



UT TylerTM

THE UNIVERSITY OF TEXAS AT TYLER



About UT Tyler

Founded in 1971

Part of the prestigious University of Texas System that includes 13 institutions located throughout the state

About 10,000 students

Consists of five colleges and three schools:

College of Arts and Sciences

College of Education and Psychology

College of Engineering

Fisch College of Pharmacy

School of Health Professions

School of Medicine

School of Nursing

Soules College of Business

We also offer instructional sites at the UT Tyler Health Science Center, University Academy (a K-12 public university Charter School), and in Palestine, Longview and Houston.



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Reasonable Accommodation

The University of Texas at Tyler (UT Tyler) is committed to the full inclusion of all qualified individuals. As part of this commitment, UT Tyler will ensure that persons with disabilities are provided reasonable accommodations. If reasonable accommodation is needed to participate in the job application or interview process, to perform essential job functions, and/or to receive other benefits and privileges of employment, please contact UT Tyler's HR Office at 903-566-7234 or humanresources@uttyler.edu. Additional information can be located at <https://www.uttyler.edu/human-resources/accommodations/>.

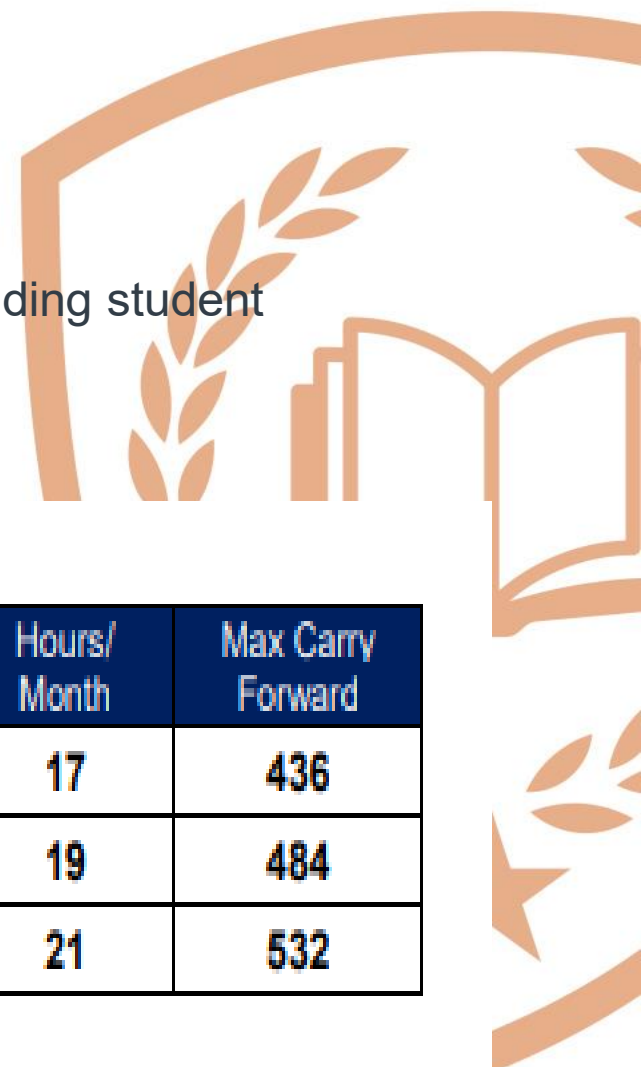
Resources

[ADA Procedure and Process Guide](#)[Employee Accommodation Request Form](#)

Vacation & Sick Leave

Vacation cannot be utilized until you have 6 months of state service time (including student employment)

Sick Leave is available immediately following your first day of employment



VACATION (Administrative Professional & Classified Staff only)

Years of Service	Hours/ Month	Max Carry Forward
0-2	8	180
2-5	9	244
5-10	10	268

Years of Service	Hours/ Month	Max Carry Forward
10-15	11	292
15-20	13	340
20-25	15	388

Years of Service	Hours/ Month	Max Carry Forward
25-30	17	436
30-35	19	484
35 +	21	532

SICK LEAVE: 8 Hours per Month



Longevity Pay

- All eligible full-time employees who are not on leave without pay the first workday of the month and who have at least two years of lifetime service credit.
- Those ineligible include academic employees of institutions of higher education and return-to-work employees who retired from state employment on or after June 1, 2005.
- Based on TOTAL state service time (including part-time and student employment).

