
The University of Texas Health Science Center
Benefits Overview for Faculty
FY 2020 – 2021

Payroll

Paid Holiday	15 days (varies)
Sick Leave	Accrue 8 hours per month
Vacation	New employees accrue 8 hours per month, eligible to use after 6 months – accrual rates increase with tenure
Preventative Health	8 hours for full-time and prorated for part-time regular employees (after completion of probationary period)

Health Benefits

Premium Sharing	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.
Tobacco Premium Program	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.
Medical Insurance	Medical coverage is self-insured through UT Systems. UT Select (PPO) is administered by Blue Cross Blue Shield of Texas. Coverage is effective the 1 st of the following month after date of hire.

Annual deductible - \$350 per person or \$1050 per family

Medical Coinsurance Max - \$2,150 per person or \$6,450 per family.

Out-of-pocket Max - \$6,600 per person or \$13,200 per family (Includes medical, prescription drugs, and copays).

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

FCP Office Visit Copay - \$30

UT Tier Network Copay - \$25

Specialist Office Visit Copay - \$35

MRI and CT Scans Copay – \$100 (may be waived by contacting BCBS- Benefits Value Advisor “BVA” before services).

Prescriptions	Administered by Express Scripts, employees are enrolled when medical coverage is selected. www.express-scripts.com/ut 1-800-818-0155
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Annual Deductible - \$100 per person

Retail Copay - \$10 generic/\$35 preferred/\$50 non-preferred

Mail Order Copay - \$20 generic/\$87.50 preferred/\$125 non-preferred

Dental

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

Vision

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
Scratch and Ultraviolet coat covered in full

Welfare Benefits

Life Insurance

Employees are enrolled in a free \$40,000 life policy when enrolled in the UT medical plan. Supplemental life coverage is also available and administered by Dearborn National. www.dearbornnational.com/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)	<p>Employees are enrolled in a free \$40,000 AD&D policy when enrolled in the UT medical plan. Supplemental AD&D coverage is available and administered by Dearborn National. www.dearbornnational.com/ut 1-866-628-2606</p> <p>Voluntary AD&D Coverage - Available from 1 – 10x annual salary not to exceed \$2M.</p> <p>Voluntary Dependent AD&D Coverage – Spouse coverage up to 50% of employee coverage. Dependent coverage - \$10,000 each</p>
Short Term Disability	<p>Provides 60% of weekly salary- maximum of 22 weeks, cap of \$693/week following 14-day elimination period www.dearbornnational.com/ut 1-866-628-2606</p>
Long Term Disability	<p>Provides 60% of salary following 90-day or 180-day elimination period Available with or without COLA/ Cost of Living Adjustment. www.standard.com 1-800-628-8600</p>
UT Flex Spending Account	<p>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)</p>

HealthCare - Plan Year Maximum Election \$2,700

Dependent Day Care - Plan year Maximum Election \$5,000

Retirement Programs

Retirement Programs	<p>Teachers Retirement System (TRS) – www.trs.state.tx.us Eligible employees are automatically enrolled from date of hire. Deferred tax employee contribution – 7.7% Employer state match contribution – 7.5% Vested after 5 years of service.</p> <p>Optional Retirement Program (ORP) – see ORP vs TRS Overview Available to specific titles only. Deferred tax employee contribution – 6.65% Employer state match contribution - 8.5%. Vested after 1 year and 1 day of service. Salary cap is adjusted annually based on IRS guidelines.</p> <p>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.</p> <p>457 (b) – Deferred Compensation Employees may contribute up to a maximum amount established each year by the IRS.</p>
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