



UT FLEX HEALTH & DEPENDENT DAY CARE

2020/21 FLEXIBLE SPENDING ACCOUNTS GUIDE

UT FLEX Health and Dependent Day Care

Flexible Spending Accounts for Employees

SEPTEMBER 1, 2020 - AUGUST 31, 2021

Last Revised: August 2020

The information contained in this booklet is intended to be used as a general guide to the UT FLEX Plan. The University of Texas System (UT) retains the sole right to interpret the terms set forth in this booklet in compliance with applicable laws and rules, including, but not limited to Section 125 of the Internal Revenue Code. Final determination of the eligibility of any specific expense submitted to the Plan for reimbursement shall be determined by the Plan. Should any provision of this booklet conflict with the term of the UT FLEX Plan, the Plan document shall prevail over this booklet.

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UT FLEX Plan Information

PLAN NAME

UT FLEX

- 1) Insurance Premium Redirection Plan
- 2) Health Care Reimbursement Account
- 3) Dependent Day Care Reimbursement Account

PLAN SPONSOR

The University of Texas System
Office of Employee Benefits
210 West 7th Street
Austin, Texas 78701

PHONE

(512) 499-4616

FAX

(512) 499-4620

PLAN EFFECTIVE DATE

September 1, 1988

EMPLOYER FEDERAL TAX IDENTIFICATION NUMBER

74-6000203-W

FLEXIBLE SPENDING PLANS AND CLAIMS ADMINISTRATOR

Maestro Health
P.O. Box 2370
Matthews, NC 28106

CUSTOMER SERVICE

(Maestro Health)
(844) UTS-FLEX (887-3539)
M-F 7:00 AM-7:00 PM CT
questions@maestrohealth.com

FLEXIBLE SPENDING PLAN ADMINISTRATOR CONTRACT EFFECTIVE DATE

September 1, 2020

PLAN YEAR

The Plan Year is the twelve (12) month period beginning September 1 of each year and concluding on August 31 of the next year.

AMENDMENT OR TERMINATION

The University of Texas System reserves the right to amend, modify or terminate this Plan, in whole or in part, as required by applicable law.

UT FLEX Overview

Effective September 1, 1988, UT established the UT FLEX plan which provides a pre-tax premium redirection plan and Flexible Spending Account (FSA) plans using automatic pre-tax payroll deductions. UT FLEX is a “Cafeteria Plan” established pursuant to the internal revenue code.

Definitions

ACCOUNT: a record keeping account established by the Plan Administrator in the name of each Participant for the purpose of accounting for contributions made by and on behalf of a Participant and benefits paid for a Participant.

ADMINISTRATIVE FEE: a fee paid by UT FLEX FSA Plan Participants to offset some of the administrative cost of the plan. No administrative fee will be charged to Plan Participants in the 2020-2021 Plan Year.

ANNUAL ENROLLMENT PERIOD: a specified time period, usually during the month of July each year, during which you may make UT FLEX elections for the Plan Year beginning the following September 1.

CAFETERIA PLAN: a written plan created pursuant to the Internal Revenue Code and Internal Revenue Service regulations under which all Participants may choose from among two or more qualified benefits consisting of cash and qualified benefits.

CHANGE OF STATUS: an event that allows a Participant to revoke or change an election under the UT FLEX plans. Some allowable examples of a Change of Status include marriage, divorce, death of a spouse or child, birth or adoption of a child, termination or commencement of employment for you or your spouse, and change in eligibility for coverage due to change in employment for you or your spouse. Any change in Plan participation or election, due to a Change of Status, must be consistent with the Change of Status event. For example, if a Participant adopts a child, the Participant may change his or her election to include medical coverage for the child, but the agreement could not be changed to drop vision coverage since this would be unrelated to the adoption.

CODE: the Internal Revenue Code of 1986, as amended from time to time as well as any regulation adopted by the Internal Revenue Service to implement the Code. Reference to any section or subsection of the Code includes reference to any comparable or succeeding provisions of any legislation which amends, supplements, or replaces such section or subsection.

DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT OR DCRA: a UT FLEX Dependent Day Care Reimbursement Account established under the provisions of Section 129 of the Internal Revenue Code for the purpose of reimbursement of eligible dependent day care expenses. Other UT System materials may refer to this account as a “Day Care Reimbursement Account” or a “Dependent Care Account.”

DEBIT CARD OVERPAYMENT: an amount that originated from an unsubstantiated, ineligible or denied UT FLEX Debit Card transaction.

DEPENDENT: a “qualifying child” or “qualifying relative” as defined in Code Section 152 as modified by Code Section 105(b). For purposes of health care reimbursements under the Medical or Medical-Related Expense Reimbursement Benefits of the Plan, “qualifying relative” is not subject to the income limitation of Code Section 152. For purposes of the Dependent Care (Day Care) Assistance benefits of the Plan, “Dependent” means any individual who is (a) a “qualifying child” of the Participant who is under the age of 13 and who resides with the Participant for more than one-half of the year, or (b) a Dependent or the spouse of the Participant who is physically or mentally incapable of caring for himself or herself, meets any income limitation of “qualifying relative” of Code Section 152 and shares the same principal residence with the Participant.

ELIGIBLE PARTICIPANT OR PARTICIPANT: an employee of UT who is eligible to participate in a UT group insurance plan and who is not a retired employee or a return-to-work retired employee. Participation in the medical, dental or vision plan is not necessary in order to participate in a Health Care or Day Care Reimbursement Account; however, the employee must be eligible to participate in a UT group insurance plan pursuant to Texas Insurance Code, Chapter 1601.

EMPLOYER: The University of Texas System, its institutions, colleges, and departments.

ENTRY DATE: the first day of the plan year, except for a Participant who first satisfies the requirements for eligibility during the plan year, including a rehired employee. The Entry Date for an Eligible Participant with a mid-year election shall be the first day of the month coincident with or next following the Employee's satisfaction of the requirements for eligibility.

GRACE PERIOD: a period applicable to the Health Care Reimbursement Account that begins the day after the last day of the UT FLEX plan year and extends for 2 ½ months. The Grace Period ends on November 15th. During the Grace Period, Participants may incur qualified Health Care Reimbursement Account claims to be reimbursed from the Participant's prior plan year contributions to a Health Care Reimbursement Account. The Grace Period does not apply to the Day Care Reimbursement Account.

INCURRED OR TO INCUR: for purposes of the Plan, an expense is considered to be incurred on the date at which the service is provided, regardless of the date of payment of or billing for the expense. The exception is orthodontia claims which are calculated by payment date rather than date of service.

INSURANCE PREMIUM REDIRECTION PLAN: the UT FLEX Insurance Premium Redirection Plan established to satisfy the requirements of Sections 105(b) and 106 of the Internal Revenue Code in order to enable you to avoid taxation on amounts used to pay qualified insurance premiums on certain benefit plans offered by UT.

