Annual Enrollment & Resource Guide

This special edition guide provides details on the benefits enrollment process and the uniform benefits plan for UT retired employees and their qualified dependents. It also contains important information you may wish to refer to throughout the year.

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IMPORTANT: AVAILABILITY OF SUMMARY HEALTH INFORMATION

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The Uniform Summary of Benefits and Coverage (SBC) provision of the Affordable Care Act requires all insurers and group health plans to provide consumers with an SBC to describe key plan features in a mandated format, including limitations and exclusions. The provision also requires that consumers have access to a uniform glossary of terms commonly used in health care coverage.

To review an SBC for 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 1 (855) 756-4448.
UT Benefits for one. 
Health for UT System.

Annual Enrollment Timeline

Make Elections
Annual Enrollment (AE) Period

JUL 15
Review
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. Please keep your UT Select Part D ID cards as these are not being updated.
- Deductibles (other than UT Select Part D) 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><strong>By July 15</strong></th>
<th><strong>Review</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Review make informed benefits choices with resources available to help you</td>
</tr>
<tr>
<td></td>
<td>Annual Enrollment Website available by July 15, 2020</td>
</tr>
<tr>
<td></td>
<td>• Possible Virtual Annual Enrollment Meetings (at your institution)</td>
</tr>
<tr>
<td></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>
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<tr>
<td></td>
<td><a href="http://www.utsystem.edu/benefits">www.utsystem.edu/benefits</a></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>July 15 – 31</strong></th>
<th><strong>Make Elections Annual Enrollment Period</strong></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>July 15 – July 31, 2020</td>
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<tr>
<td></td>
<td>UT Benefits Enrollment Options email or letter or email 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>
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<tr>
<td></td>
<td>During this period, you can:</td>
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<tr>
<td></td>
<td>• Make changes to your benefits,</td>
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<tr>
<td></td>
<td>• Add or remove dependents, and</td>
</tr>
<tr>
<td></td>
<td>• Change coverage options for certain plans.</td>
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<tr>
<td></td>
<td>This is a good time to update other items if you’ve had changes during the year, like:</td>
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<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><strong>By August 15</strong></th>
<th><strong>FOLLOW UP COMPLETE EOI OR EOE (IF REQUIRED)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deadline Wednesday, August 15, 2020</td>
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<tr>
<td></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>
Out-of-Pocket Premiums for 2020-2021

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

**VOLUNTARY GROUP TERM LIFE RATES**

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

<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>
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</tbody>
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**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.

Keep your UT SELECT Part D ID cards as these are not being updated at this time.

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Basic Coverage package includes medical, prescription, $6,000 Basic Life for retirees.
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.

Retirees will continue to pay nothing out-of-pocket for your coverage as premium sharing fully covers that cost. Retirees will continue to receive 50% premium sharing (with no change in cost) for dependent coverage 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

EnhancementsFor 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 Health East Texas (Tyler)* |
| UT Medical Branch Galveston* | 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 Rio Grande Valley – Employee Health Clinics* |
| UT Austin – Work Well Employee Health Program* | UT Health San Antonio – Employee Health and Wellness Center* |
| UT Health Houston – UT Health Services Clinic* |

*Clinic facility also included in the UT Health benefit

Log into BCBSTX Blue Access for Members Provider Finder to find a UT Health Network participating provider.

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 1 (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 1 (866) 882-2034 or 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.

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 1 (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 1 (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 1 (866) 882-2034 for more information.

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 1 (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 1 (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 non-Medicare 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 1 (800) 818-0155 24 hours a day, 7 days a week.

There are no changes to the UT SELECT Part D Prescription plan. The new plan year for Part D begins on January 1, 2021.

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.

REVIEW: MID-YEAR FORMULARY CHANGES FOR NON-MEDICARE PLAN | 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.

