

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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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.

You have the right to obtain a printed copy free of charge of any or all of these notices 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

UT CONNECT coverage:
www.bcbstx.com/utconnect/coverage

You can view the glossary at
www.utsystem.edu/documents/docs/publication/2018/glossary-health-coverage-and-medical-terms

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. Parity in the application of certain limits to mental health benefits.
3. Required coverage for reconstructive surgery following mastectomies.
4. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the 2018-2019 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. UT CONNECT 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 CONNECT Medical plan, which is self-funded, from the following requirements:

1. Standards related to benefits for mothers and newborns.
2. Parity in the application of certain limits to mental health benefits.
3. Required coverage for reconstructive surgery following mastectomies.
4. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the 2018-2019 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 CONNECT Medical plan guide.

4. 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, 2018. 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:
dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

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

COLORADO – Medicaid

Health First Colorado Website: www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1-800-359-1991

FLORIDA – Medicaid

Website: flmedicaidprecovery.com/hipp
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: dch.georgia.gov/medicaid
Click on Health Insurance Premium Payment (HIPP)
Phone: 1-404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64:
Website: www.in.gov/fssa/hip / HIP: 1-877-438-4479
All other Medicaid:
Website: www.indianamedicaid.com / Phone: 1-800-403-0864

IOWA – Medicaid

Website: www.dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid

Website: www.maine.gov/dhhs/ofi/public-assistance/index.htm
Phone: 1-800-442-6003 TTY Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: www.mass.gov/eohhs/gov/departments/masshealth
Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: mn.gov/dhs/people-we-serve/seniors/health-care/healthcare-programs/programs-and-services/medical-assistance.jsp
Phone: 1-800-657-3739

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

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/ombp/nhhpp/
Phone: 1-603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 1-609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

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

NORTH CAROLINA – Medicaid

Website: www.ncdhhs.gov/dma
Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid

Website: www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

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

OREGON – Medicaid

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

PENNSYLVANIA – Medicaid

Website: www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347

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.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid: medicaid.utah.gov
CHIP: health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:
www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website:
www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website:
www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: mywvhipp.com
Phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid

Website: www.dhs.wisconsin.gov/publications/p1/p10095.pdf

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: wyequalitycare.acs-inc.com/

Phone: 1-307-777-7531

To see if any more States have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration

www.dol.gov/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

5. University of Texas System Notice of Privacy Practices

Revised Effective August 1, 2018

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PURPOSE OF THIS NOTICE

This Notice of Privacy Practices (this "Notice") describes the privacy practices of the UT SELECT, UT CONNECT, 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 System to make sure that any medical information that it collects, creates or holds on behalf of the Plans that identifies you remains private. Federal law also requires System to maintain this Notice of System's legal duties and privacy practices with respect to your medical information. Specifically, this Notice describes how System may use or

disclose your medical information (see Section II), your rights concerning your medical information (see Section III), how you may contact System regarding System's privacy policies (see Section VI), and System's right to revise this Notice (see Section VII). System 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 System created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.

II. HOW SYSTEM MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

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

- A. Treatment.** System may disclose your medical information to a health care provider for your medical treatment.
- B. Payment.** System may use or disclose your medical information in order to determine premiums, determine whether System is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor's bill, System may use your medical information to determine whether the terms of your Plan cover the medical care you received. System 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.** System 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 System's successful operation. As examples, System may use your medical information complying with contracts and applicable laws. In addition, System may contact you to give you information about treatment alternatives or other health-related services that may interest you. System 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 System 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.** System 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, System may use or disclose your medical information if the appropriate military authorities require it to do so.
- F. Serious Threat to Health or Safety.** System may use or disclose your medical information if necessary because of a serious threat to someone's health or safety.
- G. Limited Data Set.** System 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.** System 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.** System may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. System 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. System may contract or otherwise arrange with other entities or System offices to perform services on behalf of the Plans. System 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 System 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. To the extent that System offices serve as Business Associates to other institutions within The University of Texas System that are Covered Entities, those offices will comply with those institutions' Privacy Policies and Notices of Privacy Policies as to those institutions' Protected Health Information (PHI) they maintain, access or use as their Business Associates.

K. Other Disclosures. System 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, after your death, to identify you, to determine your cause of death, or as otherwise authorized by law;
- Funeral directors, after your death, 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 System's reasonable safeguards to limit such incidental uses and disclosures.

M. Written Authorization. System 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, System will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, System cannot take back any disclosures already made under that authorization.

III. RESTRICTIONS

- A.** System will not use your medical information for fundraising purposes.
- B.** System will never use your genetic medical information about you for underwriting purposes. Using or disclosing your genetic information is prohibited by federal law.
- C.** System 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. System does not sell your medical information.

