate with UT SELECT medical plan only.

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

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
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 BCBSTX Allowed

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

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

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

Special rules are mandated by federal law when coordinating benefits between UT SELECT Medical, 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:	3. UT SELECT 4. MEDICARE 5. 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 <u>less than</u> 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. Her prescription drug benefit is provided through the UT SELECT Part D plan.
EXAMPLE C Meredith is 72 and has UT SELECT as a Retired Employee. 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 medical plan through his active employment. During the semester that Meredith has returned to a benefits-eligible position at UT, her claims are paid in this order:	1. UT SELECT 2. SPOUSE'S EMPLOYER 3. MEDICARE Her prescription drug benefit is the same as that of an active, non-retired employee—the UT SELECT "commercial" plan. For the remainder of the year, when Meredith is not teaching, her claims are paid as follows: 1. SPOUSE'S EMPLOYER 2. MEDICARE 3. 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 or the UT System Office of Employee Benefits.

For more information on UT SELECT and Medicare, please see the Legal Notices section of this guide.







Special Circumstances

Returning to Work

If you are a TRS Retired Employee returning to work with a TRS agency, Texas law restricts your ability to work at other employers that participate in TRS and how much you can work. Consult with TRS and your hiring agency before returning to work after retirement. ORP Retired Employees do not have the same restrictions.

SSA

Returning to work in any capacity could affect your Social Security Benefits so contact the Social Security Administration to learn how those changes may affect your benefits.

YOUR TRS ANNUITY

GENERAL INFORMATION

If you plan to work in Texas public education after service or disability retirement, you should carefully review all requirements that apply to such work.

If you do not effectively terminate employment because you do not wait long enough to return to work or to arrange your return to work, your service or disability retirement can be totally revoked and you can be required to pay back annuity payments you have already received.

If you comply with all of the requirements and your retirement is effective, but you work more than the law allows while receiving your monthly benefit, you lose monthly service or disability annuity payments for months in which your work exceeds the allowable amount.

To work after service or disability retirement without revocation of retirement or loss of benefits, a retiree must:

- terminate all employment with a TRS-covered employer (see "Termination of Employment Before Retirement" and "Negotiation for Return to Employment" in the TRS handbook),
- wait to negotiate a return to employment as permitted under law,
- not work for a TRS-covered employer during the required break in service after the effective retirement date, and
- work only the amount of time permitted.



These requirements above apply to all retirees, 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. In addition, these requirements may be affected by changes to state law and TRS regulations. For additional information, a full explanation of the requirements, see the TRS Employment After Retirement brochure, which can be found on the TRS website at www.trs.texas.gov or can be obtained by calling 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.

You are not eligible to participate in TRS or ORP.

You can participate in the UTSaver Voluntary Retirement plans. If you did not end your contributions to a UTSaver TSA or DCP Plan when you retired, those contributions may resume when you return to work.

You will continue to have insurance as a Retired Employee only. You will not be eligible to enroll in insurance available only to Active Employees (Disability and higher amounts of Voluntary Group Term Life insurance) or to participate in UT FLEX.

YOUR INSURANCE AND RETURNING TO WORK

If you return to work for another Texas State Agency or Institution of Higher Learning you may be able to enroll in their active employee benefits plans, but you may not receive premium sharing from more than one state group insurance program either as the Subscriber (covered enrollee) or a dependent.

Inform your new employer's HR/Benefits office if you are a Return-to-Work Retired Employee.

IMPORTANT: If you return to work at UT in a benefits-eligible position 20 hours or more per week, Medicare becomes secondary and the UT SELECT medical plan becomes primary for any Medicare-eligible person on your plan, including you. You and your dependents are also enrolled in the "commercial" prescription drug plan--the plan for active employees.

Dual Premium Sharing

You may not receive premium sharing from more than one state group insurance program (ERS or A&M) either as the Subscriber (covered employee) or a dependent. You must either be the Subscriber (covered employee) or the dependent. If you or your spouse waive the Basic Coverage, neither of you will receive one-half of the premium sharing

for Optional Coverage offered by System. If you currently cover a dependent that is also enrolled in one of these plans, please choose to have that person covered under only one plan and make the appropriate enrollment changes as soon as possible.

Moving Out of Area

When your address on record with your retiring institution changes to one that is outside of Texas, New Mexico, or Washington, D. C., your UT SELECT Medical Insurance applies Out of Area benefits. If you and your dependents are also enrolled in Medicare, this will have little to no effect on your out-of-pocket expenses. If you or any of your dependents are not eligible for Medicare, your benefits change to apply mostly deductible and coinsurance.