Annual Enrollment & Resource Guide | for Retired Employees 9
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 after September 1, 2020. 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 BCBSTX’s dedicated UT CONNECT team at (888) 399-8889.

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.

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.

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 BCBSTX’s dedicated UT CONNECT team at 1 (888) 399-8889.

<table>
<thead>
<tr>
<th>BENEFITS HIGHLIGHTS</th>
<th>UT CONNECT ACO</th>
<th>CURRENT UT SELECT PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administered by Blue Cross Blue Shield of Texas</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Copay for First Primary Care Physician (PCP) Office Visit (Annually)</td>
<td>$0</td>
<td>$30 (unless for preventive care)</td>
</tr>
<tr>
<td>Copay for PCP Office Visits (After the First Visit)</td>
<td>$15 (unless for preventive care)</td>
<td>$30 (unless for preventive care)</td>
</tr>
<tr>
<td>Copay for Specialist Office Visit</td>
<td>$25</td>
<td>$35</td>
</tr>
<tr>
<td>NEW! Copay for THR Urgent Care Facilities (coming November 2020)</td>
<td>$30</td>
<td>$35</td>
</tr>
<tr>
<td>Copay for First 5 Days of Inpatient Care for UT Southwestern, Texas Health, Children’s Health and Cook Children’s Hospital Locations</td>
<td>$0</td>
<td>$100 per day (maximum $500)</td>
</tr>
<tr>
<td>Copay for Outpatient Facility (Plus Coinsurance)</td>
<td>$50</td>
<td>$100</td>
</tr>
<tr>
<td>Annual Deductible Individual / Family</td>
<td>$250 / $750</td>
<td>$350 / $1,050</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% plan / 20% member</td>
<td></td>
</tr>
<tr>
<td>Coinsurance Maximum Individual / Family</td>
<td>$2,150 / $6,450</td>
<td>$2,150 / $6,450</td>
</tr>
<tr>
<td>Annual Out-of-Pocket Maximum Individual / Family (includes medical and prescription drug deductibles, copayments and coinsurance)</td>
<td>$8,150 / $16,300</td>
<td></td>
</tr>
<tr>
<td>Out-of-Network and Out-of-Area Benefits</td>
<td>Urgent Care and Emergency Only</td>
<td>YES</td>
</tr>
</tbody>
</table>
CANCELLATION DUE TO NON-PAYMENT

Benefits-eligible Retired Employees are responsible for making timely payment of out-of-pocket premiums for all voluntary coverage that has been elected such as Retiree Spouse Medical, Dental, Vision and Voluntary Life Insurance. In the event a Retired Employee fails to make timely payment, all voluntary coverage is terminated effective the last day of the month for which out-of-pocket premiums were fully paid. At that time, the Retired Employee retains their Medical and prescription coverage (for themselves only), and Basic Life Insurance coverage of $6,000.

Effective September 1, 2020, a new policy goes into effect for Retired Employees who have voluntary coverage cancelled due to nonpayment of premiums. Under the new policy, a Retired Employee whose coverage is terminated due to nonpayment will be ineligible to enroll in any voluntary coverage in the Program until the nonpayment of premium status has been cleared. A Retired Employee may clear nonpayment status only by making payment in an amount equal to the total amount of out-of-pocket premiums that would have been owed had the originally elected voluntary coverage remained active for the remainder of the plan year in which it was terminated due to nonpayment.

NEW! Updated Billing Policy for Cancelled Coverage

Benefits-eligible Retired Employees can assure themselves of timely payment of premiums by having those premiums deducted through their TRS annuity. Best of all, it’s simple, easy and quick to sign up.

To sign up, all you need is to have your account balance current, you’ll fill in a few pieces of information on the form, and in most cases you will be set up for the next payment month.

Deductions will happen each month and you’ll receive the remainder of the check balance after that.

Never worry again about missing a payment or having a bank account mishap. Just set it up and forget about it, we’ve got you taken care of.

