



Annual Enrollment & Resource Guide

FOR INSURANCE, RETIREMENT AND WELLNESS PROGRAMS

RETIRED EMPLOYEE | JULY 2019

A PUBLICATION OF
THE OFFICE OF EMPLOYEE BENEFITS

Annual Enrollment & Resource Guide

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

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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.

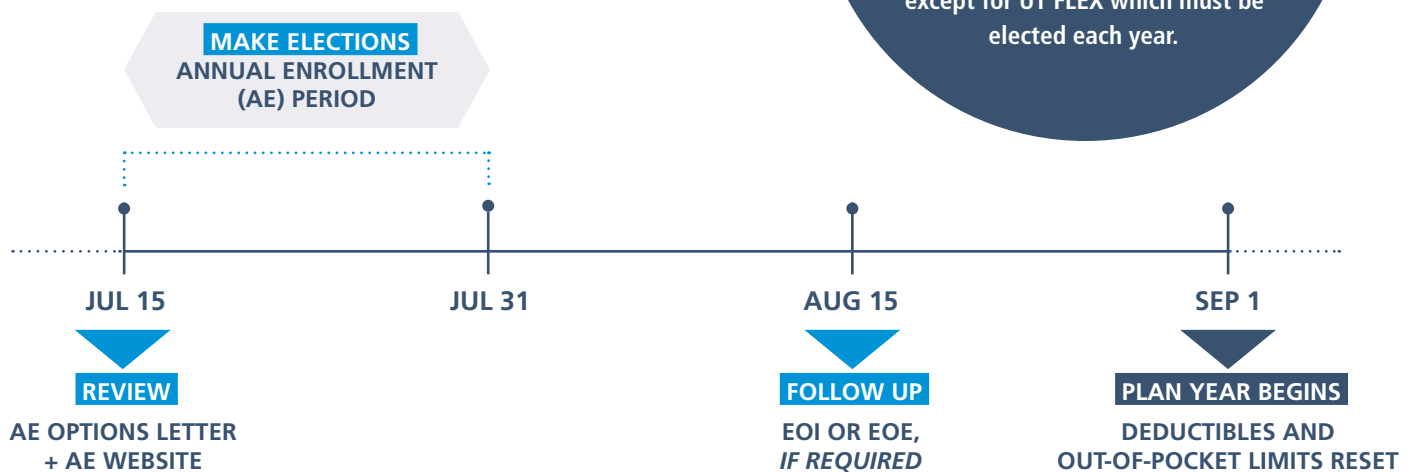
UT Benefits for one. Health for UT System.

IMPORTANT

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

If you don't want to make any changes, you don't have to do anything to continue with your current plan selections, except for UT FLEX which must be elected each year.

Annual Enrollment Timeline



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. (Please keep your UT SELECT Part D ID cards as these are not being updated.)
- New ID cards for any plans you changed during Annual Enrollment.
- Deductibles (other than UT SELECT Part D) and limits start over.

ONGOING: KEEP IN TOUCH

YOUR ADDRESS | 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





REVIEW

BY JULY 15	 REVIEW MAKE INFORMED BENEFITS CHOICES WITH RESOURCES AVAILABLE TO HELP YOU	<p>Annual Enrollment Website available by July 15, 2019</p> <ul style="list-style-type: none"> • Annual Enrollment Meetings (at your institution) • Insurance vendors available for plan-specific questions (see Contacts at the end of this publication) <p>www.utsystem.edu/benefits</p>
JULY 15 – 31	 MAKE ELECTIONS ANNUAL ENROLLMENT PERIOD	<p>July 15 – July 31, 2019</p> <p>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.</p> <p>During this period, you can:</p> <ul style="list-style-type: none"> • Make changes to your benefits, • Add or remove dependents, and • Change coverage options for certain plans. <p>This is a good time to update other items if you've had changes during the year, like:</p> <ul style="list-style-type: none"> • Contact information, • Tobacco user status, and • Beneficiary information.
BY AUGUST 15	 FOLLOW UP COMPLETE EOI OR EOE (IF REQUIRED)	<p>Deadline Wednesday, August 15, 2019</p> <p>Evidence of Insurability (EOI) is required to enroll in certain insurance coverage, including: Disability insurance and some Voluntary Group Term Life.</p> <p>Evidence of Eligibility (EOE) is required when you enroll your spouse or a dependent in the UT Benefits program for the first time.</p>

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 retiree only coverage will not change. Age and salary-based premiums may change depending on your age and salary as of September 1, 2019.

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

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

Basic Coverage package includes medical, prescription, \$6,000 Basic Life for retirees.