HEALTH CARE REIMBURSEMENT ACCOUNT OR HCRA: a UT FLEX Health Care Reimbursement Account established to satisfy the requirements of Sections 105(b) and 106 of the Internal Revenue Code in order to provide for reimbursement for qualified health related expenses.

UT FLEX DEBIT CARD: a card, similar to a credit card, which electronically debits funds from an HCRA when an eligible expense is incurred at qualifying merchant locations.

MAESTRO HEALTH: the organization designated and contracted by UT to coordinate claim reimbursements for the Health Care Reimbursement Account and the Day Care Reimbursement Account.

PERIOD OF COVERAGE: the period during which coverage of benefits under the FLEX Plan is available to and elected by a Participant. Normally the period of coverage coincides with the plan year. However, an employee who becomes eligible to participate (i.e. a newly hired employee or an employee who gains eligibility through a qualified change of status) during a plan year may elect to participate for a Period of Coverage commencing on the employee's Entry Date and ending as of the last day of the month in which employment ends.

PLAN ADMINISTRATOR: a licensed third-party administrator with which UT contracts to coordinate claim reimbursements for the Health Care Reimbursement Account and the Day Care Reimbursement Account. Currently, Maestro Health is the Plan Administrator of the UT FLEX plan.

PLAN YEAR: a twelve (12) month period commencing September 1 of each year and ending August 31 of the following year.

SALARY CONVERSION AGREEMENT: a written agreement by and between the Employer and Participant under which the Employer during the plan year reduces the Participant's salary and contributes the amount of the reduction to the Plan on behalf of the Participant, as a before-tax contribution.

SUBSTANTIATION: the submission of itemized receipts, statements, or invoices which document 1) the date of service, 2) the type of procedure/service provided, 3) the final patient responsibility, 4) patient name, and 5) the provider name. In addition, for those submissions where insurance proceeds may be available, the insurance Explanation of Benefits is required to properly substantiate what out-of-pocket expense is eligible for UT FLEX reimbursement.

UT SYSTEM: The University of Texas System.

UT FLEX PLAN: the Cafeteria Plan established pursuant to the laws of the State of Texas and by means of a plan document, any and all exhibits or documents which are incorporated and made a part hereof by reference, including separate written plans of The University of Texas System and any amendments which may be made to the UT FLEX Plan from time to time.

Eligibility

Participation in the Insurance Premium Redirection Plan allows pre-tax premium redirection of a portion of an Employee's salary toward payment of the Employee's share of premiums for Program plan coverage, thus decreasing the actual cost of the benefits for the Employee.

Any active UT employee, who is eligible to participate in a UT System Group Insurance Plan pursuant to Chapter 1601 of the Texas Insurance Code, is eligible to participate in the UT FLEX Plan including the UT FLEX Plan Health Care Reimbursement Account and/or the UT FLEX Plan Dependent Day Care Reimbursement Account.

Retired employees and return-to-work retired employees are NOT eligible to participate in UT FLEX.

Enrollment

PREMIUM REDIRECTION PLAN

Enrollment in the UT FLEX Premium Redirection Plan, a pre-tax redirection plan, occurs automatically when an employee elects to participate in any medical, dental, vision, or accidental death and dismemberment insurance plan that requires an out-of-pocket premium contribution by the employee. The employee's part of the premiums for that coverage will be automatically deducted from the employee's monthly salary and redirected automatically through UT System's pre-tax premium redirection plan. An employee must execute a salary conversion agreement upon enrollment into an optional coverage or plan to allow premium redirection to occur, but the employee is not required to execute a new agreement at the beginning of each plan year to continue participation in the Insurance Premium Redirection Plan. UT System self-administers the pre-tax premium redirection portion of the Plan.

FLEXIBLE SPENDING ACCOUNTS

Participation in the UT FLEX Flexible Spending Account (FSA) Plans requires a separate enrollment process. Maestro Health currently administers the UT FLEX FSA Plans, which consist of the Health Care Reimbursement Accounts (HCRA) and the Dependent Day Care Reimbursement Accounts (DCRA). Elections for HCRA and DCRA include a separate salary conversion agreement to allow deductions from your salary.

The elections must be made on an annual basis and will NOT renew unless you make a separate election during the designated Annual Enrollment period.

Employees are eligible to enroll in and contribute to a UT FLEX reimbursement account:

- During their initial 31 days of employment;
- If they have a qualified Change of Status event; or
- During the Annual Enrollment period

ENROLLMENT DURING FIRST 31 DAYS OF ELIGIBILITY

An employee who is newly eligible to be a Participant may enroll in the HCRA and/or the DCRA account during the first 31 days of employment. If the newly benefits-eligible employee completes the enrollment form by no later than the last day of the month of initial eligibility, the employee may determine the effective date of coverage for the UT FLEX program to be either the first day of eligibility or the first of the month following the first day of eligibility.

If the newly benefits-eligible employee completes the enrollment form within 31 days of initial eligibility but after the first month of eligibility, the employee must determine the effective date of coverage for the UT FLEX program to be either the first of the month following the first day of initial eligibility or the first of the month following completion of the enrollment form.

There is no required waiting period for the UT FLEX program. Therefore, the effective date for the UT FLEX program will coincide with the effective dates of coverage described above.

ENROLLMENT AFTER 31ST DAY OF ELIGIBILITY

If an employee does not enroll in a UT FLEX reimbursement account during the first 31 days of eligibility, the next opportunity to enroll will be during the next Annual Enrollment period or upon the occurrence of a qualifying Change of Status event during the plan year.

ANNUAL ENROLLMENT PERIOD

During each Annual Enrollment period, an employee has the opportunity to enroll or re-enroll in the UT FLEX reimbursement plan for the upcoming plan year. **All employees must actively enroll and designate the amount of withholding during each Annual Enrollment Period. The effective date will be the following September 1.**

Change of Status

UT FLEX FSA enrollment cannot be changed or revoked unless there is a qualifying Change of Status Event which allows the employee to make a change consistent with the qualifying event. You have **31 days*** from the date of the Change of Status event to notify your institution Benefits Office and change your benefit selections. If you do not make your changes during the **31-day** Status Change period, your changes cannot be made until the next Annual Enrollment, to be effective the following September 1.

The list below includes common examples of qualified Change of Status events:

- Marriage, divorce, or spouse's death
- Birth, adoption, medical child support order, or dependent's death
- Significant change in residence if the change affects you or your dependents' current plan eligibility
- Starting or ending employment, starting or returning from unpaid leave of absence, or a change of job status (e.g., from non-benefits eligible part-time to full-time)
- Change in dependent's eligibility (gaining or losing eligibility)
- Change in coverage or cost of other benefit plans available to you and your family (DCRA only)

For questions regarding a qualified Change of Status, please contact your institution Benefits Office.

*Although a qualified Change of Status event may occur during the plan year, the effective date of an increase or decrease to the UT FLEX annual election will not change. If an employee elects to add a new FLEX election due to a Change of Status event, the effective date is either the date of the qualifying event or the first of the following month. If an employee elects to decrease the annual election amount to an FSA following a qualified Change of Status event during the plan year, the revised annual election amount cannot require a distribution of any FSA funds to the Employee. This means the revised election amount cannot be lower than:

- the amount of total reimbursement already paid to the Employee during the plan year prior to the status change; or
- the total amount of contributions made by the Employee to the FSA during the plan year prior to the effective date of the status change.

