UT Benefits
The University of Texas System



RETIREE ENROLLMENT GUIDE

2026–2027 BENEFITS GUIDE FOR RETIRING EMPLOYEES

A PUBLICATION OF
THE OFFICE OF EMPLOYEE BENEFITS

Enrollment Guide for Retiring Employees

2026 - 2027

A PUBLICATION OF
THE OFFICE OF EMPLOYEE BENEFITS AT THE UNIVERSITY OF TEXAS SYSTEM
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This publication is provided as an overview of terms and conditions of the insurance and wellness programs for employees retiring from The University of Texas System. The University of Texas System reserves the right to interpret the provisions of the Booklet and to amend any provisions thereof.

The current version of this publication may be found at: www.utsystem.edu/offices/employee-benefits/forms-and-publications.

If there is any ambiguity or inconsistency between a printed copy of the document and the online version, the terms of the online document shall control. However, to the extent that any provision in this publication conflicts with applicable law, the applicable law shall control. You may request a printed copy of the latest edition at any time. The University of Texas System reserves the right to amend, change or terminate the health and welfare benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.

Getting Ready to Retire

Congratulations on your upcoming retirement!

After years of hard work, you want to make sure that the transition to the next phase of your life goes smoothly. There are many key factors to consider leading up to your official retirement date.

This booklet was created to help you understand your UT insurance benefits as you make the transition to retirement. One condition of UT insurance eligibility is formal retirement under the **Teacher Retirement System of Texas (TRS)**, **Employees Retirement System of Texas (ERS)** or the **Optional Retirement Program (ORP)**.

Before you get started

You must establish your legal status as a retired employee in order to receive any UT Retired Employee insurance benefits. Retirement eligibility and eligibility for UT insurance as a retired employee are not the same. Please see the appropriate contacts listed on the next page for information on how to retire under TRS, ERS or ORP.

To make sure you're on track, keep in close contact with your HR/Benefits Office well before you plan to retire. Your institution is your main point of contact during this transition although you may need to work with other agencies to complete various steps in the process. Many institutions have special resources available to you including classes or personal appointments to make sure you make this transition successfully. Institution contact information is listed at the back of this book.



Your UT Financial Retirement

TRS

The **TRS** website has a wealth of information available for you including checklists, forms and the TRS Benefits Handbook. They also have group retirement informational sessions and videos to help answer your questions.

www.trs.texas.gov | TRS Counseling Center (800) 223-8778, M-F 7 am – 6 pm CT

ERS

ERS Provides a very informative website to help you understand the retirement process or even sign up to meet with a retirement counselor. You can also call ERS to speak with someone and schedule an appointment.

www.ers.texas.gov | (877) 275-4377, M-F 8:00 am – 5:00 pm CT

ORP

If you are an **ORP** participant and you wish to retire, contact your HR/Benefits Office to complete your Declaration of Retirement, and contact your ORP vendor(s) to discuss distribution options.

Find ORP vendor contact information on the back page of this book.

UTSAVER TSA AND DCP PARTICIPATION

If you participated in either of the UTSaver Voluntary Retirement plans and want to begin receiving distributions, contact your plan provider(s) approximately 3 months prior to your anticipated retirement date to ensure a smooth transition. Also, prior to your final month of employment cancel your contributions through the online resource Retirement Manager or contact your HR/Benefits office to do so. Find UTSaver provider contact information on the back page of this book.

Thank you for your years of service, and good luck!

THE OFFICE OF EMPLOYEE BENEFITS



Secure Retired Employee Insurance

Eligibility

RETIRED EMPLOYEE INSURANCE ELIGIBILITY

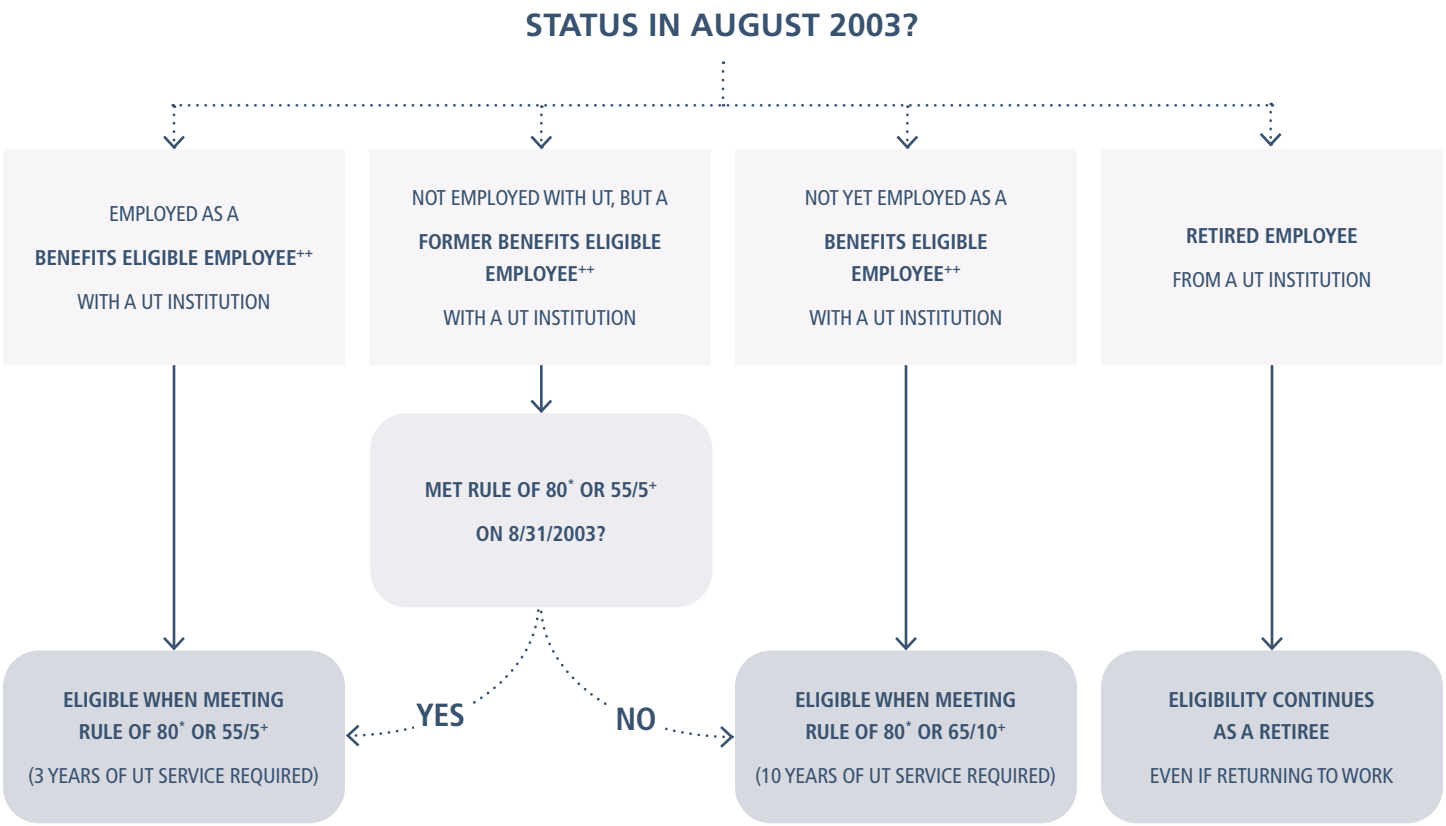
There are two sets of insurance eligibility requirements for UT System Retired Employees. The requirements applicable to you depend on your employment status with UT System in August 2003. System employees employed or eligible for Retired Employee insurance in August 2003 are "grandfathered" under the eligibility requirements that were in place at that time.

System employees who were not employed or eligible for Retired Employee insurance on that date are subject to new requirements that took effect when the previous law was amended. See eligibility details in the following pages of this section.

You must work with your institution's HR/Benefits office to complete your Retired Employee insurance enrollment within 31 days of your retirement from TRS, ERS or ORP, or wait until the next Annual Enrollment or qualifying change of status to enroll.

Are you Eligible?

Steps to Determine Eligibility for UT System Retired Employee Group Insurance**



***RULE OF 80**

AGE + NUMBER OF YEARS OF CREDITABLE STATE SERVICE = AT LEAST 80

+55/5 OR 65/10

REPRESENTS THE MINIMUM AGE / NUMBER OF YEARS OF CREDITABLE STATE SERVICE REQUIRED TO BE ELIGIBLE

IMPORTANT NOTE:

EMPLOYEE MUST ENROLL WITHIN 31 DAYS OF RETIREMENT OR MUST WAIT UNTIL THE NEXT ANNUAL ENROLLMENT OR QUALIFYING CHANGE OF STATUS TO ENROLL.

FOR MORE DETAILED INFORMATION:

SEE POLICY 220 IN THE OFFICE OF EMPLOYEE BENEFITS ADMINISTRATIVE MANUAL.

**To qualify, most recent State of Texas Employment prior to retirement must be at a UT Institution (with limited exceptions) and retire under TRS, ERS, or ORP.

++Eligible to participate in the Group Insurance Program under Section 1601.101, Texas Insurance Code.

An individual who was employed at a UT System institution in a benefits-eligible position or eligible to retire from UT in August 2003, and subsequently retires from the System is eligible for benefits as a Retired Employee if:

- The individual meets the Rule of 80 (total of age plus years of creditable state service equals or exceeds 80) with at least five (5) years of creditable state service, or
  - the individual is at least age 55 with five (5) years of creditable state service; and
- The individual has at least three (3) years of service with the System for which the individual was eligible to participate in the UT Group Insurance Program; and
- The individual's last state employment before retirement was with a System institution; and
- The individual retires from System under the jurisdiction of the Teacher Retirement System of Texas (TRS); the Employees Retirement System of Texas (ERS); or the Optional Retirement Program (ORP) established by Chapter 830, Government Code or any other federal or state statutory retirement program to which the System has made employer contributions.

An individual who was NOT employed at a UT System institution in a benefits-eligible position or eligible to retire from UT before or in August 2003 is eligible for benefits as a Retired Employee if:

- The individual meets the Rule of 80 (total of age plus years of creditable state service credit equals or exceeds 80) with at least ten (10) years of creditable state service, or
  - is at least age 65 with ten (10) years of total creditable state service credit; and
- The individual has at least ten (10) years of service with the System for which the individual was eligible to participate in the UT Group Insurance Program; and
- The individual's last state employment before retirement was with a System institution; and
- The individual retires from System under the jurisdiction of the Teacher Retirement System of Texas (TRS); the Employees Retirement System of Texas (ERS); or the Optional Retirement Program (ORP) established by Chapter 830, Government Code or any other federal or state statutory retirement program to which the System has made employer contributions.