LONGEVITY PAY

Years of Service	Per Month
2	\$ 20
4	\$ 40
6	\$ 60
8	\$ 80
10	\$100
12	\$120
14	\$140

Years of Service	Per Month
16	\$160
18	\$180
20	\$200
22	\$220
24	\$240
26	\$260
28	\$280

Years of Service	Per Month
30	\$300
32	\$320
34	\$340
36	\$360
38	\$380
40	\$400
42	\$420

Tobacco Free Campus

- All forms of tobacco are not permitted on the UT Tyler main campus, Health Science Center campus, branch campuses and any property owned by UT Tyler.
- This includes, but not limited to cigarettes, cigars, pipes, water pipes (hookah) electronic cigarettes, smokeless tobacco, snuff, chewing tobacco, and all other tobacco products.
- UT Select Members have access to cessation programs and nicotine replacement products free of cost.
- More information available at www.uttyler.edu/human-resources or by contacting Human Resources directly.



Employee Benefits-Enrollment

Employees must enroll in insurance benefits within 31 days of employment in a benefits-eligible position or default coverage will be assigned.

After initial enrollment, you may make changes only:

- During Annual Enrollment (July 15-31)
- Within 31 days of a qualifying life event (such as marriage, divorce, birth or adoption of child, loss/gain of benefits, etc.)

To enroll, visit [My UT Benefits](#) and select the appropriate campus (UT Tyler or HSCTyler) and log-in using your campus credentials.

Don't forget to complete a beneficiary designation!

Employee Benefits –Enrollment Cont.

- **UT Tyler provides a Basic Benefits Package, UT Select Medical Plan.**
- For employees employed by UT Tyler main campus and Health Science Center Tyler, coverage begins on date of hire.
- Benefits are not pro-rated regardless of date of hire. If hired late in the month you may elect to start coverage on the first day of the following month to avoid paying the months' full premium.
- To avoid a double deductions, benefits must be selected before the cut off date due payroll. This date is usually the 20th of the month.
- UT Select Medical Plan, administered by **Blue Cross Blue Shield**, includes:
 - -Prescription Drug Coverage
 - -\$50,000 Basic Group Life Insurance
 - -\$50,000 Basic Accidental Death & Dismemberment Insurance

UT Select Medical Insurance



SAVE when you choose UT Health!

UT Health East Texas is a participant in the UT Health Network, an enhanced benefit tier of your BlueCross BlueShield UT SELECT Medical plan.

What does that mean for you?

You will save money when you choose UT Health East Texas providers and facilities.

In-Network Deductible:

☐ \$600 Individual, \$1,800 Family

Network Summary of Benefits and Coverage:

<https://www.bcbstx.com/ut/coverage>

	UT Health providers	vs.	Other providers
Primary care	\$20 copay		\$30 copay
Specialist	\$40 copay		\$50 copay
Deductible	\$600		\$600
Coinsurance	10%		20%
Inpatient copay	\$0/day		\$200/day (max \$1,000 plus 20% coinsurance)



UT Select Medical Plan Monthly Premium

FY 2025 – 2026

MEDICAL OUT-OF-POCKET COST PER MONTH		<i>Full-Time Employees:</i>			<i>BLUE CROSS BLUE SHIELD OF TEXAS</i>
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL (FULL-TIME) TOTAL
UT SELECT (OUT-OF-POCKET)	\$0	\$362.82	\$379.46	\$714.48	
PREMIUM SHARING <small>(PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)</small>	\$842.66	\$1,284.34	\$1,125.26	\$1,569.62	
Medical Plan Rates include: Prescription benefit coverage + \$50,000 Life + \$50,000 AD&D					\$

OR

MEDICAL OUT-OF-POCKET COST PER MONTH		<i>Part-Time Employees:</i>			<i>BLUE CROSS BLUE SHIELD OF TEXAS</i>
Plan Available – Worldwide	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family	MEDICAL (PART-TIME) TOTAL
UT SELECT (OUT-OF-POCKET)	\$421.32	\$1,004.98	\$942.08	\$1,499.28	
PREMIUM SHARING <small>(PAID BY STATE OF TEXAS AND YOUR UT INSTITUTION)</small>	\$421.34	\$642.18	\$562.64	\$784.82	
Medical Plan Rates include: Prescription benefit coverage + \$50,000 Life + \$50,000 AD&D					\$

MDLIVE[®]

Your health benefits include virtual visits with therapists and psychiatrists.

