

WELCOME, Stephen F. Austin State University Employees and Retirees!

Insurance FAQs

ENROLLMENT & ELIGIBILITY

Q: HOW WILL MY SFA BENEFITS BE TRANSITIONED TO UT BENEFITS?

A: Your current benefit elections with SFA as of July 1, 2023 will be mapped forward to the same type of insurance coverage at the same coverage level at UT except for flexible spending account(s). For example, if you are an employee enrolled in a HealthSelectSM medical plan with employee and family coverage, you will automatically be enrolled in the **UT SELECT**TM (Employees and dependents) with employee and family coverage. Medicare-eligible retirees and Medicare-eligible dependents of retirees will automatically be enrolled in the **UT CARE**TM Medicare Advantage PPO Plan. Your new UT Benefits coverage will be effective September 1, 2023.

Q: WHEN WILL MY ERS INSURANCE BENEFITS END?

A: Your ERS insurance benefits will end on August 31, 2023. Your new UT Benefits coverage will be effective September 1, 2023.

Q: WHEN WILL MY UT COVERAGE BE EFFECTIVE?

A: All benefits mapped forward from your SFA coverage to UT are effective September 1, 2023.

Q: ARE MY DEPENDENTS ELIGIBLE?

A: Yes. Dependents are defined as a spouse, a child under the age of 26, or an eligible, incapacitated dependent over the age of 26.

Q: HOW MUCH WILL I PAY FOR UT BENEFITS?

A: For full-time employees and all retirees, medical coverage is provided at no cost to you. For dependents of employees and retirees, participants pay 50% of the cost of their coverage. Premium rates for the current plan year are available at utbenefits.link/PremiumRates.

Q: HOW DO I MAKE CHANGES TO MY INSURANCE COVERAGES OR ELECT A FLEXIBLE SPENDING ACCOUNT WITH UT?

A: During Annual Enrollment, August 21, 2023 – September 30, 2023, you will be able to log into the UT System enrollment platform, *My UT Benefits*, to make any changes. No action is needed if you do not want to make changes to your coverage, except in the case of the flexible spending accounts (UT FLEX). For these accounts, you must actively enroll each and every year. Your login button will be available here: utbenefits.link/manage.

Q: WILL I GET ID CARDS FOR MY INSURANCE PLANS?

A: Yes. ID cards for your existing coverages which are being mapped forward will be mailed by September 1, 2023. Any new plans you add during your initial enrollment will generate a new ID card to be mailed to your home once coverage is sent to the insurance carrier and coverage is loaded. To access services prior to your cards arriving, we encourage you to download your electronic ID cards on September 1, or on the date your new coverage is effective. Please visit: utbenefits.link/MobileApps.

Q: WILL MY DEPENDENTS RECEIVE THEIR OWN ID CARDS?

A: ID cards for UT Benefits plans list only the subscriber's name and Benefits ID (BID), even if the plan includes dependents. Your health provider can see all members in their system under the member's Benefits ID (BID).

In the case of UT CARE and the Medicare Part D Prescription Plan, each covered person will receive a medical card and a prescription card.

Q: HOW WILL MY FUTURE ELIGIBILITY FOR RETIREE INSURANCE BE DETERMINED?

A: Effective September 1, 2023, your years of benefits-eligible service at SFA are credited toward UT System retiree insurance eligibility. Any years of state service earned outside of SFA remain credited toward the insurance program from which they were earned. For example, service credit earned at a Texas state agency or an ISD would not be counted as eligible years of service with UT, but would remain with the insurance program where it was earned. Combined creditable service from all entities can be used to determine eligibility for retiree insurance. You can review [eligibility requirements for UT retiree health insurance](#).

COVERAGE FOR ACTIVE EMPLOYEES

Q: WHAT DOES THE BASIC COVERAGE PACKAGE FOR EMPLOYEES INCLUDE?

A: The basic coverage package for active employees includes the UT SELECT medical plan, with prescription drug coverage, \$50,000 in basic life and accidental death and dismemberment insurance and the Living Well wellness program.

UT SELECT MEDICAL INSURANCE

(Employees and their dependents and non-Medicare eligible retirees and non-Medicare eligible dependents of retirees)

Q: DO I HAVE TO HAVE A PRIMARY CARE PHYSICIAN?

A: No. A PCP is not required on the UT SELECT medical plan. You may see any provider, and you will have the highest level of benefits if you utilize an in-network provider.

Q: IS MY CURRENT DOCTOR IN THE BCBSTX NETWORK?

A: You can ask your doctor if they are in-network with BCBSTX, search for your provider online at www.bcbstx.com/ut, or call UT SELECT customer service at **866-882-2034**.

