

RETIREE

ANNUAL ENROLLMENT & RESOURCE GUIDE

FOR INSURANCE AND WELLNESS PROGRAMS

JULY 2025

We are Working for You

The University of Texas System Office of Employee Benefits has been trusted for over 25 years to lead in the design and high-quality administration of cost-effective UT Benefits programs for the employees, retirees, and family members of the UT System. Our goal is to continue to provide high quality and cost-effective health/benefit programs.

We collaborate with all UT institutions to meet your healthcare needs.

We believe that our programs provide you an exceptional healthcare experience.

Your self-funded **UT SELECT** Medical, fully-insured **UT CARE** Medical and Prescription drug plans are administered through Blue Cross and Blue Shield of Texas and Express Scripts.

The Dental and Vision plans are optional and are administered through Delta Dental and Superior Vision.

We want you to get the most out of your benefits and your plan. Please review the Annual Enrollment & Resource Guide carefully, and we hope you find this information helpful.

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Annual Enrollment & Resource Guide

This 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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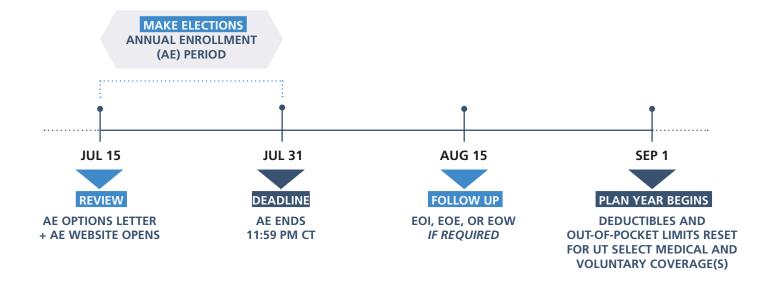
Important: Availability of Summary Health Information

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 **855-756-4448**.

Annual Enrollment Timeline



What to Expect in the New Plan Year

September 1, 2025

NEW ID CARDS

You will receive new ID cards for **UT SELECT™** and any **new plans** you elect during this enrollment period. **UT CARE™**ID cards are not being reissued, but will be provided if **UT CARE** is a newly elected coverage September 1, 2025.

PLAN YEAR RESET

Annual **deductibles and out-of-pocket limits reset** on September 1 (except for continuing **UT CARE** Medical and Part D).

Ongoing: Keep in Touch

UPDATE YOUR ADDRESS

Be sure to notify your institution of any changes to your mailing or contact information to ensure you receive important benefits communications.

NEED HELP OR HAVE QUESTIONS?

Refer to the Contact Information section of this newsletter to reach out to insurance vendors for plan details or to contact your institution about your coverage.

IMPORTANT

Carefully review this guide for information about insurance plan premium rates, plan changes, and other Annual Enrollment details.

If you don't want to make any changes, you don't have to do anything to continue with your current plan selections.

Detailed Timeline



REVIEW

Make informed benefits choices with resources available to help you

ANNUAL ENROLLMENT WEBSITE AVAILABLE BY JULY 15

- Virtual and/or Annual Enrollment Meetings (at your institution)
- Insurance vendors available for plan-specific questions (see information on OEB Virtual Annual Enrollment website and Contacts at the end of this publication)

www.utsystem.edu/benefits



MAKE ELECTIONS

Annual Enrollment Period

JULY 15 - 31

UT Benefits Enrollment Options email or letter delivered by July 15th lists current coverage, options for coverage for the next plan year beginning September 1, 2025, and instructions for making changes online.

During this period, you can:

- Make changes to your benefits to add UT SELECT medical or UT CARE medical (if Medicare eligible). Newly added coverage is effective September 1, 2025,
- Make changes to your benefits to drop **UT SELECT** medical or **UT CARE**. Dropping these coverages will result in a loss of UT Medical insurance, prescription insurance as well as Basic Term Life coverage,
- Add or remove dependents,
- Change coverage options for certain plans, and
- Register for the UT Living Well platform, powered by Limeade.

This is a good time to update other items if you've had changes during the year, like:

- Contact information,
- · Tobacco user status, and
- Beneficiary information.

3Y AUGUST 15

Detailed Timeline

FOLLOW UP Complete EOI, EOE, or EOW (if required)

DEADLINE FRIDAY, AUGUST 15

Evidence of Insurability (EOI) is required enroll in or to increase Voluntary Group Term Life.

Evidence of Eligibility (EOE) is required when you enroll your spouse or a dependent in the UT Benefits program for the first time

Evidence of Waiver (EOW) is required if you waive your UT group medical coverage and wish to apply premium sharing to pay for other eligible coverage. Medicare eligible retirees are not eligible for the **UT SELECT**™ medical plan.

UT CARE™ MEDICARE PPO ENROLLMENT DETAILS

UT CARE MEDICARE PPO

- Current **UT CARE** enrollees do not need to re-elect or change their medical coverage to remain in the **UT CARE** plan.
- Individuals not currently enrolled in a UT medical plan may enroll during this July's AE period. Medicare eligible participants will be enrolled into UT CARE effective September 1, 2025.
- Current UT CARE participants who drop their UT CARE insurance will be disenrolled from the retiree medical insurance program, the prescription program and the Basic Term Life benefit.
- More information about the UT CARE plan is available later in this newsletter.

Keep Your ID Cards

Keep your ID cards for insurance plans you did not change. Retirees and dependents of retirees not yet Medicare eligible will receive a new **UT SELECT** Medical ID card prior to the start of the 2025-2026 plan year.

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.

Keep your current UT CARE Medical and Part D prescription ID cards as these are not being updated at this time.

Out-of-Pocket Premiums

Please review the premium rate changes carefully. Premium increases for **UT SELECT** Medical are effective September 1, 2025. Premium rate increases for **UT CARE** will occur on January 1, 2026.

