



The University of Texas System

RETIRED EMPLOYEE

Annual Enrollment & Resource Guide

FOR INSURANCE, RETIREMENT AND WELLNESS PROGRAMS

JULY 2023

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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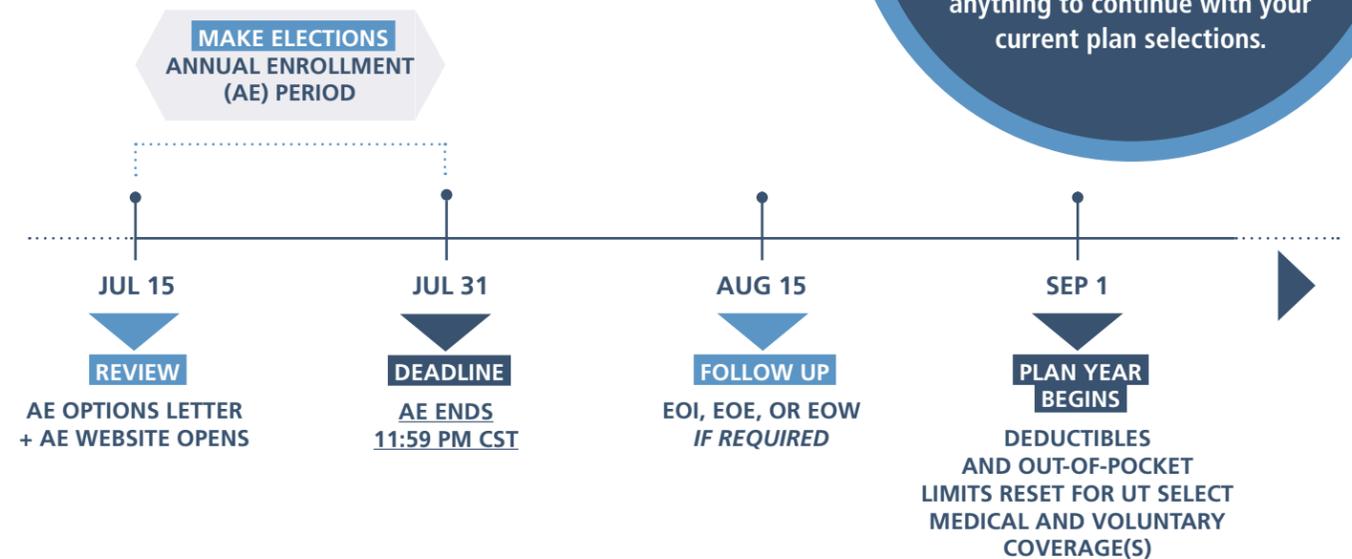
Important: Availability of Summary Health Information

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

UT Benefits for one. Health for UT System.

Annual Enrollment Timeline



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.

What to Expect in the New Plan Year

SEPTEMBER 1, 2023

- New ID cards for **UT SELECT™** medical and for any new plans elected. **UT CARE™** ID cards are not being reissued, but will be provided if **UT CARE** is a newly elected coverage.
- Deductibles and out-of-pocket limits reset (except for continuing **UT CARE** Medical and Part D).

ONGOING: KEEP IN TOUCH

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

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

BY JULY 15	 REVIEW MAKE INFORMED BENEFITS CHOICES WITH RESOURCES AVAILABLE TO HELP YOU	<p>Annual Enrollment Website available by July 15, 2023</p> <ul style="list-style-type: none"> Virtual and/or Annual Enrollment Meetings (at your institution) Insurance vendors available for plan-specific questions (see information on OEB Virtual Annual Enrollment website and 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, 2023</p> <p>UT Benefits Enrollment Options email or letter delivered by July 15 lists current coverage, options for coverage for the next plan year beginning September 1, 2023, 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 to add UT SELECT medical or UT CARE medical (if Medicare eligible). Newly added coverage is effective September 1, 2023. Make changes to your benefits to drop UT SELECT medical or UT CARE. Dropping these coverages will result in a loss of UT Medical insurance, Add or remove dependents, Change coverage options for certain plans, and Register for UT Living Well platform, powered by Limeade. <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, 2023</p> <p>Evidence of Insurability (EOI) is required to enroll in certain insurance coverage, including 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> <p>Evidence of Waiver (EOW) is required if you waive your UT group medical coverage and wish to apply premium sharing to pay for other eligible coverage. Medicare eligible retirees are not eligible for the UT SELECT medical plan.</p>
UT CARE™ MEDICARE PPO ENROLLMENT DETAILS		<p>UT CARE™ Medicare PPO (UT CARE)</p> <ul style="list-style-type: none"> Current UT CARE enrollees do not need to re-elect or change their medical coverage to remain in the UT CARE plan. Individuals not currently enrolled in a UT medical plan may enroll during this July's AE period. Medicare eligible participants will be enrolled into UT CARE effective September 1, 2023. Current UT CARE participants who drop their UT CARE insurance will be disenrolled from the retiree medical insurance program. More information about the UT CARE plan is available later in this newsletter.

Please review the premium rate changes below carefully.

PLAN	 RETIREE  RETIREE & SPOUSE  RETIREE & CHILD(REN)  RETIREE & FAMILY			
	PREMIUMS			
UT SELECT Medical	\$0 <i>no change</i>	\$312.50 \$21.80 <i>increase ▲</i>	\$326.84 \$22.80 <i>increase ▲</i>	\$615.40 \$42.94 <i>increase ▲</i>
UT CARE Medical <i>thru 12/31/2023</i>	\$0 <i>no change</i>	\$290.70 <i>no change</i>	\$304.04 <i>no change</i>	\$572.46 <i>no change</i>
UT SELECT Dental	\$28.52 <i>no change</i>	\$54.14 <i>no change</i>	\$59.66 <i>no change</i>	\$84.84 <i>no change</i>
UT SELECT Dental Plus	\$61.40 <i>no change</i>	\$116.60 <i>no change</i>	\$128.66 <i>no change</i>	\$183.30 <i>no change</i>
DeltaCare Dental HMO	\$8.80 <i>no change</i>	\$16.74 <i>no change</i>	\$18.50 <i>no change</i>	\$26.40 <i>no change</i>
Superior Vision	\$5.02 <i>no change</i>	\$7.90 <i>no change</i>	\$8.10 <i>no change</i>	\$12.84 <i>no change</i>
Superior Vision Plus	\$7.64 <i>no change</i>	\$11.98 <i>no change</i>	\$12.82 <i>no change</i>	\$18.10 <i>no change</i>

Tobacco Premium Program
 \$0 to \$90 per month based upon tobacco user status

Basic Coverage package includes medical, prescription, \$10,000 Basic Life for retirees.

VOLUNTARY GROUP TERM LIFE RATES
 Please be sure to review the rate associated with your age as of September 1, 2023.

RETIREE RATE CHART	
AGE OF SUBSCRIBER ON 9/01/2023	RATE PER \$1,000 COVERAGE
15 - 19	\$0.035
20 - 24	\$0.035
25 - 29	\$0.035
30 - 34	\$0.035
35 - 39	\$0.045
40 - 44	\$0.059
45 - 49	\$0.092
50 - 54	\$0.142
55 - 59	\$0.221
60 - 64	\$0.345
65 - 69	\$0.616
70 - 74	\$0.713
75 - 79	\$0.884
80 - 84	\$1.549
85 - 90	\$1.549
90 and over	\$1.549

Keep Your ID Cards

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

Current and new **UT SELECT™** and new **UT CARE™** enrollees will receive new medical and prescription ID cards. Contact the insurance carrier to request additional cards.

