

Annual Enrollment & Resource Guide

FOR INSURANCE, RETIREMENT AND WELLNESS PROGRAMS

EMPLOYEE | JULY 2019

Annual Enrollment & Resource Guide

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

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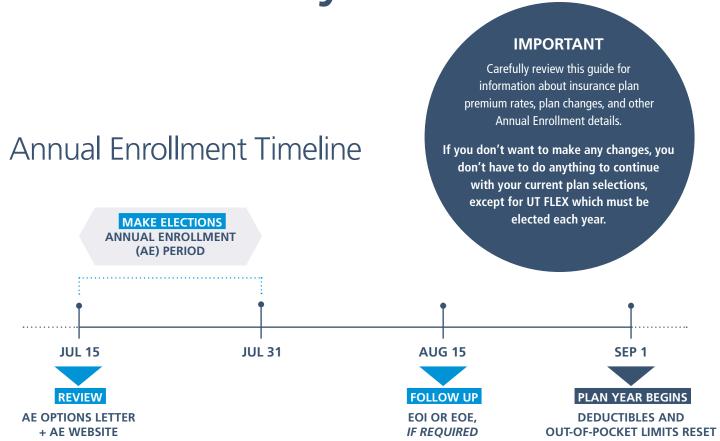
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IMPORTANT: AVAILABILITY OF SUMMARY HEALTH INFORMATION

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

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

UT Benefits for one. Health for UT System.



What to Expect in the New Plan Year

SEPTEMBER 1, 2019

- Plan changes begin.
- New ID cards for UT SELECT & UT CONNECT Medical & Prescription plans plus any new plans elected.
- New ID cards for any plans you changed during Annual Enrollment.
- Deductibles and limits start over.

ONGOING: KEEP IN TOUCH

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

NEWSLETTER | Read the UT Office of Employee Benefits monthly newsletter. If you don't already receive it, subscribe by entering your email address in My UT Benefits.

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



Annual Enrollment **Detailed Timeline**

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REVIEW

MAKE **INFORMED BENEFITS CHOICES WITH RESOURCES AVAILABLE TO HELP YOU**

Annual Enrollment Website available by July 15, 2019

- Annual Enrollment Meetings (at your institution)
- Insurance vendors available for plan-specific questions (see Contacts at the end of this publication)

www.utsystem.edu/benefits



MAKE ELECTIONS ANNUAL ENROLLMENT

PERIOD

July 15 - July 31, 2019

UT Benefits Enrollment Options (PIN) letter or email delivered by July 15 lists current coverage, options for coverage for the next plan year beginning September 1, 2019, and instructions for making changes online.

During this period, you can:

- Make changes to your benefits,
- Add or remove dependents,
- · Enroll in UT FLEX, and
- Change coverage options for certain plans.

This is a good time to update other items if you've had changes during the year, like:

- Contact information,
- · Tobacco user status, and
- Beneficiary information.

BY AUGUST



FOLLOW UP COMPLETE EOI OR EOE

(IF REQUIRED)

Deadline Wednesday, August 15, 2019

Evidence of Insurability (EOI) is required to enroll in certain insurance coverage, including: Disability insurance and some Voluntary Group Term Life.

Evidence of Eligibility (EOE) is required when you enroll your spouse or a dependent in the UT Benefits program for the first time.

Keep Your ID Cards

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

If you enroll in a new insurance plan type during Annual Enrollment or you change the plan you are currently enrolled in (such as from Vision to Vision Plus), you will receive a new insurance ID card prior to the start of the 2019-2020 plan year. New ID Cards will also be issued for the UT SELECT & UT CONNECT Medical plans and for the Prescription plan. Keep your current medical & prescription ID Cards until your new ones arrive.

Out-of-Pocket Premiums for 2019-2020

Effective September 1, 2019, the cost of UT SELECT and UT CONNECT Medical, and UT SELECT Dental Plus coverage will increase slightly. The cost of full-time benefits-eligible employee only coverage will not change. Age and salary-based premiums may change depending on your age and salary as of September 1, 2019.