Please review the UT SELECT Medical Plan Guide Out of Area Benefits or the UT SELECT Medical Plan Summary of Benefits and coverage for details. These documents are available on the UT System Office of Employee Benefits website or by contacting the Office of Employee Benefits.

UT CONNECT ACO only provides benefits for UT Employees and non-Medicare eligible Retirees living in the designated service area. You can go online to find out more information about the UT CONNECT plan:
www.utsystem.edu/offices/employee-benefits/ut-connect-aco-medical-plan







Resources

In addition to the robust UT Benefits, additional resources are available to help you stay physically and financially healthy.

UT RESOURCES

Benefits Cost Worksheet for Retirees
Institution Resources – Retiree Associations
Identity Protection Services

LIVING WELL RESOURCES

Naturally Slim	Silver Sneakers
Employee Assistance Program	Lifestyle Management
Condition Management	24/7 Nurseline
Specialist Pharmacists	Tobacco Cessation
Onsite Health Checkups	Onsite Flu Shots
UT System Activity Challenges	

LIFE INSURANCE VALUE ADDED BENEFITS

Travel Benefits
Will Preparation
Beneficiary Resources
Accelerated Death Benefit

UT BENEFIT CONTACT LIST



Benefits Cost Worksheet for Retirees

PLAN YEAR 2018-2019

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 materials 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		Full-Time Employees:			BLUE CROSS BLUE SHIELD OF TEXAS
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL TOTAL
UT SELECT (OUT-OF-POCKET)	\$0	\$257.53	\$269.34	\$507.15	
UT CONNECT (OUT-OF-POCKET) DALLAS-FORT WORTH AREA ONLY	\$0	\$231.78	\$242.41	\$456.44	
PREMIUM SHARING (PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)	\$598.14	\$911.69	\$798.76	\$1,114.18	
Medical Plan Rates include: Prescription benefit coverage + \$6,000 Life					\$

OR

TOBACCO PREMIUM PROGRAM (TPP)					
Tobacco User(s)	Non-user	Subscriber	Spouse	Child(ren)	TPP TOTAL ²
Tobacco User(s) Cost	\$0	\$30.00	\$30.00	\$30.00 ¹	\$

¹ Maximum cost of \$30 per month regardless of how many covered dependent children use tobacco.

² Maximum cost per family is \$90 per month.

DENTAL OUT-OF-POCKET COST PER MONTH					DELTA DENTAL
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	DENTAL TOTAL
NATIONWIDE					
UT SELECT Dental	\$28.51	\$54.13	\$59.66	\$84.83	
UT SELECT Dental Plus	\$59.03	\$112.11	\$123.70	\$176.24	
CERTAIN AREAS IN TEXAS					
DeltaCare Dental HMO	\$8.80	\$16.73	\$18.49	\$26.40	\$

VISION OUT-OF-POCKET COST PER MONTH					SUPERIOR VISION
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	VISION TOTAL
Superior Vision	\$5.90	\$9.30	\$9.52	\$15.10	
Superior Vision Plus	\$9.00	\$14.08	\$15.08	\$21.30	\$



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 \$100,000 Note: For those Retired Employees of the UT System who retired through the 1993 one-time retirement option, enter the amount of coverage currently in place.		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, 2016.		C
To determine the premium cost per month, multiply B x C .		D
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.		
If you are electing the \$3,000 Family Coverage option, enter \$1.83 (see ² below). Otherwise, enter zero.		E
To determine total Life premium cost per month, add D + E . Otherwise, enter zero.		LIFE TOTAL
		\$

RETIREE RATE CHART	
AGE OF SUBSCRIBER ON 9/01/18	RATE PER \$1,000 COVERAGE
15 - 34	\$0.037
35 - 39	\$0.047
40 - 44	\$0.063
45 - 49	\$0.097
50 - 54	\$0.150
55 - 59	\$0.233
60 - 64	\$0.364
65 - 69	\$0.650
70 - 74	\$0.752
75 - 79	\$0.932
80 and over	\$1.634

ESTIMATED TOTAL MONTHLY OUT-OF-POCKET (Add ALL boxes and enter total)	\$
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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.