VOLUNTARY GROUP TERM LIFE RATES

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

RETIREE 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

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 Prescription plan. Keep your current medical & prescription ID Cards until your new ones arrive.

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



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. Those covering family members will see a change in your out-of-pocket premiums, with premium sharing increasing as well. Benefits-eligible retirees 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-of-pocket 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 for the commercial prescription plan (non-Medicare).

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-UT-owned 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 six-person 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.



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 on 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, | • Fever (age 3+), |
| • Asthma, | • Nausea, |
| • Behavioral Health, | • Pink eye, |
| • Colds and flu, | • Rash, and |
| • Ear problems (age 12+), | • 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 door.
- 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 (NON-MEDICARE)

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

Starting September 1, 2019, as part of your UT SELECT and UT CONNECT non-Medicare prescription benefit, you have access to a more convenient and money-saving feature for your maintenance medications (those drugs you take regularly for ongoing conditions). Through your plan, you could pay less when you fill a 90-day supply of your maintenance medications at a participating 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.

No changes to the UT SELECT Part D Prescription plan until the new plan year begins on January 1, 2020.

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 Prescription 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 will pay 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 (NON-MEDICARE)



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.

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.

NEW! VIRTUAL VISITS POWERED BY MDLIVE

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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.

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

ELIGIBILITY

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

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

UT CONNECT (DFW Only), continued

REVIEW

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 / 20% 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 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

REVIEW

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: <ul style="list-style-type: none"> • Polycarbonates (dependent children to age 26) • Scratch coat • Ultraviolet coat
NETWORK OF PROVIDERS	Best value provided when visiting a contracted Superior Vision provider. Please contact Superior Vision customer service before you receive services to confirm if your provider is in-network.	

For additional information about each of the current UT vision plans briefly described 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 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 Retiree GTL coverage options for 2019-2020. Benefits for GTL include:

- \$6,000 Basic GTL included in the basic coverage package;
- With EOI approval, retirees can elect Voluntary GTL (VGTL) amounts of \$7,000, \$10,000, \$25,000, and \$50,000 up to a maximum of \$100,000; and
- Spouses of retirees who have VGTL are eligible for \$3,000 in VGTL, with EOI as well.

Any new VGTL election or increase to VGTL will require evidence of insurability (EOI).

Medicare and UT SELECT



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

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

System strongly discourages participants from enrolling in a separate Part D plan. For current enrollees in the UT SELECT Part D plan, the annual prescription deductible will reset on January 1, 2020. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1, 2019, as usual.

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

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

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

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

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

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

IMPORTANT!

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

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

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

EXAMPLE: UT SELECT limits physical therapy to 20 visits per condition per plan year. Unless more visits are authorized by Blue Cross, UT SELECT will not pay past the 20th visit. Please review the UT SELECT Medical Plan Guide for medical plan details.

Medicare and UT SELECT, *continued*

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

PROVIDER ACCEPTS MEDICARE ASSIGNMENT	BCBSTX IN-NETWORK PROVIDER	SERVICE COVERED BY MEDICARE	MEDICARE PAYS	UT SELECT PAYS (SUBJECT TO PLAN LIMITATIONS)	UT SELECT MEMBER PAYS
Y	Y	Y	80% MC Allowed	20% MC Allowed	No Charge
Y	N	Y	80% MC Allowed	20% MC Allowed	No Charge
Y	Y	N	\$0	80% of BCBS Allowed after \$350 Deductible or 100% after Copay, whichever is applicable	20% of BCBS Allowed after \$350 Deductible or 100% after Copay, whichever is applicable
Y	N	N	\$0	60% of BCBS Allowed after \$750 Deductible	\$750 Deductible + 40% of BCBS Allowed + Difference between Billed Charge and BCBSTX Allowed
N	Y	Y	After MC Deductible is satisfied 80% MC Limiting Charge ¹	20% of allowed charges ² after \$350 Deductible or 100% after Copay, whichever is applicable	\$350 Deductible and 20% Coinsurance or Copay, whichever is applicable
N	N	Y	After MC Deductible is satisfied 80% MC Limiting Charge	20% of allowed charges ² after \$750 Deductible	\$750 Deductible and 40% coinsurance
N	Y	N	\$0	80% of BCBS Allowed after \$350 Deductible or 100% after Copay, whichever is applicable	20% of BCBS Allowed after \$350 Deductible or 100% after Copay, whichever is applicable
N	N	N	\$0	60% of BCBS Allowed after \$750 Deductible	\$750 Deductible + 40% of BCBS Allowed + Difference between Billed Charge and BCBSTX Allowed

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

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

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

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

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

- UT SELECT will pay the Medicare inpatient deductible; and
- The \$100 per day Copay (\$500 maximum) will not apply.

