



**ADMINISTRATIVE
POLICIES AND PROCEDURES MANUAL**

**DATE ISSUE
6/1/98**

**REVISION
3**

**PAGE
D4-120.0**

SUBJECT

EMPLOYEE INSURANCE AND BENEFITS

SUB-TOPIC
HOSPITALIZATION AND MEDICAL INSURANCE

BENEFIT YEAR

A benefit year is defined as beginning September 1st and ending the following August 31st.

THE PLAN

The U.T. System Self-Insured Health Plan is available to all regular UTD employees. The Plan covers basic hospital expenses and basic doctor expenses for an employee and eligible dependents. An employee may enroll as a member of the Plan within sixty (60) days of his/her initial regular employment. Those employees not enrolling within the sixty (60) day limit can do so later during the annual enrollment period; however, selection of some coverage after the initial sixty (60) days of employment may require Evidence of Insurability. Any employee enrolled in a medical plan is required to be enrolled in the dental plan, and vice versa. This requirement does not apply to the employee's eligible dependents. Coverage of dependent children may be continued to age twenty-five (25), except when a child is disabled, in which case coverage may continue indefinitely with approval of The U.T. System.

Booklets provided by the Human Resources Office provide information on UTD insurance plans. The information in the booklets should be read carefully.

FILING CLAIMS

Medical, dental, and prescription identification cards are provided to a participating employee. These cards indicate the coverage selected and should be shown upon hospital admittance, when seeing a doctor, or visiting a dentist so that charges incurred will be properly filed for Plan benefits. Claims for benefits should be filed by the employee directly if the doctor or hospital is unable to file. Claim forms are available in the Human Resources Office.



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OTHER CONSIDERATIONS

Consult the plan certificate booklet for information regarding subrogation and non-duplication (dual coverage/payment for the same illness or injury), filing for benefits, changes in an employee's family, leaving the Plan, death of a member employee, continuation of previous coverage, and termination of the Plan.

For information regarding coverage of retirees or disabled retirees, see D4-121.0, this Manual.

HEALTH MAINTENANCE ORGANIZATIONS

A free-standing health maintenance organization (HMO) is offered to regular employees and their eligible dependents. For a co-payment per visit, HMO expenses range from routine doctor appointments to major surgery. Emergency services are provided for, with the understanding that the members must make use of hospitals and physicians affiliated with their particular HMO. An employee may enroll as a member within sixty (60) days of his/her initial employment. Those employees not enrolling within the sixty (60) day limit can do so later during the annual enrollment period. Consult the Human Resources Office for more detailed information.

DENTAL INSURANCE

A comprehensive dental program is offered to regular employees and their eligible dependents. An employee is provided dental coverage under the automatic coverage from the first day of employment. An employee may enroll eligible dependents in the dental plan within the first sixty (60) days of his/her regular employment. Those employees enrolled in the dental plan are required to be enrolled in a medical plan, and vice versa. This requirement does not apply to an employee's eligible dependents.

The Dental Plan booklet which is available in the Human Resources Office should be consulted for specific benefit coverage and benefit year maximum per individual.