UT Benefits
The University of Texas System



Benefits Comparison

For Stephen F. Austin State University Employees and Retirees

Effective September 1, 2023

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Introduction

The Office of Employee Benefits welcomes our new colleagues from Stephen F. Austin State University to the UT Benefits program.

Effective September 1, 2023, your retirement, insurance, and wellness benefits are through UT Benefits.

With this guide, you can compare your ***current*** Plan Year 2022-23 benefits —offered through ERS—with your ***new*** Plan Year 2023-24 benefit options under The University of Texas System.

Items to note while reviewing the comparisons:

— Only in-network benefits are listed for medical, prescription, dental, and vision coverage.

— Benefits are listed for in-state (under ERS) or in-area (under UT Benefits) coverage only unless noted. In-area for UT Benefits: members that reside in Texas, New Mexico, and Washington, D.C.

Questions about your benefits?

Contact ERS for questions relating to your current coverage through August 31, 2023.
ERS: 877-275-4377

Contact UT Benefits for questions about your new SFA UT Benefits coverage effective September 1, 2023,
Email: SFABenefits@utsystem.edu.

Find information about your transition to UT Benefits at https://utbenefits.link/SFA.

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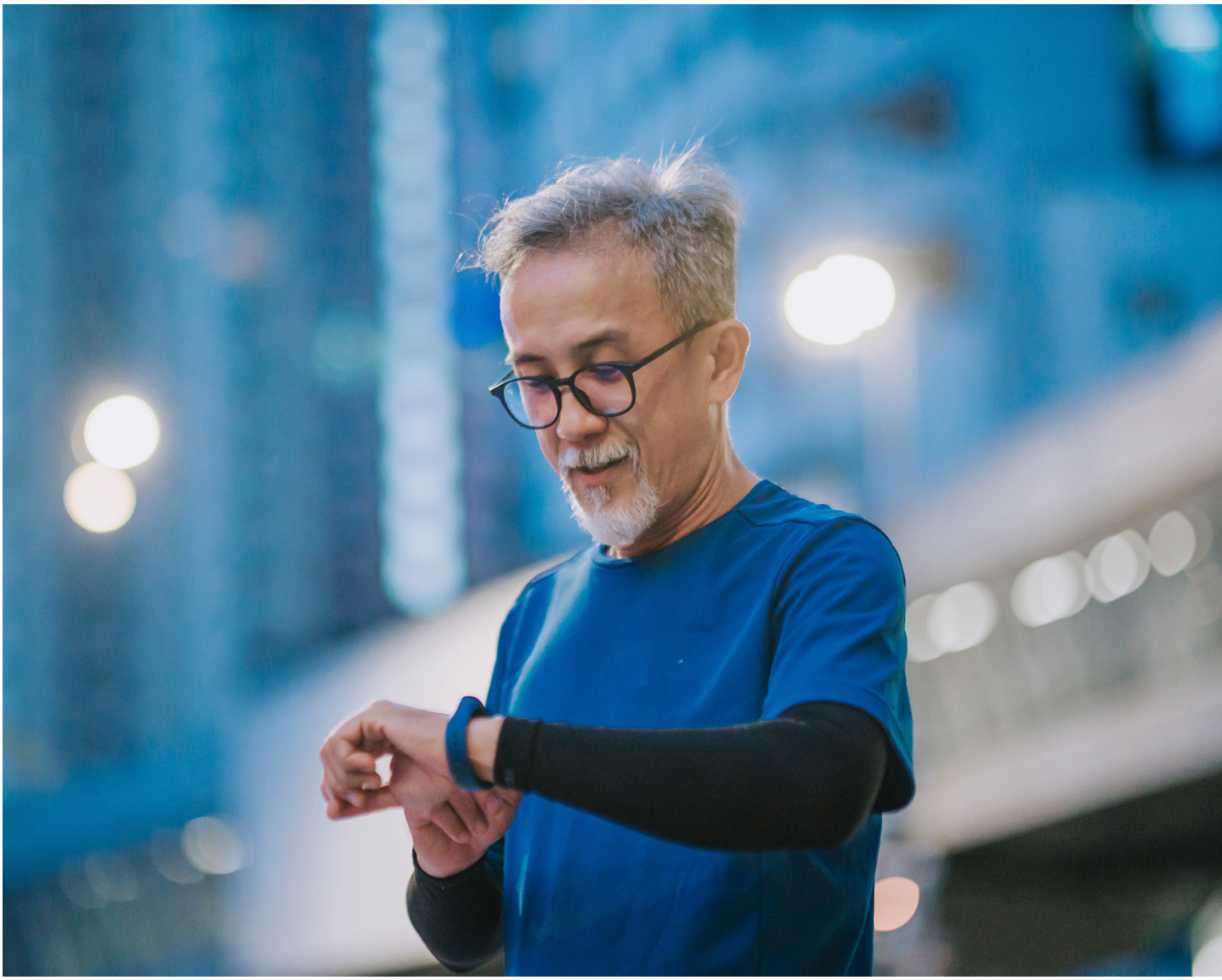
Active Employee Benefits

PLAN	SEPTEMBER 1, 2022 - AUGUST 31, 2023 (THROUGH ERS)	BENEFITS AVAILABLE SEPTEMBER 1, 2023 (THROUGH UT BENEFITS)
BASIC EMPLOYEE COVERAGE PACKAGE		
Medical with Prescription	HealthSelect of Texas or Consumer Directed HealthSelect	UT SELECT PPO
Basic Life	$5,000 Basic Term Life	$50,000 Group Term Life
Basic AD&D	$5,000 Accidental Death & Dismemberment	$50,000 Accidental Death & Dismemberment
OPTIONAL EMPLOYEE COVERAGES		
Dental	Dental Choice PPO DeltaCare USA DHMO	UT SELECT Dental PPO UT SELECT Dental Plus PPO DeltaCare USA
Vision	State of Texas Vision	UT SELECT Vision UT SELECT Vision Plus
Employee VGTL	Up to 4x salary	1-10x Annual Compensation
Dependent VGTL	$5,000 (includes $5,000 AD&D coverage)	$10,000
Additional Spouse VGTL		$15,000 or $40,000
AD&D	Employee Only A&D Employee & Family AD&D	Employee voluntary AD&D Spouse voluntary AD&D Dependent child AD&D
Disability	Short-Term Disability Long-Term Disability	Short-Term Disability Long-Term Disability
UT FLEX	TexFlex Healthcare FSA TexFlex Limited Purpose Account FSA TexFlex Dependent Care Account	UT FLEX Health Care Reimbursement Account UT FLEX Dependent Care Reimbursement Account
RETIREMENT PLANS		
Mandatory Plans	TRS ORP	TRS ORP
Voluntary Plans	403(b) 457(b)	403(b) 457(b)

Retired Employee Benefits

PLAN	SEPTEMBER 1, 2022 - AUGUST 31, 2023 (THROUGH ERS)	BENEFITS AVAILABLE SEPTEMBER 1, 2023 (THROUGH UT BENEFITS)
BASIC RETIREE COVERAGE PACKAGE		
Medical with Prescription	HealthSelect of Texas Consumer Directed HealthSelect	UT CARE Medicare Advantage PPO or UT SELECT PPO (Non-Medicare)
Basic Life	$2,500 Basic Term Life	$10,000 Basic Group Term Life
OPTIONAL RETIREE COVERAGES		
Dental	Dental Choice PPO DeltaCare USA DHMO	UT SELECT Dental PPO UT SELECT Dental Plus PPO DeltaCare USA
Vision	State of Texas Vision	UT SELECT Vision UT SELECT Vision Plus
Retiree Voluntary Life	Optional Term Life: Up to 2x salary at retirement Fixed: $10,000	Up to $100,000
Dependent Voluntary Life	Spouse and eligible children: $2,500	Spouse: $3,000