A former System employee who terminated employment and subsequently worked for another state agency or state institution of higher education and does not qualify for retiree insurance coverage under that state agency or institution may be eligible to participate in the UT group insurance program if the former Employee meets the minimum applicable requirements described above and does not meet the requirements for an annuitant under the Employees Retirement System of Texas (ERS) group insurance program.

Individuals, regardless of age and years of service credit, who worked in a benefits-eligible position with UT and are members of the Teacher Retirement System (TRS) and qualify for disability retirement may also qualify to participate in the UT Benefits program. Individuals who are participants in the Optional Retirement Program (ORP) may also qualify for disability retirement.

Complete details about Retired Employee insurance eligibility is available in the Office of Employee Benefits Administrative Manual, Policy 220 in the Forms and Publications section of the OEB website.

DEPENDENTS

You may enroll your eligible dependents for certain UT Benefits coverage. The definition of dependent for purposes of UT group insurance is the same for Active and Retired Employees.

Eligibility to participate in certain UT Benefits coverage as a dependent is determined by law.

Eligible dependents are:

- Your spouse;
- Your children under age 26 regardless of their marital status, including:
  - biological children;
  - stepchildren and adopted children;
  - grandchildren you claim as dependents for 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.

Examples of dependents that are <u>not</u> eligible for UT Benefits include:

- your former spouse;
- your child over age 26, if not medically incapacitated and unable to provide their own support;
- foster children covered by another government program, unless coverage is required by law or court order;
- any dependent insured in the same plan type by another UT employee or retired employee; and
- any dependent insured by another plan that receives State of Texas premium contributions.

PREMIUM SHARING

As a Retired Employee, UT and the State of Texas will pay 100% of your premiums for the basic coverage package, and up to 50% of the premiums for your dependents' medical coverage. You are responsible for all optional coverage premiums.

If you are a benefits-eligible Retired Employee with coverage under another non-state group health plan, TRICARE Health Plan or an outside Medicare Advantage plan and you elect to waive the basic coverage package, you are eligible to receive 50% of the cost of the Basic Coverage Package to purchase Dental and/or Vision Coverage. If you waive, you will not be enrolled in Basic Group Life Insurance or be eligible for the Living Well Program as those are a part of the Basic Coverage Package. NOTE: Veterans Affairs (VA) Healthcare benefits do not qualify to waive the **UT SELECT** medical plan.

SURVIVING DEPENDENT BENEFITS

Dependents who are covered in a UT medical, dental and/or vision insurance plan at the time of an Active Employee or Retired Employee's death may continue System insurance as surviving dependents if:

- The employee/retiree had at least five years of creditable service with the Teacher Retirement System (TRS) or Optional Retirement Program (ORP) prior to the time of death, AND
- Three of the five years of service were with the University of Texas System as a benefits-eligible employee.

A surviving spouse may continue **UT Benefits** coverage 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.

Surviving dependents may only continue the coverage in place at the time of the deceased's death. If surviving dependent coverage is ever terminated, it may not be reinstated and new coverage may not be added for a surviving dependent at any time.

Premium sharing is not available for surviving dependent coverage.

> **!** In the event of a retired employee's death, it is very important for someone to contact the institution from which the employee retired within 31 days to update premium billing and coverage options. A helpful contact list for your next-of-kin or other legal representative is provided in the resources section of this guide.

Enrollment

INITIAL PERIOD OF ELIGIBILITY FOR RETIRED EMPLOYEES

An individual must enroll in the program as a Retired Employee within 31 days of the date upon which the individual retires from TRS, ERS or ORP. An individual who fails to enroll within the 31-day period may not enroll until:

(a) the next Annual Enrollment period; or **(b)** the occurrence of a qualified change of status event.

You may enroll in or make changes to benefits during your initial period of eligibility (when you first retire) through your institution's HR/Benefits Office.

WAITING PERIOD FOR RETIRED EMPLOYEES

There is no waiting period for individuals who transition directly from active employment to retirement without a break in coverage.

An Employee who terminates employment without retiring and later applies for Retired Employee insurance will not be eligible to participate in UT Basic Coverage (Medical with Prescription Drug Coverage and Basic Life Insurance) until the first of the calendar month following 90 days after the retirement date. There is no waiting period for enrollment in optional coverages which are paid in full by the Retired Employee.

EVIDENCE OF INSURABILITY (EOI)

Evidence of insurability (EOI) is the record of a person's past and current health events. EOI is used by insurance companies to verify whether a person meets the definition of good health. Most people retire directly from active employment without a break in coverage and do not require EOI. However, an EOI form is required to add or increase voluntary life insurance for the Retired Employee or spouse. EOI must be submitted within 31 days of the change event date. Coverage subject to EOI will become effective on the EOI approval date, and your billing for the coverage begins the first of the month after the approval date. If the approval date is the first of a month, the coverage and billing change is effective on that date. If EOI is denied, the change in coverage will not take effect.

DEPENDENT DOCUMENTATION

UT requires supporting documentation when you request to add a dependent to your plan. Be prepared to provide proof of eligibility such as your marriage certificate, your child(ren)'s birth certificates, appropriate adoption paperwork, federal tax forms or other documents that support the dependent relationship. For medically incapacitated dependents, proof of the incapacitating condition and dependency must be submitted within 31 days of initial eligibility for enrollment of an incapacitated dependent. This paperwork is required not only to support the coverage of eligible dependents but also to support a mid-year change of status such as marriage or birth of a child. Even if you have supplied this documentation to your institution in the past, they may require another copy at retirement to update records.

Misrepresentation of benefit eligibility requirements constitutes a violation of OEB's official policy. A verified misrepresentation by an Employee or Retired Employee shall be reported by OEB to the appropriate institution for investigation and possible sanctions. Possible sanctions for such a violation range from a reprimand to dismissal. In addition, reimbursement may be required for any benefits paid to an ineligible individual. Deliberate misrepresentation of dependent eligibility by an Employee or Retired Employee may constitute criminal fraud and may result in a referral to a law enforcement office. Any ineligible dependent may be terminated from plan participation upon discovery of ineligibility.

BENEFICIARY INFORMATION

It is important to designate beneficiaries for all of your insurance and retirement accounts that require them. If you don't, state laws may cause death benefits to be distributed differently than you had planned, may result in additional taxes, and may unnecessarily delay the process of finalizing payment to your loved ones. You should regularly review and, if necessary, update your beneficiary designations.

For your UT Benefits group term life insurance (which you receive even if you only have the basic coverage), you must complete a new designation for Retired Employee coverage. For your convenience, a copy of this form is included at the back of this book. If you have questions, please contact BCBSTX life insurance Customer Service at (866) 628-2606 (available Monday through Friday from 7 a.m. to 7 p.m. central time) for assistance.

You may also complete beneficiary designation directly online through the My UT Benefits system:

1. Log into My UT Benefits
2. Go to any benefit for which beneficiary designations apply: Life or AD&D
3. See the Beneficiary line and click on "Add"

You can contact the My UT Benefits Support team if you need assistance with log in access or site navigation at (844) 870-0044 (available Monday through Friday from 8 a.m. to 5 p.m. CT)

If you are a member of the Teachers Retirement System (TRS), you should download the TRS beneficiary designation form and return the form directly to TRS. For more information, go to the TRS website at **www.trs.texas.gov** or call 1-800-223-8778.

If you are a participant in the Optional Retirement Program (ORP), or the voluntary UTSaver Tax-Sheltered Annuity (TSA) or UTSaver Deferred Compensation Plan (DCP), you should always be sure that a current beneficiary is on file for each of these retirement accounts. You can download the appropriate beneficiary designation form and return the completed form directly to your specific retirement provider. For more information, please see the Retirement Plan section of the OEB website.

ANNUAL ENROLLMENT

Annual Enrollment is the period of time during which you may make changes to benefit elections for you and your eligible dependents. Outside of Annual Enrollment, you may only make changes if you have a qualified change of status event. UT System holds annual enrollment each summer, usually during the month of July. Prior to Annual Enrollment, you will receive a reminder letter or email that informs you if any action is required on your part. During this time you may change your group insurance benefit elections and add, update or remove dependents from coverage using the My UT Benefits online system.

Your Annual Enrollment elections become effective each September 1st after the Annual Enrollment period. If coverage requires EOI, and EOI is not approved by September 1, that coverage will be effective on the EOI approval date (Voluntary Life Insurance) or the first of the month following the approval date (all other coverage). If EOI is denied, the change in coverage will not take effect. If dependent documentation is not received or approved, the dependent's coverage will not take effect.

UT CARE Medicare PPO enrollment period occurs prior to January 1. Information will be provided to individuals eligible for the UT CARE plan.

QUALIFYING CHANGES OF STATUS

You have **31 days** from the date of certain qualified change of status event to notify your institution's Benefits Office and complete changes to your benefits that are consistent with that event. If you do not make your eligible changes during the **31-day** status change period, your changes cannot be made until the next Annual Enrollment in July, to be effective the following September 1.

The list below includes common examples of qualified change of status events:

- 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;

- starting or ending employment, starting or returning from FMLA, or other change of job status (e.g., from non-benefits eligible part-time to full-time) affecting eligibility;
- change in dependent's eligibility (e.g., reaching age 26 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.

A Retired 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.

Note: EOI and dependent documentation may be required for some benefit changes following a qualified change of status event. You may enroll in or make changes to benefits within the required time frame through the online platform, My UT Benefits and choosing the Change Your Current Benefits option.

RETIRED EMPLOYEE BILLING

If you will carry any insurance other than the Retired Employee only basic coverage and you need to pay monthly premiums, talk with your HR/Benefits office about how to set up your premium billing. Some institutions handle Retired Employee billing internally, and some handle it through UT System Administration Benefits Billing.

Benefits-eligible Retired Employees can assure themselves of timely payment of premiums by having those premiums deducted through their TRS annuity. Due to delays in receiving your first couple of checks from TRS, please be aware that you will need to submit at least the first 2 months' premiums by check, money order, or online. Once you are successfully enrolled in the auto deduction from your TRS annuity, deductions will occur 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. Please contact our UT Benefits Billing or your local Benefits Office for the form to get set up today! utbenefitsbilling@utsystem.edu or 1 (855) 688-2455. Confirm your contact information and update it (if necessary). Always contact your HR/Benefits Office with any changes to your mailing address, email address and/or phone numbers.

TERMINATION OF COVERAGE

Failure to pay premium within 30 days of the due date will result in cancellation of coverage retroactive to the first of the month following the last month of paid coverage. An individual whose coverage is cancelled for nonpayment of premium is not eligible for coverage under COBRA. See the COBRA information in the Legal Notices section of this guide.

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 cancelled 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.

If you choose to not pay the past due premiums for the cancelled 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.



