

I am an active employee. How do I access the new *My UT Benefits*?

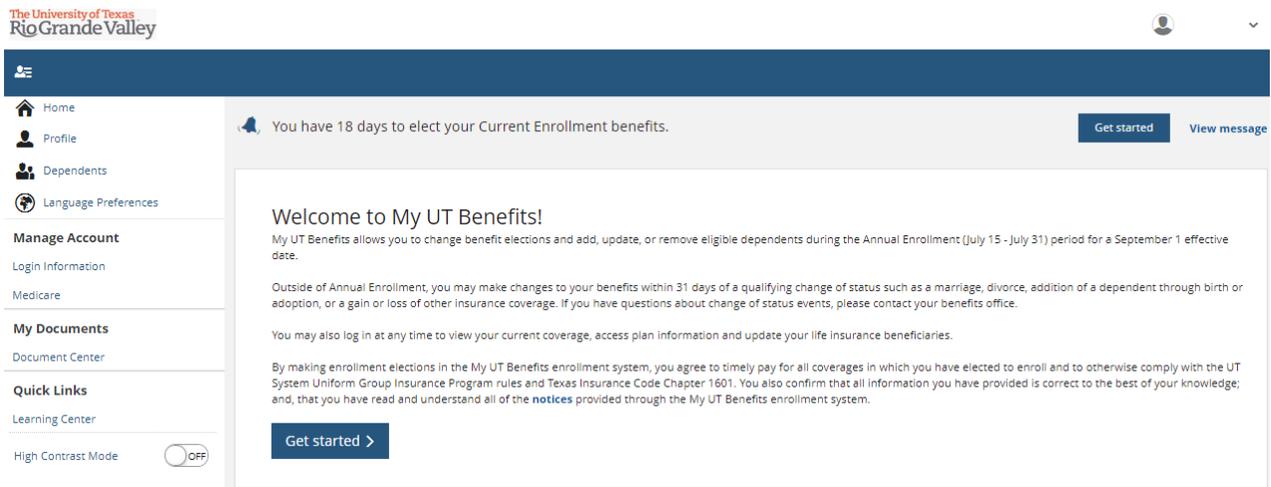
Step 1: Visit My UTRGV and click on the [My UT Benefits](#) link

Step 2: Select University of Texas Rio Grande Valley from the drop-down menu

Step 3: On your UTRGV log in page, sign in with your UTRGV Employee ID and password (how you log in to your computer)

Step 4: Click on “*My UT Benefits*” to enroll

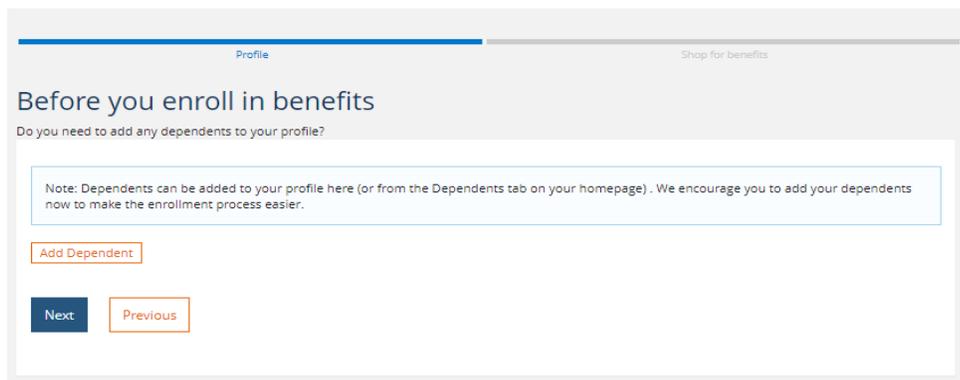
Step 5: Once you have successfully logged into My UT Benefits you will see this Welcome Screen. To begin your enrollment process, click on ‘Get Started’ button.



Adding Dependents

To add Dependents, click on the Add Dependents button

If you do not have any dependents to add, click Next.



Add Dependent

First Name * Middle Name Last Name *

Suffix Preferred Name

Date of Birth *

Gender *
 Male Female

Please enter one of the following
 SSN BID ITIN (Individual Tax Identification Number)

Relationship *

Physical Address
 Use Employee Address

Making Your Elections

Now you can begin to make your elections. Click on 'Begin Enrollment'.

