



Annual Enrollment & Resource Guide

FOR INSURANCE, RETIREMENT AND WELLNESS PROGRAMS

EMPLOYEE

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 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 UT SELECT PPO or Out-of-Area coverage, visit the website www.bcbstx.com/ut. You can view the glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf. To request a copy of these documents free of charge, you may call the SBC hotline at (855) 756-4448.

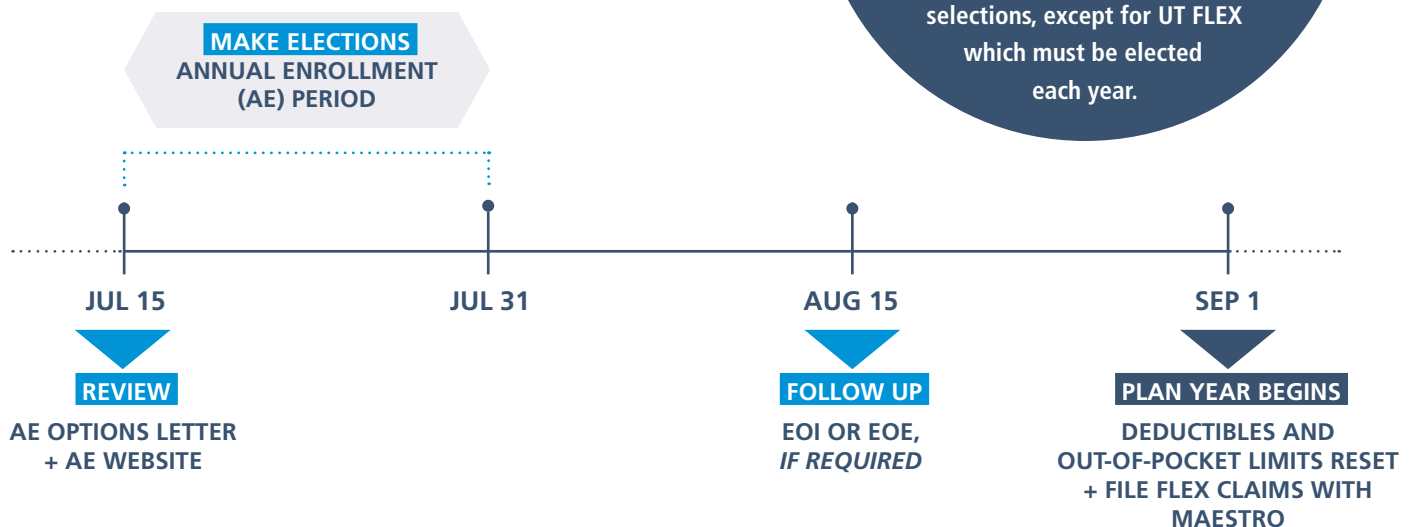
UT Benefits for one. Health for UT System.

IMPORTANT

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

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

Annual Enrollment Timeline



What to Expect in the New Plan Year

SEPTEMBER 1, 2016

- Plan changes (including new rates) begin.
- New UT FLEX debit cards for everyone enrolled in UT FLEX HCRA.
- New ID cards for any plans you changed during Annual Enrollment.
- Deductibles and limits start over.

