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 your medical plan, visit the website utbenefits.link/SBC. You can view the glossary at utbenefits.link/CMSGlossary. To request a copy of these documents free of charge, you may call the SBC hotline at (855) 756-4448.
UT Benefits for one. Health for UT System.

Annual Enrollment Timeline

MAKE ELECTIONS
ANNUAL ENROLLMENT (AE) PERIOD

JUL 15
REVIEWS
AE OPTIONS LETTER + AE WEBSITE

JUL 31

AUG 15
FOLLOW UP
EOI OR EOE, IF REQUIRED

SEP 1
PLAN YEAR BEGINS
DEDUCTIBLES AND OUT-OF-POCKET LIMITS RESET

What to Expect in the New Plan Year

SEPTEMBER 1, 2020
• Plan changes begin.
• New ID cards for UT CONNECT enrollees and any new plans elected.
• Deductibles and limits start over.

ONGOING: KEEP IN TOUCH
YOUR ADDRESS | Notify your institution about any changes to your contact information.

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

<table>
<thead>
<tr>
<th>By July 15</th>
<th>Review</th>
<th>Make Informed Benefits Choices With Resources Available to Help You</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Enrollment Website available by July 15, 2020</strong></td>
<td>• Possible Virtual Annual Enrollment Meetings (at your institution)</td>
<td>• Insurance vendors available for plan-specific questions (see information on OEB Virtual Annual Enrollment website and Contacts at the end of this publication)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="http://www.utsystem.edu/benefits">www.utsystem.edu/benefits</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>July 15 – 31</th>
<th>Make ELECTIONS ANNUAL ENROLLMENT PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>July 15 – July 31, 2020</strong></td>
<td>UT Benefits Enrollment Options email or letter delivered by July 15 lists current coverage, options for coverage for the next plan year beginning September 1, 2020, and instructions for making changes online.</td>
</tr>
<tr>
<td></td>
<td>During this period, you can:</td>
</tr>
<tr>
<td></td>
<td>• Make changes to your benefits,</td>
</tr>
<tr>
<td></td>
<td>• Add or remove dependents,</td>
</tr>
<tr>
<td></td>
<td>• Enroll in UT FLEX, and</td>
</tr>
<tr>
<td></td>
<td>• Change coverage options for certain plans.</td>
</tr>
<tr>
<td></td>
<td>This is a good time to update other items if you’ve had changes during the year, like:</td>
</tr>
<tr>
<td></td>
<td>• Contact information,</td>
</tr>
<tr>
<td></td>
<td>• Tobacco user status, and</td>
</tr>
<tr>
<td></td>
<td>• Beneficiary information.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By August 15</th>
<th>Follow Up Complete EOI or EOE (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deadline Wednesday, August 15, 2020</strong></td>
<td>Evidence of Insurability (EOI) is required to enroll in certain insurance coverage, including: Disability insurance and some Voluntary Group Term Life.</td>
</tr>
<tr>
<td></td>
<td>Evidence of Eligibility (EOE) is required when you enroll your spouse or a dependent in the UT Benefits program for the first time.</td>
</tr>
</tbody>
</table>

### Keep Your ID Cards

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

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 2020-2021 plan year. Current and new UT CONNECT enrollees will receive new ID cards.
Out-of-Pocket Premiums for 2020-2021

There are no premium rate changes for plan year 2020-2021. The cost of full-time benefits-eligible employee only coverage will not change. Age and salary-based premiums may change depending on your age and salary as of September 1, 2020.

### PLAN

<table>
<thead>
<tr>
<th>PLAN</th>
<th>EMPLOYEE</th>
<th>EMPLOYEE &amp; SPOUSE</th>
<th>EMPLOYEE &amp; CHILD(REN)</th>
<th>EMPLOYEE &amp; FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NO CHANGE TO PREMIUMS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UT SELECT Medical</td>
<td>$0</td>
<td>$270.42</td>
<td>$282.82</td>
<td>$532.52</td>
</tr>
<tr>
<td><strong>FULL-TIME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UT CONNECT* Medical</td>
<td>$0</td>
<td>$243.38</td>
<td>$254.54</td>
<td>$479.26</td>
</tr>
<tr>
<td><strong>DFW only</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UT SELECT Medical</td>
<td>$314.02</td>
<td>$749.04</td>
<td>$702.16</td>
<td>$1,117.46</td>
</tr>
<tr>
<td><strong>PART-TIME</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UT CONNECT* Medical</td>
<td>$314.02</td>
<td>$749.04</td>
<td>$702.16</td>
<td>$1,117.46</td>
</tr>
<tr>
<td><strong>DFW only</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UT SELECT Dental</td>
<td>$28.52</td>
<td>$54.14</td>
<td>$59.66</td>
<td>$84.84</td>
</tr>
<tr>
<td>UT SELECT Dental Plus</td>
<td>$61.40</td>
<td>$116.60</td>
<td>$128.66</td>
<td>$183.30</td>
</tr>
<tr>
<td>DeltaCare Dental HMO</td>
<td>$8.80</td>
<td>$16.73</td>
<td>$18.49</td>
<td>$26.40</td>
</tr>
<tr>
<td>Superior Vision</td>
<td>$5.90</td>
<td>$9.30</td>
<td>$9.52</td>
<td>$15.10</td>
</tr>
<tr>
<td>Superior Vision Plus</td>
<td>$9.00</td>
<td>$14.08</td>
<td>$15.08</td>
<td>$21.30</td>
</tr>
<tr>
<td>Tobacco Premium Program</td>
<td>$0 to $90 per month based upon tobacco user status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**VOLUNTARY GROUP TERM LIFE RATES**

Please be sure to review the rate associated with your age as of September 1, 2020.

### EMPLOYEE RATE CHART

<table>
<thead>
<tr>
<th>AGE OF SUBSCRIBER ON 9/01/20</th>
<th>RATE PER $1,000 COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 - 34</td>
<td>$0.037</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.047</td>
</tr>
<tr>
<td>40 - 44</td>
<td>$0.063</td>
</tr>
<tr>
<td>45 - 49</td>
<td>$0.097</td>
</tr>
<tr>
<td>50 - 54</td>
<td>$0.150</td>
</tr>
<tr>
<td>55 - 59</td>
<td>$0.233</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$0.364</td>
</tr>
<tr>
<td>65 - 69</td>
<td>$0.650</td>
</tr>
<tr>
<td>70 - 74</td>
<td>$0.752</td>
</tr>
<tr>
<td>75 - 79</td>
<td>$0.932</td>
</tr>
<tr>
<td>80 and over</td>
<td>$1.634</td>
</tr>
</tbody>
</table>

Employee spouse rates available in *My UT Benefits*.

**VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT**

<table>
<thead>
<tr>
<th>MONTHLY PREMIUM RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.14 per $10,000 coverage</td>
</tr>
</tbody>
</table>

**SHORT-TERM AND LONG-TERM DISABILITY**

<table>
<thead>
<tr>
<th>MONTHLY PREMIUM RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term Disability</td>
</tr>
<tr>
<td>Long Term Disability</td>
</tr>
</tbody>
</table>

* UT CONNECT is an Accountable Care Organization medical plan available in Dallas Fort Worth area only. See details on page 9.