Administrative Errors

Check your first paycheck following initial enrollment or changes in enrollment to ensure your elected UT FLEX contributions are correct and properly designated for the plan year. The only change allowable to FSA elections, other than a change due to a qualified Change of Status, is correction of an enrollment election where there is clear and convincing evidence that the error was caused by a clerical error.

You have 31 days from the date of the first paycheck stub in the fiscal year which contains the deduction to recognize the error and contact your institution Benefits Office to request a correction of such an error; otherwise your request will not be approved.

Leave of Absence

EMPLOYEES ON PAID LEAVE OF ABSENCE

Participants who are on any type of leave in which they continue on the payroll of their employing institution must continue to participate in any FSAs in which they are enrolled while on leave. You may continue to submit claims for health care expenses under HCRA while on paid leave of absence. Under IRS rules, day care expenses incurred while you are on a leave of absence and not working are not eligible for reimbursement under DCRA. However, you can use your DCRA contributions made during your leave of absence to obtain reimbursement for eligible expenses incurred prior to and after returning from your leave of absence. You should re-evaluate your DCRA contributions when you return from leave of absence.

FOR EMPLOYEES ON A LEAVE OF ABSENCE WITHOUT PAY (LWOP) WITH HEALTH CARE REIMBURSEMENT ACCOUNTS (HCRAS)

Participants on Leave of Absence Without Pay (LWOP) may elect to continue participating in the HCRA by writing a check each month directly to the employing institution. UT FLEX payments made by an employee on LWOP must be made on an after-tax basis. If payments continue, health care expenses incurred during the leave period are eligible for reimbursement.

If a Participant does not elect to contribute to their HCRA account during the LWOP period, health care expenses incurred during the leave period are not eligible for reimbursement. The individual may elect to begin contributions again upon return to active employment within the same plan year. HCRA contributions will again be deducted on a pre-tax basis for the remainder of the plan year.

Important: For HCRAs the total contributions for the plan year (including contributions made during LWOP) must always be equal to the annual election amount at the end of the plan year unless a change is made pursuant to a Change of Status. When returning from LWOP, the Employee cannot reduce the total election to an amount that would be less than the amount of claims previously filed with the Plan Administrator.

FOR EMPLOYEES ON A LEAVE OF ABSENCE WITHOUT PAY (LWOP) DUE TO ACTIVE MILITARY DUTY

Pursuant to the Heroes Earnings Assistance & Relief Tax Act of 2008 (The HEART Act), participants on Leave of Absence Without Pay (LWOP) due to active military duty of 180 days or more, or for an indefinite period, may elect to request a refund of any unused HCRA funds. The participant may also cease contributions of any additional HCRA elections. The refunded amount will be reported as taxable income to the participant. The application for the distribution must be made after the order to active duty is issued and before the last day of the plan year including any grace period in which the order was issued. A copy of the order to active duty must be provided along with the application.

FOR PARTICIPANTS ON A LEAVE OF ABSENCE WITHOUT PAY (LWOP) WITH DEPENDENT DAY CARE REIMBURSEMENT ACCOUNTS (DCRAS)

Participants on LWOP may not contribute to a DCRA or incur reimbursable expenses while on LWOP. DCRA Participants on LWOP may submit claims for reimbursement for eligible claims incurred prior to the period in which the Participant is on LWOP. Contributions must resume at the previous annual election level upon return to active employment unless the Participant makes a timely change due to a Change of Status.

Changing from an active employment status to LWOP status, or vice versa, is a qualified Change of Status event. An employee with an HCRA or DCRA may elect to increase or decrease the annual election amount within 31 days of either beginning LWOP or returning to active employment from LWOP status.

COBRA Continuation Coverage

For Health Care Reimbursement Accounts, a Participant who terminates employment with a remaining HCRA balance that is equal to or greater than the total of all required monthly contributions for the rest of the plan year are eligible to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). Coverage continuation may continue through the end of the plan year in which the individual ceases to be an Eligible Participant. The institution Benefits Office will notify the individual of the option to continue coverage and provide information on election and payment procedures. The contributions to continue participation under COBRA are made on an after-tax basis and must be the same as monthly payroll deductions made during active employment plus a two percent administrative fee. The UT FLEX Debit Card is not available to COBRA participants.

COBRA Continuation Coverage is not available for the Dependent Day Care Reimbursement Account.

Retirement

Retired employees, including return-to-work retired employees, are NOT eligible to enroll in UT FLEX. However, while you are an active employee, you may enroll in UT FLEX. Your Period of Coverage under UT FLEX will cease on your retirement date. Federal law permits you to continue your HCRA coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) during the plan year in which you retire if you were already participating in the Account as an active employee. Your Health Care Reimbursement Account COBRA coverage will end at the end of the plan year in which you retire. Because payment for UT FLEX COBRA is made with after-tax dollars, you should only continue your Health Care Reimbursement Account through COBRA if you have a remaining account balance and do not have outstanding reimbursable expenses incurred prior to your date of retire.

Termination of Participation

Participation in UT FLEX will terminate on the earliest of the:

1. last day of the month in which you cease to be a UT employee;
2. date you no longer meet the eligibility requirements;
3. date the UT FLEX plan is amended or it is terminated;
4. effective date of your UT FLEX election not to participate for an upcoming plan year; or
5. last day of the plan year for which the benefit was elected, typically August 31.

Insurance Premium Redirection Plan

If you meet the definition of an “employee” under Texas Insurance Code, Chapter 1601, you are qualified to participate in the UT FLEX Insurance Premium Redirection Plan. Through the Insurance Premium Redirection Plan, your salary is reduced by the amount of premium that you have elected to pay and the University contributes the deducted amount of money towards certain UT group insurance premiums for which you are enrolled.

The plans for which the employee’s portion of premiums can be paid through the Insurance Premium Redirection Plan are:

1. Group medical coverage, sponsored by UT, for you and your dependents;
2. Group dental coverage (HMO or indemnity plan) for you and your dependents;
3. Group vision coverage for You and your dependents; and
4. Group accidental death and dismemberment coverage for you and your dependents.

Note: When you make an election for one of the plans listed above that requires an out-of-pocket premium, the election constitutes your agreement to participate in the Insurance Premium Redirection Plan. If premiums change upward or downward, your salary is increased or decreased in the same manner as the premium increase or decrease (adjustments will occur automatically).

Understanding Flexible Spending Accounts

Flexible Spending Accounts (FSAs) provide a tax-advantaged way to pay certain out-of-pocket health care expenses and work-related day care expenses. Each account allows you to pay your expenses with “pre-tax” dollars, which means you get a tax deduction for these expenses before you ever file your tax return. You don’t pay federal income or Social Security taxes on this money.

