



THE TEXAS A&M
UNIVERSITY SYSTEM

2016-2017

Benefits Guide

Insurance and Retirement Programs for
The Texas A&M University System
employees, retirees and
their families

WELCOME!

In addition to this guide, the System Benefits Administration website, <http://www.tamus.edu/business/benefits-administration/>, has:

- Plan description booklets for most insurance programs.
- Links to sites for the insurance carriers and other benefit plan providers.
- Most forms and benefit publications, which can be downloaded and printed.
- Information about A&M System retirement programs.

At the back of this handbook is a list of websites and phone numbers for each plan, as well as contact information for your Human Resources office.

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Every effort has been made to ensure the information presented is accurate and up-to-date. However, this guide provides a summary of the benefits available to you and may not include all the details and provisions associated with each plan. Detailed information is available on-line in the Summary Plan Description booklets at <http://www.tamus.edu/business/benefits-administration/booklets-brochures-forms/> or from your Human Resources office.

Benefit Eligibility

- Employees:** You are eligible to receive benefits as a full-time employee if:
- You work at least 30 hours a week, and
 - Your appointment is expected to continue for at least 90 days

You are eligible to receive benefits as a part-time employee if:

- You work at least 20 hours a week, and
- Your appointment is expected to continue for a term of at least 4½ months, and
- You are eligible for retirement benefits as a member of the Teacher Retirement System of Texas (TRS) or you are enrolled in graduate student-level classes at an A&M System institution as a condition of employment.

Dependents: In general, eligible dependents are your spouse and dependent children. Children can be covered up to age 26, married or unmarried. Grandchildren are eligible if they live in your household. For more information on eligible dependents, contact your Human Resources office.

You must provide proof of eligibility to enroll any dependents. For more information, see the section on Dependent Documentation (pgs. 6 & 7).

Examples of dependents who are **not eligible** for coverage include:

- A former spouse.

Retirees: Under current state law, you are eligible for A&M System insurance coverage as a retiree when:

- you are at least age 65 and have at least 10 years of service credit, or your age plus years of service equal at least 80 and you have 10 years of service credit,
- you have 10 years of service with the A&M System, and
- the A&M System is your last state employer.

For information on “grandfathered” retirement rules for employees working for the A&M System prior to 9-1-2003, contact your Human Resource office.

If you are in TRS, you must be receiving TRS annuity payments to be eligible for health and other benefits.

Employer Contribution

Included in the employer contribution for your insurance premiums is an amount provided by the state legislature.

Unless you are transferring with no break in service from another Texas state agency or institution of higher education, you will begin receiving a monthly employer contribution the first of the month after your 60th day of employment.

Your employer contribution amount will depend on whether you are a full-time (30 hours/week) or part-time (20-29 hours/week) employee and whether you enroll dependents. Premiums listed in this guide include the total premium and your cost after you begin receiving the employer contribution.

Benefit Enrollment (for new employees)

- ▶ You can enroll in and make changes to your benefit coverages before your hire date and during your first 60-days of employment. **If you enroll before, on or within seven days after your hire date, your coverages can take effect on your hire date, on the first of the next month, or on your employer contribution eligibility date.**
- ▶ **If you enroll or make changes after the seventh day after your hire date, but during your 60-day enrollment period,** your coverage or changes can take effect on the first of the following month or on your employer contribution eligibility date.
- ▶ **If you want coverage to begin before your employer contribution eligibility date,** you will have to pay the total monthly premium until your employer contribution eligibility date.

If you do not enroll in health coverage and do not waive health coverage by the end of your 60-day enrollment period, you will automatically be enrolled in a basic package on your employer contribution eligibility date. **This will cost you money!** This basic package includes the A&M Care health plan for you, Basic Life coverage for you and any eligible dependent children and \$5,000 in Accidental Death and Dismemberment (AD&D) coverage for you. You pay any cost that is greater than the employer contribution.

You may enroll any or all of your eligible dependents in health, dental, vision, dependent life and/or AD&D, if you have that coverage on yourself. Only the dependents you list on your enrollment form or on the online system will be covered. However, if you elect family AD&D coverage, all eligible dependents will automatically be covered under that plan.

You may cover your dependents beginning on your hire date if you enroll before, on, or within seven days after your hire date, or you may delay the start of their coverage. If you enroll yourself or your dependents immediately, you must pay the full month's premium even if coverage begins partway through the month.

You may also have your coverages begin before your employer contribution eligibility date, but have your dependents' coverages begin on your employer contribution eligibility date.

In order for your dependents to have coverage, their dependent documentation must be submitted and approved before their effective date of coverage (see page 6).

If you do not want health coverage

If you do not need A&M System health coverage *and you certify that you have other health coverage,* you may use up to half of the employee-only employer contribution to pay for other coverage. For example, if your spouse works for the A&M System, you may choose to be covered under your spouse's health plan and use the employer contribution for dental and vision coverage for you and your spouse.

You can use the contribution to pay for Alternate Basic Life, Accidental Death and Dismemberment, A&M Dental or DeltaCare USA Dental HMO, Vision and Long-Term Disability, in that order. You may not use the employer contribution to pay for Optional Life or Dependent Life. If you are the policyholder of health coverage from the University of Texas System or the Employees Retirement System, you are not eligible for an additional employer contribution. You can receive an employer contribution from only one Texas state agency or institution of higher education.

If the employer contribution is used for LTD and you receive LTD benefits, part or all of those benefits may be taxable income. If you do not want the employer contribution applied to your LTD coverage, you can waive the contribution as you complete your online enrollment or by completing the appropriate section on your New Employee Benefit Enrollment Form.

How to Enroll

Through iBenefits: Login to Single Sign On (SSO) at <https://sso.tamus.edu> using your Universal Identification Number (UIN) and your SSO password. Once you're logged on, click on *iBenefits*. Then:

- Complete the employee information section.
- Enter the names and other required information for dependents you wish to add to any coverages.
- Enroll in any of the coverages listed.
- Designate your beneficiaries for Basic Life, Optional and Accidental Death and Dismemberment coverage, if elected.
- Update tobacco user status for yourself and covered dependents.

While you are making your elections, you can check them on the screen to make sure you clicked the correct buttons for the choices you want. You may correct any errors immediately.

Before exiting the system, click “sign and submit” to submit your final choices for processing.

On paper: You can enroll using a New Employee Benefit Enrollment Form. Complete this form and return it to your Human Resources office. You will need to complete a Beneficiary Designation Form and, if you enroll dependents, a Dependent Enrollment/Change Form.

After you begin employment, you can also log on to HRConnect site (<https://sso.tamus.edu>) to find:

- Employment and payroll information specific to you.
- Links to calculators that can help you plan for retirement or determine how your net pay will be affected if you change your benefit coverages.

Dependent Documentation

In order for your dependents to have coverage, their dependent documentation must be submitted and approved before their effective date of coverage.

Documentation needed to qualify your dependents for coverage:

Legal Marriage Documents

If you are legally married OR legally married and physically separated you will need: Your **most recent** Federal Tax Return (fiscal information can be crossed out) **OR** *Marriage Certificate **AND** Proof of Joint Ownership. A mortgage or bank statement or property tax bill which must be dated within the previous six months and must include both the employee's name and the spouse's name. **If within two years of marriage, then only the marriage certificate is required.*

Common Law Marriage Documents

Texas Declaration of Informal/Common Law Marriage from the County where the marriage was recognized or recorded.

OR

Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately, AND Proof of Joint Ownership dated less than six months old. Recommendations include Texas Car Insurance Document, assignment of a durable property power of attorney or healthcare power of attorney, a mortgage or bank statement, or property tax bill. Documents must include both the employee's name and the spouse's name.

Biological Child Documents

Birth Certificate of Biological Child listing the employee as mother or father, **OR** Documentation on hospital letterhead indicating the birth date of the child or children (if under 6 months old) will be accepted as temporary enrollment and must be followed by the birth certificate when received.

Step Child Documents

Child's Birth Certificate showing the child's parent is the employee's spouse, **AND** Marriage Certificate showing legal marriage between the employee and the child's parent.

Adopted Child Documents

The documents will depend on the current stage of the adoption. Official court/agency placement papers for a child placed with you for adoption (initial stage), **OR** Official Court Adoption Agreement for an Adopted Child (mid-stage), **OR** Birth Certificate (final stage).

Disabled Child age 26 or older

A doctor's statement regarding the physical or mental condition of the dependent, whether the dependent is able to maintain self-sustaining employment and whether the condition occurred before the child reached age 26.

In order for the disabled child to be enrolled in coverage when he/she is age 26 or older, the following documentation must be submitted either before the child/grandchild reaches age 26 (if he/she is currently covered) or when the child begins the enrollment process (if he/she is currently not covered):

1. For health coverage: BlueCross BlueShield's "Dependent Child's Statement of Disability," should be mailed to: Sr. Medical Underwriter, BlueCross BlueShield of Texas, Small Group Medical Underwriting, P.O. Box 655730, Dallas, TX 75265-5730, Attn: Medical Underwriting.
2. For optional coverage only: the documentation should be sent to the Employee Benefits Manager who will approve or deny coverage based on the medical information received

Grandchild Documentation

Court papers demonstrating legal guardianship, **OR** an official document showing the child's address is the same as the employee's address, such as: current year school records for grandchildren of school age, valid driver's license for grandchildren of driving age, currently dated federal or state benefit assistance program record based on residence (such as Medicaid), court record establishing residence, daycare record on the daycare's letterhead, the part of the social security card with the home address of the child, doctor's office records for children not of school age.