Basic Coverage package includes medical, prescription, $40K Basic Life, and $40K Basic AD&D for employees.
NO PREMIUM INCREASE FOR PLAN YEAR 2020-2021

There is great news to share regarding UT SELECT premium rates for the upcoming 2020-2021 plan year.

Even though the 2019-2020 plan year has had some unique challenges (COVID-19), through careful plan management and member utilization of new program resources such as MDLive, Omada Health, Livongo and Hinge Health, the out-of-pocket premium rates will remain the same for plan year 2020-2021.

Full-time benefits-eligible employees will continue to pay nothing out-of-pocket for your coverage as premium sharing fully covers that cost. Part-time benefits-eligible employees will continue to receive 50% premium sharing (with no change in cost), and the cost of dependent coverage will remain unchanged as well.

Please see the out-of-pocket premium chart within this special edition Annual Enrollment and Resource Guide for details.

PLAN DESIGN: NO CHANGES FOR OFFICE VISIT COPAYS, ANNUAL DEDUCTIBLE OR COINSURANCE, PLUS PLAN ENHANCEMENTS

For the UT SELECT Medical Plan (including the UT Health Tier) there are no changes related to office visit copays, the annual deductible, or member coinsurance.

There is, however, a change to the Affordable Care Act (ACA) out-of-pocket limit. The ACA limit combines medical and prescription drug costs and will increase to $8,150 per individual and $16,300 per family. These limits on total out-of-pocket expenses provide an extra level of financial protection for you and your family.

NEW! Enhancements to the UT SELECT program include:

- Ovia Health App providing maternity and family support through your entire parenthood journey (see article page 8);
- Seasons of Life Benefit is a new BCBSTX outreach program to help members with the passing of a loved one (see article page 8);
- Increase in the annual maximum for Physical Therapy and Occupational Therapy visits to 30 per condition (Speech Therapy continues to be 60 visits per year);
- Increase Private Duty Nursing benefit to annual maximum of 90 visits per plan year;

Extending temporary benefit for UT SELECT telemedicine visits through August 31, 2020 (with office visit copay) due to COVID-19. This benefit will be re-evaluated for potential continuation past August 31, 2020.

REFRESHER: HIGHEST LEVEL OF BENEFITS THROUGH THE UT HEALTH NETWORK

The UT Health Network is an enhanced plan design for UT SELECT participants. UT SELECT participants receive their highest level of benefits when services are delivered by a UT Health network physician practicing at a UT-owned or partner facility. And in cases where a UT physician is at a non-UT owned facility, members can still save on physician costs.

Here are details to help you seek services from UT Health Providers at Participating Hospitals (Chart 1), and at Employee and Nursing Clinics (Chart 2):

**Chart 1: UT Health Network Providers and Hospital Facilities**

- UT Austin Dell Medical School*
- UT Medical Branch Galveston*
- UT Health Houston
- UT Health East Texas (Tyler)*
- UT Rio Grande Valley*
- UT Health Houston

*UT-owned or partner hospital also included in UT Health benefit

**Chart 2: UT Health Network Employee and Nursing Clinics**

- UT Austin – School of Nursing Wellness Clinics*
- UT Austin – Work Well Employee Health Program*
- UT Health Houston – UT Health Services Clinic*
- UT Rio Grande Valley – Employee Health Clinics*
- UT Health San Antonio – Employee Health and Wellness Center*

*Clinic facility also included in the UT Health benefit

Log into BCBSTX Blue Access for Members Provider Finder to find participating providers and facilities clearly marked as being part of the UT Health Network.

Participating UT Medical institutions include:

- UT Rio Grande Valley providers;
- UT Medical Branch Galveston facilities and providers;
- UT Health Northeast (Tyler) facilities and providers; and
- UT Austin, UT Health Houston, UT Health San Antonio Employee and Nursing Clinics.

You can log into Blue Access for Members to access the Provider Finder specific to UT SELECT Medical and find participating providers and facilities clearly marked as being part of the UT Health Network.
**REFRESHER: A HEALTH ADVOCATE SOLUTIONS (HAS) REPRESENTATIVE CAN HELP GUIDE YOU THROUGH THE HEALTH CARE PROCESS**

We know the key to helping members partner with their health plan is to ensure awareness and access. Over the past eleven months, the BCBSTX Health Advocate Solutions (HAS) team has served participants by:

- Connecting members to providers;
- Sorting out complex cases for members;
- Helping employees and retirees understand their health benefits better; and
- Helping participants shop for quality, lower-cost health care.

HAS representatives are on the job and ready to help. Just call a health advocate at 866-882-2034 or download the BCBSTX app to chat live with a health advocate today. Not only will they be able to assist you in coordinating your care through the programs rolled out last September, but they can also assist you in connecting with our latest benefit partners, Ovia Health and Seasons of Life.

* Health advocates do not replace the care of a doctor and you should talk to your doctor about any medical questions or concerns.

**REFRESHER: VIRTUAL VISITS POWERED BY MDLIVE®**

Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center.* With MDLIVE®, you have 24/7/365 access to virtual visits for your primary care and behavioral health needs. You don’t have to leave the comfort of your own home to talk to a doctor, and best of all, your virtual visit with MDLIVE® has a $0 copay!

With virtual visits, you get:

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

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

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

Download the MDLIVE® app now and register. It’s simple and you just need your first name, date of birth, and BCBSTX member ID number, found on your ID card. For more information about MDLIVE®, contact a health advocate at 866-882-2034 or visit MDLIVE.com/bcbsx for more information.

*In the event of an emergency, this service should not take place of an emergency room or urgent care facility. Proper diagnosis should come from your doctor and medical advice is between you and your doctor.

**REFRESHER: INTRODUCING OMADA®: A DIGITAL SUPPORT PROGRAM**

Omada is a breakthrough digital program that surrounds you with the tools and support you need to build healthy habits that stick. If you have, or are at risk for, certain chronic health conditions such as diabetes, you may be eligible for this new program. With Omada, you get:

- An interactive program that adapts to you;
- An Omada health coach to help keep you on track;
- A wireless smart scale to monitor your progress;
- A small online peer group for real-time support;
- And more!

Omada’s approach combines proven science with rich data to help you make the changes that matter most — whether it’s eating, activity, sleep or stress. Our published results show the average participant loses about 10 pounds along the way.

If you or your adult family members are enrolled in the UT SELECT Blue Cross and Blue Shield of Texas health plan and are at risk for Type 2 diabetes or heart disease, the Omada program is included in your benefits package.

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

**REFRESHER: LIVONGO – A HIGH-TECH APPROACH TO MANAGING DIABETES**

Livongo for Diabetes is a health benefit available through the UT SELECT health plan. The program helps make living with diabetes easier by providing you with a connected meter, unlimited free strips and lancets, and coaching.

The program is provided to you and your family members with diabetes who are covered by the UT SELECT health plan.

Benefits of the program include:

- More than a standard meter: The Livongo meter is a connected device and gives real-time tips and automatically uploads your blood glucose readings, making log books a thing of the past.
- Strips are covered by your UT SELECT health plan: Get strips and lancets from Livongo and have your supplies shipped right to your door.
- Coaching anytime and anywhere: Livongo coaches are Certified Diabetes Educators who are available anytime by phone, text and mobile app to help give guidance on your nutrition and lifestyle questions.