Medical Coverage



Medical Coverage

Employee & Non-Medicare Retiree

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect	**Consumer Directed HealthSelect**	**UT SELECT**
Plan Type	POS	HDHP	PPO
Vendor	Blue Cross Blue Shield of Texas		Blue Cross Blue Shield of Texas
PCP Required	Yes[1]	No	No
Referrals Required	Yes[1]	No	No
DEDUCTIBLES AND MAXIMUMS			
Note: Coinsurance is applicable after the deductible has been met			
Annual Deductible In-Network	$0	$2,100/individual $4,200/family	$600/person[2] $1,800/family
Annual Deductible Out-of-Network	$500/individual $1,500/family	$4,200/individual $8,400/family	$1,800/person $5,400/family
State annual contribution to Health Savings Account	N/A	$540/individual $1,080/family	N/A
Annual Coinsurance Maximum In-Network	$2,000/person	Unlimited	$3,500/person $10,500/family
Annual Coinsurance Maximum Out-of-Network	$7,000/individual	Unlimited	Unlimited
Annual Out-of-Pocket Maximum In-Network	$7,050 per person $14,100 per family	$7,050 per person $14,100 per family	$9,100/person $18,200/family
Annual Out-of-Pocket Maximum Out-of-Network	Unlimited	Unlimited	Unlimited

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect	**Consumer Directed HealthSelect**	**UT SELECT**
OFFICE SERVICES			
Virtual Visits	$0 Copay with MDLIVE or Doctor On Demand	80% Plan/20% Member with MDLIVE or Doctor on Demand	$0 Copay with MDLIVE
Preventive Care	Plan pays 100% (no deductible)	Plan pays 100% (no deductible)	Plan pays 100% (no deductible)
Diagnostic Office Visit (PCP)	$25 Copay	80% Plan/20% Member	$30 Copay
Specialist Office Visit	$40 Copay with PCP referral (without PCP referral, charged as a non-network provider)	80% Plan/20% Member	$50 Copay (no referral required)
Urgent Care[3]	$50 Copay plus 20% Coinsurance	80% Plan/20% Member	$50 Copay
Diagnostic Lab and X-Ray	80% Plan/20% Member	80% Plan/20% Member	Included in Office Visit Copay
Allergy Testing	Covered at 100% if administered in a physician's office 80% Plan/20% Member in any other outpatient location	80% Plan/20% Member	FCP $30 Copay; Specialist $50 Copay
Allergy Serum/Injections	Covered at 100% if administered in a physician's office; 80% Plan/20% Member in any other outpatient location	80% Plan/20% Member	Plan pays 100% (no co-payment required) (if no office visit billed)

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect	**Consumer Directed HealthSelect**	**UT SELECT**
EMERGENCY CARE			
Ambulance services	80% Plan/20% Member[4]	80% Plan/20% Member after annual deductible is met[4]	80% Plan/20% Member[5]
Hospital Emergency Room, Including Physician Services	$150 Copay plus 20% Coinsurance If admitted, Copay will apply to hospital Copay	80% Plan/20% Member	$500 Copay/visit If admitted, ER services are added to claims for inpatient services
Freestanding emergency room	$150 Copay plus 20% Coinsurance	80% Plan/20% Member	$500 Copay/visit
OUTPATIENT CARE			
Surgery - Facility	Office: 80% Plan/ 20% Member Not in Physician's Office: $100 Copay; then 80% Plan/20% Member[6]	Office: 80% Plan/ 20% Member Not in Physician's Office: 80% Plan/20% Member[6]	$200 Copay; then 80% Plan/20% Member
Surgery - Physician	80% Plan/20% Member	80% Plan/20% Member	80% Plan/20% Member
Diagnostic Lab and X-Ray	80% Plan/20% Member	80% Plan/20% Member	100% Covered (except when billed with surgery; then 80% Plan/20% Member) Other diagnostic tests: 80% Plan/20% Member
High-tech radiology (CT scan, MRI and nuclear medicine)[6]	$100 Copay plus 20% Coinsurance	80% Plan/20% Member	$150 Copay per procedure
Outpatient Procedures and Therapeutic Treatments	20% Coinsurance	20% Coinsurance after annual deductible is met	80% Plan/20% Member

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect	**Consumer Directed HealthSelect**	**UT SELECT**
INPATIENT CARE			
Hospital Inpatient Services	Facilities: $150/day Copay plus 20% Coinsurance; $750 Copay max, up to 5 days per hospital stay; $2,250 Copay max per calendar year per person[6, 7] Inpatient Surgery: $100 Copay/day; then 20% Coinsurance Physician: 80% Plan/20% Member	Facilities: 80% Plan/20% Member [6] Inpatient Surgery: $100 Copay/day; then 20% Coinsurance Physician: 80% Plan/20% Member	Facilities: $200 Copay/Day ($1,000 max/admission); then 80% Plan/20% Member[8] Inpatient surgery: 80% Plan/20% Member Physician: 80% Plan/20% Member
FACILITY-BASED PROVIDERS			
Facility-based providers (radiologists, pathologists and labs, anesthesiologists, ER physicians, etc.)	20% Coinsurance	80% Plan/20% Member	80% Plan/20% Member (ER Physician services included in ER Copay)
OBSTETRICAL CARE			
Prenatal and Postnatal Care Office Visits	Initial Prenatal Visit: $25 or $40 for first pre-natal visit; $0 Copay for routine post natal appointments	Initial Visit: 20% Coinsurance $0 charge for routine prenatal and post-natal appointments after annual deductible is met	Initial Visit only: FCP $30 Copay; Specialist $50 Copay
Delivery - Facility-Inpatient Care	20% Coinsurance[9]	Copay is $150/day ($750 max per admission; $2,250 max per Calendar Year); then 20% Coinsurance	$200 Copay/Day ($1,000 max/admission), then 80% Plan/20% Member
Obstetrical Care and Delivery - Physician	20% Coinsurance	20% Coinsurance	80% Plan/20% Member

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect	Consumer Directed HealthSelect	UT SELECT
THERAPY			
Habilitation and Rehabilitation Services - Outpatient Therapy	80% Plan/20% Member[10]	80% Plan/20% Member[10]	Physical and Occupational Therapy: $50 Copay/visit 35 visits/year/condition Maximum Speech Therapy $50 Copay/visit 65 visits/year/condition Maximum
Physical Therapy/ Chiropractic Care	20% Coinsurance w/o office visit $40 Copay + 20% Coinsurance with office visit $75/visit Maximum benefit 30 visits/year maximum	20% Coinsurance after annual deductible is met $75/visit Maximum benefit 30 visits/year maximum	$50 Copay/visit 35 visits/year/condition Maximum
Airrosti Rehab Center	$25 Copay/visit; 30 visits max/year	$25 Copay/visit; 30 visits max/year	$50 Copay/visit 35 visits/year/condition Maximum
Applied Behavior Analysis	$25 Copay: administered in mental health provider's office 20% Coinsurance for any other outpatient location, including home	80% Plan/20% Member	FCP $30 Copay Specialist $50 Copay 80% Plan/20% Member Outpatient or Home Health Services[8]
EXTENDED CARE			
Skilled Nursing/ Convalescent Facility	80% Plan/20% Member[6]	80% Plan/20% Member[6]	80% Plan/20% Member[8] 180 visits max
Home health care	80% Plan/20% Member[6]	80% Plan/20% Member[6]	80% Plan/20% Member[8] 120 visits max
Hospice Care Services	80% Plan/20% Member[6]	80% Plan/20% Member[6]	80% Plan/20% Member[8]
Home Infusion Therapy	80% Plan/20% Member[6]	80% Plan/20% Member[6]	80% Plan/20% Member[8]