Have confidential virtual visits with MDLIVE licensed therapists and board-certified psychiatrists. Get the tools, strategies, and medication management you need to help you feel more like yourself from the privacy and safety of home. You can choose the same provider for every visit or switch anytime.

UT SELECT

REGISTER TODAY, AND YOU'LL BE READY TO SEE A DOCTOR WHEN YOU NEED ONE.

OUR PHYSICIANS TREAT MORE THAN 80 ROUTINE MEDICAL CONDITIONS.

- Allergies
- Asthma
- Back Pain
- Bronchitis
- Common Cold
- Constipation
- Cough
- COVID-19
- Diarrhea
- Ear Infections
- Flu
- Headache
- Mild Injuries
- Nausea
- Pink Eye
- Rashes
- Respiratory Problems
- Sinus Infections
- Sore Throat
- Strep Throat
- Urinary Tract Infections (females 18+)
- ...and more, including medication refills

MD

Get the app

YOUR COPAY IS ONLY

\$0

PER VISIT

MDLIVE.com/BCBSTX

888-680-8646



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Health Advocate Solutions for UT Select

Health Advocates help with:

- Understanding how benefits work
- Cost estimates of specific services or procedures
- Assist with Pre-certifications of benefits
- Schedule appointments with your selected provider

One call can result in big savings!

Just call the 866-882-2034 or download the BCBSTX app to chat live with a health advocate!

Prescription Drug Plan EXPRESS SCRIPTS®

Annual Deductible (Does not apply to medical plan deductible)	\$200/Person/Year		
Access Options	Generic Drug Copayment	Preferred Drug Copayment	Non-Preferred Drug Copayment
Retail Network Pharmacy: Up to a 31-day supply. Refills allowed as prescribed.	\$10	\$35	\$60
Home Delivery Pharmacy: Up to a 90-day supply. Refills allowed as prescribed.	\$20	\$87.50	\$150



UT Select Dental Insurance

- **Delta Dental**

- UT Select Dental
- UT Select Dental Plus
- DeltaCare HMO

- **Per Plan year UT Select Dental and UT Select Dental plus receive:**

- 2 Free Cleanings
- X-Rays
- Preventative care is covered at 100%





Benefits and Covered Services*	UT SELECT Dental**	UT SELECT Dental Plus**
Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the end of the month dependent turns 26	Primary enrollee, spouse and eligible dependent children to the end of the end of the month dependent turns 26
Deductible per person per plan year	\$25	No Deductible with UT SELECT Dental Plus
Maximum per person per plan year	\$1,250	\$3,000
Lifetime orthodontic maximum per person	\$1,250	\$3,000
Diagnostic & Preventive Services (D&P) Exams, cleanings, x-rays and sealants	100%	100%
Basic Services Fillings, stainless steel crowns	80%	100%
Endodontics Root canals	80%	100%
Periodontics Periodontal scaling, root planing, and treatment of gum disease	80%	100%
Oral Surgery	80%	100%
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	50%	80%
Orthodontics Adults and dependent children	50%	80%

DeltaCare HMO

DeltaCare USA plans feature:

- **Set copayments**
- **No annual deductibles and no maximums for covered benefits**
- **Low out-of-pocket costs for many diagnostic and preventive services (such as professional cleanings and regular dental exams).**

You must select and receive services from a DeltaCare plan dentist to use the benefits under this plan.

Current providers can be found by following this link:

<https://www.deltadentalins.com/universityoftexas/dc-usa.html>



Dental Plan Monthly Premium

Plan Year 2025-2026

DENTAL OUT-OF-POCKET COST PER MONTH				
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family
NATIONWIDE				
UT SELECT Dental	\$28.52	\$54.14	\$59.66	\$84.84
UT SELECT Dental Plus	\$61.40	\$116.60	\$128.66	\$183.30
CERTAIN AREAS IN TEXAS				
DeltaCare Dental HMO	\$8.71	\$16.56	\$18.31	\$26.14



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Vision Insurance

- Superior Vision
- Superior Vision Plus
- Both plans receive per plan year
 - \$35 Exam
 - \$35 Contact Lens Fitting
 - Glasses or Contacts
- Discounts are available
 - Additional Contact Lenses –10%-20%
 - Additional Eyeglasses –30%
 - Lasik Surgery –Depending on Provider



SuperiorVision[®]



Vision Plan Comparison

SERVICES	SUPERIOR VISION (Standard Plan)		SUPERIOR VISION PLUS (Enhanced Plan)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Exam (MD)	Covered in full after copay ¹	Up to \$42	Covered in full after copay ¹	Up to \$42
Exam (OD)	Covered in full after copay ¹	Up to \$37	Covered in full after copay ¹	Up to \$37
Frames	\$140 retail allowance	Up to \$53	\$165 retail allowance	Up to \$53
Contact Lens Fitting (standard ²)	Covered in full after copay ¹	Not covered	Covered in full after copay ¹	Not covered
Contact Lens Fitting (specialty ²)	\$50 retail allowance after copay ¹	Not covered	\$50 retail allowance after copay ¹	Not covered

Vision Plan Comparison cont.