Foster Child Documentation

Official Court or Agency Placement papers.

Legal Guardianship Documentation

Court order establishing guardianship of a child.

Managing Conservatorship Documentation

Court order establishing managing conservatorship of a child.

Premiums

Pretax premiums:

When you enroll in health, dental, vision or AD&D coverage, your share of the premium for you and your covered dependents will be deducted from your paycheck before you pay federal income and Social Security taxes.

Summer premiums:

If you work fewer than 12-months (for example, if you are budgeted to work nine or 10½-months) and expect to return in the fall, your summer premiums (June, July and August) will be deducted from your May paycheck. You will receive the employer contribution for these months unless you terminate employment before September 1. You will receive more information about this in April, if applicable.

Payroll deductions:

If you are paid monthly, premiums deducted from your paycheck are for your insurance coverage during the previous month. For example, the premiums deducted from your October 1 paycheck are for your September coverage.

Billing or bank draft:

If you are not working, and are paying premiums through billing or bank draft, you are being billed for coverage for the following month.

Tobacco User Premium:

Designate a tobacco user status for yourself and your spouse, if he/she is enrolled in medical coverage or Dependent Life. An additional monthly premium charge for medical coverage of \$30 for an employee, and \$30 for a covered spouse will be deducted for those who use tobacco products. You must be tobacco-free for at least 3-months to be considered a non-tobacco user. The maximum additional premium is \$60 a month.

If you do not provide tobacco status information, the default designation for you and a covered spouse will be a tobacco user.

Change in Status

Changes can be made to your benefits during the Annual Enrollment period each July. Otherwise, you can only change your health, dental, vision or spending account coverages during the plan year within 60-days of a Change in Status. The changes you make to your coverage(s) must be consistent with the Change in Status. For example, if you have a new baby, you can add the baby to your health coverage, but you cannot drop your spouse from health coverage.

If you do not make your changes within 60-days of the change in status, you cannot change coverage until the next Annual Enrollment in July to be effective the following September 1.

Changes in Status include:

- Employee's marriage or divorce or death of employee's spouse
- Birth, adoption or death of a dependent child
- Change in employee's, spouse's or dependent child's employment status that affects benefit eligibility, such as leave without pay
- Child becoming ineligible for coverage due to reaching maximum age
- Change in the employee's, spouse's or a dependent child's residence that affects eligibility for coverage
- Employee's receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) medical coverage for a child
- Changes made by a spouse or dependent child during his/her annual enrollment period with another employer
- The employee, spouse or dependent child becoming eligible or ineligible for Medicare or Medicaid
- Significant employer or carrier initiated changes, such as, significant premium increase, co-insurance increase or cancellation of the employee's, spouse's or dependent child's coverage
- The employee or dependent reaching the lifetime maximum for all benefits from a non-A&M System health plan (health plan changes only)
- Change in day care costs due to a change in provider, change in provider's fees (if the provider is not a relative) or change in the number of hours the child needs day care (for Dependent Day Care Spending Accounts)
- The employee or dependent child loses coverage under the state Medicaid or CHIP plans or becomes eligible for premium assistance under the Medicaid or CHIP.

Evidence of Insurability

After your initial enrollment period has ended, you must provide Evidence of Insurability (E of I), to enroll in or increase Life Insurance coverage. Providing E of I involves answering questions about your health.

E of I is required to:

- Add Optional Life of more than three times your annual salary during your initial 60-day enrollment period, or for any amount after your initial 60-day enrollment period.
- Add Spousal-Dependent Life over \$50,000 within your initial 60-day enrollment period.
- Add or increase Spousal-Dependent Life any time after your initial 60-day enrollment period or within 60-days of your marriage.

As a new employee or during Annual Enrollment, you can complete the E of I information on Securian's (*formerly Minnesota Life*) website, which is accessible through *iBenefits*, or Optional/Dependent Life E of I forms are available from your Human Resources office. You can also apply to increase coverage at any other time during the year using the paper forms.

Securian may ask for more medical information before deciding whether to grant your request. This process normally takes about four weeks but may take longer. You are responsible for expenses incurred. You will be notified of the acceptance or denial of your application. You will not have the coverage unless you receive approval. If you are approved, coverage begins September 1 (if you apply during the annual enrollment period) or the first of the next month if you are approved after September 1.

Annual Enrollment

Annual Enrollment is held each year during the month of July. During this time you may add, change, or drop coverage for yourself and/or your dependents using the online *iBenefits* system. Elections and/or changes made during this time will be effective the following September 1, or if evidence of insurability is required and approved, the first of the month following the approval after September 1.

If no changes are made during Annual Enrollment, benefits will automatically roll over to the next plan year, **with the exception of the Flexible Spending Accounts** and life insurance coverage reductions due to age.

If you both work for the A&M System

If you and your spouse are both employed by the A&M System:

- You can be covered as an employee on some coverages and as a dependent on others. You cannot be covered as an employee and a dependent on the same coverages, except on AD&D.
- Children can be covered as dependents by either spouse, but not by both, except on AD&D. Both spouses may set up Flexible Spending Accounts and use them to pay dependent expenses. Each spouse may contribute up to \$2,550 to a Health Care Spending Account, but the total both spouses may contribute to Dependent Day Care Spending Accounts is \$5,000.
- You can each enroll separately in health coverage and receive separate employer contributions. Or, one of you can enroll in health and cover the other as a dependent on health. If you do this, the employee covered as a dependent will receive half of the employee-only employer contribution, which can be used to purchase other coverages for the employee, spouse and/or family. To be covered under different health plans, you must each enroll as employees. A spouse who is covered on health as a dependent is not eligible for Basic Life coverage.
- If you elect Alternate Basic Life or Optional Life on yourself, you may not be covered by your spouse on Dependent Life.
- You may elect employee coverage for AD&D and be covered as a dependent on your spouse's family AD&D coverage, but your benefit will not be more than the maximum for which you are eligible under employee coverage. If both you and your spouse elect family AD&D coverage, your children may be covered under both plans. However, you will not receive more than \$25,000 total benefit for each child.

For more information, read the A&M System brochure: "[When You and Your Spouse Both Work for the A&M System.](#)"

COBRA

If you or your covered dependents lose eligibility for benefit coverage due to a COBRA qualifying event, you and/or your dependents will be able to continue coverage, if already enrolled in medical, dental, vision and/or a Health Care Spending Account. COBRA coverage is the same coverage provided to all other participants, but the premiums are 102% of the total premiums. More information about COBRA can be found under [COBRA](#).

Survivors

Survivor(s) of deceased employees or retirees may be eligible for coverage beyond the coverage extended through COBRA regulations. Coverage in all cases depends on the survivor having been covered at the time of the employee's/retiree's death. Survivors of A&M System employees or retirees may continue health, dental and/or vision coverage only.

The total premium for survivors is the same as those for active employees, but survivors are not eligible for the employer contribution.

Indefinite coverage for survivor(s) is available if:

- the deceased was a retiree of the A&M System, or
- the deceased was an employee of any age with at least five years of TRS- or ORP-creditable service, including at least three years of service with the A&M System, and his/her last state employment was with the A&M System.

If the deceased was a disability retiree with less than five years of service, the survivor is eligible for benefits for the number of months equal to the months of service of the deceased retiree. If this is less than 36-months, the survivor could elect COBRA for the remaining months (36 months from the date of death.)

Spouse survivor coverage can continue indefinitely, however, coverage for eligible children or grandchildren covered at the time of the employee's/retiree's death is subject to the age maximum. Dependents who were covered at the time of the employee's/retiree's death can receive coverage for 36-months or until age 26 for health coverage, whichever is *longer*. Dependents not covered at the time of the employee's/retiree's death cannot be added to coverage. Coverage for disabled surviving children may continue indefinitely, subject to coverage rules for disabled children.

Protection of Personal Health Information

Certain information collected by the A&M System will be sent to the insurance carriers of the plans in which you enroll. However, the A&M System and the insurance carriers will treat this information as confidential. The A&M System is committed to protecting your personal health information. The System's Notice of Privacy Practices, pages 49-52, explains the circumstances under which this type of information can be disclosed, and it explains the rights you have regarding how the information is used.

This document is also available online at [HIPAA](#) or from your Human Resources office.

A Word About Security

Single Sign On (SSO) and HRConnect provide personal and confidential information. By asking you to provide a UIN and a password, the site provides two levels of security. However, do not share this information with anyone, because anyone who has it can access your information. If you believe someone has learned your password, select a new one through the "Profile" screen in SSO.

Understanding Benefit Lingo

Here are some terms and definitions that will help you understand your coverages.