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

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

CONTINUES ON PAGE 19

Living Well Make It a Priority



REVIEW

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

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 STORY

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

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

LEARN MORE

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



Dependent Eligibility and Documentation

ELIGIBILITY

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

Your spouse; and

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

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

IF YOU CURRENTLY COVER A DEPENDENT who is also receiving premium sharing for coverage through a plan with Texas A&M 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 retired employee has at least five (5) years of creditable service with either Teacher Retirement System of Texas (TRS) or the Texas Optional Retirement Program (ORP), including at least three (3) years as a benefits-eligible employee with UT System. A surviving spouse may only continue UT Benefits Medical, Dental or Vision coverage they are enrolled in at the time of the employee's death. They may not add coverage at that time, and if the coverage is ever dropped or terminated for non-payment, it may not be reinstated. Surviving dependents are not eligible for Premium Sharing.

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

OVERAGE INCAPACITATED DEPENDENTS

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

IMPORTANT NOTICE

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

How to Change Your Benefits



FOLLOW UP

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

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.



How to Change Your Benefits, *continued*

UT DALLAS & UT MD ANDERSON ONLY

MEMBERS FROM UT DALLAS UT MD ANDERSON

Login to > utbenefits.link/myutbenefits

1 To login with a Username and Password for the first time:



THE UNIVERSITY of TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

UT Benefits

Welcome to My UT Benefits!

Log in to your account

Username*

Password*

Log in

Can't access your account?

Supported Browsers

[Learn about Officially Supported Browsers](#)

2 Obtain Your Username

- Refer to the Annual Enrollment Letter sent to your home address from the Office of Employee Benefits in July (for UT Dallas, MD Anderson ONLY), or
- Contact login support at 1-844-870-0044.

3 Use an initial Password =

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

Example: Smith1234

When you login the first time, you will be prompted to update your password, but you may not update your Username.

During this year’s Annual Enrollment (AE) period, Evidence of Insurability (EOI) will be required for certain Voluntary Group Term Life changes.

Important Notes:

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

LIFE 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 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.

Medicare and UT SELECT, continued

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

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

EXAMPLE A <p>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:</p>	<ol style="list-style-type: none">1. UT SELECT2. MEDICARE3. 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 <p>Linda is 67, has retired from UT and returned to work in a position working less than 20 hours per week. Linda’s husband also covers her under his retiree plan with XYZ Company. Linda’s claims will be paid in this order:</p>	<ol style="list-style-type: none">1. MEDICARE2. UT SELECT3. XYZ COMPANY	Although Linda has returned to work after retiring, her position is not benefits-eligible; therefore, her insurance benefits are obtained as a result of retirement, not employment.



Changes During the Year

REVIEW

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

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

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

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



REVIEW

Spanish

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

Vietnamese

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

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 .

Korean

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

Arabic

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

Urdu

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

Tagalog

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

French

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


Hindi

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

Laotian

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

Persian (Farsi)

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

German

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

Gujarati

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

Russian

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

Japanese

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

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



Retiree Associations

INSTITUTION		
UT ARLINGTON	www.uta.edu/hr/retireesclub/	
	Dr. Shirley Theriot, <i>President</i> retireesclub@uta.edu	Dr. Josie O'Quinn, <i>Secretary</i> josieloq@att.net
UT AUSTIN	UT Retired Faculty-Staff Association	sites.utexas.edu/rfsa/
	Eleanor Moore, <i>RFSA President</i>	Carol Barrett, <i>RFSA Coordinator</i> 512-840-5657 barrett@alumni.utexas.edu
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 HEALTH 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 MDARetiree@yahoo.com	
UTMB GALVESTON	hr.utmb.edu/retirees/	Korie Vance kevence@utmb.edu (409) 747-4894
UT PERMIAN BASIN	No retiree association at this time.	
UT RIO GRANDE VALLEY	No retiree association at this time.	
UT SAN ANTONIO	Retired Faculty Association	provost.utsa.edu/rfa/ provost@utsa.edu
UT SOUTHWESTERN MEDICAL CENTER	No retiree association at this time.	
UT SYSTEM ADMINISTRATION	UT System Administration Retired Employees may join the UT Austin Retired Faculty-Staff Association.	
UT TYLER	www.uttyler.edu/human-resources/retired-employees/retirees-association.php	

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
tjerina_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



REVIEW

INSURANCE PLAN ADMINISTRATORS

UT SELECT MEDICAL

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

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

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

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

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



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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.

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