BENEFITS OVERVIEW

Enrollment Eligibility
As a benefits eligible full time or part time employee, you are eligible for a variety of benefits offered by UTHealth – medical, dental, vision, life, accidental death & dismemberment, short term and long term disability, long term care and flexible spending accounts.

Eligible Benefits
On the first of the month following 30 days of employment, UT Health will pay 100% of the premium for the Basic Coverage Package (Employee only medical, $40,000 life and $40,000 accidental death & dismemberment) for full-time benefits-eligible employees and 50% of the premium for part-time benefits-eligible employees. If so desired, employees may increase their coverage options by electing the following optional benefits within the first 31 days of employment – medical, dental, vision, life insurance, accidental death and dismemberment, short term disability, long term disability, long term care plan, and the health care or dependent daycare flexible spending accounts. Full-time benefits eligible employees pay 50% and part-time benefits eligible employees pay 75% of the cost of medical coverage for eligible dependents.

Documentation (birth certificates, marriage license, etc) is required for all eligible dependents:

- Legal spouse, or person with whom you have filed a Declaration of Informal Marriage recognized by the State of Texas
- Unmarried children under age 25 (age 26 for medical) including stepchildren, foster children, legally adopted children, and children for whom you are the legal guardian.
- Unmarried grandchild under age 25, if the child qualifies and you claim the child as a dependent for federal tax purposes.
- Certain children over age 25 (age 26 for medical), who are determined by the UT System Office of Employee Benefits to be medically incapacitated and are unable to provide their own support.

Vacation, Sick and Holiday Leave
Benefits eligible employees accrue paid leave (or time off) in the form of vacation, sick, preventive health, and holiday leave. Vacation is accrued monthly starting at a rate of eight (8) hours based on your length of service with a maximum carry-over limit at the end of each fiscal year; eligible for use after 6 months of service. Sick leave accrues monthly at the rate of eight (8) hours with no maximum carryover. Preventive health leave awarded up to eight (8) hours each fiscal year; and eligible for use after 180 days of service. In accordance with applicable State laws we receive 11 to 15 designated Holidays annually. Holidays vary per fiscal year. All leave time is proportionate to your regular full-time or part-time employment status beginning on the first day of employment and ending on the last day worked.

RETIREMENT PLANS

Mandatory Plans
The Teacher Retirement System (TRS) is offered to employees hired to work more than 50% FTE. The employee contributes 7.7% of salary and the State of Texas contributes 6.8%. Vesting is satisfied after 5 years of credible service. Disability, death and survivor benefits are also available.

The Optional Retirement Program (ORP) is an alternative retirement plan available to designated faculty members and administrative and professional employees only. Eligibility is determined by the benefits department. The employee contributes 6.65% of salary with the State matching of 8.5%. ORP is a once in a lifetime irrevocable election. Vesting is satisfied after 1 year and 1 day of active participation in ORP.

Voluntary Supplemental Plans
The UT Saver Tax-Sheltered Annuity Plan (TSA) and the UT Saver Deferred Compensation Plan (DCP) are supplemental retirement plans available to all employees through pre-tax (TSA and DCP) and after-tax (Roth TSA) contributions from your paycheck via UT Retirement Manager.

HEALTH & WELFARE PLANS

Medical Plan
UT Select Plan/BCBS is a Preferred Provider Organization that provides in-network, out-of-network and out-of-area coverage. The plan also offers a prescription drug benefit through Medco Health/Express Scripts, preventive care, emergency care, and other benefits. A directory of plan providers is available at www.bcbstx.com/ut.

Dental Plans
DeltaCare Dental HMO is a Dental Health Maintenance Organization that provides coverage using a network dentist only. Services are covered at a fixed rate with no maximum annual benefit or deductible.

UT Select Dental is a Preferred Provider Organization with in-network and out-of-network coverage and a $25.00 annual deductible. Diagnostic & Preventive services are covered at a 100% and most other dental services are covered from 50-80%. In-Network dentists provide you additional savings for services, but are not required. Annual maximum benefit per member is $1,250.

UT Select Dental Plus – is in addition to the UT SELECT Dental plan for those individuals seeking greater dental coverage. All Dental services are covered from 80-100% with an annual maximum benefit per member of $3,000.

A Provider directory for each plan is available at www.deltadentalins.com/universityoftexas.
Vision Plans

- Superior Vision Plan provides services for a comprehensive eye exam, standard lenses and contact lenses.
- Superior Vision Plus Plan provides expanded, richer benefits, including popular lens options covered in full and higher retail allowances.