If you have any questions about this program, please call a health advocate at 866-882-2034 for more information.
REFRESHER: OVERCOME BACK, KNEE, HIP, NECK AND SHOULDER PAIN WITH HINGE HEALTH

Hinge Health is an innovative digital health solution to help you get relief from back, knee, hip, neck and shoulder pain. The program is available at no additional cost to you and your covered dependents over the age of 18 who are enrolled in the UT SELECT health plan. Once enrolled in the program, you’ll be paired with your personal health coach who will be with you every step of the way and tailor the program to your needs. You’ll also get the Hinge Health Welcome Kit, which includes a free tablet and wearable motion sensors that give real-time feedback while you do the exercises. The 12-week program only takes 45 minutes per week.

You can call a health advocate at 866-882-2034 for more information.

EFFECTIVE SEPTEMBER 1, 2020 | The UT SELECT and UT CONNECT medical plans added Ovia Health® and Seasons of Life℠

NEW! OVIA HEALTH: A DIGITAL SUPPORT PROGRAM

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

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

- **Health assessment and symptom tracking** | Receive alerts and predictive, personal coaching when Ovia detects a potential medical issue.

- **More than fifty physician-developed clinical programs to help you be as healthy as possible** | Engage with personalized health and wellness programs to help you navigate infertility, sexual health, birth planning, preterm delivery, mental health, breastfeeding, and more.

- **Unlimited 1-on-1 coaching** | Message instantly with Registered Nurse health coaches to ask all your questions.

- **Career and return-to-work programs** | Find coaching and career advice for preparing for maternity leave, returning to work, and being a working parent.

Download the app that’s right for you:

- Ovia Fertility – Health & Fertility
- Ovia Pregnancy – Pregnancy & Postpartum
- Ovia Parenting – Family & working parents

To create an account, choose “I have Ovia Health as a benefit” before tapping “Sign up” and make sure to select BCBSTX as your health plan and enter your employer name. You’ll also need to enter your first and last name (as listed with your health plan), date of birth and ZIP code. Once you accept the terms and conditions, you’re ready to explore Ovia! You can also contact a health advocate at 866-882-2034 for more information or should you have any questions.

NEW! SEASONS OF LIFE℠

Seasons of Life is a proactive outreach program offered through your UT SELECT benefits and Blue Cross and Blue Shield of Texas (BCBSTX) that provides personalized claims resolution assistance to you and your dependents who may be dealing with the death of a loved one. When BCBSTX learns of a death, a specially trained customer advocate will send a handwritten sympathy card. This advocate will become your single point of contact for the duration of the program. You and/or your family can then contact the customer advocate at a time that is convenient for you to discuss any insurance-related matters.

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

While the Seasons of Life program is launched proactively based on information provided to BCBSTX, please know that you and/or your dependents can contact a health advocate for assistance if needed. Simply call 866-882-2034, weekdays, 7 a.m. – 7 p.m.
Prescription Plan

Your prescription drug benefits are included as part of your medical coverage. The UT SELECT Prescription Plan is administered by Express Scripts and the same benefits are provided for both UT SELECT Medical and UT CONNECT plan participants.

There are no plan design changes for the prescription drug program for the upcoming plan year. While there are no changes, we want to remind members there are a number of ways to help you maximize your prescription benefit and save you money.

These options include filling 90-day maintenance medications via home delivery and at certain retail locations, and substituting generic medications when available.

MORE OPTIONS AVAILABLE FOR FILLING YOUR 90-DAY MAINTENANCE MEDICATIONS

As part of your UT SELECT and UT CONNECT prescription benefit, you have access to a more convenient and money-saving feature for your maintenance medications (those drugs you take regularly for ongoing conditions). Through your plan, you could pay less when you fill a 90-day supply of your maintenance medications at a participating pharmacy (Express Scripts home delivery, Walgreens, and the University of Texas pharmacies) than you would pay for three 30-day supplies at a non-preferred retail pharmacy.

There are Two Ways to Save on Your Maintenance Prescriptions

1. For savings and convenience, take advantage of home delivery from the Express Scripts Pharmacy. Get 90-day supplies of your medications delivered direct to you, safely and securely, with free standard shipping.
   Log in at express-scripts.com/ut or call the number listed on the back of your member ID card to learn how to get started with home delivery. Express Scripts can contact your doctor to have a new 90-day prescription sent right to you.

2. Or, you can fill your maintenance prescriptions at a nearby Walgreens or UT pharmacy. The pharmacist will contact your doctor to get a new 90-day prescription or will transfer your current 90-day prescriptions.

Your copayment for your 90-day supply will be the same whether you fill your prescriptions through Express Scripts home delivery or at a participating Walgreens or UT pharmacy.

If you have questions about the new benefit or want assistance to help you get started on filling your maintenance medication 90 days at a time, call Express Scripts at (800) 818-0155 24 hours a day, 7 days a week.

YOUR PRESCRIPTION BENEFIT: UPDATE ON MEDICATION COVERAGE REVIEW

The UT SELECT prescription drug program utilizes Express Scripts’ coverage management programs to help ensure you receive the prescription drugs you need at a reasonable cost. The three primary management programs are: prior authorization, step therapy and quantity duration guidelines. Each program is administered by Express Scripts to determine whether your use of certain medications is appropriate for both clinical and cost considerations.

PRIOR AUTHORIZATION Just as some healthcare plans approve some medical procedures before they’re done to ensure those procedures are needed, some drugs need a “prior authorization” to make sure they are right for you and are covered by your pharmacy benefit. Prior authorization is a program that lets you get the effective medication that you and your family need and helps your plan sponsor maintain affordable prescription-drug coverage for everyone your plan covers.

When your pharmacist tells you that your prescription needs a prior authorization, Express Scripts needs more information to know if your plan covers the drug. Only your physician can provide this information and request a prior authorization.

STEP THERAPY Step therapy is a program that lets you get the safe and effective treatment you and your family need. It also helps your plan sponsor maintain affordable prescription drug coverage for everyone your plan covers.

In step therapy, medications are grouped in categories based on treatment and cost. First-line medications are the first step and are typically generic and lower-cost brand-name medications approved by the U.S. Food & Drug Administration (FDA). They are proven to be safe and effective, as well as affordable.

Second-line drugs typically are brand-name drugs. They are best suited for the few patients who don’t respond to first-line medications. Second-line drugs are the most expensive options.

DRUG QUANTITY MANAGEMENT Drug quantity management (DQM) is a program that makes sure that patients are using medications at doses that have been proven effective. It provides the medication you need for good health, while making sure you receive it in the amount – or quantity – considered safe.

To determine if a medication you have been prescribed has a prior authorization, step-therapy, or drug quantity limit, visit the UT specific Express Scripts website at www.express-scripts.com/utselect and use the “price a medication” feature to see if you have a prescription that will require coverage review. If coverage review is required, you or your doctor can initiate the review by calling Express Scripts at (800) 753-2851.

REMININDER: MID-YEAR FORMULARY CHANGES While mid-year formulary changes don’t occur frequently, it is possible that a medication can change co-pay tiers during the plan year. For more information on what your cost will be please use the member website at www.express-scripts.com where you can run drug coverage checks to see your cost.
The UT CONNECT Accountable Care Organization (ACO) is a comprehensive UT Benefits medical plan offering in the Dallas / Fort Worth (DFW) area. The plan is available for Employees and certain Retirees living in the designated service area. This plan is separate from UT SELECT Medical and can be elected during Annual Enrollment. Through the UT CONNECT ACO, participants will have access to excellent care managed through a designated primary care provider and receive all of their medical services from a top quality network of Southwestern Health Resources providers and facilities.

