



Annual Enrollment & Resource Guide

FOR INSURANCE, RETIREMENT AND WELLNESS PROGRAMS

RETIRED 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 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.

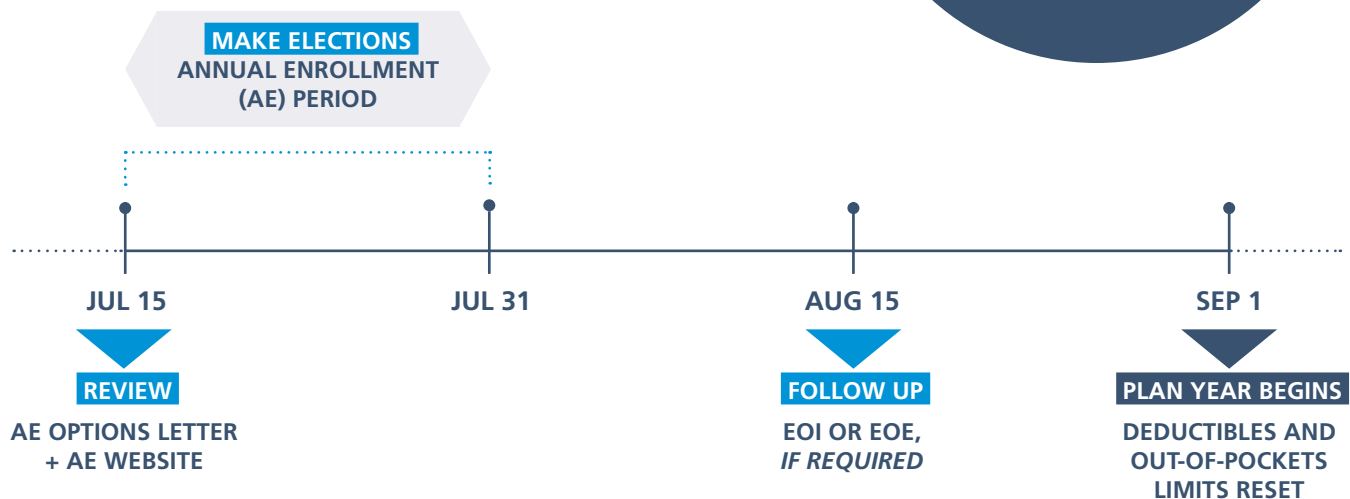
To review an SBC for UT SELECT PPO or Out-of-Area coverage, visit the website www.bcbstx.com/ut. You can view the glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf. To request a copy of these documents free of charge, you may call the SBC hotline at (855) 756-4448.

UT Benefits for one. Health for UT System.

PLEASE REVIEW THIS ENTIRE GUIDE

Review what's changing and consider your insurance needs for the upcoming year. Then, if you don't want to make any changes, you don't have to do anything to continue with your current plan selections.

Annual Enrollment Timeline



What to Expect in the New Plan Year

SEPTEMBER 1, 2016

- Plan changes (including new rates) begin.
- 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

<p>BY JULY 15</p>	 <p>REVIEW MAKE INFORMED BENEFITS CHOICES WITH RESOURCES AVAILABLE TO HELP YOU</p>	<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 <i>Contacts</i> at the end of this publication) <p>www.utsystem.edu/offices/employee-benefits</p>
<p>JULY 15 – 31</p>	 <p>MAKE ELECTIONS ANNUAL ENROLLMENT PERIOD</p>	<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, 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, • Beneficiary information.
<p>BY AUGUST 15</p>	 <p>FOLLOW UP COMPLETE EOI OR EOE (IF REQUIRED)</p>	<p>Deadline Monday, August 15, 2016</p> <p>Evidence of Insurability (EOI) is required to enroll in or increase 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



