Medical, Prescription, Dental, and Vision Coverage

- Medical
  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 benefit. Office visit co-pay of $30 (Family Care Physician) or $35 (Specialist). Non-office services: 80% coverage after $350 deductible.
    Claims payment based upon allowed fee schedule; no balance billing if in-network providers are utilized.
  - Nationwide and international providers
  - 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 PAID Prescriptions (retail) and Medco Health (mail order)

- Prescription Drug Program
  - Preferred
    - Generic: $10.00
    - Brand: $35.00
    - Brand: $50.00
  - Non-Preferred
    - Generic: $20.00
    - Brand: $87.50
    - Brand: $125.00

- Dental
  - Delta Standard – A Preferred Provider Plan – Full preventive benefits, from 50 to 80% co-insurance after $25 annual deductible per person for minor and major restorative, endodontics, prosthodontics, oral surgery, and orthodontia. $1,250 per person Annual Maximum. $3,000 per person Orthodontia Lifetime Maximum.
  - Delta Supplemental – Mirrors the plan design of Delta Standard, but with coverage from 80-100%.
    $3,000 per person Annual Maximum. $3,000 per person Orthodontia Lifetime Maximum.
  - Assurant Dental – A dental health maintenance organization. Selection restricted by residence address.
    Primary care dentist selection required. No claim forms. No deductible. Variable co-payments at time of service.
    No Annual Maximum Benefit.

- Vision Plan – Superior Vision
  Routine eye exam with one pair of glasses or contacts each year. Discounts available for other services.

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 pay up to a maximum $693 per week.
  Elimination period of 14 days. Benefit payable up to 22 weeks.

- Long Term Disability - The Standard Insurance Company
  Disability benefit of 60% of your regular monthly pay up to a maximum of $30,000 per month.
  Own Occupation (specialty specific) to end of benefit period.
  Choice of 90-day or 180-day elimination period and choice of Cost of Living increase option.
  Conversion – Issued upon termination of employment, based on plan requirements and terms.

- Term Life Insurance – The Standard Life Insurance Company
  Select a coverage level between one and six times annual salary up to $2,000,000 ($1,500,000 Total Non-Medical Maximum)
  Basic dependent coverage of $50,000 for spouse/$10,000 for each child at a rate of $2.70/month.
  Portability – Issued upon termination of employment, based on plan requirements and terms.

- Accidental Death and Dismemberment (ADD) Insurance – The Standard Life Insurance Company
  Select coverage in increments of $10,000 up to $1,000,000 for self and up to $500,000 for spouse.
  Dependent child(ren) coverage of $10,000 per child.

(Continued on reverse side)
2011-2012 Faculty Benefits Summary (continued)

- **Long Term Care** -- Continental Casualty Company (CNA)
  Nursing home and community-based care options. Employees, adult children, spouses, parents, parents-in-law are eligible.

- **UT Flex** – Flexible Spending Account
  Redirection of pre-tax income for health care, prescription or dental expenses and/or day care (for children under age 13 when both parents work.)
  
  | Annual Administrative Fee | $12 for each UT Flex account (healthcare and/or daycare) |
  | Health Care               | $180 Annual Minimum  $5000 Annual Maximum |
  | Day Care                  | $180 Annual Minimum  $5000 Annual Maximum |

**Retirement Sheltering**

Mandatory Programs:

- **Teacher Retirement System of Texas (TRS)** – Internal Revenue Code 401(a)
  TRS is a mandatory defined benefit plan. The employee contributes 6.4% and UT Southwestern contributes 6.0%.
  [http://www.trs.state.tx.us/](http://www.trs.state.tx.us/)

- **Optional Retirement Program (ORP)** – Internal Revenue Code 403(b)
  ORP is a mandatory defined contribution plan that is an alternative to the TRS plan if in a full time, ORP eligible position as defined by the Texas Higher Education Coordinating Board.
  Choose from six financial services companies. The employee contributes 6.65% and employer 8.5%.

Voluntary Programs:

- **UT Saver TSA** – Internal Revenue Code 403(b)
  Choose from 6 different financial services companies to supplement your retirement savings.

- **UT Saver DCP** – Internal Revenue Code 457(b)
  Choose from 6 different financial services companies to supplement your retirement savings.

**Additional Employee Benefits**

- **Holidays**
  There are between nine and twelve paid holidays each year.

- **Vacation Leave**
  New full-time employees accrue eight hours of vacation leave and two hours of floating holiday time each month.
  The accrual rate for part-time employees is proportionate to their percent time.
  Vacation leave is available after six months of state employment.

- **Sick Leave**
  Sick leave is accrued at a rate of eight hours a month for full-time employees. The accrual rate for part-time employees is proportionate to their percent time. There is no waiting period for the use of accrued sick leave.

- **Other Benefits**
  On Site Day Care  Family and Medical Leave  Direct Deposit  Convenient Parking
  Employee Wellness Program  Employee Discount Program  Credit Union of Texas  Meal Facilities on premises

---

**Monthly Rates for Full Time Faculty**

*See separate rate sheet for part-time employees*

The University of Texas Southwestern Medical Center offers coverage at the following group rates:

<table>
<thead>
<tr>
<th>Medical Coverage</th>
<th>UT Select Premium</th>
<th>UT Select UTSW Paid</th>
<th>UT Select Full Time* Employee Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$ 462.26</td>
<td>$462.26</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$ 903.60</td>
<td>$704.58</td>
<td>$199.02</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>$ 825.45</td>
<td>$617.30</td>
<td>$208.15</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$1253.00</td>
<td>$861.07</td>
<td>$391.93</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Coverage</th>
<th>UT Dental Select</th>
<th>Delta Assurant</th>
<th>Dental Vision Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$30.86</td>
<td>$ 50.57</td>
<td>$10.05</td>
</tr>
<tr>
<td>Employee and Spouse</td>
<td>$58.58</td>
<td>$ 92.73</td>
<td>$19.10</td>
</tr>
<tr>
<td>Employee and Children</td>
<td>$64.57</td>
<td>$102.00</td>
<td>$21.11</td>
</tr>
<tr>
<td>Employee and Family</td>
<td>$91.81</td>
<td>$144.79</td>
<td>$30.15</td>
</tr>
</tbody>
</table>