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 2023-2024 plan year.

Keep your current **UT CARE** Medical and Part D ID cards as these are not being updated at this time.



UT SELECT™ Medical Plan Overview for 2023-2024

REVIEW

The 2023-2024 benefits plan year begins on September 1, 2023, and there are no benefits plan design changes this year related to deductibles, copayments or coinsurance. The single plan design change for 2023-2024 plan year is in accordance with the Affordable Care Act out-of-pocket (OOP) maximum which increases to \$9,100 per individual (from \$8,700) and \$18,200 (from \$17,400) for families. The ACA Annual OOP maximum includes all medical and prescription drug deductibles, copayments, and coinsurance for an individual or family.

Even with the increase to the ACA OOP maximum, it's important to recognize that the UT SELECT™ Medical plan continues to maintain a Gold Level plan rating according to the Affordable Care Act. This rating is significant as it validates the plan provides a high level of coverage and meets standards where the overall insurance plan pays 80% or more of costs.

As a reminder, retirees receive their UT SELECT Medical and UT CARE Medical plan at no cost and 50% premium sharing is provided for dependents.

There is a slight premium rate increase for dependent coverage for enrollees of the UT SELECT Medical plan. Any rate increases for UT CARE enrollees will occur on January 1, 2024. Please see the premium rate table within this newsletter for details.

ABOUT UT CONNECT

For participants enrolled in the UT CONNECT Medical plan, a pilot program between UT Southwestern Health Resources and UT System, this plan is ending on August 31, 2023. Current UT CONNECT participants will transition to UT SELECT Medical effective September 1, 2023. Please see the article within this newsletter for more details about this transition and what to expect in terms of receiving your new UT SELECT ID cards and other relevant information.

UT Health Network

Enhanced Benefit Tier for UT SELECT™ Medical



REVIEW

The UT Health Network is part of an enhanced plan design for the UT SELECT Medical plan. When receiving services from certain UT providers and certain UT medical facilities, UT SELECT Medical plan participants will save on out-of-pocket costs.

HOW DOES THE UT HEALTH NETWORK BENEFIT WORK?

The UT Health Network benefit tier features lower copays and coinsurance when you visit a participating UT provider at a participating UT facility. You can also save on provider charges when treatment is received from a participating UT provider at a non-participating facility.

	UT HEALTH NETWORK BENEFIT	UT SELECT IN-NETWORK BENEFIT
PRIMARY CARE	\$20 copay	\$30 copay
SPECIALIST	\$40 copay	\$50 copay
EMPLOYEE CLINIC	\$10 copay	\$30 copay
DEDUCTIBLE	\$600	\$600
COINSURANCE	10%	20%
INPATIENT COPAY	Deductible plus 10% coinsurance	\$200 / day (\$1,000 max/admission) plus 20% coinsurance

WHERE CAN I RECEIVE SERVICES UNDER THE UT HEALTH NETWORK?

Services received at participating UT facilities and Employee/Nursing Clinics offer the greatest savings under the UT Health Network. Below is a listing of the points of service.

WHO IS PARTICIPATING IN THE UT HEALTH NETWORK?

- UT Medical Branch Galveston facilities & providers;
- UT Health Northeast (Tyler) facilities & providers;
- UT Rio Grande Valley providers and facilities;
- UT Austin, UTHealth Houston, and UT Health San Antonio Employee & Nursing Clinics and University Health System in San Antonio; and
- UT Dallas Callier Center for audiology and hearing aids

The UT Health Network benefit is not available at this time for services received from UT Southwestern, or UT MD Anderson Cancer Center physicians or facilities. Your regular UT SELECT Medical in-network benefits apply for these providers and locations.

You can log into Blue Access for Members to access the Provider Finder® specific to UT SELECT Medical, where participating providers and facilities are clearly marked as being part of the UT Health Network. You must be logged in to see the "UT Health Network" designation – www.bcbstx.com/ut.

BENEFITS EXAMPLES

Your UT Health Network benefit applies depending on the status of the provider and facility as shown below.

- **Visit to a Participating Employee or Nursing Clinic**
Member pays \$10 copay.
- **Office Visit with a UT Provider (at any Facility)**
Member pays office visit copay of \$20 or \$40.
- **Inpatient or Outpatient Services with a UT Provider at a participating UT Facility**
Member pays regular \$600 deductible, 10% coinsurance on provider and facility charges, and a \$0 inpatient/\$200 outpatient copay.
- **Inpatient or Outpatient Services with a UT Provider at a nonparticipating Facility**
Member pays regular \$600 deductible, 10% coinsurance on provider charges, 20% coinsurance on facility charges, and \$200 facility copay per day (\$1,000 maximum per admission).

Your prescription drug benefits are included as part of your **UT SELECT** medical plan and the prescription plan is administered by Express Scripts, Inc.

There are no plan design changes to the **UT SELECT** Prescription plan this plan year. Deductibles and copayment amounts will remain the same for the new plan year beginning September 1, 2023.

We want to remind members there are a number of ways to help you maximize your prescription benefit and save you money. These options include filling 90-day maintenance medications via home delivery and at certain retail locations and substituting generic medications when available.

REMINDER: MORE OPTIONS AVAILABLE FOR FILLING YOUR 90-DAY MAINTENANCE MEDICATIONS

As part of your **UT SELECT™** 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 ESI pharmacy (including Express Scripts home delivery, 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](https://www.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 participating ESI retail 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 90-day maintenance medication benefit or want assistance to help you get started, call Express Scripts at **800-818-0155** 24 hours a day, 7 days a week.

REMINDER: MID-YEAR FORMULARY CHANGES

While mid-year formulary changes don't occur frequently, it is possible that a medication can change co-pay tiers during the plan year. For more information on what your cost will be please use the member website at www.express-scripts.com where you can run drug coverage checks to see your cost.

WHAT TO KNOW ABOUT SPECIALTY MEDICATIONS

If you or a family member is diagnosed with a chronic condition, you may be prescribed a drug classified as a specialty medication. Conditions requiring treatment with specialty medications are hemophilia, multiple sclerosis, cancer and many others.

Your **UT SELECT** plan covers specialty medications through Express Scripts' specialty pharmacy Accredo. Accredo's specialty-trained pharmacists and nurses work with your doctors to provide you with hyper-focused care and support throughout your treatment, which includes:

- Clinical support around the clock with specialty-trained pharmacists and nurses available 24/7 to answer any questions,
- Nurses to provide one-on-one support to help you administer your medication;
- And assistance to get you your medication and supplies delivered to you with free shipping at no additional charge.

UT HEALTH INSTITUTIONS SPECIALTY PHARMACIES

Many UT Health institutions have a specialty pharmacy onsite. If you've been prescribed a specialty medication, ask your UT pharmacy today if you're able to fill your specialty prescription there for added convenience and support.

UPDATE: CERTAIN WEIGHT LOSS MANAGEMENT DRUGS NOT COVERED

The **UT SELECT** and **UT CARE** prescription drug plans, both administered by Express Scripts, have covered Wegovy® and Saxenda® for weight loss and weight loss management. The cost has risen under the plan from approximately \$1.5 million per month 18 months ago to over \$5 million per month as of May 2023. There are approximately 3,100 plan members using these medications.

