



Office of Human Resources

Overview of UT Dallas Benefits for Plan Year 2016-2017

The University of Texas at Dallas offers the *UT System Benefits*, which is a dynamic and flexible package of valuable program designed exclusively for UT System faculty, staff, retirees and eligible dependents. [The UT System Office of Employee Benefits website, accessible through this link http://www.utsystem.edu/offices/employee-benefits](http://www.utsystem.edu/offices/employee-benefits) and [UTD Benefits Website](#) are available to help you understand all of the available options so that you can make the best possible benefits decisions for yourself and your family. The UT Dallas policies and procedures are accessible through the [Office of Human Resources Website](#). For further benefits questions or to make an appointment to meet with a [Benefits Administrator](#) for enrollment assistance, send an email to benefits@utdallas.edu. **Important Notice: You must enroll within 31 days from the effective date of your employment or eligibility.**

- **Medical** - UT Select Preferred Provider Organization (PPO) administered by Blue Cross/Blue Shield of Texas, Inc.
 - In- Network: Co-payment of \$30 (Family Care Physician) or \$35 (Specialist)
 - \$350 annual deductible per person/\$1,050 family, Co-insurance covers 80% of allowed fee.
 - **Identity Protection Services** – available to all UT Select Medical Participants
- **Prescription Drug Program:** UT Select Prescription Drug Program through Express Scripts - (retail and mail order)

| | Generic | Preferred Brand | Non-pref. 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 co-payments (90-day supply): | \$20.00 | \$87.50 | \$125.00 |
- **Dental:** Preventive; restorative, endodontics, prosthodontics, oral surgery and orthodontia
 - UT Select Dental (Delta): \$25 per person deductible; \$1,250 per person annual maximum benefits
 - UT Select Dental Plus (Delta): \$0 deductible; \$3,000 per person annual maximum benefits
 - DeltaCare DHMO – \$0 deductible; No annual maximum; selection of primary care dentist is required; no out-of-network
- **Vision Plan:** 2 Options: Superior Vision Basic and Plus Plans
- **Short Term Disability:** 60% of regular weekly pay up to a maximum benefits of \$693 per week up to 22 weeks; 14 days waiting period
- **Long Term Disability:** 60% of monthly earnings up to a maximum benefits of \$12,025 per month up to age 65; 90 days waiting period
- **Life Insurance:** \$40,000 basic – no cost; Options: 10x annual salary up to \$2M; \$10,000 child/spouse; \$25K-\$50K spouse(includes\$10K)
- **Accidental Death and Dismemberment (AD&D):** \$40,000 basic –no cost; 10x salary or \$2M; up to \$1M spouse; \$10,000 child
- **Flexible Spending Accounts:** \$2,550 Health Care; \$5,000 Dependent Day Care; \$180 yearly minimum
- **Teacher Retirement System of Texas(TRS):** Mandatory retirement plan. Automatic enrollment if eligible. See ORP information below.
- **Optional Retirement Program:** Mandatory retirement program for UTD faculty and certain director and above positions. You may enroll in lieu of TRS within 90 days of your employment or eligibility date. Contact the Benefits Office at benefits@utdallas.edu prior to 90 days. Must complete the [ORP Acknowledgment Form](#) and send to HR. If enrolling, complete the [TRS 28 Form](#) within 90 days of employment and send to HR.
- **Voluntary Retirement Programs** – Supplemental Retirement Program; Choose from 5 Financial Services Companies
 - **UT Saver TSA:** Internal Revenue Code 403(b) – Traditional Pre-tax and Roth Post-tax; Limit may be reduced for ORP Participants.
 - **UT Saver DCP:** Internal Revenue Code 457(b) – Pre-tax investment program
- Link to [Other Faculty and Staff Programs](#); [UTD Wellness Programs](#) and [UT System Living Well Wellness Program](#)
- For your reference, here is your link to the [Affordable Care Act Notice and Information](#), [UTD ACA Notice](#) and [Benefits Forms and Publications](#).

Continuation of Group Coverage through COBRA: Faculty and RA/TA benefits coverage generally ends on May 31st (end of school) for those who are not appointed during the summer and/or are not returning in the fall. For staff, benefits coverage ends at the end of the month of separation or ineligibility date. For employees whose coverage ended or continued through COBRA during the summer, you must re-enroll in the fall to have coverage. Contact a [Benefits Administrator](#) if you want to elect COBRA during the summer at benefits@utdallas.edu. For more details regarding COBRA continuation and conversion of coverage due to termination of employment or ineligibility, click [here](#).