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
UT SELECT Medical FULL-TIME	\$0	\$270.41 increase ▲	\$282.81 increase ▲	\$532.51 increase ▲
UT CONNECT* Medical FULL-TIME	\$0 DFW only	\$243.37 DFW only	\$254.53 DFW only	\$479.26 DFW only
UT SELECT Medical PART-TIME	\$314.02 increase ▲	\$749.04 increase ▲	\$702.16 increase ▲	\$1,117.45 increase ▲
UT CONNECT* Medical PART-TIME	\$314.02 DFW only	\$749.04 DFW only	\$702.16 <i>DFW only</i>	\$1,117.45 <i>DFW only</i>
UT SELECT Dental	\$28.51 no change	\$54.13 no change	\$59.66 no change	\$84.83 no change
UT SELECT Dental Plus	\$61.39 increase ▲	\$116.59 increase ▲	\$128.65 increase ▲	\$183.29 increase ▲
DeltaCare Dental HMO	\$8.80 no change	\$16.73 no change	\$18.49 no change	\$26.40 no change
Superior Vision	\$5.90 no change	\$9.30 no change	\$9.52 no change	\$15.10 no change
Superior Vision Plus	\$9.00 no change	\$14.08 no change	\$15.08 no change	\$21.30 no change
Tobacco Premium Program	\$0 to \$90	per month base	d upon tobacco	user status

^{*} UT CONNECT is an Accountable Care Organization medical plan available in Dallas Fort Worth area only. See details on page 9.

VOLUNTARY GROUP TERM LIFE RATES

Please be sure to review the rate associated with your age as of September 1, 2019.

EMPLOYEE RATE CHART		
AGE OF SUBSCRIBER ON 9/01/19	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	

Employee spouse rates available in My UT Benefits.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT

MONTHLY PREMIUM RATE	
\$0.14 per \$10,000 coverage	

SHORT-TERM AND LONG-TERM DISABILITY

MONTHLY PREMIUM RATES		
Short Term Disability \$0.27 per \$100 of monthly income		
Long Term Disability \$0.38 per \$100 of monthly income		

Basic Coverage package includes medical, prescription, \$40K Basic Life, and \$40K Basic AD&D for employees.

UT SELECT Medical Plan Overview for 2019-2020

Premiums for the self-funded UT SELECT Medical plan have not increased for several years, even with recent enhancements to coverage. However, due to the rising cost of medical services and prescription drugs as well as increased plan utilization, there will be a slight increase to premiums effective September 1, 2019. Part-time employees and those covering family members will see a change in your out-of-pocket premiums, with premium sharing increasing as well. Full-time benefits-eligible employees will continue to pay nothing out-of-pocket for your coverage as premium sharing fully covers that cost.

There are no changes to annual deductibles, copayments, or coinsurance amounts, including for the UT Health Network Tier. The maximum out-ofpocket will increase to \$7,900 for individuals and \$15,800 for families.

To address increasing costs, several plan enhancements are being implemented. These new tools and resources, designed to improve health outcomes and reduce costs for you and for the plan, include:

- · A new concierge-level of customer service;
- Virtual health visits powered by MDLive with \$0 Copay;
- · A new program for dealing with knee, hip and back pain from Hinge Health;
- A new program to help build healthy habits and prevent diabetes and other chronic conditions from Omada Health;
- A new high-tech approach to managing diabetes through Livongo; and
- A new option to get 90-day supplies of maintenance medications at Walgreens and UT-owned pharmacies.

More details about these new resources as well as additional prescription benefits changes are covered within this guide.

REFRESHER: UT HEALTH NETWORK

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

Participating UT Medical institutions include:

- UT Rio Grande Valley providers;
- UT Medical Branch Galveston facilities and providers;
- UT Health Northeast (Tyler) facilities and providers; and
- UT Austin, UT Health Houston, UT Health San Antonio Employee and Nursing Clinics.

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

UT SELECT Medical Plan Enhancements for 2019-2020

EFFECTIVE SEPTEMBER 1, 2019

To address rising costs of medical and prescription drug care, the UT SELECT plan is partnering with Blue Cross Blue Shield of Texas, Express Scripts, and a number of hand-selected vendors to deliver the highest level of customer service and new tools to help you better manage your health. Each of these new partnerships are explained below.

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

Are you sometimes confused by health care? Wouldn't it be great to have access to a personal health care assistant? Starting September 1, 2019, that's exactly what you'll have. Blue Cross and Blue Shield of Texas (BCBSTX) offers health advocates* to help with your benefits questions and health care needs.

The new Health Advocacy Solutions (HAS) program is the highest level of customer service BCBSTX has ever offered. Each HAS unit is a sixperson team made up of three clinical and three non-clinical BCBSTX employees. These specialists, including registered nurses, social workers and health and behavioral advocates, work together to coordinate complex care needs, help schedule your appointments, talk about claims issues, and even manage simple issues such as replacing your insurance ID cards.

In short, a HAS team member truly is your advocate and can help you and your covered family members:

- Sort out a new diagnosis and what to do next;
- Talk to a BCBSTX clinician about health questions;
- Understand your health benefits;
- Shop for quality, lower-cost health care; or
- Get personal assistance with your health care matters.