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect	Consumer Directed HealthSelect	UT SELECT
BEHAVIORAL HEALTH			
Virtual Visits (Mental Health/Substance Use Disorder)	$0 Copay for Virtual Visits when provided by Doctor On Demand or MDLIVE	80% Plan/20% Member	$0 Copay with MDLIVE
Telemedicine (Mental Health/Substance Use Disorder)	$25 Copay: Provider's office 80% Plan/20% Member: any other outpatient telemedicine	80% Plan/20% Member	FCP $30 Copay; Specialist $50 Copay (for allowed services) 80% Plan/20% Member for treatment considered Outpatient Therapy.
Office Visit (Mental health/Substance Use Disorder)	$25 Copay	80% Plan/20% Member	FCP $30 Copay; Specialist $50 Copay
Outpatient Facility Care (Mental Health/ Substance Use Disorder)	80% Plan/20% Member[6, 11]	80% Plan/20% Member[6, 11]	80% Plan/20% Member[8]
Inpatient Care (Mental Health/Substance Use Disorder)	$150/day Copay + 20% Coinsurance $750 Copay max, up to five days per hospital stay $2,250 Copay max per calendar year per person[6, 12]	80% Plan/20% Member[6, 12]	$200 Copay/Day ($1,000 max/admission) then 80% Plan/20% Member
FERTILITY, FAMILY BUILDING, AND FAMILY PLANNING			
Family Planning, Family Building, and Infertility Services	100% Coverage for certain federally-approved services and supplies.[14] 80% Plan/20% Member for all other covered services and supplies (see exclusions)[15]	100% Coverage for certain federally-approved services and supplies.[14] 80% Plan/20% Member for all other covered services and supplies (see exclusions) [15]	100% Coverage for certain federally-approved services and supplies.[14] Two Progyny Smart Cycles covered per lifetime[16]

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect	Consumer Directed HealthSelect	UT SELECT
OTHER SERVICES			
Durable medical equipment	80% Plan/20% Member[6]	80% Plan/20% Member[6]	80% Plan/20% Member[8]
Diabetes Equipment	20% Coinsurance	80% Plan/20% Member	Monitors,, insulin pumps, and accessories are covered under RX program (Express Scripts)
Diabetes Supplies	80% Plan/20% Member for in-network and out-of-network covered diabetic supplies Annual deductible does not apply	80% Plan/20% Member for in-network and out-of-network covered diabetic supplies after annual deductible is met	Supplies covered by the plan are available for $0 Copayment
Prosthetic Devices	80% Plan/20% Member	80% Plan/20% Member	80% Plan/20% Member
Hearing Aids (Adult)	Plan pays up to $1,000 per ear for any consecutive 36-month period and $1 per battery.	Plan pays up to $1,000 per ear every three years after deductible is met.	80% Plan/20% Member Deductible does not apply $1,000 per ear; once every 3 years
Hearing aids (Pediatric)	Plan pays 100%, limit of one hearing aid per ear for any consecutive 36-month period and $1 per battery	80% Plan/20% Member after annual in-network deductible is met	80% Plan/20% Member Deductible does not apply Once every 3 years
Bariatric Surgery	$5,000 Deductible[6] 20% Coinsurance $13,000 Lifetime max	Not covered	$3,000 deductible; Plan pays 100% of covered services after deductible.[13]
Routine Eye Exam	$40 Copay 1/year	80% Plan/20% Member 1/year	Not included
UT System Institutional Benefits	N/A	N/A	UT Health Network
PREMIUMS			
Monthly Premiums	See Premium Rate Charts	See Premium Rate Charts	See Premium Rate Charts

Premium Rate Charts

PLAN YEAR 2022-23 (through ERS)
Employees, Retirees not eligible for Medicare, Surviving Dependents and COBRA:
https://ers.texas.gov/PDFs/rates-py23/ratesheet-py23
Tiered Retiree Health Insurance Rates For Retirees Not Eligible For Medicare:
https://ers.texas.gov/PDFs/rates-py23/ratesheet-py23-tierednonmed-final-1

PLAN YEAR 2023-24 (with UT BENEFITS)
Rates and materials: https://utbenefits.link/AE.

1 PCP and referrals required for in-state members only
2 J Visa holders have a $500/individual deductible and a $1,500 family deductible
3 Stephen F. Austin specifies "Urgent Care Clinic"
4 For emergencies
5 If transported
6 Prior Authorization may be required
7 Includes intensive care unit
8 Prior Authorization Required
9 If a referral is not in place as described in Section 3, (Accessing Benefits), Non-Network Benefits for the Inpatient Stay will apply.
10 Includes physical therapy, occupational therapy and speech therapy
11 Outpatient facility care: partial hospitalization/day treatment and extensive outpatient treatment 2
12 Described as Inpatient Hospital Care
13 Bariatric surgery deductible does not apply to plan year deductible or out-of-pocket maximum; Pre-determination recommended; Must be enrolled in UT SELECT or UT CONNECT for 36 continuous months prior to surgery date
14 FDA-approved women's contraception methods, women's voluntary sterilization and women's contraceptive counseling covered at 100% In Network.
15 Infertility Benefits are only for diagnostic laboratory and X-ray procedures, therapeutic injections and surgical treatment necessary for the diagnosis and treatment of involuntary infertility (i.e., infertility that is not a result of voluntary sterilization). Full list of excluded services from HealthSelect available on page 107: http://healthselect.bcbstx.com/pdf/in-area-mbpd-py23.pdf.
16 Progyny removes barriers to care so a patient and their doctor can create a customized treatment plan, including options like In-Vitro Fertilization (IVF), Intrauterine Fertilization (IUI), and Egg Freezing. The person(s) receiving treatment must be an employee or covered spouse continually enrolled in UT SELECT/UT CONNECT for the 12 months immediately prior to accessing the benefit

Medical Coverage

Medicare-Eligible Retiree

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect Medicare Advantage PPO	**HealthSelect Secondary**	**UT CARE Medicare PPO**
Vendor	United Healthcare	Blue Cross and Blue Shield of Texas	Blue Cross and Blue Shield of Texas
Who can Enroll	Medicare-Eligible Retirees and their Medicare-Eligible covered dependents	Individuals who Opt Out of the HealthSelect Medicare Advantage PPO may enroll as a secondary plan to Medicare. Retains access to Basic Coverage Plan.	Medicare-Eligible Retirees and their Medicare-Eligible covered dependents
Freedom of Movement between Plans[1]	Yes	Yes	N/A
How this plan works	Medicare Advantage plan (Part C). It includes benefits under Medicare Parts A and B plus extra programs. Continue to pay Part B premiums. This plan has a provider network, but you can see any provider who accepts Medicare and agrees to see you. In-network providers will submit claims for you.	Pays secondary to Medicare but is not a Medicare Advantage plan. Continue to pay Part B premiums. The plan has a provider network, but you can see any provider who accepts Medicare. In-network providers will submit claims for you. Non-Medicare eligible services are covered subject to the HealthSelect plan rules.	Medicare Advantage plan (Part C). It includes benefits under Medicare Parts A and B plus extra programs. Continue to pay Part B premiums. This Open-Access national PPO plan allows you to see any provider that accepts Medicare and agrees to submit claims to BCBSTX, and you are not required to get a referral to see a specialist.
Prescription plan	HealthSelect Medicare Rx; administered by United Healthcare	HealthSelect Medicare Rx; administered by United Healthcare	UT CARE Medicare Part D Prescription Plan; administered by Express Scripts