Cost analysis on these medications indicates they are currently the costliest prescription drugs paid for by the plan on an annual basis, even more costly than medications for complex conditions like cancer. The UT System Office of Employee Benefits has engaged Express Scripts, the pharmacy manufacturers of these medications, as well as a System-Wide committee of UT clinical experts. Extensive time has been dedicated to monitoring the cost, developing solutions to lower cost, and suggesting plan design options to reduce cost. We have also monitored compliance with these medications under the plans and see less than 46% of the population using these medications, remain on the medication.

This equates to a significant cost to the plan with less than desirable compliance with medication and treatment protocols. At the same time, new members are beginning the medication each month.

We recognize some patients are benefiting from using these medications and staying compliant with their weight loss journey. However, the plan is not seeing the expected reduction in cost for other conditions a member may be attempting to control as a result of using Wegovy or Saxenda. These savings are not being realized due to the excessive cost the drug manufacturer charges for the weight loss medication.

Until compliance for these medications increases and drug manufacturers are willing to adjust pricing, these weight loss medications will no longer be covered by the **UT SELECT** and **UT CARE** plans effective September 1, 2023.

Continuing to dispense these medications would add an additional \$73 million dollars a year to the prescription plans, an amount that is unsustainable due to the current rate of prescription drug expenditures. These costs would equate to a need to increase premiums for the entire **UT SELECT** and **UT CARE** population an additional 2.5-3%.

Members currently utilizing either Wegovy or Saxenda should consider reaching out to the manufacturers of these medications and inquire if there are prescription discount opportunities available.

Enrolling in or Making Changes to Your UT CARE™ Coverage During Annual Enrollment

During the July 15, 2023 Annual Enrollment period, retirees have a chance to make changes to their benefits. With that opportunity, there are some key details to be aware of when it comes to how these changes may impact your UT CARE coverage.

FOR PARTICIPANTS CURRENTLY ENROLLED IN UT CARE

- You do not have to do anything and your UT CARE coverage will continue. However, if you decide to drop or cancel your UT CARE coverage, any dependent covered by the retiree will also lose their own medical insurance through UT.

FOR PARTICIPANTS NOT CURRENTLY ENROLLED IN UT CARE

- If you're eligible for UT CARE but have not been enrolled in the plan due to having outside coverage, or perhaps you opted out, you can elect UT CARE during Annual Enrollment and your UT CARE coverage will begin September 1, 2023, assuming you have Medicare Parts A and B;
- If you have a dependent who is Medicare eligible and not enrolled in the UT CARE plan, you can add the dependent during Annual Enrollment and their coverage will begin September 1, 2023, assuming they have Medicare Parts A and B;

STILL NOT ENROLLED IN MEDICARE PART A AND B OR ENROLLED IN A AND B BUT UNDECIDED ABOUT UT CARE?

- In addition to the UT Annual Enrollment period in July, the Centers for Medicare and Medicaid Services (CMS) requires there be a Medicare open enrollment period each year for Medicare eligible participants to enroll in Medicare. For Medicare eligible retirees, during the CMS enrollment period (November 1 – November 15), you can enroll in UT CARE during this enrollment period for a coverage effective date of January 1, 2024. You can also drop or cancel the UT CARE plan during the enrollment period and your UT CARE coverage will end December 31, 2023. However, doing so means you will not have any the UT CARE Medicare medical insurance plan as a retiree, and your next opportunity to enroll will be Annual Enrollment in July 2024.

To learn more about the basics of the UT CARE Medicare PPO plan, read the *Medicare and UT CARE: Know the Basics* article in this newsletter.

Medicare and UT CARE™: Know the Basics

ENROLLING IN MEDICARE

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 maximum benefits and be enrolled in the UT CARE plan.

UT CARE MEDICARE PPO PLAN YEAR

Medicare plans operate on a calendar plan year from January 1 – December 31. So, even though it's Annual Enrollment, any changes impacting enrollment into UT CARE Medicare coverage will have the current plan design provisions from now until December 31. Any new plan design features or changes will take effect on January 1, 2024.

WHAT ARE THE BENEFITS OF THE UT CARE MEDICARE PPO MEDICAL PLAN?

The benefits in the UT CARE Medicare PPO plan are designed to match or exceed the current UT SELECT plan. As an enrollee, you have:

- \$0 annual medical deductible
- \$0 copay for primary care physician services, inpatient care, skilled nursing care, emergency care, and many other benefits.
- For a broad review of the UT CARE Medicare PPO plan, please see OEB's UT CARE Medicare plan webpage at utbenefits.link/utcare.

UT CARE PART D PRESCRIPTION BENEFITS

Your prescription benefit in the UT CARE Medicare plan is the UT CARE Part D prescription drug plan. This plan has the familiar deductible and copays of the employee prescription drug plan, and UT System will automatically enroll Medicare-eligible retirees and Medicare-eligible dependents of retirees into the UT CARE Part D drug plan.

Like the UT CARE Medical plan, the plan year for the UT CARE Part D plan has a January 1 – December 31 calendar plan year which is when the annual deductible resets. Any other plan changes will take effect at that time as well.

ARE YOU STILL AN ACTIVE UT EMPLOYEE?

If the answer is yes, then even if you're eligible for Medicare (age 65 or older), you'll remain in the employee UT SELECT plan until you retire. Be sure to enroll in Medicare Parts A and B before retirement to ensure a smooth transition into the UT CARE plan upon retirement.

Also, if you've retired and return to work at UT for 20 hours or more per week, your enrollment in UT CARE will revert to UT SELECT until such time as you're no longer employed for 20 hours or more.

PLEASE NOTE

Enrolling in an outside Medicare plan makes you ineligible to be enrolled in the UT CARE PPO plan due to CMS rules which allow you to be enrolled in only one Medicare plan at a time.

UT CONNECT ACO Plan: Pilot Program Ends August 31, 2023

The **UT CONNECT** Accountable Care Organization (ACO) medical plan was an initiative between UT Southwestern Medical Center, Southwestern Health Resources and UT System. The pilot program, which began September 1, 2018, **will end on August 31, 2023** and current **UT CONNECT** participants will be automatically transitioned to the **UT SELECT** Medical plan for coverage beginning September 1, 2023.

Below are some questions and answers to inform and help prepare current **UT CONNECT** participants for their transition to **UT SELECT**.

Q: WHY IS THE UT CONNECT ACO MEDICAL PLAN ENDING?

A: The **UT CONNECT** ACO plan was a pilot program requested by UT Southwestern Medical Center and Southwestern Health Resources to determine how an Accountable Care Organization (ACO) model of care would perform compared to a PPO care model such as **UT SELECT**. Reasons contributing to the end of the **UT CONNECT** plan include: 1) the pilot program was not intended to become a permanent plan offering within the UT Benefits platform; 2) Southwestern Health Resources was able to meet their goal of obtaining insight into the way an ACO plan worked when compared to a PPO stand-alone plan within the UT population; and 3) a typical ACO model, to work at maximum efficiency, requires enrollment of approximately 5,000 members. Given that insights had been gained and participant enrollment was insufficient to support the continued administrative and financial commitments necessary to sustain a second medical plan in addition to **UT SELECT**, **UT CONNECT** will conclude on August 31, 2023.

