

BENEFITS 2021 | 2022

Review by July 15

- Your current UT benefits
- UT Benefits 2021-2022
- UT SELECT Medical PPO plan including UT Tier
- UT CONNECT ACO plan (DFW area)
- Dependent eligibility requirements
- UT Retirement Program
- Beneficiary designations
- Online Annual Enrollment (AE) resources, including newsletter
- Online/Virtual fairs may be offered this year at some institutions. Monitor your email carefully for any announcements.

Make Elections July 15–July 31

- Log into *My UT Benefits*
- Declare tobacco user or non-user status
- Add / drop coverage
- Add / remove dependents
- Disability plan – No EOI required this AE
- UT FLEX (must enroll annually)
- UT Retirement Program – enroll in or make changes
- Review your Confirmation Statement within *My UT Benefits* and save or print a copy for your records

Follow up by August 15

- Review confirmation statement
- Upload dependent documents if required
- Submit evidence of insurability (EOI) if required

New Plan Year Begins September 1

UT BENEFITS FOR YOU. HEALTH FOR UT SYSTEM.

IMPORTANT

If you take no action, your current coverage will continue for the new plan year—except your UT FLEX elections. You must enroll in UT FLEX each year.

KEEP ID CARDS

For plans that did not change

EXPECT NEW ID CARDS

For UT CONNECT and any new plans elected

UT FLEX

Maximize your takehome pay with UT FLEX

The 2021-2022 Health Care Reimbursement Account annual maximum election is \$2,750, while the Dependent Care Reimbursement Account remains \$5,000.

IRS Guidance and UT FLEX Accounts for 2019-2020 and 2020-2021 Plan Years

To account for COVID-19 disruption, the IRS extended deadlines for plan years 2019-2020 and 2020-2021. Please see the UT FLEX page in the Annual Enrollment newsletter for details on deadlines to use and claim eligible FLEX expenditures.

Premium Rates for 2021-2022

There are no premium rate changes for the Medical plans for plan year 2021-2022. This is the fourth time since September 1, 2017 with no rate increase for UT SELECT Medical! Age and salary-based premiums may change depending on your age and salary as of September 1, 2021.

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
NO CHANGE TO PREMIUMS				
UT SELECT Medical FULL-TIME	\$0	\$270.42	\$282.82	\$532.52
UT CONNECT* Medical FULL-TIME <i>DFW only</i>	\$0	\$243.38	\$254.54	\$479.26
UT SELECT Medical PART-TIME	\$314.02	\$749.04	\$702.16	\$1,117.46
UT CONNECT* Medical PART-TIME <i>DFW only</i>	\$314.02	\$749.04	\$702.16	\$1,117.46
UT SELECT Dental	\$28.52	\$54.14	\$59.66	\$84.84
UT SELECT Dental Plus	\$61.40	\$116.60	\$128.66	\$183.30
DeltaCare Dental HMO	\$8.80	\$16.74	\$18.50	\$26.40
Life/AD&D	<i>See Annual Enrollment Newsletter for Rates</i>			
CHANGES TO PREMIUMS				
Superior Vision	\$5.02 <i>\$0.88 decrease ▼</i>	\$7.90 <i>\$1.40 decrease ▼</i>	\$8.10 <i>\$1.42 decrease ▼</i>	\$12.84 <i>\$2.26 decrease ▼</i>
Superior Vision Plus	\$7.64 <i>\$1.36 decrease ▼</i>	\$11.98 <i>\$2.10 decrease ▼</i>	\$12.82 <i>\$2.26 decrease ▼</i>	\$18.10 <i>\$3.20 decrease ▼</i>
Short Term Disability	\$0.30 per \$100 of Monthly Earnings <i>(Increase of .03 cents from FY21)</i>			
Long Term Disability	\$0.34 per \$100 of Monthly Earnings <i>(Decrease of .04 cents from FY21)</i>			
Tobacco Premium Program				
\$0 to \$90 per month based upon tobacco user status				

Plan Updates for 2021-2022

UT SELECT MEDICAL

NO CHANGES No changes to UT SELECT office visit copays, the annual deductible, or member coinsurance.

