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

2017-2018 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 allowed 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**

$100 annual deductible per person	Generic	Preferred Brand	Non-Preferred Brand
Retail Network Pharmacy co-payments (up to a 30 day supply):	$10.00	$35.00	$50.00
Mail Order co-payments (90-day supply):	$20.00	$87.50	$125.00

- **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 25, factory scratch coating, and ultraviolet coating.

Disability, Life Insurance, and Accidental Death and Dismemberment 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 ten times your annual salary or $2,000,000, whichever is less. Evidence of Insurability (EOI) is required for amounts above three times your annual salary. Basic Level of $40,000 is paid by UT Southwestern with medical coverage election. Optional Dependent coverage of $10,000 for spouse and $10,000 for each child is available at a rate of $2.87 per month. Spouse coverage of $25,000 or $50,000 is available with EOI.

- **Accidental Death and Dismemberment (ADD) –** Dearborn National
  Select a coverage level of up to ten times annual earnings or $2,000,000, whichever is less. Basic Level of $40,000 is paid by UT Southwestern with medical coverage election. Optional spouse coverage up to 50% of employee's coverage and $10,000 for each child is available. Coverage is purchased in $10,000 increments.

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).

Health Care	$180 Annual Minimum	$2,600 Annual Maximum
Day Care	$180 Annual Minimum	$5,000 Annual Maximum

Voluntary Retirement Programs

- **UT Saver Tax Sheltered Annuity (TSA)**
  Pre-tax and post-tax investment program. Choose from five retirement providers to supplement your retirement savings.
- **UT Saver Deferred Compensation Program (DCP)**
  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

Coverage Level	UT Select Part-Time Medical	UT Select Dental	UT Select Dental Plus	DentalCare USA Dental HMO	Superior Vision	Superior Vision Plus	Tobacco Premium*
Subscriber Only	$ 299.07	$32.40	$59.03	$8.89	$5.90	$9.00	$30.00
Subscriber & Spouse	$ 713.37	$61.51	$112.11	$16.90	$9.30	$14.08	$60.00
Subscriber & Child(ren)	$ 668.72	$67.80	$123.70	$18.68	$9.52	$15.08	$60.00
Subscriber & Family	$1,064.24	$96.40	$176.24	$26.67	$15.10	$21.30	$90.00

*Only applicable when enrolled in UT Select medical coverage.