Profile Shop for benefits Confirm & Finish

Current Benefits

You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.

0/17 Benefits Complete

Your benefits

1. Choose your Medical coverage
2. Choose your Life coverage
3. Choose your AD&D coverage
4. Choose your Tobacco Premium Program coverage
5. Choose your Premium Sharing Credit coverage
6. Choose your Dental coverage

Making Your Elections

You will be asked who you would like to add to coverage. If you will be adding a dependent, simply click on the dependent(s) you wish to add to coverage. To continue, click on 'Select Plan'

Choose your Medical plan.

Please choose your coverage level and select your plan.



Who do you want to cover on this plan?

[Add Dependent](#)

Rob Vale

Cindy Vale

UT SELECT Medical 2019-20 (Pharmacy included)

FSA Eligible

Individual Deductible	\$350
Family Deductible	\$1,050
Coinsurance	20% Maximum of \$2150/individual; \$6450/family
Individual Out-of-Pocket Maximum	\$7,900 <small>Includes medical and prescription drug deductibles, copayments, and coinsurance</small>

Plan Cost	\$628.05
Employer Cost	(\$628.05)

**You Pay
(Monthly Cost)**
\$0.00

[Select plan](#)

[Plan details](#)

[Plan Documents](#)

[Decline Coverage](#)

I would like to decline Medical coverage.

[Previous](#)

[Cancel](#)

Making Your Elections – Declining/Waiving Medical Coverage

You will also have the option to Decline Coverage.

If you are a benefits-eligible employee with coverage under another group health plan and elect to waive the basic coverage package, you are eligible to use state premium sharing (50% if you are full-time and 25% if you are part-time) to purchase one or more of the following optional coverages that are paid on a pre-tax basis: Dental, Vision, and Voluntary Accidental Death and Dismemberment (AD&D). If you waive, you will not be enrolled in Basic Group Life Insurance or Basic Accidental Death and Dismemberment (AD&D) insurance.

Important: Those who wish to waive the Basic Coverage Package and receive partial Premium Sharing for eligible optional coverages, must submit proof of other group health insurance to their employing institution.

**Medical**
Coverage Declined as of 06/01/2020
[Edit coverage](#)

**Premium Sharing Credit**
Premium Sharing Credit 2019-20
Effective Date: 06/01/2020
You Pay: \$0.00 per month
Additional Information
[Show details](#) ▼
[Edit coverage](#)

Medical:

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Making Your Elections – UTS - Eligibility of Waiver Credit

To receive this credit, Documentation of other group health plan coverage must be uploaded via the Document Center or submitted to your Benefits Office for review. You will not receive the premium sharing credit until the documentation has been approved

By checking the box below, you are acknowledging that you understand the process for submitting documentation and the approval process to receive the Premium Share Credit.

A Premium Sharing Credit document (proof of other coverage) can be uploaded to your Document Center, accessible from the main menu on your homepage. The coverage you elected will not be approved without proof of other insurance coverage.

Making Your Elections –Uploading Proof of Coverage

To upload proof of other coverage, go to Document Center and click on 'Add Document'

Document Center

View and Upload Documents

For requests with a status of "Document Required", upload a document to associate it. The Document will then show as "Pending Approval" until it is approved or denied by an administrator. When adding a document through the "Add Document" option, it can then be associated with a "Document Required" request and can be viewed by selecting the filter for "All Documents".

+ Add Document

Begin typing search query

per page 10

Filter by type All Filter by status All Documents

Sort By: Document Name File Type Date Created Date Uploaded

per page 10

Save

Making Your Elections –Uploading Proof of Coverage

To upload document, click on 'Choose File' and select the file you wish to upload. You will enter document name, ex. Proof of other coverage. Next select a Category for the document from the drop-down box by clicking in the box. You may enter a description, but not necessary. Click 'Save'.

Adding New Document

Please complete the information below.

Browse for File *

No File Chosen
Hover over the (?) above to view accepted file types.

Document name *

Category *

Date

Description

Making Your Elections – Declining/Waiving Medical Coverage

You will also have the option to decline Premium Sharing Credit. If you chose this option, you would not need to provide any documentation. Both the Medical Plan and Premium Sharing Credit will appear on your statement as cancelled.