Brand Name Medications: Drugs that are patented, manufactured and distributed by only one pharmaceutical manufacturer.

COBRA: The Consolidated Omnibus Budget Reconciliation Act allows you and/or covered dependents to extend health, dental and/or vision coverage beyond the date on which eligibility would normally end. You pay the full premiums plus a 2% administrative fee for this extended coverage. This is not available through the Graduate Student Plan, although some extension of coverage is allowed.

Coinsurance or Cost Sharing: The cost of a health or dental expense that is shared between you and the plan after you pay your deductible. For example, the A&M Care plan's share of most expenses is 80% and your share (coinsurance amount) is 20%.

Copayment (Copay): A set dollar amount you pay toward an expense, such as an office visit or prescription drug. The remaining cost is covered by the plan.

Deductible: The amount of money you must pay toward health, prescription drug or dental expenses for each family member each year before health, drug or dental benefits are reimbursable in most cases. After you have paid your deductible, future expenses are covered at the coinsurance or copayment amount. Copayments do not count toward the deductible. You can submit claims for reimbursement of deductible, coinsurance and copayment amounts through a Health Care Spending Account.

Generic Medications: Drugs that are manufactured, distributed and available under a chemical name without patent protection. A generic drug must have the same active ingredient as its brand name counterpart. Generic drugs typically cost less than brand name drugs.

Non-Preferred or Non-Formulary Drugs: Brand name medications that are not on the Preferred List because there are less expensive and effective alternatives available. Non-Preferred medications require a higher copayment.

Out-of-pocket Maximum: Generally, the most you will have to spend each plan year for each covered family member is the annual deductible, and the copayments and coinsurance. Once you've met the out-of-pocket maximum on yourself or a covered dependent, the plan pays 100% of most remaining expenses for you or the dependent for the rest of that plan year.

Primary Care Physician (PCP): Under the A&M Care and Graduate Student Health plans, a PCP is a general or family practitioner, an internal medicine doctor or a pediatrician.

Preferred or Formulary Drugs: A list of drugs that are periodically reviewed and updated by a committee of physicians, pharmacist and other health professionals for effectiveness and cost effectiveness. Each plan has their own Preferred Drug List. Often, brand drugs that have generics available will not be on the formulary list to encourage individuals to purchase the less expensive generic.

Reasonable and Customary Fee: The lower of the actual charge for the services or supplies, or the usual charge of most other doctors, dentists or other providers of similar training or experience in the same geographic area for the same or similar services or supplies as determined by the medical carrier.

Health

Plan Choices:

The A&M Care plan is available to all employees and retirees. If you are a graduate student employee, the Graduate Student Plan is also an option. If you are working for the A&M System under a J1 or J2 Visa, you must be enrolled in a plan that meets the requirements of your visa. These include the J Plan or the Graduate Student Plan if you are a graduate student. If you and all of your covered dependents are enrolled in Medicare Parts A & B, and you are not working, you may also be eligible for the 65 PLUS Plan. You and your enrolled family members must all be in the same health plan, unless a spouse or dependent child works for the A&M System and chooses separate coverage.

None of the health plans have pre-existing condition limitations. All plans have a few limits on specific benefits such as home health care. You cannot change health carriers during the plan year and you cannot add or drop coverage for yourself or any dependents during the plan year unless you have certain Changes in Status.

Enrollment Rules:

- If you do not enroll during your initial enrollment period, you can enroll yourself and dependents only during Annual Enrollment or if you have certain Changes in Status.
- You do not have to provide evidence of insurability to enroll in any of the plans.

Benefits:

A&M Care plan

Under the A&M Care plan, you may use any doctor, hospital or other provider and receive benefits. However, you receive higher benefits by using a network provider. You do not need a referral to see a specialist, but the copayment for a specialist is higher than the copayment for a primary care physician. The plan has a prescription drug deductible and drug copayments.

For other health care services, including stress tests, outpatient surgeries, emergency room visits and hospitalizations, you first pay an annual deductible, then you and the plan share the remaining costs (coinsurance) until you meet your annual out-of-pocket maximum. After that, the plan pays 100% of remaining eligible expenses. Out-of-network hospital deductibles do not count toward the annual health deductibles or out-of-pocket maximums. If you use a hospital that is outside the network, you will have an out-of-network hospital deductible for each admission.

How the A&M Care plan works

You receive network benefits if you use a network provider.

You receive out-of-network benefits if you use a provider **not** in the network. See page 22-24 if your primary carrier is Medicare.

When you choose a provider who is not in the network:

- You are **not** eligible for a \$20 or \$30 copayment.
- You must file claims for reimbursement.
- You must precertify hospitalizations to avoid a \$500 penalty.
- Preventive care will not be paid at 100%. Your deductible and out-of-pocket maximum will be double the network deductible and out-of-pocket maximum.

A&M Care Plan

Wellness Incentive:

Employees and their spouses (if covered) are eligible for the lowest health premium if they each complete an annual wellness exam. A premium differential of \$30/month will be added to the monthly premium for each individual (employee and spouse) who does not have a wellness exam by the deadline, June 30th. Newly enrolled employees and spouses have a grace period of the current plan year plus one additional year to get their exams. For example, if you enroll in the plan on March 1, 2016, you will have until the end of the following plan year June 30, 2017, to have your exam. We recommend completing the exam before June 30 to ensure the credit is in the BlueCross BlueShield and A&M systems before the plan year begins.

More information is available online at <http://www.tamus.edu/business/benefits-administration/wellness/>.

Deductible Credits:

Employees/retirees, their spouses and dependent children (age 18 or older) who are enrolled in the A&M Care, A&M 65 Plus, or J Plans are eligible to complete a Health Assessment (HA) and receive a \$50 credit towards each of their annual deductibles (i.e., you will have a \$350 deductible rather than a \$400.) The online HA is located on the BlueCross BlueShield website (bcbstx.com) or by signing onto 'Evive', a new, easy way to get health plan information, at tamus.myevive.com.

Plan Administration:

The A&M Care plan is administered by **BlueCross BlueShield of Texas** (BCBSTX), with **Express Scripts** administering the prescription drug portion.

International Claims:

To file international claims, you will need to complete an international claim form and submit it to the address printed on the form. Hospitals that are part of the worldwide network can file claims electronically, which may make filing claims easier for you. Charges incurred will be converted into U.S. currency at the exchange rate in effect at the time the claim is processed by BCBSTX. More information, including the international claim form, is available online at www.bcbs.com/already-a-member/coverage-home-and-away.html or by calling 1 (800) 810-BLUE.

Emergency Admissions:

If you are admitted to a hospital on an emergency basis, you must precertify with BlueCross BlueShield of Texas (BCBSTX) within 48-hours of admission (unless Medicare is your primary coverage). Call 1 (800) 441-9188 to precertify. This number is also on the back of your BCBSTX ID card for easy reference.

Coordination of Benefits:

If you or another family member has other health coverage that is primary, the A&M Care plan will pay benefits based only on the amount the other plan does not pay. This means the deductible and your coinsurance will be applied to the amount the other plan does not pay and not to the entire bill. If the primary plan has a copayment for the service, the A&M Care plan will pay no benefits.

Vision Benefits:

The A&M Care plan does provide coverage for one preventive eye exam per person, per year (copayment, if in-network, will apply). Additionally, A&M Care participants can also receive discounts on exams, frames, lenses and laser vision services through Davis Vision, Inc. To receive the discount, visit a participating provider and show your A&M Care ID card. For provider information, visit <http://www.davisvision.com>. Click members, then in the Open Enrollment box towards the bottom center of the page, enter 2295 as your client control plan number or call 1 (800) 501-1459.

Graduate Student Health Plan

The Graduate Student Plan provides graduate students with comprehensive benefits at a lower premium than other plans. It also provides repatriation benefits, which may be useful if you are a foreign national. This plan meets the visa requirement for J-1/J-2 visas. Visit <http://www.tamus.edu/business/benefits-administration/student-insurance/> for additional information.

J Plan

The J plan is only available to employees on a J-1 or J-2 visa and their family members. If you fall into this group, your visa requires you to have a plan with a maximum deductible of \$500 and a maximum coinsurance amount of 20%. The benefits are the same as those in the A&M Care plan, including the BlueCross BlueShield in-network and out-of-network benefits, with the following differences:

In-network services	Non-network services
\$400 Deductible per person/plan year	\$1,000 deductible per person/plan year; \$500 hospital deductible for non-emergency services
\$1,500 Maximum family deductible	\$3,000 maximum family deductible
20% Coinsurance percentage for network services	50% coinsurance for non-network services

Since this coverage is a requirement of your visa, if you are working for the A&M System on a J-1 or J-2 visa, the J plan will be your default plan.

Reminder About Medical Evacuation and Repatriation

Repatriation of remains of at least \$7,500 and medical evacuation coverage of at least \$10,000 are also required of those on a J-1 or J-2 visa. The student insurance plan for graduate and international students exceeds this federal requirement.