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect Medicare Advantage PPO	**HealthSelect Secondary**	**UT CARE Medicare PPO**
DEDUCTIBLES AND MAXIMUMS			
Note: Coinsurance is applicable after the deductible has been met			
Annual Medical Deductible	$0	$200/Person $600/Family You must meet your Medicare AND your HealthSelect Secondary deductibles before the plan pays for covered services. The two deductibles run concurrently.	$0
Total in-network out-of-pocket maximum	$1,000/Person (Includes medical services only)	$6,750/Person $13,500/Family	$0
Out-of-pocket Coinsurance maximum	None	$3,000 per person (includes medical Coinsurance only)	None
NETWORKS AND BILLING			
PCP required?	No, but recommended.	No	No
Out-of-network coverage?	Yes. Out-of-network services are covered at the same benefit levels as long as the provider accepts Medicare and agrees to treat you.	Yes. Most out-of-network services are covered at the same benefit levels as long as the provider accepts Medicare and this plan.	Yes
Balance billing?	No. Balance billing does not apply as long as provider accepts Medicare.	Yes. Balance billing may apply to certain out-of-network services. When a service is not covered by Medicare or Medicare benefits are exhausted, could be balance-billed	No

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect Medicare Advantage PPO	**HealthSelect Secondary**	**UT CARE Medicare PPO**
OFFICE VISITS AND SERVICES			
Preventive Services	$0 Copay if covered by Medicare.*	In-network: $0 Copay* Out-of-network: May balance billing	$0 Copay
PCP office visit	$0 Copay	$0 Copay / 30% Coinsurance	$0 Copay
Specialist office visit	$0 Copay	$0 Copay / 30% Coinsurance	$0 Copay
Diagnostic X-rays and lab tests	$0 Copay	$0 Copay / 30% Coinsurance	$0 Copay
PHONE SERVICES			
NurseLine	Included	Included	Included
Telehealth (virtual visits)	Doctor on Demand AmWell	Doctor on Demand MD Live	MD Live
EMERGENCY SERVICES			
Ambulance services	No cost to participant(s)	$0 Copay / 30% Coinsurance	$0 Copay
THERAPY SERVICES			
Occupational & Physical Therapy and Speech Pathology Services	No cost to participant(s)	$0 Copay / 30% Coinsurance	$0 Copay Medicare allows unlimited visits when medically necessary.
Routine Chiropractic Services	No cost to participants. Chiropractic services not covered by Medicare are limited to 30 visits per plan year.	$0 Copay / 30% Coinsurance; maximum of 30 visits per calendar year covered; $75 maximum benefit per visit	$0 Copay (35 visits per year)

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect Medicare Advantage PPO	**HealthSelect Secondary**	**UT CARE Medicare PPO**
NURSING			
Private duty nursing	30% Coinsurance The plan covers up to a maximum benefit of $8,000 per calendar year. After that, you are responsible for the full cost of services. Coinsurance does not apply to your annual total out-of-pocket maximum.[2]	30% Coinsurance; Unlimited hours [1]	$0 Copay (90 visits per year)
Skilled Nursing	No cost to participant(s) per 100-day benefit period.2 Includes unlimited 100-day benefit periods. If services extend beyond 100 days, you are responsible for the full cost of services. [2]	No cost to participant(s) Annual HealthSelect Secondary deductible does not apply [2]	Benefit Period 1–20 days $0 Copay Benefit Period 21-180 days $0 Copay Member allowed 180 days
EQUIPMENT			
Durable medical equipment	No cost to participant(s) for Medicare-covered equipment[2]	$0 Copay / 30% Coinsurance[2]	$0 Copay
Hearing Aids Allowance	The plan pays up to a $2,000 allowance for hearing aids every 3 years.	Up to $1,000 allowance per ear for any consecutive 36-month period and $1 per battery. Annual HealthSelect Secondary deductible does not apply	$1,000 per ear, once every 3 years
Hearing benefits	UnitedHealthcare Hearing[3]	Same benefits in and out of network[4]	TruHearing[5]

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	HealthSelect Medicare Advantage PPO	**HealthSelect Secondary**	**UT CARE Medicare PPO**
ADDITIONAL SERVICES BY PLAN			
	FirstLine Medical: Quarterly credit to purchase OTC personal health care items. **UnitedHealthcare Healthy at Home:** meals, rides, & in-home personal care after inpatient and SNF discharges. **Personal Emergency Response System (PERS) Lifeline:** $0 Copay **Routine transportation by ModivCare:** Trips to approved appointments and the pharmacy.[6]	N/A	**Catapult Home Kits** (home health screening) **Hinge Health** (Chronic pain management) **Learn to Live** (Cognitive Behavioral Therapy) **Limeade (**Online wellness platform) **Livongo** (Diabetes and hypertension management) **Omada Health** (weight loss and lifestyle modification) **Silver Sneakers** (gym membership network) **Wondr Health** (weight loss/ lifestyle modification)
PREMIUM RATES			
Premiums	See Premium Rate Charts	See Premium Rate Charts	See Premium Rate Charts

Premium Rates

PLAN YEAR 2022-23 (through ERS)

Medicare-Enrolled Retirees and Surviving Dependents
https://www.ers.texas.gov/PDFs/rates-py23/ratesheet-py23-medicare-final-accessible
Tiered Retiree Health Insurance Rates For Retirees Not Eligible For Medicare:
https://ers.texas.gov/PDFs/rates-py23/ratesheet-py23-tierednonmed-final-1
Health Select Medicare RX Prescription Drug Program:
https://ers.texas.gov/Retirees/Health-Benefits/Prescription-Drug-Programs/HealthSelect-Medicare-Rx-Prescription-Drug-Program

PLAN YEAR 2023-24 (with UT BENEFITS)

Rates and materials: https://utbenefits.link/AE.

1 Medicare-eligible retirees are enrolled in the HealthSelect Medicare Advantage Plan (MA-PPO insured by UHC) when they provide their MBI to ERS. Medicare enrolled retirees have "freedom of movement", so they can change plans between HS Secondary (administered by BCBSTX) and the MA-PPO at any time, with coverage effective the first of the following month (subject to the 21-day "opt-out" period imposed by CMS).

2 Pre-authorization may be required

3 UnitedHealthcare Hearing provides access to hearing aids through the HealthSelectMA-PPO. The hearing exam is covered at no cost and allows for one (1) exam per plan year. The MA-PPO plan pays an allowance up to $2,000 (total for both ears) every three (3) years.

4 HealthSelect Secondary can use any provider – benefits are the same in/out of network. The annual $200 deductible does not apply and the plan pays 100%. Hearing aids require a prescription. Maximum benefit is $1,000 per ear for any consecutive 36-month period and for the hearing requiring a prescription $1 per battery. Hearing aids are not available through UnitedHealthcare Hearing.

5 TruHearing includes worry-free purchases with 45-day trial and 3-year warranty, plus 48 free batteries included on non-rechargeable models.

6 - Over-the-counter care by FirstLine Medical: Receive a $40 quarterly credit ($160 each year) to purchase OTC personal health care items from the FirstLine Essentials+ website or catalog. These OTC items will be delivered to your home at no additional cost. The quarterly credit may be carried over from month to month, but must be used by December 31. Each order must have a minimum of $35. There is no limit on the number of orders.
- UnitedHealthcare Healthy at Home: $0 Copay for 28 meals, 12 rides, & 6 hours of in-home personal care up to 30 days after all inpatient and SNF discharges. Referral required.
- Personal Emergency Response System (PERS): Lifeline: $0 Copay for a personal emergency response system.
- Routine transportation by ModivCare: $0 Copay for 24 one-way trips to approved medically related appointments and the pharmacy.

