UT Benefits
The University of Texas System

LEGAL NOTICES

FOR ALL UT BENEFITS MEMBERS

A PUBLICATION OF THE OFFICE OF EMPLOYEE BENEFITS

2026-2027

UT Benefits
The University of Texas System

Legal Notices for **2026-2027**

REVISED JULY 2026

This is a publication of the Office of Employee Benefits (OEB) for all benefits members. As OEB's responsibility for communicating benefits information to members and administrators, these legal notices are part of your current benefits. Included here is information regarding:

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IMPORTANT

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Medicare Part D notice for more details. (page 11)

You have the right to obtain a printed copy of any or all of these notices free of charge at any time by contacting the Office of Employee Benefits at **benefits@utsystem.edu** or **512-499-4616**; toll-free **800-888-6824**.

1. Uniform Summary of Benefits and Coverage

The uniform Summary of Benefits and Coverage (SBC) provision of the Affordable Care Act requires all insurers and group health plans to provide consumers with an SBC to describe key plan features in a mandated format, including limitations and exclusions. The provision also requires that consumers have access to a uniform glossary of terms commonly used in health care coverage.

The UT insurance SBCs are available online.

UT SELECT™ PPO or Out-of-Area coverage:
www.bcbstx.com/ut/coverage

You can view the glossary at
www.healthcare.gov/sbc-glossary

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

2. UT SELECT™ Medical Plan Opt Out of Certain Provisions of the Public Health Service (PHS) Act

Group health plans sponsored by State governmental employers, such as UT System must generally comply with certain requirements in Title XXVII of the Federal Public Health Services Act. However, the Act also permits State governmental employers that sponsor "self-funded" health plans (rather than provide coverage through a health insurance policy) to elect to exempt the self-funded plan from such requirements. UT System has elected to exempt the **UT SELECT™** Medical plan, which is self-funded, from the following requirements:

1. Standards related to benefits for mothers and newborns.
2. Required coverage for reconstructive surgery following mastectomies.
3. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the 2026-2027 plan year. The election may be renewed for subsequent plan years.

However, UT System currently voluntarily provides coverage that substantially complies with the requirements of the Newborn and Mother's Protection Act and the WHCRA. Information about coverage available to newborns and mothers after delivery and coverage for reconstructive surgery can be found in the **UT SELECT™** Medical plan guide.

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

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid

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

ALASKA – The AK Health Insurance Premium Payment Program

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

ARKANSAS – Medicaid

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

CALIFORNIA – Medicaid

Website: Health Insurance Premium Program
www.dhcs.ca.gov/hipp
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website:
www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+:
hcpf.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
www.mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid

A HIPP Website: medicaid.georgia.gov/health-insurance-premiumpayment-program-hipp
Phone: 1-678-564-1162, Press 1
GA CHIPRA Website: Medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, Press 2
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

INDIANA – Medicaid

Health Insurance Premium Payment Program
Website: www.in.gov/medicaid/
www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Website: www.dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/Hawki
Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP: kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP)
Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703

MAINE – Medicaid

Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY Maine relay 711
Private Health Insurance Premium Webpage:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: mn.gov/dhs/health-care-coverage
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website:
www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Website: dhcfp.nv.gov
Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 1-603-271-5218
Toll-Free number for the HIPP program: 1-800-852-3345, ext 5218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: medicaid.ncdhhs.gov
Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid

Website: www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347,
or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid

Website: www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid

Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: medicaid.utah.gov/uppEmail: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website:
medicaid.utah.gov/buyout-program
CHIP Website: chip.utah.gov

VERMONT– Medicaid

Website: www.dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Websites: coverva.dmas.virginia.org/learn/premium-assistance/famis-select, and
coverva.dmas.virginia.org/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

Websites: dhhr.wv.gov/bms & mywvhipp.com/
Medicaid Phone: 1-304-558-1700
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid and CHIP

Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

4. University of Texas System Notice of Privacy Practices

Revised as of July, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, INCLUDING CERTAIN SUBSTANCE USE DISORDER RECORDS, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PURPOSE AND SCOPE OF THIS NOTICE

This Notice of Privacy Practices (this "Notice") describes the privacy practices of the **UT SELECT**™, **UT SELECT**™ Dental and Dental Plus and **UT FLEX** Self-funded Group Health Plans ("the Plans") which are funded by The University of Texas System and administered by the Office of the Employee Benefits (OEB) within the University of Texas System Administration (System). Federal law requires OEB to make sure that any medical information that it collects, creates or holds on behalf of the Plans that identifies you remains private. In this Notice, medical information includes information from the above listed programs, and any substance use disorder patient information. Federal law also requires OEB to maintain this Notice of OEB's legal duties and privacy practices with respect to your medical information.