PLAN	RETIREE	RETIREE & SPOUSE	RETIREE & CHILD(REN)	RETIREE & FAMILY
UT SELECT Medical	\$0	\$257.53 <i>\$13.43</i> increase ▲	\$269.34 <i>\$14.04</i> increase ▲	\$507.15 <i>\$26.44</i> increase ▲
UT SELECT Dental	\$32.40 <i>no change</i>	\$61.51 <i>no change</i>	\$67.80 <i>no change</i>	\$96.40 <i>no change</i>
UT SELECT Dental Plus	\$59.03 <i>\$3.18</i> increase ▲	\$112.11 <i>\$6.05</i> increase ▲	\$123.70 <i>\$6.67</i> increase ▲	\$176.24 <i>\$9.50</i> increase ▲
DeltaCare Dental HMO	\$8.89 <i>no change</i>	\$16.90 <i>no change</i>	\$18.68 <i>no change</i>	\$26.67 <i>no change</i>
Superior Vision	\$5.90 <i>no change</i>	\$9.30 <i>no change</i>	\$9.52 <i>no change</i>	\$15.10 <i>no change</i>
Superior Vision Plus	\$9.00 <i>no change</i>	\$14.08 <i>no change</i>	\$15.08 <i>no change</i>	\$21.30 <i>no change</i>
Tobacco Premium Program	\$0 to \$90 per month based upon tobacco user status			

NEW! VOLUNTARY GROUP TERM LIFE RATES

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

RETIREE 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

Basic Coverage package includes medical, prescription, plus the cost of retired employee \$6,000 Basic Life Insurance.



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 (ACA), 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 cost for services not covered under the plan, including balance billing for out-of-network services, do not apply to any out-of-pocket limits.

For individuals whose primary insurance is Medicare, please keep in mind that with prescription drug costs included in the calculations for the ACA out-of-pocket maximum, some individuals with high prescription drug costs may meet the higher limits at which time all allowed charges will be paid by the plan.

BEHAVIORAL HEALTH BENEFITS

The copay for a behavioral health office visit is increasing to \$35 to correlate with the specialist level copay. 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 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 PLAN CHANGES

The UT SELECT Prescription Drug plan is included in the UT SELECT Basic Coverage package. Occasional updates to the formulary for the UT SELECT Prescription Drug plan may affect how much you pay for a medication, generally after January 1 of each year.

Effective January 1, 2017, your UT SELECT Prescription Drug plan benefits will be transitioning to offer the benefits of participating in a Medicare Part D plan, while maintaining the familiar copays and other benefits of your current prescription plan. More details will be provided in the fall. Please be sure your contact information is up to date with your institution's HR or Benefits office.

Group Term Life Insurance

Voluntary Group Term Life (VGTL) insurance can help ensure financial security for your family and loved ones upon your death. During Annual Enrollment for coverage effective September 1, 2016, there is a new VGTL contract in place that offers retirees an enhanced maximum benefit.

Retired employees can still elect VGTL amounts of \$7,000, \$10,000, \$25,000 and \$50,000, but now there is a new benefit level of \$100,000 available. Any new VGTL election or increase to VGTL will require evidence of insurability (EOI).

Once a retiree is approved for VGTL, your spouse will also be eligible to apply for \$3,000 in VGTL, with EOI as well.

The basic coverage package (UT SELECT Medical) will continue to include \$6,000 in Basic Life coverage for retired employees.

Medicare and UT SELECT



When you or your covered dependent(s) become eligible for Medicare, you and your Medicare-eligible dependents should enroll in Part A (typically inpatient coverage) and Part B coverage (typically office visits and doctor fees) and decline Part D (prescription drug coverage) in most cases. 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, soon-to-be retired employees, or their dependents who

are eligible for Medicare must have Medicare Parts A and B to receive the maximum benefits available from the UT SELECT plan.

In most instances, if you are eligible for Medicare and you return to work for UT in a position for at least 20 hours per week, the UT SELECT Medical plan will be primary for you and your Medicare-eligible dependents, and Medicare will be secondary. Medicare may be primary for some Medicare eligible active employees with certain medical conditions such as End Stage Renal Disease. Consult with

your local Social Security Administration office to learn what illnesses qualify for Medicare coverage prior to turning age 65.

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

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

IMPORTANT!

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

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

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

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

EXAMPLE A John is 68, continues to have a full-time position at UT, and is covered as a dependent under his wife's retiree plan with ABC Company. John's claims will be paid in this order:	<ol style="list-style-type: none">1. UT SELECT2. MEDICARE3. ABC COMPANY	John and his wife may wish to consider whether the reimbursements received as a dependent on his wife's plan justify their additional premium costs. In many instances, Medicare's secondary payment will cover the out-of-pocket costs remaining after the primary insurer pays.
EXAMPLE B Linda is 67, has retired from UT and returned to work in a position working less than 20 hours per week. Linda's husband also covers her under his retiree plan with XYZ Company. Linda's claims will be paid in this order:	<ol style="list-style-type: none">1. MEDICARE2. UT SELECT3. XYZ COMPANY	Although Linda has returned to work after retiring, her position is not benefits-eligible; therefore, her insurance benefits are obtained as a result of retirement, not employment.



