

BENEFITS OVERVIEW

Enrollment Eligibility

Residents/Clinical Fellows are eligible for a variety of benefits offered by UTHealth – medical, dental, vision, life, accidental death & dismemberment, short-term and long-term disability, and flexible spending accounts.

Eligible Benefits

On the date of employment, UT Health will pay 100% of the premium for the [Basic Coverage Package](#) (Medical, \$40,000 life and \$40,000 accidental death & dismemberment) for Residents/Clinical Fellows only. Additional coverage can be elected for the Resident/Clinical Fellow and their dependents within the first 31 days of employment to include coverages in – medical, dental, vision, life insurance, accidental death and dismemberment, short-term disability, long-term disability, and the health care or dependent daycare flexible spending accounts.

[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/married children under age 26, stepchildren, foster children, legally adopted children, and children for whom you are the legal guardian.
- Unmarried/married grandchildren under age 26, if the child qualifies and you claim the child as a dependent for federal tax purposes.
- Certain children over age 26, 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

- [Vacation](#) the UTH vacation leave accrual/policy does not apply to Resident/Clinical Fellows. Residents/Clinical Fellows are permitted the equivalent of three calendar weeks (15 weekdays and 6 weekend days) each 12-month term.

Please coordinate vacation scheduling with the respective program, as well as with other Residents/Clinical Fellows in the department to ensure adequate coverage. No more than two consecutive weeks of vacation may be taken; exceptions must be authorized in writing in advance by the Program Director.

- [Sick Leave](#) the UTH sick leave accrual/policy does not apply to Resident/Clinical Fellows. The sick leave for Resident/Clinical Fellow will accrue at a rate of one day per month and may accumulate to a maximum of 30 days.
- [Holidays](#) the UTHealth holiday schedule does not apply to Resident/Clinical Fellows. Any holidays taken are at the sole discretion of the Program Director, as well as with other Resident/Clinical Fellows in the department. It is the responsibility of each Resident/Clinical Fellow to cover other's approved absences.

Leave of Absence

Requests for Leave of Absence (LOA), including Leave without Pay (LWOP) must be approved by the Program Director in accordance with applicable state and federal laws and accreditation requirements. LOA may be comprised of paid leave (including both paid sick leave and vacation) and/or LWOP. When LOA is requested for a medical reason (including maternity and paternity leave), the Resident/ Clinical Fellows must exhaust all accumulated sick leave and vacation prior to beginning any LWOP. Consistent with the Federal Family and Medical Leave Act of 1993 (FMLA), UTHealth will grant up to 12 calendar weeks of leave in a 12-month period. The duration of LOA must be consistent with satisfactory completion of training (credit toward specialty board certification), which will be determined by each department in consultation with the Program Director.

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 Express Scripts Inc., 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 a premium 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](#) - provides services for a comprehensive eye exam, standard lenses and contact lenses.
- [Superior Vision Plus](#) - provides expanded, richer benefits, including popular lens options covered in full and higher retail allowances.

Short-Term Disability Plan

- [Dearborn National](#) – 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

- [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.

UT Flex

[UT FLEX](#) is a flexible spending account (FSA) used to pay for certain out-of-pocket health care expenses with the Health Care Reimbursement Account (HCRA) or qualifying dependent day care expenses with the Dependent Care Reimbursement Account (DCRA). This reduces the amount paid in taxes and increases spendable income. A UT FLEX Debit Card is issued to pay for eligible expenses at the point of service if enrolled in the HCRA.

UT FLEX	Contribution Amounts
HCRA	\$15 minimum contribution per month. Total contributions cannot exceed \$2,750 per plan year per employee for federal income tax filing purposes.
DCRA	\$15 minimum per month up to a maximum of \$5,000 per plan year; or up to a maximum of \$2,500 per plan year if married filing separate federal income tax returns

Life and Accidental Death & Dismemberment Plans

[Dearborn National Life](#) – a \$40,000 benefit for both Basic Life and Accidental Death/Dismemberment will be given with the Basic Coverage Package at no cost. Residents/Clinical Fellows can elect up to ten times their base salary maximum benefit \$2,000,000 (Evidence of Insurability may be required). Spouse life coverage is available for \$10,000, \$25,000 or \$50,000 (Evidence of Insurability may be required). Dependent life coverage is \$10,000 per child.