The J plan does not provide these benefits; however, the Basic Life coverage from Securian (formerly Minnesota Life), provided with the J plan as a package, does provide the following required coverage:

- Evacuation/Repatriation: \$150,000
- Repatriation of Remains: \$150,000
- Visit of Family Member or Friend: \$5,000
- Return of Dependent Children: \$5,000

Health Care While Traveling

All A&M-offered health plans provide benefits in the event of an emergency while traveling. If you know you will be traveling outside your network area or outside the U.S., plan ahead and know how to use your health plan's emergency benefit features to minimize your out-of-pocket costs. Emergency care is defined as treatment required because permanent disability or endangerment of life would result if the condition were to go untreated. Examples include unconsciousness, severe bleeding, heart attack, serious burns and serious breathing difficulties. If you have an emergency while traveling, seek help immediately at the nearest emergency facility.

These providers should then file the claims with the local BCBS group, who will forward payment information to BlueCross BlueShield of Texas (BCBSTX).

For all plans, if you need non-emergency care:

- Call your network or primary care doctor and ask him/her for advice or to call in a prescription to a nearby pharmacy.

A&M Care Plan

You can call 1 (800) 810-BLUE for information on network physicians or facilities outside of Texas. You will receive network benefits if you use a network doctor and out-of-network benefits if you use a non-network doctor. Your A&M Care ID card has a toll-free telephone number you can call to locate BlueCross BlueShield (BCBS) network providers outside Texas.

If you need treatment while traveling outside the United States, call 1 (800) 810-BLUE or visit BCBS online at <http://www.bcbs.com/already-a-member/traveling-outside-of-the.html>. Some treatments are considered experimental or investigational and may not be recognized forms of treatment in the U.S. or may not normally be covered by the A&M Care plan. These will not be reimbursed.

Prescription Drugs

Each A&M System health plan includes coverage for prescription drugs. You are responsible for:

- The drug deductible and
- The drug copayment.

Copayments and deductible for prescription drugs apply towards the out-of-pocket maximum for the health plan in which you are enrolled. In cases where the dispensing pharmacy's charge is less than the copayment, you will be responsible for the lesser amount.

Each health plan has a Preferred or Formulary list. This list can change during the year due to pharmaceutical review. Check your health plan's preferred/formulary drug list to determine your medication cost. Express Script's online resource, *My Rx Choices*, allows members to:

- Order prescriptions through their home delivery program.
- View your prescription history.
- Conduct a personal assessment for possible lower cost alternatives.
- Request assistance from Express Scripts in contacting your provider to request approval for changing to lower cost alternatives/equivalents.
- Compare brand to generic and retail to mail costs.

A&M Care, 65 PLUS and J Plan Pharmacy Benefit - Express Scripts

The A&M Care, 65 PLUS and J Plan Pharmacy benefit is managed by Express Scripts. You will receive a separate ID card from Express Scripts. This benefit allows you to use both retail and home delivery pharmacy. Participating retail pharmacy information and formulary information is available at <http://www.express-scripts.com>.

Annual Drug Deductible (does not apply to medical plan deductible)

\$50/member/plan year (maximum \$150/family/plan year)

	Generic Drug Copayment	Formulary Drug Copayment	Non-Formulary Drug Copayment
Retail Pharmacy – 30-day supply	\$10	\$35	\$60
Retail Pharmacy – 90-day supply (at participating pharmacies)	\$30	\$105	\$180
Express Scripts by home delivery – 90-day supply	\$20	\$70	\$120

Pharmacy Coverage Review

The A&M Care plans have three coverage management programs:

***Prior Authorization *Qualification by History *Quantity Management**

These are in place to ensure that medications are taken safely and appropriately. If you or a covered member in your family is taking certain medications, a “coverage review” may be necessary. If it is, your doctor must obtain prior authorization from Express Scripts so that your prescription can be covered. You can find a list of these medications on the Benefits Administration website by clicking [here](#).

Prior authorization. The coverage review process for prior authorization allows Express Scripts to obtain more information about your treatment (information that is not available on your original prescription) to help determine whether a medication qualifies for coverage under the plan.

Qualification by history. Some medications may require a coverage review based on whether certain criteria have been met, such as age, sex, or condition; and/or whether an alternate therapy or course of treatment has failed or is not appropriate.

Quantity management. To promote safe and effective drug therapy, certain medications may have quantity restrictions. These are based on product labeling, FDA regulations or clinical guidelines and are subject to periodic review and change.

Express Scripts pharmacists will review your prescription to see if the criteria required for a certain medication have been met. If they have not been met, or the information cannot be determined from the prescription, a coverage review will be required. Express Scripts will automatically notify the pharmacist to tell you that the prescription needs to be reviewed for prior authorization.

If your prescription needs a coverage review, you or your doctor may start the review process by calling Express Scripts toll-free at 1 (866) 544-6970, 7:00 a.m. to 8:00 p.m., CST, Monday through Friday. After receiving the necessary information, Express Scripts will notify you and the doctor (usually within 2 business days) to confirm whether coverage has been authorized. If coverage is authorized, you will pay your copayment (and deductible if not previously met) for the medication.

If coverage is not authorized, you will be responsible for the full cost of the medication. If appropriate, you can talk to your doctor about alternatives that may be covered. You have the right to appeal the decision. Information about the appeal process will be included in the coverage denial letter that you will receive.

Specialty Medicines

Some medications must be filled through the Express Scripts Specialty Mail Order Pharmacy, Accredo. Specialty medications are drugs that are used to treat complex conditions, such as those listed below. Your initial prescription for a specialty medication can be filled at a retail pharmacy, however all subsequent refills must be filled through Accredo.

Below is a partial listing of some of the conditions treated with drugs considered to be “Specialty Medications”.

Cancer	Growth Hormone Deficiency	HIV	Hepatitis C
Parkinson’s Disease	Crohn’s Disease	Multiple Sclerosis	
Pulmonary Arterial Hypertension	Hemophilia	Rheumatoid Arthritis	

You can contact Accredo at 1 (800) 922-8279 to:

- Find out if your medication is considered a “Specialty Drug”,
- Start getting your specialty medication through Accredo,
- Talk to a nurse or pharmacist.

Graduate Student Plan Pharmacy Benefit - Prime Therapeutics			
No Annual Deductible			
	Generic Drug Copayment	Brand-Preferred Drug Copayment	Brand Non-Preferred Drug Copayment
Student Health Center	\$15 - all prescriptions		
Retail Pharmacy (30-day supply)	\$15	\$30	\$40
Mail Order (90-day supply)	\$45	\$90	\$120

The Graduate Student Plan offers a Prescription Drug Copayment Plan. To access your benefits you should use the Student Health Center Pharmacy or a pharmacy contracting with the Prime Therapeutics network. The Group Number for the prescription drug is the same as your medical group number. To locate a pharmacy in your area or for general questions, call Prime Therapeutics at 1 (800) 423-1973 or call the phone number listed on the back of your member card. And you can visit the **Academic HealthPlan** website at www.tamus.myahpcare.com or the **Prime Therapeutics** website at www.myprime.com.

Students have the option to purchase a 90-day supply for all medications at 3 times the 30-day retail pharmacy copayment where permitted by law.

Please Note: If your record has not yet been activated in the Student Health Plan system or you are buying a prescription at a pharmacy other than the Student Health Center Pharmacy or a pharmacy contracting with Prime Therapeutics, you will need to pay for your prescription in full. Contact Academic HealthPlans at 1 (877) 624-7911 to have your information added to their system within 7 business days of purchasing your prescription and you may return to the pharmacy to have your prescription reprocessed. If it’s been longer than 7 days or if you have purchased your prescription at an Out-of-Network Provider, you will need to complete the Prescription Drug Claim Form and attach a copy of your prescription drug label along with the **pharmacy** receipt showing how much you paid (not the cash register receipt) for reimbursement.

If you have any questions regarding the Graduate Student Plan, call Academic HealthPlan at: 1 (877) 624-7911 or email info@ahpcare.com.

Comparing the plans

The charts on the following pages show **your share** of the cost of a health procedure or service. For example, **20%** means you pay **20%** (coinsurance) of the cost after any applicable deductibles up to the out-of-pocket limit, then the plan pays **80%**; **\$30/ visit** means you pay a **\$30** (copayment) for each office visit. The plan year is 9-01-16 through 8-31-17.