ONGOING: KEEP IN TOUCH

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




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

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



Annual Enrollment Detailed Timeline

REVIEW

BY JULY 15	 REVIEW MAKE INFORMED BENEFITS CHOICES WITH RESOURCES AVAILABLE TO HELP YOU	<p>Annual Enrollment Website available by July 15, 2016</p> <ul style="list-style-type: none"> • Annual Enrollment Meetings (at your institution) • Insurance vendors available for plan-specific questions (see Contacts at the end of this publication) <p>www.utsystem.edu/offices/employee-benefits</p>
JULY 15 – 31	 MAKE ELECTIONS ANNUAL ENROLLMENT PERIOD	<p>July 15 – July 31, 2016</p> <p>UT Benefits Enrollment Options (PIN) letter or email delivered by July 15 lists current coverage, options for coverage for the next plan year beginning September 1, and instructions for making changes online.</p> <p>During this period, you can:</p> <ul style="list-style-type: none"> • Make changes to your benefits, • Add or remove dependents, • Enroll in UT FLEX, and • Change coverage options for certain plans. <p>This is a good time to update other items if you've had changes during the year, like:</p> <ul style="list-style-type: none"> • Contact information, • Tobacco user status, and • Beneficiary information.
BY AUGUST 15	 FOLLOW UP COMPLETE EOI OR EOE (IF REQUIRED)	<p>Deadline Monday, August 15, 2016</p> <p>Evidence of Insurability (EOI) is required to enroll in certain insurance coverage, including: Disability insurance and some Voluntary Group Term Life.</p> <p>Evidence of Eligibility (EOE) is required when you enroll your spouse or a dependent in the UT Benefits program for the first time.</p>

Out-of-Pocket Premiums for 2016-2017



REVIEW

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
UT SELECT Medical FULL-TIME	\$0	\$257.53 \$13.43 increase ▲	\$269.34 \$14.04 increase ▲	\$507.15 \$26.44 increase ▲
UT SELECT Medical PART-TIME	\$299.07 \$15.59 increase ▲	\$713.37 \$37.19 increase ▲	\$668.72 \$34.86 increase ▲	\$1,064.24 \$55.48 increase ▲
UT SELECT Dental	\$32.40 no change	\$61.51 no change	\$67.80 no change	\$96.40 no change
UT SELECT Dental Plus	\$59.03 \$3.18 increase ▲	\$112.11 \$6.05 increase ▲	\$123.70 \$6.67 increase ▲	\$176.24 \$9.50 increase ▲
DeltaCare Dental HMO	\$8.89 no change	\$16.90 no change	\$18.68 no change	\$26.67 no change
Superior Vision	\$5.90 no change	\$9.30 no change	\$9.52 no change	\$15.10 no change
Superior Vision Plus	\$9.00 no change	\$14.08 no change	\$15.08 no change	\$21.30 no change
Tobacco Premium Program	\$0 to \$90 per month based upon tobacco user status			

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

NEW! VOLUNTARY GROUP TERM LIFE RATES

Please be sure to review the new rate associated with your age.

EMPLOYEE RATE CHART

AGE OF SUBSCRIBER ON 9/01/16	RATE PER \$1,000 COVERAGE
15 - 34	\$0.037
35 - 39	\$0.047
40 - 44	\$0.063
45 - 49	\$0.097
50 - 54	\$0.150
55 - 59	\$0.233
60 - 64	\$0.364
65 - 69	\$0.650
70 - 74	\$0.752
75 - 79	\$0.932
80 and over	\$1.634

Employee spouse rates available in *My UT Benefits*.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT

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

SHORT-TERM AND LONG-TERM DISABILITY

MONTHLY PREMIUM RATES	
Short Term Disability	\$0.28 per \$100 of monthly income
Long Term Disability	\$0.38 per \$100 of monthly income



UT SELECT Medical Plan Changes for 2016-2017

This year, the UT SELECT Medical plan in-network deductible remains at \$350 for individuals and \$1,050 for families. The deductible is the amount you pay out-of-pocket for certain services (outpatient and inpatient procedures and services, for example) before the medical plan starts to pay. Once the deductible is met, the plan pays a portion of the costs and you pay a portion called coinsurance. In-network coinsurance is 20% of allowed charges. For the 2016 - 2017 plan year, the UT SELECT Medical plan **coinsurance out-of-pocket maximum** remains \$2,150 for individuals and \$6,450 for families. This means that you will not pay above that amount in coinsurance for allowed charges.

Additionally, in accordance with guidelines set by the Affordable Care Act, total out-of-pocket limits for in-network member cost share (which includes medical and prescription drug costs) are increasing to \$6,850 for the individual (an increase of \$250), and \$13,700 for families (an increase of \$500). These limits are an extra level of financial protection for you.