Make your Premium Payments Through your TRS Annuity

Please contact our UT Benefits Billing or your local Benefits Office for the easy to fill out form to get set up today!

utbenefitsbilling@utsystem.edu or 1 (855) 688-2455.
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 for the UT SELECT Dental PPO plan and HMO 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>
</tbody>
</table>

NETWORK OPTIONS

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.

<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. In most cases, if you visit a dentist outside of the network, you may be responsible for the entire bill.

Limitations & exclusions apply. Contact Delta Dental for specific details about benefits and coverage at 1 (800) 893-3582.

DELTACARE USA PLAN DESIGN FEATURES

- Set copayments.
- No annual deductibles and no maximums for covered benefits.
- Low out-of-pocket costs for many diagnostic and preventive services (such as professional cleanings and regular dental exams).
- Upon enrollment into the DeltaCare USA plan, you must select a 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.
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 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</td>
<td>$120</td>
</tr>
<tr>
<td></td>
<td>trifocals and progressive retail cost.</td>
<td></td>
</tr>
<tr>
<td>COVERED LENS OPTIONS</td>
<td>Standard lens options covered in full;</td>
<td>Standard lenses and additional lens options</td>
</tr>
<tr>
<td></td>
<td>additional options not covered</td>
<td>covered in full:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Polycarbonates (dependent</td>
</tr>
<tr>
<td></td>
<td></td>
<td>children to age 26)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Scratch coat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Ultraviolet coat</td>
</tr>
<tr>
<td>NETWORK OF PROVIDERS</td>
<td>Best value provided when visiting a</td>
<td>Please contact Superior Vision customer</td>
</tr>
<tr>
<td></td>
<td>contracted Superior Vision provider.</td>
<td>service before you receive services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>to confirm if your provider is in-network.</td>
</tr>
</tbody>
</table>

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 1 (844) 549-2603.
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 Retiree GTL coverage options for plan year 2020-2021. Benefits for GTL include:

- $6,000 Basic GTL included in the basic coverage package;
- With Evidence of Insurability (EOI) approval, retirees can elect Voluntary GTL (VGTL) amounts of $7,000, $10,000, $25,000, and $50,000 up to a maximum of $100,000; and
- Spouses of retirees who have VGTL are eligible for $3,000 in VGTL, with EOI as well.

Any new VGTL election or increase to VGTL will require EOI.

**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 with enrollment in the UT SELECT and UT CONNECT Medical plan. So, almost all our retirees 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.
When you or your covered dependent(s) become eligible for Medicare, you and your Medicare-eligible dependents should enroll in Part A (typically inpatient coverage) and Part B coverage (typically office visits and doctor fees). The University of Texas System urges all retired employees and dependents to enroll in Medicare Parts A and B when they become eligible at age 65*, or earlier if they are eligible due to a disability such as End Stage Renal Disease. Retired employees, or soon-to-be retired employees, or their dependents who are eligible for Medicare must have Medicare Parts A and B to receive the maximum benefits available from the UT SELECT plan.

For prescription benefits, UT System will automatically enroll Medicare-eligible retirees and Medicare-eligible dependents of retirees into the UT SELECT Part D plan. The UT SELECT Part D plan maintains the familiar copays and other benefits of the employee prescription plan. Due to the robust prescription benefits offered under the UT SELECT Part D plan, UT System strongly discourages participants from enrolling in a separate Part D plan. For current enrollees in the UT SELECT Part D plan, the annual prescription deductible will reset on January 1, 2021. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1, 2020, as usual.

Part D participants with income above a certain level may be subject to the Medicare Part D Income Related Medicare Adjustment Amount (D-IRMAA). This fee, paid to Medicare and not a premium paid to the UT SELECT plan, is similar to the Part B IRMAA fee which certain individuals pay. If subject to this fee as determined by Medicare, the monthly amount will be deducted through your SSA pension.

