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 1st 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

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
Please visit www.deltadentalins.com/universityoftexas for additional information. Delta Dental Tel # 1-800-893-3582

**Dental**

**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](http://www.superiorvision.com/ut) for additional information. Superior Vision Tel # 1-800-507-3800

**Vision**

**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](http://www.dearbornnational.com/ut)

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 $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

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 $693/week following 14-day elimination period
www.dearbornnational.com/ut
1-866-628-2606

Long Term Disability  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

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 $2,700
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 – 7.7%
Employer state match contribution – 7.5%
Vested after 5 years of service.

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.

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.