It's easy to reach a health advocate. Just call 866-882-2034 or download the BCBSTX app to chat live with a health advocate!

* Health advocates do not replace the care of a doctor and you should talk to your doctor about any medical questions or concerns.

UT SELECT Medical Plan Enhancements, continued

NEW! VIRTUAL VISITS POWERED BY MDLIVE

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center*. Starting September 1, 2019, you will have 24/7/365 access to virtual visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE. You won't have to leave the comfort of your own home to talk to a doctor. And best of all, your visit with MDLIVE has a \$0 copay!

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

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

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

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

After September 1, 2019, you can download the MDLIVE app. Registering is simple and easy. You just need your first name, date of birth, and BCBSTX member ID number, found on your ID card. For more information about MDLIVE, contact a health advocate at 866-882-2034, or you can call MDLIVE at 888-680-8646 after September 1, 2019 or visit MDLIVE.com/bcbstx for more information.

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

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

NEW! INTRODUCING OMADA®: A DIGITAL SUPPORT PROGRAM

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

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

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

If you or your adult family members are enrolled in the UT SELECT Blue Cross and Blue Shield of Texas health plan and are at risk for Type 2 diabetes or heart disease, the Omada program is included in your benefits after September 1, 2019.

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

NEW! LIVONGO – A HIGH-TECH APPROACH TO MANAGING DIABETES

Livongo for Diabetes is a new health benefit available after September 1, 2019 and offered through the UT SELECT health plan. The program helps make living with diabetes easier by providing you with a connected meter, unlimited free strips and lancets, and coaching.

The program is provided to you and your family members with diabetes who are covered by the UT SELECT health plan.

Benefits of the program include:

- More than a standard meter: The Livongo meter is a connected device and gives real-time tips and automatically uploads your blood glucose readings, making log books a thing of the past.
- Strips are covered by your UT SELECT health plan: Get strips and lancets from Livongo and have your supplies shipped right to your
- Coaching anytime and anywhere: Livongo coaches are Certified Diabetes Educators who are available anytime by phone, text and mobile app to help give guidance on your nutrition and lifestyle questions.

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



UT SELECT Medical Plan Enhancements, continued

NEW! OVERCOME BACK, KNEE AND HIP PAIN WITH HINGE HEALTH

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

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

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

UT SELECT Prescription Plan Enhancements

NEW! MORE OPTIONS AVAILABLE FOR FILLING YOUR 90-DAY MAINTENANCE MEDICATIONS

Starting September 1, 2019, as part of your UT SELECT and UT CONNECT prescription benefit, you have access to a more convenient and moneysaving feature for your maintenance medications (those drugs you take regularly for ongoing conditions). Through your plan, you could pay less when you fill a 90-day supply of your maintenance medications at a participating pharmacy (Express Scripts home delivery, Walgreens, and the University of Texas pharmacies) than you would pay for three 30-day supplies at a non-preferred retail pharmacy.

There are Two Ways to Save on Your Maintenance Prescriptions

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

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

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

UT CONNECT MEDICAL PLAN MEMBERS

REMINDER: The prescription plan for your UT CONNECT Medical coverage is the same plan that UT SELECT Medical plan members use. You will continue to receive prescription benefits through the UT SELECT Prescirption plan going forward, including these enhancements and other updates.

NEW! UNIQUE AND COMPLEX CONDITIONS REQUIRE SPECIALIZED PHARMACY NEEDS

For UT SELECT and UT CONNECT participants managing a complex health condition, effective September 1, 2019, the specialty-trained pharmacists from Accredo (an Express Scripts Pharmacy) and University of Texas specialty medication pharmacies will be your exclusive providers to guide you on your healthcare journey.

The exclusive arrangement through Accredo and UT specialty pharmacies means you will pay less when you purchase your specialty prescriptions. Effective September 1, 2019, if you use a pharmacy other than Accredo or the UT specialty pharmacies, you'll be subject to the entire cost of the prescription. By filling specialty prescriptions through Accredo and UT specialty pharmacies, you willpay only your plan's deductible and copayment and receive a variety of specialty pharmacy services.

What is a specialty medication? A specialty medication is used to treat chronic, complex conditions like multiple sclerosis, hepatitis C and cancer. Specialty medications can include oral solids, or can be injected, infused or inhaled and may require special handling.

For assistance obtaining your specialty medication through Accredo or help locating a UT specialty pharmacy, call Express Scripts at (800) 818-0155. Your Express Scripts Customer Service Representative will be glad to answer any question and help you find the best options to filling your specialty medication prescription.