THE UT FLEX PLAN INCLUDES TWO FSA OPTIONS:

1. Health Care Reimbursement Account (HCRA): You can set aside money on a pre-tax basis to pay for qualifying out-of-pocket medical, dental, vision or hearing expenses that are not paid under your existing insurance plans; and
2. Dependent Day Care Reimbursement Account (DCRA): You can set aside money on a pre-tax basis to pay for qualifying work or school-related child or adult day care expenses.

WHAT IS THE ADVANTAGE OF USING THE UT FLEX FLEXIBLE SPENDING ACCOUNTS?

The advantage of these accounts is you do not pay federal income or Social Security taxes on this money. By paying for qualified insurance coverages on a pre-tax basis, and by paying your out-of-pocket medical and day care expenses through the Flexible Spending Accounts, you can lower the amount of taxes you pay. You add dollars to your spendable income, and that means you have more take-home pay and more money in your pocket.

HOW DO THE FSAs WORK?

Follow these easy steps:

- Estimate the amount you will spend on out-of-pocket health care and/or day care expenses.
- Decide how much you wish to set aside into a HCRA and/ or DCRA account(s). (See the sections Election Limits for important information about annual limits.) The amount(s) you wish to set aside into your account(s) will come out of your paycheck (on a pre-tax basis) in equal amounts each pay period on a schedule established by your UT institution.
- As you incur expenses throughout the year, submit a claim form along with documentation of your qualified expenses, and then you are reimbursed for these expenses from your account(s). You can be reimbursed by check or direct deposit.
- You may also use the UT FLEX Debit Card (available for the HCRA ONLY), for qualified expenses at the location in which you receive the service. Don’t forget to save all receipts for expenses charged to your UT FLEX Debit Card as you will be asked by UT FLEX for some or all of your receipts at a later date.

- Qualified health care expenses may be incurred from a participant’s entry date through the end of the Grace Period. The Grace Period normally ends on **November 15** following the end of the plan year.
- Qualified day care expenses may be incurred from a participant’s entry date through the end of the plan year, typically August 31. **The Grace Period does not apply to the Dependent Day Care Reimbursement Account.**

Claims for both Health Care and Day Care Reimbursement Accounts must be filed by **November 30** following the end of the plan year.

Because any unused amounts remaining in your FSAs at the end of the plan year will be automatically forfeited, you should carefully estimate your expenses.

Important Notice: FSAs are regulated by the Internal Revenue Service and are subject to specific laws and regulations. You must make your election decision(s) before the new plan year begins each year or before your effective date if you are newly eligible. The election decision(s) remains in effect for the plan year, unless you have a qualifying change of status event, such as a marriage, birth, death of a dependent, etc. Check with your UT institution Benefits Office if you have questions about qualifying events. Any funds remaining in your account at the end of the reimbursement period are forfeited. You can avoid forfeitures if you plan carefully (review your prior year’s expenses to estimate what you may have the next year), are conservative in estimating your expected expenses, and plan only for predictable expenses.

FAQs ABOUT FSAs

Do I have to enroll in a UT medical, dental, or vision plan in order to enroll in the UT FLEX plans?

No. Your enrollment in UT FLEX HCRA or DCRA is not dependent upon enrollment in any other UT group insurance plan

Are there any fees associated with the plan?

There is currently no administration fee for UT FLEX accounts.

How can I find out more about UT FLEX?

If you have additional questions about the UT FLEX plans, call Maestro Health Customer Service or you may access the UT FLEX website at www.myutflex.com.

MAESTRO HEALTH

P: (844) UTS-FLEX (887-3539) | F: (844) 306-8147

M-F 7 AM - 7 PM CT

www.myutflex.com

Helpful Hints Regarding UT FLEX Enrollment

- Carefully read this booklet and contact Maestro Health or your UT institution Benefits Office if you have any questions.
- Calculate your estimated expenses. Utilize the planning tools available on the Maestro Health website, www.myutflex.com, under Resources and Tools/Calculators.
- When calculating medical expenses, remember that most preventive care does not require a copayment.
- To ensure you do not over contribute to the DCRA (and risk loss of contributions), please take into account if your child will turn age 13 during the year, summer months when child care may not be needed, or other special circumstances that might affect your contribution calculations.
- HCRA claims for dependent children are eligible through the end of the calendar year in which the dependent turns age 26. Plan only to be reimbursed for their eligible expenses incurred up to that point.
- If you are transferring from another employer where you contributed to an FSA, keep that amount in mind to ensure you do not exceed IRS contribution limits of \$5000 for DCRA per family per calendar year.
- Enrollment in UT FLEX is coordinated through UT's online enrollment system (known as My UT Benefits) during the Annual Enrollment period. Enrollment for newly hired employees outside of the Annual Enrollment period is coordinated through your UT institution Benefits Office.
- If you have a change of status during the year, contact your UT institution Benefits Office within 31 days of the event date.
- Estimate conservatively. See "Use It or Lose It" Rule.

Use It or Lose It Rule

Any amount remaining in the account at the end of the reimbursement period (plan year for Dependent Day Care Reimbursement Accounts, plan year + Grace Period for the Health Care Reimbursement Account), after reimbursements have been made for all qualified claims received by Maestro Health, will be forfeited by the Participant.

Because UT FLEX is a "use it or lose it" benefit, you should carefully estimate all expected out-of-pocket qualified health-care related expenses for a particular plan year.

Some expenses, such as medical, dental, and vision deductibles are usually relatively easy to estimate, but many other expenses, such as prescriptions or qualified over-the-counter items, are unforeseen. Although it is to your advantage to estimate the amount to be deposited into your Health Care Reimbursement Account as close to your actual costs as possible, predicting the exact amount is probably not possible in most cases. Therefore, it is normally advisable to underestimate health care expenses that will be eligible for reimbursement under the Plan in order to help ensure no funds are forfeited at the end of the plan year.

Potential Disadvantages of UT FLEX Participation

NOTE: The following are potential disadvantages of UT FLEX participation for you and your family that you may wish to discuss with your tax advisor.

- Your Social Security benefits may be reduced if you participate, because when you receive tax-free benefits under the Plan, it reduces the amount of contributions that you make to the federal Social Security system as well as the UT's contribution to the Social Security system on your behalf. However, the tax savings that you realize through Plan participation will often more than offset any reduction in other benefits. (Note: Your retirement benefits from the Teacher Retirement System of Texas or Optional Retirement Plan offered by UT are not affected by your participation in UT FLEX.)
- The amounts credited to your Health Care and/or Day Care FSA account(s) for any Plan Year can be used only to reimburse you for eligible expenses incurred during the plan year or your applicable period of coverage. In addition, funds in one account cannot be used for expenses in another account.
- You must apply for reimbursement on or before the 90th day following the close of the plan year. After all claims for a plan year have been settled, according to IRS Regulations, any remaining money left in any one account (health care and/ or dependent day care) must be forfeited, and this money defaults to UT to be used to offset UT FLEX administrative expenses and future costs. For example, if you designate \$5,000 annually to your Day Care FSA account and by the end of the plan year you spent only \$4,500, you will forfeit \$500.
- Because money is forfeited if it is left in the account at the end of the plan year for the Day Care Reimbursement Account or the end of the Grace Period for the HCRA, it is important that you carefully estimate what you will spend in each area of the benefit plan.
- The IRS regulations strictly limit UT FLEX changes and some corrections during the plan year.