UT HEALTH TIER (UT SELECT MEDICAL)

ENHANCEMENT In San Antonio, University Hospital and clinics are now a part of the UT Health Tier. No changes to UT Health Tier benefits plan design including deductible, copays or coinsurance. For more information on the UT Health Tier, see the Annual Enrollment newsletter.

UT CONNECT MEDICAL

CHANGES Changes to PCP office visit copay to \$5 (reduced from \$15) and to Specialist office visit copay to \$35 (from \$25).

UT SELECT & UT CONNECT MEDICAL

Physical and Occupational Therapy

NEW! Increase to 35 visits per year (from 30) for Physical and Occupational Therapy.

Telemedicine Visits

Effective September 1, 2021, telemedicine visits will be covered consistent with CMS and the American Medical Association (AMA) guidelines as clinically appropriate for telemedicine. Members may contact BCBSTX and/or UT CONNECT Customer Service with any questions.

COVID Treatment

Effective September 1, 2021, COVID treatment will be covered as "any other illness." Applicable member cost share (copayments, deductible, coinsurance) will apply. The cost of the vaccine and testing will remain covered 100%.

UT SELECT & UT CONNECT PRESCRIPTION

Smart90® Retail Prescriptions

REMINDER Save time & money by having your maintenance medication filled in a 90-day supply. Use this benefit at Walgreens™ & UT Pharmacies for the same low copayment amount as a 90-day supply via home delivery.

DISABILITY PLAN UPDATES

NEW! The short term disability (STD) benefit maximum increasing to \$850 weekly. The elimination period is also decreasing from 14 to 7 days or the exhaustion of sick leave, whichever is later. The long term disability (LTD) benefit maximum is increasing to \$15,000 per month. THIS ANNUAL ENROLLMENT ONLY enroll in STD or LTD without having to complete a health statement and go through medical underwriting.

* UT CONNECT is an Accountable Care Organization medical plan available in Dallas Fort Worth area only. Basic Coverage package includes medical, prescription, \$40K Basic Life, and \$40K Basic AD&D for employees.

Benefits Cost Worksheet for Employees

PLAN YEAR 2021-2022

This is NOT an enrollment form. You must enroll online using *My UT Benefits* during Annual Enrollment or, for new Employees at institutions not participating in *My UT Benefits* Initial Enrollment, through your institution's Benefits Office.

Please remember that this form only provides you (the subscriber) with an estimate of your total out-of-pocket cost per month based on state-appropriated funds and contracted premium rates. Be sure to review available benefits materials for more information on the plans listed.

For each section, figure the correct cost and enter it in the **TOTAL** boxes to the right of each section.

MEDICAL OUT-OF-POCKET COST PER MONTH <i>Full-Time Employees:</i>					BLUE CROSS BLUE SHIELD OF TEXAS
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL (FULL-TIME) TOTAL
UT SELECT (OUT-OF-POCKET)	\$0	\$0	\$0	\$0	
UT CONNECT (OUT-OF-POCKET) DALLAS-FORT WORTH AREA ONLY	\$0	\$243.38	\$254.54	\$479.26	
PREMIUM SHARING (PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)	\$628.06	\$957.26	\$838.70	\$1,169.88	
Medical Plan Rates include: Prescription benefit coverage + \$40,000 Life + \$40,000 AD&D Note: Paycheck will list a premium, but your salary will be increased to cover the cost of premium deduction.					\$