PLAN	RETIREE	RETIREE & SPOUSE	RETIREE & CHILD(REN)	RETIREE & FAMILY
	Р	REMIUMS	;	
UT SELECT Medical	\$0 no change	\$362.82 \$26.88 increase ▲	\$379.46 \$28.10 increase •	\$714.48 \$52.92 increase ▲
UT CARE Medical*	\$0 no change	\$335.94 no change thru 12/31/25	\$351.36 no change thru 12/31/25	\$661.56 no change thru 12/31/25
UT SELECT Dental	\$28.52 no change	\$54.14 no change	\$59.66 no change	\$84.84 no change
UT SELECT Dental Plus	\$61.40 no change	\$116.60 no change	\$128.66 no change	\$183.30 no change
DeltaCare Dental HMO	\$8.71 no change	\$16.56 no change	\$18.31 no change	\$26.14 no change
Superior Vision	\$5.02 no change	\$7.90 no change	\$8.10 no change	\$12.84 no change
Superior Vision Plus	\$7.64 no change	\$11.98 no change	\$12.82 no change	\$18.10 no change

Tobacco Premium Program

\$0 to \$90 per month based upon tobacco user status

Basic Coverage package includes medical, prescription, \$10K Basic Life for retirees.

Voluntary Group Term Life Rates

Please be sure to review the rate associated with your age as of September 1, 2025.

EMPLOYEE RATE CHART				
AGE OF SUBSCRIBER ON 9/01/25	RATE PER \$1,000 COVERAGE			
15 - 19	\$0.035			
20 - 24	\$0.035			
25 - 29	\$0.035			
30 - 34	\$0.035			
35 - 39	\$0.045			
40 - 44	\$0.059			
45 - 49	\$0.092			
50 - 54	\$0.142			
55 - 59	\$0.221			
60 - 64	\$0.345			
65 - 69	\$0.616			
70 - 74	\$0.713			
75 - 79	\$0.884			
80 - 84	\$1.549			
85 - 90	\$1.549			
90 and over	\$1.549			

Employee spouse rates available in *My UT Benefits*.

UT SELECT™ Concierge

As a special benefit, you have access to a UT SELECT Concierge — at no added cost to you.

Your **UT SELECT Concierge** works with and for you — to remove barriers and cut through red tape in the health care system, so you and your family can get the care you need.

UT SELECT Concierges can:

- Guide you through a **new diagnosis**
- Find a doctor or specialist and get you an appointment
- Connect with mental health experts to manage stress, depression, substance misuse or other mental health issues
- Answer benefit questions or solve a problem with a claim or a bill



UT SELECT™ Medical Plan

Overview for 2025-2026

The 2025-2026 benefits plan year begins on September 1, 2025. For the **UT SELECT** Medical PPO self-funded plan, there are a small number of plan design changes including:

Reduced Copays for Therapy Visits

The copay for physical, speech, and occupational therapy visits will be reduced

UT SELECT from \$50 to \$40
UT Health Tier providers from \$40 to \$30

Increase in Coinsurance Out-of-Pocket Maximum

The annual coinsurance out-of-pocket maximum will increase from \$3,500 to \$5,000 per individual and \$15,000 per family from \$10,500.

Increase in Affordable Care Act (ACA) Out-of-Pocket Maximum

The annual ACA out-of-pocket maximum will increase from \$9,100 (individual) to \$9,200, and to \$18,400 (family) from \$18,200.

Reduced Copay for Airrosti Remote

Airrosti offers in person and Remote Recovery care that may be an alternative to surgery and traditional pain management for back, knee, arm, foot, wrist pain and more. Beginning September 1, 2025, there will be a **\$20 copay** for Airrosti Remote services.

Hinge Health Program Ending

The Hinge Health program, which supports members with back, knee, hip, shoulder, and other physical conditions, will be discontinued as of **August 31**, **2025**. This decision follows a comprehensive review and analysis of program outcomes.

UT SELECT Medical Coverage Continues at No Cost for Retirees

RETIREES

Benefits-eligible Retirees will continue to receive **UT SELECT Medical plan coverage at no cost**.

DEPENDENT COVERAGE

There will be a **slight increase in premium rates** for dependents covered under the plan. Please refer to the premium rate table included in this newsletter for specific details.

PLAN QUALITY AND ACA RATING

The **UT SELECT** Medical plan maintains its **Gold Level rating** under the Affordable Care Act (ACA). This designation confirms that the plan provides a **high level of coverage**, with the insurance paying **80% or more of total healthcare** costs on average.

UT Health Network

The UT Health Network is part of an enhanced plan design for retirees or dependents enrolled in the **UT SELECT** Medical plan. When receiving services from certain UT providers and certain UT medical facilities, **UT SELECT** Medical plan participants will save on out-of-pocket costs.

How does the UT Health Network benefit work?

The UT Health Network benefit tier features lower copays and coinsurance when you visit a participating UT provider at a participating UT facility. You can also save on provider charges when treatment is received from a participating UT provider at a non-participating facility.

	UT HEALTH NETWORK BENEFIT	UT SELECT IN-NETWORK BENEFIT
PRIMARY CARE	\$20 copay	\$30 copay
SPECIALIST	\$40 copay	\$50 copay
PT, ST, OT	\$30 copay	\$40 copay
EMPLOYEE CLINIC	\$10 copay	\$30 copay
DEDUCTIBLE	\$600	\$600
COINSURANCE	10%	20%
INPATIENT	Deductible plus 10% coinsurance	\$200 / day (\$1,000 max/ admission) plus 20% coinsurance

Where can I receive services under the UT Health Network?

Services received at participating UT facilities and Employee/ Nursing Clinics offer the greatest savings under the UT Health Network.

Who is participating in the UT Health Network?