[Dearborn National ADD](#) - Residents/Clinical Fellows can elect up to 10 times their base salary (maximum benefit \$2,000,000) and up to 50% of the elected coverage amount for a spouse and \$10,000 per child.

Professional liability insurance (PLI) is provided through UTHealth at no cost. This insurance does not cover any professional activities not assigned by the training program.

RETIREMENT PLANS

Voluntary Supplemental Plans

The [UTSaver Tax-Sheltered Annuity Plan \(TSA\)](#) and the [UTSaver Deferred Compensation Plan \(DCP\)](#) are voluntary supplemental retirement plans available to all Residents/Clinical Fellows through pre-tax (TSA and DCP) and after-tax (Roth TSA) contributions from your paycheck via [UT Retirement Manager](#).

UNIFORMS/BADGES

Two three-quarter-length coats are supplied to each resident in his or her first year, and one additional coat is supplied in each subsequent year of training. Additionally, each Resident/Clinical Fellow will receive an official identification badge.

FOOD SERVICES/CALL ROOMS

Residents/Clinical Fellows on duty are provided with access to adequate food services 24 hours a day in all institutions. Those that are on call are provided with access to appropriate sleeping quarters.

RECREATION CENTER

A discount membership will be given to sign up to the UTHealth Recreation Center. Additional information is available at <https://www.uth.edu/auxiliary-enterprises/>

EMPLOYEE ASSISTANCE AND WORK/LIFE PROGRAM

Residents/Clinical Fellows are eligible to use the UT Employee Assistance Program (EAP) and the Work/Life Program.

- The Employee Assistance Program offers services to help resolve problems in their personal lives that may affect performance in their programs. Refer to the [Employee Assistance Program](#) website for specific services available.
- The Family Work/Life Programs offer assistance in balancing your work and personal lives. Refer to the [Family Work/Life](#) website for specific information available.

DRUG SCREENING AND BACKGROUND CHECK

All new and transferring Residents/Clinical Fellows are required to complete a drug screen and criminal background check before beginning their residency/fellowship.

MONTHLY RATES FOR INSURANCE PLANS – EFFECTIVE SEPTEMBER 1, 2020

The University of Texas Health Science Center at Houston
Office of Employee Benefits

MEDICAL- UT OUT-OF-POCKET COST PER MONTH

Full Time Employees				Part Time Employees			
	Total Premium	Premium Sharing	Cost to Employee		Total Premium	Premium Sharing	Cost to Employee
Subscriber Only	\$ 628.06	\$628.06	\$ 0.00	Subscriber Only	\$ 628.06	\$314.03	\$314.03
Subscriber & Spouse	\$1,227.68	\$957.26	\$270.42	Subscriber & Spouse	\$1,227.68	\$478.64	\$749.04
Subscriber & Children	\$1,121.52	\$838.70	\$282.82	Subscriber & Children	\$1,121.52	\$419.36	\$702.16
Subscriber & Family	\$1,702.40	\$1,169.88	\$532.52	Subscriber & Family	\$1,702.40	\$584.94	\$1,117.46
Tobacco Premium	\$30 per Person, \$90 maximum per Family			Tobacco Premium	\$30 per Person, \$90 maximum per Family		
Waiving Medical		\$314.03		Waiving Medical		\$157.02	

MEDICAL - UT CONNECT (for Dallas/Ft. Worth area only)

Full Time Employees				Part Time Employees			
	Total Premium	Premium Sharing	Cost to Employee		Total Premium	Premium Sharing	Cost to Employee
Subscriber Only	\$ 628.06	\$ 628.06	\$ 0.00	Subscriber Only	\$ 628.06	\$314.04	\$314.02
Subscriber & Spouse	\$ 1,200.64	\$ 957.26	\$ 243.38	Subscriber & Spouse	\$1,227.68	\$478.64	\$749.04
Subscriber & Children	\$ 1,093.24	\$ 838.70	\$ 254.54	Subscriber & Children	\$1,121.52	\$419.36	\$702.16
Subscriber & Family	\$ 1,649.14	\$1,169.88	\$ 479.26	Subscriber & Family	\$1,702.40	\$584.94	\$1,117.46
Tobacco Premium	\$30 per Person, \$90 maximum per Family			Tobacco Premium	\$30 per Person, \$90 maximum per Family		
Waiving Medical		\$314.03		Waiving Medical		\$157.01	