Q: IF MY PROVIDER IS NOT IN THE NETWORK, IS THERE AN OUT-OF-NETWORK BENEFIT WHERE I CAN STILL BE TREATED BY THIS PROVIDER?

A: Yes. The UT SELECT Medical plan has an out-of-network benefit. Please see the **UT SELECT Medical Plan Guide** for a full description of how in-network and out-of-network benefits are paid.

Q: WHAT IF I AM CURRENTLY UNDERGOING TREATMENT WITH A PROVIDER WHO IS NOT IN THE UT SELECT PPO NETWORK?

A: If you or a covered dependent are undergoing a course of medical treatment at the time of enrolling in UT SELECT and your provider is not in the PPO network, ongoing care with the current provider may be requested for a period of 90 days. Transitional care benefits may be available if being treated for any of the following conditions by a non-network provider:

- Pregnancy (third trimester or high risk)
- Newly diagnosed cancer
- Terminal illness
- Recent heart attack
- Other ongoing acute car

Q: DOES MY PLAN COVER PRESCRIPTION DRUGS?

A: Yes. Your UT SELECT medical plan includes a prescription drug benefit through Express Scripts. If enrolled in medical, you are automatically enrolled in prescription drug coverage and you will receive a separate ID card from Express Scripts for the prescription drug plan. More information about the prescription benefit can be found at utbenefits.link/ActiveEmployeeRX

Q: HOW DO I KNOW IF A DRUG IS COVERED UNDER MY NEW PRESCRIPTION DRUG PLAN?

A: The UT SELECT prescription drug plan formulary (list of covered medications) can be found at www.express-scripts.com/utselect.

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Q: I HAVE A CURRENT PRESCRIPTION ON FILE AT A PHARMACY. DO I NEED TO GET A NEW PRESCRIPTION?

A: You may continue to fill your existing prescription at your local pharmacy, assuming the pharmacy is in-network and the medication is covered under UT's pharmacy benefit. You will need to show your new UT prescription ID card at the pharmacy to update their system for claims processing. If you currently fill a prescription through mail order, and there are refills remaining, that prescription will either be transferred to Express Scripts Pharmacy or Accredo Specialty Pharmacy (depending on the type of prescription prescribed).

Please visit www.express-scripts.com/utselect to proactively check drug coverage and locate an in-network pharmacy nearest to you.

Q: IF I HAVE A PRIOR AUTHORIZATION FOR A PRESCRIPTION ON FILE WITH MY ERS COVERAGE, WILL IT TRANSFER?

A: Please visit www.express-scripts.com/utselect and use the "Price a Medication" function to check drug coverage under UT's pharmacy benefit. If you have a prescription requiring a prior authorization on file with your current prescription vendor, and you find that the prior authorization requirement will continue under the UT pharmacy benefit, plan to work with your physician and Express Scripts to request a new prior authorization under the UT SELECT prescription drug plan. Prior Authorizations can be requested by your physician starting 9/1/23 either electronically at www.esrx.com/pa or by calling **800-753-2851**. You may call Express Scripts member services at **800-818-0155** during your annual enrollment period to confirm any active prior authorizations that loaded to your account.

Q: AM I COVERED BY UT SELECT WHEN TRAVELING?

A: Yes. If you use a network physician or hospital throughout the United States, your benefits will be the same robust benefits you enjoy in Texas. If you reside outside of Texas, you will have your out-of-area coverage.

For international travel, the UT SELECT plan's Blue Cross Blue Shield Global Core program provides access to a large number of hospitals on almost every continent and to a broad range of medical assistance services. Visit our [Benefits While You Travel](#) website for more information about benefits while you travel.

Q: I AM CURRENTLY ENROLLED IN CONSUMER DIRECTED HEALTHSELECT AND HAVE A HEALTH SAVINGS ACCOUNT (HSA) THROUGH OPTUM BANK. WHAT HAPPENS TO MY HSA?

A: Your HSA belongs to you even when you enroll in a UT Select plan. The State, however, will not contribute to your HSA after August 2023. You can use your remaining HSA funds for eligible healthcare expenses. Log into your HSA online and confirm your contact information. If your HSA is with Optum Bank, you can contact Optum Bank with questions at **866-234-8913** or at customercare@optum.com.

FLEXIBLE SPENDING ACCOUNT

Q: DOES UT HAVE A FLEXIBLE SPENDING ACCOUNT?

A: The UT FLEX FSA plan offers a Health Care Reimbursement Account (HCRA) for eligible healthcare related expenses and a Dependent Care Reimbursement Account (DCRA) for the reimbursement of dependent care expenses such as day care, after school care or elder day care for qualifying dependents. The UT FLEX plan operates on a fiscal year/plan year basis September 1 – August 31 of each year. More details are available on the [UT Benefits website](#).

Q: HOW DOES THE UT FLEX PLAN WORK?