- UT Medical Branch Galveston facilities & providers;
- UT Health Northeast (Tyler) facilities & providers;
- UT Rio Grande Valley providers and facilities;
- UT Austin, UTHealth Houston, and UT Health San Antonio Employee & Nursing Clinics and University Health System in San Antonio:
- UT Dallas Callier Center for audiology and hearing aids; and
- NEW! UT Health San Antonio Multispecialty and Research Hospital.

The UT Health Network benefit is not available at this time for services received from UT Southwestern or UT MD Anderson Cancer Center physicians or facilities. Your regular **UT SELECT** Medical in-network benefits apply for these providers and locations.

You can log into Blue Access for Members to access the Provider Finder® specific to **UT SELECT** Medical, where participating providers and facilities are clearly marked as being part of the UT Health Network. You must be logged in to see the "UT Health Network" designation — **www.bcbstx.com/ut**.

UT Health Network

Benefits Examples

Your UT Health Network benefit applies depending on the status of the provider and facility as shown below.

- Visit to a Participating Employee or Nursing Clinic Member pays \$10 copay.
- Office Visit with a UT Provider (at any Facility)
 Member pays office visit copay of \$20 or \$40.
- Inpatient or Outpatient Services with a UT Provider at a participating UT Facility
 Member pays regular \$600 deductible, 10% coinsurance on provider and facility charges, and a \$0 inpatient/\$200 outpatient copay.
- Inpatient or Outpatient Services with a UT Provider at a nonparticipating Facility
 Member news regular \$600 deductible 10% coincurance on
 - Member pays regular \$600 deductible, 10% coinsurance on provider charges, 20% coinsurance on facility charges, and \$200 facility copay per day (\$1,000 maximum per admission).

UT SELECT[™] Prescription Drug Plan

Your prescription drug benefits are included as part of your **UT SELECT** medical plan and the prescription plan is administered by Express Scripts, Inc.

There are no plan design changes to the **UT SELECT** Prescription plan this plan year. Deductibles and copayment amounts will remain the same for the new plan year beginning September 1, 2025.

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.

Reminder

More Options Available for Filling your 90-Day Maintenance Medications

As part of your **UT SELECT** prescription benefit, many of your medications can be filled with a 90-days supply. By filling 90 days at a time, you have access to a more convenient and moneysaving feature for your maintenance medications (those drugs you take regularly for ongoing conditions).

Fill your 90-day supply at a participating pharmacy including through Express Scripts home delivery, Walgreens, and at University of Texas pharmacies.

HOW DOES IT WORK?

- From the Express Scripts home delivery pharmacy, you can 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 90-day maintenance medication benefit or want assistance to help you get started, call Express Scripts at **(800) 818-0155** 24 hours a day, 7 days a week.

Reminder

Mid-year Formulary Changes

While mid-year formulary changes don't occur frequently, it is possible that a medication can change co-pay tiers during the plan year. For more information on what your cost will be please use the member website at **www.express-scripts.com** where you can run drug coverage checks to see your cost.

UT SELECT[™] Prescription Drug Plan

What to Know About Specialty Medications

If you or a family member is diagnosed with a chronic condition, you may be prescribed a drug classified as a specialty medication. Conditions requiring treatment with specialty medications are hemophilia, multiple sclerosis, cancer and many others.

Your **UT SELECT** plan covers specialty medications through Express Scripts' specialty pharmacy Accredo. Accredo's specialty-trained pharmacists and nurses work with your doctors to provide you with hyper-focused care and support throughout your treatment, which includes:

- Clinical support around the clock with specialty-trained pharmacists and nurses available 24/7 to answer any questions,
- Nurses to provide one-on-one support to help you administer your medication; and
- Assistance to get you your medication and supplies delivered to you with free shipping at no additional charge.

UT HEALTH INSTITUTIONS SPECIALTY PHARMACIES

Many UT Health institutions have a specialty pharmacy onsite. If you've been prescribed a specialty medication, ask your UT pharmacy today if you're able to fill your specialty prescription there for added convenience and support.

Enrolling in or Making Changes to Your UT CARE™ Coverage During Annual Enrollment

During the July 15, 2025 Annual Enrollment period, retirees have a chance to make changes to their benefits. There are some key details to be aware of when it comes to how these changes may impact your UT CARE coverage.

For Participants Currently Enrolled in UT CARE

You do not have to do anything and your UT CARE coverage will continue. However, if you decide to drop or cancel your UT CARE coverage, you will lose your prescription drug coverage and Basic Life insurance. Any dependent covered will also lose their own medical and prescription insurance through UT.

For Participants Not Currently Enrolled in UT CARE

If you're eligible for UT CARE but have not been enrolled in the plan due to having outside coverage, or perhaps you opted out, you can elect UT CARE during Annual Enrollment and your UT CARE coverage will begin September 1, 2025, assuming you have Medicare Parts A and B. Also, there are "waiver" provisions which may be of interest to you if you have outside coverage or have previously opted out. Please see the section on Evidence of Waiver later in this newsletter.

If you have a dependent who is Medicare eligible and not enrolled in the UT CARE plan, you can add the dependent during Annual Enrollment and their coverage will begin September 1, 2025, assuming they have Medicare Parts A and B.

UT CARE and Medicare Open Enrollment Period

In addition to the UT Annual Enrollment period in July, the Centers for Medicare and Medicaid Services (CMS) requires there be a Medicare open enrollment period each year for Medicare eligible participants to enroll in Medicare. For Medicare eligible retirees, during the CMS enrollment period (November 1 – November 15), you can enroll in UT CARE during this enrollment period for a coverage effective date of January 1, 2026. You can also drop or cancel the UT CARE plan during the enrollment period and your UT CARE coverage will end December 31, 2025. However, doing so means you will not have any the UT CARE Medicare medical insurance plan as a retiree, and your next opportunity to enroll will be Annual Enrollment in July 2026.