OR

MEDICAL OUT-OF-POCKET COST PER MONTH <i>Part-Time Employees:</i>					BLUE CROSS BLUE SHIELD OF TEXAS
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL (PART-TIME) TOTAL
UT SELECT (OUT-OF-POCKET)	\$314.02	\$749.04	\$702.16	\$1,117.46	
UT CONNECT (OUT-OF-POCKET) DALLAS-FORT WORTH AREA ONLY	\$314.02	\$749.04	\$702.16	\$1,117.46	
PREMIUM SHARING (PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)	\$314.04	\$478.64	\$419.36	\$584.94	
Medical Plan Rates include: Prescription benefit coverage + \$40,000 Life + \$40,000 AD&D					\$

TOBACCO PREMIUM PROGRAM (TPP)					
Tobacco User(s)	Non-user	Subscriber	Spouse	Child(ren)	TPP TOTAL ²
Tobacco User(s) Cost	\$0	\$30.00	\$30.00	\$30.00 ¹	\$

¹ Maximum cost of \$30 per month regardless of how many covered dependent children use tobacco.

² Maximum cost per family is \$90 per month.

DENTAL OUT-OF-POCKET COST PER MONTH					DELTA DENTAL
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	DENTAL TOTAL
NATIONWIDE					
UT SELECT Dental	\$0	\$25.62	\$31.14	\$56.32	
UT SELECT Dental Plus	\$61.40	\$116.60	\$128.66	\$183.30	
CERTAIN AREAS IN TEXAS					
DeltaCare Dental HMO	\$8.80	\$16.74	\$18.50	\$26.40	\$

VISION OUT-OF-POCKET COST PER MONTH					SUPERIOR VISION
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	
Superior Vision	\$5.02	\$7.90	\$8.10	\$12.84	VISION TOTAL
Superior Vision Plus	\$7.64	\$11.98	\$12.82	\$18.10	\$
LIFE OUT-OF-POCKET COST PER MONTH					BCBSTX LIFE
Enter your basic annual earnings (or contract salary) rounded up to the next \$1,000 increment (e.g. \$51,454 = \$52,000).					A
Select from 1-10 times basic annual earnings and enter how many times your earnings you desire for coverage amount. Enter a number from 1 to 10 (see ³ below).					B
Enter Elected Coverage Amount: Multiply A x B and enter amount here. If C is greater than \$2 million, enter \$2 million.					C
Divide total in C by 1,000 to determine units of \$1,000 for premium calculation. Enter here.					D
Refer to Employee Rate Chart below. Enter the rate that corresponds with your age on September 1, 2021.					E
To determine the premium cost per month, multiply D x E.					F
The remainder of the Life Out-of-Pocket calculation section relates to eligible dependents of Employees.					
If you are electing the \$10,000 Family Coverage option, enter \$2.87 (see ² below). Otherwise, enter zero.					G
If you are eligible and choose to elect Spouse Coverage of \$25,000, enter \$15,000 (see ¹ below); OR If you are eligible and choose to elect Spouse Coverage of \$50,000, enter \$40,000 (see ¹ below); OR Enter zero if you do not choose to elect Spouse Coverage.					H
Divide total in H by 1,000 to determine units of \$1,000 for premium calculation. Otherwise, enter zero.					I
Refer to Spouse Rate Chart below. Enter the rate that corresponds to your Spouse's age on September 1, 2021. Otherwise, enter zero.					J
To determine the total Spouse Coverage premium cost per month, multiply I x J. Otherwise, enter zero.					K
To determine total Dependent Coverage premium cost per month, add G + K. Otherwise, enter zero.					L
Add F + L					LIFE TOTAL \$

EMPLOYEE RATE CHART	
AGE OF SUBSCRIBER ON 9/1/2021	RATE PER \$1,000 COVERAGE
15 - 34	\$0.037
35 - 39	\$0.047
40 - 44	\$0.063
45 - 49	\$0.097
50 - 54	\$0.150
55 - 59	\$0.233
60 - 64	\$0.364
65 - 69	\$0.650
70 - 74	\$0.752
75 - 79	\$0.932
80 and over	\$1.634

SPOUSE RATE CHART	
AGE OF SPOUSE ON 9/1/2021	RATE PER \$1,000 COVERAGE
15 - 24	\$0.053
25 - 29	\$0.054
30 - 34	\$0.057
35 - 39	\$0.072
40 - 44	\$0.101
45 - 49	\$0.154
50 - 54	\$0.241
55 - 59	\$0.376
60 - 64	\$0.574
65 - 69	\$0.857
70 - 74	\$1.167
75 - 79	\$1.446
80 and over	\$2.536

¹ If you are increasing your Life coverage amount (coverage amounts 4-10x annual salary) or are electing Spouse, Evidence of Insurability (EOI) is required.