Prescription Drug Benefits

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
Plans	**HealthSelect of Texas HealthSelect Out-of-State**	**Consumer Directed HealthSelect HDHP**	**UT SELECT PPO UT CONNECT ACO**
Vendor	OptumRx (United Healthcare)		Express Scripts
DEDUCTIBLES			
Prescription Deductible	$50/individual per calendar year[1]	$2,100/individual $4,200/family	$200/individual per plan year
Prescriptions count towards medical deductible?	N/A	Yes	No
PRESCRIPTION COPAYS			
Tier 1 (Mostly generic drugs)	Non-maintenance: $10 Copay Maintenance: $10 Copay Mail/extended supply[3]: $30 Copay	80% Plan/20% Member	Retail pharmacy: $10 Smart-90 Program[4]: $20
Tier 2 (Mostly preferred brand name drugs)[2]	Non-maintenance: $35 Copay Maintenance: $45 Copay Mail/extended supply[3]: $105 Copay	80% Plan/20% Member	Retail pharmacy: $35 Smart-90 Program[4]: $87.50
Tier 3 (Mostly non-preferred brand name drugs)[2]	Non-maintenance: $60 Copay Maintenance: $75 Copay Mail/extended supply[3]: $180 Copay	80% Plan/20% Member	Retail pharmacy: $60 Smart-90 Program[4]: $150
Specialty drugs[2]	If purchased through a pharmacy, specialty drugs are covered at the specific tier level (generic, preferred or non-preferred) as listed above. Otherwise, they are covered as a medical benefit.	80% Plan/20% Member	Accredo, an Express Scripts specialty pharmacy, and UT specialty pharmacies are the exclusive providers of specialty medications.

1 Applies before the plan pays for any prescription drugs (except covered preventive medications, specific diabetic supplies (as listed on page 6) and insulin dispensed by an in-network pharmacy)

2 Prior authorization may be required

3 Mail/extended supply: Mail order or extended day supply pharmacy

4 Smart-90: Up to a 90-day supply

Wellness Benefits

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
WELLNESS PLATFORM		
Digital Wellness Platform	Digital Wellness Platform[1] Well on Target App Health Assessment Comparable to UT System	UT Living Well Platform Powered by Limeade Limeade ONE mobile App Well-Being Assessment
DIGITAL PROGRAMS		
Digital offerings	**Catapult Home Kits** (home health screening) **Real Appeal® (weight loss[2])** **Wondr Health** (weight loss/lifestyle modification)	**Catapult Home Kits** (home health screening) **Centered App** (stress reduction) **Hinge Health** (chronic pain management) **Learn to Live®** (Cognitive Behavioral Therapy) **Livongo** (diabetes/hypertension management) **Omada** (weight loss/lifestyle modification) **Wondr Health** (weight loss/lifestyle modification)
FERTILITY, PREGNANCY, AND PARENTING		
Fertility, Pregnancy, and Parenting	Limited family planning/infertility services and supplies covered. See Medical section.	**Ovia Health** (fertility, pregnancy, and parenting) **Progyny** (paths to parenthood)[3]
PHYSICAL ACTIVITY PROGRAMS		
Retiree Activities	Silver Sneakers	Silver Sneakers

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
ADDITIONAL SERVICES AND SURCHARGES		
Tobacco Declaration and Surcharge	$30/month per member $90/month max per household	$30/month per member $90/month max per household
Discount Program	Discount Purchase Program[4] Comparable to UT System	BCBS Discount Program
Health Plan Assistant	Personal Health Assistants[5] Comparable to UT System	Health Advocacy Solutions
Wellness Time	Wellness Release Time[6] Comparable to Wellness Leave Policy	Wellness Leave Policy (varies by institution)
Employee Assistance Program	Yes; through UT Health Houston[7]	Yes; in-house or contracted service (varies by institution)

1 Wellness onTarget
- Health Assessment - gives you a personal wellness report, personalized recommendations and guidance, fulfils agency health assessments requirements, 2,500 Blue Points to redeem for prizes
- Self-management programs - structured, interactive, active, educational.
- Personalized coaching - physical fitness, nutrition, blood pressure, cholesterol, healthy weight, stress, quit/stay tobacco free.
- Trackers and apps - uses most popular fitness tracker apps like Fitbit, Samsung Health, Apple Health Partners, etc.
- Blue Points - rewards for healthy living. Earn points by completing activities in Well onTarget. Redeem your points in the online shopping mall available through Blue Access for Members. Sync fitness device or app, fitness program, online trackers.

2 Real Appeal®, (includes a diabetes prevention program for those who qualify)

3 Progyny is available to employees/non-Medicare retirees and their covered spouses on UT SELECT once they have been continuously enrolled in a UT System employer medical plan for at least 12 months immediately prior to accessing this benefit. Not available on UT CARE.

4 Discount Purchase Program through Beneplace: https://auth.savings.beneplace.com/ers/sign-in

5 Personal Health Assistance through BCBSTX: https://ers.texas.gov/news/what-can-a-bcbstx-personal-health-assistant-do-for-you

6 Wellness Release Time: https://www.Stephen F. Austinsu.edu/hr/faculty-staff/benefits/wellness-release

7 EAP: https://www.Stephen F. Austinsu.edu/hr/faculty-staff/benefits/eap

Voluntary Benefits



Dental Benefits

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023		
	State of Texas Dental Choice	**DeltaCare USA DHMO**	**UT SELECT Dental**	**UT SELECT Dental Plus**	**DeltaCare USA DHMO**
Vendor	Delta Dental		Delta Dental		
Networks	Dental PPO Dental Premier	DeltaCare USA DHMO	Dental PPO Dental Premier	Dental PPO Dental Premier	DeltaCare USA DHMO
YEARLY BENEFITS					
Diagnostic & Preventive Services (D&P) - Quantity per year	• 2 exams • 2 cleanings • x-rays • sealants	• 2 cleanings/ oral exams	• 2 exams • 2 regular ***or*** 4 periodontal cleanings • 2 bite wing x-rays • full mouth x-rays (1 every 5 years max) • Sealants through age 15	• 2 exams • 2 regular ***or*** 4 periodontal cleanings • 2 Bite wing x-rays • Full mouth x-rays (1 every 5 years max) • Sealants through age 15	• 2 routine exams • 2 regular cleanings • 2 bite wing x-rays • Complete series x-rays (1 in 24 months)
DEDUCTIBLES					
Diagnostic and Preventive Services	$0	$0	$0	$0	$0
Basic and Major Services	$50/person per calendar year $150/family per calendar year	$0	$25	$0	$0
Orthodontics	$0	$0	$0	$0	$0
MAXIMUM BENEFITS					
Maximum Benefits	$2,000/person per calendar year[2]	Unlimited	$1,250/person per plan year	$3,000/person per plan year	Unlimited