Health Care Reimbursement Account (HCRA)

If you are an active employee who is eligible to participate in a UT group insurance plan, you are eligible to enroll in the Health Care Reimbursement Account (HCRA). Retired employees, including return-to-work retired employees, are not eligible to participate. HCRAs enable you to use money set aside on a pre-tax basis to reimburse your costs for qualified health care expenses incurred by you and your qualified dependents regardless of their enrollment in any UT group insurance plan. This benefit may result in significant tax savings for you and your family.

For example, if you were not participating in a UT FLEX HCRA and you are in a 28% income tax bracket, you must earn \$310.80 in order to pay a \$200 medical bill with after-tax dollars. Both income tax and Social Security and Medicare taxes would have to be paid on the \$310.80. At the 28% tax bracket, the income taxes would be \$87.02 while the Social Security and Medicare tax would be \$23.78, assuming that the Social Security maximum had not been met. After these taxes have been paid, only \$200 of the \$310.80 would remain to pay the medical bill. Under this example, you would save \$110.80 by contributing pretax dollars to the HCRA and using these dollars to pay for the expense.

You must elect the amount of funds to be deposited into your HCRA each year during the Annual Enrollment period. If you are newly eligible to participate in the UT FLEX program, you must complete the appropriate documentation through your UT institution Benefits Office within 31 days of becoming eligible.

The full plan year election amount (reduced by prior reimbursements) will be available to reimburse you for qualifying, eligible health care expenses incurred during the plan year, regardless of the amount you have contributed when you submitted the claim (so long as you remain a Participant and have continued to make contributions). You will not be reimbursed for expenses greater than your annual election.

Qualified health care expenses must be incurred during the Period of Coverage, which for the HCRA is the plan year plus the Grace Period.

Election Limits

UT limits the election amount allowable within a HCRA to the smallest of:

- 1) your annual taxable income;
- 2) your spouse's annual taxable income; or
- 3) a plan year total of \$2,750; the minimum amount of contribution is \$15 per month.

Qualifying Expenses

EXAMPLES OF ELIGIBLE HEALTH AND MEDICAL CARE EXPENSES

Eligible medical care expenses include amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons are not generally expenses for medical care and may not be eligible. Expenses that are merely beneficial to one's general health are not expenses for medical care. In some cases, you may be asked to provide a letter of medical necessity from your attending physician to substantiate your claim.

IMPORTANT: Over-the-counter (OTC) medicines and drugs require a written prescription (Rx) from your doctor in order to get reimbursed. In addition, OTC drugs or medicines cannot be purchased with a healthcare card such as the UT FLEX Debit Card.

*Items marked with (Rx Required) require a prescription to be eligible for reimbursement

A

Acupuncture

Alcoholism treatment

Ambulance service

Artificial limb/teeth

Autoette (wheelchair)

B

Bandages

Birth control pills

Body scans for diagnostic purposes Bone density testing

Braille books and magazines (excess of amount paid over cost of regular printed editions) bought for visually impaired person

Breast reconstruction Surgery

C

Capital expenditures (See IRSPublication502 - Capital Expenses)

Car Equipment Chiropractor

Christian Science Practitioner Contact lenses

Crutches

D

Dental treatment

Diagnostic devices

Drug addiction treatment

E

Eyeglasses

Eye surgery

F

Fertility enhancement Founder's Fee

G

Guide dog or other animal used to assist persons with physical disabilities

H

Health institute Hearing aids Hospital services

I

Intellectually and Developmentally Disabled, Special Home for

L

Laboratory fees

Lead-based paint removal

Legal fees to authorize treatment for mental illness Lodging

Long term care services

M

Meals (only as part of inpatient hospital care)

Medical conference admission and transportation to/from

(If concerns chronic medical condition of you, spouse or child)

Medical information plan

Medicines

Mileage or fares related specifically to an eligible medical visit to and from healthcare providers, hospitals and pharmacies. Effective January 1, 2018, the standard mileage rate (as set by the IRS) for the use of a car, van, pickup or panel truck for eligible medical visits is \$0.20 per mile.

N

Nursing home (if necessary for medical care and only the portion for medical services) Nursing services

O

Operations (legal operations that are not cosmetic in nature)

Optometrist fees

Organ donors (see Transplants) Osteopath fees

Oxygen

P

Physical exams, routine physicals

Pregnancy test, over the counter

Prosthesis

Psychiatric care

Psychoanalysis

Psychologist

S

Schools and education, special (for mentally impaired or physically disabled person - see IRSPublication502)

Sterilization procedures (vasectomy or tubal ligation)

Stop-smoking programs (over the counter; Rx required)

Surgical fees (for legal operations not cosmetic in nature)

T

Telephone or Television for hearing-impaired persons, special equipment

Television (cost of equipment to display audio part of programs for hearing impaired)

Therapy (received as medical treatment)

Transplants (donor expenses, if you pay those expenses)

Transportation including mileage, fare for bus, taxi, train, plane and related travel expenses for person seeking treatment (See 'Mileage' and IRSPublication502 - Transportation and Trips)

Tuition (see Special Education)

V

Vasectomy

Vision correction

W

Weight loss program (only if medically necessary to treat existing disease, such as heart disease, and undertaken under physician's direction)

Wheelchair

Wigs (if purchased upon advice of physician for mental health of patient)

X

X-ray fee

EXAMPLES OF **INELIGIBLE** HEALTH CARE EXPENSES

B

Baby sitting, childcare or nursing services for a healthy baby

C

Chairs, recliner

Childbirth preparation classes (portion that pertains to mother's coach, feeding and newborn care)

Controlled substances (marijuana, laetrile, etc.)

Cosmetic Surgery

D

Dancing lessons

Diaper service

Doula services

E

Electrolysis or hair removal

F

Future medical care

H

Hair transplant

Health club membership dues (for general health or recreation)

Household help

I

Illegal operations and treatments

Insurance premiums

M

Maternity clothes Medical savings account

Medicines and drugs from other countries

N

Nonprescription drugs and medications

Nutritional supplements (vitamins, herbal and dietary supplements, natural medicines, etc.)

P

Personal use items (items ordinarily used for personal, living or family purposes)

S

Swimming lessons

T

Teeth bleaching/whitening for cosmetic purposes

V

Veterinary fees

W

Weight loss programs for general health or appearance

UT FLEX Debit Card

UT FLEX offers you a fast and easy way to receive reimbursements from your HCRA through the use of the UT FLEX Debit Card. The UT FLEX Debit Card electronically debits funds from your HCRA when an eligible expense is incurred. You will receive the UT FLEX Debit Card when you first enroll in the HCRA or during Annual Enrollment. The UT FLEX Debit Card you receive remains valid until your participation in the HCRA ends or your card expires. You may order additional cards for family members by contacting Maestro Health.