Institution Resources | Retiree Associations

INSTITUTION		
UT ARLINGTON	www.uta.edu/hr/retireesclub/ Rita Thompson, President rhuertat@uta.edu Harley Courtney, Vice President courtney@uta.edu	Roseanne Minyard, <i>Secretary</i> Minyard@uta.edu
UT AUSTIN	UT Retired Faculty-Staff Association Tany B. Norwood, <i>RFSA President</i> 512-267-2134 tanynorwood@utexas.edu	Carol Barrett, <i>RFSA Coordinator</i> 512-840-5657 barrett@alumni.utexas.edu sites.utexas.edu/rfsa/
UT DALLAS	www.utdallas.edu/ra/	www.utdallas.edu/ra/contact.htm
UT EL PASO	No retiree association, but you may join the Alumni Association: alumni.utep.edu/page.aspx?pid=1249 Peter & 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: alumni@utep.edu
UT HSC HOUSTON	www.uthro.org/	
UT HSC SAN ANTONIO	Contact Cindi Adcock for more information: AdcockC@uthscsa.edu	
UT HSC TYLER	No retiree association at this time.	
UT MD ANDERSON CANCER CENTER	www.mdanderson.org/about-us/for-employees/employee-resources/retirees-association/index.html retirees@mdanderson.org	
UTMB GALVESTON	hr.utmb.edu/retirees/ Mailing Address 301 University Blvd., Galveston, TX 77555-0940	Korie Vance kevance@utmb.edu (409) 747-4878 Amber Frieze amfrieze@utmb.edu (409) 747-4897
UT PERMIAN BASIN	No retiree association at this time.	

Institution Resources | Retiree Associations *(cont'd)*

UT RIO GRANDE VALLEY	No retiree association at this time.
UT SAN ANTONIO	Retired Faculty Association retiredfacultyassociation@utsa.edu
UT SOUTHWESTERN MEDICAL CENTER	No retiree association at this time.
UT SYSTEM ADMINISTRATION	UT System Administration Retired Employees may join the association at UT Austin.
UT TYLER	www.uttyler.edu/ohr/retireesassociation.php

Identity Protection Services

As a value-added service, Blue Cross and Blue Shield of Texas (BCBSTX) provides employees, retirees and their families who are covered under the UT SELECT or the UT CONNECT Medical Plan (both administered by BCBSTX) the opportunity to enroll in identity protection services.

These services are intended to give you some additional peace of mind. They are intended to protect health and personal information. Provided by Experian – at no cost to you – these services complement the security and data protection measures BCBSTX already has in place.

The services offered at no cost to you include features such as credit monitoring, fraud resolution, and identity theft insurance for adults and a selection of services for minor dependent children. Please note, that under the terms of this value added program, you will be required to re-enroll annually.

To enroll in this free program, you should log into your Blue Access for Members (BAM) account at www.bcbstx.com/ut (for UT SELECT participants) or www.bcbstx.com/utconnect (for UT CONNECT participants). Once logged in, please look for the "Identity Protection" link in the "Quick Links" section on the left side of the page.

NOTE: If you have not previously registered with Blue Access for Members (BAM), you will need to do so in order to access the link to sign up for free Identity Protection services. Your Benefits Identification number (or BID) is an 8-character unique identifier used for all of your UT Benefits coverage which can be found on your Blue Cross and Blue Shield of Texas ID card. (See example below.) The "Identification Number" requested during registration for BAM includes the leading "0" on your BCBSTX ID card plus your 8-character BID.





Living Well Resources

The UT System Living Well program provides a variety of resources to enable employees, retirees, and dependents of 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 performance level of University of Texas System employees, retirees and dependents at all Institutions.

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

NATURALLY SLIM

Naturally Slim is an online program that helps you lose weight, plus 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 offered to retirees and their spouses (age 50+), providing access to local fitness facilities.

UT SYSTEM ACTIVITY CHALLENGES

Team up with your institution for the UT System-wide Physical Activity Challenge. You'll work toward the challenge goal to earn rewards and can team up with colleagues to earn your institution the coveted Traveling Trophy.

EMPLOYEE ASSISTANCE PROGRAM

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



LIFESTYLE MANAGEMENT

Weight Management and Tobacco Cessation Programs: Guidance and support with licensed wellness coaches provided by BCBSTX. Call 1-800-462-3275.

CONDITION MANAGEMENT

These voluntary health improvement programs provided by BCBSTX can help members with congestive heart failure, coronary artery disease, COPD, asthma, diabetes, and more. Call 1-800-462-3275.

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: 1-888-315-9473, 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: 1-800-818-0155.