Retired Employee Insurance Plan Information

The insurance plan options for UT Retired Employees vary slightly from the Active Employee insurance package. This section outlines the coverage options with notes about how the coverage transitions. Contact information for all plan vendors is located at the back of this book.

Basic Coverage Package

UT and the State of Texas pays 100% of your premiums for the Basic Coverage Package, and up to 50% of the premiums for your dependents' medical coverage . As a part of the Basic Coverage Package, you and your covered dependents over age 18 are also eligible for the Living Well Wellness Program.

MEDICAL BENEFITS FOR UT RETIREES (WITH PRESCRIPTION DRUG)	
The **UT SELECT** Medical PPO plan for Retired Employees is the same plan as for Active Employees. Medicare Eligible UT retirees and/or their Medicare Eligible dependents will be enrolled into UT CARE Medicare PPO	Once you and anyone covered on your plan is eligible for Medicare, you will be transitioned into the **UT CARE** Medicare PPO Plan. Medicare-eligible participants must be enrolled in Medicare Parts A and B to be enrolled in the **UT CARE** plan. Medicare-eligible retiree plan participants are enrolled in the **UT CARE** Part D plan for prescription drug coverage. (See more in the Medicare section of this guide.) Non-Medicare eligible retirees continue in the same **UT SELECT** Medical and Prescription Drug plan as Active employees. For non-Medicare eligible retirees and dependents, if your address on file is outside of Texas, New Mexico, or Washington D.C., Out of Area benefits apply. See the **UT SELECT** Medical Plan Guide for more information.

BASIC GROUP TERM LIFE INSURANCE	
$10,000 Group Term Life insurance is provided for each Retired Employee as a part of the Basic Coverage Package.	If you waive your Basic Coverage Package because you have other medical coverage, you will not be enrolled in the Basic Group Term Life insurance.

LIVING WELL	
Retired Employees and their dependents age 18 and over covered in the **UT SELECT** Medical Plan or **UT CARE** Medicare PPO plan are automatically eligible for the Living Well program offered by UT System. Retired Employees and their spouse age 50 and above are eligible for the SilverSneakers® Fitness program. See Resources at the back of this book.	If you waive or decline **UT SELECT** Medical or **UT CARE** Medicare PPO, you will not be eligible to participate in Living Well. However, some institutions offer their own wellness resources regardless of enrollment in the **UT SELECT** or **UT CARE** Medicare PPO Plan.

Optional Coverage

If you are a benefits-eligible Retired Employee with coverage under another group health plan and elect to waive the basic coverage package, you are eligible to use 50% of the state premium sharing to purchase Dental and/or Vision Coverage . If you waive the basic coverage, you will not be enrolled in Basic Group Life Insurance or be eligible for the Living Well Program as those are a part of the Basic Coverage Package.

DENTAL	
All Retired Employees have the same dental plan options as Active Employees. You may choose from **UT SELECT** Dental or **UT SELECT** Dental Plus PPO plans or the Dental HMO Plan for yourself and your dependents. You must be covered under the plan to cover a dependent.	When you change from Active Employee status to Retired Employee status, you may change your plan type.

VISION	
All Retired Employees have the same vision plan options as Active Employees. You may choose from Superior Vision or Superior Vision Plus for yourself and your dependents. You must be covered under the plan to cover a dependent.	When you change from Active Employee status to Retired Employee status, you may change your plan type.

UT FLEX

Retired Employees (including Return-to-Work Retired Employees) are not eligible for UT FLEX plans. Coverage ends on the last day of the month in which you retire.

You may be reimbursed for expenses incurred through the time at which your coverage ends.

If you have a balance in a Health Care Reimbursement Account, you may continue that coverage through COBRA. (Speak with your HR/Benefits representative to verify if you are eligible to continue this coverage.)

If your coverage end date for the Health Care Reimbursement Account is August 31(the last day of the plan year), you may take advantage of the grace period and incur expenses for reimbursement through November 15 of that same calendar year. The UT FLEX debit card is not available for you to use during the grace period of the plan year in which you retire.

All UT FLEX claims must be submitted by November 30 following the end of the plan year to be eligible for reimbursement.

DISABILITY INSURANCE*

Disability Insurance is not available to Retired Employees since it is meant to replace a portion of your work pay if you become disabled.

Return-to-work Retired Employees are not eligible for Disability Insurance. Disability insurance is not portable when you retire.

RETIRED EMPLOYEE VOLUNTARY GROUP TERM LIFE INSURANCE

Retired Employees may enroll in Voluntary Group Term Life insurance in any of the following coverage amounts:

$7,000 $10,000 $25,000 $50,000 $100,000

If you retire without a break in coverage, you are guaranteed coverage up to the amount of coverage you had in place as an Active Employee, not to exceed $100,000.

Any coverage in place as an Active Employee (minus the Retired Employee coverage elected) may be converted to a whole life policy within 31 days of retirement if you retire without a break in coverage. Conditions apply – Contact the life insurance vendor for complete details.

RETIRED EMPLOYEE SPOUSE VOLUNTARY GROUP TERM LIFE INSURANCE	
A spouse of a Retired Employee may elect $3,000 Voluntary Group Term Life insurance if the Retired Employee is also enrolled in any amount of Retired Employee Voluntary Group Term Life insurance.	If you retire without a break in coverage and your spouse was enrolled in Voluntary Group Term Life insurance on your last day of active employment, the spouse may enroll without completing Evidence of Insurability. Spouse coverage in place when the employee retires may be converted to a whole life policy. Conditions apply – Contact the life insurance vendor for complete details.

ACCIDENTAL DEATH AND DISMEMBERMENT	
Retired Employees (including Return-to-Work Retired Employees) are not eligible for Accidental Death and Dismemberment (AD&D). Coverage ends on the last day of the month in which you retire.	Conversion and portability are not available for AD&D.

*If you are a Faculty member at one of the health institutions and your Disability insurance is through an alternative benefit provided by your institution, please ask your HR/Benefits representative to discuss the options of those plans with you.

Additional Action Items

Depending on your personal circumstances as you near retirement, you may need to take additional action to ensure a smooth transition from active employment. Several important topics to think about are listed below. Related contact information is listed at the end of this guide.

SOCIAL SECURITY PENSION

To determine whether you meet the guidelines for the social security pension plan please contact the Social Security Administration directly. Keep in mind that setting up payments may take up to 3 months.

MEDICARE (FEDERAL HEALTH INSURANCE PROGRAM)

If you or any of your covered dependents are or will soon be eligible to receive the federal health insurance program known as Medicare, you should reach out to the Social Security Administration office to determine your enrollment requirements. We strongly urge you to begin the Medicare Enrollment process at least 3 months prior to your 65th birthday. If you worked past your 65th birthday, you should begin the enrollment process at least 3 months prior to your projected retirement date. See information on the following page for more information about Medicare and your insurance.

CONVERTING LIFE INSURANCE

If you wish to convert any of your Voluntary Group Term Life insurance to a whole life policy, contact the life insurance vendor within a month after your employment ends.

UT CARE Medicare PPO Plan

Different parts of Medicare cover different services. You may hear about four parts of Medicare: Part A, Part B, Part C, and Part D. Parts A, B, and D work in conjunction with the **UT CARE** Medicare PPO plan (also referred to as UT CARE). Medicare eligible UT retirees and their Medicare eligible dependents will automatically transition into the UT CARE plan. Medicare eligible UT retirees have an opportunity to make changes to their **UT CARE** plan prior to January 1. Information will be provided to individuals eligible for the **UT CARE** plan.

PLEASE NOTE: if you decline the **UT CARE** plan you will no longer have access to UT group medical coverage, prescription coverage or Basic Term Life insurance afforded to UT Retirees. In addition, you will not have access to any of the Value Added Services (discussed later in this guide) available through the UT group medical plan.

Original Medicare is administered directly by the federal government. It is the way participants of the UT group medical plan get their Medicare medical coverage. It has two parts:

1. **Part A** (Hospital Insurance) covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.
2. **Part B** (Medical Insurance) covers most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services.

Medicare Part C (Medicare Advantage Plan) All Medicare eligible UT Retirees and their Medicare eligible dependents will transition into **UT CARE** Medicare PPO, the employer sponsored Medicare Advantage Plan through UT. The **UT CARE** plan does not take the place of Parts A and B. You must still enroll in and maintain participation with Parts A and B in order to be transitioned into the **UT CARE** Medicare PPO plan.

Medicare Part D (outpatient Prescription Drug Insurance) is the part of Medicare that provides outpatient prescription drug coverage. Part D is provided to **UT CARE** participants through the Express Scripts Medicare Prescription Drug plan (PDP) for **UT CARE** Part D. It is never provided directly by the government (like Original Medicare is.

Note: Certain retirees that will return-to-work in a modified or phased capacity may have additional options. To learn about those guidelines please reach out to your institution's HR/Benefits office for details.

RETIRED EMPLOYEES

When you retire (and are not working in a benefits-eligible position for 20 or more hours per week) any Medicare-eligible person covered on your plan, including yourself, should:

Enroll in Part A (typically inpatient coverage)

AND

Enroll in Part B coverage, (typically office visits and doctor fees)

AND

Decline Part D (prescription drug coverage) plans offered by private carriers

The University of Texas System urges all retired employees and dependents to begin to enroll in Medicare Parts A and B at least 3 months prior to 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, and/or their dependents who are eligible for Medicare must enroll into Medicare Parts A and B in order to transition into the **UT CARE** Medicare PPO plan.

As a retired employee, if you or your Medicare-eligible dependent have declined Medicare Part B, UT Medical plan will reduce your claim payment by the benefit that would have been available to you under Medicare Part B (usually 80%), and then pay the remaining claim amount under the terms of your health plan. Medical bills can quickly climb to tens or hundreds or thousands of dollars. Eighty percent of a hospital stay or outpatient procedure could have a lasting financial impact to you and your family.

If you decline the **UT CARE** Medicare PPO plan, you will lose access to UT group medical insurance, prescription coverage and basic life insurance coverage. You will no longer have access to wellness programs or value added services available to those still participating with the **UT CARE** plan.

To enroll in Medicare, contact your Social Security office **3 months prior to your retirement date**. If your dependents are also eligible, they will need to do the same. A delay in signing up could leave you covered at only 20% for medical expenses.

For prescription benefits, UT System will automatically transition Medicare-eligible retirees and Medicare-eligible dependents of retirees into the **UT CARE** Part D plan. The **UT CARE** Part D plan maintains the familiar copays and other benefits of the active employee prescription plan.

NOTE: Retirees and retiree dependents who are not yet eligible for Medicare will continue to be covered under the **UT SELECT** medical plan.

Enrollment in a separate Part D plan or Medicare Advantage plan with prescription drug coverage will conflict with **UT CARE** Part D coverage because the Centers for Medicare and Medicaid Services (CMS) only allows enrollment in one Medicare plan at a time. For current participants in the **UT CARE** Part D plan, the annual prescription deductible will reset on January 1. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1, as usual.