The costs for services not covered under the plan, including balance billing for out-of-network services, do not apply to any out-of-pocket limits.

BEHAVIORAL HEALTH BENEFITS

The copay for a behavioral health office visit is changing to correlate with the specialist level copay (\$35). Annual visit limits are being removed for all behavioral health services including office visits and outpatient, inpatient, and chemical dependency treatment.

BARIATRIC BENEFITS

The deductible for bariatric surgery will decrease from \$5,000 to \$3,000. To be eligible for the benefit, UT SELECT members must be continuously enrolled in the UT SELECT Medical plan for 36 months prior to the date of surgery. This deductible does not apply to the plan year deductible or out of pocket maximum.

IN HOSPITAL / OUTPATIENT SERVICES

Benefits and claims for services provided by Emergency Room physicians, anesthesiologists, radiologists, and pathologists will be based on the network status of the provider. Ask your providers if they are in the BCBS network to ensure network benefits will apply.

PRESCRIPTION DRUG FORMULARY CHANGES

The UT SELECT Prescription Drug plan is included in the UT SELECT Basic Coverage package. There are occasional updates to the formulary for the UT SELECT Prescription Drug plan. So, while the plan benefits are not changing, you could see changes in your medication costs.

Group Term Life and AD&D Insurance

Group Term Life (GTL) insurance can help ensure financial security for your family and loved ones upon your death. For coverage effective September 1, 2016, there is a new GTL contract in place with Dearborn National that will offer many enhancements, including:

- \$40,000 Basic GTL included in the basic coverage package (an increase of \$20,000);
- During the July 2016 Annual Enrollment employees can elect Voluntary Group Term Life (VGTL) up to 3 times their annual salary without having to complete evidence of insurability (EOI); and
- With EOI approval, employees can elect up to 10 times their annual salary (an increase from a maximum of 6 times salary) up to a new VGTL maximum of \$2.0 million (an increase from \$1.5 million).

There are no changes to dependent VGTL coverage options.

Benefits-eligible active employees enrolled in UT SELECT Medical are also automatically enrolled in the Accidental Death and Dismemberment (AD&D) plan as part of the basic coverage package. Effective September 1, 2016, Basic AD&D is increasing to \$40,000 (from \$20,000). EOI is never required for any increases or enrollment in AD&D. Other enhancements include:

- New Voluntary AD&D maximum of \$2.0 million (from \$1.5 million) for employees,
- Spouse Voluntary AD&D maximum remains 50% of employee amount, making the new spouse maximum up to \$1.0 million.

Optional Coverage Highlights for 2016-2017



REVIEW

EMPLOYEE GROUP TERM LIFE

No EOI required for up to 3x annual salary Employee Voluntary Group Term Life during 2016-2017 AE; New maximum of 10x salary up to \$2 million (was 6x and \$1.5 million); EOI required for 4-10x.

EMPLOYEE AD&D

New maximum Employee Voluntary AD&D up to \$2 million (still 10x salary); No EOI required.

UT FLEX

New UT FLEX administrator: Maestro Health.

LONG TERM CARE

Transitioning premium payment from payroll deduction to direct bill.

UT SELECT DENTAL PLUS PPO

Slight increase in premium rates; No plan design changes.

Vision Benefits

VISION PLAN OPTIONS

There are no changes to the plan design or premium this year for the vision plans. You and your eligible dependents have the option to enroll in the basic plan or the enhanced "Plus" plan, both administered by Superior Vision. While both plans cover most of the same types of services, the premiums are slightly different and the benefits are more enhanced in the Vision Plus plan. Compare the benefits closely in order to select the plan that best meets your or your family's particular needs. See below for some details.