The advantages of this card are:

- 1) you don't have to pay money out of your pocket at the time of service by the provider;
- 2) you don't have to complete a claim form (you must, however, save your receipts in case you are asked by Maestro Health to substantiate your claim); and
- 3) you don't have to wait for a reimbursement check to arrive in the mail.

Important: Maestro Health is required by law to audit UT Participants who elect the UT FLEX Debit Card to ensure that reimbursements are limited to qualified expenses. If you pay for services using the UT FLEX Debit Card, it is essential that you retain your itemized receipts and EOBs for a minimum of one year. Although Maestro Health can minimize audit requests through the use of claims data supplied directly to Maestro Health from the various benefit plan administrators contracting with The University of Texas System Office of Employee Benefits, not all claims information is supplied via the data from these administrators. Thus, you may still receive requests for proof of eligible expenses in the form of a letter requesting the necessary documentation. Failure to provide the required information will result in deactivation of the UT FLEX Debit Card, and you will be required to reimburse the plan for the unsubstantiated expenses.

The UT FLEX Debit Card can be used at non-healthcare related merchant locations, drug stores, retail pharmacies and online pharmacies that have implemented an inventory information approval system (IIAS). The IIAS retailers' point of sale system identifies eligible healthcare purchases by comparing the inventory control information for the items being purchased against a pre-established list of eligible health expenses. The UT FLEX Debit Card will continue to be accepted at healthcare related merchants and service providers such as doctors, dentists and vision care centers.

For a detailed list of merchants who have implemented IIAS, and for information regarding eligible and ineligible expenses which qualify for reimbursement through the UT FLEX Debit Card, visit the Maestro Health Service Center at www.myutflex.com. It is your responsibility to use the card only for qualifying expenses, and to provide the Plan Administrator with the required documentation to substantiate an expense upon request.

DEBIT CARD OVERPAYMENT

Overpayments are amounts that are charged by a Participant through debit card transactions but remain unsubstantiated by the Participant as required by the UT FLEX Plan rules and the IRS. An overpayment that remains unsubstantiated must be paid back by the Participant to the UT FLEX Plan. Overpayments returned to the UT FLEX Plan during the current plan year are returned to your Health Care Account for your use on other eligible HCRA expenses incurred during the remainder of the current plan year.

If an overpayment is not resolved on a timely basis:

- 1) Your debit card will be deactivated;
- 2) Overpayment amounts will be deducted from subsequent claims for the current plan year; and
- 3) Ultimately, your overpayments may be referred for collection and/or the imposition of administrative remedies available to UT System.

To prevent such consequences, you must contact the Maestro Health Customer Service unit as soon as you receive notification of an overpayment.

Grace Period

UT FLEX HCRA Participants are allowed a Grace Period to incur qualified health care expenses to be used to seek reimbursement of funds from prior plan contributions which remain at the end of a plan year. This Grace Period begins the day after the last day of the UT FLEX plan year and extends for 2 ½ months. The Grace Period normally ends on November 15th. UT FLEX HCRA Participants have until the last day of the Grace Period to incur eligible health care expenses that may be used to exhaust their remaining HCRA balance. The Grace Period is separate from and does not impact the November 30th deadline for submitting claims for reimbursement for eligible health care expenses incurred during the previous plan year.

During the Grace Period, claims will be paid out of any remaining balance from the prior plan year before current plan year money is used. **Important:** The Grace Period does NOT apply to the Dependent Day Care Reimbursement Account.

Dependent Day Care Reimbursement Accounts (DCRA)

If you are an active employee who is eligible to participate in a UT Group Insurance Plan, you are eligible to enroll in the Dependent Day Care Reimbursement Account (DCRA). The objective of the DCRA is to enable you to pay for qualified dependent day care services with pre-tax dollars. Your participation in a DCRA can result in significant savings for you and your family. Retired employees, including return-to-work retired employees, are not eligible to participate.

Important: For certain individuals, participation in the DCRA may not maximize their available tax savings. Currently, the Internal Revenue Code allows a tax-credit for qualified dependent day care. The percentage of day care expenses that can be taken as a tax credit varies according to an individual's adjusted gross income. Some individuals may save more by using the tax-credit available to them than by participating in a DCRA. For more information, consult with a qualified tax professional before enrolling in this account.

If you determine this option is appropriate for you and your family, you must elect the amount of funds to be deposited into your DCRA annually during the normal Annual Enrollment period. If you are newly eligible for the UT FLEX program, you must complete the appropriate documentation through your UT institution Benefits Office within 31 days of becoming eligible to enroll.

Your DCRA begins each plan year with a zero-dollar balance. Then, once payroll is processed, your funds will be deposited into your UT FLEX account.

ELECTION LIMITS

The Internal Revenue Service limits the maximum deduction amount allowable within a DCRA to the smallest of:

- 1) your annual taxable income;
- 2) your spouse's annual taxable income*;
- 3) a calendar year total of \$5,000 (approximately \$416 per month for a 12-month employee; \$555 per month for a 9-month employee; the minimum amount of contribution is \$15 per month) if you are single or a married person filing a joint income tax return; or
- 4) a calendar year total of \$2,500, if you are married and you and your spouse are filing separate income tax returns.

*Where a Participant's spouse is a Full-time Student at an educational institution or the Participant's Qualifying Dependent, the spouse shall be deemed to have annual taxable income of not less than \$200 per month if the Participant has one dependent. If the Participant has two or more dependents, the spouse's annual taxable income shall be deemed to be \$400 per month.

Federal law limits dependent day care deductions for an individual in any given calendar year (January 1 – December 31) to no more than \$5,000 (or \$2,500 if married and filing separately) for tax-filing purposes. The DCRA Plan for UT operates on a September 1 - August 31 plan year basis. It is your obligation to ensure that the deductions you and those of your spouse, if any, make for the UT FLEX plan year do not cause you to exceed the federal calendar year limits for such deductions.

The DCRA is NOT eligible for continuation benefits under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). You can, however, submit claims for expenses incurred during the period of coverage up to the available balance amount in the account. The November 30 claim filing deadline applies.

QUALIFYING EXPENSES

The definition of "qualified dependent" for the DCRA is different from the definition of "dependent" for UT group insurance eligibility purposes. A "qualified dependent" for the DCRA is an individual who is:

- 1) a person under the age of 13 when care is provided and for whom you claim an exemption for income tax purposes;
- 2) your spouse who is physically or mentally incapable of caring for himself or herself; or
- 3) your dependent who is physically or mentally unable to care for himself or herself and for whom you can claim an exemption for income tax purposes.

Important: Day care expenses incurred by a dependent after they have reached the limiting age of 13 are not eligible for reimbursement unless they are physically or mentally incapable of caring for themselves.

WHAT IS A QUALIFIED DEPENDENT DAY CARE EXPENSE?