The Centers for Medicare and Medicaid Services (CMS) will send you prescription drug plan materials, including detailed benefits information and a new ID card.

Non- Medicare-eligible **UT SELECT** plan participants with retiree coverage will continue to be enrolled in "the commercial plan"—the same plan that insures participants with coverage through active employment.

INCOME-BASED MEDICARE COSTS

Medicare-eligible participants who have UT retiree coverage with income above a certain level may be subject to an Income Related Medicare Adjustment Amount (IRMAA). This fee is paid to Medicare and is not a premium paid to the **UT CARE** Medicare PPO plan. The Social Security Administration (SSA) makes initial determinations whether the income-related monthly adjustment amount (IRMAA) applies to Medicare beneficiaries with Part B, or Medicare prescription drug coverage (or both if enrolled in both at the time a determination is made) using IRS data. SSA sends a notice with information about the determination and appeal rights when they make an initial IRMAA determination .

Conversely, if your income qualifies you for extra help to pay for your Medicare prescription drug coverage such as your monthly premium, annual deductible and copays, you will receive information on this from the Medicare prescription drug plan.

MEDICARE PARTS A AND B COORDINATION OF BENEFITS

In most instances, if you are eligible for Medicare and are working at UT in a benefits-eligible position for at least 20 hours per week such as during phased retirement or if you have returned to work, the **UT SELECT** medical plan will be primary for you and your covered dependents, regardless of age, and Medicare will be secondary. Medicare may be primary for some Medicare-eligible active employees or their dependents with certain medical conditions such as end stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS). Consult with your local Social Security Administration office to learn what illnesses qualify for Medicare coverage prior to turning age 65.

Once you are retired and also eligible for Medicare, you must enroll in Medicare Parts A and B in order to participate with the **UT CARE** Medicare PPO plan. If you choose a doctor who accepts Medicare assignment and who submits claims to BCBS of Texas, you will not be responsible for any difference between the billed charge and the Medicare allowed amount.

If you or your dependents are enrolled in Medicare and your doctor accepts Medicare assignment and will submit claims to BCBS of Texas:

- The doctor may be in or out of the BCBS Network;
- The participant may be in or out-of-area;
- There are no deductibles, copayments or coinsurance (subject to **UT CARE** Medicare PPO plan provisions); and
- When you or your dependents are at an inpatient facility that accepts Medicare assignment, **UT CARE** Medicare PPO will pay the Medicare inpatient deductible, and the $200 per day Copay ($1,000 maximum) will not apply .

If your doctor does not accept Medicare assignment please refer to your UT CARE Medicare PPO plan Welcome Kit for additional information. Contacts for assistance with UT CARE questions are available in the kit as well.

To ensure claims are correctly processed, you and your dependents should alert your medical providers of changes including:

- When you first retire (if you are Medicare eligible)
- When you are enrolled into UT CARE Medicare PPO
- When you return to work in a benefits-eligible position (and Medicare becomes secondary)

OUTSIDE MEDICARE PLANS

It's a well-documented fact that health insurance carriers heavily market their Medicare-related coverages to retirement aged individuals. The emails and calls mention their supplemental insurance plans are vital to your health and financial well-being and that if you'll purchase their plan, you'll be covered for things traditional Medicare doesn't. The number of emails and calls you receive, typically over several months' time, is enough to make someone wonder if they truly do need to purchase a Medicare supplemental insurance plan in order to be adequately covered?
Please be aware that having an outside Medicare plan will conflict with the **UT CARE** Medicare PPO plan. You will need to choose one or the other. If you decline **UT CARE**, you will no longer have access to UT medical coverage, prescription benefit or the basic retiree term life insurance. In addition, you will no longer have access to UT Wellness programs or the value added services available through the UT medical plan.



Special Circumstances

Returning to Work

If you are a TRS Retired Employee returning to work with a TRS agency, Texas law restricts your ability to work at other employers that participate in TRS and how much you can work. Consult with TRS and your hiring agency before returning to work after retirement. ORP Retired Employees do not have the same restrictions.

Returning to work in any capacity could affect your Social Security Benefits so contact the Social Security Administration to learn how those changes may affect your benefits.

YOUR TRS ANNUITY

GENERAL INFORMATION

If you plan to work in Texas public education after service or disability retirement, you should carefully review all requirements that apply to such work.

If you do not effectively terminate employment because you do not wait long enough to return to work or to arrange your return to work, your service or disability retirement can be totally revoked and you may be required to pay back annuity payments you have already received.

If you comply with all of the requirements and your retirement is effective, but you work more than the law allows while receiving your monthly benefit, you may lose monthly service or disability annuity payments for months in which your work exceeds the allowable amount.

To work after service or disability retirement without revocation of retirement or loss of benefits, a retiree must:

- terminate all employment with a TRS-covered employer (see "Termination of Employment Before Retirement" and "Negotiation for Return to Employment" in the TRS handbook),
- wait to negotiate a return to employment as permitted under law,
- not work for a TRS-covered employer during the required break in service after the effective retirement date, and
- work only the amount of time permitted.

These requirements above apply to all TRS retirees, service and disability, and both

normal-age and early-age. However, there are some differences in how the requirements are applied, depending on retirement circumstances. In addition, these requirements may be affected by changes to state law and TRS regulations. For additional information, such as a full explanation of the requirements, see the TRS Employment After Retirement brochure, which can be found on the TRS website at **www.trs.texas.gov** or can be obtained by calling TRS.

ORP RETIRED EMPLOYEES

Unlike the Teacher Retirement System, retirees from the Optional Retirement Program (ORP) do not have the same limitations on employment after retirement. However, ORP retirees who later return to employment in Texas public institutions of higher education are not eligible to participate in ORP, with the following exceptions:

- ORP retirees who enrolled in retiree group insurance on or before June 1, 1997;
- Employees who elected ORP in lieu of ERS at the Texas Higher Education Coordinating Board (THECB) and who, after terminating employment with the THECB and enrolling in retiree group insurance as an ORP retiree from the THECB, subsequently become employed in an ORP-eligible position at a Texas public institution of higher education;
- Employees who elected ORP in lieu of TRS and who, after terminating employment with all Texas public institutions of higher education and enrolling in retiree group insurance as an ORP retiree from a Texas public institution of higher education, subsequently become employed in an ORP-eligible position at the THECB; and
- ORP retirees who enroll in retiree group insurance as a part of a phased retirement program, as defined in Texas Administrative Code Chapter 25.

You are not eligible to participate in TRS or ORP.

You can participate in the UTSaver Voluntary Retirement plans. If you did not end your contributions to a UTSaver TSA or DCP Plan when you retired, those contributions may resume when you return to work.

You will continue to have insurance as a Retired Employee only. You will not be eligible to enroll in insurance available only to Active Employees (such as Disability and higher amounts of Voluntary Group Term Life insurance) or to participate in UT FLEX.

RETURNING TO WORK

If you return to work for another Texas State Agency or Institution of Higher Learning you may be able to enroll in their active employee benefits plans, but you may not receive premium sharing from more than one state group insurance program either as the Subscriber (covered enrollee) or a dependent.

Inform your new employer's HR/Benefits office if you are a Return-to-Work Retired Employee.

IMPORTANT: If you return to work at UT in a benefits-eligible position 20 hours or more per week, you are disenrolled from the UT CARE Medicare PPO plan and are enrolled into the UT SELECT medical plan which will become your primary coverage. This will be true for any Medicare-eligible person on your plan, including you. You and your dependents are also enrolled in the "commercial" prescription drug plan–the plan for active employees.
Once you stop working or fall under 20 hours a week, you will be transitioned back into the UT CARE Medicare PPO plan and the UT CARE PART D prescription program.

YOUR INSURANCE AND

Dual Premium Sharing

You may not receive premium sharing from more than one state group insurance program (UT, ERS or A&M) either as the Subscriber (covered employee) or a dependent. If you or your spouse waive the Basic Coverage, neither of you will receive one-half of the premium sharing for Optional Coverage offered by System.

If you currently cover a dependent that is also enrolled in one of these other state group insurance plans, please choose to have that person covered under only one plan and make the appropriate enrollment changes as soon as possible.

Moving Out of Area

When your address on record with your retiring institution changes to one that is outside of Texas, New Mexico, or Washington, D.C., your **UT SELECT** Medical Insurance applies Out of Area benefits. Your benefits change to apply mostly deductible and coinsurance.

Please review the **UT SELECT** Medical Plan Guide Out of Area Benefits or the **UT SELECT** Medical Plan Summary of Benefits and coverage for details. These documents are available on the UT System Office of Employee Benefits website or by contacting the Office of Employee Benefits.

UTCARE MEDICARE PPO PARTICIPANTS

If you and your dependents are enrolled in **UT CARE** Medicare PPO, you will continue to receive the highest level of benefit so long as your providers accept Medicare Assignment and will bill to BCBS.

The provider does not have to be contracted with BCBS.



Resources

In addition to the robust UT Benefits, additional resources are available to help you stay physically and financially healthy.

UT RESOURCES

- Benefits Cost Worksheet for Retirees
- Institution Resources
- Identity Protection Services

UT SELECT AND UT CARE MEDICARE PPO VALUE ADDED BENEFITS

- Enhanced Concierge-level Customer Service
- Virtual Doctor Visits - MD LIVE
- Headway Behavioral Health
- Ovia Health: A Digital support program
- Seasons of Life
- Access Hope
- Airrosti

LIVING WELL RESOURCES

- UT Living Well Platform (powered by Limeade)
- Learn 2 Live
- Wondr Health
- Employee Assistance Program
- Specialist Pharmacists
- UT System Team Wellness Challenges
- Fitness Discount Program
- Silver Sneakers
- Lifestyle Management
- 24/7 Nurseline
- Tobacco Cessation

LIFE INSURANCE VALUE ADDED BENEFITS

- Travel Benefits
- Will Preparation
- Beneficiary Resources
- Accelerated Death Benefit

UT BENEFIT CONTACT LIST

Benefits Cost Worksheet for Retirees

PLAN YEAR 2026-2027

This is NOT an enrollment form. You must enroll through your institution's Benefits Office.

Please remember that this form only provides you (the subscriber) with an estimate of your total out-of-pocket cost per month based on state-appropriated funds and contracted premium rates. Be sure to review available benefits materials for more information on the plans listed.

For each section, figure the correct cost and enter it in the TOTAL boxes to the right of each section.