VISION PLAN DESIGN FEATURES 2016-2017

PLAN DESIGN FEATURES	ANNUAL EXAM CO-PAYMENT	FRAME ALLOWANCE	PROGRESSIVE LENS ALLOWANCE	COVERED LENS OPTIONS	NETWORK OF PROVIDERS
Superior Vision	\$35 COPAY	\$140	Member pays difference between lined trifocals and progressive retail cost	Options are provided at a 20% discount	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.
Superior Vision Plus	\$35 COPAY	\$150	\$120	Polycarbonates, dependent children to age 25 (standard plan does not cover) Scratch coat covered in full (standard plan does not cover) Ultraviolet coat covered in full (standard plan does not cover)	

For additional information about each of the current UT vision plans briefly described above, please visit the Office of Employee Benefits 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 (800) 507-3800.



Dental Benefits

DENTAL PPO PLAN OPTIONS

UT System will continue to offer two self-funded UT SELECT Dental PPO plan options: **UT SELECT Dental** and **UT SELECT Dental Plus**. There is no premium change to the basic UT SELECT Dental. Due to high utilization, there is a slight increase to the premium for the UT SELECT Dental Plus PPO plan.

The UT SELECT Dental and UT SELECT Dental Plus plan are both administered by Delta Dental Insurance Company. As self-funded plans, all claims are paid by UT System through premiums collected from participants.

While both plans cover most of the same types of services, the premiums are different and the benefits are more enhanced in the UT SELECT Dental Plus plan. Compare the benefits closely in order to select the plan that best meets your or your family's particular needs.

PLAN DESIGN FEATURES

PLAN	DEDUCTIBLE	ANNUAL PLAN BENEFIT ALLOWANCE	ORTHODONTICS	NETWORK OPTIONS
UT SELECT Dental PPO	\$25 Deductible	\$1,250 annual benefit maximum	Separate \$1,250 lifetime orthodontic benefit maximum	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.
UT SELECT Dental Plus PPO	Plan pays deductible	\$3,000 annual benefit maximum	Separate \$3,000 lifetime orthodontic benefit maximum	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

PLAN	DIAGNOSTIC & PREVENTIVE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIC SERVICES
UT SELECT Dental PPO	100%	80%	50%	50%
UT SELECT Dental Plus PPO	100%	100%	80%	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 HMO plan has set copayments and no annual deductibles or maximums for covered benefits. There are no premium changes and the benefits will remain the same for the 2016-2017 plan year.

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 new dentist in *My UT Benefits* during Annual Enrollment or one will be selected for you based on your address. 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.

Plan limitations and exclusions do apply for each of these plans. Contact Delta Dental customer service for specific details about plan benefits and coverage at (800) 893-3582.

Short-term and Long-term Disability

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



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

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

SHORT-TERM DISABILITY (STD)

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

LONG-TERM DISABILITY (LTD)

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

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

DISABILITY INSURANCE MONTHLY PREMIUM RATES	
Short Term Disability	\$0.28 per \$100 of monthly income
Long Term Disability	\$0.38 per \$100 of monthly income



UT FLEX: Convenient, Easy Savings, and Enhanced Customer Service

The contract for administration of the UT FLEX flexible spending accounts has been awarded to Maestro Health, effective 9/1/2016. According to Maestro, their technology-meets-service platform and their enhanced model of customer service will allow them to meet their goal to “make employee health and benefits ‘people-friendly’ again.” In support of that goal, Maestro says, “People deserve the ability to access their benefits anytime, anywhere. Most importantly, people deserve to have the support they need when things don’t go according to plan. Everyone deserves a better experience throughout the year—not just during enrollment.”

IMPORTANT THINGS TO KNOW FOR THE TRANSITION TO MAESTRO EFFECTIVE SEPTEMBER 1, 2016:

FILE YOUR EXISTING CLAIMS NOW

The claims filing deadline for the 2015-2016 plan year is still November 30, but to ensure the smoothest possible transition, file any existing Health Care and/or Dependent Care claims with the current vendor (PayFlex) before the transition.

USE ONLY YOUR MAESTRO UT FLEX CARD BEGINNING SEPTEMBER 1, 2016

All 2016-2017 UT FLEX Health Care Reimbursement Account participants will receive a new Maestro UT FLEX card by September 1, 2016. Contact your institution now to confirm that your mailing address is up to date.