To learn more about the basics of the UT CARE Medicare PPO plan, read the Medicare and UT CARE: Know the Basics article in this newsletter.

Medicare and UT CARE™: Know the Basics

Enrolling in Medicare

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 maximum benefits and be enrolled in the UT CARE plan.

UT CARE Medicare PPO Plan Year

Medicare plans operate on a calendar plan year from January 1 – December 31. So, even though it's Annual Enrollment, any changes impacting enrollment into UT CARE Medicare coverage will have the current plan design provisions from now until December 31. Any new plan design features or changes will take effect on January 1, 2026.

What are the Benefits of the UT CARE Medicare PPO Medical Plan?

The benefits in the UT CARE Medicare PPO plan are designed to closely match and in cases exceed the current UT SELECT plan. As an enrollee, you have:

- \$0 annual medical deductible
- \$0 copay for primary care physician services, inpatient care, skilled nursing care, emergency care, and many other benefits.
- For a broad review of the UT CARE Medicare PPO plan, please see OEB's UT CARE Medicare plan webpage at utbenefits. link/utcare.

UT CARE Part D Prescription Benefits

Your prescription benefit in the UT CARE Medicare plan is the UT CARE Part D prescription drug plan. This plan has the familiar deductible and copays of the employee prescription drug plan, and UT System will automatically enroll Medicare-eligible retirees and Medicare-eligible dependents of retirees into the UT CARE Part D drug plan.

Like the UT CARE Medical plan, the plan year for the UT CARE Part D plan has a January 1 – December 31 calendar plan year which is when the annual deductible resets. Any other plan changes will take effect at that time as well.

Are You Still and Active UT Employee?

If the answer is yes, then even if you're eligible for Medicare (age 65 or older), you'll remain in the employee UT SELECT plan until you retire. Be sure to enroll in Medicare Parts A and B before retirement to ensure a smooth transition into the UT CARE plan upon retirement.

Also, if you've retired and return to work at UT for 20 hours or more per week, your enrollment in UT CARE will revert to UT SELECT until such time as you're no longer employed for 20 hours or more.

PLEASE NOTE

Enrolling in an outside Medicare plan makes you ineligible to be enrolled in the **UT CARE** PPO plan due to CMS rules which allow you to be enrolled in only one Medicare plan at a time. If you have an outside Medicare plan, please see the information later in this newsletter on Evidence of Waiver and waiving your **UT CARE** coverage.

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. Your medical provider, including UT Health providers, may offer telehealth consultations by phone or video. If they don't, MDLIVE®, offers 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 visit doctors can treat a variety of health conditions, including:

Allergies,

• Fever (age 3+),

Asthma,

- Nausea,
- Behavioral Health, including family counseling,
- Pink eye,
- Colds and flu,
- Rash, and
- Ear problems (age 12+),
- Sinus infections.

Download the MDLIVE app

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

*In the event of an emergency, this service should not take the 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.

Headway Behavioral Health Fits Your Needs

If you're ready to see a mental health specialist but are overwhelmed by the process, you're not alone. With Headway, you can find the right fit with a specialized provider from over 4,000+ mental health clinicians committed to providing high quality care across Texas. Through an easy-to-use platform, you can find providers who accept your **UT SELECT**.

Medical insurance and book and manage appointments and even pay directly through the Headway website.

Want more information? Go to **headway.co/m/bcbstx**. For a list of additional behavioral health resources visit **utbenefits.link/ stressless**.

Learn to Live, based on Cognitive Behavioral Therapy (CBT)

Learn to Live (L2L) is a behavioral health digital platform available to UT SELECT™ members which offers condition-specific programs, each delivered in a user-paced multimedia experience. Services are also available on demand with the options for one-to-one clinician coaching services.

The seven self-directed programs are available in English and Spanish:

- Depression
- Panic
- Stress, Anxiety & Worry
- Resilience
- Social Anxiety
- Substance Use

Insomnia

How to Register

Visit the BCBSTX Blue Access for Members website to enroll and complete a comprehensive clinical assessment (confidential). Or, visit the Learn to Live website www.learntolive.com/welcome/BCBSTX, enter access code: BETTERME and follow the prompts. If you have questions, UT SELECT members can call a UT SELECT Concierge at (866) 882-2034.

Ovia Health

A Digital Support Program

Ovia Health (for **UT SELECT** participants only) provides maternity, family, and menopause apps to support you through your entire parenthood journey. These apps are included with 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.
- Menopause Component with Comprehensive health tracking and data feedback | Ability to track symptoms, moods, sleep, exercise, nutrition, medications, relationships and more in order to keep record and recognize patterns.
 Personalized data feedback based on what was tracked will educate on potential triggers of symptoms and help identify less commonly known symptoms as coming from menopause.
- 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 -

Support for reproductive health, fertility and menopause

Ovia Pregnancy –

Ongoing support for your healthiest, happiest pregnancy

Ovia Parenting -

Go to resource for family and working parents

To create an account, choose "I have Ovia Health as a benefit" before tapping "Sign up" and make sure to select BCBSTX as your health plan and enter your employer name. You'll also need to enter your first and last name (as listed with your health plan), date of birth and ZIP code. Once you accept the terms and conditions, you're ready to explore Ovia!

You can also contact a health advocate at **866-882-2034** for more information or should you have any questions.

Seasons of LifesM

Seasons of Life is a proactive outreach program offered through your **UT SELECT**TM and **UT CARE**TM benefits and Blue Cross and Blue Shield of Texas (BCBSTX) that provides personalized claims resolution assistance to you and your dependents who may be dealing with the death of a loved one.

When BCBSTX learns of a death, a specially trained customer advocate will send a handwritten sympathy card. This advocate will become your single point of contact for the duration of the program. You and/or your family can then contact the customer advocate at a time that is convenient for you to discuss any insurance-related matters.

