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: Physician office visits – Co-payment of $30 (Family Care Physician) or $35 (Specialist).
  - Includes preventive care, well woman exams, and periodic physical exams.
  - 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.
  - UT Select Prescription Drug Program through Medco Health (retail and mail order)

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

**Dental**
- UT Select Dental (Delta) – 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.
- 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 on 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 of $693 per week.
- Elimination period of 14 days. Benefit can be paid up to five months.

**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 six times your annual salary. Basic Level of $20,000 paid by UT Dallas with medical election. Optional Dependent coverage of $10,000 for spouse and $10,000 for each child at a rate of $2.87 each month. Spouse coverage of $25,000 or $50,000 is available.

**Accidental Death and Dismemberment (ADD)** – Dearborn National Life Insurance Company
- Select a coverage level of up to ten times annual earnings or $1,000,000, whichever is less. Basic Level of $20,000 paid by UT Dallas with medical election. Spouse coverage up to 50% of employee’s coverage or $500,000, whichever is less.
- Child coverage of $10,000. Coverage is purchased in $10,000 increments.

**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.
Flexible Spending Accounts

- **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).
  
  Administrative Fee: $ 12 Annually for each UT Flex account (healthcare and/or daycare)
  
  Health Care: $180 Annual Minimum; $5,000 Annual Maximum
  
  Day Care: $180 Annual Minimum $5,000 Annual Maximum

Voluntary Retirement Programs:

- **UT Saver TSA – Internal Revenue Code 403(b)**
  Pre- and post-tax investment program. Choose from 6 financial services companies to supplement your retirement savings.

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

### Monthly Rates for Graduate Students

The University of Texas at Dallas offers coverage at the following group rates:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>UT Select Premium</th>
<th>UTD Paid</th>
<th>Employee Cost</th>
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<tbody>
<tr>
<td><strong>Medical Coverage</strong></td>
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<tr>
<td>Employee Only</td>
<td>$ 462.26</td>
<td>$ 231.13</td>
<td>$ 231.13</td>
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<td>Employee and Spouse</td>
<td>$ 903.60</td>
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<th>Assurant Dental HMO</th>
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<td>Employee Only</td>
<td>$ 30.86</td>
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<th>Superior Vision Plan</th>
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<td>$ 6.80</td>
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Questions? Please email benefits@utdallas.edu or call 972-883-2221.