Q: DO I NEED TO MAKE CHANGES DURING ANNUAL ENROLLMENT TO MOVE TO UT SELECT MEDICAL FOR MYSELF AND/OR FAMILY?

A: No. Your coverage and any family members covered on your **UT CONNECT** Medical plan will be automatically changed to **UT SELECT** for coverage effective September 1, 2023.

Q: IF I DON'T WANT TO BE ENROLLED IN UT SELECT OR WANT TO CHANGE MEDICAL BENEFITS FOR A FAMILY MEMBER, DO I NEED TO DO ANYTHING?

A: Yes, to make changes to your **UT SELECT** Medical elections aside from your automatic enrollment into **UT SELECT**, you must log into *My UT Benefits* between July 15 – July 31 and make those changes.

Q: WHEN WILL I GET NEW ID CARDS?

A: New **UT SELECT** ID cards will arrive prior to September 1, 2023.

Q: WHAT IS MY MONTHLY COST FOR UT SELECT DEPENDENT COVERAGE?

A: Coverage is free for full-time employees and retirees. For premium rates for dependents, please review the premium rate chart in this newsletter.

Q: WILL MY (OR FAMILY MEMBERS') DOCTORS BE IN THE UT SELECT NETWORK?

A: Yes, unless your **UT CONNECT** physician has ended their network agreement with BCBSTX. The BCBSTX PPO network is actually much larger than the ACO network. No Primary Care Physician (PCP) designation is required on the **UT SELECT** network.

Q: WHAT IF I'M BEING ACTIVELY TREATED FOR A CONDITION WHEN MY COVERAGE CHANGES ON SEPTEMBER 1, 2023?

A: Unless hospitalized on August 31, 2023 into September 1, 2023, your benefits on September 1, 2023 will transition to **UT SELECT** and all deductibles and out of pocket maximums reset. If you're hospitalized as you move to September 1, 2023, please contact BCBSTX **UT SELECT** Customer Service for assistance and coordination of your ongoing care.

Q: HOW DO I FIND OUT MORE ABOUT THE UT SELECT MEDICAL PLAN?

A: The current 2022-2023 **UT SELECT** Medical Guide is available online on the Office of Employee Benefits website. The 2023-2024 **UT SELECT** Guide will be available on or about September 1, 2023.

NEW Headway Behavioral Health Fits Your Needs

If you're ready to see a mental health specialist but are overwhelmed by the process, you're not alone. It can take a great deal of effort to find a provider who has open sessions that fit your schedule and aren't months away. Introducing Headway Behavioral Health as part of your **UT SELECT** Medical plan to help you with these types of situations.

With Headway, you can find the right fit with a specialized provider from over 4,000+ mental health clinicians committed to providing high quality care across Texas. Through an easy-to-use platform, you can find providers who accept your **UT SELECT** Medical insurance and book and manage appointments and even pay directly through the Headway website.

Headway's personalized matching support can help match you with a provider who fits your needs using a questionnaire, or through a one-to-one conversation with their support team if that's your preference.

Headway lets you see what's available and book mental health visits online, quickly, and easily. Most people are able to start getting care within a week. Try it out at headway.co/m/bcbstx.

- 1. Find the right fit** | Share your preferences, and the site will search through thousands of therapists and psychiatrists to find your matches.
- 2. Get the in-network price** | Add your health plan details, and see the cost for your session. Headway providers are in-network for most Blue Cross and Blue Shield of Texas plans.
- 3. Book your session** | See open dates and times for virtual or in-person appointments, and book the one that works for you.

Headway is a contracted provider Blue Choice PPO and Medicare Advantage PPO.

For a list of additional behavioral health resources visit utbenefits.link/stressless.

Fertility Benefit for UT SELECT Medical

Beginning its second year in the **UT SELECT** plan, the Progyny benefit offers inclusive and comprehensive treatment coverage leveraging the latest technologies and treatments, access to high-quality care through a premier network of fertility specialists, and personalized emotional support and guidance from dedicated Patient Care Advocates (PCAs).

Progyny's mission is to make dreams of parenthood come true through a healthy, timely, and supported family building journey. The benefit is designed to support all paths to parenthood, removing barriers to care so you and your doctor can create the customized treatment plan that is right for you. The program bundles all the individual services, tests, and treatments you may need into a Progyny Smart Cycle. That means you won't run out of coverage mid treatment cycle, and you can focus on the most effective treatment plan for you.

The **UT SELECT** Progyny benefit allows members to have access to the following:

- (2) Smart Cycles; flexible coverage to pursue your unique path to parenthood
- Progyny Rx (integrated fertility medication coverage)
- Fertility Preservation (egg and sperm freezing coverage)
- Donor Tissue Purchase (egg and sperm coverage)

To access the Progyny benefit, the person(s) receiving fertility treatment must have been continuously enrolled for 12 months in an employee health plan offered through The University of Texas System. Enrollment in the Student Health Plan does not count towards the 12 months of continuous coverage. Your coverage will be subject to copays. To learn more and activate your benefit, you can reach out to your dedicated PCA at 844-535-0711.

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

We know the key to helping members partner with their health plan is to ensure awareness and access. An Advocate helps **UT SELECT™** participants by:

- Connecting members to providers;
- Sorting out complex cases for members;
- Helping employees and retirees understand their health benefits better;
- Helping participants shop for quality, lower-cost health care; and
- HAS representatives are available 24/7 to provide expert level customer service and assistance.

Health Advocates are on the job and ready to help. Just call a health advocate at **866-882-2034** or download the BCBSTX app to chat live with a health advocate today. They can assist you in coordinating your care through the offered programs. Health advocates do not replace the care of a doctor and you should talk to your doctor about any medical questions or concerns.

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. Your medical provider, including UT Health providers, may offer telehealth consultations by phone or video. If they don't, MDLIVE® offers 24/7/365 access to virtual visits for your primary care and behavioral health needs. You don't have to leave the comfort of your own home to talk to a doctor, and best of all, your virtual visit with MDLIVE® has a \$0 copay!

With virtual visits, you get:

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

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

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

Download the MDLIVE® app now and register. It's simple and 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 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.

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 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 package.

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

LIVONGO – A HIGH-TECH APPROACH TO MANAGING DIABETES AND BLOOD PRESSURE

With Livongo you can...

- **Get Unlimited Strips** – Including Delivery: Get an easy-to-use blood glucose meter, blood pressure monitor, and as many strips and lancets as you need, all shipped directly to you.
- **Enjoy Peace of Mind With 24/7 Support:** A Livongo expert coach can contact you within minutes of an out-of-range blood reading to help you safely get back on track.
- **Get Answers:** Expert coaches are available to answer your questions on blood sugar, blood pressure, managing medications, nutrition, and living a healthy lifestyle. Chat by phone, or ask quick questions in your Livongo app.
- **Worry Less About Cost:** Livongo is a benefit provided for you and your covered dependents, as part of your **UT SELECT** plan at no additional cost to you.

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

NEW! LEARN TO LIVE, BASED ON COGNITIVE BEHAVIORAL THERAPY (CBT)

Learn to Live (L2L) is a behavioral health digital platform available to **UT SELECT™** members which offers condition-specific programs, each delivered in a user-paced multimedia experience. Services are also available on demand with the options for one-to-one clinician coaching services.