Specifically, this Notice describes how OEB may use or disclose your medical information (see Section II), your rights concerning your medical information (see Section IV), how you may contact System regarding OEB's privacy policies, including how to file a complaint concerning a violation of privacy or security of your health information (see Section VI), and OEB's right to revise this Notice (see Section VII). OEB will abide by the terms of this Notice as long as it is in effect. This Notice applies to any use or disclosure of your medical information occurring on or after the effective date written at the top of this page, even if OEB created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.
This notice applies to **UT SELECT**™, **UT SELECT**™ Dental and Dental Plus and **UT FLEX** Self-funded Group Health Plan members and their dependents.

II. HOW OEB MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

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

A. **Treatment.** OEB may disclose your medical information to a health care provider for your medical treatment.

B. **Payment.** OEB may use or disclose your medical information in order to determine premiums, determine whether OEB is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor's bill, OEB may use your medical information to determine whether the terms of your Plan cover the medical care you received. OEB may also disclose your medical information to a health care provider or other person as needed for that person's payment activities.

C. **Health Care Operations.** OEB may use or disclose your medical information in order to conduct "health care operations." Health care operations are activities that federal law considers important to OEB's successful operation. As examples, OEB may use your medical information complying with contracts and applicable laws. In addition, OEB may contact you to give you information about treatment alternatives or other health-related services that may interest you. OEB may also disclose your medical information to a health care provider or other health plan that is involved with your health care, as needed for that person's quality-related medical information to evaluate the performance of participating providers in the Plans' networks, and OEB may disclose your medical information to an auditor who will make sure that a third party administrator of a Plan is complying with contracts and applicable laws.

D. **Required by Law.** OEB will use or disclose your medical information if a federal, state, or local law requires it to do so.

E. **Required by Military Authority.** If you are a member of the Armed Forces or a foreign military, OEB may use or disclose your medical information if the appropriate military authorities require it to do so.

F. **Serious Threat to Health or Safety.** OEB may use or disclose your medical information if necessary because of a serious threat to someone's health or safety.

G. **Limited Data Set.** OEB may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.

H. **Disclosure to You.** OEB may disclose your medical information to you or to a third party to whom you request us in writing to disclose your medical information.

I. **Disclosures to Individuals Involved with Your Health Care.** OEB may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. OEB may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person's involvement with your health care or payment for your health care.

J. **Disclosures to Business Associates.** OEB may contract or otherwise arrange with other entities or OEB offices to perform services on behalf of the Plans. OEB may then disclose your medical information to these "Business Associates," and these Business Associates will use or disclose your medical information only to the extent OEB would be able to do so under the terms of this Section II. These Business Associates are also required to comply with federal law that regulates your medical information privacy.

K. **Other Disclosures.** OEB may also disclose your medical information to:

- Authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- Law enforcement officials if they need the information to investigate a crime or to identify or locate a suspect, fugitive, material witness, or missing person;
- Health oversight agencies, if authorized by law, in order to monitor the health care system, government benefit programs, or compliance with civil rights laws;
- Persons authorized by law to receive public health information, including reports of disease, injury, birth, death, child abuse or neglect, food problems, or product defects;
- Persons authorized by law to receive the information under a court order, subpoena, discovery request, warrant, summons, or similar process;
- Persons who need the information to comply with workers' compensation laws or similar programs providing benefits for work-related injuries or illnesses;
- Governmental agencies authorized to receive reports of abuse if you are a victim of abuse, neglect, or domestic violence;
- Coroners or medical examiners, to identify you, to determine your cause of death, or as otherwise authorized by law;
- Funeral directors, who need the information;
- The Secretary of Health and Human Services, a federal agency that investigates compliance with federal privacy law.

L. **Incidental Uses and Disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described in this Section II are acceptable if they occur notwithstanding OEB's reasonable safeguards to limit such incidental uses and disclosures.