Qualified day care expenses are expenses incurred by you or your spouse which are employment related expenses as defined by Section 21(b)2 of the Internal Revenue Code and which are provided by a Qualified Dependent Care Provider. Generally, this means the day care expenses must be for the purpose of enabling you and your spouse (if you are married) to work outside of the home, or to enable you or your spouse to attend school fulltime.

EXAMPLES OF ELIGIBLE DEPENDENT DAY CARE EXPENSES(SEE ALSO IRS PUBLICATION 503)

INCLUDE:

- After school or extended day programs (supervised activities after the regular school program)
- Au pair expenses for dependent day care (does not include travel expenses)
- Babysitter expenses (inside or outside household)
- Custodial childcare or eldercare expenses for qualifying individual
- Day camps, if primary reason for being there is the care and well-being of the child and is custodial in nature, and not educational
- Day care centers
- FICA and FUTA taxes of day care provider
- Household employee expenses whose services include care of a qualifying person
- Expenses incurred to enable an individual to become gainfully employed
- Nanny expenses
- Pre-school/Nursery school for pre-kindergarten
- Sick-child care center to extent the care is not for medical services
- Work-related day care expenses - must allow you to work or look for work. You must be gainfully employed (earning income). This does not include volunteer work that is unpaid or for nominal pay.

WHO IS A QUALIFIED DAY CARE PROVIDER?

A qualified dependent day care provider is the person(s) or organization(s) providing care to your qualified dependent. A qualified day care provider can include:

- 1) licensed nursery schools;
- 2) licensed day care centers; or
- 3) an individual who has the responsibility of providing care for qualified dependents either inside or outside of your home.

WHO IS NOT A QUALIFIED DAY CARE PROVIDER?

Your child under age of 19, or anyone you claim as a dependent for income tax purposes is not a qualified day care provider.

WHAT AMOUNTS WILL BE AVAILABLE FOR DAY

EXAMPLES OF INELIGIBLE DEPENDENT DAY CARE EXPENSES (SEE IRS PUBLICATION 503) INCLUDE:

- Educational/tuition expenses - kindergarten, first grade and above
- Expenses paid to child of Participant
- Field trip expenses
- Food, clothing, education or entertainment expenses
- Household services (chauffeur, bartender, gardener)
- Incidental expenses (diaper, activities, etc. charges)
- Overnight camp expenses (not even the portion attributed to the daytime cost)
- Payments for care where you are not the custodial parent (in divorce situations)
- Payments for care while you are off work because you are on a leave of absence
- Payments for care while you are off work because you are on maternity or other medical leave
- Payments for care while you are off work because you are on vacation
- Payments for care while you are off work due to illness
- Payment for services not yet provided (advance payments)
- Registration fees/reservation fees/holding fees
- Transportation expenses

CARE EXPENSE REIMBURSEMENTS AT ANY PARTICULAR TIME DURING THE PLAN YEAR?

The amount of year-to-date contributions (deposits), reduced by prior reimbursement, will be available to reimburse you for qualified, eligible Day Care expenses you incur during the plan year. Because UT typically processes payroll on or about the 20th of each month, day care reimbursement funds for the same month may not be available until after this date.

Example: I signed up to contribute \$416 per month into my dependent day care Flexible Spending Account (FSA) plan. My actual expenses are closer to \$500 per month. Should I submit my claim form for \$416 or for \$500?

You should file your claim for the actual amount of charges, \$500 in this case. You will be paid up to the amount of money in your account (less prior reimbursements), not to exceed \$416. The other \$84 would be pended and paid once you have additional funds contributed to your account. Funds are contributed to your DCRA once your institution payroll has been processed.

Claim Reimbursement

There are four methods of submitting claims to Maestro Health:

- 1) **Mobile app:** Apple iOS or Android Store - mSAVE (Maestro Health)
- 2) **File online** at www.myutflex.com
- 3) **for the HCRA, using the UT FLEX Debit Card** and, as required, submitting supporting documentation to confirm the transaction was for an eligible expense; or
- 4) **using a hard copy claim and faxing or mailing** the information to Maestro health.

PAPER CLAIM

Using the UT FLEX paper claim form, you can request reimbursement of eligible health care expenses incurred by you or your eligible dependents during the Period of Coverage.

The claim must contain the following:

- 1) provider name
- 2) date of service
- 3) patient name
- 4) service description
- 5) final total patient liability (after any insurance payment)

Copies of cancelled checks cannot be substituted for the itemized receipt or the explanation of benefits.

Claims should be mailed or faxed to:

MAESTRO HEALTH

P.O. Box 2370
Matthews, NC 28106

Customer Service:
Toll-Free (844) UTS-FLEX (887-3539)
F: (844) 306-8147
M-F 7 AM - 7 PM CT
questions@maestrohealth.com
www.myutflex.com

Claim forms are available at your UT institution Benefits Office, or on the UT website at: www.utsystem.edu/benefits.

ONLINE CLAIMS

This method of filing claims will allow you to send your receipts electronically. In order to upload your receipts, they will need to be scanned into a PDF format. You can submit claims online at www.myutflex.com.

HEALTH CARE REIMBURSEMENT ACCOUNT CLAIMS

You may submit charges related to different services and/or yourself and covered dependents at the same time. The Explanation of Benefits (EOB) form that is supplied by the medical, dental or vision programs, and any receipts or bills must be filed with your claim form. If the EOB, itemized receipt or bill is not included, it may delay or cause a decline in reimbursement until one or both of the above is supplied.

The plan administrator may ask for an insurance EOB to accompany a receipt to ensure that there is no insurance coverage.

Note: Claims are reimbursed only for health care expenses incurred during the Period of Coverage. All claim submissions for expenses incurred during a plan year must be received by the plan administrator or postmarked on or before the November 30 claim submission deadline following the end of an applicable Plan Year. Any amounts remaining in a Participant's account after November 30 will be forfeited. This is a requirement of federal law. UT cannot make any exceptions to these rules.

If you retire or terminate employment during a plan year, you may receive benefits for charges incurred during your Period of Coverage even if a claim was not filed at the time of your termination or retirement. However, claims must be filed on or before November 30 following the end of the plan year in which the termination or retirement occurred.

DEPENDENT DAY CARE REIMBURSEMENT ACCOUNT CLAIMS

You may submit charges related to different day care services or even different individuals at the same time. If the receipt or bill is not included, it may delay or cause a decline in reimbursement until one or both of the above is supplied. Claims will be processed when received by the plan administrator and paid when your payroll deposit is made up to the amount of your available plan balance. If you terminate employment during a plan year, you may receive benefits for charges incurred during the remainder of the plan year, up to the available balance in your DCRA account at the time of termination. However, claims must be filed on or before November 30 following the end of the plan year in which the termination occurred.