UT SELECT Prescription Plan Updates

YOUR PRESCRIPTION BENEFIT: UPDATE ON MEDICATION COVERAGE REVIEW

The University of Texas utilizes Express Scripts' coverage management programs to help ensure you receive the prescription drugs you need at a reasonable cost. Coverage management programs include prior authorization, step therapy and quantity duration guidelines. Each program is administered by Express Scripts to determine whether your use of certain medications is appropriate for both clinical and cost considerations.

In mid-July, participants with a prescription requiring coverage review will receive a letter from Express Scripts. The letter will list the medication as well as identify a prescription alternative that doesn't require review. If you receive a letter indicating you have a prescription requiring coverage review, follow the instructions in the letter or contact Express Scripts Customer Service for assistance.

Beginning July 15 you may also visit the UT specific Express Scripts website at www.express-scripts.com/utselect and use the "price a medication" feature to see if you have a prescription that will require coverage review. If coverage review is required, per the instructions you'll receive in your letter, on or after September 1, 2019, you or your doctor can initiate the review by calling Express Scripts at (800) 753-**2851**. Express Scripts will inform you and your doctor in writing of the coverage decision.

UT CONNECT Medical Plan Enhancements (DFW Only)

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

NEW! ENHANCED CUSTOMER SERVICE

UT CONNECT is introducing a service to help make navigating healthcare simpler. It's called CONNECT and is available to Employees and Retirees that enroll in the plan – providing personalized support to find doctors, schedule appointments with physicians, answer questions about benefits, and help find ways to save even more on out—of-pocket expenses for care. This service offers a single phone number to reach CONNECT navigators and nurses, who have access to UT Southwestern Medical directors.

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

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

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

After September 1, 2019, you can download the MDLIVE app. Registering is simple and easy. You just need your first name, date of birth, and BCBSTX member ID number, found on your ID card. For more information about MDLIVE, contact CONNECT customer service, or you can call MDLIVE at 888-680-8646 after September 1, 2019. Visit MDLIVE.com/ **bcbstx** for more information.

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

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

ELIGIBILITY

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

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



UT CONNECT (DFW Only), continued

QUALITY PROVIDER NETWORK

By enrolling in the UT CONNECT ACO plan (administered by Blue Cross Blue Shield of Texas), you can be assured that you and your dependents will have access to carefully managed health care through a dedicated network of outstanding Southwestern Health Resources (SWHR) providers and facilities. To ensure a broad selection of providers in the North Texas area, UT CONNECT participants will have access to more than 10,000 doctors and caregivers in the network. If you currently receive services from a SWHR affiliated physician, they will be in the UT CONNECT provider network. If you don't currently see a SWHR physician, but want to enroll in UT CONNECT, you can locate a network primary care provider online or by contacting BCBSTX's dedicated UT CONNECT Customer Service team at (888) 372-3398.

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

OUT-OF-POCKET PREMIUM SAVINGS

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

ENHANCED PLAN DESIGN

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

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

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

CUSTOMER SERVICE

For more information about the UT CONNECT ACO plan or further assistance, please call BCBSTX's dedicated UT CONNECT customer service team at (888) 372-3398 or contact CONNECT beginning 9/1/19.

BENEFITS HIGHLIGHTS	UT CONNECT ACO	CURRENT UT SELECT PPO
Administered by Blue Cross Blue Shield of Texas	YES	YES
Copay for First Primary Care Physician (PCP) Office Visit (Annually)	\$0	\$30 (unless for preventive care)
Copay for PCP Office Visits (After the First Visit)	\$15 (unless for preventive care)	\$30 (unless for preventive care)
Copay for Specialist Office Visit	\$25	\$35
Copay for First 5 Days of Inpatient Care for UT Southwestern, Texas Health, Children's Health and Cook Children's Hospital Locations	\$0	\$100 per day (maximum \$500)
Copay for Outpatient Facility (Plus Coinsurance)	\$50	\$100
Annual Deductible Individual / Family	\$250 / \$750	\$350 / \$1,050
Coinsurance	80% plan / 2	0% member
Coinsurance Maximum Individual / Family	\$2,150 / \$6,450	\$2,150 / \$6,450
Annual Out-of-Pocket Maximum Individual / Family (includes medical and prescription drug deductibles, copayments and coinsurance)	\$7,900 /	\$15,800
Out-of-Network and Out-of-Area Benefits	Urgent Care and Emergency Only	YES