Choose your Premium Sharing Credit plan.

Please choose your coverage level and select your plan.

Additional Premium Sharing Credit Information:

Premium Sharing Credit 2019-20 \$0.00
Monthly Cost

[Select plan](#)

[Decline Coverage](#) I would like to decline Premium Sharing Credit coverage.

[Previous](#) [Cancel](#)

Making Your Elections

Once you have completed your election for each plan, you will need to click on the 'Save' button to continue with your plan elections. Note- You will also see a Cost Summary of your current benefit elections.



Medical

UT SELECT Medical 2019-20 (Pharmacy included)

Requested Coverage Level: Subscriber & Child(ren)
Effective Date: 05/20/2020
You Pay: \$282.81 per month
Persons Covered: Rob Vale, Cindy Vale

[Edit coverage](#) [Plan details](#) [Plan Documents](#)



Pharmacy

UT Prescription Drug Plan 2019-20 (included with medical plan)

Policy Owner: Rob Vale
Requested Coverage Level: Subscriber & Child(ren)
Effective Date: 05/20/2020
You Pay: \$0.00 per month
Persons Covered: Rob Vale, Cindy Vale

[Plan details](#)



Life

Basic Life 2019-20

Coverage Amount: \$40,000.00
Effective Date: 05/20/2020
You Pay: \$0.00 per month

[Beneficiaries](#) [Add](#)

Cost Summary
This is a summary of your current benefit elections.

[Show/hide all](#)

Benefit Elections (5 items) ▼

Monthly	
<small>Not Eligible for Employer Contribution</small>	
Medical 	282.81
Pharmacy 	0.00
Life 	0.00
AD&D 	0.00
Tobacco Premium Program 	0.00
<small> Pending approval. Costs are subject to change.</small>	

You Pay ?

Monthly Total ? **\$282.81**

[Save](#) [Cancel](#)

Making Your Elections –Uploading Dependent Documentation

If you have added a dependent to coverage, click on ‘Add Document’ or ‘Upload Document’ to open pop up window to upload your dependent documentation as evidence of eligibility. If you have multiple dependents, you will be able to see the dependents that require documentation.

The screenshot shows the 'Document Manager' interface. At the top, there are navigation tabs: 'Profile', 'Shop for benefits', and 'Confirm & Finish'. Below the title, a message states: 'For requests with a status of "Document Required", upload a document to associate it. The Document will then show as "Pending Approval" until it is approved or denied by an administrator. When adding a document through the "Add Document" option, it can then be associated with a "Document Required" request and can be viewed by selecting the filter for "All Documents".'

The main content area displays a summary: '1 Document Required, 0 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 0 All Documents'. There is an '+ Add Document' button and a search bar with the text 'Begin typing search query' and a 'Search' button. Below the search bar, there are filters for 'Filter by type' (set to 'All') and 'Filter by status' (set to 'All Requests'). A 'Sort By' dropdown is set to 'Document Name'. The main table shows one document entry:

Sort By:	Document Name	Date Created	Date Uploaded
	Document is awaiting upload Dependent Name: Simon Thumb Unsure of Documentation Required? Click Here for Acceptable Dependent Documentation		05/27/2020 Thumb, Tom

Below the table, there is a status indicator 'Document Required' and two buttons: 'Upload a Document' and 'Associate an Existing Document'. A 'per page' dropdown is set to '10'. At the bottom left, there is a 'Save' button.

Making Your Elections –Uploading Dependent Documentation

To upload document, click on ‘Choose File’ and select the file you wish to upload. You will enter document name, ex. Melissa’s Birth Certificate, Marriage Certificate. Next select a Category for the document from the drop-down box by clicking in the box. You may enter a description, but not necessary. Click ‘Save’.

Adding New Document ✕

Please complete the information below.

Browse for File * (?)

Choose File

No File Chosen

Hover over the (?) above to view accepted file types.

Document name *

Melissa's Birth Certificate

Category *

Birth Certificate

Date

05/28/2020

Description

Making Your Elections – Uploading Dependent Documentation

Once you have uploaded the document, you will be able to use this document for the dependent on other plans the dependent is covered under by clicking on 'Associate this Document'. Pop up window will appear, Associate an Existing Document, simply select the document you wish to apply to dependent. Please note, this process will need to be completed for each plan that your dependents are covered under.