ONSITE HEALTH CHECKUPS

Get answers to your health care questions, information about major medical issues, chronic illness support, and lifestyle change support. Call toll-free: 1-888-315-9473, 24 hours a day, 7 days a week.

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 Sept/Oct.

TOBACCO CESSATION

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.

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LAST WILL AND TESTAMENT

Will of Jane SM

I, of sound and disposing mind and memory and over the years have been lawfully married or a member of an auxiliary of the armed forces of the United States, and not being actuated by undue influence, do make, publish, and declare it as my last will and testament, and I hereby bequeath, devise, and dispose of all my estate and effects to my heirs and assigns forever.

I am married to CHRISTOPHER SM, and all references to husband or wife are references to CHRISTOPHER SM

Witness my hand and seal this 1st day of January, 1920.

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

Witness:

Life Insurance Value Added Benefits

If you are enrolled in any Dearborn National life insurance plan, you have access to additional benefits listed below.

TRAVEL BENEFITS

Travel Resource Services provided by Europ Assistance USA, Inc. in partnership with Dearborn National is a 24-hour emergency service that can help you access emergency assistance when you are traveling 100 or more miles away from home. Services include medical evacuation, return of mortal remains, traveling companion assistance, and more.

WILL PREPARATION

To help reduce the effort in preparing a legal will, Dearborn National offers Online Will Preparation. Online Will Preparation offers:

- A simple, easy process to create wills online
- Online access means users can create wills at their convenience, any time of the day or night
- Wills are valid in the state in which the insured resides
- Users create wills at no cost to them

BENEFICIARY RESOURCES

Unlimited 24/7 phone consultation

Grief counselors, legal assistance and financial advisors are available by phone for up to one year.

Five face-to-face sessions

Sessions can be used with one grief counselor or legal advisor. Time may also be split between a grief counselor and legal advisor. A one-hour financial consultation on the phone is also available.

Referrals and support services

Counselors provide compassionate support throughout the process, including referrals to qualified grief counselors and financial and legal consultants within BDA's nationwide network of professionals.

Counselors Follow Up by Telephone

Counselors will initiate follow-up calls for up to one year when necessary.

ACCELERATED DEATH BENEFIT

An Employee, Retired Employee or covered spouse with a life expectancy of less than 24 months due to a Terminal Condition may be eligible for advanced payment of 50% of their Basic and Voluntary Term Life insurance amount in-force on the date that proof of loss is determined.





UT BENEFITS CONTACT LIST | Complete the form on the next page to provide to people who will handle your UT Benefits in case you are unable to do so.

NOTE

You may also want to print your latest benefits summary from the most recent annual enrollment period. If you do not have a copy, you may always print another copy by logging in to *My UT Benefits*.

UT Benefits Contact List

In case of an emergency, if I am unable to care for my personal matters, please use the contact information to ensure that my benefits are handled correctly.

My Benefits ID Number is

BID

My Institution's HR/Benefits Office

NAME

PHONE

EMAIL

My institution will assist with updating my address and coverage and filing claims.

INSURANCE PROVIDERS

UT SELECT MEDICAL INSURANCE	Blue Cross Blue Shield of TX (866) 882-2034 www.bcbstx.com/ut	UT SELECT Group Number 071778
UT CONNECT MEDICAL INSURANCE	Blue Cross Blue Shield of TX (888) 372-3398 www.bcbstx.com/utconnect	UT CONNECT Group Number 241132
PRESCRIPTION DRUG INSURANCE	Express Scripts (800) 818-0155 www.express-scripts.com/ut	Group Number UTSYSRX
DENTAL INSURANCE	Delta Dental (800) 893-3582 www.deltadentalins.com/universityoftexas	PPO Group Number 5968 HMO Group Number 6690
LIFE INSURANCE	Dearborn National (866) 628-2606 www.dearbornnational.com/ut	Group Number GFZ71778
LONG TERM CARE	CNA (888) 825-0353 www.ltcbenefits.com/uts	Group Number 0010025-IS

RETIREMENT PROVIDERS (SELECT THE BOX FOR YOUR PROVIDER(S))

FIDELITY INVESTMENTS	(800)343-0860 www.netbenefits.com/ut
VOYA FINANCIAL	(866)506-2199 https://utexas.prepare4myfuture.com
LINCOLN FINANCIAL GROUP	(800)454-6265 *8 www.lfg.com/ut
TIAA-CREF	(800)842-2776 www.tiaa-cref.org/utexas
VALIC	(800)448-2542 www.valic.com/utexasorp







Legal Notices

You have the right to obtain a printed copy free of charge of any or all of these notices at any time by contacting the Office of Employee Benefits at benefits@utsystem.edu or 512-499-4616.