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

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

Access Hope

Cancer Care

As part of your **UT SELECT** health plan, you have access to tools, resources and oncology nurse expertise as part of the Cancer Services and Support program. There is **no additional cost to you** for this service. This service includes:

EXPERT REVIEW AND SUPPORT

You can have a cancer expert review your case. This specialist will keep in touch with your doctor to discuss your treatment plan and possible clinical trials. If you have a rare or complex cancer, your case will automatically be sent for expert review.

MENTAL HEALTH SUPPORT

Dealing with cancer isn't just a medical issue, it can have a big impact on your and your loved ones' mental health. **UT SELECT** Concierges can connect you with a wide range of easy to access mental health benefits to help your work through the challenges.

Contact a **UT SELECT Concierge** at **866-882-2034** to help get the care you need.

UT SELECT **Concierge** and nurses do not give medical advice or take the place of a doctor's care. Talk to your doctor or health care professional about any health questions or concerns.

Get Help With Muscle and Joint Pain or an Unresolved Injury with Airrosti®

Airrosti offers care that may be an alternative to surgery and traditional pain management for back, knee, arm, foot, wrist pain and more.

In-clinic providers are located throughout Texas to diagnose and help rapidly resolve pain. Appointments include one hour of assessment, diagnosis, treatment and education for common conditions.

Airrosti also offers Remote Recovery by video consultations for treating muscle and joint pain, sprains, strains and chronic conditions. As part of your customized recovery plan, you have access to:

- One-on-one virtual access with a provider
- Access to the Airrosti app with customized exercise videos, tracking, reminders and direct messaging with your provider
- A recovery kit including tools designed to help you feel better fast

Airrosti visits are available for the same copay as physical therapy.

Schedule a no cost, no obligation chat with and Airrosti provider at airrosti.com/vipchat or contact a UT SELECT Concierge for more information at 866-882-2034.

Airrosti is a separate company that has contracted with Blue Cross and Blue Shield of Texas to provide back and joint pain resolution services for members with coverage through BCBSTX.

Billing Policy for Canceled Coverage

Cancellation of UT SELECT and/or UT CARE Coverage 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.

REMEMBER: Any voluntary coverage canceled due to nonpayment of premium must be resolved before that voluntary coverage may be re- added.

How do I Re-Add my Coverage?

If your coverage is terminated due to nonpayment, election of voluntary coverage during any future enrollment period will be prohibited until the nonpayment status has been resolved. Payment will be required in an amount equal to the out-of-pocket premiums that would have been owed for the remainder of the plan year in which the voluntary coverage you elected was canceled.

After full payment has been submitted for the canceled coverage, you will be permitted to re-elect those voluntary coverages in a future Annual Enrollment period, or following a qualified change of status event.

IMPORTANT!

Effective 9/1/25, if premiums for voluntary coverage are not paid during the month they are due, those coverages will be termed the following month. For example, September premiums that are not paid by September 10th will result in past due notice with another opportunity to pay before coverages are termed in October. To avoid disruption in coverage, we encourage you to enroll in TRS annuity deduction. For information on paying premiums through TRS annuity deductions, visit our website **utbenefits.link/utbb**.

What if I Don't Pay for the Canceled Coverage?

If you choose to not pay the past due premiums for the canceled voluntary coverages, you will not be permitted to elect them again in the future. Retirees will retain their Basic Medical and Basic Life (\$10,000) coverage because the full cost is paid by premium sharing. Voluntary coverage will be available to you again only after nonpayment status has been resolved.

You should also be aware that re-enrollment in Voluntary Group Term Life coverage that was terminated due to nonpayment requires completion of Evidence of Insurability.

Make your Premium Payments Through your TRS Annuity

Benefits-eligible Retired Employees can assure themselves of timely payment of **UT SELECT** and/or **UT CARE** 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.

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 855-688-2455.

Dental Benefits

Dental Plan Options

UT System offers three dental plan options: **two self-funded PPO plan options**—**UT SELECT Dental** and **UT SELECT Dental Plus**—and a **fully insured dental HMO** option (DeltaCare USA), all administered by Delta Dental Insurance Company. There are no benefit changes on any of the plans, and the rates all remain the same.

UT SELECT Dental PPO Plan Options

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

Dental HMO - DeltaCare USA

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

LIMITATIONS & EXCLUSIONS APPLY

Contact Delta Dental for specific details about benefits and coverage at **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.

Dental Benefits

Dental Plan Design Features & Services

PLAN DESIGN FEATURES	UT SELECT DENTAL PPO	UT SELECT DENTAL PLUS PPO
DEDUCTIBLE	\$25 deductible	Plan pays deductible
ANNUAL BENEFIT ALLOWANCE	\$1,250 annual benefit maximum	\$3,000 annual benefit maximum
ORTHODONTICS	Separate \$1,250 lifetime orthodontic benefit maximum	Separate \$3,000 lifetime orthodontic benefit maximum
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.	Freedom to choose any licensed dentist. For maximum savings, choose from the Dental Preferred Organization (DPO). If you choose a provider outside of the DPO network, you may be subject to balance billing. Contact Delta Dental customer service to confirm the status of your dental provider.

BENEFITS AND COVERED SERVICES	UT SELECT DENTAL PPO	UT SELECT DENTAL PLUS PPO
DIAGNOSTIC & PREVENTIVE SERVICES	100%	100%
BASIC SERVICES	80%	100%
MAJOR SERVICES	50%	80%
ORTHODONTIC SERVICES	50%	80%

Vision Benefits

Vision Plan Options

There are no changes to the vision plan design or to rates for the 2025-2026 plan year. You and your eligible dependents have the option to enroll in the basic plan or the Plus plan (offering enhanced benefits), both administered by Superior Vision. While both plans cover most of the same types of services, the Plus plan includes some additional benefit at a slightly higher premium. Compare the benefits closely to select the plan that best meets your or your family's particular needs. See below for some examples.