The seven self-directed programs are available in English and Spanish:

- Depression
- Stress, Anxiety & Worry
- Social Anxiety
- Insomnia
- Panic
- Resilience
- Substance Use

How to Register

There are two ways to enroll.

Visit the BCBSTX **Blue Access for Members** website to enroll and complete a comprehensive clinical assessment (confidential).

1. **UT SELECT™** members log in at **bcbstx.com/ut**
2. Click **Wellness**
3. Choose **Learn to Live**

Or, visit the **Learn to Live** website and follow these steps to enroll.

1. Go to **www.learntolive.com/welcome/BCBSTX**
2. Enter Access Code: **BETTERME**
3. Once you enter the access code, you will be prompted to enter your **BCBSTX identification number**

If you have questions, **UT SELECT™** members can call a **Health Advocate at 866-882-2034**, and **UT CARE** members can call **customer service at 888-399-8889**.

About L2L

Learn to Live (L2L) offers customized, user-paced, online programs based on the proven principles of Cognitive Behavioral Therapy (CBT). The programs are confidential, accessible anywhere, and based on years of research showing online CBT programs to be as effective as face-to-face therapy.

If you are in need of a behavioral health specialist you can find a list of providers by login into the BCBSTX Blue Access for Members for **UT SELECT™** and **UT CARE** members.

If you are in crisis, call the national hotline at 1-800-273-TALK (8256) or call 911 if you feel you are in immediate danger.

OVIA HEALTH: A DIGITAL SUPPORT PROGRAM

Ovia Health (for **UT SELECT** participants only) provides maternity and family apps to support you through your entire parenthood journey. These apps are included with your **UT SELECT™** health plan, offered through Blue Cross and Blue Shield of Texas (BCBSTX).

With Ovia, you'll have access to enhanced, personalized health and wellness features:

- **Health assessment and symptom tracking** | Receive alerts and predictive, personal coaching when Ovia detects a potential medical issue.
- **More than fifty physician-developed clinical programs to help you be as healthy as possible** | Engage with personalized health and wellness programs to help you navigate infertility, sexual health, birth planning, preterm delivery, mental health, breastfeeding, and more.
- **Menopause Component with Comprehensive health tracking and data feedback** | Ability to track symptoms, moods, sleep, exercise, nutrition, medications, relationships and more in order to keep record and recognize patterns. Personalized data feedback based on what was tracked will educate on potential triggers of symptoms and help identify less commonly known symptoms as coming from menopause.
- **Unlimited 1-on-1 coaching** | Message instantly with Registered Nurse health coaches to ask all your questions.
- **Career and return-to-work programs** | Find coaching and career advice for preparing for maternity leave, returning to work, and being a working parent.

Download the app that's right for you:

Ovia – Support for reproductive health, fertility and menopause	Ovia Pregnancy – Ongoing support for your healthiest, happiest pregnancy	Ovia Parenting – Go-to resource for family and working parents
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To create an account, choose **"I have Ovia Health as a benefit"** before tapping **"Sign up"** and make sure to select BCBSTX as your health plan and enter your employer name. You'll also need to enter your first and last name (as listed with your health plan), date of birth and ZIP code. Once you accept the terms and conditions, you're ready to explore Ovia!

You can also contact a health advocate at **866-882-2034** for more information or should you have any questions.

OVERCOME BACK, KNEE, HIP, NECK AND SHOULDER PAIN WITH HINGE HEALTH

Hinge Health is an innovative digital health solution to help you get relief from back, knee, hip, neck and shoulder 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.

SEASONS OF LIFESM

Seasons of Life is a proactive outreach program offered through your **UT SELECT™** and **UT CARE** benefits and Blue Cross and Blue Shield of Texas (BCBSTX) that provides personalized claims resolution assistance to you and your dependents who may be dealing with the death of a loved one.

When BCBSTX learns of a death, a specially trained customer advocate will send a handwritten sympathy card. This advocate will become your single point of contact for the duration of the program. You and/or your family can then contact the customer advocate at a time that is convenient for you to discuss any insurance-related matters.

BCBSTX will conduct a full review of the deceased's reimbursement history, claims status and customer service history before contacting you and/or your family, so the customer advocate can anticipate needs and ensure that compassionate help is available when it's needed most.

While the Seasons of Life program is launched proactively based on information provided to BCBSTX, please know that you and/or your dependents can contact a health advocate for assistance if needed. Simply call **866-882-2034**.

CANCELLATION OF UT SELECT AND/OR UT CARE COVERAGE DUE TO NON-PAYMENT

Benefits-eligible Retired Employees are responsible for making timely payment of out-of-pocket premiums for all voluntary coverage that has been elected such as Retiree Spouse Medical, Dental, Vision and Voluntary Life Insurance.

REMEMBER: Any voluntary coverage cancelled due to nonpayment of premium must be resolved before that voluntary coverage may be re-added.

HOW DO I RE-ADD MY COVERAGE?

If your coverage is terminated due to nonpayment, election of voluntary coverage during any future enrollment period will be prohibited until the nonpayment status has been resolved. Payment will be required in an amount equal to the out-of-pocket premiums that would have been owed for the remainder of the plan year in which the voluntary coverage you elected was canceled.

After full payment has been submitted for the cancelled coverage, you will be permitted to re-elect those voluntary coverages in a future Annual Enrollment period, or following a qualified change of status event.

WHAT IF I DON'T PAY FOR THE CANCELLED COVERAGE?

If you choose to not pay the past due premiums for the cancelled voluntary coverages, you will not be permitted to elect them again in the future. Retirees will retain their Basic Medical and Basic Life (\$10,000) coverage because the full cost is paid by premium sharing. Voluntary coverage will be available to you again only after nonpayment status has been resolved.

You should also be aware that re-enrollment in Voluntary Group Term Life coverage that was terminated due to nonpayment requires completion of Evidence of Insurability.

Make your Premium Payments Through your TRS Annuity

Benefits-eligible Retired Employees can assure themselves of timely payment of **UT SELECT** and/or **UT CARE** premiums by having those premiums deducted through their TRS annuity. Best of all, it's simple, easy and quick to sign up.

To sign up, all you need is to have your account balance current, you'll fill in a few pieces of information on the form, and in most cases you will be set up for the next payment month.

Deductions will happen each month and you'll receive the remainder of the check balance after that.

Never worry again about missing a payment or having a bank account mishap. Just set it up and forget about it, we've got you taken care of.

Please contact our UT Benefits Billing or your local Benefits Office for the easy to fill out form to get set up today!

utbenefitsbilling@utsystem.edu or **855-688-2455**.

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.

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 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 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. In most cases, 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 PLAN OPTIONS

There are no changes to the vision plan design or to rates for the 2023-2024 plan year. 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 to select the plan that best meets your or your family's 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 above, 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**.

Blue Cross Blue Shield of Texas (BCBSTX) Ancillary Group Term Life Insurance

Group Term Life (GTL) insurance from Blue Cross Blue Shield of Texas (BCBSTX) Ancillary (formerly known as Dearborn National) can help ensure financial security for your family and loved ones upon your death.

Retirees have the Basic Retiree Group Term Life coverage amount of \$10,000.

There are no changes to Retiree Voluntary GTL coverage options for plan year 2023-2024. Benefits for Life insurance include:

- With Evidence of Insurability (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 requires EOI.