A: In UT FLEX, you must re-enroll every year during annual enrollment. The previous year's elections will not roll forward.

UT FLEX has a grace period for the health care account meaning you have an additional 2-1/2 months (through November 15) to incur expenses. The grace period does not apply to the dependent care account in UT FLEX.

Q: I AM CURRENTLY ENROLLED IN TEXFLEXSM. WHAT SHOULD I KNOW ABOUT FILING CLAIMS OR MY BALANCE IN THIS ACCOUNT?

A: You can be reimbursed for eligible claims incurred through August 31, 2023. Your TexFlex debit card will not work after August 31, 2023. You have until December 31, 2023 to submit claims for expenses incurred. Funds will not carry forward to the next year, so any remaining funds left in your TexFlex account after December 31, 2023 will be forfeited.

Q: WHO DO I CONTACT FOR QUESTIONS ABOUT MY REMAINING TEXFLEX FUNDS?

A: You can call PayFlex with questions about your Plan Year 2023 FSA(s) at **866-353-9839** (TTY: 711).

Q: WHO DO I CONTACT FOR QUESTIONS ABOUT MY NEW UT FLEX PLANS?

A: Call **844-UTS-FLEX** or email questions@maestrohealth.com.

COVERAGE FOR RETIRED EMPLOYEES

Q: WHAT DOES THE BASIC PACKAGE FOR RETIREES INCLUDE?

A: The basic coverage package for retired employees includes either the UT SELECT medical plan with prescription coverage for non-Medicare eligible enrollees or the UT CARE medical plan for Medicare-eligible enrollees, \$10,000 in basic life insurance, and the Living Well wellness program.

MEDICAL INSURANCE

Q: HOW DOES UT MEDICAL INSURANCE WORK FOR NON-MEDICARE ELIGIBLE MEMBERS ENROLLED AS A RETIREE OR A RETIREE'S DEPENDENT?

A: Non-Medicare eligible members enrolled as a retiree or a retiree's dependent will be covered under the UT SELECT medical plan.

Q: HOW WILL UT MEDICAL INSURANCE WORK FOR MEDICARE-ELIGIBLE ENROLLEES?

A: If you are currently enrolled in an ERS HealthSelect medical plan under retiree coverage and you are Medicare-eligible, you will be mapped into the **UT CARE Medicare Advantage PPO Plan** (UT CARE) on September 1, 2023. You do not need to take any action. If you were enrolled in ERS' HealthSelectSM Medicare Advantage Plan PPO, you will receive a letter confirming that you are no longer enrolled in this plan beginning September 1, 2023 following your automatic enrollment in UT CARE.

IMPORTANT: You MUST be enrolled in Medicare Parts A and B to be enrolled in UT CARE.

Q: WHAT IF A RETIREE IS MEDICARE-ELIGIBLE BUT THEIR DEPENDENT IS NOT OR VICE-VERSA?

A: For persons insured under retiree coverage (as a retiree or a retiree's dependent), medical plan enrollment is:

UT SELECT – for non-Medicare eligible enrollees

UT CARE – for Medicare-eligible enrollees

For more details, please review the UT CARE Eligibility Flow Chart found at utbenefits.link/UTCARE.

Q: HOW DOES MEDICAL INSURANCE WORK FOR RETURN-TO-WORK RETIREES?

A: For retirees working for any UT institution in a regular benefits-eligible position UT SELECT will be your primary insurance.

Q: DO I CHOOSE WHICH MEDICAL PLAN TO ENROLL IN AS A MEDICARE-ELIGIBLE RETIREE?

A: No. If you are a Medicare-eligible retiree, your medical plan option is UT CARE.

You may choose to opt out of UT CARE. Opting out of this plan means you and any eligible dependents covered on your plan will not have medical or prescription coverage through the UT Benefits program or the employee/retiree basic life coverage that is included with the medical plan. You may continue other types of coverage (dental, vision, life insurance) and may enroll in UT CARE later during Annual Enrollment or following a qualifying change of status.

Q: DO I HAVE TO HAVE A PRIMARY CARE PHYSICIAN?

A: No. UT CARE members are not required to have a PCP. You may see any provider that accepts Medicare assignment and agrees to bill Blue Cross and Blue Shield.

Q: IF A PROVIDER IS NOT ON THE PPO LIST, IS IT POSSIBLE TO CONTINUE TO BE TREATED BY THIS HEALTHCARE PROVIDER WITHOUT INCURRING SIGNIFICANT COPAYS AND/OR DEDUCTIBLES?

A: UT CARE is an Open Access PPO plan. You can see any provider who accepts Medicare assignment and agrees to bill BCBSTX. You can also see providers outside of Texas who accept Medicare assignment and agree to file claims with their local BCBS plan.