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

For additional information about each of the current UT vision plans briefly described above, please visit the OEB website. Plan limitations and exclusions do apply for each of these plans. For specific details about plan benefits and coverage, please contact Superior Vision customer service at **844-549-2603**.

BCBSTX Ancillary Group Term Life Insurance

Group Term Life (GTL) insurance from Blue Cross Blue Shield of Texas (BCBSTX) Ancillary (formerly known as Dearborn National) can help ensure financial security for your family and loved ones upon your death.

Retirees have the Basic Retiree Group Term Life coverage amount of \$10.000.

There are no changes to Retiree Voluntary GTL coverage options for plan year 2025-2026. Benefits for Life insurance include:

- 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 requires EOI.

Rates for Voluntary Life

Review the rate associated with your age as of September 1, 2025.

EMPLOYEE RATE CHART				
AGE OF SUBSCRIBER ON 9/01/2025	RATE PER \$1,000 COVERAGE			
15 - 19	\$0.035			
20 - 24	\$0.035			
25 - 29	\$0.035			
30 - 34	\$0.035			
35 - 39	\$0.045			
40 - 44	\$0.059			
45 - 49	\$0.092			
50 - 54	\$0.142			
55 - 59	\$0.221			
60 - 64	\$0.345			
65 - 69	\$0.616			
70 - 74	\$0.713			
75 - 79	\$0.884			
80 - 84	\$1.549			
85 - 90	\$1.549			
90 and over	\$1.549			

BCBSTX Ancillary Group Term Life Insurance

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 included with enrollment in the UT SELECT™ and UT CARE™ Medical plans. So, almost all employees have at least the basic coverage and many have additional voluntary coverage.

While your current beneficiary information may be on file with our current carrier BCBSTX (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.

Living Well

Make it a Priority

The UT System Living Well program provides a variety of resources to enable employees, retirees, and dependents who participate in the UT SELECTTM and UT CARETM 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

UT Living Well Platform powered by Limeade

The well-being and engagement platform is designed to help you achieve your physical, emotional, financial, and work well-being goals with personalized activities. Register at **ut.limeade.com** and complete the Well-Being Assessment to personalize your experience.

Once you've registered, download the **UT Living Well app powered by** *Limeade ONE* (available for iOS or Android) and enter "UTX" or "University of Texas System" to get started.







The UT Living Well platform powered by Limeade is available to UT SELECT and UT CARE members (employees, retirees, and dependents) ages 18+.

24/7 Nurseline

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

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) provides resources to assist you dealing with concerns about your personal life or job performance.

Wellness Activity Challenges

Team up with colleagues in the wellness challenges hosted on the Living Well Platform for the opportunity to bring the coveted traveling trophy to your institution, earn points, and improve your fitness level.

Airrosti

Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury. Visits are available in person or online for the same copay as physical therapy.

Wondr Health

Wondr is a 100% digital weight loss program that teaches clinically-proven skills through weekly master classes. Program is available to all **UT SELECT** and **UT CARE** medical plan members 18 years old and above, including employees, retirees, spouses, and dependents who have not started a class within the last 12 months.

Living Well

Tobacco Cessation Resources

The **UT SELECT** and **UT CARE** Medical plans offers members a variety of tobacco cessation resources at no out-of-pocket cost. These resources include professional counseling and pharmaceutical therapy.

Fitness Discount Program

This program offers **UT SELECT** and **UT CARE** members access to a variety of gyms throughout the state and virtual classes at a discounted monthly rate, plus the ability to switch facilities anytime. For more information, log on to Blue Access for Members (BAM), and select the icon for the Fitness Program.

Learn about all these programs at our Living Well website utbenefits.link/livingwell

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.

If You Currently Cover a Dependent

If you currently cover a dependent who is also receiving premium sharing for coverage through a plan with Texas A&M, The Employees Retirement System of Texas, or The Teacher Retirement System of Texas, please choose to have that person covered under only one plan and make the appropriate enrollment changes at this time.

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.

Other Eligibility: Surviving Dependents and Incapacitated Dependents

Surviving Dependents

A surviving spouse or other benefits-eligible dependent may continue limited participation in the UT Benefits program following the death of a participating employee or retired employee, provided the employee has at least five (5) years of creditable service with either Teacher Retirement System of Texas (TRS) or the Texas Optional Retirement Program (ORP), including at least three (3) years as a benefits-eligible employee with UT System. A surviving spouse may only continue UT Benefits Medical, Dental or Vision coverage they are enrolled in at the time of the employee's death. They may not add coverage at that time, and if the coverage is ever dropped or terminated for non-payment, it may not be reinstated. Surviving dependents are not eligible for Premium Sharing.

Coverage may continue for the remainder of the surviving spouse's life. A dependent child may continue until the child loses his or her status as a dependent child. The dependent of an individual who has not met the service requirements at the time of death may elect COBRA coverage for a period not to exceed 36 months.

Overage Incapacitated Dependents

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

How to Change Your Benefits

LOGIN FOR MEMBERS FROM

UT ARLINGTON
UT DALLAS
UT EL PASO
UT HEALTH HOUSTON
UT HEALTH SAN ANTONIO
UT HEALTH TYLER
UT MD ANDERSON
UTMB GALVESTON
UT PERMIAN BASIN
UT RIO GRANDE VALLEY
UT SAN ANTONIO
UT SOUTHWESTERN
UT SYSTEM
UT TYLER

(Preferred browsers are Google, Chrome, Safari, latest version of Microsoft Edge, and Firefox). Go to the login options > utbenefits.link/manage

1 CHOOSE THE LOG IN WITH USERNAME & PASSWORD OPTION UNDER RETIRED EMPLOYEES FROM ALL OTHER INSTITUTIONS

2 LOGIN WITH YOUR USERNAME AND PASSWORD

The Office of Employee Benefits (OEB) will email or mail your personalized login information to the email (or mailing address if email is unavailable). Please keep this information 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. UT has standardized usernames, and you must use this username sent to you.