RATES FOR VOLUNTARY LIFE

Review the rate associated with your age as of September 1, 2023.

RETIREE RATE CHART	
AGE OF SUBSCRIBER ON 9/01/2023	RATE PER \$1,000 COVERAGE
15 - 19	\$0.035
20 - 24	\$0.035
25 - 29	\$0.035
30 - 34	\$0.035
35 - 39	\$0.045
40 - 44	\$0.059
45 - 49	\$0.092
50 - 54	\$0.142
55 - 59	\$0.221
60 - 64	\$0.345
65 - 69	\$0.616
70 - 74	\$0.713
75 - 79	\$0.884
80 - 84	\$1.549
85 - 90	\$1.549
90 and over	\$1.549

BENEFICIARY DESIGNATIONS

The beneficiary designation often gets overlooked by participants in a group life insurance plan. Keep in mind that there is basic life insurance with enrollment in the **UT SELECT™** and **UT CARE** medical plans. So, almost all our retirees have at least that basic coverage and many have additional voluntary coverage.

While your current beneficiary information may be on file with our current carrier BCBSTX Ancillary, you are encouraged to update it in the enhanced *My UT Benefits* platform for fast and easy online beneficiary management.

Online Beneficiary Management:

- Allows you to quickly designate and update beneficiary information anytime of the day or night;
- Helps avoid legal disputes and provides a safeguard for confidential information;
- Is offered to you at no charge; and
- Is secure and designed to protect privacy.

Beneficiaries can be changed as often as circumstances shift and your changes take effect immediately. Don't forget to update your beneficiary information when you experience important life events like marriage, divorce, or retirement. You'll have an online record of your life insurance designations.

Living Well Make It a Priority

The UT System Living Well program provides a variety of resources to enable employees, retirees, and dependents who participate in the **UT SELECT™** and **UT CARE™** 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.

UT LIVING WELL PLATFORM POWERED BY LIMEADE

The well-being and engagement platform is designed to help you achieve your physical, emotional, financial, and work well-being goals with personalized activities. Register at ut.limeade.com and complete the Well-Being Assessment to personalize your experience.

Once you've registered, download the **UT Living Well app powered by Limeade ONE** (available for iOS or Android) and enter "UTX" or "University of Texas System" to get started.

The UT Living Well platform powered by Limeade is available to **UT SELECT™** and **UT CARE™** members (employees, retirees, and dependents) ages 18+.

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: (866) 882-2034**, 24 hours a day, 7 days a week.

SPECIALIZED PHARMACISTS

If you take medications to treat high cholesterol, diabetes, or one of several other conditions, specialized 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) provides resources to assist you dealing with concerns about 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.

WELLNESS ACTIVITY CHALLENGES

Team up with colleagues in the wellness challenges hosted on the Living Well Platform for the opportunity to bring the coveted traveling trophy to your institution.

WONDR HEALTH

Wondr is a 100% digital weight loss program that teaches clinically-proven skills through weekly master classes. Program is available to all **UT SELECT** and **UT CARE** medical plan members 18 years old and above, including employees, retirees, spouses, and dependents who have not started a class within the last 12 months.

TOBACCO CESSATION RESOURCES

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

FITNESS DISCOUNT PROGRAM

This program offers **UT SELECT** and **UT CARE** members access to a variety of gyms throughout the state and virtual classes at a discounted monthly rate, plus the ability to switch facilities anytime. For more information, log on to Blue Access for Members (BAM), and select the icon for the Fitness Program.

FINANCIAL WELLNESS

UT System provides many resources to help you learn about personal finances and how to plan for your retirement. We've partnered with five of the leading investment companies in the nation to provide representatives on your campuses to help you as you consider your future financial health.

CENTERED APP

The Centered app (for iPhone) by BCBSTX is designed to reduce stress by helping users add mindful activity to their daily routines. Through the app, you can set goals for mindful minutes, choose from a variety of guided activities and track how your mood is impacted by meditation and activity.

LEARN TO LIVE

Learn to Live (L2L) is a behavioral health digital platform available to **UT SELECT** and **UT CARE** members which offers condition-specific programs, each delivered in a user-paced multimedia experience. Services are also available on demand with the options for one-to-one clinician coaching services. The seven self-directed programs are available in English and Spanish:

- Depression
- Stress, Anxiety & Worry
- Social Anxiety
- Insomnia
- Panic
- Resilience
- Substance Use

SILVER SNEAKERS FOR RETIREES

Silver Sneakers provides access to local fitness facilities for retirees and their spouses (age 50+). This program helps retirees take greater control of their health through physical activity, education and social interaction.

LEARN MORE

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

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, The Employees Retirement System of Texas, or The Teacher 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.

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

- LOGIN FOR MEMBERS FROM**
- UT ARLINGTON
 - UT DALLAS
 - UT EL PASO
 - UT HEALTH HOUSTON
 - UT HEALTH SAN ANTONIO
 - UT HEALTH TYLER
 - UT MD ANDERSON
 - UTMB GALVESTON
 - UT PERMIAN BASIN
 - UT RIO GRANDE VALLEY
 - UT SAN ANTONIO
 - UT SOUTHWESTERN
 - UT SYSTEM
 - UT TYLER

(Preferred browsers are Google, Chrome, Safari, latest version of Microsoft Edge, and Firefox).

Go to the login options > utbenefits.link/manage

1 CHOOSE THE RETIRED EMPLOYEE OPTION

2 LOGIN WITH YOUR USERNAME AND PASSWORD

The Office of Employee Benefits (OEB) will email or mail your personalized login information to the email (or mailing address if email is unavailable). Please keep this information for your reference as it contains the Username to use now for Annual Enrollment and in the future any time you need to make changes or view your benefit information. UT has standardized usernames, and you must use this username sent to you.

If you have a password from last year, please use that or use the Reset Password option.

If this is your first time to login as a retiree, your password is your last name (first letter capitalized) + last 4 digits of your social security number

Example: Smith1234

You may update your password, but you may not update your Username.

For login or navigational support call **844-870-0044**.

LOGIN FOR MEMBERS FROM UT AUSTIN (ONLY)

(Preferred browsers are Google, Chrome, Safari, latest version of Microsoft Edge, and Firefox).

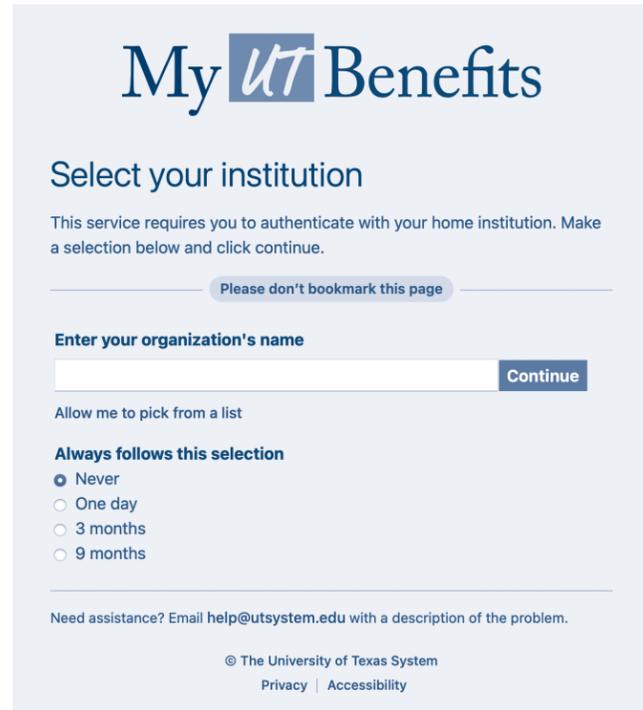
Login to > utbenefits.link/ssomyutbenefits

1 LOG IN TO MY UT BENEFITS

By July 15 you will receive an email or letter titled *Your UT Benefits Enrollment Options*.