Dental Benefits



DENTAL PLAN OPTIONS

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

UT SELECT DENTAL PPO PLAN OPTIONS

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

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

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

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

DENTAL HMO – DELTACARE USA

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

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

DELTACARE USA PLAN DESIGN FEATURES

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

Vision Benefits

VISION PLAN OPTIONS

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

PLAN DESIGN FEATURES	SUPERIOR VISION PLAN	SUPERIOR VISION PLUS PLAN
ANNUAL EXAM COPAYMENT	\$35 COPAY	\$35 COPAY
FRAME ALLOWANCE	\$140	\$165
PROGRESSIVE LENS ALLOWANCE	Member pays difference between lined trifocals and progressive retail cost.	\$120
COVERED LENS OPTIONS	Standard lens options covered in full; additional options not covered	Standard lenses and additional lens options covered in full: • Polycarbonates (dependent children to age 26) • Scratch coat • Ultraviolet coat
NETWORK OF PROVIDERS	Best value provided when visiting a contracted Superior Vision provider. Please contact Superior Vision customer service before you receive services to confirm if your provider is in-network.	

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

Group Term Life and AD&D Insurance

Group Term Life (GTL) insurance from Dearborn National can help ensure financial security for your family and loved ones upon your death. There are no changes to Employee GTL coverage options for -2019-2020. Benefits for GTL include:

- \$40,000 Basic GTL included in the basic coverage package;
- With EOI approval, employees can elect Voluntary GTL (VGTL) up to 10 times their annual salary up to a maximum of \$2.0 million;
- Spouses of employees who have VGTL are eligible for up to \$50,000 with EOI approval; and
- Spouse and dependent children of employees with VGTL are eligible for \$10,000 VGTL with no EOI required.

Benefits-eligible active employees enrolled in UT SELECT Medical are also automatically enrolled in the Accidental Death and Dismemberment (AD&D) plan as part of the basic coverage package. There are no changes to Employee AD&D coverage options for 2019-2020. Benefits for AD&D include:

- \$40,000 Basic AD&D included in the basic coverage package;
- Employees can elect Voluntary AD&D in increments of \$10,000 up to a maximum of \$2.0 million;
- Spouses of employees who have Voluntary AD&D are eligible for up to 50% of the employee amount up to a maximum of \$1.0 million;
- Dependent children of employees who have Voluntary AD&D are eligible for \$10,000.

EOI is never required for enrolling in or increasing Voluntary AD&D for employee or dependents.

Short-term and Long-term Disability

A person has a three in ten chance of suffering a disabling illness or injury that would keep them out of work for three months or more during their career. Disability insurance replaces a portion of your income if you suffer a prolonged illness or non work-related injury that prevents you from doing your job. Dearborn National provides short-term disability (STD) and long-term disability (LTD) insurance benefits for active UT System employees. This benefit is not available for dependents and is not for you to take time to care for an ill or injured family member.

Below is a brief summary of the benefits offered through each of the voluntary disability plans. Exclusions and limitations apply, so for complete details, please see the benefit guides posted on the Disability page of the OEB website.

SHORT-TERM DISABILITY (STD)

The STD benefit is 60% of weekly earnings up to a maximum benefit of \$693 per week after 14 days of disability or the exhaustion of your sick leave (whichever is longer) to a maximum of 22 weeks. If you have enough sick leave to cover this period of time, Short Term Disability coverage may not be useful to you.

Evidence of Insurability (EOI) is required to add disability insurance during Annual Enrollment.

LONG-TERM DISABILITY (LTD)

The LTD benefit is 60% of your monthly earnings up to a maximum benefit of \$12,025 per month after 90 days of disability or the exhaustion of your sick leave (whichever is longer). The maximum period payable depends on your age at the time of disability.

AGE AT DISABILITY	MAXIMUM PERIOD PAYABLE
Less than age 60	To age 65, but not less than 5 years
Age 60 through 64	5 years
Age 65 through 69	To age 70, but not less than 1 year
Age 70 and over	1 year

DISABILITY INSURANCE MONTHLY PREMIUM RATES		
Short-term Disability \$0.27 per \$100 of monthly income		
Long-term Disability	\$0.38 per \$100 of monthly income	



UT FLEX: Health & Dependent Day Care Accounts

Participating in the UT FLEX flexible spending account program is convenient, easy, and best of all, saves you money! Through your UT FLEX account, you can pay for eligible health care and dependent day care expenses using pre-tax dollars, which means you don't pay federal income or Social Security taxes on this money.

HOW MUCH MIGHT YOU SAVE?