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023		
Amount paid after meeting Maximum Calendar Year Benefit	40% plan/60% member	N/A	$0	$0	N/A
Diagnostic and Preventive counts towards maximum	No	N/A	Yes	Yes	N/A
BENEFITS AND COVERED SERVICES[2]					
Diagnostic & Preventive Services (D&P) - Coverage	100%	Primary care dentist: Copays vary according to service. Specialty dentistry: 75% of the dentist's usual and customary fee when specialty care is coordinated by the PCD Several no-cost diagnostic and preventive services DHMO pays 0%	100%	100%	Primary care dentist: Copays vary according to service. Specialty dentistry: 75% of dentist's "filed fees" when specialty care is coordinated by the PCD Several no-cost diagnostic and preventive services
Basic Services (fillings)	90%		80%	100%	
Basic Services (stainless steel crowns)			80%	100%	
Endodontics	50%		80%	100%	
Periodontics	50%		80%	100%	
Oral Surgery	50%		80%	100%	
Major Services	50%		50%	80%	
Prothodontics	50%		50%	80%	Fixed prices

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023		
ORTHODONTICS					
Orthodontics (Adults and dependent children)	50%	General dentist: $1,800 child, $2,100 adult Specialist: 75% of the usual fee	50%	80%	Listed Copayment or 75% of contracted orthodontists "filed fees; additional fee may apply beyond 24 months of active treatment.
Orthodontic Maximums	$2,000 Lifetime		$1,250 Lifetime	$3,000 Lifetime	N/A
PREMIUM RATES					
Employee/ Retiree	$28.73	$8.63	$28.52	$61.40	$8.80
Emp/Ret + Spouse	$57.46	$17.26	$54.14	$116.60	$16.74
Emp/Ret + Child(ren)	$68.95	$20.72	$59.66	$128.66	$18.50
Emp/Ret + Family	$97.68	$29.33	$84.84	$183.30	$26.40

1 Non-Delta Dental dentists would not be eligible to be paid the 40% additional benefit under the plan.
2 Reimbursement is based on PPO contracted fees for PPO dentists. Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Vision Benefits

Employee & Non-Medicare Retiree

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023	
	State Of Texas Vision	Superior Basic Plan	Superior Plus Plan
Vendor	Superior Vision	Superior Vision	
EXAMS			
Exam	$15 Copay	$35 Copay	$35 Copay
GLASSES			
Materials Copay		$0 Copay	$0 Copay
Frames	$200 retail allowance	$140 retail allowance	$165 retail allowance
Lenses (standard) per pair:			
Single vision	$10 Copay	Covered in full	Covered in full
Bifocal	$15 Copay	Covered in full	Covered in full
Trifocal	$20 Copay	Covered in full	Covered in full
Lens options (standard):			
Progressives	$70 Copay	See description[1]	$120 retail allowance
Polycarbonate[2]	(Up to) $50 Copay	Not covered	Covered in full
Scratch coat (factory)	(Up to) $10 Copay[3]	Not covered	Covered in full
Ultraviolet coat	(Up to) $10 Copay	Not covered	Covered in full
Tints[4]	(Up to) $10 Copay	$15-18	$15-18
Standard anti-reflective coating	(Up to) $40 Copay	$50	$50
CONTACTS			
Contact lens fitting (standard)	$25 Copay	$35 Copay	$35 Copay
Contact lens fitting (specialty)	$35 Copay	$35 Copay, $50 retail allowance	$35 Copay, $50 retail allowance
Contact lenses[5]	$200 retail allowance	$125 retail allowance	$150 retail allowance
PREMIUM RATES			
Employee only	$4.61	$5.02	$7.64
Employee + spouse	$9.22	$7.90	$11.98
Employee + child(ren)	$9.91	$8.10	$12.82
Employee + family	$14.52	$12.84	$18.10

1 Covered at the provider's in-office retail price for a standard lined trifocal; member pays difference between the progressive and trifocal minus a 20% discount on the overage. Applicable co-pay applies.

2 Polycarbonate for dependent children only (up to age 25)

3 single-sided

4 Includes solids or gradients for Stephen F. Austin

5Contact lenses are in lieu of eyeglass lenses/frame benefit.

Life Benefits

Employee

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023	
Plan	**Basic Employee Life insurance**	**Voluntary Employee Term Life Insurance**	**Basic Employee Group Term Life Insurance**	**Voluntary Employee Group Term Life Insurance**
Vendor	Securian Financial		BCBSTX Ancillary	
BENEFIT AMOUNT				
Coverage Level(s)	$5,000	1x-4x salary if under 70 Coverage reduced to a percentage of elected amount for age 70+ (rounded to nearest $1,000) 70-74: 65% 75-79: 40% 80-84: 25% 85-89: 15% 90+ 10%	$50,000	1x-10x annual compensation $2,000,000 Maximum
Includes AD&D at same level	Yes	Yes	Yes	No
EVIDENCE OF INSURABILITY (EOI)				
EOI required at Initial Enrollment	No	No: 1x-2x salary Yes: 3x-4x salary	No	No: 1x-3x salary Yes: 4x-10x salary
EOI required at Annual Enrollment	No	Yes	No	Yes
EOI required at Qualified Life Event	No	Yes	No	Yes
EOI required to increase coverage level	N/A	Yes	N/A	Yes
PREMIUM RATES				
Cost	Included with Basic Package	See link[1] on page 32	Included with Basic Package	See link[2] on page 32

Life Benefits

Employee's Dependents

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023	
Plan	**Dependent Voluntary Term Life Insurance**	**Dependent Voluntary Group Term Life Insurance** ***Must also have Employee VGTL**	**Add'l Spouse Voluntary Group Term Life Insurance** ***Must also have Employee & Dependent VGTL**
Vendor	**Securian Financial**	**BCBSTX Ancillary**	
BENEFIT AMOUNT			
Coverage Level(s)	$5,000	$10,000	$15,000 or $40,000
Includes AD&D at same level	Yes	No	No
EVIDENCE OF INSURABILITY (EOI)			
EOI required at Initial Enrollment	No	No	Yes
EOI required at Annual Enrollment	Yes	No	Yes
EOI required at Qualified Life Event	Yes	No	Yes
EOI required to increase coverage level	N/A	N/A	Yes
PREMIUM RATES			
Cost	$1.45/month	$2.87/month	See chart

Life Benefits

Retiree

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023			BEGINNING SEPTEMBER 1, 2023	
Plan	**Basic Retiree Life**	**Voluntary Retiree Term Life**	**Voluntary Retiree Fixed Life**	**Basic Retiree Group Term Life**	**Voluntary Retiree Group Term Life**
Vendor		Securian Financial		BCBSTX Ancillary	
BENEFIT AMOUNT					
Coverage Levels and Maximums	$2,500	1x salary in effect on retirement date: 1x amount 2-4x salary in effect on retirement date: 1-2x amount Subject to age-based benefit reductions if turn 70 after retirement $400,000 Maximum	$10,000;	$10,000	$7,000 $10,000 $25,000 $50,000 $100,000 Guaranteed up to amount of coverage in force as active employee; Maximum $100,000 (if no break in coverage)
Additional Benefit Details		Automatically enrolled if had coverage immediately prior to retirement			

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023			BEGINNING SEPTEMBER 1, 2023	
	Basic Retiree Life	**Optional Retiree Term Life**	**Optional Retiree Fixed Life**	**Basic Retiree Group Term Life**	**Voluntary Retiree Group Term Life**
EVIDENCE OF INSURABILITY (EOI)					
EOI required at Initial Enrollment	No	No, if enrolled at date of retirement. Yes otherwise.	No, if enrolled in any optional term life at date of retirement. Yes otherwise.	No	No, if didn't have a break in service and up to amount in force as active employee (Max 100K); Yes otherwise
EOI required at Annual Enrollment	No	Yes	Yes	No	Yes
EOI required at Qualified Life Event	No	Yes	Yes	No	Yes
EOI required to increase coverage level	N/A	Yes	NA	N/A	Yes
PREMIUM RATES					
Cost	$0	See link[1]	$24.80/month	Inc. with Package	See link[2]