Plan self-insured by UT and administered by Blue Cross Blue Shield. www.bcbstx.com/ut 1-866-882-2034 Group: 71778

DENTAL COVERAGE OUT-OF-POCKET COST PER MONTH

	Dental	Dental Plus	DeltaCare HMO
Subscriber Only	\$28.52	\$61.40	\$8.80
Subscriber & Spouse	\$54.14	\$116.60	\$16.74
Subscriber & Children	\$59.66	\$128.66	\$18.50
Subscriber & Family	\$84.83	\$183.30	\$26.40

Delta Dental - www.deltadentalins.com/universityoftexas Group: 6690 1-800-893-3582

VISION CARE PLAN OUT-OF-POCKET COST PER MONTH

	Vision	Vision Plus
Subscriber Only	\$5.90	\$9.00
Subscriber & Spouse	\$9.30	\$14.08
Subscriber & Children	\$9.52	\$15.08
Subscriber & Family	\$15.10	\$21.30

Superior Vision - www.superiorvision.com/ut 1-800-507-3800 Group: 26856

DISABILITY OUT-OF-POCKET COST PER MONTH

<p>Short Term Disability (14 day Elimination Period) \$ 0.27 per \$100 of monthly earnings to a maximum of \$5,000</p> <p>Long Term Disability (90 day Elimination Period) \$ 0.38 per \$100 of monthly earnings to a maximum of \$20,042</p>	<p>Standard Long Term Disability* per \$100 of monthly earnings to a max of \$58,333</p> <p>Option 1 – 90 day elim w/COLA \$ 0.85</p> <p>Option 2 – 90 day elim w/o COLA \$ 0.65</p> <p>Option 3 – 180 day w/COLA \$ 0.64</p> <p>Option 4 – 180 day w/o COLA \$ 0.49</p> <p><small>*eligibility based on appointment</small></p>
Dearborn National. www.dearbornnational.com/ut/ 1-866-628-2606	Standard Insurance Company. www.standard.com 1-800-368-1135

UT FLEX

UT Flex medical plan year limit - \$2,700 (monthly \$225.00) UT Flex Dependent Care plan year limit - \$5,000 (monthly \$416.66) Maestro Health – www.myUTFLEX.com 1-844-887-3539

EXPRESS SCRIPTS PRESCRIPTION DRUG PROGRAM

Annual Deductible: \$100 per person per year (Deductible does not apply to medical plan deductible)			
Access Options	Generic	Preferred Drug	Non-Preferred Drug
Retail Pharmacy: (Up to 30 day supply)	\$ 10	\$ 35	\$ 50
Mail Order Pharmacy: (Up to 90-day supply)	\$ 20	\$ 87.50	\$ 125
The premiums for this plan are included in the medical rates listed above. www.expressscripts.com 1-800-818-0155 Group: UTSYSRX			

VOLUNTARY TERM LIFE INSURANCE COST PER MONTH

EMPLOYEE RATES*		DEPENDENT RATES		Dependent Life Family coverage option: \$2.87
Age of Employee on 09/01/2019	Voluntary Group Term Life (cost per \$1000 of coverage)	Age of Spouse on 09/01/2019	Voluntary Term Life Rates per \$1000 for coverage of either \$15,000 or \$40,000	
< 35	\$0.037	15 - 24	\$0.053	Provides \$10,000 for each dependent Insured by Dearborn National AD&D INSURANCE Monthly Rate (per each \$10,000 unit) \$ 0.14
35 - 39	\$0.047	25 - 29	\$0.054	
40 - 44	\$0.063	30 - 34	\$0.057	
45 - 49	\$0.097	35 - 39	\$0.072	
50 - 54	\$0.150	40 - 44	\$0.101	
55 - 59	\$0.233	45 - 49	\$0.154	
60 - 64	\$0.364	50 - 54	\$0.241	
65 - 69	\$0.650	55 - 59	\$0.376	
70 - 74	\$0.752	60 - 64	\$0.574	
75 - 79	\$0.932	65 - 69	\$0.857	
80 and over	\$1.634	70 - 74	\$1.167	
* \$40,000 Employee Life & AD&D furnished at no cost with medical.		75 - 79	\$1.446	
		80 and over	\$2.536	
				Group: GFZ71778