Uniform Summary of Benefits and Coverage

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.

The UT insurance SBCs are available online.

UT SELECT PPO or Out-of-Area coverage:

www.bcbstx.com/ut/coverage

UT CONNECT coverage:

www.bcbstx.com/utconnect/coverage

You can view the glossary at

www.utsystem.edu/documents/docs/publication/2018/glossary-health-coverage-and-medical-terms

To request a copy of these documents free of charge, you may call the SBC Hotline at 1-855-756-4448.



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 Services 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. Standards related to benefits for mothers and newborns.
2. Parity in the application of certain limits to mental health benefits.
3. Required coverage for reconstructive surgery following mastectomies.
4. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the 2018-2019 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.

UT CONNECT 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 Services 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 CONNECT Medical plan, which is self-funded, from the following requirements:

1. Standards related to benefits for mothers and newborns.
2. Parity in the application of certain limits to mental health benefits.
3. Required coverage for reconstructive surgery following mastectomies.
4. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the 2018-2019 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 CONNECT Medical plan guide.

Group Health Plan Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Please also refer to the "Enrollment" section of this guide for additional information.

To request special enrollment or obtain more information, contact your campus HR Benefits office. Contact information for each campus HR Benefits office can be found on the last page of this guide.

Patient Protection Disclosure

UT CONNECT generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, UT CONNECT designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UT CONNECT at 888-372-3398 or <https://www.bcbstx.com/utconnect>.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from UT CONNECT or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact UT CONNECT at 888-372-3398 or <https://www.bcbstx.com/utconnect>.

University of Texas System Notice of Privacy Practices

Revised Effective August 1, 2018

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 CONNECT, UT SELECT Dental and Dental Plus 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 the Employee Benefits (OEB) within the University of Texas System Administration (System). Federal law requires System to make sure that any medical information that it collects, creates or holds on behalf of the Plans that identifies you remains private. Federal law also requires System to maintain this Notice of System's legal duties and privacy practices with respect to your medical information.

Specifically, this Notice describes how System may use or disclose your medical information (see Section II), your rights concerning your medical information (see Section III), how you may contact System regarding System's privacy policies (see Section VI), and System's right to revise this Notice (see Section VII). System 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 System 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 SYSTEM MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

System may use or disclose your medical information only as described in this Section II.

- A. Treatment.** System may disclose your medical information to a health care provider for your medical treatment.
- B. Payment.** System may use or disclose your medical information in order to determine premiums, determine whether System is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor's bill, System may use your medical information to determine whether the terms of your Plan cover the medical care you received. System 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.** System 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 System's successful operation. As examples, System may use your medical information complying with contracts and applicable laws. In addition, System may contact you to give you information about treatment alternatives or other health-related services that may interest you. System 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 medical information to evaluate the performance of participating providers in the Plans' networks, and System 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.
- D. Required by Law.** System 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, System may use or disclose your medical information if the appropriate military authorities require it to do so.
- F. Serious Threat to Health or Safety.** System may use or disclose your medical information if necessary

because of a serious threat to someone's health or safety.

- G. Limited Data Set.** System 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.** System may disclose your medical information to you or to a third party to whom you request us in writing to disclose your medical information.
- I. Disclosures to Individuals Involved with Your Health Care.** System may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. System 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.** System may contract or otherwise arrange with other entities or System offices to perform services on behalf of the Plans. System may then disclose your medical information to these "Business Associates," and these Business Associates will use or disclose your medical information only to the extent System would be able to do so under the terms of this Section II. These Business Associates are also required to comply with federal law that regulates your medical information privacy. To the extent that System offices serve as Business Associates to other institutions within The University of Texas System that are Covered Entities, those offices will comply with those institutions' Privacy Policies and Notices of Privacy Policies as to those institutions' Protected Health Information (PHI) they maintain, access or use as their Business Associates.
- K. Other Disclosures.** System may also 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 System's reasonable safeguards to limit such incidental uses and disclosures.
- M. Written Authorization.** System 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 Privacy Officer identified in Section VI of this Notice. If you revoke an authorization, System will no

longer use or disclose your medical information under the circumstances permitted by that authorization. However, System cannot take back any disclosures already made under that authorization.