MEDICAL OUT-OF-POCKET COST PER MONTH *Retired Employees*				*BLUE CROSS BLUE SHIELD OF TEXAS*	
Plan Available – Worldwide	**Subscriber Only**	**Subscriber & Spouse**	**Subscriber & Child(ren)**	**Subscriber & Family**	
UT SELECT (OUT-OF-POCKET)	$0	$429.20	$414.39	$820.85	
UT CARE 2026 (OUT-OF-POCKET)	$0	$362.82	$379.46	$714.48	**MEDICAL TOTAL**
Subscriber Only Medical Plan Rate include: Prescription benefit coverage + $10,000 Life					**$**

OR

TOBACCO PREMIUM PROGRAM (TPP)					
Tobacco User(s)	**Non-user**	**Subscriber**	**Spouse**	**Child(ren)**	**TPP TOTAL[2]**
Tobacco User(s) Cost	$0	$30.00	$30.00	$30.00[1]	**$**

1 Maximum cost of $30 per month regardless of how many covered dependent children use tobacco.
2 Maximum cost per family is $90 per month.

DENTAL OUT-OF-POCKET COST PER MONTH				*DELTA DENTAL*	
Plans Available	**Subscriber Only**	**Subscriber & Spouse**	**Subscriber & Child(ren)**	**Subscriber & Family**	
NATIONWIDE					
UT SELECT Dental	$28.52	$54.14	$59.66	$84.84	
UT SELECT Dental Plus	$61.40	$116.60	$128.66	$183.30	**DENTAL TOTAL**
CERTAIN AREAS IN TEXAS					
DeltaCare Dental HMO	$9.01	$17.14	$18.94	$27.05	**$**

VISION OUT-OF-POCKET COST PER MONTH				*SUPERIOR VISION*	
Plans Available	**Subscriber Only**	**Subscriber & Spouse**	**Subscriber & Child(ren)**	**Subscriber & Family**	
Superior Vision	$5.02	$7.90	$8.10	$12.84	**VISION TOTAL**
Superior Vision Plus	$7.64	$11.98	$12.82	$18.10	**$**

LIFE OUT-OF-POCKET COST PER MONTH	*DEARBORN NATIONAL*

Enter Elected Coverage Amount: Select from the following options and enter here (see1 below). $7,000 $10,000 $25,000 $50,000 $100,000 Note: For those Retired Employees of the UT System who retired through the 1993 one-time retirement option, enter the amount of coverage currently in place.	**A**	
Divide total in **A** by 1,000 to determine units of $1,000 for premium calculation. Enter here.	**B**	
Refer to **Retiree Rate Chart** below. Enter the rate that corresponds with your age on September 1, 2026.	**C**	
To determine the premium cost per month, multiply **B x C**.	**D**	

The remainder of the Life Out-of-Pocket calculation section relates to the eligible spouse of a Retired Employee. Dependent children of Retirees are not eligible for Life coverage.

If you are electing the $3,000 Family Coverage option, enter $1.83 (see2 below). Otherwise, enter zero.	**E**	
To determine total Life premium cost per month, add **D** + **E**. Otherwise, enter zero.	**LIFE TOTAL**	**$**

RETIREE RATE CHART	
AGE OF SUBSCRIBER ON 9/01/26	**RATE PER $1,000 COVERAGE**
15 - 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 AND OVER	$1.549

[1] **If you are increasing your Life coverage amount, Evidence of Insurability (EOI) is required.**
[2] **To elect Spouse Life coverage, EOI may be required. Contact your institution Benefits Office for assistance.**

ESTIMATED TOTAL MONTHLY OUT-OF-POCKET *(Add **ALL** boxes and enter total)*	**$**

Identity Protection Services

As a value-added service, Blue Cross and Blue Shield of Texas (BCBSTX) provides employees, retirees and their families who are covered under the **UT SELECT** and **UT CARE** Medicare PPO medical plans the opportunity to enroll in identity protection services through BCBSTX.

These services are intended to give you some additional peace of mind. They are intended to protect health and personal information. Provided by Experian – at no cost to you – these services complement the security and data protection measures BCBSTX already has in place.

The services offered at no cost to you include features such as credit monitoring, fraud resolution, and identity theft insurance for adults and a selection of services for minor dependent children. Please note, that under the terms of this value added program, you will be required to re-enroll annually.

To enroll in this free program:

- Log in to your Blue Access for MembersSM (BAMSM)* account at bcbstx.com/ut (for UT SELECT participants); www.bcbstx.com/retiree-medicare-ut (for UT CARE Medicare PPO participants). Please note that this program is not available via the BCBSTX App.
- Once logged in, click on Coverage > Coverage and Benefits > Medical. Then, under "Benefits Highlights," scroll down and click the "Identity Protection" heading.
- Click on GET CODE. An activation code will display, allowing you and/or your dependents access to the program for one year. All members over 18 need to enroll separately; however, adults can enroll their minor dependents.
- Once you have the activation code, select "Start Adult Enrollment" or "Start Minor Enrollment."
- This service is being provided by BCBSTX in partnership with Experian. Please contact BCBSTX customer service if you have additional questions about signing up for the service. You also have the option of calling the Experian Help Number at 877-890-9332 between 8 a.m. and 8 p.m. weekdays, or 10 a.m. to 7 p.m. on the weekends (CT). Remember, enrollment into the program must be done through BAMSM in order to ensure you will not be charged for the services. Do not attempt to enroll over the phone with Experian.

NOTE: If you have not previously registered with Blue Access for Members (BAM), you will need to do so in order to access the link to sign up for free Identity Protection services. Your Benefits Identification number (or BID) is an 8-character unique identifier used for all of your UT Benefits coverage which can be found on your **UT SELECT** medical plan ID card. The "Identification Number" requested during registration for BAM includes the leading "0" on your **UT SELECT** ID card plus your character BID.

Your BID can be found on the front of your **UT CARE** Medicare PPO plan ID card as well. You will need to include the leading "U" prefix.

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UT SELECT and UT CARE Medicare PPO plan Value Added Services

ENHANCED CONCIERGE-LEVEL CUSTOMER SERVICE – UT SELECT ONLY

Get coordinated help and personal health care support from a team of experts. Features include:

- 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, autism, substance misuse, or other mental health issues;
- Answer benefit questions or solve a problem with a claim or a bill.

You can contact a **UT SELECT Concierge at (866) 882-2034** or you can chat live either **online** (bcbstx.com/ut) or via the **BCBSTX app** (bcbstx.com/mobile)

STAYING CONNECTED – FOR UT CARE MEDICARE PPO ENROLLEES ONLY

Once you are a **UT CARE** member your plan becomes your partner in health. **UT CARE** will reach out during the year with helpful reminders and health tips. If you have a special medical condition, you may receive personalized communication from **UT CARE** medical professionals who can help you manage your health and find resources just for you. Feel free to reach out to customer service with questions about your plan. And please tell them about any special needs they should know about.

You can contact **UT CARE** Medicare PPO **customer service at (877) 842-7562.**

MDLIVE: VIRTUAL DOCTOR VISITS - $0 COPAYMENT – UT SELECT & UT CARE

Care when and where you need it, at no cost to you, through MDLIVE – available 24 hours a day, seven days a week, 365 days a year. Features include:

- Physicians with expertise in primary care, pediatrics, & more;
- Treatment for many non-emergency medical conditions, including: colds and flu, fever (age 3+), sinus infections, ear problems (age 12+), allergies, etc.; and
- Behavioral health services (by appointment and with video connection only).

Visit **mdlive.com/bcbstx** for more information and to activate your account.

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**).

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 can also contact a **UT SELECT** health advocate at **(866) 882-2034** or **UT CARE** customer service at **(877) 842-7562** for more information or should you have any questions.

SEASONS OF LIFE

Seasons of Life is a proactive outreach program offered through your **UT SELECT** and **UT CARE** Medicare PPO plan 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** for **UT SELECT** members; or, **(877) 842-7562** for **UT CARE** members.

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.



If Employment or Eligibility Ends

If you or your dependents lose benefits eligibility (termination, change in hours, divorce, or reaching the dependent age limit), coverage you have in place will continue through the end of the month in which the eligibility ends. You have options to continue certain coverage as outlined in this section.

Your Rights to Continuation of Coverage Under COBRA

MEDICAL, DENTAL, VISION, AND UT FLEX HEALTH CARE REIMBURSEMENT ACCOUNTS

THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR RIGHTS TO CONTINUE YOUR HEALTH CARE COVERAGE IN THE UNIVERSITY OF TEXAS (UT) SYSTEM GROUP MEDICAL, DENTAL, AND VISION PLANS AND YOUR UT FLEX HEALTH CARE REIMBURSEMENT ACCOUNT, IF APPLICABLE.

PLEASE REVIEW THIS NOTICE CAREFULLY AND SHARE WITH YOUR COVERED SPOUSE (IF APPLICABLE).

You are receiving this notice because you have recently become a participant in group health coverage offered by UT System (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under one or more of the Plans. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under one or more of the Plans when they would otherwise lose their group health coverage. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Benefits Guide or contact the HR or Benefits Office at your UT Institution. Please see contact information for the HR/ Benefits Offices at each UT Institution at the back of this guide.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

IMPORTANT INFORMATION ABOUT YOUR COBRA CONTINUATION COVERAGE RIGHTS

WHAT IS CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise have ended because of a life event known as a "qualifying event." Specific qualifying events are listed below. After a qualifying event occurs, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to UT System, and that bankruptcy results in the loss of coverage

of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the appropriate UT Institution's HR or Benefits office within 31 days after the qualifying event occurs and provide appropriate documentation of the qualifying event, such as a copy of a finalized divorce decree.

HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

HOW LONG WILL CONTINUATION COVERAGE LAST?

For medical, dental, and vision coverage:

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued for up to a total of 18 months. In the case of losses of coverage due to an employee's death, divorce or legal separation, the employee's becoming entitled to Medicare benefits or a dependent child ceasing to be a dependent under the terms of the plan, coverage may be continued for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. The COBRA Application shows the maximum period of continuation coverage available to the qualified beneficiaries.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary becomes covered, after electing continuation coverage, under another group health plan that does not impose any pre-existing condition exclusion for a pre-existing condition of the qualified beneficiary (note: there are limitations on plans' imposing a preexisting condition exclusion and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act),
- a qualified beneficiary becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason that would result in the termination of coverage of a participant or beneficiary under the Plans who is not receiving continuation coverage (such as fraud).

For UT FLEX Health Care Reimbursement Accounts (HCRAs):

Employees experiencing a qualifying event may elect to continue an eligible UT FLEX HCRA through the end of the plan year for which the account was originally elected by making after tax monthly contributions to the account. Only UT FLEX HCRAs with a remaining balance at the time of your qualifying event that is equal to or greater than the total of all required monthly contributions for the rest of the plan year are eligible for continuation.

HOW CAN YOU EXTEND THE LENGTH OF COBRA CONTINUATION COVERAGE?