If you have a password from last year, please use that or use the Reset Password option.

If this is your first time to login as a retiree, your password is your last name (first letter capitalized) + last 4 digits of your social security number

Example: Smith1234

You may update your password, but you may not update your Username.

You will be prompted to complete a Multi-Factor Authentication.

For login or navigational support call **844-870-0044**.

JT AUSTIN &

How to Change Your **Benefits**

F. AUSTIN ONLY STEPHEN

LOGIN FOR **MEMBERS FROM**

UT AUSTIN STEPHEN F. AUSTIN STATE UNIVERSITY

(Preferred browsers are Google, Chrome, Safari, latest version of Microsoft Edge, and Firefox).

Login to > utbenefits.link/ssomyutbenefits

1 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 institution from the institution list.

2 ENTER CAMPUS USERNAME & PASSWORD

UT Austin retirees, enter your **UT EID** and password on the UT Austin login page.

Stephen F. Austin retirees, login to mySFA with your credentials & authenticate your login with Duo Security.

Both login sites, (UT Austin and Stephen F. Austin) include links for assistance in case you forgot your login information or have other problems with access.

ALL RETIREES

Once you've logged in, all retirees:

3 Click View/Edit Annual Enrollment

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 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.

Proceed through the workflow and make sure you SAVE your changes and COMPLETE ENROLLMENT.

How to Change Your Benefits

TIP

that tab.

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

Make sure you're on the Annual Enrollment Benefits tab.

Current **UT CARE** enrollees (Medicare-eligible retirees and Medicare-eligible dependents) are not eligible to be enrolled in **UT SELECT**. If you wish to opt out of medical coverage, you may decline the medical benefit. Opting out of **UT CARE** will disenroll you and your dependents from medical and pharmacy coverage, and it will cancel the basic retiree life insurance benefit.

3Y JULY 31

REVIEW YOUR CHANGES

4 You may view a confirmation statement within *My UT Benefits* online from the Print your benefits link on the 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.

CHANGES TAKE EFFECT ON SEPTEMBER 1

Be aware that changes made during Annual Enrollment will take effect on September 1, 2025.

EXCEPTION: If EOI is required and has not been approved by September 1, changes will take effect on the approval date for that coverage.

Mobile App Instructions

Download the App Today!

View and update your information in the palm of your hand by using the **Benefitplace**[™] **app** on your phone or tablet.

With the Benefitplace[™] app you can:

- Quickly view benefit information and account balances
- Update benefits and dependents
- Receive personalized, communications and education on the go
- Store photos of your ID cards to make forms and office visits easy

Use the document center to take pictures of and upload any required documentation.

Install the App

- Install the Benefitplace[™] app from Google Play or the Apple App Store. Scan this QR code or go to utbenefits.link/BenefitfocusApp
- 2. Enter the company ID shown on this page for your institution





Logging in to the Benefitplace™ App

- Retirees from UT Austin and Stephen F. Austin, use the Member Login button, select your institution, then use your campus username and password.
- Retirees from all other institutions, login using your My
 UT Benefits username and password in the username and password spaces above the Login button.
- Go to Benefits & Accounts to view and update benefits. Make sure to SAVE any changes. You can screen shot your changes and view your confirmation statement.

INSTITUTION	MOBILE APP COMPANY ID	
Stephen F. Austin	SFASU	
UT Austin	UTAUS	
UT Arlington	UTARL	
UT Dallas	UTDALLAS	
UT El Paso	UTEP	
UT HSC Houston	UTHHOUSTON	
UT HSC San Antonio	UTHSA	
UT HSC Tyler	UTHSCT	
UT MD Anderson Cancer Center	MDANDERSON	
UT Medical Branch	UTMBG	
UT Permian Basin	UTPB	
UT Rio Grande Valley	UTRGV	
UT San Antonio	UTSA	
UT Southwestern Medical Center	UTSWMC	
UT System Administration	UTSADMIN	
UT Tyler	UTT	

Submit Documentation

Deadline for Submission is August 15

Evidence of Insurability

Evidence of Insurability (EOI) is required to add or increase Voluntary Group Term Life coverage amounts.

Voluntary Life EOI

The *My UT Benefits* online system will automatically direct you to complete EOI electronically if you enroll online. If you have trouble logging in, using or uploading documents to the system, call *My UT Benefits* Support at 844-870-0044, available M-F, 8 am to 5 pm CST. Otherwise, you may complete a paper form and submit it to the insurer. You can view and print the life and disability EOI forms online at **utbenefits.link/EOIForm**.

Important Notes

- EOI is <u>not</u> required for enrollment in the UT SELECT[™] or UT CARE[™] Medical plans.
- The deadline for submitting electronic EOI is August
 15.
- Paper EOI forms submitted via U.S. Mail must be postmarked by August 15.
- You can also request a form from your institution's HR or Benefits Office. Contact information for the UT HR/ Benefits Offices is available at the end of this booklet.

Evidence of Eligibility

Documentation - Evidence of Eligibility

When requesting to add a new 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.

Submit Documentation

Deadline for Submission is August 15

Evidence of Waiver

Documentation - Evidence of Waiver

When requesting to waive your Basic Coverage Package (which includes the UT SELECT™ medical plan coverage and the basic Term Life and ADD benefits) to apply the premium sharing to pay for other eligible coverage, you must submit appropriate documentation of other non-state group health plan coverage no later than August 15th to demonstrate valid Evidence of Waiver (EOW). You should be prepared to provide copies of relevant documents. Depending on the circumstances, appropriate documentation may include a letter from another employer's HR/Benefits office that displays information about their group medical insurance such as name of subscriber, effective date, names of dependents and their effective dates on the coverage, etc.