ENHANCED CUSTOMER SERVICE
UT CONNECT’s customer service platform can help make navigating healthcare simpler. It’s called CONNECT and is available to Employees and Retirees that enroll in the plan – providing personalized support to find doctors, schedule appointments with physicians, answer questions about benefits, and help find ways to save even more on out-of-pocket expenses for care. This service offers a single phone number to reach CONNECT navigators and nurses, who have access to UT Southwestern Medical directors.

VIRTUAL VISITS POWERED BY MDLIVE
Getting sick after hours or on weekends used to mean a lengthy, costly trip to the emergency room or urgent care center.* With MDLIVE, you have 24/7/365 access to virtual visits, provided by Blue Cross and Blue Shield of Texas (BCBSTX) and powered by MDLIVE. You don’t have to leave the comfort of your own home to talk to a doctor. And best of all, your visit with MDLIVE has a $0 copay!

Virtual visits allow you to consult a doctor for non-emergency health conditions by phone, mobile app or online video — anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you. With virtual visits, you get:
• 24/7 access to independently contracted, board-certified doctors;
• Access via online video, mobile app or telephone; and
• E-prescriptions sent to your local pharmacy, when appropriate.

Through virtual visits, doctors can treat a variety of health conditions, including: allergies, asthma, behavioral health, colds & flu, ear problems (age 12+), fever (age 3+), nausea, pink eye, rash, and sinus infections.

Registering is simple and easy. You just need your first name, date of birth, and BCBSTX member ID number, found on your ID card. For more information about MDLIVE, contact CONNECT customer service, or you can call MDLIVE at 888-680-8646. Visit MDLIVE.com/bcbstx for more information.

*In the event of an emergency, this service should not take place of an emergency room or urgent care facility. Proper diagnosis should come from your doctor and medical advice is between you and your doctor.

MDLIVE, an independent company, operates and administers the virtual visits program and is solely responsible for its operations and that of its contracted providers.

ELIGIBILITY
The UT CONNECT ACO focuses on achieving better health outcomes through closely managed medical care. Benefits are offered only for care obtained through a specific network of providers and facilities in the DFW area. Eligibility for the plan is limited to benefits-eligible Employees and non-Medicare eligible Retirees who live within the DFW service area. Retirees living in the area who are Medicare-eligible or who cover Medicare-eligible family members are not eligible to enroll in the UT CONNECT ACO, but continue to be eligible for the UT SELECT Medical plan.

IMPORTANT NOTE: New enrollees wishing to enroll in the UT CONNECT ACO plan must make an election during Annual Enrollment. If you are currently enrolled in the UT CONNECT ACO plan, you will continue in that plan unless you actively change to the UT SELECT Medical plan.

QUALITY PROVIDER NETWORK
By enrolling in the UT CONNECT ACO plan (administered by Blue Cross Blue Shield of Texas), you can be assured that you and your dependents will have access to carefully managed health care through a dedicated network of outstanding Southwestern Health Resources (SWHR) providers and facilities. To ensure a broad selection of providers in the North Texas area, UT CONNECT participants will have access to more than 10,000 doctors and caregivers in the network. If you currently receive services from a SWHR affiliated physician, they will be in the UT CONNECT provider network. You can locate a network primary care provider online or by contacting the UT CONNECT Team at (888) 399-8889.

NEW BENEFITS ENHANCEMENTS
NEW! Texas Health Resources Urgent Care Facilities coming in November 2020 with a copay of $30 vs. $35 for all other non-THR urgent care facilities;
• New! Increase in the annual maximum for Physical Therapy and Occupational Therapy visits to 30 per condition (Speech Therapy continues to be 60 visits per year);
• New! Ovia Health App providing maternity and family support through your entire parenthood journey. See Ovia Health article;
• New! Seasons of Life: an outreach program to help members with the passing of a loved one. See Seasons of Life article;

There is also a change to the Affordable Care Act out-of-pocket limit. This new limit (combining medical and prescription drug costs) is increasing to $8,150 per individual and $16,300 per family. These limits on total out-of-pocket expenses provide an extra level of financial protection for you and your family.
**IMPORTANT NOTE:** When enrolling in the UT CONNECT ACO plan, participants must designate a primary care provider (PCP) from the list of SWHR and affiliated community physicians. All care is coordinated through the PCP so participants must have one on file to receive benefits.

**OUT-OF-POCKET PREMIUM SAVINGS**
Just as with the UT SELECT Medical plan, full-time Employee-only and Retiree-only coverage is available at no cost to the primary subscriber. Out-of-pocket premium rates for full-time employee and retiree Subscriber/Spouse, Subscriber/Children, and Subscriber/Family levels of coverage are approximately 10% lower than those for the UT SELECT Medical plan. Check the complete UT Benefits premium rate chart to see the savings you can enjoy based on your level of coverage.

**ENHANCED PLAN DESIGN**
When visiting UT CONNECT ACO network providers, benefits under the UT CONNECT plan are similar to those on the UT SELECT Medical plan. However, there are a few important differences between the two plans outlined below, and you can go online to take a deeper look at the UT CONNECT plan at [www.ut-connect.com](http://www.ut-connect.com).

**IMPORTANT NOTE:** Due to the managed care model of the UT CONNECT ACO plan, there are no benefits for out-of-network or out-of-area services except for urgent care and medical emergencies.

The UT CONNECT ACO plan will continue to utilize the prescription drug plan (administered by Express Scripts) that matches the UT SELECT prescription benefit. The UT CONNECT ACO plan includes Basic Life Insurance for employees and retirees, plus Accidental Death and Dismemberment Insurance for employees.

**CUSTOMER SERVICE**
For more information about the UT CONNECT ACO plan or further assistance, please call the UT CONNECT Team at (888) 399-8889.

### BENEFITS HIGHLIGHTS

<table>
<thead>
<tr>
<th>UT CONNECT ACO</th>
<th>CURRENT UT SELECT PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Administered by Blue Cross Blue Shield of Texas</strong></td>
<td>YES</td>
</tr>
<tr>
<td><strong>Copay for First Primary Care Physician (PCP) Office Visit (Annually)</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Copay for PCP Office Visits (After the First Visit)</strong></td>
<td>$15 (unless for preventive care)</td>
</tr>
<tr>
<td><strong>Copay for Specialist Office Visit</strong></td>
<td>$25</td>
</tr>
<tr>
<td><strong>NEW! Copay for THR Urgent Care Facilities (coming November 2020)</strong></td>
<td>$30</td>
</tr>
<tr>
<td><strong>Copay for First 5 Days of Inpatient Care for UT Southwestern, Texas Health, Children's Health and Cook Children's Hospital Locations</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Copay for Outpatient Facility (Plus Coinsurance)</strong></td>
<td>$50</td>
</tr>
<tr>
<td><strong>Annual Deductible Individual / Family</strong></td>
<td>$250 / $750</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>80% plan / 20% member</td>
</tr>
<tr>
<td><strong>Coinsurance Maximum Individual / Family</strong></td>
<td>$2,150 / $6,450</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum Individual / Family (includes medical and prescription drug deductibles, copayments and coinsurance)</strong></td>
<td>$8,150 / $16,300</td>
</tr>
<tr>
<td><strong>Out-of-Network and Out-of-Area Benefits</strong></td>
<td>Urgent Care and Emergency Only</td>
</tr>
</tbody>
</table>
DENTAL PLAN OPTIONS
UT System offers three dental plan options: two self-funded PPO plan options (UT SELECT Dental and UT SELECT Dental Plus) and a fully insured dental HMO option (DeltaCare USA), all administered by Delta Dental Insurance Company. There are no benefit changes on any of the plans, and the rates all remain the same.