Claim Reimbursement Denial

If a claim is denied, in whole or in part, you will receive written notice from Maestro Health within 30 days of the date your claim was received. This notice will state:

- 1) the specific reason for denial and Plan provision on which the denial is based;
- 2) a description of any material or information necessary to reverse denial (this information must be provided within 45 days); and
- 3) steps to be taken if you wish to request a review of the decision, including your right to submit written comments, your right to review relevant documents and other information.

If your claim is denied in whole or part, you may request review upon written notice within 180 days of the denial. You have the right to appeal a denial for reimbursement decisions by sending a written request for review to Maestro Health. Your written request for review should state the reasons that you feel your claim should not have been denied and include any additional facts and/or documents that you feel support your claim.

Your appeal will be reviewed and decided by Maestro Health in a reasonable time not later than 60 days after receipt of your request for review. If the decision on review affirms the initial denial of your claim, you will be furnished with a notice of adverse benefit determination on review setting forth the reason for the decision on review and Plan provision on which the decision is based; a statement of your right to review relevant documents and if an internal rule, guideline, protocol or other similar criterion is relied on in making the decision on review; and a description of that rule or a statement that such rule will be provided free of charge to you upon request.

Written appeals should be mailed or faxed to:

MAESTRO HEALTH

P.O. Box 2370
Matthews, NC 28106

Customer Service:
Toll-Free (844) UTS-FLEX (887-3539)
F: (844) 306-8147
M-F 7 AM - 7 PM CT
questions@maestrohealth.com

IF MY APPEAL IS DENIED, DO I HAVE OTHER APPEAL RIGHTS?

Yes. If your first level appeal is denied, you may further appeal the decision in writing within 180 days of the initial denial to:

THE UNIVERSITY OF TEXAS SYSTEM

Office of Employee Benefits
210 West 7th Street, Austin, Texas 78701
Phone: (512) 499-4616 | Fax: (512) 499-4620

Your appeal of the denial of a claim must contain the following:

- a) a letter stating the date of the service(s) for which your request was denied, and why you believe the claim should be approved;
- b) a copy of the denial letter you received; and
- c) any additional documentation or information you think may have a bearing on your appeal.

CAN I APPEAL MID-YEAR ENROLLMENT DECISIONS OR CHANGE OF STATUS DECISIONS?

Yes, you have the right to appeal the decision of your UT System institution Benefits Office regarding mid-year enrollment elections or Change of Status denials. You may appeal mid-year enrollment or Change of Status decisions by mailing or faxing a written request within 31 days of receipt of the denial to:

THE UNIVERSITY OF TEXAS SYSTEM

Office of Employee Benefits
210 West 7th Street, Austin, Texas 78701
Phone: (512) 499-4616 | Fax: (512) 499-4620

Your written appeal must contain the following:

- 1) a letter stating the name of the UT System institution at which you are employed and the reason why you believe the mid-year enrollment or Change of Status should be approved;
- 2) a copy of the denial letter you received (if applicable) or a written summary of the discussion you had with your institution Benefits Office; and
- 3) any additional documents or information you think may have a bearing on your appeal.

Note: Exceptions can be permitted on appeal only if deemed to be extenuating circumstances as permitted by applicable law.

*All determinations made by the
UT System Office of Employee Benefits are final.*

Online and Mobile Access to Your Flexible Spending Accounts

Maestro Health's easy-to-use online portal and mobile application lets you manage your accounts.

- View and print account statements.
- Check your reimbursement status.
- Get alerts and notifications.
- File a claim by snapping a photo of the receipt.
- Access educational materials, calculators and helpful how-to videos.
- Contact support.

To register you will need to use your UT System Benefits ID (Employee ID) number and a Registration ID (Employer ID) which is BBB132002030.

ONLINE PORTAL

www.myutflex.com

MOBILE APP

Apple iOS or Android Store—mSAVE (Maestro Health)

As a reminder, while the links offer helpful tools, they are not intended to constitute or substitute for tax and/or legal advice. Please consult a tax adviser and or legal counsel of your own choosing for tax or legal advice regarding UT FLEX or any other tax or financial planning issues.

Institution Contacts

UT ARLINGTON

Office of Human Resources

(817) 272- 5554
Fax: (817) 272-5810
benefits@uta.edu

UT AUSTIN

Human Resource Services

(512) 471-4772 or
Toll Free: (800) 687-4178
Fax: (512) 232-3524
HRSC@austin.utexas.edu

UT DALLAS

Office of Human Resources

(972) 883-2221
Fax: (972) 883-2156
benefits@utdallas.edu

UT EL PASO

Office of Human Resources

(915) 747-5202
Fax: (915) 747-5815
benefits@utep.edu

UT HEALTH SCIENCE CENTER HOUSTON

Employee Benefit Services

(713) 500-3935
Fax: (713) 500-0342
benefits@uth.tmc.edu

UT HEALTH SAN ANTONIO

Office of Human Resources

(210) 567-2600
Fax: (210) 567-6791
ben-admin@UTHSCSA.EDU

UT HEALTH SCIENCE CENTER AT TYLER

Office of Human Resources

(903) 877-7784
Fax: (903) 877-5394
benefits@uthct.edu

UT MD ANDERSON CANCER CENTER

Human Resources Benefits

(713) 745-6947
Fax: (713) 745-7167
MyHR@mdanderson.org

Physicians Referral Service (PRS)

(713) 792-7600
Fax: (713) 794-4812
prsfacbensrvs@mdanderson.org

UT MEDICAL BRANCH AT GALVESTON

Employee Benefits Services

(409) 772-2630, Option "0"
Toll Free: (866) 996-8862
Fax: (409) 772-2754
benefits.services@utmb.edu

UT PERMIAN BASIN

Human Resources

(432) 552-2753
Fax: (432) 552-3747
hernandez_c@utpb.edu

UT RIO GRANDE VALLEY Brownsville

Office of Human Resources -
Benefits

(956) 882-8205
Fax: (956) 882-6599
benefits@utrgv.edu

Edinburg

Office of Human Resources -
Benefits

(956) 665-2451
Fax: (956) 665-3289
benefits@utrgv.edu

UT SAN ANTONIO

Human Resources

(210) 458-4250
Fax: (210) 458-7890
benefits@utsa.edu

UT SOUTHWESTERN MEDICAL CENTER

Human Resources Benefits
Division

(214) 648-9830
Fax: (214) 648-9881
benefits@utsouthwestern.edu

UT SYSTEM ADMINISTRATION

Office of Talent & Innovation

(512) 499-4587
Fax: (512) 499-4395
grp-hrsp@utsystem.edu

UT TYLER

Office of Human Resources

(903) 566-7234
Fax: (903) 565-5690
humanresources@uttyler.edu



THE UNIVERSITY *of* TEXAS SYSTEM
FOURTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES

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Office of Employee Benefits | The University of Texas System
210 W. 7th Street | Austin, TX 78701

benefits@utsystem.edu

UT FLEX

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P.O. Box 2370
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M-F 7 AM - 7 PM CT
questions@maestrohealth.com

The Office of Employee Benefits (OEB) leads in designing, implementing and administering high quality, cost-effective benefit programs for employees and retirees of The University of Texas System.