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

2011-2012 Non-Employee Fellow Benefits Summary

(For Eligible Non-Employee Fellows and Dependents)

The following insurance coverage is available for Non-Employee Fellows:

- **Medical**

  UT Select Preferred Provider Organization (PPO) administered by Blue Cross/Blue Shield of Texas, Inc.
  - In Network: Physician office visits – Co-payment of $25 (Family Care Physician) or $30 (Specialist). All other covered services $350 annual deductible, Co-insurance covers 80% of allowed fee.
  - 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.
  - Nationwide and international providers.
  - INROADS Behavioral Care network.
  - UT Select Prescription Drug Program through PAID Prescriptions (retail) and Medco Health (mail order).

- **Prescription Drug Program**

$50 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**
  - Delta Standard – Full preventive benefits plus restorative, endodontics, prosthodontics, oral surgery, orthodontia. Coverage from 50-80% of allowed fee after an annual deductible of $25 per person. Annual Maximum Benefit - $1,250 per person. Orthodontia lifetime maximum $1,250 per person.

  - Assurant Dental HMO – A dental health maintenance organization. Selection restricted by residence address. Zip code exceptions may be requested. Pre-selection of primary care dentist is required. No claim forms. No deductible. Variable co-payments at time of service. No Annual Maximum Benefit.

- **Vision Plan** – Superior Vision Plan

  Routine eye exam with one pair of glasses or contacts each year. Discounts available for other services.

- **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 https://www.ltcbenefits.com/uts.

SEE REVERSE FOR COVERAGE CRITERIA AND PLAN RATES

Coverage Criteria

- A Non-Employee Fellow is defined as a training fellow who is paid by UT Southwestern through a stipend payment. Non-Employee Fellows are not employees of UT Southwestern and therefore are not eligible to receive the premium sharing dollars paid by the State. **However, some departments may supplement the amount equal to the premium sharing dollars. Please check with your department.** Non-Employee Fellows may purchase medical, dental, vision and long term care coverage if coverage is elected within 31 days of their appointment date, with a mid-year status change, or during annual enrollment.

- Mid-year changes will follow similar guidelines as those for other enrollees; i.e. all mid-year changes must be made within 31 days of the status change. Proof of insurability may be required for the UT Select medical plan and long term care insurance coverage.

- Basic life and accidental death insurance of $20,000 each is included with the election of medical coverage.

Non-Employee Fellows who are not paid by UT Southwestern, i.e. 100% Paid Direct by another institution, are not eligible to purchase insurance benefits through the UT Southwestern group insurance program.

Monthly Rates
Non-Employee Fellows

	MEDICAL	DENTAL		VISION
	UT Select	UT Dental Select	Assurant Dental	Superior Vision
Subscriber Only	$ 462.26	$30.86	$10.05	$ 6.80
Subscriber and Spouse	$ 903.60	$58.58	$19.10	$10.76
Subscriber and Children	$ 825.45	$64.57	$21.11	$10.96
Subscriber and Family	$1253.00	$91.81	$30.15	$17.40