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

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

This chart shows you how UT SELECT coordinates benefits with Medicare when Medicare is primary.

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

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

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

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

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

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

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

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

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

Optional Coverage Highlights for 2016-2017



RETIREE VOLUNTARY GROUP TERM LIFE INSURANCE

New retiree Life maximum of \$100K (increase of \$50K); EOI required.

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 examples.

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 and provisions, 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 Plan Continued...

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 plan year 2016-2017.

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.

Long Term Care Insurance

Last year CNA stopped selling new policies to UT members, and the UT System contract with CNA will end on August 31, 2016. Those already enrolled may continue coverage with CNA. Direct billing arrangements will continue for current participants.

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.



Living Well

Make It a Priority

REVIEW

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

LIFESTYLE MANAGEMENT

Weight Management and Tobacco Cessation Programs: Guidance and support with licensed wellness coaches provided by BCBSTX.
Call (800) 462-3275.

CONDITION MANAGEMENT

These voluntary health improvement programs provided by BCBSTX can help members with congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, asthma, and diabetes.
Call (800) 462-3275.

24/7 NURSELINE

Get answers to your health care questions, information about major medical issues, chronic illness support, and lifestyle change support.
Call toll-free: (888) 315-9473, 24 hours a day, 7 days a week.

SPECIALIST PHARMACISTS

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

EMPLOYEE ASSISTANCE PROGRAM

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

REIMBURSEMENT FOR EXERCISE EXPENSES

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

ONSITE HEALTH CHECKUPS

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

ONSITE FLU SHOTS

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

ANNUAL PHYSICAL ACTIVITY CHALLENGE

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

NATURALLY SLIM

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

SILVER SNEAKERS

Silver Sneakers is a new program offered to retirees and their spouses (age 50+), providing access to local fitness facilities.

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.

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.

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
- 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.

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

SURVIVING DEPENDENTS

When a retired employee passes away, the surviving spouse and dependent children may be eligible to continue certain UT Benefits coverage. For regular (non-disability) retired employees, the surviving spouse may continue medical, dental, and vision coverage in which they were enrolled at the time of the retired 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 a retired employee may continue coverage until they no longer meet the age requirements for dependent coverage. Some limitations apply for the surviving spouse and dependent children of a disability retired employee, depending on the retired employee's length of service prior to retirement. Please check with your institution's HR or Benefits Office for additional details.

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 by July 15th in an email or letter titled “Your UT Benefits Enrollment Options.”

IMPORTANT! Logging in with your SSN is no longer an option for *My UT Benefits*. Logging in using UT EID (UT Austin) or Single Sign On (SSO) might be an option for some, but most retirees will need to login using your 8-character Benefits ID (BID) & PIN or Campus ID & PIN. Your BID has been included in this newsletter and can also be found on your medical, prescription, and dental ID cards. Campus ID has been included in this newsletter and can also be retrieved by contacting your campus benefits office. Both BID and Campus ID are 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), 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.

Evidence of Eligibility

DEADLINE FOR SUBMISSION IS AUGUST 15



FOLLOW UP

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 Insurability

DEADLINE FOR SUBMISSION IS AUGUST 15

During this year's Annual Enrollment (AE) period, Evidence of Insurability (EOI) will be required to enroll in or increase Voluntary Group Term Life. EOI is *not* required for UT SELECT Medical.

Important Notes:

- 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 EOI

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



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's HR or Benefits office within 31 days of one of these change of status events.