In most instances, if you are eligible for Medicare and you return to work for UT in a position for at least 20 hours per week, the UT SELECT Medical Plan will be primary for you and your Medicare-eligible dependents, and Medicare will be secondary. Medicare may be primary for some Medicare eligible active employees with certain medical conditions such as End Stage Renal Disease. Consult with your local Social Security Administration office to learn what illnesses qualify for Medicare coverage prior to turning age 65.

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

*The Medicare Annual Election period runs from October 15 to December 7.

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

EXAMPLE: UT SELECT limits physical therapy to 30 visits per condition per plan year. Unless more visits are authorized by Blue Cross, UT SELECT will not pay past the 30th visit. Please review the UT SELECT Medical Plan Guide for medical plan details.

EXAMPLE: Bert is retired and enrolled in Medicare Part A when he was eligible, but he declined Part B because he didn’t want to pay the extra premium. He had foot surgery that year at the total allowed amount of $38,000. UT SELECT paid $7,600 assuming the Medicare benefit to be $30,400. Since Bert didn’t enroll in Medicare, he was responsible for paying the $30,400.
This chart shows you how UT SELECT coordinates benefits with Medicare when Medicare is primary. Special rules are mandated by federal law when coordinating benefits between UT SELECT, Medicare, and another coverage. See page 19 for additional information about coordination between three coverages.

<table>
<thead>
<tr>
<th>PROVIDER ACCEPTS MEDICARE ASSIGNMENT</th>
<th>BCBSTX IN-NETWORK PROVIDER</th>
<th>SERVICE COVERED BY MEDICARE</th>
<th>MEDICARE PAYS</th>
<th>UT SELECT PAYS (SUBJECT TO PLAN LIMITATIONS)</th>
<th>UT SELECT MEMBER PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>80% MC Allowed</td>
<td>20% MC Allowed</td>
<td>No Charge</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>80% MC Allowed</td>
<td>20% MC Allowed</td>
<td>No Charge</td>
</tr>
<tr>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>$0</td>
<td>80% of BCBS Allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
<td>20% of BCBS Allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>$0</td>
<td>60% of BCBS Allowed after $750 Deductible</td>
<td>$750 Deductible + 40% of BCBS Allowed + Difference between Billed Charge and BCBSTX Allowed</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>After MC Deductible is satisfied 80% MC Limiting Charge¹</td>
<td>20% of allowed charges² after $350 Deductible or 100% after Copay, whichever is applicable</td>
<td>$350 Deductible and 20% Coinsurance or Copay, whichever is applicable</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>Y</td>
<td>After MC Deductible is satisfied 80% MC Limiting Charge</td>
<td>20% of allowed charges² after $750 Deductible</td>
<td>$750 Deductible and 40% coinsurance</td>
</tr>
<tr>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>$0</td>
<td>80% of BCBS Allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
<td>20% of BCBS Allowed after $350 Deductible or 100% after Copay, whichever is applicable</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>$0</td>
<td>60% of BCBS Allowed after $750 Deductible</td>
<td>$750 Deductible + 40% of BCBS Allowed + Difference between Billed Charge and BCBSTX Allowed</td>
</tr>
</tbody>
</table>

¹ Provider who does not participate with Medicare may not bill more than the Medicare Limiting Charge (115% of MC Allowed).
² Allowed charges are the lesser of the Medicare Limiting Charge or the Blue Cross and Blue Shield allowed amount. If the Blue Cross and Blue Shield allowed amount is less, the member may be billed the difference.

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

When you or your dependents are inpatient at a facility that accepts Medicare assignment:
- UT SELECT will pay the Medicare inpatient deductible; and
- The $100 per day Copay ($500 maximum) will not apply.

If your doctor or inpatient facility does not accept Medicare assignment:
- Network and Out-of-Network benefits apply;
- UT SELECT will coordinate with Medicare; and
- Deductibles, copayments and coinsurance may apply.

