



BENEFIT CARRIER INFORMATION

Retired Members

BENEFIT	CARRIER / GROUP NUMBER	CONTACT INFORMATION	WEBSITE (LINK)
MEDICAL	UT SELECT BCBSTX (Blue Cross Blue Shield of Texas) Group No. 071778	Customer Service: 866-882-2034 www.bcbstx.com/ut	 BlueCross BlueShield of Texas
PRESCRIPTION DRUG	Express Scripts Group No. UTSYSRX	Customer Service: 800-818-0155 Email: www.express-scripts.com/ut	 EXPRESS SCRIPTS®
PRESCRIPTION DRUG (Medicare Part D Plan)	UT SELECT Medicare Part D Group No. contact carrier directly	Customer Service: 800-860-7849 TTY: 800-716-3231	 EXPRESS SCRIPTS®
DENTAL	UT SELECT Dental (Delta) Group No. 5968 UT SELECT Dental Plus Group No. 5969 DeltaCare Dental HMO Group No. 6690	Customer Service: 800-893-3582 www.deltadentalins.com/universityoftexas	
VISION	Superior Vision Superior Vision Plus Group No. 026856	Customer Service: 800-507-3800 www.superiorvision.com/ut	SUPERIOR VISION 
GROUP-TERM LIFE	Blue Cross Blue Shield of Texas Group No. GFZ71778	Customer Service: 866-628-2606 www.bcbstx.com/ancillary-ut	 BlueCross BlueShield of Texas
EMPLOYEE ASSISTANCE PROGRAM (EAP)	Deer Oaks EAP Services	Customer Service: 866-327-2400 Username: UTEP Password: UTEP members.deeroakseap.com/	
Benefits Billing	UT Benefits Billing	Customer Service: 855-688-2455 t. / 512-499-4338 f.	