Short-Term Disability Plan

- **Dearborn National Life** - benefit equals 60% of your benefits base pay up to a maximum benefit of $3,000 per month after a 14 consecutive day absence from last day worked or exhaustion of sick leave, whichever is longer.

Long-Term Disability Plan

Depending on your employment status employees are eligible for one of two plan options. Both plans contain a pre-existing condition clause.

- **Dearborn National** – benefit equals 60% of your benefits base pay up to a maximum benefit of $12,025 per month after a 90 consecutive day absence from last day worked or exhaustion of sick leave, whichever is longer.

For Designated Faculty and Senior level Executive Administrators Only:

- **The Standard** – benefit equals 60% of your benefits base pay up to a maximum benefit of $35,000 per month with an optional COLA election after a 90 or 180 consecutive day absence from last day worked or exhaustion of sick leave, whichever is longer. Eligibility is determined by the benefits department.

Life and Accidental Death and Dismemberment Insurance Plans

Depending on your employment status, employees are eligible for both life and AD&D coverage.

- **Dearborn National Life** - Benefits-eligible full-time and part-time employees receive a $40,000 benefit for both Basic Life and Accidental Death/Dismemberment with the Basic Coverage Package. Employees may elect one to ten times their benefits base pay in life insurance, with a maximum of $2,000,000 (Evidence of Insurability may be required). Employees may also elect $10,000 per child and $25,000 and $50,000 in dependent life for a spouse (Evidence of Insurability may be required).
- **Dearborn National AD&D** - Benefits-eligible full-time and part-time employees may elect up to 10 times their base salary (maximum benefit $2,000,000) in Accidental Death and Dismemberment and up to 50% of the employee coverage amount for a spouse and $10,000 per child.

Tobacco Premium Program

There is an out-of-pocket premium of $30 per month for UT SELECT members who use tobacco products. This applies to any tobacco user (16 and over) enrolled in the UT SELECT Medical plan.

<table>
<thead>
<tr>
<th>Tobacco User Premium</th>
<th>Monthly Out-of-Pocket Cost</th>
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</thead>
<tbody>
<tr>
<td>Member</td>
<td>$30 per month</td>
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<tr>
<td>Spouse</td>
<td>$30 per month</td>
</tr>
<tr>
<td>Children</td>
<td>$30 per month*</td>
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</tbody>
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*The premium for dependent children is $30 per month regardless of how many covered dependent children use tobacco. The maximum premium is $90 per family per month.
HEALTHCARE MONTHLY PREMIUMS

<table>
<thead>
<tr>
<th>MEDICAL PLAN</th>
<th>YOU ONLY</th>
<th>YOU + SPOUSE</th>
<th>YOU + CHILD(REN)</th>
<th>YOU + FAMILY</th>
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</thead>
<tbody>
<tr>
<td>UT SELECT PPO</td>
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<tr>
<td>Regular Full-time</td>
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<tr>
<td>Regular Part-time</td>
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<tr>
<th>DENTAL PLANS</th>
<th>YOU ONLY</th>
<th>YOU + SPOUSE</th>
<th>YOU + CHILD(REN)</th>
<th>YOU + FAMILY</th>
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<tbody>
<tr>
<td>UT SELECT Dental Plan</td>
<td>$ 32.40</td>
<td>$ 61.51</td>
<td>$ 67.80</td>
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<tr>
<td>DeltaCare Dental HMO</td>
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<tr>
<th>VISION PLANS</th>
<th>YOU ONLY</th>
<th>YOU + SPOUSE</th>
<th>YOU + CHILD(REN)</th>
<th>YOU + FAMILY</th>
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</thead>
<tbody>
<tr>
<td>Superior Vision</td>
<td>$ 5.90</td>
<td>$ 9.30</td>
<td>$ 9.52</td>
<td>$ 15.10</td>
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<td>Superior Vision Plus</td>
<td>$ 9.00</td>
<td>$ 14.08</td>
<td>$ 15.08</td>
<td>$ 21.30</td>
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For more information about benefits, please contact the UT Health Benefits Office at 713-500-3935 or benefits@uth.tmc.edu.

The description of information herein is a summarization and not intended to replace the full details about covered expenses, exclusions, limitations, definitions, eligible dependents and other provisions of each plan contained in legal documents, booklets and in the group contracts. Legal documents shall govern any differences. In addition, the benefits and options are subject to change without notice, as of September 1, 2017.