If you elect continuation coverage, an extension of the maximum period of coverage for medical, dental, and vision coverage may be available as described in the two following paragraphs if a qualified beneficiary is disabled or if a second qualifying event occurs during the continuation period. You must notify the plan administrator of a disability or a second qualifying event in order to extend the period of continuation coverage. Failure to provide timely notice of a disability or second qualifying event may affect the right to extend the period of continuation coverage.

DISABILITY

An 11-month extension of medical, dental, and vision COBRA coverage may be available if any of the qualified beneficiaries is determined by the Social Security Administration (SSA) to be disabled. The disability has to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. A copy of your SSA disability determination letter along with a written request to extend the COBRA period must be provided directly to the plan administrator prior to the end of the initial 18-month period of coverage in order to extend the maximum period for medical, dental and/or vision coverage. Each qualified beneficiary who has elected continuation coverage will be entitled to the 11-month disability extension if one of them qualifies. If the qualified beneficiary is determined by SSA to no longer be disabled, you must notify the Plan of that fact within 30 days after SSA's determination.

SECOND QUALIFYING EVENT

An additional 18-month extension of medical, dental, and vision coverage may be available to spouses and dependent children who elect continuation coverage if a second qualifying event occurs during the first 18 months of continuation coverage. The maximum total period of continuation coverage available when a second qualifying event occurs is 36 months. Second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at **www.healthcare.gov**.

FOR MORE INFORMATION

This notice does not fully describe continuation coverage or other rights under the UT Benefits Plans. More information about continuation coverage and your rights under the Plan is available in your summary plan description or from the Plan Administrator.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want a copy of your summary plan description, you should contact the HR or Benefits Office at the UT Institution where you (or your family member) are employed. Contact information for each UT institution's Benefits Office is included at the back of this enrollment guide.

Employees seeking more information about COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, can contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or visit the EBSA website at **www.dol.gov/ebsa**.

Life Insurance

If you or your dependents lose eligibility for life insurance, your coverage may be converted or ported if your application is submitted to the life insurance vendor within 31 days of the end date of your coverage. For more information, including complete details, rates and forms, please contact the vendor Blue Cross Blue Shield of Texas Life and AD&D or see the information provided on their website.

CONVERSION

You and your dependents may be eligible to convert your life insurance to an individual whole life policy. You must have been enrolled in coverage for at least five years.

PORTABILITY

You and your dependents may be eligible to port your coverage, or continue the coverage under the same group policy, if you have been enrolled in the policy for at least one year. You may not port coverage when you retire. The maximum age for ported coverage is 65.

Long Term Disability

Conversion of Long-Term Disability (LTD) coverage is offered through Reliance Standard Life Insurance Company. The conversion plan allows you to convert your group LTD coverage provided by The University of Texas System, to a plan of LTD conversion coverage. Benefits and amounts of insurance under the LTD conversion coverage may differ from those under The University of Texas System's group LTD policy. You are responsible for payment of all LTD conversion coverage premiums under this plan. This conversion coverage is intended to be a "transition" LTD plan if you have no other group LTD coverage option at the time of termination. The Long-Term Disability Conversion Plan coverage extends for up to one (1) year. Complete details, rates and forms are available from the vendor Blue Cross Blue Shield of Texas Short Term and Long Term Disability.

UT FLEX

Your participation in the UT FLEX plans ends at the end of the month in which your employment or benefits eligibility ends unless you extend the Health Care Reimbursement Account through COBRA. COBRA is not available for the Dependent Day Care Reimbursement Account. You may only incur expenses through the end of the month in which your participation ends, but your claims filing deadline is still November 30. If your termination date is 8/31, you are eligible for the HCRA grace period and can incur expenses through November 15 following that termination date.



Living Well Resources

The UT System Living Well program provides a variety of resources to enable employees, retirees, and dependents of the UT SELECT and UT CARE Medicare PPO medical plans 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 performance level of University of Texas System employees, retirees and dependents at all Institutions. Visit *www.livingwell.utsystem.edu*

THE UT LIVING WELL PLATFORM POWERED BY WEBMD ONE.

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 **webmdhealth.com/UTS** 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.

Download on the App Store

GET IT ON Google Play

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

LEARN 2 LIVE

Based on the proven principles of Cognitive Behavioral Therapy

Learn to Live (L2L) is a behavioral health digital platform available to **UT SELECT**™ and **UT CARE** Medicare PPO 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. Enrollment available via Blue Access for Members.

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

- Depression
- Stress, Anxiety & Worry
- Social Anxiety
- Insomnia
- Substance Use

WONDR HEALTH

Wondr is a weight loss program that is clinically proven to help you lose weight, sleep better, stress less, and so much more. You will learn simple skills that are based on behavioral science, so you can enjoy your favorite foods and feel better than ever—at no cost to you.

FITNESS DISCOUNT PROGRAM

UT SELECT™ offers a fitness program through BCBSTX. This program has discounts to several gyms throughout the state. For more information, log on to Blue Access for Members, and select the icon for the Fitness Program.

SILVER SNEAKERS

Silver Sneakers is offered to retirees and their spouses (age 50+), providing access to local fitness facilities.

UT SYSTEM TEAM WELLNESS CHALLENGES

Team up with your institution for the UT System Team Wellness Challenges every fall and spring available on the UT Living Well Platform. You'll receive a weekly goal and can work with colleagues towards earning your institution the coveted traveling trophy.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) can help you resolve problems that affect your personal life or job performance. Learn more about this free program at:

www.utsystem.edu/offices/employee-benefits/lw/eap.

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.

SPECIALIST PHARMACISTS

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

TOBACCO CESSATION RESOURCES

The medical plan offers members a variety of tobacco cessation resources at no out-of-pocket cost. These resources include professional counseling and pharmaceutical therapy.

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LAST WILL AND TESTAMENT
Will of Jane Sm
Date of Birth:
Date of Birth:
Date of Birth:

Life Insurance Value Added Benefits

If you are enrolled in any Blue Cross Blue Shield of Texas (BCBSTX) life insurance plan, you have access to additional benefits listed below.

TRAVEL BENEFITS

Travel Resource Services provided by Assist America, Inc. in partnership with BCBSTX is a 24-hour emergency service that can help you access emergency assistance when you are traveling 100 or more miles away from home. Services include medical evacuation, return of mortal remains, traveling companion assistance, and more. Additional information on travel benefits can be found at: https://www.bcbstx.com/ancillary-ut/additional-services/travel-resource-services

WILL PREPARATION

To help reduce the effort in preparing a legal will, BCBSTX offers Online Will Preparation. Online Will Preparation offers:

- A simple, easy process to create wills online
- Online access means users can create wills at their convenience, any time of the day or night
- Wills are valid in the state in which the insured resides
- Users create wills at no cost to them
- Additional information on Will Preparation can be found online: www.bcbstx.com/ancillary-ut/additional-services/online-will-preparation

BENEFICIARY RESOURCES

Unlimited 24/7 phone consultation

Grief counselors, legal assistance and financial advisors are available by phone for up to one year.

Five face-to-face sessions

Sessions can be used with one grief counselor or legal advisor. Time may also be split between a grief counselor and legal advisor. A one-hour financial consultation on the phone is also available.

Referrals and support services

Counselors provide compassionate support throughout the process, including referrals to qualified grief counselors and financial and legal consultants within BDA's nationwide network of professionals.

Counselors Follow Up by Telephone

Counselors will initiate follow-up calls for up to one year when necessary.

To see more Beneficiary Resources details: **www.bcbstx.com/ancillary-ut/additional-services/beneficiary-resource-services**

ACCELERATED DEATH BENEFIT

An Employee, Retired Employee or covered spouse with a life expectancy of less than 24 months due to a Terminal Condition may be eligible for advanced payment of 50% of their Basic and Voluntary Term Life insurance amount in-force on the date that proof of loss is determined.



UT BENEFITS CONTACT LIST | Complete the form on the next page to provide to people who will handle your UT Benefits in case you are unable to do so.

NOTE: You may also want to print your latest benefits summary from the most recent annual enrollment period.

UT Benefits Contact List

In case of an emergency, if I am unable to care for my personal matters, please use the contact information to ensure that my benefits are handled correctly.

My Benefits ID Number is

BID

My Institution's HR/Benefits Office

NAME

PHONE

EMAIL

My institution will assist with updating my address and coverage and filing claims.

INSURANCE PROVIDERS

UT SELECT MEDICAL INSURANCE	Blue Cross Blue Shield of TX | (866) 882–2034 www.bcbstx.com/ut	UT SELECT Group Number 071778
UT CARE MEDICARE PPO	Blue Cross Blue Shield of TX | (877) 842–7562 TTY 711 www.bcbstx.com/retiree-medicare-ut	UT CARE Medicare PPO Plan Number PTX00020
PRESCRIPTION DRUG INSURANCE	Express Scripts | (800) 818-0155 www.express-scripts.com/ut	Group Number UTSYSRX
PART D PRESCRIPTION DRUG INSURANCE	Express Scripts | (800) 860-7849 TTY (800) 716-3231 24 hrs/day, 7 days/week utbenefits.link/RetiredEmployeeRX	Group Number 7454MDRX
DENTAL INSURANCE	Delta Dental | (800) 893-3582 www.deltadentalins.com/universityoftexas	PPO Group Number 5968 HMO Group Number 6690
LIFE INSURANCE	Blue Cross Blue Shield of Texas Ancillary | (866) 628-2606 www.bcbstx.com/ancillary -ut/	Group Number GFZ71778

RETIREMENT PROVIDERS (SELECT THE BOX FOR YOUR PROVIDER(S))

COREBRIDGE FINANCIAL	(800) 448-2542	www.corebridgefinancial.com/rs/utsystem
FIDELITY INVESTMENTS	(800) 343–0860	www.netbenefits.com/ut
LINCOLN FINANCIAL GROUP	(800) 454-6265 *8	www.lfg.com/ut
TIAA	(800) 842-2776	www.tiaa.org/public/tcm/utexas/home
VOYA FINANCIAL	(800) 584-6001	utsaver.com/voya


control
option

Legal Notices

You have the right to obtain a printed copy free of charge of any or all of these notices at any time by contacting the Office of Employee Benefits at benefits@utsystem.edu or (512) 499-4616; toll-free (800) 888-6824.

IMPORTANT IF YOU (AND/OR YOUR DEPENDENTS) HAVE MEDICARE OR WILL BECOME ELIGIBLE FOR MEDICARE IN THE NEXT 12 MONTHS, A FEDERAL LAW GIVES YOU MORE CHOICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE. PLEASE SEE THE MEDICARE PART D NOTICE FOR MORE DETAILS.

Uniform Summary of Benefits and Coverage

The uniform Summary of Benefits and Coverage (SBC) provision of the Affordable Care Act requires all insurers and group health plans to provide consumers with an SBC to describe key plan features in a mandated format, including limitations and exclusions. The provision also requires that consumers have access to a uniform glossary of terms commonly used in health care coverage.