III. RESTRICTIONS

- A. System will not use your medical information for fundraising purposes.
- B. System will never use your genetic medical information about you for underwriting purposes. Using or disclosing your genetic information is prohibited by federal law.
- C. System does not use your medical information for marketing purposes. “Marketing” does not include face to face communications with you, or any

communications for which the Plan receives no remuneration such as refill reminders, treatment plans, alternatives to treatment, case management, value added services provided in connection with a Plan, and other purposes related to treatment and health care operations. “Marketing” also excludes promotional gifts of nominal value provided by the Plan.

- D. System does not sell your medical information.

IV. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION

You have the following rights associated with your medical information:

- A. **Right To Request Restrictions.** Although System 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 System limit those uses and disclosures of medical information. You must make your request in writing to the Privacy Officer. 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. System will consider your request but does not have to agree to it. If System does agree, System will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or System cancels the restriction. There is a form you can use to make this request which is available on the System website or by contacting the Privacy Officer or the Benefits Office at The University of Texas System institution that you contact for assistance with your System insurance benefits.
- B. **Right To Confidential Communications.** You have the right to request that System 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 the Privacy Officer. 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 System. You must make your request in writing to the Privacy Officer. If System denies your request, you may have the right to have the denial reviewed by a licensed health care professional selected by System. If System (or a licensed health care professional performing the review on behalf of System) grants your request System will provide you with the requested access. You may request copies of such information but System may charge may charge you a reasonable fee.

D. Right to Amend. If you feel that medical information System has about you is incorrect or incomplete, you may ask System to amend the information. You have the right to request an amendment for as long as the information is kept by or for System. You must make your request in writing to the Privacy Officer, and you must give a reason that supports your request. If System denies your request for an amendment, System 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 System 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 Privacy Officer. 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. System 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 System's Privacy Officer or with the federal government's Department of Health and Human Services. System 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 Privacy Officer.

V. BREACH NOTIFICATIONS

System makes every effort to secure your health information, including the use of encryption whenever possible. In the event that any of your medical information that has not been encrypted is the subject of a breach, System will provide you with a written or electronic notification about the breach as required by federal law.

VI. WHOM TO CONTACT REGARDING SYSTEM'S PRIVACY POLICIES

a. **System's Privacy Officer.** 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 System's Privacy Officer at:

Privacy Officer c/o
Systemwide Compliance Office
The University of Texas System
210 West 7th Street
Austin, Texas 78701-2902
(512) 852-3264
Email: Privacyofficer@utsystem.edu



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, you may contact the Department by telephone at 1 800 368 1019, by electronic mail at (ocrmail@hhs.gov), or by regular mail addressed to:

Regional Manager

Office of Civil Rights

US Department of Health and Human Services

1301 Young Street

Dallas, TX 75202

(800) 368-1019

TDD (800) 537-7697

c. Electronic Copy of This Notice. You may obtain an electronic copy of the most current version of this Notice at the following website: <https://www.utsystem.edu/documents/docs/hipaa/hipaa-notice-privacy-practices>.

VII. SYSTEM'S RIGHT TO REVISE THIS NOTICE

System reserves the right to change the terms of this Notice at any time. System also reserves the right to make the revised notice effective for medical information System 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, System 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 the Privacy Officer.

Medicare Part D Notice of Creditable Coverage

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.

Medicare-eligible retirees and their Medicare-eligible dependents covered under the UT medical plans are automatically enrolled in the UT SELECT PDP Employer Group Waiver Plan (EGWP), also known as UT SELECT Part D. Active employees and retirees working in a benefits-eligible position at a UT institution, as well as their dependents, who are covered under the UT medical plans are enrolled in the UT prescription drug plan (non-Medicare) regardless of Medicare eligibility. If you are considering enrolling in a Medicare Part D plan or an Advantage Plan with prescription drug coverage that is not affiliated with UT, you should compare your current coverage through UT, including which drugs are covered at what cost, with the coverage and costs of the Medicare plans available to you. Information about where you can get help with making decisions about your prescription drug coverage is included 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 coverage offered by the UT prescription drug 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?

For participants in the UT prescription drug plan (non-Medicare), you are not required to drop your UT medical and prescription plan coverage if you choose to join a Part D plan not affiliated with UT. Your UT prescription drug benefits will coordinate with your outside Part D coverage.

For participants in the UT SELECT Part D plan, enrollment in a Medicare Part D or Advantage plan not affiliated with UT will conflict with your UT SELECT Part D coverage. You will need to choose either a UT or non-UT plan, then take further action to disenroll from the other. Failure to do so may result in automatic disenrollment from the plan of your choice or a disruption in your coverage.