Provisions	A&M Care Network/Out-of-Network Benefits <i>Your Cost:</i>	A&M Care Medicare-Primary Retirees <i>Your Cost:</i>
<i>Regions offered</i>	BlueCross BlueShield of Texas (BCBSTX) has networks in all 50 states.	These benefits apply to Medicare-primary retirees not enrolled in the A&M Care 65 Plus plan.
<i>Pre-existing condition limitations</i>	None	None
<i>Out-of-service area restrictions</i>	Emergency care—Network benefit; must notify BCBSTX within 48 hours. Non-emergency care—Out-of-network benefit unless you go to a BCBS provider in that area.	None
<i>Deductibles</i>	Network: \$400/person/plan year, \$1,200/family/plan year Out-of-Network: \$800/person/plan year; \$400/hospital	\$400/person/plan year, \$1,200/family/plan year
<i>Out-of-pocket maximum</i>	Network: \$5,000 plus \$400 deductible/person/plan year; \$10,000 plus \$1,200 deductible/family/plan year Out-of-Network: \$10,000 plus \$800/person/plan year	\$5,000 + \$400 deductible/person/plan year
<i>In-hospital care</i>	Network: 20% after deductible Out-of-Network: \$400/admission+ \$800 deduct., then 50%	20% after deductible
<i>Emergency room</i>	Network: 20% after deductible Out-of-Network: 20% after deductible if emergency; otherwise 50%	20% after deductible
<i>Office visits</i>	Network: \$20/visit for Primary Care Physician (PCP) visits; \$30 for specialists; certain expensive surgeries—20% after deductible Out-of-Network: 50% after deductible	20% after deductible
<i>Lab/X-rays</i>	Network: Benefit depends on setting and procedure; see plan description booklet or call BCBSTX for details Out-of-Network: 50% after deductible	20% after deductible
<i>Surgery</i>	Network: 20% after deductible (inpatient and outpatient) Out-of-Network: 50% after deductible (inpatient and outpatient)	20% after deductible
<i>Chiropractic care</i>	Network and out-of-network: In physician's office, see office visit Network: \$30/visit, 30 visits/plan year Out-of-Network: 50% after deductible, 30 visits/plan year	20% after deductible; 30 visits/plan year
<i>Vision/Hearing</i>	Vision - Network: \$30/visit, One routine preventive vision exam/per person/per plan year Vision - Out-of-Network: Routine preventive vision exams not covered Hearing—Illness/accident coverage only	Vision - Network: 20% after deductible Vision - Out-of-Network: Routine preventive vision exams not covered Hearing—Illness/accident coverage only
<i>Maternity care</i>	In Network: Hospital—20% of charges after deductible; Doctor-\$20 initial visit only Out-of-Network: Hospital—50% after deductible; Doctor - 50% after deductible	20% after deductible
<i>Physical therapy</i>	Network: \$30/office-visit setting; Deductible and Coinsurance Outpatient or hospital-related facility setting Out-of-Network: 50% after deductible	20% after deductible
<i>Durable medical equipment</i>	Network: 20% after deductible; Out-of-Network: 50% after deductible	20% after deductible
<i>Home health care</i>	Network: 20% after deductible; 60 visits/person/plan year Out-of-Network: 50% after deductible; 60 visits/person/plan year	20% after deductible 60 days/person/plan year
<i>Skilled nursing facility (not including custodial care)</i>	Network: 20% after deductible; 60 days/person/plan year Out-of-Network: 50% after deductible; 60 days/person/plan year	20% after deductible 60 days/person/plan year
<i>Mental Health Inpatient Outpatient</i>	Network: Inpatient—20% after deductible Outpatient—\$20/visit Out-of-Network: Inpatient—\$50 after deductible Outpatient—50% after deductible	Inpatient - 20% after deductible Outpatient - 20% after deductible
<i>Prescription drugs</i>	After you meet the \$50/person/plan year prescription drug deductible (three-person maximum): <u>30-day supply</u> : \$10/generic, \$35/brand-name formulary, \$60/brand-name non-formulary; brand-name copayment + difference between brand-name and generic when generic is available <u>90-day supply</u> : Two copayments required if purchased by mail-order; Three if purchased through certain retail pharmacies. Express Scripts – 1 (866) 544-6970; https://www.express-scripts.com	After you meet the \$50/person/plan year prescription drug deductible (three-person maximum): <u>30-day supply</u> : \$10/generic, \$35/brand-name formulary, \$60/brand-name non-formulary; brand-name copayment + difference between brand-name and generic when generic is available <u>90-day supply</u> : Two copayments required if purchased by mail-order; three if purchased through certain retail pharmacies. Express Scripts -- (866) 544-6970; http://www.express-scripts.com
<i>How does this health plan work?</i>	This plan is a preferred provider organization (PPO). You may choose any provider in a BlueCross BlueShield network to receive the highest level of coverage. You receive benefits for services provided by an out-of-network provider, but they will be lower.	
<i>Member Services phone number/website</i>	BlueCross BlueShield of Texas—1 (866) 295-1212; for information on networks outside Texas—1 (800) 810-BLUE (2583) http://www.bcbstx.com/tamus	

A&M Care 65 PLUS

Provisions

Your Cost:

<i>Regions offered</i>	Available everywhere. Policy holder must be retired, not working in an A&M System benefits-eligible position, and enrolled in Medicare Parts A & B. All covered dependents must also be enrolled in Medicare Parts A & B.
<i>Pre-existing condition limitations</i>	None
<i>Out-of-service restrictions</i>	None
<i>Deductibles</i>	\$400/person/plan year
<i>Out-of-pocket maximum</i>	\$1,400 plus \$400 deductible/person/plan year
<i>In-hospital</i>	20% after deductible
<i>Emergency room</i>	20% after deductible
<i>Office visits</i>	20% after deductible
<i>Lab/X-rays</i>	20% after deductible
<i>High Technology Radiology (MRI, CT and pet scans, stress test, Angiogram and myelography)</i>	20% after deductible
<i>Surgery</i>	Inpatient, Outpatient and in physician's office - 20% after deductible
<i>Chiropractic care</i>	20% after deductible, 30 visits/plan year
<i>Vision/Hearing</i>	Vision - Network: 20% after deductible, One routine preventive vision exam/per person/per plan year Vision - Out-of-Network: Routine preventive vision exams not covered Hearing—Illness/accident coverage only
<i>Physical therapy</i>	20% after deductible
<i>Durable medical equipment</i>	20% after deductible
<i>Home health care</i>	Network: 20% after deductible; 60 visits/person/plan year Out-of-network: 50% after deductible; 60 visits/person/plan year
<i>Skilled nursing facility (not including custodial care)</i>	Network: 20% after deductible; 60 days/person/plan year Out-of-network: 50% after deductible; 60 days/person/plan year
<i>Mental Health <u>Inpatient</u> Outpatient</i>	Inpatient - 20% after deductible Outpatient - 20% after deductible
<i>Prescription drugs</i>	After you meet the \$50/person/plan year prescription drug deductible (three-person maximum): 30-day supply; \$10/generic, \$35/brand-name formulary, \$60/brand-name non-formulary; brand-name copayment + difference between brand-name and generic when generic is available 90-day supply: Two copayments required if purchased by mail-order; three if purchased through certain retail pharmacies. Express Scripts -- (866) 544-6970; https://www.express-scripts.com
<i>How does this health plan work?</i>	This plan pays secondary to Medicare.
<i>Member Services phone number/website</i>	BlueCross BlueShield of Texas—1(866) 295-1212; for information on networks outside Texas—1(800) 810-BLUE (2583) http://www.bcbstx.com/tamus

The health plan chart below shows your share of the cost of a service. For example, 20% means you pay 20% (co-insurance) of the cost up to the out-of-pocket limit and the plan pays 80% after applicable deductibles. \$35/visit means you pay \$35 (copayment) for each office visit.

Provisions	Graduate Student Health Plan
<i>Regions offered</i>	Available worldwide; outside U.S. benefits paid at 80%
<i>Pre-existing condition limitations</i>	No waiting period
<i>Benefit maximum</i>	Unlimited per person/year
<i>Out-of-service-area restrictions</i>	None
<i>Deductibles</i>	\$350/person; in or out-of-network; waived at student health center;
<i>Out-of-pocket maximum</i>	\$6,350 (includes all copayments)
<i>In-hospital care</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible
<i>Emergency room</i>	\$150 copay; after deductible, Network: 20%, Out-of-Network: 40% emergency
<i>Office visits</i>	\$35 copay
<i>Preventive Services</i>	Network: 100%, Out-of-Network: 40%, deductible and co-pay does not apply when in network.
<i>Diagnostic Lab/X-rays</i>	Network: 20%, Out-of-Network: 40% after deductible
<i>Surgery</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible
<i>Chiropractic care</i>	Network: \$35/visit plus 20% after deductible, Out-of-Network: 40%, when medically necessary due to accident or illness
<i>Vision/Hearing</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible
<i>Physical therapy</i>	Network: \$35/visit, 20% after deductible, Out-of-Network: 40% after deductible
<i>Durable medical equipment</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible
<i>Home health care</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible; limited to 60 visits
<i>Skilled nursing facility (not including custodial care)</i>	Network: 20% after deductible, Out-of-Network: 40% after deductible; limited to 25 days
<i>Mental health</i>	Network: Inpatient - 20% after deductible, Out-of-Network: 40% after deductible Network: Outpatient - \$35/visit, Out-of-Network: 40% after deductible
<i>Prescription drugs</i>	\$15 at student health center; Prime Therapeutics RX drug card \$15/generic, \$30/preferred brand-name, \$40/non-preferred brand-name - no maximum Generic Drug –A medication duplicated by another company once the patent expires Brand Name Drug –A medication developed by a pharmaceutical company
<i>How does this health plan work?</i>	This plan is for graduate student employees only. Students must be taking at least six credit hours or otherwise be working toward a degree. It is a preferred provider organization (PPO). You may choose any provider in the BlueCross BlueShield network to receive the highest level of coverage. You receive benefits for services provided by an out-of-network provider, but your cost will be higher. You will be reimbursed 100% for services you receive at an A&M Systems student health center.
<i>Member Services phone number/website</i>	1 (877) 624-7911 or https://tamus.myahpcare.com/

A&M Care Special Programs

Well on Target

Well on Target is a resource consisting of online tools and information to help you make informed health care decisions.