CONTINUES ON PAGE 24
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: 1 (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.

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.

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.

SILVER SNEAKERS FOR RETIREES
Silver Sneakers provides access to local fitness facilities for retirees and their spouses (age 50+). This program helps retirees take greater control of their health through physical activity, education and social interaction.

LEARN MORE
Read about all of these programs at our Living Well website: www.livingwell.utsystem.edu.
**Dependent Eligibility and Documentation**

**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.

---

**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 retired 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.

---

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

**LOGIN TO MY UT BENEFITS BASED ON INSTITUTION**

Depending which institution you are a member of, we have a specific link for you.

<table>
<thead>
<tr>
<th>UT INSTITUTIONS</th>
<th>MEMBERS FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT Arlington</td>
<td>UT Arlington</td>
</tr>
<tr>
<td>UT Dallas</td>
<td>UT Dallas</td>
</tr>
<tr>
<td>UT El Paso</td>
<td>UT El Paso</td>
</tr>
<tr>
<td>UT Health Houston</td>
<td>UT Health Houston</td>
</tr>
<tr>
<td>UT Permian Basin</td>
<td>UT Permian Basin</td>
</tr>
<tr>
<td>UT Rio Grande Valley</td>
<td>UT Rio Grande Valley</td>
</tr>
<tr>
<td>UT San Antonio</td>
<td>UT San Antonio</td>
</tr>
<tr>
<td>UT Southwestern</td>
<td>UT Southwestern</td>
</tr>
<tr>
<td>UT System</td>
<td>UT System</td>
</tr>
<tr>
<td>UT Tyler</td>
<td>UT Tyler</td>
</tr>
</tbody>
</table>

**Login to > utbenefits.link/myutbenefits**

1. **LOG IN TO MY UT BENEFITS**
   
   You will be using the new version of My UT Benefits. The Office of Employee Benefits (OEB) will mail you a personalized letter with your Username. Please keep this letter for your reference as it contains the Username to use now for Annual Enrollment and in the future any time you need to make changes or view your benefit information.

2. **OBTAIN YOUR USERNAME**
   
   1. Refer to the Annual Enrollment letter sent to your home address from the Office of Employee Benefits in July, or
   2. Contact login support at 1-844-870-0044.

3. **USE AN INITIAL PASSWORD * **
   
   **Your Last name (first letter capitalized) + last 4 digits of your social security number**

   Example: Smith1234

   *UT Dallas and MD Anderson retirees: If you used the new system last year, your Password has been re-set to the Initial Password algorithm above.

   **When you login the first time, you will be prompted to update your password, but you may not update your Username.**
MEMBERS FROM UT AUSTIN (ONLY)

Login to > utbenefits.link/ssomyutbenefits

1 LOG IN TO MY UT BENEFITS

By July 15 you will receive an email or letter titled Your UT Benefits Enrollment Options.

Click on the My UT Benefits link in that email or go to utbenefits.link/ssomyutbenefits in Google Chrome.

Select your campus location.

2 CAMPUS USERNAME & PASSWORD

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)
MEMBERS FROM UT AUSTIN (ONLY) continued...

COMMUNICATION PORTAL

Logging in will take you to the Communication Portal. Once there, under Enroll Now, click My UT Benefits.

TIP

Once logged in, make sure you’re on the Annual Enrollment Benefits tab. You can check by clicking on that tab.

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.

If you need to complete EOI, the system will take you to a My Health Statement link which will open a new window to complete EOI directly in the Blue Cross and Blue Shield EOI system.