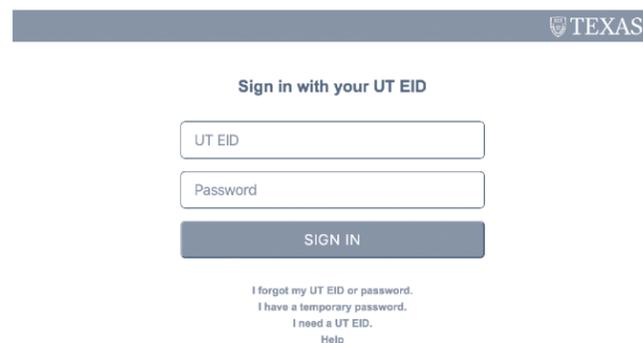
Click on the *My UT Benefits* link in that email or go to utbenefits.link/ssomyutbenefits in Google Chrome.

Select "The University of Texas at Austin" from the institution list on the first page and click "Select."



2 ENTER CAMPUS USERNAME & PASSWORD

Enter your UT EID and password on the UT Austin login page to log in.

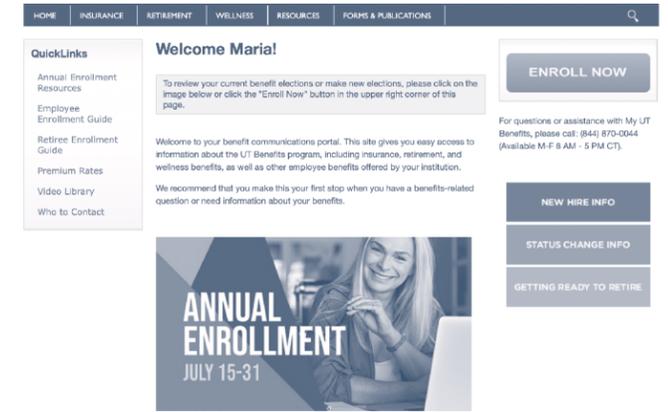


ALL RETIREES

Once you've logged in, all retirees:

3 COMMUNICATION PORTAL

Logging in will take you to the Communication Portal. Once there, click *Enroll Now*.



4 Click View/Edit Annual Enrollment



Proceed through the workflow and make sure you **SAVE** your changes and **COMPLETE ENROLLMENT**.

TIP
Once logged in, make sure you're on the **Annual Enrollment Benefits tab**. You can check by clicking on that tab.

Make sure you're on the Annual Enrollment Benefits tab.
Current **UT CARE** enrollees (Medicare-eligible retirees and Medicare-eligible dependents) will remain enrolled in **UT CARE** and are not eligible to be enrolled in **UT SELECT**. Due to programming, the system will allow you to choose **UT SELECT**, but that coverage will not take effect if you are already enrolled in **UT CARE**.

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 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.

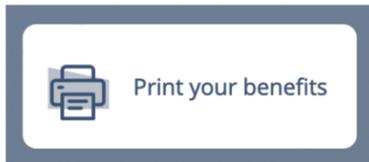
BY JULY 31

REVIEW YOUR CHANGES

5 You may view a confirmation statement within *My UT Benefits* online from the Print your benefits link on the home screen.

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.



CHANGES TAKE EFFECT ON SEPTEMBER 1

Be aware that changes made during Annual Enrollment will take effect on September 1, 2023.

EXCEPTION: If EOI is required and has not been approved by September 1, changes will take effect on the approval date for that coverage.

DOWNLOAD THE APP TODAY!

You can view and update your information in the palm of your hand by using the **Benefitplace™ app** on your phone or tablet.

With the Benefitplace™ app you can:

- Quickly view benefit information and account balances
- Update benefits and dependent information
- Receive personalized, communications and education on the go
- Store photos of your ID cards to make forms and office visits easy
- Use the document center to take pictures of and upload any required documentation

INSTALL THE APP

1. Install the **Benefitplace™ app** from Google Play or the Apple App Store. Scan this QR code or go to utbenefits.link/BenefitfocusApp
2. Enter the **company ID** shown on this page for your institution
3. Log into your benefits using the **same username and password you use on your computer**



LOGGING IN TO THE BENEFITPLACE™ APP

1. After entering your Company ID,
2. **If you retired from a campus other than UT Austin** you will use the 'Login' button – *not 'Employee Login'*, and
3. Log in using the standardized username and the password you use to access *My UT Benefits* online. Usernames are mailed to you by July 15 each year.
4. **If you retired from UT Austin** you will use the 'Employee Login' button – *not 'Login'*, and
5. Select your campus location.

You will log into *My UT Benefits* using your UT EID. Select "The University of Texas at Austin" from the institution list on the first page and click "Select." Enter your UT EID and password on the UT Austin login page to log in.

ONCE YOU ARE LOGGED IN

Go to Benefits & Accounts to view and update benefits. Make sure to **SAVE** any changes. You can screen shot your changes and also view your confirmation statement online.

INSTITUTION	MOBILE APP COMPANY ID
UT Austin	UTAUS
UT Arlington	UTARL
UT Dallas	UTDALLAS
UT El Paso	UTEP
UT HSC Houston	UTHHOUSTON
UT HSC San Antonio	UTHSCSA
UT HSC Tyler	UTHSCT
UT MD Anderson Cancer Center	MDANDERSON
UT Medical Branch	UTMBG
UT Permian Basin	UTPB
UT Rio Grande Valley	UTRGV
UT San Antonio	UTSA
UT Southwestern Medical Center	UTSWMC
UT System Administration	UTSADMIN
UT Tyler	UTT

TECHNICAL ASSISTANCE

For technical assistance with login or site navigation, please call *My UT Benefits* support at **1 (844) 870-0044** (Available Monday-Friday, 8am – 5pm CST).



Evidence of Insurability DEADLINE FOR SUBMISSION IS AUGUST 15

FOLLOW UP

Evidence of Insurability (EOI) is required to add or increase Voluntary Group Term Life coverage amounts.

LIFE EOI

The *My UT Benefits* online system will automatically direct you to complete EOI electronically if you enroll online. If you have trouble logging in, using or uploading documents to the system, call My UT Benefits Support at 844-870-0044, available M-F, 8AM to 5PM CST. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the life and disability EOI forms online at [utbenefits.link/EOIForm](#).

Important Notes:

- EOI is *not* required for enrollment in the **UT SELECT** or **UT CARE** Medical plans.
- The deadline for submitting electronic EOI is **August 15**.
- Paper EOI forms submitted via U.S. Mail must be postmarked by **August 15**.
- You can also request a form from your institution's HR or Benefits Office. Contact information for the UT HR/Benefits Offices is available at the end of this booklet.

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.