	WITH AN FSA	WITHOUT AN FSA
ANNUAL SALARY	\$40,000	\$40,000
HEALTH CARE FSA CONTRIBUTION (PRE-TAX)	(\$1,500)	(\$0)
DEPENDENT CARE FSA CONTRIBUTION (PRE-TAX)	(\$4,000)	(\$0)
TAXABLE INCOME AFTER CONTRIBUTION AMOUNT	\$34,500	\$40,000
ESTIMATED TAXES WITHHELD (22.65%)*	(\$7,763)	(\$9,000)
POST-TAX INCOME	\$26,737	\$31,000
MONEY SPENT AFTER TAXES ON HEALTH CARE AND DEPENDENT DAY CARE EXPENSES	(\$0)	(\$5,500)
TAKE HOME PAY	\$26,737	\$25,500
SAVINGS	\$1,237	\$0

^{*}Based on 7.65% FICA and 15% tax bracket.

Note: Please be advised that this example is for illustrative purposes only. These projections are only estimates of tax information and should not be assumed to be tax advice. Be sure to consult a tax advisor to determine the appropriate tax advice for your situation.

UT FLEX HEALTH CARE REIMBURSEMENT **ACCOUNT (HCRA)**

Important: In response to the Internal Revenue Service (IRS) increasing the annual maximum election, effective plan year 2019-2020 (September 1, 2019) the new annual maximum election per employee for HCRA accounts is \$2,700 (an increase of \$50).

With a UT FLEX HCRA, you can set aside up to \$2,700 per year in pre-tax dollars to pay for eligible health care expenses, including these common expenses:

- Deductibles, copayments, and coinsurance;
- · Prescription drugs, insulin, and syringes;
- Dental exams, x-rays, fillings, crowns, and orthodontia;
- Eye exams, prescription eyeglasses, and prescription sunglasses;
- · Contact lenses and cleaning solutions; and
- Hearing aids.

You can find details about eligible HCRA expenses online at www.MyUTFLEX.com.

UT FLEX DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT (DCRA)

You can set aside pre-tax dollars (up to \$5,000 per family per calendar year) to pay for eligible expenses for dependent day care that allows you (and, if married, your spouse) to work, look for work, or go to school full time. Eligible expenses for care of qualified dependents include costs for:

- Before / after school care;
- Preschool or nursery school school (for pre-kindergarten aged) dependents); and
- · Summer day camp.

You can find complete details about qualified dependents and eligible DCRA expenses online at www.MyUTFLEX.com.

IMPORTANT REMINDER

Don't forget – to participate in UT FLEX for 2019-2020, you must make your election through the My UT Benefits online enrollment system during this year's Annual Enrollment period – even if you are a current UT FLEX participant.

UT FLEX, continued

NO ADMINISTRATIVE FEES FOR PARTICIPATION OR DEBIT CARD

There are no administrative fees for participation in the UT FLEX program. The UT FLEX Debit Card will continue to be free for HCRA participants as well. There is no UT FLEX Debit Card for the DCRA.

Using the UT FLEX Debit Card gives you several advantages, including:

- Improving your cash flow throughout the plan year by allowing you to directly access your account for eligible expenses rather than paying out of pocket and filing for reimbursement. You have direct access to your entire HCRA annual election amount beginning on the first day of the plan year (9/1/2019);
- Eliminating the need for you to complete claim forms or any other paperwork for most expenses;* and,
- Ensuring that eligible purchases are automatically deducted from your available UT FLEX HCRA balance so you always know how much you have remaining in your account.

*Save all your receipts, especially those for dental and vision services which will likely require documentation to prove the service was medically necessary.

Important: If you currently have a UT FLEX Debit Card, do NOT discard it. As long as you make a UT FLEX HCRA election for 2019-2020, your Debit Card will continue to work. Expiring cards will be replaced as necessary, similar to most credit and debit cards.

NEED HELP DETERMINING HOW MUCH TO ELECT?

Use the savings calculator online at www.MyUTFLEX.com to help you estimate your eligible expenses by itemizing your unreimbursed health and dependent day care costs. To use the calculator, you will be asked to enter your annual estimated costs in each category. Once complete, you'll have an estimate for an annual election and you can also see your estimated tax savings!

PHYSICIAN EXERCISE REFERRAL

Individuals with medical conditions that can be improved by physical activity (such as diabetes, hypertension, depression, and more) are able to receive reimbursement from their healthcare flexible spending account to pay for some exercise expenses. A Letter of Medical Necessity is needed from the physician advising the exercise. Details can be found online.

If you need more information about the UT FLEX accounts before you make your annual election, contact Maestro Health customer service. Maestro Health is the administrator for the UT FLEX programs: www.MyUTFLEX.com, 844-UTS-FLEX (844-887-3539), questions@maestrohealth.com.