My UT Benefits provides links to complete EOE in the Document Manager. Instructions on updating dependent documentation (EOE) are available on the Managing Your UT Benefits page at utbenefits.link/manage.
### How to Change Your Benefits, continued

<table>
<thead>
<tr>
<th>REVIEW YOUR CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>BY JULY 31</td>
</tr>
<tr>
<td><strong>4</strong> You may view a confirmation statement within <em>My UT Benefits</em> online. You have until midnight July 31 to log into <em>My UT Benefits</em> and correct any errors. After July 31 you should contact your Human Resources office if you discover an error.</td>
</tr>
</tbody>
</table>

### CHANGES TAKE EFFECT ON SEPTEMBER 1

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.

### Remember...

**REVIEW YOUR CHANGES**

You may view a confirmation statement in *My UT Benefits* at any time by logging in and selecting “Confirmation Statement” in the navigation on your home screen.

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.
**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.

**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 EOI**
The My UT Benefits online system will automatically direct you to complete EOI electronically if you enroll online. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the life EOI forms online at [utbenefits.link/EOIForm](http://utbenefits.link/EOIForm).

You can also request a form from your institution’s HR or Benefits Office.

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**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.

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**Medicare and UT SELECT, continued**

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

**EXAMPLE A**
John is 68, continues to have a full-time position at UT, and is covered as a dependent under his wife’s retiree plan with ABC Company. John’s claims will be paid in this order:

1. **UT SELECT**
2. **MEDICARE**
3. **ABC COMPANY**

John and his wife may wish to consider whether the reimbursements received as a dependent on his wife’s plan justify their additional premium costs. In many instances, Medicare’s secondary payment will cover the out-of-pocket costs remaining after the primary insurer pays.

**EXAMPLE B**
Linda is 67, has retired from UT and returned to work in a position working less than 20 hours per week. Linda’s husband also covers her under his retiree plan with XYZ Company. Linda’s claims will be paid in this order:

1. **MEDICARE**
2. **UT SELECT**
3. **XYZ COMPANY**

Although Linda has returned to work after retiring, her position is not benefits-eligible; therefore, her insurance benefits are obtained as a result of retirement, not employment.
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. 1-800-860-7849 (TTY: 1-800-716-3231) 번으로 전화해 주십시오.

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-888-372-3398.

Urdu
خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب بھی کا ہے کال کریں 1-844-887-3539.

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-893-3582.

French
ATTENTION : Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-888-372-3398.

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, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-860-7849.

Persian (Farsi)
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فیزیک بسیار مهم باشد. با 1-800-860-7849 تماس بگیرید.

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 1-800-860-7849.

Gujarati
ચુચના: જો તમે ગુજરાતી બોલતા હો છો, તો નિશ્ચિત ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છ. કોશ કરો 1-800-893-3582.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-887-3539.

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。1-800-716-3231 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
## Retiree Associations