SERVICES	SUPERIOR VISION (Standard Plan)		SUPERIOR VISION PLUS (Enhanced Plan)	
Lenses (standard) per pair:				
Single Vision	Covered in full	Up to \$32	Covered in full	Up to \$32
Bifocal	Covered in full	Up to \$46	Covered in full	Up to \$46
Trifocal	Covered in full	Up to \$61	Covered in full	Up to \$61
Polycarbonate for dependent children only (up to age 26)	Not Covered	Not Covered	Covered in full	Not Covered
Scratch Coat (factory, single-sided)	Not Covered	Not Covered	Covered in full	Not Covered
Ultraviolet Coat	Not Covered	Not Covered	Covered in full	Not Covered
Progressive Lens	See description ³	Up to \$61	\$120 retail allowance ⁵	Up to \$61
Elective Contact Lenses ⁴	\$125 retail allowance	Up to \$100	\$150 retail allowance	Up to \$100



Vision Plan Monthly Premium

Plan year 2025 - 2026

VISION OUT-OF-POCKET COST PER MONTH				
Plans Available	Subscriber Only	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber & Family
Superior Vision	\$5.02	\$7.90	\$8.10	\$12.84
Superior Vision Plus	\$7.64	\$11.98	\$12.82	\$18.10



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Questions?



Wellness

As a member of the UT SELECT medical plan, you and your covered dependents receive access to free online nutrition tools and resources to help you reach your wellness goals. UT Living Well platform powered by Limeade. Visit ut.limeade.com to enroll. This is our new well-being and engagement program designed to help you live your best life.

WELLNESS CHALLENGES

Team up with your colleagues for the physical activity and wellness challenges. You'll receive a weekly goal and can work with your co-workers and family members (covered dependents 18+ years old) towards better health and earning your institution the coveted traveling trophy.

FITNESS DISCOUNT PROGRAM

UT SELECT™ and UT CONNECT offer a fitness program through BCBSTX. This program has discounts to several gyms throughout the state. For more information, log on to Blue Access for Members, and select the icon for the Fitness Program.

TOBACCO CESSATION RESOURCES

The UT SELECT™ medical plan offers members a variety of tobacco cessation resources at no out-of-pocket cost. These resources include professional counseling and pharmaceutical therapy.

SPECIALIZED PHARMACISTS

If you take medications to treat high cholesterol, diabetes, or one of several other conditions, specialist pharmacists can answer your questions and offer improvements in the quality and affordability of your pharmacy care. **Learn more: (800) 818-0155.**

Find additional programs and resources at your UT institution by visiting www.livingwell.utsystem.edu





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Employee Assistance Program

The EAP is a work-based program that assists and supports employees who are navigating life issues or personal problems, and/or work-related issues that may impact their job performance and mental well-being.

- **EAP services are confidential and not part of your employment record.**
- **Offers free and confidential assessments, counseling, and referrals.**
- **Including legal, financial forms, and referrals, free 30-minute consultation with a network attorney, and discounts if you retain that attorney.**
- **Online will program that provides employees with their own state-specific will privately and online secure environment.**
- **Credit counseling, debt and budgeting assistance, tax planning, retirement, and college-planning questions.**

Visit uth.edu/uteap or call 800-346-3549

Term Life Insurance

COVERAGE LEVEL	BENEFIT AMOUNT
Employee Voluntary GTL (available with or without Basic GTL)	1 to 10 times Annual Compensation up to a maximum of \$2,000,000
Dependent Voluntary GTL*	\$10,000 (Benefit amount for spouse and each eligible dependent child)
Additional Spouse Voluntary GTL*	\$15,000 or \$40,000 in addition to the \$10,000 Dependent Voluntary GTL

**Employee must be enrolled in Employee Voluntary GTL benefits in order to elect benefits for spouse and/or dependent children.*

Active employees who participate in an alternative UT System health institution life plan are not eligible to participate in the Voluntary Group Term Life plan offered under Dearborn National.