A retired 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



Retiree Associations

INSTITUTION		
UT ARLINGTON	www.uta.edu/hr/retireesclub/	
	Frank Gault, <i>President</i> gaultfs@sbcglobal.net	Roseanne Minyard, <i>Secretary</i> Minyard@uta.edu
UT AUSTIN	UT Retired Faculty-Staff Association	sites.utexas.edu/rfsa/
	Nancy Payne, <i>RFSA President</i> 512-345-2010 nancypayne3805@gmail.com	Carol Barrett, <i>RFSA Coordinator</i> 512-471-8081 barrett@alumni.utexas.edu
UT DALLAS	www.utdallas.edu/ra/	www.utdallas.edu/ra/contact.htm
UT EL PASO	No retiree association, but you may join the Alumni Association: alumni.utep.edu/page.aspx?pid=1249	
	Peter & Margaret de Wetter Center The University of Texas at El Paso 500 West University Avenue El Paso, Texas 79968	Hours: M-F, 8 a.m. to 5 p.m. Ph: 915-747-8600 Fax: 915-747-5502 Email: alumni@utep.edu
UT HSC HOUSTON	www.uthro.org/	
UT HSC SAN ANTONIO	Contact Cindi Adcock for more information: AdcockC@uthscsa.edu	
UT HSC TYLER	No retiree association at this time.	
UT MD ANDERSON CANCER CENTER	www.mdanderson.org/about-us/for-employees/employee-resources/retirees-association/index.html retirees@mdanderson.org	
UTMB GALVESTON	hr.utmb.edu/retirees/	Phone: (409)763-5615 jrprice@utmb.edu
UT PERMIAN BASIN	No retiree association at this time.	
UT RIO GRANDE VALLEY	No retiree association at this time.	
UT SAN ANTONIO	Retired Faculty Association	provost.utsa.edu/rfa/ retiredfacultyassociation@utsa.edu
UT SOUTHWESTERN MEDICAL CENTER	No retiree association at this time.	
UT SYSTEM ADMINISTRATION	UT System Administration Retired Employees may join the association at UT Austin:	
	Nancy Payne, <i>RFSA President</i> 512-345-2010 nancypayne3805@gmail.com	Carol Barrett, <i>RFSA Coordinator</i> 512-471-8081 barrett@alumni.utexas.edu
UT TYLER	www.uttyler.edu/ohr/retireesassociation.php	



2016-2017 UT Benefits Contacts | Institutions

UT ARLINGTON

Office of Human Resources

(817) 272- 5554
Fax: (817) 272-5798
benefits@uta.edu

UT AUSTIN

Human Resource Services

(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

Human Resources

(915) 747-5202
Fax: (915) 747-5815
benefits@utep.edu

**UT HEALTH SCIENCE CENTER
HOUSTON**

Employee Benefit Services

(713) 500-3935
Fax: (713) 500-0342
benefits@uth.tmc.edu

**UT HEALTH SCIENCE CENTER
SAN ANTONIO**

Office of Human Resources

(210) 567-2600
Fax: (210) 567-6791
ben-admin@UTHSCSA.EDU

UT HEALTH SCIENCE CENTER TYLER

Office of Human Resources

(903) 877-7784
Fax: (903) 877-5394
benefits@uthct.edu

**UT MD ANDERSON
CANCER CENTER**

Human Resources Benefits

(713) 745-6947
Fax: (713) 745-7160
hrbenefits@mdanderson.org

Physicians Referral Service (PRS)

(713) 792-7600
Fax: (713) 794-4812
prsfacbensrvs@mdanderson.org

**UT MEDICAL BRANCH
AT GALVESTON**

Employee Benefits Services

(409) 772-2630, Option "0"
Toll Free: (866) 996-8862
Fax: (409) 772-2754
benefits.services@utmb.edu

UT PERMIAN BASIN

Human Resources

(432) 552-2751
Fax: (432) 552-3747

**UT RIO GRANDE VALLEY
Brownsville**

Human Resources

(956) 882-8205
Fax: (956) 882-6599
hr@utrgv.edu

Edinburg

Human Resources

(956) 665-2451
Fax: (956) 665-3289
hr@utrgv.edu

UT SAN ANTONIO

Human Resources

(210) 458-4250
Fax: (210) 458-7890
benefits@utsa.edu

**UT SOUTHWESTERN
MEDICAL CENTER**

Human Resources/Employee Benefits Division

(214) 648-9830
Fax: (214) 648-9881
benefits@utsouthwestern.edu

UT SYSTEM ADMINISTRATION

Office of Employee Services

(512) 499-4587
Fax: (512) 499-4395
esc@utssystem.edu

UT TYLER

Office of Human Resources

(903) 566-7480
Fax: (903) 565-5690
aclem@uttyler.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

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



THE UNIVERSITY *of* TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

OFFICE OF EMPLOYEE BENEFITS
210 W. 6TH STREET SUITE B.140E
AUSTIN, TEXAS 78701

Keep these IDs for
future reference

BENEFITS ID:

CAMPUS ID:

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