UT Retirement: Annual Enrollment and Your Retirement Savings Opportunities

With Annual Enrollment fast approaching and decisions to be made regarding your health care options, there is no better time to consider your financial health as well.

In addition to a suite of health insurance options to take care of you and your family, the University of Texas System also offers two voluntary retirement savings plans that allow you to plan for the financial future for yourself and your family.

While you can enroll in or increase your contribution in the UTSaver TSA or UTSaver DCP at any time, annual enrollment is a great time to think about your total future retirement needs. Contributions can be as little as \$15 per month or as much as \$19,000 a year. In some cases, you may even be able to contribute more. All contributions are conveniently deducted from your paycheck before taxes, which means your taxable income decreases. If you prefer to make your contributions after taxes have been deducted, that option is available for you too.

NEED HELP INVESTING YOUR CONTRIBUTIONS?

The UTRetirement Programs partner with our providers to ensure you have the resources you need. There are dozens of financial representatives in your area who will be glad to sit down with you and help you determine your best course of action.

After making your annual enrollment elections, make sure to go back and click on the link to the UT System Retirement Programs website at www.utretirement.utsystem.edu to learn more about the TSA or DCP plans, or to read about the services each provider makes available to you at no cost. You can even schedule an appointment with a financial advisor at your convenience. Take the opportunity to ensure that your financial health is just as robust as your physical health!

Living Well Make It a Priority

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

LIFESTYLE MANAGEMENT

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

CONDITION MANAGEMENT

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

24/7 NURSELINE

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

SPECIALIST PHARMACISTS

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

EMPLOYEE ASSISTANCE PROGRAM

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

REIMBURSEMENT FOR EXERCISE EXPENSES

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

ONSITE HEALTH CHECKUPS

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

ONSITE FLU SHOTS

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

ANNUAL PHYSICAL ACTIVITY CHALLENGE

Team up with your institution for the annual Physical Activity Challenge. You'll receive a weekly goal and can work with colleagues towards earning your institution the coveted Traveling Trophy.

NATURALLY SLIM

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

TOBACCO CESSATION RESOURCES

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

SHARE YOUR HEALTH & WELLNESS SUCCESS

Be a resource and inspiration to help others improve their health! Do you have a story to share?

Tell us about it at www.surveymonkey.com/r/LivingWellSuccessStory.

LEARN MORE

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

Dependent Eligibility and Documentation



ELIGIBILITY

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

Your spouse; and

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

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

IF YOU CURRENTLY COVER A DEPENDENT who

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

Other Eligibility surviving dependents | incapacitated dependents

SURVIVING DEPENDENTS

A surviving spouse or other benefits-eligible dependent may continue limited participation in the UT Benefits program following the death of a participating employee or retired employee, provided the employee has at least five (5) years of creditable service with either Teacher Retirement System of Texas (TRS) or the Texas Optional Retirement Program (ORP), including at least three (3) years as a benefits-eligible employee with UT System. A surviving spouse may only continue UT Benefits Medical, Dental or Vision coverage they are enrolled in at the time of the employee's death. They may not add coverage at that time, and if the coverage is ever dropped or terminated for non-payment, it may not be reinstated. Surviving dependents are not eligible for Premium Sharing. Coverage may continue for the remainder of the surviving spouse's life. A dependent child may continue until the child loses his or her status as a dependent child. The dependent of an individual who has not met the service requirements at the time of death may elect COBRA coverage for a period not to exceed 36 months.

OVERAGE INCAPACITATED DEPENDENTS

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

IMPORTANT NOTICE

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

How to Change Your Benefits

LOGIN TO MY UT BENEFITS BASED ON INSTITUTION

Depending which institution you are a member of, we have a specific link for you.

UT INSTITUTIONS

MEMBERS FROM

UT ARLINGTON UT AUSTIN UT EL PASO UT HEALTH HOUSTON UT HEALTH SAN ANTONIO UT HEALTH TYLER UTMB GALVESTON UT PERMIAN BASIN UT RIO GRANDE VALLEY UT SAN ANTONIO UT SOUTHWESTERN

Login to > utsystem.edu/myutbenefits

Log in using one of the options provided. Your PIN will be sent to you by July 15th in an email or letter titled "Your UT Benefits Enrollment Options."

Employees are encouraged to login using UT EID (UT Austin) or Single Sign On (SSO). As an alternative, you may also login using your 8-character Benefits ID (BID) & PIN or Campus ID & PIN. Your BID can be found on your medical, prescription, or dental ID Cards. If needed, your institution's HR or Benefits Office can provide your Campus ID. Both BID and Campus ID are also available once you successfully login to My UT Benefits.