From the Well on Target home page, you can:

- Take a Health Assessment
- Ask a Nurse Trainer, Dietitian or Life Coach: Members can interact online with a Blue Care Advisor on non-emergency, health-related questions or send questions about fitness, nutrition, or managing stress.
- Use the Interactive Symptom Checker
- Explore topics in the Health Information and Care Center
- Access Member Care Profile
- Read the latest health news, search for specific health topics or explore the prescription drug index

Benefits Value Advisors

BlueCross BlueShield Benefits Value Advisors can help you plan for your health care.

You can call a Benefits Value Advisor to:

- Give you a cost estimate for a number of health care services or procedures
- Schedule your doctor or procedure appointments for some services and procedures
- Help you with general information on your condition or diagnosis
- Assist you with pre-certification

A Benefits Value Advisor can help you and your covered family members find contracting, in-network providers for a number of health care services including:

- CAT or CT scans
- MRIs
- Endo- or colonoscopy procedures
- Back or spinal surgery
- Knee or shoulder surgery
- Hip or joint replacement surgery

To reach a Benefits Value Advisor, call the Customer Service number on the back of your BCBSTX ID card and ask to speak to a Benefits Value Advisor.

Life Points

Members and their qualifying dependents can earn Life Points when they complete designated wellness activities and report them in the Personal Health Manager. This rewards members and their dependents who make an effort to build and maintain healthy habits.

The online program generates points for completing designated tasks such as:

- Daily physical activity
- Read and rate health-related articles
- Downloading healthy recipes

Life Points are redeemable for a variety of items at the online Life Points Redemption Center.

NurseLine

- 24/7 NurseLine provides around the clock member advice for health conditions such as high fever, earaches, cuts and bruises by phone.
- 24/7 NurseLine provides an Audio Health Library that contains over 1200 pre-recorded health messages including:

- Kicking the smoking habit
- Ways to get a good night's rest
- Managing high blood pressure
- Getting a grip on stress
- Asthma and self-management

Maternity Program: A Healthy Start for Mothers and Babies

The BlueCross and BlueShield of Texas (BCBSTX) Special Beginnings® maternity program offers support and education, pregnancy risk factor identification and ongoing communication/ monitoring from early pregnancy to six weeks after delivery. Members should call 1 (888) 421-7781, 8 a.m. – 6:30 p.m., CT, to enroll in the program as soon as they find out they are pregnant.

Program staff in the Health Care Management Division will schedule follow up calls with you before and after delivery to:

- Identify any risk factors that might adversely affect the pregnancy
- Determine progress in self-management techniques
- Provide education on prenatal, postpartum and newborn care
- Reinforce the physician's treatment plan
- Help manage high-risk conditions such as gestational diabetes and preeclampsia
- Offer assistance on how to access other pregnancy-related resources

Retiree Health Coverage

Medicare-Eligible Retirees

If you are retired, not working for the A&M System at 50% effort or more for at least 4½ consecutive months in a budgeted position and eligible for Medicare, you are considered Medicare-Primary for Coordination of Benefits (COB). That means all A&M plans pay benefits as if you are enrolled in Medicare Parts A and B. In addition, you will not be eligible for co-payments.

You may enroll in A&M Care or the 65 Plus Plan and use any provider. Plan benefits are calculated based on the total billed amount from your health provider. After Medicare pays, your A&M plan pays either the full benefit or the difference between the BlueCross BlueShield allowed amount and the amount Medicare paid. This means that you receive full reimbursement in many cases.

In the chart below is an example of the COB with Medicare and the A&M Care Plan if you have a \$192 doctor's office visit:

	Medicare Primary (A&M Care Secondary) Plan year: January-December	A&M Care Primary (Medicare Secondary) Plan year: September- August
Primary Payer	Cost: \$192 Medicare Deductible: \$147 Remainder: \$ 45 Medicare pays 80%: \$ 36 Retiree pays 20%: \$ 9 Cost for retiree (deductible + 20%): \$156 <i>Once your deductible has been met for the plan year, you will just be responsible for the 20% coinsurance.</i>	\$20 or \$30 copayment, depending on the provider
Secondary Payer	\$192 is applied toward your \$400 A&M Care deductible. If the A&M Care deductible has already been met, A&M Care will pay the \$156.	\$147 is applied to the Medicare deductible.

Medicare-Eligible Working Retirees

If you are a working retiree in a budgeted position at 50% effort or more for at least 4 ½ consecutive months, your A&M Care plan is primary and you will be eligible for office visit copayments.

Coordination of Benefits

The chart below will help you determine whether Medicare is primary or secondary in various situations. The chart also includes information for covered spouses and dependents of the retiree.

		Eligible for the 65+ plan?	Plan considered Primary for Retiree	Plan considered Primary for Dependents
<i>If you are retired and not working for the TAMU System for 50% time or more for at least 4 ½ months (benefits-eligible position).</i>				
Retiree's Status	Dependents' Status			
Retiree is 65 or older or otherwise eligible for	Spouse/dependents are over 65 or otherwise eligible for Medicare	Yes	Medicare	Medicare
Retiree is 65 or older or otherwise eligible for	Spouse/dependents are under 65 or otherwise not eligible for Medicare	No	Medicare	A&M Care
Retiree is under 65 or otherwise not eligible for Medicare	Spouse/dependents are over 65 or otherwise eligible for Medicare	No	A&M Care	Medicare
Retiree is under 65 or otherwise not eligible for Medicare	Spouse/dependents are under 65 or otherwise not eligible for Medicare	No	A&M Care	A&M Care
<i>If you are working for the TAMU System for 50% time or more for at least 4 ½ months (benefits-eligible position).</i>				
Retiree*	Spouse/dependents	No	A&M Care	A&M Care

*If your terms of employment (percent effort or term months) change during the fiscal year, your primary/secondary status may change when coordinating benefits. Check with your Human Resources office if you are unsure of your status.

For more information, you can review the booklet *Medicare and Other Health Benefits: Your Guide to Who Pays First*, available at: <http://www.medicare.gov/Pubs/pdf/02179.pdf> or you can contact Medicare to get a copy. You can also checkout the fact sheets on the System Benefits Administration website at: <http://www.tamus.edu/business/benefits-administration/employeeretiree-benefits/medicare-information/>.

Medicare has a calendar-year deductible (January through December), while the A&M Care plans have plan-year deductibles (September through August).

Notice of Creditable Coverage for Medicare Part D

All A&M System health plan prescription drug benefits have been certified to be comparable to or better than those provided by the new Medicare Part D prescription drug plan. This means that if you have A&M System health coverage and become eligible for Medicare Part D but decide to enroll at a later date, you will not have to pay a higher premium than you would have paid if you'd enrolled when you first became eligible. You may need to provide a copy of this notice when you join to show that you are not required to pay a higher premium.

Medicare Part D is available if you qualify for Medicare Part A and/or Part B. Enrolling or not enrolling in Medicare Part D will not change your enrollment in Parts A and/or B and will not impact the non-prescription drug part of your A&M System health coverage.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare or from Oct. 15 to Dec. 7 of any later year. If you drop or lose your A&M System health coverage and don't enroll in Medicare Part D within 63 days after your coverage ends, you may be required to pay more to enroll in Medicare Part D later. In this case, you may enroll as soon as you drop or lose A&M System coverage and don't have to wait until the normal Part D enrollment period.

Because A&M System health plans usually provide better drug benefits at a lower cost, Medicare Part D enrollment is not necessary for most employees and retirees enrolled in A&M System health plans. However, if you qualify for financial assistance, you will save on Part D premiums, copayments and coinsurance, which could mean you would benefit from Part D. Financial assistance is available to Medicare beneficiaries with incomes up to 150% of the Federal Poverty Level and limited resources. To determine if you qualify for financial assistance with Medicare Part D, you can contact the Social Security Administration (SSA) at 1 (800) 772-1213 (TTY 800-325-0778) or visit SSA online at <http://www.socialsecurity.gov>.

Medicare Part D is offered through private, Medicare-approved prescription drug plans. All Medicare drug plans will offer a standard level of coverage set by Medicare.

If you are eligible for Medicare, you can be enrolled in both your A&M System health plan and Medicare Part D, **but you cannot receive prescription drug benefits from both plans**. Your options include keeping your A&M System health coverage and not enrolling in Part D, or keeping your A&M System health coverage and also enrolling in Part D. If you enroll in Part D, you will not receive a drug benefit from your system health plan, but your A&M System health premiums will not decrease.

You are entitled to receive a notice of creditable coverage at any time. It is available online at http://assets.system.tamus.edu/files/benefits/pdf/medicare_creditable_coverage_letter.pdf or from your Human Resources office.