IV. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION

You have the following rights associated with your medical information:

- A. Right To Request Restrictions.** Although System 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 System 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. System will consider your request but does not have to agree to it. If System does agree, System will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or System cancels the restriction. There is a form you can use to make this request which is available on the System website or by contacting the Privacy Officer 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 System 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 System. You must make your request in writing to the Privacy Officer. If System denies your request, you may have the right to have the denial reviewed by a licensed health care professional selected by System. If System (or a licensed health care professional performing the review on behalf of System) grants your request System will provide you with the requested access. You may request copies of such information but System may charge you a reasonable fee.
- D. Right to Amend.** If you feel that medical information System has about you is incorrect or incomplete, you may ask System to amend the information. You have the right to request an amendment for as long as the information is kept by or for System. You must make your request in writing to the Privacy Officer, and you must give a reason that supports your request. If System denies your request for an amendment, System will explain to you its 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 System and its Business Associates. 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. 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. System may charge you a fee for the list of disclosures if you request more than one list within 12 months.
- F. Right to Make a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with System's Privacy Officer or with the federal government's Department of Health and Human Services. System will not penalize you or retaliate against you in any way if you file a complaint.
- 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

System makes every effort to secure your health information, including the use of encryption 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 SYSTEM'S PRIVACY POLICIES

- a. **System's Privacy Officer.** To 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
(512) 852-3264
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 1 800 368 1019, by electronic mail at (ocrmail@hhs.gov), or by regular mail addressed to:
Regional Manager
Office of Civil Rights
US Department of Health and Human Services
1301 Young Street
Dallas, TX 75202
(800) 368-1019
TDD (800) 537-7697
- c. **Electronic Copy of This Notice.** You may obtain an electronic copy of the most current version of this Notice at the following website: <https://www.utsystem.edu/documents/docs/hipaa/hipaa-notice-privacy-practices>.

VII. SYSTEM'S RIGHT TO REVISE THIS NOTICE

System reserves the right to change the terms of this Notice at any time. System also reserves the right to make the revised notice effective for medical information System 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, System 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.

6. 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 SELECT PDP Employer Group Waiver Plan (EGWP), also known as UT SELECT 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.

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), 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 SELECT Part D plan, enrollment in a Medicare Part D or Advantage plan not affiliated with UT will conflict with your UT SELECT 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 Medicare drug plan and drop or lose your current UT medical plan 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 changes through the UT medical plans. You also may request a copy of this notice at any time from The Office of Employee Benefits or 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). 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).

7. Nondiscrimination Notice

Discrimination is Against the Law

The University of Texas System Office of Employee Benefits complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The UT System Office of Employee Benefits does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UT System Office of Employee Benefits provides:

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters, and
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Free language services to people whose primary language is not English, such as:

- Qualified interpreters, and
- Information written in other languages.

If you need these services, contact the UT System Office of Human Resources.

If you believe that the UT System Office of Employee Benefits has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The UT System Office of Human Resources, 210 W. 7th Street, Austin, Texas 78701, (512) 499-4587, (512) 499-4395, esc@utsystem.edu. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the UT Office of Human Resources is available to help you.

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

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

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

8. Accessibility Requirements Notice

Spanish

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

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số .

Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 .

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  번으로 전화해 주십시오

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالأمجان. اتصل برقم .

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں .

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa .

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le .

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।  पर कॉल कर।

Laotian

ປັດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີອັນໃຫ້ທ່ານ. ໂທ .

Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم باشد. با  تماس بگیرید.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer .

Gujarati

ચુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો .

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните .

Japanese

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

UT SELECT Medical 1-866-882-2034
UT CONNECT Medical 1-888-372-3398
UT SELECT Prescription Drug 1-800-818-0155
UT SELECT 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



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Contact Information for Institution Benefits Offices

UT INSTITUTION	TELEPHONE NUMBER
UT Arlington	(817) 272-5554 or (817) 272-5558
UT Austin	(512) 471-4772 or Toll Free: (800) 687-4178
UT Dallas	(972) 883-2221
UT El Paso	(915) 747-5202
UT Health Northeast (Tyler)	(903) 877-7784
UT Health Houston	(713) 500-3935
UT Health San Antonio	(210) 567-2600
UT MD Anderson Cancer Center	(713) 745-6947 <i>*Employees should refer to Intranet site.</i>
UT Medical Branch Galveston	(409) 772-2630, Option '0' or Toll Free (866) 996-8862
UT Permian Basin	(432) 552-2752
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	(903) 566-7467