Have TRICARE or Outside Medicare?

UT retirees enrolled in a TRICARE Health Plan or an outside Medicare plan are eligible to waive the **UT SELECT** Medical or **UT CARE** Medicare Advantage plan and utilize up to 50% of available premium sharing to pay premiums for Dental and Vision insurance.

Log in to My UT Benefits to upload your proof of other group health insurance under the Profile tab at the top of the home screen by following the Document Center link. Once in the Document Center, click + New Document, drag or attach your file, enter a Document name such as "EOW" or similar, and from the Type of document dropdown select Proof of Other Coverage. Save the submission, and your institution will review your documentation and contact you if they need additional information.

If you have trouble logging in, using or uploading documents to the system, call My UT Benefits Support at **844-870-0044**, available M-F. 8AM to 5PM CST.

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. Examples of qualified life events are:

- 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.

Not all life events allow all changes to all benefits. In general, your change must be consistent with your event. For example, if your spouse loses insurance through their employer, you may add them to your insurance. You MUST enroll in or make changes to benefits within 31 days of one of these change of status events.

A retiree

- 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.

*Medicare-eligible retirees and their Medicare-eligible dependents will also have an opportunity to add or drop the **UT CARE** Medicare Advantage PPO plan in November.

Mid-Year Retirees

For employees who retire mid-year, unless you are Medicareeligible, your UT SELECT Medical benefits will transition to **UT SELECT** Medical coverage as a retiree. If you or your dependent is Medicare-eligible, you should enroll in Medicare Part A and B, preferably 3 months before you retire, and then your **UT SELECT** Medical insurance will transition to the **UT CARE** Medicare PPO plan after retirement.

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 Talent and Innovation, 210 W. 7th Street, Austin, Texas 78701, P: (512) 499-4587, F: (512) 499-4395, or grp-hrsp@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 Talent and Innovation 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 ocrportal.hhs.gov/ocr/smartscreen/main.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)

A complaint package is available at www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.

Accessibility Requirements Notice

Spanish

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

Vietnamese

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

Chinese

Korean

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

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم والمستعدة العنوية المساعدة اللغوية المساعدة العنوية المساعدة اللغوية المساعدة المساعدة المساعدة اللغوية المساعدة المساعد

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و مدون کی خدمات مفت میں دستیاب ہیں ۔ کال کریں و کری و

Tagalog

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

French

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

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके िलए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

Laotia

ີ ເປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 🚾 🚾 🚾

Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فر اهم باشد. با تصنیفتات تهاس بگیرید.

German

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

Guiarat

ચૂચના: જો તમે ગુજરાતી બોલતા હો, તોિ ન:શૂલ્કુ ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો

Russian

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

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。「神器が経過です」まで、お電話にてご連絡ください。

UT SELECT Medical 1-866-882-2034
UT SELECT Prescription Drug 1-800-818-0155
UT CARE Medicare Part D 1-800-860-7849 (TTY: 1-800-716-3231)
UT SELECT Dental 1-800-893-3582
UT FLEX 1-844-887-3539

UT Institutions

STEPHEN F. AUSTIN STATE UNIVERSITY

Human Resources (936) 468-2304 Fax: (800) 435-3919 benefits@sfasu.edu

UT ARLINGTON

Office of Human Resources (817) 272- 5554 Fax: (817) 272-6271 benefits@uta.edu

UT AUSTINHuman 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 benefits@uthscsa.edu

UT TYLER MAIN & HEALTH SCIENCE CENTER CAMPUSES

Human Resources (903) 566-7234 Fax: (903) 565-5690 benefits@uttyler.edu

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Office of Human Resources-

UT SAN ANTONIO HUMAN RESOURCES

(210) 458-4250 Fax: (210) 458-4644 hr@utsa.edu

UT SOUTHWESTERN MEDICAL CENTER

Human Resources Benefits
Division
(214) 648-9830
Fax: (214) 648-4434
benefits@utsouthwestern.edu

UT SYSTEM ADMINISTRATION

Office of Talent & Innovation (512) 499-4587 Fax: (512) 499-4395 hrsp@utsystem.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.bcbstx.com/ut

PRESCRIPTION DRUG PLAN

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

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(Blue Cross and Blue Shield of Texas)

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Group: 80840

(877) 842-7562 TTY 711 M-F 8:00 AM-6:00 PM CT

www.bcbstx.com/retiree-

medicare-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 FLEX

Inspira Financial (844) UTS-FLEX (887-3539) M-F 7:00 AM-7:00 PM CT Sat 9:00 AM-2:00 PM CT utbenefits.link/ UTFLEXportal

LIVING WELL HEALTH PROGRAM

livingwell@utsystem.edu utbenefits.link/LivingWell

UT SELECT DENTAL AND UT SELECT DENTAL PLUS

(Delta Dental) Group: 5968 (800) 893-3582 M-F 6:15 AM-6:30 PM CT www.deltadentalins.com/ universityoftexas

DELTACARE USA DENTAL HMO

(Delta Dental)
Group: 6690
(800) 893-3582
M-F 7:00 AM-8:00 PM CT
www.deltadentalins.com/
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SUPERIOR VISION

Group: 026856 (844) 549-2603 M-F 7:00 AM-8:00 PM CT Sat 10:00 AM-3:30 PM CT www.superiorvision.com/ut

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(Blue Cross Blue Shield Ancillary) Group: GFZ71778 (866) 628-2606 M-F 7:00 AM-7:00 PM CT www.bcbstx.com/ancillary-

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ANNUAL ENROLLMENT IS JULY 15 - 31

Important News About Your UT Benefits and Annual Enrollment is Enclosed.