M. **Written Authorization.** OEB may use or disclose your medical information under circumstances that are not described above only if you provide permission by "written authorization." After you provide written authorization, you may revoke that authorization, in writing, at any time by sending notice of the revocation to the Privacy Officer identified in Section VI of this Notice. If you revoke an authorization, OEB will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, OEB cannot take back any disclosures already made under that authorization.

III. RESTRICTIONS

A. OEB will not use your medical information for fundraising purposes.

B. OEB will never use your genetic medical information about you for underwriting purposes. Using or disclosing your genetic information is prohibited by federal law.

C. OEB does not use your medical information for marketing purposes. "Marketing" does not include face to face communications with you, or any communications for which the Plan receives no remuneration such as refill reminders, treatment plans, alternatives to treatment, case management, value added services provided in connection with a Plan, and other purposes related to treatment and health care operations. "Marketing" also excludes promotional gifts of nominal value provided by the Plan.

D. OEB does not sell your medical information.

E. OEB will not use or disclose substance use disorder records subject to 42 C.F.R. Part 2 (Part 2), or testimony relaying to the content of such records in any legal proceeding against you, unless you give, or have given your written consent.

IV. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION

You have the following rights associated with your medical information:

A. **Right To Request Restrictions.** Although OEB is generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that OEB limit those uses and disclosures of medical information. You must make your request in writing to the Privacy Officer. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on Plan disclosures, and (4) if your request would impact payment, how payment will be handled. OEB will consider your request but does not have to agree to it. If OEB does agree, OEB will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or OEB cancels the restriction. There is a form you can use to make this request which is available on the System website **https://www.utsystem.edu/documents/docs/publication/2013/hipaa-request-restriction-use-or-disclosure-of-protected-health-information** or by contacting the Privacy Officer, information listed in Section VI, or the Benefits Office at The University of Texas System institution that you contact for assistance with your System insurance benefits.

B. **Right To Confidential Communications.** You have the right to request that OEB communicate your medical information to you by a certain method (for example, by e-mail) or at a certain location (for example, at a post office box). You must make your request in writing to the Privacy Officer. Your request must include the method or location desired. If your request would impact payment, you must describe how payment will be handled. Your request must indicate why disclosure of your medical information by another method or to another location could endanger you.

C. **Right To Inspect and Copy.** You have the right, in most cases, to inspect and copy your medical information maintained by or for OEB. You must make your request in writing to the Privacy Officer. If

OEB denies your request, you may have the right to have the denial reviewed by a licensed health care professional selected by OEB. If OEB (or a licensed health care professional performing the review on behalf of OEB) grants your request OEB will provide you with the requested access. You may request copies of such information but OEB may charge you a reasonable fee.

D. **Right to Amend.** If you feel that medical information OEB has about you is incorrect or incomplete, you may ask OEB to amend the information. You have the right to request an amendment for as long as the information is kept by or for OEB. You must make your request in writing to the Privacy Officer, and you must give a reason that supports your request. If the Privacy Officer denies your request for an amendment, they will explain to you the reasons for denial and your appeal rights following denial.

E. **Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of your medical information that have been made by OEB and its Business Associates. You must make your request in writing to the Privacy Officer. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request. OEB may charge you a fee for the list of disclosures if you request more than one list within 12 months. OEB does not have to list the following disclosures:

- Disclosures for treatment;
- Disclosures for payment;
- Disclosures for health care operations;
- Disclosures of a limited data set for health care operations, research, or public health activities;
- Disclosures to you;
- Disclosures to individuals involved with your health care;
- Disclosures to authorized federal officials for national security activities;
- Disclosures that occur incidentally with other permissible uses and disclosures;
- Disclosures made under your written authorization; and
- In certain circumstances, disclosures to law enforcement officials or health oversight agencies.

F. **Right to Make a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or with the federal government's Department of Health and Human Services. OEB will not penalize you or retaliate against you in any way if you file a complaint.