Your PayFlex UT FLEX card will no longer be active as of August 31, 2016.

REMINDER: There is no UT FLEX card for the Dependent Care Reimbursement Account.

NEED TO ENROLL IN DIRECT DEPOSIT

The direct deposit agreement you had with PayFlex will no longer be valid as of September 1, 2016.

Be sure to enroll in direct deposit with Maestro to have reimbursements for manually filed claims deposited directly into your bank account.

COLLECT NEW LETTERS OF MEDICAL NECESSITY FOR ITEMS AND SERVICES AS NEEDED

Some examples of items that require letters of medical necessity include vitamins, calcium, certain dermatological creams, etc. Letters for these kinds of items should be submitted to Maestro beginning on September 1, 2016.

YOU MUST ENROLL IN UT FLEX EVERY YEAR

Your UT FLEX Health Care and/or Dependent Care Reimbursement Account(s) elections from last year will not roll forward into the new plan year.

CONTRIBUTION LIMITS REMAIN THE SAME FOR THE 2016-2017 PLAN YEAR

The Health Care Reimbursement Account contribution limit is still \$2550 per individual. The Dependent Care Reimbursement Account limit is \$5000 per family per year (\$2500 per plan year if married filing separate federal income tax returns).

BE SURE TO VERIFY YOUR ELECTION(S) TYPE AND AMOUNT(S) BEFORE JULY 31, 2016

In order to avoid possible adverse tax consequences, be sure that you made the correct elections during Annual Enrollment. In compliance with the IRS Code, corrections due to programmatic and/or administrative errors will not be allowed after 31 days following receipt of your first paycheck that reflects your Annual Enrollment elections.

If you have questions or need assistance, please contact your local institution’s HR or Benefits Office or contact the UT System Office of Employee Benefits (OEB).

IMPORTANT REMINDER

Don’t forget – to participate in UT FLEX for 2016-2017, you must make your election through the *My UT Benefits* online enrollment system during this year’s Annual Enrollment period – even if you are a current UT FLEX participant.



Long Term Care Insurance

Last year CNA stopped selling new Long Term Care Insurance (LTC) policies to UT members, and the UT System contract with CNA will end on August 31, 2016. The company also recently changed to a new billing system; therefore, payment for the LTC plan will be changing from payroll deduction to a direct bill with CNA. Your CNA group long-term care insurance benefit plan will not change and your current certificate of insurance will remain active with no change.

CNA will automatically bill you on a quarterly basis. You will receive your first bill by mid-October 2016.

- If you choose to continue the coverage, please pay the premium due.
- If you wish to cancel your coverage, write "Cancel" on the bill and return the bill to CNA.

You may request a different billing frequency by calling CNA's Customer Service Center at **(888) 825-0353**. Your direct billing options include quarterly, semi-annual, and annual billing. After the first quarterly bill has been paid, you may also choose to enroll in an automatic payment option (Electronic Funds Transfer) from a checking or savings account.

If you have any other questions, please contact the CNA Group Long Term Care Customer Service Center at **(888) 825-0353**, available Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern.

IMPORTANT NOTE ABOUT LTC PREMIUMS

To facilitate your future planning, the UT System Office of Employee Benefits would also like to make you aware that the Texas Department of Insurance (TDI) has approved CNA's request for a premium increase, effective September 1, 2017. CNA has filed for increases in all 50 states, many of which have been approved. For enrollees in Texas the increase in premium beginning on September 1, 2017 will be 95.5% (phased in over two years). You may wish to work with a financial planner or individual insurance broker to shop for a replacement LTC policy.

Keep Your ID Cards

Because there are no changes to key benefits information for the UT SELECT Medical plan, the UT SELECT Prescription Drug Plan with Express Scripts, UT SELECT Dental plans, the Delta Dental HMO, or Superior Vision plans for the upcoming 2016-2017 Plan Year, new ID Cards will not be issued this year to continuing participants in these plans. 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 2016-2017 plan year.