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>Website</th>
<th>President/Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>UT ARLINGTON</td>
<td><a href="http://www.uta.edu/hr/retireesclub/">www.uta.edu/hr/retireesclub/</a></td>
<td>Dr. Shirley Theriot, President&lt;br&gt;<a href="mailto:retireesclub@uta.edu">retireesclub@uta.edu</a>&lt;br&gt;Dr. Josie O’Quinn, Secretary</td>
</tr>
<tr>
<td>UT AUSTIN</td>
<td><a href="http://sites.utexas.edu/rfsa/">sites.utexas.edu/rfsa/</a></td>
<td>UT Retired Faculty-Staff Association&lt;br&gt;Eleanor Moore, RFSA President&lt;br&gt;Carol Barrett, RFSA Coordinator&lt;br&gt;(512) 840-5657&lt;br&gt;<a href="mailto:carol.barrett@texasexes.org">carol.barrett@texasexes.org</a></td>
</tr>
<tr>
<td>UT DALLAS</td>
<td><a href="http://www.utdallas.edu/ra/">www.utdallas.edu/ra/</a>&lt;br&gt;<a href="http://www.utdallas.edu/ra/contact.htm">www.utdallas.edu/ra/contact.htm</a></td>
<td>No retiree association, but you may join the Alumni Association:&lt;br&gt;alumni.utep.edu&lt;br&gt;Valerie Herrera&lt;br&gt;(915) 747-8318&lt;br&gt;<a href="mailto:vrherrera@utep.edu">vrherrera@utep.edu</a></td>
</tr>
<tr>
<td>UT EL PASO</td>
<td></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td>UT HSC HOUSTON</td>
<td><a href="http://www.uthro.org/">www.uthro.org/</a></td>
<td>makelivesbetter.uthscsa.edu/arfa&lt;br&gt;Contact Cindi Adcock for more information: <a href="mailto:AdcockC@uthscsa.edu">AdcockC@uthscsa.edu</a> or (210) 567-2003</td>
</tr>
<tr>
<td>UT HSC SAN ANTONIO</td>
<td></td>
<td>UTMB Retirees Association&lt;br&gt;hr.utmb.edu/retirees/&lt;br&gt;(409) 747-4878</td>
</tr>
<tr>
<td>UT HEALTH TYLER</td>
<td></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td>UT MD ANDERSON CANCER CENTER</td>
<td><a href="http://www.mdanderson.org/about-md-anderson/employee-resources/retirement/retirees-association.html">www.mdanderson.org/about-md-anderson/employee-resources/retirement/retirees-association.html</a></td>
<td><a href="mailto:MDARetiree@yahoo.com">MDARetiree@yahoo.com</a></td>
</tr>
<tr>
<td>UTMB GALVESTON</td>
<td><a href="http://hr.utmb.edu/retirees/">hr.utmb.edu/retirees/</a></td>
<td>UTMB Retirees Association&lt;br&gt;301 University Blvd., Galveston TX 77555-0947&lt;br&gt;(409) 747-4878</td>
</tr>
<tr>
<td>UT PERMIAN BASIN</td>
<td></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td>UT RIO GRANDE VALLEY</td>
<td></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td>UT SAN ANTONIO</td>
<td></td>
<td>Retired Faculty Association&lt;br&gt;provost.utsa.edu/rfa/&lt;br&gt;<a href="mailto:provost@utsa.edu">provost@utsa.edu</a></td>
</tr>
<tr>
<td>UT SOUTHWESTERN MEDICAL CENTER</td>
<td></td>
<td>No retiree association at this time.</td>
</tr>
<tr>
<td>UT SYSTEM ADMINISTRATION</td>
<td></td>
<td>UT System Administration Retired Employees may join the UT Austin Retired Faculty-Staff Association.</td>
</tr>
</tbody>
</table>
UT Institutions

UT ARLINGTON
Office of Human Resources
(817) 272-5554
Fax: (817) 272-5810
benefits@uta.edu

UT AUSTIN
Human Resources
(512) 471-4772 or
Toll Free: (800) 687-4178
Fax: (512) 232-3524
HRSC@austin.utexas.edu

UT DALLAS
Office of Human Resources
(972) 883-2221
Fax: (972) 883-2156
benefits@utdallas.edu

UT EL PASO
Office of Human Resources
(915) 747-5202
Fax: (915) 747-5815
annualenrollment@utep.edu

UT HEALTH SCIENCE CENTER HOUSTON
Employee Benefit Services
(713) 500-3935
Fax: (713) 500-0342
benefits@uth.tmc.edu

UT HEALTH SAN ANTONIO
Office of Human Resources
(210) 567-2600
Fax: (210) 567-6791
ben-admin@UTHSCSA.EDU

UT HEALTH SCIENCE CENTER AT TYLER
Office of Human Resources
(903) 877-7784
Fax: (903) 877-5394
benefits@uthct.edu

UT MD ANDERSON CANCER CENTER
Human Resources Benefits
(713) 745-6947
Fax: (713) 745-7167
MyHR@mdanderson.org

Physicians Referral Service (PRS)
(713) 792-7600
Fax: (713) 794-4812
prsfacbensrvs@mdanderson.org