For more information about Medicare

- “[Medicare & You 2016](#)” handbook (available from Medicare), which contains detailed information about Medicare plans that offer prescription drug coverage.
- Medicare website <http://www.medicare.gov/default.aspx>
- Medicare customer service: 1 (800) 633-4227. TTY users should call 1 (877) 486-2048.
- [State Health Insurance Assistance Program \(SHIP\)](#)

Dental

Plan Choices: If you enroll in dental, you may have a choice between the A&M Dental PPO and the DeltaCare USA Dental HMO. If you enroll yourself in a plan, you may also enroll some or all eligible family members in that plan.

Enrollment Rules:

- Everyone is eligible for the PPO plan. Eligibility for the HMO depends on where you live and whether there are HMO dentists in the area.
- If you do not enroll during your initial enrollment period, you can enroll yourself and dependents only during annual enrollment or if you have a certain Change in Status.
- You do not have to provide evidence of insurability to enroll in either plan.
- The plans have no pre-existing condition limitations.

Benefits: **A&M Dental PPO**

This plan has two levels of network providers. Each time you need services, you can choose a PPO dentist, a Premier dentist or a non-network dentist. PPO providers reduce their fees by about 30%, and Premier providers reduce their fees by about 15%. Both groups of providers have agreed to specific fee schedules, and you are not liable for any costs over Delta's allowable amount. You can also use a non-network provider and receive the regular plan benefits shown in the chart based on the provider's full fees, but your out-of-pocket costs may be higher. To find a network dentist in your area, go to <http://www.deltadentalins.com/tamus>.

When you elect the Dental PPO Plan and don't use a network provider, Delta Dental will pay up to the maximum plan allowance for each service provided by a non-Delta Dental dentist. Non-Delta Dental dentists are not required to accept Delta Dental's allowed amounts. These dentists can balance bill you the difference between Delta Dental's allowed amount and their submitted charge.

DeltaCare USA Dental HMO

The DeltaCare USA plan is not available in all parts of Texas. You must live or work within the same first-three-digit zip code area as an HMO dentist. If you do not, but are willing to travel to a network dentist, you can enroll by submitting a Benefit Enrollment form to your Human Resource office.

To receive benefits under the DeltaCare USA plan, you must use the general dentist listed on your ID card.

The plan has networks in Texas, Tennessee, Florida, Georgia, California, Washington, D.C., Maryland, Colorado, New York and Utah. You must use a network general dentist or be referred to a specialist by a network general dentist. When you enroll, Delta Dental will assign you a dentist. If you wish to change dentists, contact Delta Dental at 1 (800) 422-4234. To find a network dentist, go to <http://www.deltadentalins.com/tamus>. Contact Delta Dental directly for information on specialists.

A&M Dental PPO

Deductible	\$75/person/plan year; \$225 family/plan year
Maximum benefit	Regular: \$1,500/person/plan year; Orthodontia: \$1,500/person/lifetime
Your cost for preventive care	\$0 (if you use a network provider). The plan covers three regular or periodontal cleanings per plan year at 100% up to the maximum allowable charges . Deductible does not apply.
Your cost for basic care	You pay the deductible plus 20% of the maximum allowable charges for fillings, root canals, extractions and periodontics. Once you reach your maximum annual benefit of \$1,500, you pay 100%.
Your cost for major restorative care	After you meet your deductible, you pay 50% of the maximum allowable charges for crowns, dentures and bridges. Once you reach your maximum annual benefit of \$1,500, you pay 100%.
Your cost for orthodontics	After you meet your deductible, you pay 50% until you reach your maximum lifetime benefit of \$1,500, then you pay 100%.
Filing claims	PPO and Premier dentists file claims for you.
Alternate benefit provision	When more than one procedure could provide suitable treatment, the plan will pay for the least expensive procedure. You may apply this benefit to whichever procedure you wish to have.

The following chart illustrates the difference in the amounts you would pay based on using a network dentist (PPO or Premier) or a non-network dentist.

Procedure: <i>Crown</i>	Delta Dental PPO Network Dentist	Delta Dental Premier Network Dentist	Non-Delta Dental Dentist
Dentist bills	\$800.00	\$800.00	\$800.00
Dentist accepts as payment in full	\$548.00 (Delta Dental's allowed amount)	\$688.00 (Delta Dental's allowed amount)	\$800 (No fee agreement with Delta Dental)
Delta Dental's payment Major benefit paid at 50%	\$274.00	\$344.00	\$344.00
Patient share*	\$274.00	\$344.00	\$456.00
Patient savings	\$252.00	\$112.00	\$0.00
*Patient's share is the coinsurance, any remaining deductible, any amount over the annual maximum and any services your plan does not cover. However, when visiting a non-Delta Dental dentist, the patient share also includes the difference between the allowed amount and the dentist's submitted charge.			

For More Information

- Dental Summary Plan Description Booklet online at: <http://assets.system.tamus.edu/files/benefits/pdf/spddental.pdf>.
- Delta Dental Online at <http://www.deltadentalins.com/tamus>
- Customer Service: 1-800-336-8264

DeltaCare USA Dental HMO

If you enroll in the DeltaCare USA Dental HMO, you must use the general dentist shown on your ID card. To change dentists, contact Delta Dental at 1 (800) 422-4234.

Deductible	None
Maximum benefit	Regular: None Orthodontia: None
Your cost for preventive care	Comprehensive oral exam: \$0; Cleaning (once each six months): \$5; Panoramic X-rays (once every three years): \$0
Your cost for basic care	You pay a pre-set fee, for example: Amalgam fillings: \$8-\$22; Resin-based composite filling; two surfaces, posterior; permanent: \$75;
Your cost for major restorative care	You pay a pre-set fee, for example: Crown; porcelain/ceramic: \$395; Complete denture; maxillary: \$365
Your cost for orthodontics	You pay a pre-set fee, for example: Orthodontic evaluation: \$25; Orthodontic treatment plan and records: \$200; Comprehensive treatment, permanent teeth: children up to age 19, \$1,900; adults: \$2,100
Alternate benefit provision	None; you choose the procedure you want from the covered services and pay the applicable copayment.

The chart below provides a sample of some of the copayments applicable to services provided under the DeltaCare USA Plan.

Dental Service	Copayment
Deductible	\$0
Oral Exam - X-rays, Cleaning	\$5
Fluoride Treatment - child (age <19)	\$0
Filling - Amalgam, one surface	\$8
Crown	\$185-\$395
Root Canal - molar	\$365
Extraction - erupted tooth or exposed root	\$14
Orthodontia (child to age 19)	\$1,150
For a complete listing of copayments, go to http://assets.system.tamus.edu/files/benefits/pdf/programs/DHMO15B.pdf	

Vision

Plan Choices: This plan is administered by EyeMed Vision Care. It provides coverage for eye exams, eyeglass frames and lenses, and contact lenses as well as discounts on some eye surgeries. You may use either the vision exam coverage through your health plan *or* the vision plan's exam benefit.

- Enrollment Rules:**
- You can enroll yourself or existing, noncovered dependents during your initial enrollment, Annual Enrollment or if you have certain Changes in Status.
 - You do not have to provide evidence of insurability to enroll.
 - The plan has no pre-existing condition limitations.

Benefits: The plan covers exams for a \$10 copayment and has a \$15 copayment for materials if you use a network provider. If you use a provider not in the network, the plan will pay limited benefits. The chart below describes plan benefits for the most common products and services. If you use a non-network provider, you pay the full cost to the provider and submit a claim, including the original bill, to EyeMed Vision Care for reimbursement of the covered amount. If you have receipts for services and materials purchased on different dates, you must submit the receipts at the same time and within 12-months of the date of service.

	Network benefit	Non-network benefit
<i>Eye exam (one exam per plan year)</i>	100% after \$10 copayment. This typically includes patient case history, exam for eye pathology abnormalities, dilation, refraction, visual skill testing and diagnosis and prescription for contacts or glasses.	Up to \$50. Copayment doesn't apply.
<i>Materials</i>	<p>100% after \$15 copayment for:</p> <ul style="list-style-type: none"> • Frames - every plan year, up to \$150. • Eyeglass lenses - one standard pair every plan year <p>Standard single vision; standard lined trifocal, standard lined bifocal, standard lenticular and standard progressive.</p> <p>For higher dollar frames, you pay the copayment plus the amount above EyeMed's maximum frames allowance, \$150, and the cost of the frames.</p>	<p>Lenses: \$50 to \$100, depending on type of lenses.</p> <p>Frames: Up to \$90.</p> <p>Copayment doesn't apply.</p>
<i>Contact lenses (once every plan year in place of eyeglass benefit)</i>	100% up to \$150 allowance for normal lenses. This covers the full cost of the contacts (one pair of standard contact lenses or up to six boxes of disposables), fitting and/or evaluation fees, and up to two follow-up visits. EyeMed Vision Care will provide a \$150 allowance for lenses that are not covered in full (such as toric, gas permeable and bifocal contacts) and up to 100% for medically necessary contacts.	Up to \$150 for elective contacts; up to \$210 for medically necessary contacts. Copayment doesn't apply.
<i>Refractive eye surgery</i>	15% off reasonable and customary cost, or 5% off promotional price.	Not applicable

Vision Materials Discount Program

EyeMed Vision Care has an additional Materials Discount Program. At participating providers, you will receive a 40% discount on an additional pair of eyeglasses or contact lenses once you have exhausted your vision benefit for the year. The discount will apply to the retail price and can be used any time after you have met the annual benefit limit. Call 1-855-862-4300 to find a participating provider in your area. Retailers such as Sam's and Wal-Mart do NOT participate because of the large discounts they already offer.