UT SELECT DENTAL PPO PLAN OPTIONS
PPO dental plans allow you to see any dentist, although your benefits go further if you choose a network dentist. While both PPO plans cover most of the same types of services and provisions, the premiums are different and the benefits are more enhanced in the UT SELECT Dental Plus plan. Compare the benefits closely to select the plan that best meets your or your family’s needs.

<table>
<thead>
<tr>
<th>PLAN DESIGN FEATURES</th>
<th>UT SELECT DENTAL PPO</th>
<th>UT SELECT DENTAL PLUS PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDUCTIBLE</td>
<td>$25 deductible</td>
<td>Plan pays deductible</td>
</tr>
<tr>
<td>ANNUAL BENEFIT ALLOWANCE</td>
<td>$1,250 annual benefit maximum</td>
<td>$3,000 annual benefit maximum</td>
</tr>
<tr>
<td>ORTHODONTICS</td>
<td>Separate $1,250 lifetime orthodontic maximum</td>
<td>Separate $3,000 lifetime orthodontic benefit maximum</td>
</tr>
<tr>
<td>NETWORK OPTIONS</td>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BENEFITS AND COVERED SERVICES</th>
<th>UT SELECT DENTAL PPO</th>
<th>UT SELECT DENTAL PLUS PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAGNOSTIC &amp; PREVENTIVE SERVICES</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>BASIC SERVICES</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>MAJOR SERVICES</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>ORTHODONTIC SERVICES</td>
<td>50%</td>
<td>80%</td>
</tr>
</tbody>
</table>

For additional information about the two UT SELECT Dental PPO plans briefly described above, please visit the Office of Employee Benefits website.

DENTAL HMO – DELTACARE USA
The DeltaCare USA Dental Health Maintenance Organization (DHMO) plans require you to choose one dentist or dental facility to coordinate all your oral health needs. If you need to see a specialist, your primary care dentist will refer you; specialty care requires preauthorization. When you receive a dental service, you pay a fixed dollar amount for the treatment (a “copayment”). Diagnostic and preventive services have a low copayment or even no copayment. However, generally if you visit a dentist outside of the network, you may be responsible for the entire bill.

DELTCARE USA PLAN DESIGN FEATURES
- Set copayments.
- No annual deductibles and no maximums for covered benefits.
- Low out-of-pocket costs for many diagnostic and preventive services (such as professional cleanings and regular dental exams).
- Upon enrollment into the DeltaCare USA plan, you must select a primary dentist. You may call Delta Dental at (800) 893-3582 to find out if your current dentist is in the DeltaCare network. Do not make any appointments until you are certain that DeltaCare has confirmed a dentist for you and/or for each of your covered dependents. If you visit a dentist other than the one listed as your primary dental provider, your services may not be covered.

Limitations & exclusions apply. Contact Delta Dental for specific details about benefits and coverage at (800) 893-3582.
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 Plus plan (offering enhanced benefits), both administered by Superior Vision. While both plans cover most of the same types of services, the Plus plan includes some additional benefit at a slightly higher premium. Compare the benefits closely to select the plan that best meets your or your family’s particular needs. See below for some examples.

<table>
<thead>
<tr>
<th>PLAN DESIGN FEATURES</th>
<th>SUPERIOR VISION PLAN</th>
<th>SUPERIOR VISION PLUS PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL EXAM COPAYMENT</td>
<td>$35 COPAY</td>
<td>$35 COPAY</td>
</tr>
<tr>
<td>FRAME ALLOWANCE</td>
<td>$140</td>
<td>$165</td>
</tr>
<tr>
<td>PROGRESSIVE LENS ALLOWANCE</td>
<td>Member pays difference between lined trifocals and progressive retail cost.</td>
<td>$120</td>
</tr>
</tbody>
</table>
| COVERED LENS OPTIONS       | Standard lens options covered in full; additional options not covered | Standard lenses and additional lens options covered in full:  
  • Polycarbonates (dependent children to age 26)  
  • Scratch coat  
  • Ultraviolet coat |
| NETWORK OF PROVIDERS       | Best value provided when visiting a contracted Superior Vision provider. Please contact Superior Vision customer service before you receive services to confirm if your provider is in-network. |

For additional information about each of the current UT vision plans briefly described below, please visit the OEB website. Plan limitations and exclusions do apply for each of these plans. For specific details about plan benefits and coverage, please contact Superior Vision customer service at (844) 549-2603.
Blue Cross Blue Shield of Texas (BCBSTX)
Group Term Life and AD&D Insurance

Group Term Life (GTL) insurance from Blue Cross Blue Shield of Texas (formerly known as Dearborn National) can help ensure financial security for your family and loved ones upon your death. There are no changes to Employee GTL coverage options for 2020-2021.

Benefits for GTL include:

- $40,000 Basic GTL included in the basic coverage package;
- With EOI approval, employees can elect Voluntary GTL (VGTL) up to 10 times their annual salary up to a maximum of $2.0 million;
- Spouses of employees who have VGTL are eligible for up to $50,000 with EOI approval; and
- Spouse and dependent children of employees with VGTL are eligible for $10,000 VGTL with no EOI required.

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. There are no changes to Employee AD&D coverage options for 2020-2021.

Benefits for AD&D include:

- $40,000 Basic AD&D included in the basic coverage package;
- Employees can elect Voluntary AD&D in increments of $10,000 up to a maximum of $2.0 million;
- Spouses of employees who have Voluntary AD&D are eligible for up to 50% of the employee amount up to a maximum of $1.0 million; and
- Dependent children of employees who have Voluntary AD&D are eligible for $10,000.

EOI is never required for enrolling in or increasing Voluntary AD&D for employee or dependents.

BENEFICIARY DESIGNATIONS
The beneficiary designation often gets overlooked by participants in a group life insurance plan. Keep in mind that there is basic life insurance and AD&D included with enrollment in the UT SELECT and UT CONNECT Medical plan. So, almost all our employees have at least that basic coverage and many have additional voluntary coverage.

While your current beneficiary information may be on file with our current carrier BCBS of Texas (formerly known as Dearborn National), you are encouraged to update it in the enhanced My UT Benefits platform for fast and easy online beneficiary management.

Online Beneficiary Management:

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

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

BENEFICIARY DESIGNATIONS FOR RETIREMENT PLANS
Also, please keep in mind that there is a separate beneficiary designation necessary for employees who participate in TRS. For those who participate in any of the voluntary UT Retirement savings plans or in ORP, you should contact your approved provider(s) to ensure your beneficiary information for those accounts is up to date as well. You can find contact information for all approved providers on the UT Retirement website at www.utretirement.utsystem.edu/providers.htm
Blue Cross Blue Shield of Texas (BCBSTX)

Short-term and Long-term Disability

A person has a three in ten chance of suffering 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. Blue Cross Blue Shield (formerly known as 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.

Below is a 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.

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

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.