Important to Know...

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

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

EVIDENCE OF INSURABILITY/EVIDENCE OF ELIGIBILITY

If you make a coverage election that requires you to submit an Evidence of Insurability (EOI) application or Evidence of Eligibility (EOE) for a dependent, you must follow through by providing this information by August 15,2019. If you do not, your requested changes will not be implemented.

My UT Benefits will provide you with instructions for completing EOI. Depending on the version your campus is using, you may be instructed to complete EOI online or to print, complete, and mail a paper form. You can view and print the Life and Disability insurance EOI forms online under the "Forms" tab at www.dearbornnational.com/ut.

REVIEW YOUR CHANGES

You may view a confirmation statement within either version of My UT Benefits online. You have until midnight July 31 to log into My UT Benefits and correct any errors. After July 31 you should contact your Human Resources office if you discover an error.

BE AWARE THAT CHANGES MADE DURING AE **WILL TAKE EFFECT ON SEPTEMBER 1**

EXCEPTION: If EOI is required and has not been approved by September 1, changes will take effect on the approval date for Life Insurance or the first of the month following approval for Disability Insurance.

MEMBERS FROM

UT DALLAS UT MD ANDERSON

Login to > utbenefits.link/ssomyutbenefits Select your campus location. THE OFFICE of EMPLOYEE BENEFITS My 47 Benefits Select your home institution My UT Benefits requires that you authenticate with your home institution. Please either select it from the list below, then click 'Select', or you may use the search-as-you-type feature by typing a partial name into the search box below, then clicking 'Search'. Please do not create a bookmark or favorite in your web browser on this page. This page is not part of the application you are accessing. You may create a bookmark/favorite after you complete the authentication process. Enter organization name (partials ok):

The University of Texas M.D. Anderson Cancer Center

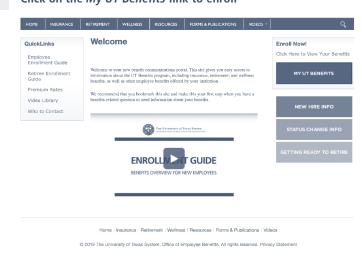
2 You are taken to your campus page to log in with your usual campus username and password (how you log in to your computer)

Need assistance? Send email to The UT System Administration Help Desk with a description of the problem

Example: (If not at MD Anderson, this page will look different)



3 Click on the My UT Benefits link to enroll



Evidence of Insurability DEADLINE FOR SUBMISSION IS AUGUST 15

During this year's Annual Enrollment (AE) period, Evidence of Insurability (EOI) will be required for certain Voluntary Group Term Life changes and to enroll in Short- or Long-term Disability.

Important Notes:

- EOI is <u>not</u> required for enrollment in the UT SELECT or UT CONNECT Medical plans.
- The deadline for submitting electronic EOI is August 15th.
- Paper EOI forms submitted via U.S. Mail must be postmarked by August 15th.

LIFE AND DISABILITY EOI

The My UT Benefits online system will automatically direct you to complete EOI electronically if you enroll online. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the life and disability EOI forms online at utbenefits.link/EOIForm.

You can also request a form from your institution's HR or Benefits Office.

Evidence of Eligibility deadline for submission is august 15

DOCUMENTATION – EVIDENCE OF ELIGIBILITY

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

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

Changes During the Year

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

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

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

An employee

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

Nondiscrimination Notice

DISCRIMINATION IS AGAINST THE LAW

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

The UT System Office of Employee Benefits provides:

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

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

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

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

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

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

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

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

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

Accessibility Requirements Notice

Spanish

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

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

Chinese

Korean

Arabic

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

Urdu

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

Tagalog

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

Hindi

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

Laotian

ີ ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 📆 📆 📆 📆 📆 📆 📆 ໂທຍ 📆 🏥 ໂທຍ ເພື່ອ ເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ

Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فر اهم باشد. با منافقته التعالق عاس بگیر بد.

German

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

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

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

Japanese

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。

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

UT Institutions

Plan Administrators

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@utrqv.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

INSURANCE PLAN ADMINISTRATORS

UT SELECT MEDICAL

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

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 (888) 372-3398

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

LIVING WELL HEALTH **PROGRAM**

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

UT SELECT DENTAL and UT SELECT DENTAL PLUS

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

DELTACARE USA DENTAL HMO

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

SUPERIOR VISION

Group: 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

RETIREMENT PROVIDERS

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

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

AIG

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



OFFICE OF EMPLOYEE BENEFITS 210 W. 7TH STREET AUSTIN, TEXAS 78701

Annual Enrollment is July 15 - 31

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