UT Retirement: Annual Enrollment and Your Retirement Savings Opportunities

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

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

While you can enroll in or increase your contribution in the UTSaver TSA or UTSaver DCP at any time, annual enrollment is a great time to think about your total future retirement needs. Contributions can be as little as \$15 per month or as much as \$18,000.00 a year. In some cases, you may even be able to contribute more. All contributions are conveniently deducted from your paycheck before taxes, which means your taxable income decreases. If you prefer to make your contributions after taxes have been deducted, that option is available for you too.

NEED HELP INVESTING YOUR CONTRIBUTIONS?

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

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

Living Well

Make It a Priority



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

LIFESTYLE MANAGEMENT

Weight Management and Tobacco Cessation Programs: Guidance and support with licensed wellness coaches provided by BCBSTX.

Call (800) 462-3275.

CONDITION MANAGEMENT

These voluntary health improvement programs provided by BCBSTX can help members with congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, asthma, and diabetes.

Call (800) 462-3275.

24/7 NURSELINE

Get answers to your health care questions, information about major medical issues, chronic illness support, and lifestyle change support.

Call toll-free: (888) 315-9473, 24 hours a day, 7 days a week.

SPECIALIST PHARMACISTS

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

EMPLOYEE ASSISTANCE PROGRAM

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

REIMBURSEMENT FOR EXERCISE EXPENSES

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

ONSITE HEALTH CHECKUPS

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

ONSITE FLU SHOTS

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

ANNUAL PHYSICAL ACTIVITY CHALLENGE

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

NATURALLY SLIM

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

TOBACCO CESSATION RESOURCES

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

SHARE YOUR HEALTH & WELLNESS SUCCESS STORY

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

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

LEARN MORE

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



Understanding Dependent Eligibility and Documentation Requirements

With Annual Enrollment this month, it's important to be aware of the dependent eligibility rules for the UT Benefits program and the requirement to provide documentation verifying that your dependents are eligible to participate. Here is a brief review of the dependent eligibility requirements. Information about providing required supporting documentation is included elsewhere in this guide.

ELIGIBILITY

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

- Your spouse;
- Your children, including stepchildren and adopted children, who are:
 - under age 26 regardless of marital status for the UT SELECT Medical plan (due to federal eligibility rules),
 - unmarried and under age 25 for other UT Benefits (Dental, Vision, and Life insurance);
- Children for whom you are named a legal guardian or who are the subject of a medical support order requiring such coverage;
- Your unmarried grandchildren under age 25, provided they qualify and you claim them as your dependent for federal tax purposes; and,
- Certain children over age 25 (over age 26 for the UT SELECT Medical plan based on federal eligibility rules) who are determined by OEB to be medically incapacitated and are unable to provide their own support.

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

Other Eligibility [SURVIVING DEPENDENTS](#) | [INCAPACITATED DEPENDENTS](#)

SURVIVING DEPENDENTS

When an employee passes away, the surviving spouse and dependent children may be eligible to continue certain UT Benefits coverage. If the employee has at least five years of TRS or ORP service credit, including at least three years as a benefits-eligible employee with UT System, the surviving spouse may continue medical, dental, and vision coverage in which they were enrolled at the time of the employee's death. Continuation is allowed for the remainder of the surviving spouse's life unless coverage is terminated for non-payment of premium. Similarly, surviving dependent children of an employee who meets the above service requirements may continue coverage until they no longer meet the age requirements for dependent coverage. The surviving spouse and dependent children of an employee who does not meet the above service requirements at the time of death may elect COBRA to continue their medical, dental, and vision coverage for a period of up to 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 (either at age 25 or 26, depending on coverage type). An older dependent child who is determined to be medically incapacitated at the time a subscriber first becomes benefits eligible may be enrolled in the plan if the child was covered by the subscriber's previous health plan with no break in coverage. Please contact your institution's Human Resources or Benefits Office for additional information about covering incapacitated dependent children.

IMPORTANT NOTICE

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

How to Change Your Benefits



All of your changes can be made using the *My UT Benefits* online system at www.utsystem.edu/myutbenefits.