The UT insurance SBCs are available online.

UT SELECT™ PPO or Out-of-Area coverage:
www.bcbstx.com/ut/coverage

You can view the glossary at
www.healthcare.gov/sbc-glossary

To request a copy of these documents free of charge, you may call the **SBC Hotline at 1-855-756-4448**.

UT SELECT Medical Plan Opt Out of Certain Provisions of the Public Health Service (PHS) Act

Group health plans sponsored by State governmental employers, such as UT System must generally comply with certain requirements in Title XXVII of the Federal Public Health Services Act. However, the Act also permits State governmental employers that sponsor "self-funded" health plans (rather than provide coverage through a health insurance policy) to elect to exempt the self-funded plan from such requirements. UT System has elected to exempt the **UT SELECT**™ Medical plan, which is self-funded, from the following requirements:

1. Standards related to benefits for mothers and newborns.
2. Required coverage for reconstructive surgery following mastectomies.
3. Coverage of dependent students on medically necessary leave of absence.

The exemption from these federal requirements will be in effect for the 2026-2027 plan year. The election may be renewed for subsequent plan years.

However, UT System currently voluntarily provides coverage that substantially complies with the requirements of the Newborn and Mother's Protection Act and the WHCRA. Information about coverage available to newborns and mothers after delivery and coverage for reconstructive surgery can be found in the **UT SELECT**™ Medical plan guide.

University of Texas System Notice of Privacy Practices

Revised as of July, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, INCLUDING CERTAIN SUBSTANCE USE DISORDER RECORDS, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PURPOSE AND SCOPE OF THIS NOTICE

This Notice of Privacy Practices (this "Notice") describes the privacy practices of the **UT SELECT™**, **UT SELECT™** Dental and Dental Plus and **UT FLEX** Self-funded Group Health Plans ("the Plans") which are funded by The University of Texas System and administered by the Office of the Employee Benefits (OEB) within the University of Texas System Administration (System). Federal law requires OEB to make sure that any medical information that it collects, creates or holds on behalf of the Plans that identifies you remains private. In this Notice, medical information includes information from the above listed programs, and any substance use disorder patient information. Federal law also requires OEB to maintain this Notice of OEB's legal duties and privacy practices with respect to your medical information.

Specifically, this Notice describes how OEB may use or disclose your medical information (see Section II), your rights concerning your medical information (see Section IV), how you may contact System regarding OEB's privacy policies, including how to file a complaint concerning a violation of privacy or security of your health information (see Section VI), and OEB's right to revise this Notice (see Section VII). OEB will abide by the terms of this Notice as long as it is in effect. This Notice applies to any use or disclosure of your medical information occurring on or after the effective date written at the top of this page, even if OEB created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.

This notice applies to **UT SELECT™**, **UT SELECT™** Dental and Dental Plus and **UT FLEX** Self-funded Group Health Plan members and their dependents.

II. HOW OEB MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION

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

A. **Treatment.** OEB may disclose your medical information to a health care provider for your medical treatment.

B. **Payment.** OEB may use or disclose your medical information in order to determine premiums, determine whether OEB is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor's bill, OEB may use your medical information to determine whether the terms of your Plan cover the medical care you received. OEB may also disclose your medical information to a health care provider or other person as needed for that person's payment activities.

C. **Health Care Operations.** OEB may use or disclose your medical information in order to conduct "health care operations." Health care operations are activities that federal law considers important to OEB's successful operation. As examples, OEB may use your medical information complying with contracts and applicable laws. In addition, OEB may contact you to give you information about treatment alternatives or other health-related services that may interest you. OEB may also disclose your medical information to a health care provider or other health plan that is involved with your health care, as needed for that person's quality-related medical information to evaluate the performance of participating providers in the Plans' networks, and OEB may disclose your medical information to an auditor who will make sure that a third party

administrator of a Plan is complying with contracts and applicable laws.

D. **Required by Law.** OEB will use or disclose your medical information if a federal, state, or local law requires it to do so.

E. **Required by Military Authority.** If you are a member of the Armed Forces or a foreign military, OEB may use or disclose your medical information if the appropriate military authorities require it to do so.

F. **Serious Threat to Health or Safety.** OEB may use or disclose your medical information if necessary because of a serious threat to someone's health or safety.

G. **Limited Data Set.** OEB may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.

H. **Disclosure to You.** OEB may disclose your medical information to you or to a third party to whom you request us in writing to disclose your medical information.

I. **Disclosures to Individuals Involved with Your Health Care.** OEB may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. OEB may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person's involvement with your health care or payment for your health care.

J. **Disclosures to Business Associates.** OEB may contract or otherwise arrange with other entities or OEB offices to perform services on behalf of the Plans. OEB may then disclose your medical information to these "Business Associates," and these Business Associates will use or disclose your medical information only to the extent OEB would be able to do so under the terms of this Section II. These Business Associates are also required to comply with federal law that regulates your medical information privacy.

K. **Other Disclosures.** OEB may also disclose your medical information to:

- Authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- Law enforcement officials if they need the information to investigate a crime or to identify or locate a suspect, fugitive, material witness, or missing person;
- Health oversight agencies, if authorized by law, in order to monitor the health care system, government benefit programs, or compliance with civil rights laws;
- Persons authorized by law to receive public health information, including reports of disease, injury, birth, death, child abuse or neglect, food problems, or product defects;
- Persons authorized by law to receive the information under a court order, subpoena, discovery request, warrant, summons, or similar process;
- Persons who need the information to comply with workers' compensation laws or similar programs providing benefits for work-related injuries or illnesses;
- Governmental agencies authorized to receive reports of abuse if you are a victim of abuse, neglect, or domestic violence;
- Coroners or medical examiners, to identify you, to determine your cause of death, or as otherwise authorized by law;
- Funeral directors, who need the information;
- The Secretary of Health and Human Services, a federal agency that investigates compliance with federal privacy law.

L. **Incidental Uses and Disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described in this Section II are acceptable if they occur notwithstanding OEB's reasonable safeguards to limit such incidental uses and disclosures.

M. **Written Authorization.** OEB may use or disclose your medical information under circumstances that are not described above only if you provide permission by "written authorization." After you provide written authorization, you may revoke that authorization, in writing, at any time by sending notice of the revocation to the Privacy Officer identified in Section VI of this Notice. If you revoke an authorization, OEB will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, OEB cannot take back any disclosures already made under that authorization.

III. RESTRICTIONS

A. OEB will not use your medical information for fundraising purposes.

B. OEB will never use your genetic medical information about you for underwriting purposes. Using or disclosing your genetic information is prohibited by federal law.

C. OEB does not use your medical information for marketing purposes. "Marketing" does not include face to face communications with you, or any communications for which the Plan receives no remuneration such as refill reminders, treatment plans, alternatives to treatment, case management, value added services provided in connection with a Plan, and other purposes related to treatment and health care operations. "Marketing" also excludes promotional gifts of nominal value provided by the Plan.

D. OEB does not sell your medical information.

E. OEB will not use or disclose substance use disorder records subject to 42 C.F.R. Part 2 (Part 2), or testimony relaying to the content of such records in any legal proceeding against you, unless you give, or have given your written consent.

IV. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION

You have the following rights associated with your medical information:

A. **Right To Request Restrictions.** Although OEB is generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that OEB limit those uses and disclosures of medical information. You must make your request in writing to the Privacy Officer. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on Plan disclosures, and (4) if your request would impact payment, how payment will be handled. OEB will consider your request but does not have to agree to it. If OEB does agree, OEB will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or OEB cancels the restriction. There is a form you can use to make this request which is available on the System website **https://www.utsystem.edu/documents/docs/publication/2013/hipaa-request-restriction-use-or-disclosure-of-protected-health-information** or by contacting the Privacy Officer, information listed in Section VI, or the Benefits Office at The University of Texas System institution that you contact for assistance with your System insurance benefits.

B. **Right To Confidential Communications.** You have the right to request that OEB communicate your medical information to you by a certain method (for example, by e-mail) or at a certain location (for example, at a post office box). You must make your request in writing to the Privacy Officer. Your request must include the method or location desired. If your request would impact payment, you must describe how payment will be handled. Your request must indicate why disclosure of your medical information by another method or to another location could endanger you.

C. **Right To Inspect and Copy.** You have the right, in most cases, to inspect and copy your medical information maintained by or for OEB. You must make your request in writing to the Privacy Officer. If OEB denies your request, you may have the right to have the denial reviewed by a licensed health care professional selected by OEB. If OEB (or a licensed health care professional performing the review on behalf of OEB) grants your request OEB will provide you with the requested access. You may request copies of such information but OEB may charge you a reasonable fee.

D. **Right to Amend.** If you feel that medical information OEB has about you is incorrect or incomplete, you may ask OEB to amend the information. You have the right to request an amendment for as long as the information is kept by or for OEB. You must make your request in writing to the Privacy Officer, and you must give a reason that supports your request. If the Privacy Officer denies your request for an amendment, they will explain to you the reasons for denial and your appeal rights following denial.

E. **Right to an Accounting of Disclosures.** You have the right to request a list of disclosures of your medical information that have been made by OEB and its Business Associates. You must make your request in writing to the Privacy Officer. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request. OEB may charge you a fee for the list of disclosures if you request more than one list within 12 months. OEB does not have to list the following disclosures:

- Disclosures for treatment;
- Disclosures for payment;
- Disclosures for health care operations;
- Disclosures of a limited data set for health care operations, research, or public health activities;
- Disclosures to you;
- Disclosures to individuals involved with your health care;
- Disclosures to authorized federal officials for national security activities;
- Disclosures that occur incidentally with other permissible uses and disclosures;
- Disclosures made under your written authorization; and
- In certain circumstances, disclosures to law enforcement officials or health oversight agencies.

F. **Right to Make a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer or with the federal government's Department of Health and Human Services. OEB will not penalize you or retaliate against you in any way if you file a complaint.

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

Online Complaint Portal:
www.hhs.gov/ocr/complaints

Email: **OCRPrivacy@hhs.gov**

G. **Right to a Paper Copy of This Notice. You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Privacy Officer.**

V. BREACH NOTIFICATIONS

OEB makes every effort to secure your health information, including the use of encryption and multi-factor authentication whenever possible. In the event that any of your medical information that has not been encrypted is the subject of a breach, System will provide you with a written or electronic notification about the breach as required by federal law.