Evidence of Waiver DEADLINE FOR SUBMISSION IS AUGUST 15

DOCUMENTATION – EVIDENCE OF WAIVER

When requesting to waive your Basic Coverage Package (which includes the UT medical plan coverage and the basic Term Life benefit) to apply the premium sharing to pay for other eligible coverage, you must submit appropriate documentation of other non-state group health plan coverage no later than August 15th to demonstrate valid Evidence of Waiver (EOW). You should be prepared to provide copies of relevant documents. Depending on the circumstances, appropriate documentation may include a letter from another employer's HR/Benefits office that displays information about their group medical insurance such as name of subscriber, effective date, names of dependents and their effective dates on the coverage, etc.

The My UT Benefits online system offers the convenience of submitting documents electronically during Annual Enrollment. To do this, you simply upload clear, digital images (scanned documents or photographs) of required documents directly through My UT Benefits as evidence of your EOW. Additional information will be available when you log into My UT Benefits, including FAQs about the documentation upload process.

If you have trouble logging in, using or uploading documents to the system, call My UT Benefits Support at 844-870-0044, available M-F, 8AM to 5PM CST.

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.

*Medicare-eligible retirees and their Medicare-eligible dependents will also have an opportunity to add or drop the **UT CARE** Medicare Advantage PPO plan in November.

MID-YEAR RETIREES

For employees who retire mid-year, unless you are Medicare-eligible, your **UT SELECT** Medical benefits will transition to **UT SELECT** Medical coverage as a retiree. If you or your dependent is Medicare-eligible, you should enroll in Medicare Part A and B preferably 3 months before you retire, and then your **UT SELECT** Medical insurance will transition to the **UT CARE** Medicare PPO plan after retirement

A retiree

- 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 Talent and Innovation, 210 W. 7th Street, Austin, Texas 78701, P: (512) 499-4587, F: (512) 499-4395, or grp-hrsp@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 Talent and Innovation is available to help you.

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

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

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

Accessibility Requirements Notice



Spanish

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

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

ໂປດຊາຍ: 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 માટે ઉપલબ્ધ છે. 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。

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UT SELECT Medical 1-866-882-2034
UT SELECT Prescription Drug 1-800-818-0155
UT CARE Medicare Part D 1-800-860-7849 (TTY: 1-800-716-3231)
UT SELECT Dental 1-800-893-3582

Retiree Associations



REVIEW

INSTITUTION		
UT ARLINGTON	UT Arlington Retirees Club c/o UT Arlington Office of Talent, Culture, and Inclusion Suite 212, Box 19176 Arlington, TX 76019	www.uta.edu/hr/retireesclub/ (817) 272-5554 retireesclub@uta.edu
UT AUSTIN	UT Retired Faculty-Staff Association	sites.utexas.edu/rfsa/
	Carol Barrett, <i>RFSA Membership Coordinator</i> (512) 840-5657 carol.barrett@texasexes.org	Membership sign up page: sites.utexas.edu/rfsa/membership
UT DALLAS	UT Dallas Retiree Association Teresa Johnston, <i>President</i> Facebook: UTD RA	ra.utdallas.edu Membership sign-up: ra.utdallas.edu/membership
UT EL PASO	No retiree association, but you may join the Alumni Association: alumni.utep.edu	
	Peter & Margaret de Wetter Center The University of Texas at El Paso 500 West University Avenue El Paso, Texas 79968	Hours: M-F, 8 am to 5 pm Ph: (915) 747-8533 alumni@utep.edu
UT HSC HOUSTON	The University of Texas Houston Retiree Organization Membership Questions: uthro@uth.tmc.edu	www.uthro.org/
UT HSC SAN ANTONIO	Association of Retired Faculty & Associates (ARFA)	makelivesbetter.uthscsa.edu/arfa
	Contact Cindi Adcock for more information about ARFA: AdcockC@uthscsa.edu or (210) 567-2003	
UT HEALTH TYLER	<i>No retiree association at this time.</i>	
UT MD ANDERSON CANCER CENTER	Retiree Association RetireeMDAnderson@gmail.com www.mdanderson.org/about-md-anderson/employee-resources/retirement/retirees-association.html	
UTMB GALVESTON	<i>No retiree association at this time.</i>	
UT PERMIAN BASIN	<i>No retiree association at this time.</i>	
UT RIO GRANDE VALLEY	<i>No retiree association at this time.</i>	
UT SAN ANTONIO	UTSA Retired Faculty Association	provost.utsa.edu/rfa provost@utsa.edu
UT SOUTHWESTERN MEDICAL CENTER	<i>No retiree association at this time.</i>	
UT SYSTEM ADMINISTRATION	<i>UT System Administration Retired Employees may join the UT Austin Retired Faculty-Staff Association.</i>	
UT TYLER	<i>No retiree association at this time.</i>	

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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
annualenrollment@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
benefits@uthscsa.edu

UT HEALTH TYLER

Human Resources
(903) 877-7741
Fax: (903) 877-5394
benefits@uttyler.edu

UT MD ANDERSON CANCER CENTER

Human Resources Benefits
(713) 745-myHR (6947)
Fax: (713) 745-7160
HRBenefits@mdanderson.org
MDARetirees@gmail.com

Faculty & Executive Benefits (FEB)
(713) 792-7600
Fax: (713) 794-4812
FacExecBenefits@mdanderson.org

UT MEDICAL BRANCH AT GALVESTON

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

UT PERMIAN BASIN

Human Resources
(432) 552-2753
Fax: (432) 552-3747
hr@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) 458-4287
hr@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 Talent & Innovation
(512) 499-4587
Fax: (512) 499-4395
grp-hrsp@utsystem.edu

UT TYLER

Human Resources
(903) 566-7234
Fax: (903) 565-5690
benefits@uttyler.edu

Plan Administrators

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

PRESCRIPTION DRUG PLAN
(Express Scripts)
Group: UTSYSRX
(800) 818-0155
24hrs a day 7 days a week
www.express-scripts.com/ut

MEDICARE PART D PRESCRIPTION PLAN
(Express Scripts)
Group: 7454MDRX
(800) 860-7849
24hrs a day 7 days a week
www.express-scripts.com/ut

UT FLEX
(Maestro Health - Marpai)
(844) UTS-FLEX (887-3539)
M-F 7:00 AM-7:00 PM CT
Sat 9:00 AM-2:00 PM CT
utbenefits.link/UTFLEXportal

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: 026856
(844) 549-2603
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
(Blue Cross Blue Shield Ancillary)
Group: GFZ71778
(866) 628-2606
M-F 7:00 AM-7:00 PM CT
www.bcbstx.com/ancillary-ut

RETIREMENT PROVIDERS

COREBRIDGE FINANCIAL
(800) 448-2542
M-F 8:00 AM-7:00 PM CT
www.corebridgefinancial.com/rs/utsystem

FIDELITY INVESTMENTS
(800) 343-0860
M-F 7:00 AM-11:00 PM CT
www.fidelity.com/ut

LINCOLN FINANCIAL GROUP
(800) 454-6265 * 8
M-F 7:00 AM-7:00 PM CT
www.lfg.com/ut

TIAA
(800) 842-2776
TDD (800) 842-2755
M-F 7:00 AM-9:00 PM
Sat 8:00 AM-5:00 PM CT
www.tiaa.org/utexas

VOYA FINANCIAL
(800) 584-6001
M-F 7:00 AM-9:00 PM CT
Sat 7:00 AM-3:00 PM CT
utsaver.com/voya

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**The University of
Texas System**

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