Premium Rates

1 **PLAN YEAR 2022-23 (through ERS)**
https://www.ers.texas.gov/PDFs/rates-py23/ratesheet-py23

2 **PLAN YEAR 2023-24 (with UT BENEFITS)**
https://utsystem.edu/offices/employee-benefits/insurance/premium-rates (no change from UT Benefits 2022-23 rates)

Life Benefits

Retiree's Dependents

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
Plan	**Dependent Term Life**	**Spouse Voluntary Group Term Life** *Must also have Retiree VGTL
Vendor	Securian Financial	BCBSTX Ancillary
BENEFIT AMOUNT		
Coverage Levels and Maximums	$2,500	$3,000
Additional Benefit Details	Automatically enrolled if had coverage immediately prior to retirement	
EVIDENCE OF INSURABILITY (EOI)		
EOI required at Initial Enrollment	No, if enrolled at date of retirement. Yes otherwise.	No if enrolled on last day ret was employed and no break in coverage; yes otherwise
EOI required at Annual Enrollment	Yes	Yes
EOI required at Qualified Life Event	Yes	Yes
EOI required to increase coverage level	N/A	Yes
PREMIUM RATES		
Cost	$3.23/month	$1.83/month

AD&D Benefits

Employee

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023	
	Basic Employee AD&D	**Voluntary Employee AD&D**	**Basic Employee AD&D**	**Voluntary Employee AD&D**
Vendor	Securian Financial		BCBSTX Ancillary	
COVERAGE LEVELS				
Coverage Level(s) and Maximums	$5,000	*Under age 70 at application:* $10,000-$200,000 *Ages 70-74:* $6,500 to $130,000 *Ages 75-79:* $4,000 to $80,000 *Ages 80-84:* 2,500 to $50,000 *Ages 85-89:* $1,500 to $30,000 *Ages 90+:* $1,000 to $20,000[1] Maximum: $200,000	$50,000	1-10x salary, in increments of $10,000 Maximum: $2,000,000 or 10x annual compensation (whichever is less)
EVIDENCE OF INSURABILITY (EOI)				
EOI required at any time?	No	No	No	No
PREMIUM RATES				
Cost	Inc. with Package	$0.02 per $1,000 each month	Inc. with Package	$0.12 per $10,000 coverage

1 Age at time of application:
Under age 70 | $10,000-$200,000 in multiples of $5,000
Ages 70-74 | $6,500 to $130,000 in multiples of $3,250
Ages 75-79 | $4,000 to $80,000 in multiples of $2,000
Ages 80-84 |2,500 to $50,000 in multiples of $1,250
Ages 85-89 | $1,500 to $30,000 in multiples of $750
Ages 90 and over | $1,000 to $20,000 in multiples of $500

AD&D Benefits

Employee's Dependents

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023	
	Dependent AD&D	**Spouse Voluntary AD&D** *Must have at least $20,000 in Employee AD&D	**Dependent Children Voluntary AD&D** *Must have at least $20,000 in Employee AD&D
Vendor	Securian Financial	BCBSTX Ancillary	
COVERAGE LEVELS			
Coverage Level(s) and Maximums	Eligible Spouse: 50% of your election Eligible child(ren), with no eligible spouse: 10% of your coverage election Eligible child(ren) with an eligible spouse: 5% of your coverage election Maximum: based on percentage of employee's coverage	Increments of $10,000 Maximum: 1/2 of Employee voluntary AD&D benefit or $1,000,000 (whichever is less)	$10,000 per eligible child
EVIDENCE OF INSURABILITY (EOI)			
EOI required at any time?	No	No	No
PREMIUM RATES			
Cost	Emp + Family: $0.04 per $1,000 per month	$0.12 per $10,000 coverage	$0.12 per $10,000 coverage

Short-Term Disability Benefits

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
	Texas Income Protection Plan (TIPP) Short-Term Disability	**UT Benefits Short-Term Disability**
Vendor	ReedGroup Management LLC	BCBSTX Ancillary
ELIMINATION PERIOD AND LEAVE REQUIREMENTS		
Elimination Period	30 days	7 days (injury and sickness)
Sick leave	Must exhaust all sick leave including extended sick leave, donated sick leave, and sick leave pool.	Must exhaust all accrued sick leave and sick leave pool.
Vacation and other leave	Not required to use first	Not required to use first
When are benefits payable?	After 30-day waiting period and exhaustion of all sick leave	After the 7-day elimination period or the exhaustion of accrued sick leave, whichever is later
Pre-existing condition exclusion	See details under LTD	See details under LTD
BENEFIT AMOUNT		
% Of Salary Provided	66% of monthly salary	60% of weekly earnings
Maximum Amount	$6,600 per month	$850 per week (approx $3,400/ month)
Reduction of Payments if benefits from other sources?	Yes	Yes
BENEFIT LENGTH		
Benefit Length	Up to 5 months (150 days) after completing the waiting period	Up to 22 weeks (approx 5 months)[1]
Benefit Length for pre-existing conditions	No difference	Maximum of 4 weeks
MD/SA Time limitations	No	No

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
	Texas Income Protection Plan (TIPP) Short-Term Disability	**UT Benefits Short-Term Disability**
EVIDENCE OF INSURABILITY (EOI)		
EOI Required - Initial Hire	No	No
EOI Required - Annual Enrollment	Yes	Yes
EOI Required - Qualified Life Event	Yes	No
OTHER DETAILS		
Disability Details	Must be certified as totally disabled by a physician	May be totally or partially disabled under this plan
PREMIUM RATES		
Cost	$0.26 per $100 of monthly salary	$0.30 per $100 of monthly covered payroll

1 The benefit period begins as of the date of disability. For example, if an employee is approved for the maximum of 22 week duration, the clock starts ticking on day one. If the employee has 10 weeks of sick leave, they will not start receiving benefits until week 11 and those benefits will cease at the end of week 22. The clock for elimination period, sick leave exhaustion and benefit duration all start at the same time.

2 You cannot submit a disability claim for a medical condition for which you received medical treatment, advice, or services, or prescription drugs or medicine in the three months prior to the date your disability coverage started. After six months, you may submit a disability claim for that condition.

3 A pre-existing condition means a condition that was caused by or results from a sickness or injury for which you received medical treatment, or advice was rendered, prescribed or recommended, whether or not the sickness was diagnosed at all or was misdiagnosed within 3 months before your effective date, and results in a disability that begins in the first 12 months after your effective date. Time enrolled with the prior carrier does count toward satisfying the pre-existing condition.