Term Life Insurance Cont.

Evidence of insurability (EOI) is required for:

- Employee Voluntary GTL coverage of up to 3 times annual salary, except within the initial 31-day benefit election period or following a qualified change of status;
- Employee Voluntary GTL coverage of 4 to 10 times annual salary; or
- Additional Spouse Voluntary GTL.

The dependent voluntary GTL premium provides coverage of \$10,000 for each eligible dependent regardless of how many dependents are covered. Employee Voluntary GTL and Additional Spouse Voluntary GTL premium is based on the enrolled person's age and benefit coverage level.

For more information, including specific out-of-pocket rates, go to

<https://www.utsystem.edu/offices/employee-benefits/insurance-0/life-insurance>.



Accidental Death and Dismemberment

COVERAGE LEVEL	BENEFIT AMOUNT
Employee Voluntary AD&D (available with or without Basic AD&D)	Increments of \$10,000 up to \$2 million or 10 times annual compensation, whichever is less.
Spouse Voluntary AD&D *	Increments of \$10,000 up to one-half of the employee voluntary AD&D benefit in force or \$1,000,000, whichever is less.
Dependent Child Coverage *	\$10,000 (benefit per eligible child)

**Employee must have at least \$20,000 Employee Voluntary AD&D coverage in order to elect Voluntary AD&D coverage for spouse and/or dependent children.*

All amounts of AD&D coverage are guaranteed issue. No EOI is required for any increases in AD&D benefits during annual enrollment or during the plan year following a qualified change in status event.

Disability Insurance

Short-Term Disability (STD)

Weekly Benefit 60% of weekly earnings up to a maximum benefit of \$850.00 per week subject to reduction by deductible sources of income or disability earnings.

Elimination Period Accident/Injury: Seven (7) days or until sick leave has been exhausted.
Sickness: Seven (7) days or until sick leave has been exhausted.

Sick Leave You must exhaust all of your accrued sick leave before benefits are payable.

Maximum Period Payable 22 Weeks; 4 weeks for pre-existing conditions

Disability Insurance Cont.

Long-Term Disability (LTD)

Monthly Benefit 60% of your monthly earnings up to a maximum benefit of \$15,000 per month, subject to deductible sources of income or other disability earnings.

Elimination Period 90 days from onset of disability, during which you are continuously disabled.

Maximum Period Payable	Age at Disability	Maximum Period Payable
	Less than age 60	To age 65, but not less than 5 years
	Age 60 through 64	5 years
	Age 65 through 69	To age 70, but not less than 1 year
	Age 70 and over	1 year

Sick Leave You must exhaust all of your accrued sick leave before benefits are payable.



Disability Cont.

You can enroll in STD or LTD without completing EOI during the first 31 days of your initial period of eligibility or within 31 days of a qualified change of status event.

Note: The LTD program does not cover long-term care services.

Monthly Premium Rates

Short Term Disability	\$0.30 per \$100 of monthly income
Long Term Disability	\$0.34 per \$100 of monthly income



Disability Insurance Cont.

- Option for Faculty of the Health Science Center only

The Standard

Benefit Amount	
Benefit Percentage	Your monthly benefit is 60 percent of the first \$58,333 of your monthly wage base reduced by deductible income
Plan Maximum Monthly Benefit	\$35,000
Plan Minimum Monthly Benefit	\$100 or 10 percent of the LTD benefit before reduction by deductible income, whichever is greater

*For more information, go to https://www.standard.com/eforms/12501_642903.pdf

UT Flex Accounts

Benefits-eligible active employees may enroll in UT FLEX flexible spending accounts.

HEALTH CARE Reimbursement Acct

- Reimburses medical necessary health care expenses incurred and paid during the period of coverage.
- \$15 minimum contribution per month. Total contributions cannot exceed \$3,300 per plan year per employee for federal income tax filing purposes.
- \$0 Administrative Fee
- Debit Card Available
- Reimbursement begins on the first day of your enrollment in the plan.
- Last day to incur expenses – November 15 after the end of the plan year.
- Last day to file claims -November 30.

Use it or Lose it. Plan Carefully!

**A detailed list of eligible and ineligible expenses as defined by the IRS is available at www.myutflex.com.



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UT Flex Account Cont.