LOGIN TO MY UT BENEFITS

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

IMPORTANT! Logging in with your SSN is no longer an option for *My UT Benefits*. Employees are encouraged to login using UT EID (UT Austin) or Single Sign On (SSO). As an alternative, you may also login using your 8-character Benefits ID (BID) & PIN or Campus ID & PIN. Your BID can be found on your medical, prescription, or dental ID Cards. If needed, your institution's HR or Benefits Office can provide your Campus ID. Both BID and Campus ID are also available once you successfully login to *My UT Benefits*.

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

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

EVIDENCE OF INSURABILITY/EVIDENCE OF ELIGIBILITY

If you make a coverage election that requires documentation of relationship (for adding a dependent) or for you to submit an Evidence of Insurability (EOI) application (for adding or increasing Voluntary Group Term Life or adding Disability Insurance) you must follow through by providing this information. If you do not, your requested changes will not be implemented.

The *My UT Benefits* online system will automatically direct you to complete EOI electronically if you enroll online. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the Life and Disability insurance EOI forms online under the "Forms" tab at www.dearbornnational.com/ut.

REVIEW YOUR CHANGES

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

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

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



Evidence of Insurability

DEADLINE FOR SUBMISSION IS AUGUST 15

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

Important Notes:

- EOI is not required for up to 3x annual salary for employee Voluntary Group Term Life during the July 2016 AE period.
- EOI is not required for enrollment in the UT SELECT Medical plan.
- The deadline for submitting electronic EOI is **August 15th**. Paper EOI forms submitted via U.S. Mail must be postmarked by **August 15th**.

LIFE AND DISABILITY EOI

The *My UT Benefits* online system will automatically direct you to complete EOI electronically if you enroll online. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the life and disability EOI forms online at www.dearbornnational.com/ut/pdf/z4306_ut.pdf. You can also request a form from your institution's HR or Benefits Office.

Evidence of Eligibility

DEADLINE FOR SUBMISSION IS AUGUST 15

DOCUMENTATION – EVIDENCE OF ELIGIBILITY

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

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



Changes During the Year

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

- marriage, divorce, annulment, or spouse's death;
- birth, adoption, medical child-support order, or dependent's death;
- significant change in residence if the change affects you or your dependents' current plan eligibility;
- change of job status affecting eligibility;
- change in dependent's eligibility (e.g., reaching age 26 for UT SELECT Medical, marriage or reaching age 25 for all coverage other than UT SELECT Medical, 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 HR/Benefits office within 31 days of one of these change of status events.

An employee

- whose dependent loses insurance coverage under the Medicaid or CHIP program as a result of loss of eligibility of either the employee or the dependent; or
- whose dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP

may enroll this dependent in the basic coverage under UT Benefits, as long as the dependent meets all other UT eligibility requirements and is enrolled within 60 days from the date of the applicable event. If enrollment of the dependent is conditioned on enrollment of the retired employee, the retired employee will also be eligible to enroll.

ONGOING: KEEP IN TOUCH

If your address or employment changes, it could affect your benefits. Notify your institution if you have one of these changes.

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

Contact Us | Keep the "Contacts" section of this newsletter to contact insurance vendors for plan information or your institution about your coverage.

What Do We Do & How Can You Find Help?

INSTITUTION

Address Change
Life Events / Change of Status
Eligibility
Rates

UT BENEFITS

Monthly Newsletters
Legal Notices
Plan Guides
Annual Enrollment

PLAN ADMINISTRATORS

Plan Details
ID Cards
Value Added Benefits
Claim Issues
Customer Service



2016-2017 UT Benefits Contacts | Institutions

UT ARLINGTON

Office of Human Resources

(817) 272- 5554

Fax: (817) 272-5798

benefits@uta.edu

UT HEALTH SCIENCE CENTER TYLER

Office of Human Resources

(903) 877-7784

Fax: (903) 877-5394

benefits@uthct.edu

UT SAN ANTONIO

Human Resources

(210) 458-4250

Fax: (210) 458-7890

benefits@utsa.edu

UT AUSTIN

Human Resource Services

(512) 471-4772 or

Toll Free: (800) 687-4178

Fax: (512) 232-3524

HRSC@austin.utexas.edu

UT MD ANDERSON**CANCER CENTER**

Human Resources Benefits

(713) 745-6947

Fax: (713) 745-7160

hrbenefits@mdanderson.org

Physicians Referral Service (PRS)