Long-Term Disability Benefits

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
	Texas Income Protection Plan (TIPP) Long-Term Disability	**UT Benefits Long-Term Disability**
Vendor	ReedGroup Management LLC	BCBSTX Ancillary
ELIMINATION PERIOD AND SICK LEAVE REQUIREMENTS		
Elimination Period	180 days	90 days from onset of disability, during which you are continually disabled
Exhaustion of Sick Leave Mandatory	Yes	Yes
Sick leave	Must exhaust all sick leave including extended, donated, and sick leave pool.	Must exhaust all accrued sick leave and sick leave pool.
Vacation and other leave	Not required to use first	Not required to use first
BENEFIT AMOUNT		
% Of Salary Provided	60% of monthly salary	60% of monthly earnings
Maximum $	$6,000 per month	$15,000 per month
Reduction of Payments if benefits from other sources?	Yes	Yes
BENEFIT LENGTH		
Maximum Length	Until able to return to work ***OR*** Until you reach your Maximum Benefit Period (based on the age you become disabled) **OR** based on the condition causing your disability Exceptions: Disabled at 69+: 12 months	Until reach age 60, or beyond as indicated below: *Under Age 60:* To age 65, but not less than 60 months *Age 60-64:* 60 months *Age 65-69:* To age 70, but not less than 12 months *Age 70 and up:* 12 months
Mental Disorder/Substance Abuse Limitations	Disability due to nervous and medical conditions (with some exceptions): 24 months	24 month limit

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
EVIDENCE OF INSURABILITY (EOI)		
EOI Required - Initial Hire	Disability due to alcohol, drug, or substance abuse or addiction | 24 months	No
EOI Required - Annual Enrollment	Yes	Yes
EOI Required - Qualified Life Event	Yes	No
OTHER DETAILS		
Pre-existing condition exclusion	See details below[1]	See details below[2]
Other exclusions	See details below[3]	See details below[4]
Disability details	You must be certified as totally disabled by a physician	You may be totally or partially disabled under this plan
Additional benefits		dismemberment benefit, education benefit, rehabilitation benefit, catastrophic disability benefit, caregiver respite, caregiver training, emergency alert system, day care expense, worksite modification, conversion privilege
PREMIUM RATES		
Cost	$0.68 per $100 of monthly salary	$0.34 per $100 of monthly covered payroll

1 You cannot submit a disability claim for a medical condition for which you received medical treatment, advice, or services, or prescription drugs or medicine in the three months prior to the date your disability coverage started. After six months, you may submit a disability claim for that condition.

2 A pre-existing condition means a condition that was caused by or results from a sickness or injury for which you received medical treatment, or advice was rendered, prescribed or recommended, whether or not the sickness was diagnosed at all or was misdiagnosed within 3 months before your effective date, and results in a disability that begins in the first 12 months after your effective date. Time enrolled with the prior carrier does count toward satisfying the pre-existing condition.

3 Limitations and Exclusions viewable at: https://reedgrouptipp.wpenginepowered.com/wp-content/uploads/pdf/TIPP-le.pdf

4 The Policy does not cover any loss or Disability caused by, resulting from, arising out of or substantially contributed, directly or indirectly, to by any one or more of the following:

- A Pre-Existing Condition;
- Commission of, participation in, or an attempt to commit an assault or felony;
- Intentionally self-inflicted injuries;
- Attempted suicide, regardless of mental capacity;
- Participation in a war, declared or undeclared, or any act of war;
- Active Participation in a Riot;

Flexible Spending Accounts

Health Care

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023		BEGINNING SEPTEMBER 1, 2023
	TexFlex Health Care FSA	**TexFlex Limited-Purpose FSA**	**UT FLEX Health Care Reimbursement Account**
Vendor	PayFlex		Maestro Health
Eligibility	Not for Consumer Directed HealthSelect members	For Consumer Directed HealthSelect members only	Benefits-Eligible Employees
CONTRIBUTION AMOUNT			
Contribution Minimum	$180 Annually	$180 Annually	$180 Annually
Contribution Maximum	$2,850 Annually	$2,850 Annually	$2,850 Annually
Carryover allowed	Up to $570	Up to $570	No
TIMELINE			
Grace Period	No; Spend by 8/31	No; Spend by 8/31	Yes; Spend by 11/15
Filing Deadline	12/31	12/31	11/30
DETAILS			
	Pay for eligible health, dental and vision expenses.	Limited to dental and vision expenses.	Medically necessary health care expenses, including dental and vision-related expenses.

Flexible Spending Accounts

Dependent Care

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
	TexFlex Dependent Care FSA	**UT FLEX Dependent Care Reimbursement Account**
Vendor	PayFlex	Maestro
Eligibility	Benefits-Eligible Employees	Benefits-Eligible Employees
CONTRIBUTION AMOUNT		
Contribution Minimum	$180 Annually	$180 Annually
Contribution Maximum	$5,000 Annually	$5,000 Annually
Carryover allowed	No	No
TIMELINE		
Grace Period	Yes; Spend by 11/15	No; Spend by 8/31
Filing Deadline	12/31	11/30
DETAILS		
	Reimburses you for eligible child (under age 13) and adult care expenses .	For children under age 13/qualified disabled dependents of any age[1].

1 For children under age 13 or qualified disabled dependents of any age[1] who are claimed as dependents for federal income tax purposes.

Retirement Savings Plans



Mandatory Retirement Plans

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
TEACHER RETIREMENT SYSTEM OF TEXAS		
Contribution Rate	For 2023-24: 8.25% employee 8.25% employer	For 2023-24: 8.25% employee 8.25% employer
OPTIONAL RETIREMENT PROGRAM		
Vendors	Corebridge Financial (Formerly VALIC) Fidelity Investments Lincoln Financial Group Pentegra TIAA USAA LIC Voya Financial Waddell & Reed	Corebridge Financial (Formerly VALIC) Fidelity Investments Lincoln Financial Group TIAA VOYA Financial
Fees	Varies by vendor, with annual, administrative, and expense ratio fees	Expense Ratio fees (no annual or administrative fees) *M&E fees may apply for certain annuities*
Employee Contribution	6.65% employee contributions	6.65% employee contributions
Employer Match [1,2]	6.6% employer contributions*	8.5%*
Vesting	1 year and 1 day	1 year and 1 day

1 ORP matching rates are determined by each individual UT institution. Currently all UT institutions match at 8.5%.
2 Stephen F. Austin will determine its own match as a UT institution, pending approval by the Board of Regents.

Voluntary Retirement Plans

Deferred Compensation Plans

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
	ERS Texa$aver 457(b)	**UT Saver 457(b)**
Vendors	Administered by *Empower Retirement* through ERS	Corebridge Financial (Formerly VALIC) Fidelity Investments Lincoln Financial Group TIAA VOYA Financial
Type	Roth and Traditional	Roth and Traditional
Fees	Monthly Fee $1.50 ($18 annual) + Expense Ratios	Expense Ratio fees (no annual or administrative fees) *M&E fees may apply for certain annuities*
Advisor Services	Available for a Fee	Available, Fees may apply based on Vendor Selected
Limit	$22,500 for 2023	$22,500 for 2023
Age 50 Catch up	$7,500 for 2023	$7,500 for 2023
Special Catch Up	Up to $45,000[1]	Up to $45,000[1]
Employer Match	No Employer Matching Contributions	No Employer Matching Contributions

1 Terms and conditions apply

Voluntary Retirement Plans

Tax Sheltered Annuity Plans

COVERAGE	SEPTEMBER 1, 2022 - AUGUST 31, 2023	BEGINNING SEPTEMBER 1, 2023
	Stephen F. Austin 403(b)	UTSaver 403(b)
Vendors	Corebridge Financial (Formerly VALIC) Fidelity Investments Lincoln Financial Group Pentegra TIAA USAA LIC Voya Financial Waddell & Reed	Corebridge Financial (Formerly VALIC) Fidelity Investments Lincoln Financial Group VOYA Financial TIAA
Type	Traditional (Pre-tax) only	Roth and Traditional
Fees	Varies by vendor, with annual, administrative, and expense ratio fees	Expense Ratio fees (no annual or administrative fees) *M&E fees may apply for certain annuities*
Advisor Services	Available for additional cost	Available for additional cost
Limit	$22,500 for 2023	$22,500 for 2023
Age 50 Catch up	$7,500 for 2023	$7,500 for 2023
Service Catch-Up	Up to $3,000[1]	Up to $3,000[1]
Employer Match	No Employer Matching Contributions	No Employer Matching Contributions

[1] Terms and conditions apply

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UT Benefits

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