<table>
<thead>
<tr>
<th>AGE AT DISABILITY</th>
<th>MAXIMUM PERIOD PAYABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than age 60</td>
<td>To age 65, but not less than 5 years</td>
</tr>
<tr>
<td>Age 60 through 64</td>
<td>5 years</td>
</tr>
<tr>
<td>Age 65 through 69</td>
<td>To age 70, but not less than 1 year</td>
</tr>
<tr>
<td>Age 70 and over</td>
<td>1 year</td>
</tr>
</tbody>
</table>

DISABILITY INSURANCE MONTHLY PREMIUM RATES

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Premium Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Disability</td>
<td>$0.27 per $100 of monthly income</td>
</tr>
<tr>
<td>Long-term Disability</td>
<td>$0.38 per $100 of monthly income</td>
</tr>
</tbody>
</table>
UT FLEX: Health & Dependent Day Care Accounts

Participating in the UT FLEX flexible spending account program is convenient, easy, and best of all, saves you money! Through your UT FLEX account, you can pay for eligible health care and dependent day care expenses using pre-tax dollars, which means you don’t pay federal income or Social Security taxes on this money.

HOW MUCH MIGHT YOU SAVE?

<table>
<thead>
<tr>
<th></th>
<th>WITH AN FSA</th>
<th>WITHOUT AN FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL SALARY</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>HEALTH CARE FSA CONTRIBUTION (PRE-TAX)</td>
<td>($1,500)</td>
<td>($0)</td>
</tr>
<tr>
<td>DEPENDENT CARE FSA CONTRIBUTION (PRE-TAX)</td>
<td>($4,000)</td>
<td>($0)</td>
</tr>
<tr>
<td>TAXABLE INCOME AFTER CONTRIBUTION AMOUNT</td>
<td>$34,500</td>
<td>$40,000</td>
</tr>
<tr>
<td>ESTIMATED TAXES WITHHELD (22.65%)*</td>
<td>($7,763)</td>
<td>($9,000)</td>
</tr>
<tr>
<td>POST-TAX INCOME</td>
<td>$26,737</td>
<td>$31,000</td>
</tr>
<tr>
<td>MONEY SPENT AFTER TAXES ON HEALTH CARE AND DEPENDENT DAY CARE EXPENSES</td>
<td>($0)</td>
<td>($5,500)</td>
</tr>
<tr>
<td>TAKE HOME PAY</td>
<td>$26,737</td>
<td>$25,500</td>
</tr>
<tr>
<td>SAVINGS</td>
<td>$1,237</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Based on 7.65% FICA and 15% tax rate.

Note: Please be advised that this example is for illustrative purposes only. These projections are only estimates of tax information and should not be assumed to be tax advice. Be sure to consult a tax advisor to determine the appropriate tax advice for your situation.

UT FLEX HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)

**Important:** In response to the Internal Revenue Service (IRS) increasing the annual maximum election, effective plan year 2020-2021 (September 1, 2020) the new annual maximum election per employee for HCRA accounts is $2,750 (an increase of $50).

With a UT FLEX HCRA, you can set aside up to $2,750 per year in pre-tax dollars to pay for eligible health care expenses, including these common expenses:

- Deductibles, copayments, and coinsurance;
- Prescription drugs, insulin, and syringes;
- Dental exams, x-rays, fillings, crowns, and orthodontia;
- Eye exams, prescription eyeglasses, and prescription sunglasses;
- Contact lenses and cleaning solutions; and
- Hearing aids.

You can find details about eligible HCRA expenses online at [www.MyUTFLEX.com](http://www.MyUTFLEX.com).

UT FLEX DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT (DCRA)

You can set aside pre-tax dollars (up to $5,000 per family per calendar year) to pay for eligible expenses for dependent day care that allows you (and, if married, your spouse) to work, look for work, or go to school full time. Eligible expenses for care of qualified dependents include costs for:

- Before / after school care;
- Preschool or nursery school (for pre-kindergarten aged dependents); and
- Summer day camp.

You can find complete details about qualified dependents and eligible DCRA expenses online at [www.MyUTFLEX.com](http://www.MyUTFLEX.com).

**IMPORTANT REMINDER**

Don’t forget – to participate in UT FLEX for 2020-2021, you must make your election through My UT Benefits online enrollment system during this year’s Annual Enrollment period – even if you are a current UT FLEX participant.
NO ADMINISTRATIVE FEES FOR PARTICIPATION OR DEBIT CARD
There are no administrative fees for participation in the UT FLEX program. The UT FLEX Debit Card will continue to be free for HCRA participants as well. There is no UT FLEX Debit Card for the DCRA.

Using the UT FLEX Debit Card gives you several advantages, including:
• Improving your cash flow throughout the plan year by allowing you to directly access your account for eligible expenses rather than paying out of pocket and filing for reimbursement. You have direct access to your entire HCRA annual election amount beginning on the first day of the plan year (9/1/2020);
• Eliminating the need for you to complete claim forms or any other paperwork for most expenses;* and,
• Ensuring that eligible purchases are automatically deducted from your available UT FLEX HCRA balance so you always know how much you have remaining in your account.

*Save all your receipts, especially those for dental and vision services which will likely require documentation to prove the service was medically necessary.

Important: If you currently have a UT FLEX Debit Card, do NOT discard it. As long as you make a UT FLEX HCRA election for 2020-2021, your Debit Card will continue to work. Expiring cards will be replaced as necessary, similar to most credit and debit cards.

NEED HELP DETERMINING HOW MUCH TO ELECT?
Use the savings calculator online at www.MyUTFLEX.com to help you estimate your eligible expenses by itemizing your unreimbursed health and dependent day care costs. To use the calculator, you will be asked to enter your annual estimated costs in each category. Once complete, you’ll have an estimate for an annual election and you can also see your estimated tax savings!

PHYSICIAN EXERCISE REFERRAL
Individuals with medical conditions that can be improved by physical activity (such as diabetes, hypertension, depression, and more) are able to receive reimbursement from their healthcare flexible spending account to pay for some exercise expenses. A Letter of Medical Necessity is needed from the physician advising the exercise. Details can be found online.

If you need more information about the UT FLEX accounts before you make your annual election, contact Maestro Health customer service. Maestro Health is the administrator for the UT FLEX programs: www.MyUTFLEX.com, 844-UTS-FLEX (844-887-3539), questions@maestrohealth.com.

IMPORTANT NOTE FOR CURRENT 2019-2020 PLAN YEAR UT FLEX PARTICIPANTS
With the recently released IRS Guidance due to COVID-19, current 2019-2020 plan year UT FLEX participants have until December 31, 2020 to exhaust any remaining 2019-2020 funds. The previous deadline to spend remaining HCRA funds was November 15, 2020, and August 31, 2020 for the DCRA. Take any remaining balance from 2019-2020 into consideration when making your 2020-2021 UT FLEX elections.

Also, the deadline to file claims for 2019-2020 UT FLEX participants is now January 15, 2021 for both the DCRA and HCRA plans (extended from November 30, 2020).
UT Retirement: Annual Enrollment and Your Retirement Savings Opportunities

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 $19,500 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.

For those employees who want to convert their existing pre-tax UTSaver TSA balance to after-tax, the UTSaver plan now allows for in-plan rollovers that let you to do just that. Now you can convert pre-tax balances in your UTSaver TSA account to after-tax balances even while still employed and under age 59½. This means that upon eligible distribution, all principal and earnings of your account would be tax-free upon distribution.