Profile
Shop for benefits
Confirm & Finish

Document Manager

For requests with a status of 'Document Required', upload a document to associate it. The Document will then show as 'Pending Approval' until it is approved or denied by an administrator. When adding a document through the 'Add Document' option, it can then be associated with a 'Document Required' request and can be viewed by selecting the filter for "All Documents".

1 Document Required, 0 Pending Approval, 0 Approved, 0 Denied, 0 Disabled, 0 Expired, 0 All Documents

+ Add Document

per page 10

Filter by type All
Filter by status All Requests

Sort By: **Document Name** | Date Created | Date Uploaded

📄	<p>Document is awaiting upload</p> <p>Dependent Name: Simon Thumb</p> <p>Unsure of Documentation Required?</p> <p>Click Here for Acceptable Dependent Documentation</p>	<p>📅 05/27/2020</p> <p>👤 Thumb, Tom</p>
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⚠️ Document Required
Upload a Document
Associate an Existing Document

per page 10

Save

Associate an Existing Document



Select the file for **Thumb, Tom** that matches this request*

Birth Certificate

	Birth Certificate Subscriber Name: Tom Thumb	05/27/2020 05/27/2020 Thumb, Tom	
<input type="button" value="Associate this Document"/> <input type="button" value="Preview"/>		Birth Certificate	

Making Your Elections –Uploading Dependent Documentation

Once you have completed the enrollment process you will see the Enrollment Complete. Make sure to click on ‘Save Changes’ before exiting the enrollment.

Enrollment Complete!

You have completed enrollment for the current benefit year. To make changes to any of your benefits, select "Edit coverage".

Your benefits

	Your Medical coverage UT SELECT Medical 2019-20 (Pharmacy included)	\$282.81 <small>per month</small>
	<small>Requested Coverage Level:</small> Subscriber & Child(ren) <small>Effective Date:</small> 05/15/2020 <small>Persons Covered:</small> Tom Thumb, Simon Thumb	
	<input type="button" value="Edit coverage"/> <input type="button" value="Show Plan Details"/>	<input type="button" value="Decline"/>
	Your Pharmacy coverage UT Prescription Drug Plan 2019-20 (included with medical plan)	\$0.00 <small>per month</small>
	<input type="button" value="Save changes"/> <input type="button" value="Cancel"/>	

Viewing your Elections

Finally, To view your elections, you can click on ‘Confirmation Statement’ on the menu on the left side of the screen.

- Home
- Profile
- Benefits
- Dependents
- UTS Tobacco Premium Program 2019-2020
- Language Preferences
- Manage Account
- Login Information
- Medicare
- My Documents
- Document Center
- Confirmation Statement
- Quick Links
- Learning Center
- High Contrast Mode

Welcome, Tom

Welcome to My UT Benefits!

My UT Benefits allows you to change benefit elections and add, update, or remove eligible dependents during the Annual Enrollment (July 15 - July 31) period for a September 1 effective date.

Outside of Annual Enrollment, you may make changes to your benefits within 31 days of a qualifying change of status such as a marriage, divorce, addition of a dependent through birth or adoption, or a gain or loss of other insurance coverage. If you have questions about change of status events, please contact your benefits office.

You may also log in at any time to view your current coverage, access plan information and update your life insurance beneficiaries.

By making enrollment elections in the My UT Benefits enrollment system, you agree to timely pay for all coverages in which you have elected to enroll and to otherwise comply with the UT System Uniform Group Insurance Program rules and Texas Insurance Code Chapter 1601. You also confirm that all information you have provided is correct to the best of your knowledge and that you have read and understand all of the notices provided through the My UT Benefits enrollment system.

Your benefits at a glance

 Medical UT SELECT Medical 2019-20... <small>\$282.81/month</small>	 Pharmacy UT Prescription Drug Plan... <small>\$0.00/month</small>	 Life Basic Life 2019-20 <small>\$0.00/month</small>	 AD&D Basic AD&D 2019-20 <small>\$0.00/month</small>	 Tobacco Premium... Tobacco Premium Program (TPP)... <small>\$0.00/month</small>	 Dental UT SELECT Dental 2019-20 <small>\$59.66/month</small>	 Vision Superior Vision (Plus Plan)... <small>\$15.08/month</small>
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