The University of Texas Southwestern Medical Center  
Office of Human Resources - Employee Benefits and Retirement Division

2015-2016 Graduate Student Benefits Summary

Medical, Prescription, Dental and Vision Coverage

• Medical Plan
UT Select Preferred Provider Organization (PPO) administered by Blue Cross/Blue Shield of Texas, Inc.
Self-funded comprehensive medical plan including medical, behavioral health and prescription services as follows:
  ➢ In Network: Co-payment of $30 (Family Care Physician) or $35 (Specialist) for physician office visits.
    100% coverage for preventive care with network providers including routine annual physicals, well-child care, routine
    colonoscopies, routine mammograms and other preventive screenings as outlined in the summary plan description.
    All other covered services - $350 annual deductible, Co-insurance covers 80% of allowable amount.
  ➢ Out of Network: After $750 annual deductible, plan pays 60% of allowable amount. Insured is responsible for 40% of the allowable
    amount. Any charges over the allowable amount are the patient’s responsibility.
  ➢ Out of Area: After $350 annual deductible, plan pays 75% of allowable amount. Insured is responsible for 25% of the allowable
    amount. Any charges over the allowable amount are the patient’s responsibility.
  ➢ UT Select Prescription Drug Program through Express Scripts.
  ➢ Tobacco Premium Program*: Monthly cost of $30 per month per individual UT Select Medical participant, age 16 and over, who
    has used tobacco products in the past 60 days, up to a family maximum of $90/month.

• Prescription Drug Program

<table>
<thead>
<tr>
<th></th>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100 annual deductible per person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail Network Pharmacy co-payments (up to a 30 day supply):</td>
<td>$10.00</td>
<td>$35.00</td>
</tr>
<tr>
<td>Mail Order co-payments (90-day supply):</td>
<td>$20.00</td>
<td>$87.50</td>
</tr>
</tbody>
</table>

• Dental Plans
  ➢ UT Select Dental – Preventive services covered at 100% of allowed amount; 50% to 80% of allowed amount after $25 annual
    deductible per person for minor and major restorative, endodontics, prosthodontics, oral surgery, and orthodontia. $1,250
    per person Annual Maximum. $1,250 per person Orthodontia Lifetime Maximum.
  ➢ UT Select Dental Plus – Same plan design as UT Select Dental with coverage of 80-100% of allowed amount. $3,000 per
    person Annual Maximum. $3,000 per person Orthodontia Lifetime Maximum.
  ➢ DeltaCare USA Dental HMO – Selection restricted by residence address. Primary care dentist selection required. No claim
    forms. No deductible. Variable co-payments. No Annual Maximum Benefit. Services are not available outside of Texas.

• Vision Plans
  ➢ Superior Vision plan provides routine eye exam with one pair of glasses or contacts annually. Discounts are available for other
    services.
  ➢ Vision Plus plan provides the same benefits as the Basic vision plan, plus benefits for Progressive lenses, Polycarbonate lenses
    up to age 18, factory scratch coating, and ultraviolet coating.

Disability, Life Insurance, Accidental Death and Dismemberment and Long Term Care Coverage

• Short Term Disability - Dearborn National
Disability benefit of 60% of your regular weekly earnings up to a maximum of $693 per week.
Elimination period of 14 days. Benefit can be paid up to a maximum of 22 weeks.

• Long Term Disability - Dearborn National
Disability benefit equal to 60% of monthly earnings up to a maximum of $12,025 per month.
Elimination period of 90 days. Benefit paid until disability ends or age 65, whichever occurs first.

• Life Insurance - Dearborn National
Select a coverage level between one to six times your annual salary. Basic Level of $20,000 paid by UT Southwestern with medical
election. Optional Dependent coverage of $10,000 for spouse and $10,000 for each child at a rate of $2.87 per month. Spouse
coverage of $25,000 or $50,000 is available with Evidence of Insurability (EOI).

• Accidental Death and Dismemberment (ADD) – Dearborn National
Select a coverage level of up to ten times annual earnings or $1,000,000, whichever is less. Basic Level of $20,000 paid by UT
Southwestern with medical election. Spouse coverage up to 50% of employee’s coverage or $500,000, whichever is less.
Child coverage of $10,000. Coverage is purchased in $10,000 increments.

• Long Term Care - Continental Casualty Company (CNA)
Nursing home and community-based care options. Employees, adult children, spouses, parents, parents-in-law are eligible.
Enrollment forms and information may be obtained by calling CNA at (888) 825-0353, or by accessing CNA’s website at

Questions? Please email Benefits@UTSouthwestern.edu or call 214-648-9830.
Flexible Spending Account

- **UT Flex** – Redirection of pre-tax income for health, prescription or dental expenses and/or day care (for children under the age of 13 when both parents work).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Minimum Annual</th>
<th>Maximum Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>$180</td>
<td>$2,550</td>
</tr>
<tr>
<td>Day Care</td>
<td>$180</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

Voluntary Retirement Programs

- **UT Saver TSA – Internal Revenue Code 403(b)**
  Pre-tax and post-tax investment program. Choose from five retirement providers to supplement your retirement savings.

- **UT Saver DCP – Internal Revenue Code 457(b)**
  Pre-tax investment program. Choose from five retirement providers to supplement your retirement savings.

Additional Benefits

- On Site Day Care
- Convenient Parking
- Direct Deposit
- Meal Facilities (on premises)
- Employee Wellness Program
- Employee Discount Program
- Employee Assistance Program

### Monthly Premium for Medical, Dental, Vision and Tobacco

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>UT Select Medical</th>
<th>UT Select Dental</th>
<th>UT Select Dental Plus</th>
<th>DentalCare USA HMO</th>
<th>Superior Vision</th>
<th>Superior Vision Plus</th>
<th>Tobacco Premium*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Only</td>
<td>$0.00</td>
<td>$32.40</td>
<td>$55.85</td>
<td>$8.89</td>
<td>$5.90</td>
<td>$9.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Subscriber &amp; Spouse</td>
<td>$244.10</td>
<td>$61.51</td>
<td>$106.06</td>
<td>$16.90</td>
<td>$9.30</td>
<td>$14.08</td>
<td>$60.00</td>
</tr>
<tr>
<td>Subscriber &amp; Child(ren)</td>
<td>$255.30</td>
<td>$67.80</td>
<td>$117.03</td>
<td>$18.68</td>
<td>$9.52</td>
<td>$15.08</td>
<td>$60.00</td>
</tr>
<tr>
<td>Subscriber &amp; Family</td>
<td>$480.71</td>
<td>$96.40</td>
<td>$166.74</td>
<td>$26.67</td>
<td>$15.10</td>
<td>$21.30</td>
<td>$90.00</td>
</tr>
</tbody>
</table>

*Only applicable when enrolled in UT Select medical coverage.

Questions? Please email Benefits@UTSouthwestern.edu or call 214-648-9830.