(713) 792-7600

Fax: (713) 794-4812

prsfacbensrvs@mdanderson.org

UT SOUTHWESTERN**MEDICAL CENTER**

Human Resources/Employee Benefits Division

(214) 648-9830

Fax: (214) 648-9881

benefits@utsouthwestern.edu

UT DALLAS

Office of Human Resources

(972) 883-2221

Fax: (972) 883-2156

benefits@utdallas.edu

UT SYSTEM ADMINISTRATION

Office of Employee Services

(512) 499-4587

Fax: (512) 499-4380

esc@utsystem.edu

UT EL PASO

Human Resources

(915) 747-5202

Fax: (915) 747-5815

benefits@utep.edu

UT MEDICAL BRANCH**AT GALVESTON**

Employee Benefits Services

(409) 772-2630, Option "0"

Toll Free: (866) 996-8862

Fax: (409) 772-2754

benefits.services@utmb.edu

UT TYLER

Office of Human Resources

(903) 566-7480

Fax: (903) 565-5690

aclem@uttyler.edu

UT HEALTH SCIENCE CENTER**HOUSTON**

Employee Benefit Services

(713) 500-3935

Fax: (713) 500-0342

benefits@uth.tmc.edu

UT PERMIAN BASIN

Human Resources

(432) 552-2751

Fax: (432) 552-3747

UT HEALTH SCIENCE CENTER**SAN ANTONIO**

Office of Human Resources

(210) 567-2600

Fax: (210) 567-6791

ben-admin@UTHSCSA.EDU

Edinburg

Human Resources

(956) 665-2451

Fax: (956) 665-3289

hr@utrgv.edu

UT RIO GRANDE VALLEY**Brownsville**

Human Resources

(956) 882-8205

Fax: (956) 882-6599

hr@utrgv.edu



2016-2017 UT Benefits Contacts | 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

UT SELECT PRESCRIPTION

(Express Scripts)
Group: UTSYSRX

(800) 818-0155
24hrs a day 7 days a week
www.express-scripts.com/ut

UT FLEX

(Maestro Health)

(844) UTS-FLEX (887-3539)
M-F 7:00 AM-7:00 PM CT
Sat 9:00 AM-2:00 PM CT
www.myutflex.com

LIVING WELL HEALTH PROGRAM

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

UT SELECT DENTAL and UT SELECT DENTAL PLUS

(Delta Dental)
Group: 5968

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

DELTACARE USA DENTAL HMO

(Delta Dental)
Group: 6690

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

SUPERIOR VISION

Group: 26856
(800) 507-3800
M-F 7:00 AM-8:00 PM CT
Sat 10:00 AM-3:30 PM CT
www.superiorvision.com/ut

GROUP TERM LIFE, AD&D, AND DISABILITY

(Dearborn National)
Group: GFZ71778
(866) 628-2606
M-F 7:00 AM-7:00 PM CT
www.dearbornnational.com/ut

RETIREMENT PROVIDERS

FIDELITY INVESTMENTS

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

VOYA FINANCIAL (formerly ING)

(866) 506-2199
M-F 7:00 AM-9:00 PM CT
Sat 7:00 AM-3:00 PM CT
<https://utexas.prepare4myfuture.com>

LINCOLN FINANCIAL GROUP

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

TIAA-CREF

(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-cref.org/utexas

VALIC

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

Presorted
Standard Mail
U.S. Postage Paid
Austin, Texas
Permit No. 391



OFFICE OF EMPLOYEE BENEFITS
210 W. 6TH STREET SUITE B.140E
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/offices/employee-benefits