UT MEDICAL BRANCH AT GALVESTON
Employee Benefits Services
(409) 772-2630, Option “0”
Toll Free: (866) 996-8862
Fax: (409) 772-2754
benefits.services@utmb.edu

UT PERMIAN BASIN
Human Resources
(432) 552-2753
Fax: (432) 552-3747
hernandez_c@utpb.edu

UT RIO GRANDE VALLEY
Brownsville
Office of Human Resources-Benefits
(956) 882-2034
Fax: (956) 882-6599
benefits@utrgv.edu

UT SAN ANTONIO
Human Resources
(210) 567-2600
Fax: (210) 567-6791
benefits@utsa.edu

UT SOUTHWESTERN MEDICAL CENTER
Human Resources Benefits Division
(214) 648-9830
Fax: (214) 648-9881
benefits@utsouthwestern.edu

UT SYSTEM ADMINISTRATION
Office of Talent & Innovation
(512) 499-4587
Fax: (512) 499-4395
group-hrssp@utsystem.edu

UT TYLER
Office of Human Resources
(903) 566-7434
Fax: (903) 565-5690
humanresources@utttyler.edu

Plan Administrators

INSURANCE PLAN ADMINISTRATORS

UT SELECT MEDICAL
(Blue Cross and Blue Shield of Texas)
Group: 71778
(866) 882-2034
M-F 8:00 AM-6:00 PM CT
www.bcbsxt.com/ut

PRESCRIPTION PLAN
(Express Scripts)
Group: UTSYSRX
(800) 818-0155
24hrs a day 7 days a week
www.express-scripts.com/ut

MEDICARE PART D PRESCRIPTION PLAN
(Express Scripts)
Group: 7454MDRX
(800) 860-7849
24hrs a day 7 days a week
www.express-scripts.com/ut

UT CONNECT MEDICAL
(Blue Cross and Blue Shield of Texas)
Dallas / Fort Worth area only
(888) 372-3398

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

SUPERIOR VISION
Group: 26856
(800) 507-1300
M-F 7:00 AM-8:00 PM CT
Sat 10:00 AM-3:00 PM CT
www.superiorvision.com/ut

GROUP TERM LIFE, AD&D, AND DISABILITY
(Blue Cross and Blue Shield of Texas)
Group: GFZ71778
(866) 628-2606
M-F 7:00 AM-7:00 PM CT
www.bcbstx.com/ancilliary

RETIRED EMPLOYEES

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

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

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

TIAA
(800) 842-2776
TDD (800) 842-2755
M-F 7:00 AM-9:00 PM
Sat 8:00 AM-5:00 PM CT
www.tiaa.org/public/tcm/utexas/home

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

LIVING WELL HEALTH PROGRAM
livingwell@utsystem.edu.
www.livingwell.utsystem.edu

UT SELECT DENTAL and UT SELECT DENTAL PLUS
(Delta Dental)
Group: 5968
(800) 893-3582
M-F 6:15 AM-6:30 PM CT
www.deltadentalins.com/
universityofkansas

DELTACARE USA DENTAL HMO
(Delta Dental)
Group: 6690
(800) 507-3582
M-F 7:00 AM-8:00 PM CT
www.deltadentalins.com/
universityofkansas

SUPERIOR VISION
Group: 26856
(800) 507-3582
M-F 7:00 AM-8:00 PM CT
Sat 10:00 AM-3:00 PM CT
www.supervision.com/ut

RETIREMENT PROVIDERS

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

TIAA
(800) 842-2776
TDD (800) 842-2755
M-F 7:00 AM-9:00 PM
Sat 8:00 AM-5:00 PM CT
www.tiaa.org/public/tcm/utexas/home

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

PREVIEW

Annual Enrollment & Resource Guide | for Retired Employees 29
Annual Enrollment is July 15 - 31
Important News About Your UT Benefits and Annual Enrollment is Enclosed.