# The University of Texas Health Science Center
## Benefits Overview
### FY 2022 – 2023

## Payroll

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Paid Holiday</strong></td>
<td>15 days (varies)</td>
</tr>
<tr>
<td><strong>Sick Leave</strong></td>
<td>Accrue 8 hours per month</td>
</tr>
<tr>
<td><strong>Vacation</strong></td>
<td>New employees accrue 8 hours per month, eligible to use after 6 months – accrual rates increase with tenure</td>
</tr>
<tr>
<td><strong>Preventative Health</strong></td>
<td>8 hours for full-time and prorated for part-time regular employees (after completion of probationary period)</td>
</tr>
</tbody>
</table>

## Health Benefits

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Premium Sharing</strong></td>
<td>State contribution (determined by State Legislature) that can be applied toward the cost of health insurance. Amount depends on the level of dependent medical coverage and percentage of appointment.</td>
</tr>
<tr>
<td><strong>Tobacco Premium Program</strong></td>
<td>Program implemented because UT System cares for the health and well being of its members. This program is an out-of-pocket premium of $30 per month per person for UT Select members who use tobacco products. Applies to any tobacco user 16 and over.</td>
</tr>
<tr>
<td><strong>Medical Insurance</strong></td>
<td>Medical coverage is self-insured through UT Systems. UT Select (PPO) is administered by Blue Cross Blue Shield of Texas. Coverage is effective the 1st of the following month after date of hire.</td>
</tr>
<tr>
<td></td>
<td><strong>Annual deductible</strong> - $600 per person or $1800 per family</td>
</tr>
<tr>
<td></td>
<td><strong>Medical Coinsurance Max</strong> - $3,500 per person or $6,450 per family</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-pocket Max</strong> - $8550 per person or $17,100 per family (Includes medical, prescription drugs, and copays).</td>
</tr>
</tbody>
</table>

Out of network and out of area services are available please visit [www.bcbstx.com/ut](http://www.bcbstx.com/ut) for additional information or call their Customer Service line at 1-866-882-2034.

- **PCP - Office Visit Copay** - $30 / $50 Specialist
- **UT Tier Network Copay** - $20 / $40 UT Health Specialist
- **MD Live Copay** - $0
- **Fertility Benefit** - 2 Smart Cycles Covered lifetime

## Prescriptions

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Administered by Express Scripts, employees are enrolled when medical coverage is selected. <a href="http://www.express-scripts.com/ut">www.express-scripts.com/ut</a> 1-800-818-0155</td>
</tr>
<tr>
<td></td>
<td><strong>Annual Deductible</strong> - $100 per person</td>
</tr>
<tr>
<td></td>
<td><strong>Retail Copay</strong> - $10 generic/$35 preferred/$60 non-preferred</td>
</tr>
<tr>
<td></td>
<td><strong>Mail Order Copay</strong> - $20 generic/$87.50 preferred/$150 non-preferred</td>
</tr>
</tbody>
</table>
Please visit www.deltadentalins.com/universityoftexas for additional information. Delta Dental Tel # 1-800-893-3582

**UT Select Delta Dental – PPO**
- Annual Deductible - $25
- Maximum Annual Benefit - $1,250
- Basic services covered at 80%
- Orthodontic Lifetime Maximum - $1,250

**Dental Plus Plan - PPO**
- Plan pays deductible
- Maximum Annual Benefit - $3,000
- Basic services paid at 100%
- Orthodontic Lifetime Maximum - $3000

**Delta Care – DHMO**
- Annual Deductible – None
- Maximum Annual Benefit – Unlimited
- Diagnostic and Preventative coverage varies
- Restricted to DeltaCare Preferred Family Dentists except in emergencies

Please visit www.superiorvision.com/ut for additional information.
Superior Vision Tel # 1-800-507-3800

**Superior Vision**
- Copay/Exam - $35
- Frames covered in full up to $140
- Standard Lenses covered in full

**Superior Vision Plus**
- Copay - $35
- Frames covered in full up to $165
- Polycarbonates, scratch and ultraviolet coat covered in full

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**Welfare Benefits**

**Life Insurance**
Employees are enrolled in a free $50,000 life policy when enrolled in the UT medical plan. Supplemental life coverage is also available and administered by BCBSTX - www.bcbstx.com/ancillary-ut
1-866-628-2606

**Voluntary Life Coverage** - Available from 1– 10x annual salary not to exceed $2M. (Evidence of Insurability/EOI is required when new employees enroll in 4-10x annual earnings)

**Voluntary Dependent Life Coverage** –
Spouse & Children coverage - $10,000 each
$25,000 & $50,000 Spouse Coverage (will require EOI)
Accidental Death & Dismemberment (AD&D) Employees are enrolled in a free $50,000 AD&D policy when enrolled in the UT medical plan. Supplemental AD&D coverage is available and administered by BCBSTX.  www.bcbstx.com/ancillary-ut/ 1-866-628-2606

Voluntary AD&D Coverage - Available from 1 – 10x annual salary not to exceed $2M.

Voluntary Dependent AD&D Coverage – Spouse coverage up to 50% of employee coverage. Dependent coverage - $10,000 each

Short Term Disability Provides 60% of weekly salary- maximum of 22 weeks, cap of $850/week following 7-day elimination period www.bcbstx.com/ancillary-ut 1-866-628-2606

Long Term Disability Provides 60% of your benefits base pay up to a maximum benefit of $15,000 per month after a 90 consecutive day absence from last day worked or exhaustion of sick leave, whichever is longer. www.bcbstx.com/ancillary-ut 1-866-628-2606

UT Flex Spending Account A pre-tax benefit account that is used to pay for future health care expenses and/or dependent care services. “use it or lose it” Administered by Maestro Health. www.myutflex.com 1-844-UTS-FLEX (887-3539)

HealthCare - Plan Year Maximum Election $2,850
Dependent Day Care - Plan year Maximum Election $5,000

Retirement Programs

Teachers Retirement System (TRS) – www.trs.state.tx.us Eligible employees are automatically enrolled from date of hire. Deferred tax employee contribution – 8.0% Employer state match contribution – 8.0% Vested after 5 years of service.

All employee are eligible to participate in the voluntary retirement programs. All contributions are employee funded, taken by payroll deduction.

403 (b) – Tax Sheltered Annuity Employees may contribute up to a maximum amount established each year by the IRS. Traditional (before tax) and Roth (after tax) options are available.

457 (b) – Deferred Compensation Employees may contribute up to a maximum amount established each year by the IRS.

To sign up for the voluntary plans: www.myretirementmanager.com