DEPENDENT DAY CARE Reimbursement Acct

- Reimburses dependent day care expenses for children under age 13 or qualified disabled dependents of any age who are claimed as dependents for federal income tax purposes.
- \$15 minimum 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.
- \$0 Administrative Fee.
- No Debit Card Available. Claims must be filed online, by mail or fax.
- Reimbursements begin as soon as your first contribution is deducted from your pay and put into your account. Reimbursement can be made only up to your available account balance.
- Last day to incur expenses is August 31 (last day of the plan year).

Use it or Lose it. Plan Carefully!



inspira
FINANCIAL

Retirement

- **Teacher Retirement System (TRS) 401(a)**
- All eligible employees are automatically enrolled in TRS on their first day of employment.
- Retirement benefits are based on legislatively determined formulas.
- 5-year vesting period

For pay received on or after	Member Contribution Rate	State Contribution Rate
9/1/2024	8.25%	8.25%

For more information regarding TRS, go to [trs.Texas.gov](https://trs.texas.gov)

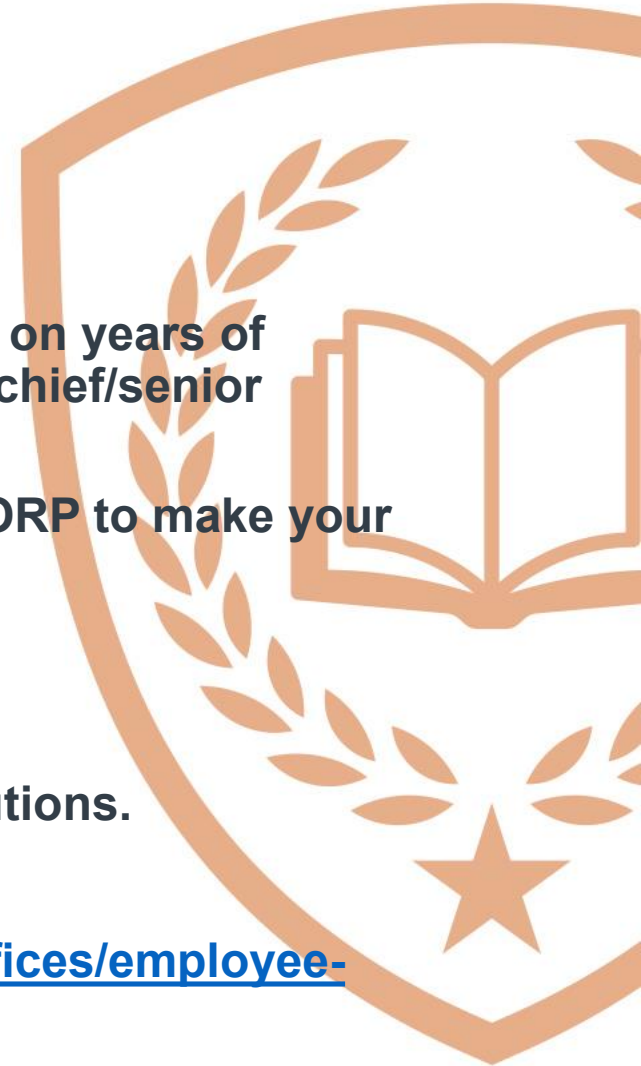


Retirement Cont.

Optional Retirement Program (ORP)

- Eligibility is strictly determined by the job you perform and is not based on years of service or salary level. Generally, ORP eligible positions include faculty, chief/senior administrative officials, athletic coaches and some directors.
- If eligible, you have 90 days from the date you first become eligible for ORP to make your enrollment decision.
- Employee Contribution: 6.65%Employer Contribution: 8.50%
- 1 year and 1 day vesting period
- UT System has **five (5) retirement providers** to invest your ORP contributions.

For more information regarding ORP, go to <https://www.utsystem.edu/offices/employee-benefits/ut-retirement-program/optional-retirement-program>.





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Voluntary Retirement Programs

The UTSaverTax Sheltered Annuity (TSA) and UTSaver Deferred Compensation Plan (DCP) are programs to which you can make pre-tax and/or after-tax contributions.

- All employees are eligible to participate.
- Enroll/Cancel at anytime throughout the year.
- Contribute as little as \$15 per month or as much as 100% of your eligible compensation up to \$24,500.
- UT System has five (5) retirement providers to invest your contributions.

For more information, go to <https://www.utsystem.edu/offices/employee-benefits/ut-retirement-program/voluntary-retirement-programs>.

Questions?

Feel free to direct any questions to the UT
Tyler Benefits team via email at
Benefits@uttyler.edu

