

2016-2017 Employee 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

Retail Network Pharmacy co-payments (up to a 30 day supply):

Mail Order co-payments (90-day supply):

	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.
- 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.

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.

2016-2017 Employee Benefits Summary (continued)

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	\$2,550 Annual Maximum
Day Care	\$180 Annual Minimum	\$5,000 Annual Maximum

Retirement

Mandatory Programs:

- **Teacher Retirement System of Texas (TRS)** www.trs.state.tx.us/
TRS is a mandatory defined benefit plan. The employee contributes 7.7%; UT Southwestern contributes 6.8%.
- **Optional Retirement Program (ORP)**
ORP is an alternate mandatory defined contribution plan that requires irrevocable 'opt out' from TRS within 90 days from appointment date. Eligibility for ORP is based upon criteria established by the Texas Higher Education Coordinating Board. Full-time working status required. The employee contributes 6.65%; UT Southwestern contributes 8.5%.

Voluntary 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 Plan (DCP)**
Pre-tax investment program. Choose from five retirement to supplement your retirement savings.

Additional Employee Benefits

Holidays

There are 13 paid holidays for the current fiscal year.

Vacation Leave

New full-time employees accrue eight hours of vacation leave 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

New full-time employees accrue eight hours of sick leave each month. The accrual rate for part-time employees is proportionate to their percent time. Sick leave can be used once it is accrued.

Other Benefits

Family and Medical Leave	Employee Wellness Program
On Site Day Care	Employee Discount Program
Direct Deposit	Employee Assistance Program
Convenient Parking	Meal Facilities (on premises)

Monthly Premium for Medical, Dental, Vision and Tobacco

Coverage Level	UT Select Full-Time Medical	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	\$0.00	\$ 299.07	\$32.40	\$59.03	\$8.89	\$5.90	\$9.00	\$30.00
Subscriber & Spouse	\$257.53	\$ 713.37	\$61.51	\$112.11	\$16.90	\$9.30	\$14.08	\$60.00
Subscriber & Child(ren)	\$269.34	\$ 668.72	\$67.80	\$123.70	\$18.68	\$9.52	\$15.08	\$60.00
Subscriber & Family	\$507.15	\$1,064.24	\$96.40	\$176.24	\$26.67	\$15.10	\$21.30	\$90.00

*Only applicable when enrolled in UT Select medical coverage.

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