² The Family Coverage option provides coverage of \$10,000 for each covered Dependent.

ACCIDENTAL DEATH & DISMEMBERMENT OUT-OF-POCKET COST PER MONTH		BCBSTX AD&D
Enter desired coverage amount in \$10,000 increments. <i>Coverage is available up to 10 times your basic annual earnings or contract salary. Basic annual earnings should be rounded up to the next \$1,000 increment (e.g. \$51,454 would be rounded to \$52,000, maximum coverage amount of \$520,000). Total employee coverage cannot exceed \$2,000,000.</i>	A	
Enter desired Spouse coverage amount in increments of \$10,000. The maximum Spouse coverage is 50% of the amount in item A (rounded down to nearest \$10,000). Employee must have \$20,000 Voluntary AD&D coverage to elect Spouse AD&D coverage.	B	
If you desire Dependent child(ren) coverage, enter \$10,000 in item C. <i>Employee must have \$20,000 Voluntary AD&D coverage to elect Dependent AD&D coverage. All of your eligible children are covered for one monthly premium cost.</i> If not electing Dependent coverage, enter zero.	C	
Enter the sum of A plus the greater of B or C	D	
Multiply amount in D x \$.000014 for Total AD&D		AD&D TOTAL \$

SHORT TERM DISABILITY (STD) OUT-OF-POCKET COST PER MONTH		BCBSTX DISABILITY
Multiply Basic MONTHLY earnings (cannot exceed \$6,139) x \$0.0030.		STD TOTAL
<i>To calculate basic MONTHLY earnings, divide annual contract salary (including longevity and hazardous duty pay) by 12 months. Evidence of Insurability (EOI) is generally required for enrollment in this coverage during Annual Enrollment, but EOI is NOT required during July 2021.</i>		\$

LONG TERM DISABILITY (LTD) OUT-OF-POCKET COST PER MONTH		BCBSTX DISABILITY
Multiply Basic MONTHLY earnings (cannot exceed \$25,000) x \$0.0034.		LTD TOTAL
<i>To calculate basic MONTHLY earnings, divide annual contract salary (including longevity and hazardous duty pay) by 12 months. Evidence of Insurability (EOI) is generally required for enrollment in this coverage during Annual Enrollment, but EOI is NOT required during July 2021.</i>		\$

UT FLEX SALARY REDUCTIONS PER MONTH				PAYFLEX
Type of Account	Minimum	Maximum	Monthly Contribution	
Health Care Reimbursement Account ¹	\$15 per month	\$2,750 Annual Election		A
Dependent Day Care Reimbursement Account ²	\$15 per month	\$5,000 Annual Election If <u>single or married filing jointly</u> on your Federal Income Tax Return \$2,500 Annual Election If <u>married filing separately</u> on your Federal Income Tax Return		B
				FLEX TOTAL A + B
				\$

1 Health Care Reimbursement Account (HCRA):

Maximum Election – HCRA deductions cannot exceed \$2,750 per employee per plan year for federal income tax filing purposes.

2 Dependent Day Care Reimbursement Account (DCRA):

Maximum Election - In any given calendar year (Jan.1-Dec.31), the DCRA deductions cannot exceed \$5,000 for federal income tax filing purposes.

ESTIMATED TOTAL MONTHLY OUT-OF-POCKET <i>(Add ALL boxes and enter total)</i>	\$
--	-----------