

**2019-2020 Retired Employee Benefits Summary**

**Eligibility Requirements for Retiree Health Insurance**

For employees in active service on August 31, 2003, the following requirements apply:

- ✓ At least 5 years of benefits eligible state service credit, 3 of which must be with The University of Texas System (UT)
- ✓ At age 55 or meet the Rule of 80 (years of creditable service plus age equals or exceeds the number 80)
- ✓ The last place of state employment prior to retirement is UT, and
- ✓ Retire under TRS, ERS, ORP, or any other federal or state program to which the institution has made employer contributions

For employees hired September 1, 2003 and after, the following requirements apply:

- ✓ At least 10 years of UT benefits eligible service credit
- ✓ Age 65 or meet the Rule of 80 (years of service credit plus age equals or exceeds the number 80)
- ✓ The last place of state employment prior to retirement is UT, and
- ✓ Retire under Teacher Retirement System of Texas (TRS), Employee Retirement System (ERS), or the Optional Retirement Program (ORP) or any other federal or state program to which the institution has made employer contributions.

Note: ORP retirees must complete the **Optional Retirement Program Declaration of Retirement** form. Distributions from your ORP account are not required.

**Insurance Benefits for Retirees of UT Southwestern Medical Center**

• **Annual Enrollment and Family Status Changes**

Retirees will receive notification of annual enrollment changes and will be able to make changes to plan and coverage levels. Mid-year changes may be made within 31 days of a qualified family status change, i.e. marriage, change of spousal employment. The changes made must be consistent with the qualifying event. Written documentation supporting the qualifying event must be provided.

Medical, Prescription, Dental and Vision Coverage

➤ **Retiree Medical Plan**

UT retirement eligible employees may retire and continue to receive full premium sharing for medical coverage and 50% premium sharing for dependent medical coverage.

- UT Select Preferred Provider Organization (PPO) and UT Connect Accountable Care Organization (ACO) are administered by Blue Cross/Blue Shield of Texas, Inc. Detail about these self-funded comprehensive medical plans, which includes prescription services, can be viewed at [www.utsystem.edu/benefits](http://www.utsystem.edu/benefits). Preventive care is covered at 100% with no copayment.
- Eligibility for the UT Connect ACO plan is limited to benefits-eligible Employees and non-Medicare eligible Retirees who live within the DFW service area. Retirees living in the area who are Medicare-eligible or who cover Medicare-eligible family members are not eligible to enroll in the UT CONNECT ACO, but continue to be eligible for the UT SELECT Medical plan.
- UT Prescription Drug Program is administered through **Express Scripts**.
- Tobacco Premium Program: Monthly cost of \$30 per month per individual Medical participant, age 16 and over, who has used tobacco products in the past 60 days, up to a family maximum of \$90/month.

	<b>UT SELECT (PPO)</b>	<b>UT CONNECT (ACO)</b> Primary Care Provider selection required. <i>Available only to Non-Medicare Eligible Enrollees.</i>
Copayment	\$30 (Family Care Physician); \$35 (Specialist)	\$15 (Family Care Physician); \$25 (Specialist)
Coinsurance	80% plan / 20% member	80% plan / 20% member
Coinsurance Maximum Individual/Family	\$2,150 / \$6,450	\$2,150 / \$6,450
Annual Deductible Individual/Family	\$350 / \$1,050	\$250 / \$750
Out-of-Network	After \$750 annual deductible, plan pays 60% of allowable amount.	Urgent Care and emergency only
Out-of-Area	After \$350 annual deductible, plan pays 75% of allowable amount.	Urgent Care and emergency only
Annual Out-of-Pocket Maximum	\$7,900/person; \$15,800/family (includes medical and prescription deductibles, copayments, and coinsurance)	\$7,900/person; \$15,800/family (includes medical and prescription deductibles, copayments, and coinsurance)

Questions? Please email [Retiree@UTSouthwestern.edu](mailto:Retiree@UTSouthwestern.edu) or call 214-648-9830.

## 2019-2020 Summary for Retired Employees (continued)

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

### ➤ Health Plans and Medicare

The UT System urges all retired employees and dependents to **enroll in Medicare Parts A (hospitalization) and B (physician services) when they become Medicare eligible**. Retired employees, soon to be retired employees or their dependents that are eligible for Medicare must have Medicare Parts A and B to receive the maximum benefits available from the UT Select Plan. **If not enrolled in Medicare, the retiree will be responsible for paying the charges that Medicare would otherwise have paid for the retiree and their dependents**. Medicare-eligible retirees and Medicare-eligible dependents of retirees are automatically enrolled in the UT SELECT Part D prescription drug plan. The UT SELECT Part D plan annual prescription deductible will reset on January 1 due to federal guidelines. Other deductibles and out-of-pocket maximums for the UT Benefits program will reset on September 1.

For more information about coordination of coverage, review the Retiree Benefit Guide available at [www.utsystem.edu/benefits](http://www.utsystem.edu/benefits) or contact Employee Benefits at (214) 648-9830.

### ➤ 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. Annual maximum is \$1,250 per person. Orthodontia Lifetime Maximum is \$1,250 per person.
- UT Select Dental Plus – Same plan design as UT Select Dental with coverage of 80-100% of allowed amount no deductible. Annual Maximum is \$3,000 per person. Orthodontia Lifetime Maximum is \$3,000 per person.
- 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.
- Superior 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.

### ➤ UT Flex - Retirees are not eligible to participate in the UT Flex Flexible Spending Account.

### ➤ Term Life Insurance Program

- All retirees with medical coverage receive a \$6,000 life benefit paid for by UT.
- Retirees may be covered with voluntary group term life insurance through Dearborn National in amounts of \$7,000, \$10,000, \$25,000, \$50,000 or \$100,000. If the retiree has a minimum of \$7,000, spousal life coverage of \$3,000 may be added. EOI is required if adding or increasing retiree voluntary group term life amounts or if adding spousal life.

#### **Cancellation Policy:**

**Premium payments must be kept current. If full premium payment is not received, all coverage except retiree only medical, will be cancelled. Coverage may not be restored until the next annual enrollment period and until all missed premium payments have been received.**

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

Coverage Level	UT Connect Medical	UT Select Medical	UT Select Dental	UT Select Dental Plus	DentalCare USA Dental HMO	Superior Vision	Superior Vision Plus	Tobacco Premium*
Subscriber Only	\$0.00	\$0.00	\$28.51	\$61.39	\$8.80	\$5.90	\$9.00	\$30.00
Subscriber & Spouse	\$243.37	\$270.41	\$54.13	\$116.59	\$16.73	\$9.30	\$14.08	\$60.00
Subscriber & Child(ren)	\$254.53	\$282.81	\$59.66	\$128.65	\$18.49	\$9.52	\$15.08	\$60.00
Subscriber & Family	\$479.26	\$532.51	\$84.83	\$183.29	\$26.40	\$15.10	\$21.30	\$90.00

\*Only applicable when enrolled in UT Select medical coverage.

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