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

Online Complaint Portal:
www.hhs.gov/ocr/complaints

Email: **OCRPrivacy@hhs.gov**

G. **Right to a Paper Copy of This Notice. You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Privacy Officer.**

V. BREACH NOTIFICATIONS

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

VI. WHOM TO CONTACT REGARDING OEB'S PRIVACY POLICIES

a. **System's Privacy Officer. T**o obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, you may contact System's Privacy Officer at:

   Privacy Officer c/o
   Systemwide Compliance Office
   The University of Texas System
   210 West 7th Street
   Austin, Texas 78701-2902
   (800) 888-6824
   Email: Privacyofficer@utsystem.edu

b. **Department of Health and Human Services.** To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at **(800) 368-1019** or through the complaint reporting tool at: **www.hhs.gov/ocr/complaints.**

Electronic Copy of This Notice. You may obtain an electronic copy of the most current version of this Notice at the following website: **www.utsystem.edu/offices/employee-benefits/hipaa-and-privacy.**

VII. OEB'S RIGHT TO REVISE THIS NOTICE

OEB reserves the right to change the terms of this Notice at any time. OEB also reserves the right to make the revised notice effective for medical information OEB already has about you as well as any information OEB receives while such notice is in effect. Within 60 days of a material revision to this Notice, OEB will provide the revised notice to all individuals then covered by a Plan. If you want to make sure that you have the latest version of this Notice, you may contact the Privacy Officer.

5. Medicare Part D Notice of Creditable Coverage

Important Notice from The University of Texas System Office of Employee Benefits
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The University of Texas System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

Medicare-eligible retirees and their Medicare-eligible dependents covered under the UT medical plans are automatically enrolled in the UT CARE PDP Employer Group Waiver Plan (EGWP), also known as UT CARE Part D.

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

Coverage under the UT prescription plans is considered Creditable.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The University of Texas System Office of Employee Benefits has determined that the coverage offered by the UT prescription drug plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

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

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

If you do decide to join a non-UT Medicare drug plan and drop or lose your current UT medical plan with prescription drug coverage, be aware that you and your dependents will be able to get this coverage back during annual enrollment or following a qualified change of status event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the UT medical plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium
(a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact your institution Benefits Office for additional information. NOTE: You'll get this notice each year and if this coverage through the UT medical plans changes. You also may request a copy of this notice at any time from The Office of Employee Benefits at **(800) 888-6824** or from your institution Benefits Office.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit **www.medicare.gov**.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1-800-772-1213** (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

6. 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.

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, 210 W. 7th Street, Austin, Texas 78701,
P: (512) 499-4587, F: (512) 499-4395, 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 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 ocrportal.hhs.gov/ocr/smartscreen/main.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
http://www.hhs.gov/ocr/office/file/index.html

7. Accessibility Requirements Notice

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

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt , có các dị ch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số UT SELECT Medical UT SELECT Prescription Drug UT SELECT Medicare Part D

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 UT SELECT Medical UT SELECT Prescription Drug UT SELECT Medicare Part D 。

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

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

Urdu
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں UT SELECT Medical UT SELECT Prescription Drug UT SELECT Medicare Part D

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

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

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

Laotian
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ UT SELECT Medical UT SELECT Prescription Drug UT SELECT Medicare Part D .

Persian (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فر
اهم باشد. با UT SELECT Medical UT SELECT Prescription Drug UT SELECT Medicare Part D تماس بگیر ید.

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

Gujarati
ચુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્કુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો UT SELECT Medical UT SELECT Prescription Drug UT SELECT Medicare Part D .

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

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

UT SELECT Medical 1-866-882-2034
UT 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
UT FLEX 1-844-887-3539

Contact Information for Institution Benefits Offices

UT INSTITUTION	TELEPHONE NUMBER
Stephen F. Austin State University	(936) 468-2304
UT Arlington	(817) 272-5554
UT Austin	(512) 471-4772 or Toll Free: (800) 687-4178
UT Dallas	(972) 883-2221
UT El Paso	(915) 747-5202
UT Health Houston	(713) 500-3935
UT Health San Antonio	(210) 567-2600
UT MD Anderson Cancer Center	(713) 745-6947
UT MD Anderson Cancer Center Faculty & Executive Benefits	(713) 792-7600
UT Medical Branch Galveston	(409) 772-2630 or Toll Free (866) 996-8862
UT Permian Basin	(432) 552-2753
UT Rio Grande Valley - Brownsville	(956) 882-8205
UT Rio Grande Valley - Edinburg	(956) 665-2451
UT San Antonio	(210) 458-4250
UT Southwestern	(214) 648-9830
UT System Administration	(512) 499-4587
UT Tyler Main & Health Campuses	(903) 566-7234

The University of Texas System

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