VI. WHOM TO CONTACT REGARDING OEB'S PRIVACY POLICIES

a. **System's Privacy Officer. T**o obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, you may contact System's Privacy Officer at:

Privacy Officer c/o
Systemwide Compliance Office
The University of Texas System
210 West 7th Street
Austin, Texas 78701-2902
(800) 888-6824
Email: Privacyofficer@utsystem.edu

b. **Department of Health and Human Services.** To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, you may contact the Department by telephone at **(800) 368-1019** or through the complaint reporting tool at: **www.hhs.gov/ocr/complaints.**

Electronic Copy of This Notice. You may obtain an electronic copy of the most current version of this Notice at the following website: **www.utsystem.edu/offices/employee-benefits/hipaa-and-privacy.**

VII. OEB'S RIGHT TO REVISE THIS NOTICE

OEB reserves the right to change the terms of this Notice at any time. OEB also reserves the right to make the revised notice effective for medical information OEB already has about you as well as any information OEB receives while such notice is in effect. Within 60 days of a material revision to this Notice, OEB will provide the revised notice to all individuals then covered by a Plan. If you want to make sure that you have the latest version of this Notice, you may contact the Privacy Officer.

Medicare Part D Notice of Creditable Coverage

Important Notice from The University of Texas System Office of Employee Benefits About Your Prescription Drug Coverage and Medicare.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The University of Texas System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

Medicare-eligible retirees and their Medicare-eligible dependents covered under the UT medical plans are automatically enrolled in the UT CARE PDP Employer Group Waiver Plan (EGWP), also known as UT CARE Part D.

Active employees and retirees working in a benefits-eligible position at a UT institution, as well as their dependents, who are covered under the UT medical plans are enrolled in the UT prescription drug plan (non-Medicare) regardless of Medicare eligibility. If you are considering enrolling in a Medicare Part D plan or an Advantage Plan with prescription drug coverage that is not affiliated with UT, you should compare your current coverage through UT, including which drugs are covered at what cost, with the coverage and costs of the Medicare plans available to you. Information about where you can get help with making decisions about your prescription drug coverage is included at the end of this notice.

Coverage under the UT prescription plans is considered Creditable.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The University of Texas System Office of Employee Benefits has determined that the coverage offered by the UT prescription drug plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

For participants in the UT prescription drug plan (non-Medicare due to active employment), you are not required to drop your UT medical and prescription plan coverage if you choose to join a Part D plan not affiliated with UT. Your UT prescription drug benefits will coordinate with your outside Part D coverage.

For participants in the UT CARE Part D plan, enrollment in a Medicare Part D or Advantage plan not affiliated with UT will conflict with your UT CARE Part D coverage. You will need to choose either a UT or non-UT plan, then take further action to disenroll from the other. Failure to do so may result in automatic disenrollment from the plan of your choice or a disruption in your coverage.

If you do decide to join a non-UT Medicare drug plan and drop or lose your current UT medical plan with prescription drug coverage, be aware that you and your dependents will be able to get this coverage back during annual enrollment or following a qualified change of status event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the UT medical plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact your institution Benefits Office for additional information. NOTE: You'll get this notice each year and if this coverage through the UT medical plans changes. You also may request a copy of this notice at any time from The Office of Employee Benefits at **(800) 888-6824** or from your institution Benefits Office.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit **www.medicare.gov**.

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1-800-772-1213** (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid
Website: myalhipp.com/
Phone: 1-855-692-5447

ALASKA – The AK Health Insurance Premium Payment Program
Website: myakhipp.com/ Phone 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility:
health.alaska.gov/dpa/Pages/default.aspx

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

CALIFORNIA – Medicaid
Website: Health Insurance Premium Program
www.dhcs.ca.gov/hipp
Phone: 1-916-445-8322
Fax: 1-916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website:
www.healthfirstcolorado.com
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+:
hcpf.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711
Health Insurance Buy-In Program (HIBI):
www.mycohibi.com
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html
Phone: 1-877-357-3268

GEORGIA – Medicaid
A HIPP Website: medicaid.georgia.gov/health-insurance-premiumpayment-program-hipp
Phone: 1-678-564-1162, Press 1
GA CHIPRA Website: Medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra
Phone: (678) 564-1162, Press 2
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

INDIANA – Medicaid
Health Insurance Premium Payment Program
Website: www.in.gov/medicaid/
www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Website: www.dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: dhs.iowa.gov/Hawki
Phone: 1-800-257-8563
HIPP Website: dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP: kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP)
Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY Maine relay 711
Private Health Insurance Premium Webpage:
www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: mn.gov/dhs/health-care-coverage
Phone: 1-800-657-3672

MISSOURI – Medicaid
Website:
www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Website: dhcfp.nv.gov
Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
Phone: 1-603-271-5218
Toll-Free number for the HIPP program: 1-800-852-3345, ext 5218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website:
www.state.nj.us/humanservices/dmahs/clients/medicaid
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: medicaid.ncdhhs.gov
Phone: 1-919-855-4100

NORTH DAKOTA – Medicaid
Website: www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: www.dhs.pa.gov/CHIP/Pages/CHIP.aspx
CHIP Phone: 800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: www.eohhs.ri.gov/
Phone: 1-855-697-4347,
or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid: medicaid.utah.gov/uppEmail: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website:
medicaid.utah.gov/buyout-program
CHIP Website: chip.utah.gov

VERMONT– Medicaid
Website: www.dvha.vermont.gov/members/medicaid/hipp-program
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Websites: coverva.dmas.virginia.org/learn/premium-assistance/famis-select, and
coverva.dmas.virginia.org/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Websites: dhhr.wv.gov/bms & mywvhipp.com/
Medicaid Phone: 1-304-558-1700
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid and CHIP
Website: health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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.

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, 210 W. 7th Street, Austin, Texas 78701,
P: (512) 499-4587, F: (512) 499-4395, 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 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 [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] .

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt , có các dị ch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D]

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 [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] 。

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] 번으로 전화해 주십시오

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D]

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D]

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] .

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] .

Hindi

ध्यान दे: यदि आप हिंदी बोलते है तो आपके लिए मुफ्त मे भाषा सहायता सेवाएं उपलब्ध है। [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] पर कॉल कर।

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] .

Persian (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فر

اهم باشد. با [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] تماس بگیر ید.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] .

Gujarati

ચુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટ ઉપલબ્ધ છ. ફોન કરો [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] .

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните [UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] .

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。[UT SELECT Medical / UT SELECT Prescription Drug / UT SELECT Medicare Part D] まで、お電話にてご連絡ください。

UT SELECT Medical 1-866-882-2034 | UT CARE Medicare PPO 1-977-842-7562 (TTY: 711)
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

TEAR HERE

BlueCross BlueShield of Texas

BENEFICIARY DESIGNATION FORM

Group Term Life (GTL) and Accidental Death and Dismemberment (AD&D)
The University of Texas System ■ GFZ71778

INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name	SSN or Benefits ID No.	Date of Birth	Home Telephone Number

Home Address	City	State	Zip

Indicate below which University of Texas System institution (U.T. Institution) you are with as an Employee or a Retired Employee

❑ U.T. Arlington	❑ U.T. Tyler	❑ U.T. M.D. Anderson Cancer Center Houston
❑ U.T. Austin	❑ U.T. HSC Tyler	❑ U.T. Medical Branch Galveston
❑ U.T. San Antonio	❑ U.T. HSC Houston	❑ U.T. Southwestern Medical Center Dallas
❑ U.T. Dallas	❑ U.T. HSC San Antonio	❑ U.T. System Administration Austin
❑ U.T. Rio Grande Valley	❑ U.T. Permian Basin	❑ U.T. El Paso
		❑ Stephen F. Austin State University

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. **

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. ** **Dependent Beneficiary** – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

Please note: Under Texas Law current employees/retirees of The University of Texas are unable to list an institution of The University of Texas System as a primary and or contingent beneficiary. This prohibition does not apply if the beneficiary is a non-profit organization that is a separately managed and uniquely taxable entity from a UT System institution.

**This information is not intended as legal advice. Always consult an attorney before making your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS (GTL and AD&D)

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	**Birth Date**	**Relationship**	**Social Security #**	**Address**	**%**

The Blue Cross and Blue Shield of Texas (BCBSTX) provides this form, which asks that you provide your Social Security number. As required by BCBSTX , Employees/Retired Employees of The University of Texas System must submit this completed form with Social Security numbers to BCBSTX. Further disclosure of your Social Security number by BCBSTX and The University of Texas System is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Employee/Retired Employee Signature_____ **Date**_____

Important Note For Married Employees: If you reside in AZ, CA, ID, LA, NV, NM, TX, WA or WI, and you name someone other than your spouse as primary beneficiary, your spouse's consent will be necessary to allow your spouse to waive his or her rights to any community property interest in the benefits. We have provided a space below for your spouse's signature. Payment of benefit may be delayed or disputed unless your spouse signs.

Spousal Consent for Community Property States Only: I hereby consent to the Primary Beneficiary designated by my spouse and understand that this consent supersedes any prior spousal consent under this plan.

Spouse Signature _____ **Date** _____ ❑ Employee has no legal spouse

Return this completed form to: BCBSTX - Beneficiary Processing Center - 701 E. 22nd Street, Lombard, IL 60148
- Ph 866-628-2606 - Fax 877-361-7661

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

TEAR HERE

UT Institutions

STEPHEN F. AUSTIN STATE UNIVERSITY
Human Resources
(936) 468- 2304
Fax: (800) 435-3919
benefits@sfasu.edu

UT ARLINGTON
Office of Talent, Culture & Engagement (TCE)
(817) 272- 5554
Fax: (817) 272-6271
benefits@uta.edu

UT AUSTIN
Human Resources
(512) 471-4772 or
Toll Free: (800) 687-4178
Fax: (512) 471-7008
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
benefits@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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Fax: (713) 745-7160
HRBenefits@mdanderson.org

Faculty & Executive Benefits (FEB)
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Fax: (713) 794-4812
FacExecBenefits@mdanderson.org

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

UT PERMIAN BASIN
Human Resources
(432) 552-2750
Fax: (432) 552-3747
benefits@utpb.edu

UT RIO GRANDE VALLEY
Brownsville
Office of Human Resources-Benefits
(956) 882-8205
Fax: (956) 882-7476
benefits@utrgv.edu
Edinburg
Office of Human Resources-Benefits
(956) 665-2451
Fax: (956) 665-3289
benefits@utrgv.edu

UT SAN ANTONIO
People Excellence
(210) 458-4250
FAX: (210) 458-4287
hr@utsa.edu

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

UT SYSTEM ADMINISTRATION
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Fax: (512) 499-4395
grp-hrsp@utsystem.edu

Plan Administrators

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www.livingwell.utsystem.edu

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www.deltadentalins.com/group-sites/universityoftexas.html

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(Delta Dental)
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www.supervision.com/ut

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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

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Sat 7:00 AM-3:00 PM CT
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The University *of* Texas System

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The Office of Employee Benefits (OEB) leads in designing, implementing and administering high quality, cost-effective benefit programs for employees and retirees of The University of Texas System.

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