If you do decide to join a Medicare drug plan and drop or lose your current UT 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 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 and if this coverage changes through the UT medical plans. You also may request a copy of this notice at any time from The 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). 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).

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

ALABAMA – Medicaid

Website: myalhipp.com/
Phone: 1-855-692-5447

ALASKA – The AK Health Insurance Premium Payment Program

Website: myakhipp.com/ Phone 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

Website: myarhipp.com
Phone: 1-855-MyARHIPP (855-692-7447)

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866- 444-EBSA (3272).

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, 2018. Contact your State for more information on eligibility –

COLORADO – Medicaid

Health First Colorado Website: www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991

FLORIDA – Medicaid

Website: flmedicaidtprecovery.com/hipp
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64:

Website: www.in.gov/fssa/hip / HIP: 1-877-438-4479

All other Medicaid:

Website: www.indianamedicaid.com / Phone: 1-800-403-0864

IOWA – Medicaid

Website: www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp

Phone: 1-888-346-9562

KANSAS – Medicaid

Website: www.kdheks.gov/hcf/

Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: chfs.ky.gov/dms/default.htm

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331

Phone: 1-888-695-2447

MAINE – Medicaid

Website: www.maine.gov/dhhs/ofi/public-assistance/index.htm

Phone: 1-800-442-6003 TTY Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: www.mass.gov/eohhs/gov/departments/masshealth

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: mn.gov/dhs/people-we-serve/seniors/health-care/healthcare-programs/programs-and-services/medical-assistance.jsp

Phone: 1-800-657-3739

MISSOURI – Medicaid

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

Phone: 1-573-751-2005

MONTANA – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Website: dhcfp.nv.gov

Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: www.dhhs.nh.gov/ombp/nhhpp/

Phone: 1-603-271-5218

Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY – Medicaid and CHIP

Medicaid Website:

www.state.nj.us/humanservices/dmahs/clients/medicaid

Medicaid Phone: 1-609-631-2392

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

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: www.nyhealth.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: www.ncdhhs.gov/dma

Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid

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

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: www.insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid

Website: healthcare.oregon.gov/Pages/index.aspx

www.oregonhealthcare.gov/index-es.html

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.eohhs.ri.gov/

Phone: 1-855-697-4347

SOUTH CAROLINA – Medicaid

Website: www.scdhhs.gov

Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: dss.sd.gov

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: www.gethipptexas.com/

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: medicaid.utah.gov

CHIP: health.utah.gov/chip

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: www.greenmountaincare.org/

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:

www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website:

www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website:

www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program

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

WEST VIRGINIA – Medicaid

Website: mywvhipp.com

Phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid

Website: www.dhs.wisconsin.gov/publications/p1/p10095.pdf

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: wyequalitycare.acs-inc.com/

Phone: 1-307-777-7531

To see if any more States have added a premium assistance program since January 31, 2018, 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, Menu Option 4, Ext. 61565

Nondiscrimination Notice

Discrimination is Against the Law

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

The UT System Office of Employee Benefits provides:

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

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

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

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

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

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

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

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

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

Accessibility Requirements Notice

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#).

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 [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#)。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#) 번으로 전화해 주십시오

Arabic

[UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#) ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

Urdu

[UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#)

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#)

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#) पर कॉल कर।

Laotian

ປິດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#)

Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فر

اهم باشد. با [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#) تماس بگیرید.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#).

Gujarati

ચુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#)

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#)

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。 [UT SELECT Medical](#) [UT SELECT Prescription Drug](#) [UT SELECT Medicare Part D](#) 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

TEAR HERE



Underwritten by Dearborn National® Life Insurance Company

BENEFICIARY DESIGNATION FORM**Group Term Life (GTL) and Accidental Death and Dismemberment (AD&D)****The University of Texas System ■ GFZ71778****INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)**

Employee/Retired Employee Name	SSN or Benefits ID No.	Date of Birth	Home Telephone Number
Home Address	City	State	Zip

Indicate below which University of Texas System institution (U.T. Institution) you are with as an Employee or a Retired Employee