NEED HELP INVESTING YOUR CONTRIBUTIONS?

The UT Retirement Program 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.

24/7 NURSELINE
Get answers to your health care questions, information about major medical issues, chronic illness support, and lifestyle change support. Call toll-free: (866) 882-2034, 24 hours a day, 7 days a week.

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

EMPLOYEE ASSISTANCE PROGRAM
The Employee Assistance Program (EAP) 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 FLU SHOTS
Flu shots may be available at your institution at no cost to you. Stay tuned to details from your campus this fall.

WELLNESS ACTIVITY CHALLENGE
Team up with your institution for the wellness 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.

FITNESS DISCOUNT PROGRAM
UT SELECT and UT CONNECT offer a fitness program through BCBSTX. This program has discounts to several gyms and virtual classes (as of June 2020) throughout the state. For more information, log on to Blue Access for Members, and select the icon for the Fitness Program.

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

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

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

SURVIVING DEPENDENTS
A surviving spouse or other benefits-eligible dependent may continue limited participation in the UT Benefits program following the death of a participating employee or retired employee, provided the employee has at least five (5) years of creditable service with either Teacher Retirement System of Texas (TRS) or the Texas Optional Retirement Program (ORP), including at least three (3) years as a benefits-eligible employee with UT System. A surviving spouse may only continue UT Benefits Medical, Dental or Vision coverage they are enrolled in at the time of the employee’s death. They may not add coverage at that time, and if the coverage is ever dropped or terminated for non-payment, it may not be reinstated. Surviving dependents are not eligible for Premium Sharing. Coverage may continue for the remainder of the surviving spouse’s life. A dependent child may continue until the child loses his or her status as a dependent child. The dependent of an individual who has not met the service requirements at the time of death may elect COBRA coverage for a period not to exceed 36 months.

OVERAGE INCAPACITATED DEPENDENTS
Enrolled children may remain eligible for UT Benefits as an incapacitated dependent if they are determined to be medically incapacitated at the time they age out of eligibility for coverage as a child under the program at age 26. An older dependent child who is determined to be medically incapacitated at the time a subscriber first becomes benefits eligible may be enrolled in the plan if the child was covered by the subscriber’s previous health plan with no break in coverage. Please contact your institution’s Human Resources or Benefits Office for additional information about covering incapacitated dependent children.

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.

SURVIVING DEPENDENTS | INCAPACITATED DEPENDENTS

ELIGIBILITY
Eligibility to participate in certain UT Benefits coverage as a dependent is determined by law. Eligible dependents are:
Your spouse; and
Your children under age 26 regardless of their marital status, including:
• biological children;
• stepchildren and adopted children;
• grandchildren you claim as dependents for federal tax purposes;
• children for whom you are named a legal guardian or who are the subject of a medical support order requiring such coverage; and
• certain children over age 26 who are determined by OEB to be medically incapacitated and are unable to provide their own support.

Dependent Eligibility and Documentation

Other Eligibility

REVIEW

REVIEW

REVIEW
How to Change Your Benefits

LOGIN TO MY UT BENEFITS

REVIEW & LOGIN
You will receive an email or letter titled Your UT Benefits Enrollment Options.

Login to > utbenefits.link/ssomyutbenefits

1 Select your campus location.

MY UNIVERSITY OF TEXAS SYSTEM

Select your home institution

My UT Benefits requires that you authenticate with your home institution. Please either select it from the list below, enter a click to select, or you may enter your institution name at the top right of this page. This page is not part of the application you are accessing. You may create a bookmark or favorote after you complete the authentication process.

Enter organization name (partials ok):

Or choose from a list:

The University of Texas at Austin

Please do not create a bookmark or favorite in your web browser on this page. This page is not part of the application you are accessing. You may create a bookmark or favorite after you complete the authentication process.

Need assistance? Send email to The UT System Administrative Help Desk with a description of the problem.

2 You are taken to your campus page to log in with your usual campus username and password (how you log in to your computer)

Example only (Each campus has its own login screen)

Username

Password

Don’t Remember Login

Login

3 In the Communication Portal, click on the My UT Benefits link to view your benefits and enroll

Welcome

Welcome to your new benefit enrollment screen. This site allows you to access site information, as well as the UT Benefits program, including the medical, retirement, and wellness benefits, as well as other employee benefits offered by your employer.

We recommend that you bookmark this site and make it your first stop when you need information about your benefits.

Enroll Now!

Click here to view your benefits

MY UT BENEFITS

NEW HIRE INFO

STATUS CHANGE INFO

GETTING READY TO RETIRE

ENROLL GUIDE

BENEFITS OVERVIEW FOR NEW EMPLOYEES

Annual Enrollment & Resource Guide | for Employees 21
How to Change Your Benefits, continued

<table>
<thead>
<tr>
<th>TIP</th>
<th>Make sure you’re on the Annual Enrollment Benefits tab. You can check by clicking on that tab.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>REVIEW YOUR CHANGES</th>
<th>4 Evaluate your options and make your selections. After July 31 you should contact your Human Resources office if you discover an error.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CHANGES TAKE EFFECT ON SEPTEMBER 1</th>
<th>Be aware that changes made during Annual Enrollment will take effect on September 1, 2020. 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.</th>
</tr>
</thead>
</table>
Important to Know...

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

The Tobacco Premium Program (TPP) is an out-of-pocket premium of $30 per month. It applies to subscribers and dependents aged 16 and over who are enrolled in the UT 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 you to submit an Evidence of Insurability (EOI) application or Evidence of Eligibility (EOE) for a dependent, you must follow through by providing this information by August 15, 2020. If you do not, your requested changes will not be implemented.

My UT Benefits will provide you with instructions for completing EOI. Depending on the version your campus is using, you may be instructed to complete EOI online or to print, complete, and mail a paper form. 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

You may view a confirmation statement within either version of My UT Benefits online. You have until midnight July 31 to log into My UT Benefits and correct any errors. After July 31 you should contact your Human Resources office if you discover an error.

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 enrollment in the UT SELECT or UT CONNECT Medical plans.
• The deadline for submitting electronic EOI is **August 15th**, although members are encouraged to complete them by July 31.
• 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 utbenefits.link/EOIForm.
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 – dependent children become ineligible for any coverage the month following their 26th birthday, or gaining or losing eligibility for any other reason); or
- significant change in coverage or cost of other benefit plans available to you and your family.

You may enroll in or make changes to benefits by contacting your institution’s HR or Benefits office within 31 days of one of these change of status events.

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.

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/lobby.jsf, or by mail or phone at:

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

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

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-882-2034.

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-372-3398.

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1-800-818-0155。

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-860-7849번으로 전화해 주십시오.

Arabic
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-893-3582.

Urdu
خبردار: اگر آپ اردو بولتے ہیں تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب بھی کل کریں। 1-800-893-3582.

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-372-3398.

French
ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-818-0155.

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-860-7849 पर कॉल कर।

Laotian
ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ກ່າວມັກຊື່ທີ່ໜ້າ. 1-888-372-3398.

Persian (Farsi)
توجه کنید: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم خواهد شد. 1-888-372-3398.

German

Gujarati
સૂચના: તે તમારી ગુજરાતી બોલતા હો, તો તમારા ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. 1-888-372-3398.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-372-3398.