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| 2016-2017 Insurance Benefits Premium - 12-Month Deduction Rates for Staff/Faculty Paid Over 12 Months & RA/TA | | | | |
|---|----------------------|------------------------------|----------------------------------|---|
| Medical Plan with Prescription | | | | |
| Employee Cost - Full-time (30-40 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ - | \$ 257.53 | \$ 269.34 | \$ 507.15 |
| Tobacco Program | \$ 30.00 | \$ 60.00 | \$ 60.00 | \$ 90.00 |
| Medical Plan with Prescription | | | | |
| Employee Cost - Part-time (20-29 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ 299.07 | \$ 713.37 | \$ 668.72 | \$ 1,064.24 |
| Tobacco Program | \$ 30.00 | \$ 60.00 | \$ 60.00 | \$ 90.00 |
| Dental Plan | | | | |
| Employee Cost | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Dental | \$ 32.40 | \$ 61.51 | \$ 67.80 | \$ 96.40 |
| UT Select Dental Plus | \$ 59.03 | \$ 112.11 | \$ 123.70 | \$ 176.24 |
| DeltaCare Dental HMO* | \$ 8.89 | \$ 16.90 | \$ 18.68 | \$ 26.67 |
| Vision Plan | | | | |
| Employee Cost | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| Superior Vision | \$ 5.90 | \$ 9.30 | \$ 9.52 | \$ 15.10 |
| Superior Vision Plus | \$ 9.00 | \$ 14.08 | \$ 15.08 | \$ 21.30 |
| Premium Sharing for Waived Medical Coverage | | | | |
| Full-Time Employees: 30-40 hours | PSF | \$299.07 | May be used for | Basic Coverage Package |
| Part-Time Employees: 20-29 hour | PSP | \$149.54 | Dental, Vision & | UT Select Medical Plan includes Prescription |
| | | | | \$40,000 Basic Life and \$40,000 AD&D Insurance |
| *Available in certain areas of the State of Texas. | | | | |
| EMPLOYER PORTION FOR MEDICAL COVERAGE | | | | |
| Medical Plan with Prescription | | | | |
| Employer Cost/Premium Sharing - Full-time (30-40 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ 598.14 | \$ 911.69 | \$ 798.76 | \$ 1,114.18 |
| Medical Plan with Prescription | | | | |
| Employer Cost/Premium Sharing - Part-time (20-29 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ 299.07 | \$ 455.85 | \$ 399.38 | \$ 557.09 |

| 2016-2017 Insurance Benefits Premium - 9-Month Deduction Rates for Faculty Members Paid Over 9 Months | | | | |
|---|----------------------|------------------------------|--|---|
| Medical Plan with Prescription | | | | |
| Employee Cost - Full-time (30-40 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ - | \$ 343.37 | \$ 359.12 | \$ 676.20 |
| Tobacco Program | \$ 40.00 | \$ 80.00 | \$ 80.00 | \$ 120.00 |
| Medical Plan with Prescription | | | | |
| Employee Cost - Part-time (20-29 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ 398.76 | \$ 951.16 | \$ 891.63 | \$ 1,418.99 |
| Tobacco Program | \$ 40.00 | \$ 80.00 | \$ 80.00 | \$ 120.00 |
| Dental Plan | | | | |
| Employee Cost | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Dental | \$ 43.20 | \$ 82.01 | \$ 90.40 | \$ 128.53 |
| UT Select Dental Plus | \$ 78.71 | \$ 149.48 | \$ 164.93 | \$ 234.99 |
| DeltaCare Dental HMO* | \$ 11.85 | \$ 22.53 | \$ 24.91 | \$ 35.56 |
| Vision Plan | | | | |
| Employee Cost | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| Superior Vision | \$ 7.87 | \$ 12.40 | \$ 12.69 | \$ 20.13 |
| Superior Vision Plus | \$ 12.00 | \$ 18.77 | \$ 20.11 | \$ 28.40 |
| Premium Sharing for Waived Medical Coverage | | | | |
| Full-Time Employees: 30-40 hour | \$398.76 | May be used for | Basic Coverage Package - No Cost to Employees | |
| Part-Time Employees: 20-29 hour | \$199.38 | Dental, Vision & AD&D | UT Select Medical Plan includes Prescription | |
| | | | | \$40,000 Basic Life and \$40,000 AD&D Insurance |
| *Available in certain areas of the State of Texas | | | | |
| 9-Month Premium Calculation: Total Monthly Premiums times 12 months divided by 9 months | | | | |
| PREMIUM SHARING AMOUNT (EMPLOYER PORTION) | | | | |
| Medical Plan with Prescription | | | | |
| Employer Cost/Premium Sharing - Full-time (30-40 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ 797.52 | \$ 1,215.59 | \$ 1,065.01 | \$ 1,485.57 |
| Medical Plan with Prescription | | | | |
| Employer Cost/Premium Sharing - Part-time (20-29 Hours per week) | | | | |
| Coverage/Tier Level | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| UT Select Medical | \$ 398.76 | \$ 607.80 | \$ 532.51 | \$ 742.79 |

For details on cost for salary based benefits, visit: <https://utdirect.utexas.edu/nlogon/sgwww/myUTBenefits/sgpncost.WBX>

If there is any discrepancy in this summary, the UT System Benefit plans policies, procedures and guidelines will prevail.