Q: HOW DO THE BENEFITS WORK IF I BECOME ILL OR AM INJURED WHILE TRAVELING?

A: For domestic travel, UT CARE is an Open Access PPO plan. You can see any out-of-state provider who accepts Medicare assignment and agrees to bill BCBS.

For international travel, you are covered for medical treatment in an urgent or emergency situation. UT CARE includes the Blue Cross and Blue Shield Global Core program which gives members traveling outside of the United States and its territories access to benefits for urgent and emergency medical services. For information about what medical care is covered when you travel, please call customer service or access information at www.bcbsglobalcore.com.

Q: CAN I SEE A PROVIDER WHO DOESN'T ACCEPT MEDICARE ASSIGNMENT?

A: Yes. If a member goes to a provider who does NOT accept Medicare assignment and is not in the national BCBS Medicare Advantage PPO network, the member can see the provider, but may be expected to pay the billed amount directly to the provider at the time of service. Claims should be submitted to BCBSTX for processing with benefits up to 115% of the Medicare limiting charge.

Q: WHEN WILL MY UT CARE ID CARDS ARRIVE?

A: ID cards will be mailed 10-14 days after Medicare confirms your enrollment.

Each Medicare-eligible enrollee will receive their own UT CARE Medicare PPO medical ID card from BCBSTX and a separate UT CARE Medicare Part D prescription drug ID card from Express Scripts with your own unique ID.

Q: HOW DO I KNOW IF A DRUG IS COVERED UNDER THE UT CARE PRESCRIPTION DRUG PLAN?

A: You can request general UT CARE Medicare Part D prescription drug coverage information by calling the member services phone number at **800-860-7849**.

Q: HOW CAN I LEARN MORE ABOUT UT CARE?

A: You can find key details about the UT CARE plan at utbenefits.link/UTCARE, including direct links to key resources such as FAQs along with a link to a robust website maintained by BCBSTX that is specific to the plan and includes many additional details.

You may also call the UT CARE customer service team at **877-842-7562**.

VOLUNTARY COVERAGE

Q: WHAT VOLUNTARY COVERAGE IS AVAILABLE TO ME?

A: UT Benefits include the following coverage:

- **Dental Insurance** (three plans to choose from)
- **Vision Insurance** (two plans to choose from)
- **Voluntary Group Term Life Insurance**

And Additional Coverages (for Employees only):

- **UT FLEX**
- **Disability Insurance**
- **Voluntary Accidental Death and Dismemberment** (AD&D).

ADDITIONAL QUESTIONS

Q: HOW WILL RETIREES BE BILLED FOR ANY COVERAGE IN ADDITION TO RETIREE ONLY MEDICAL INSURANCE (WHICH IS FREE FOR RETIREES)?

A: **UT Benefits Billing** (UTBB) bills Retirees and Surviving Spouses on behalf of Stephen F. Austin monthly for the out-of-pocket premiums associated with enrollments. Statements are mailed to the addresses provided by the Retiree or Surviving Spouse, given an automatic payment arrangement does not exist. Payment envelopes for check remittance are included with each Statement for convenience and timely receipt. Stephen F. Austin retirees and surviving spouses can expect to receive an initial Statement reflecting the initial enrollment by mid-September. Retirees with an existing TRS Annuity Deduction for out-of-pocket premiums can expect their first premium payment annuity deduction on September 30, 2023 for the September coverage period.

Existing Premium Payment Options:

- Automatic payment types include ACH draft of bank account **or** a TRS Annuity Deduction.
- Credit Card payments are accepted using an online website or by calling UTBB to initiate each monthly transaction.
- Check made payable to "UT System" and mailed to P.O. Box 732206; Dallas, TX 75373-2206.

Q: HOW WILL MY LIFE INSURANCE BE MAPPED FORWARD?

A: Employees already enrolled in an ERS voluntary life insurance amount up to 4x salary will get to keep coverage at that same multiplier. Employees who have no voluntary life insurance or less than 3x salary with SFA will be allowed to enroll in up to 3x salary during this enrollment period August 21 – September 30 without Evidence of Insurability (EOI). Individuals may elect amounts up to 10x salary (not to exceed \$2,000,000) with EOI required.

Q: WHO SHOULD I CONTACT FOR ASSISTANCE?

A: For current employment, payroll and benefits information and questions contact the SFA human resources and benefits team at **936-468-2304** or **benefits@sfasu.edu**.

For UT benefits vendors, see **[utbenefits.link/contacts](#)**.

For assistance logging into or navigating the *My UT Benefits* enrollment system, please call **844-870-0044**.

For information about Teachers Retirement System, call **800-223-8778** or visit **www.trs.gov**.

For any other UT Benefits questions, please email **SFAbenefits@utsystem.edu**.