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。1-888-372-3398 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
## UT Institutions

<table>
<thead>
<tr>
<th>UT Arlington</th>
<th>UT Austin</th>
<th>UT Dallas</th>
<th>UT El Paso</th>
<th>UT Health Science Center Houston</th>
<th>UT Health San Antonio</th>
<th>UT Health Science Center at Tyler</th>
<th>UT MD Anderson Cancer Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Human Resources</td>
<td>Human Resources</td>
<td>Office of Human Resources</td>
<td>Office of Human Resources</td>
<td>Employee Benefit Services</td>
<td>Human Resources</td>
<td>Office of Human Resources</td>
<td>Human Resources Benefits</td>
</tr>
<tr>
<td>(817) 272-5554</td>
<td>(512) 471-4772 or Toll Free: (800) 687-4178</td>
<td>Fax: (915) 747-5202</td>
<td>(915) 747-5202</td>
<td>(214) 648-9830</td>
<td>(210) 458-4250</td>
<td>(210) 567-2600</td>
<td>(713) 745-6947</td>
</tr>
<tr>
<td>Fax: (817) 272-5810</td>
<td>Fax: (512) 232-3524</td>
<td>Fax: (817) 272-5810</td>
<td>Fax: (915) 747-5202</td>
<td>Fax: (214) 648-9830</td>
<td>Fax: (210) 458-7890</td>
<td>Fax: (210) 567-6791</td>
<td>Fax: (713) 792-7600</td>
</tr>
<tr>
<td><a href="mailto:benefits@uta.edu">benefits@uta.edu</a></td>
<td>Fax: <a href="mailto:benefits@udallas.edu">benefits@udallas.edu</a></td>
<td><a href="mailto:annualenrollment@utep.edu">annualenrollment@utep.edu</a></td>
<td><a href="mailto:benefits@utrgv.edu">benefits@utrgv.edu</a></td>
<td><a href="mailto:benefits@utmb.edu">benefits@utmb.edu</a></td>
<td><a href="mailto:benefits@utr.edu">benefits@utr.edu</a></td>
<td><a href="mailto:ben-admin@uth.tmc.edu">ben-admin@uth.tmc.edu</a></td>
<td><a href="mailto:MyHR@mdanderson.org">MyHR@mdanderson.org</a></td>
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</table>

## Plan Administrators

### INSURANCE PLAN ADMINISTRATORS

<table>
<thead>
<tr>
<th>UT Select Medical</th>
<th>Living Well Health Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross and Blue Shield of Texas</td>
<td>(Blue Cross and Blue Shield of Texas)</td>
</tr>
<tr>
<td>Group: 71778</td>
<td>Group: 5968</td>
</tr>
<tr>
<td>Toll Free: (866) 882-2034</td>
<td>(800) 893-3582</td>
</tr>
<tr>
<td>M-F 8:00 AM-6:00 PM CT</td>
<td>M-F 6:15 AM-6:30 PM CT</td>
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### PRESCRIPTION DRUG PLAN

<table>
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<tr>
<th>Prescription Drug Plan</th>
<th><a href="http://www.express-scripts.com/ut">www.express-scripts.com/ut</a></th>
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<tbody>
<tr>
<td>(Express Scripts)</td>
<td>(Express Scripts)</td>
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<tr>
<td>Group: UTSYSRX</td>
<td>Group: UTSYSRX</td>
</tr>
<tr>
<td>(800) 818-0155</td>
<td>(800) 860-7849</td>
</tr>
<tr>
<td>24 hrs a day 7 days a week</td>
<td>24 hrs a day 7 days a week</td>
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### MEDICARE PART D PRESCRIPTION DRUG PLAN

<table>
<thead>
<tr>
<th>Medicare Part D Prescription Drug Plan</th>
<th><a href="http://www.myutflex.com">www.myutflex.com</a></th>
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<tbody>
<tr>
<td>(Express Scripts)</td>
<td>(Express Scripts)</td>
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<tr>
<td>Group: 7454MDRX</td>
<td>Group: 7454MDRX</td>
</tr>
<tr>
<td>(800) 860-7849</td>
<td>(800) 860-7849</td>
</tr>
<tr>
<td>24 hrs a day 7 days a week</td>
<td>24 hrs a day 7 days a week</td>
</tr>
</tbody>
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### UT Connect Medical

<table>
<thead>
<tr>
<th>UT Connect Medical</th>
<th><a href="http://www.myutflex.com">www.myutflex.com</a></th>
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<tbody>
<tr>
<td>Blue Cross and Blue Shield of Texas</td>
<td>(Blue Cross and Blue Shield of Texas)</td>
</tr>
<tr>
<td>Dallas / Fort Worth area only</td>
<td>Dallas / Fort Worth area only</td>
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<tr>
<td>(888) 372-3398</td>
<td>(888) 372-3398</td>
</tr>
<tr>
<td><a href="http://www.myutflex.com">www.myutflex.com</a></td>
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### UT Flex

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<tr>
<th>UT Flex</th>
<th><a href="http://www.utselectmedical.com">www.utselectmedical.com</a></th>
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<tbody>
<tr>
<td>(Maestro Health)</td>
<td>(Maestro Health)</td>
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<tr>
<td>(844) UTS-FLEX</td>
<td>(844) UTS-FLEX</td>
</tr>
<tr>
<td>(887-3539)</td>
<td>(887-3539)</td>
</tr>
<tr>
<td>M-F 7:00 AM-7:00 PM CT</td>
<td>M-F 7:00 AM-7:00 PM CT</td>
</tr>
<tr>
<td>Sat 9:00 AM-2:00 PM CT</td>
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</tr>
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<td><a href="http://www.myutflex.com">www.myutflex.com</a></td>
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### Retirement Providers

<table>
<thead>
<tr>
<th>AIG</th>
<th>TIAA</th>
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<tr>
<td>(800) 448-2542</td>
<td>(800) 842-2776</td>
</tr>
<tr>
<td>M-F 8:00 AM-7:00 PM CT</td>
<td>M-F 8:00 AM-9:00 PM</td>
</tr>
<tr>
<td><a href="http://www.valic.com/utexasorp">www.valic.com/utexasorp</a></td>
<td><a href="http://www.tiaa.org/public/tcm/utexas/home">www.tiaa.org/public/tcm/utexas/home</a></td>
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<tr>
<th>Fidelity Investments</th>
<th>Voya Financial</th>
</tr>
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<tbody>
<tr>
<td>(800) 343-0860</td>
<td>(866) 506-2199</td>
</tr>
<tr>
<td>M-F 7:00 AM-11:00 PM CT</td>
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<tr>
<td><a href="http://www.netbenefits.com/ut">www.netbenefits.com/ut</a></td>
<td><a href="http://www.utexas.prepare4myfuture.com">www.utexas.prepare4myfuture.com</a></td>
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<table>
<thead>
<tr>
<th>Lincoln Financial Group</th>
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<tr>
<td>(800) 454-6265 * 8</td>
<td>(800) 842-2776</td>
</tr>
<tr>
<td>M-F 7:00 AM-7:00 PM CT</td>
<td>M-F 8:00 AM-9:00 PM</td>
</tr>
</tbody>
</table>
Annual Enrollment is July 15 - 31
Important News About Your UT Benefits and Annual Enrollment is Enclosed.

For detailed plan information visit our website at www.utsystem.edu/benefits