<input type="checkbox"/> U.T. Arlington	<input type="checkbox"/> U.T. Tyler	<input type="checkbox"/> U.T. M.D. Anderson Cancer Center Houston
<input type="checkbox"/> U.T. Austin	<input type="checkbox"/> U.T. HSC Tyler	<input type="checkbox"/> U.T. Medical Branch Galveston
<input type="checkbox"/> U.T. San Antonio	<input type="checkbox"/> U.T. HSC Houston	<input type="checkbox"/> U.T. Southwestern Medical Center Dallas
<input type="checkbox"/> U.T. Dallas	<input type="checkbox"/> U.T. HSC San Antonio	<input type="checkbox"/> U.T. System Administration Austin
<input type="checkbox"/> U.T. Rio Grande Valley	<input type="checkbox"/> U.T. Permian Basin	<input type="checkbox"/> U.T. El Paso

DEFINITIONS & STATEMENTS

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. **

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. ** **Dependent Beneficiary** – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

Please note: Under Texas Law current employees/retirees of The University of Texas are unable to list an institution of The University of Texas System as a primary and or contingent beneficiary. This prohibition does not apply if the beneficiary is a non-profit organization that is a separately managed and uniquely taxable entity from a UT System institution.

**This information is not intended as legal advice. Always consult an attorney before making your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS (GTL and AD&D)

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address	%

The Dearborn National® Life Insurance Company (Dearborn National) provides this form, which asks that you provide your Social Security number. As required by Dearborn National , Employees/Retired Employees of The University of Texas System must submit this completed form with Social Security numbers to Dearborn National. Further disclosure of your Social Security number by Dearborn National and The University of Texas System is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Employee/Retired Employee Signature _____ **Date** _____

Important Note For Married Employees: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA or WI, and you name someone other than your spouse as primary beneficiary, your spouse's consent will be necessary to allow your spouse to waive his or her rights to any community property interest in the benefits. We have provided a space below for your spouse's signature. Payment of benefit may be delayed or disputed unless your spouse signs.

Spousal Consent for Community Property States Only: I hereby consent to the Primary Beneficiary designated by my spouse and understand that this consent supersedes any prior spousal consent under this plan.

Spouse Signature _____ **Date** _____ ☐ Employee has no legal spouse

Return this completed form to: Dearborn National - Beneficiary Processing Center - 1020 31st Street - Downers Grove, IL 60515-5591 - Ph 866-628-2606 - Fax 877-361-7661

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the U.S. Virgin Islands, and Puerto Rico.

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TEAR HERE

UT Institutions

UT ARLINGTON

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

UT AUSTIN

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

UT DALLAS

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

UT EL PASO

Office of Human Resources
(915) 747-5202
Fax: (915) 747-5815
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

UT MEDICAL BRANCH AT GALVESTON

Employee Benefits Services
(409) 772-2630, Option "0"
Toll Free: (866) 996-8862
Fax: (409) 772-2754
benefits.services@utmb.edu

UT PERMIAN BASIN

Human Resources
(432) 552-2752
Fax: (432) 552-3747
tijerina_a@utpb.edu

UT RIO GRANDE VALLEY Brownsville

Office of Human Resources-Benefits
(956) 882-8205
Fax: (956) 882-6599
benefits@utrgv.edu
Edinburg
Office of Human Resources-Benefits
(956) 665-2451
Fax: (956) 665-3289
benefits@utrgv.edu

UT SAN ANTONIO

Human Resources
(210) 458-4250
Fax: (210) 458-7890
benefits@utsa.edu

UT SOUTHWESTERN MEDICAL CENTER

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

UT SYSTEM ADMINISTRATION

Office of Human Resources
(512) 499-4587
Fax: (512) 499-4380
ohr@utsystem.edu

UT TYLER

Office of Human Resources
(903) 566-7467
Fax: (903) 565-5690
humanresources@uttyler.edu

Plan Administrators

UT SELECT MEDICAL

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

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 CONNECT MEDICAL

(Blue Cross and Blue Shield of Texas)
Dallas / Fort Worth area only
Group: 241132
(888) 372-3398
M-F 8:00 AM-6:00 PM CT
www.bcbstx.com/utconnect

UT FLEX

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

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

LIVING WELL HEALTH PROGRAM

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

UT SELECT DENTAL UT SELECT DENTAL PLUS

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

DELTACARE USA DENTAL HMO

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

SUPERIOR VISION

Group: 26856
(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.dearbornnational.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

VALIC

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



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benefits@utsystem.edu

Office of Employee Benefits | The University of Texas System
210 W. 7th Street | Austin, TX 78701

The Office of Employee Benefits (OEB) leads in designing, implementing and administering high quality, cost-effective benefit programs for employees and retirees of The University of Texas System.