Laser Vision Correction

EyeMed Vision Care has partnered with the U.S. Laser Network of America (LVNA) to provide our members with access to discounted laser correction providers, 1-877-28-SIGHT. For additional information or to locate a network provider, visit: www.eyemedlasik.com or call 1-877-5LASER6.

For More Information

- Vision Summary Plan Description Booklet online at: <http://assets.system.tamus.edu/files/benefits/pdf/spdvision.pdf>
- EyeMed Vision Care online at <http://www.eyemedvisioncare.com/>
- Customer service: 1-866-939-3633

Life

Plan Choices: The A&M System offers Basic Life, Alternate Basic Life, Optional Life and Dependent Life insurance. Eligibility for these plans depends on whether you have health coverage through the A&M System. The plan you select for yourself can affect eligibility for the dependent life plans.

Enrollment Rules: Coverage for Life Insurance is effective on the date specified, (see Benefit Enrollment Period, page 4) or the first of the month following approval if evidence of insurability (E of I, page 8) is required.

- You must be actively at work on the day your coverage, or increase in coverage, is to begin.
- If you and your spouse both work for the A&M System and you take Optional or Alternate Basic Life, your spouse may not cover you through his/her Dependent Life.
- Children may not be covered on Dependent Life by both parents. Only dependents you list are covered under Dependent Life.

After your initial enrollment period, you may:

- Enroll in coverage at any time by providing E of I.
- Enroll in Optional Life coverage of ½ or one times salary within 60-days of a Change in Status without providing E of I.
- Increase Optional Life coverage by one increment up to three times salary within 60-days of a Change in Status without providing E of I, or
- Enroll new dependents within 60 days of acquiring them without providing E of I. Spouses must always provide E of I for coverage over \$50,000.

Benefits: Life Insurance pays benefits to your beneficiaries if you die or to you if a covered family member dies, if you covered that dependent. Basic Accidental Death and Dismemberment (AD&D) pays an additional benefit in the event of the accidental death or dismemberment of a covered employee.

If you have a salary increase, your Optional Life coverage will increase at the beginning of the plan year, but the dependent coverage amount will **not** change. During annual enrollment, or as a result of a life status event, you may make a change to your dependent life coverage, but it must be to one of the amounts available. To increase coverage on your spouse, your spouse must provide E of I, and the coverage amount cannot exceed your Optional Life coverage amount.

Premiums:

Lower Optional Life premiums are available if you have not used any tobacco products in the last three months. You can change your tobacco status at any time. If you or your spouse do not designate a tobacco user status, the status will default to tobacco user.

Living Access Benefit:

If you have Basic, Alternate Basic or Optional Life coverage and a doctor certifies that you have less than 24 months to live, you may apply for immediate payment of up to 50% of your plan benefit. Your beneficiary will receive the remaining benefit after your death. This benefit is also available to dependents covered under Dependent Life.

- **Travel Assistance** - provided by RedpointWTP LLC - covers employees and dependents traveling 100 miles or more when traveling for business or pleasure. Features include a repatriation benefit, access to emergency medical assistance, emergency travel arrangements and pre-trip resources.
- **Legal Services**, provided by Ceridian Life Works - offers employees, retirees and their families a free 30 minute initial consultation with an attorney, drafting of wills and other legal documents.
- **Beneficiary Financial Counseling Services**, through PricewaterhouseCoopers provides assistance with estate planning, budgeting, taxes, etc., for beneficiaries receiving a benefit of \$25,000 or more.

Age Reductions

When you retire, your life insurance coverage maximums are lowered as follows:

	Maximum Optional Life	Maximum Dependent Life
	Retiree	Spouse
Retiree under age 70	\$100,000	\$ 50,000
Retiree age 70 through age 79	\$ 60,000	\$ 30,000
Retiree age 80 and older	\$ 30,000	\$ 15,000

Coverage Options

Basic Life/ Basic AD&D	<i>You are automatically covered if you are enrolled in an A&M System health plan. The A&M System covers the cost. If you have no health coverage, you can purchase Alternate Basic Life.</i> Employee: \$7,500 in life insurance coverage and \$5,000 in AD&D coverage. Child Coverage: \$5,000 in life insurance on each eligible dependent child.
Alternate Basic Life/ Basic AD&D	<i>You can enroll if you are not enrolled as an employee or retiree in the A&M System health coverage but certify that you have other health coverage. You can pay for Alternate Basic Life using the employer contribution. If you select this coverage, you cannot enroll in Optional Life.</i> Employee: \$50,000 or up to seven times your salary, whichever is less, as well as \$5,000 in Basic AD&D coverage. Retiree: \$50,000 or the amount of optional life you had immediately before enrolling in this plan, whichever is less, as well as \$5,000 in Basic AD&D coverage. Child coverage: \$5,000 in life insurance on each eligible dependent child.
Optional Life	<i>You can enroll regardless of whether you are enrolled in an A&M System health plan or whether you certify that you have other health coverage, but you pay for the coverage yourself. If you select this coverage, you cannot enroll in Alternate Basic Life. You must provide evidence of insurability to enroll after your initial enrollment, any time you enroll in 4, 5, or 6 times your annualized salary, or to increase Optional Life coverage at a later time.</i> Employee: ½, 1, 2, 3, 4, 5 or 6 times your annualized salary (salary divided by the number of months you work, multiplied by 12) to a maximum coverage of \$1 million. Retiree: Maximum of \$100,000 if younger than 70, \$60,000 if age 70 through age 79, \$30,000 if older than 80. Coverage will automatically be reduced to \$60,000 or \$30,000, respectively on the first month following your 70th or 80th birthday. See chart at top for age reduction.
Dependent Life Plan A <i>Spouse coverage:</i>	You can enroll if you have Optional Life coverage. You pay for the coverage yourself. Employee spouse: Coverage amounts of \$25,000, \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000, not to exceed your coverage amount.* Retiree spouse: Coverage amounts of \$25,000, \$50,000 depending on your age and coverage (see top of page). Child coverage: \$10,000 per child.*
Dependent Life Plan B	You can enroll if you have Basic Life, Alternate Basic Life or Optional Life coverage. You pay for the coverage yourself. Spouse coverage: \$5,000 in life and \$5,000 in AD&D coverage, if spouse is enrolled. Child coverage: \$5,000 in life insurance on each eligible dependent child.
Dependent Life Plan C	You can enroll if you have Alternate Basic Life coverage. You pay for the coverage yourself. Spouse coverage: 50% of your Alternate Basic Life coverage amount, if spouse is enrolled. Child coverage: 10% of your Alternate Basic Life coverage amount on each enrolled child.

*If you had coverage prior to September 1, 2009, your dependent coverage amount(s) may be “grandfathered”, meaning the amounts did not change when the coverage amounts were changed on September 1, 2009.

For More Information

- Life Summary Plan Description Booklet, online at: <http://assets.system.tamus.edu/files/benefits/pdf/spdlife.pdf> or from your Human Resources office.
- Securian (formerly Minnesota Life) customer service: 1-877-282-1752
- RedPointWTP LLC: 1-855-516-5433

AD&D

Plan Choices: Accidental Death and Dismemberment (AD&D) provides benefits in the event of an accidental injury that results in the death or dismemberment of a covered person. It is payable in addition to any life insurance you may have. You pay the full cost if you choose to enroll in AD&D. You may choose employee-only or family coverage. Family coverage will automatically cover all of your eligible family members.

All employees can choose up to \$250,000 of coverage in multiples of \$10,000. If your annual salary is more than \$25,000, you can buy up to 10 times your salary with a maximum coverage amount of \$800,000.

Retirees can choose up to \$200,000 if younger than age 70, and up to \$60,000 if age 70 or older.

With family coverage, your spouse will be covered for 50% of your coverage amount and each eligible child for 10% of your coverage amount. If you have no spouse, each eligible child will be covered for 15%, and if you have no eligible children, your spouse will be covered for 60% of your coverage amount. The maximum coverage for each child is \$25,000.

Enrollment Rules:

- You can enroll during your initial enrollment period or during future Annual Enrollment periods.
- Evidence of Insurability (E of I) is not required because the policy pays only for accidents.
- Once you enroll in the AD&D plan, you can reduce or drop your coverage at any time. You can enroll in or increase coverage only during Annual Enrollment. You can change from individual to family coverage or family coverage to individual coverage only during Annual Enrollment or within 60-days of a Change in Status.

Benefits:

For loss of: Your benefit is the following percentage of the full coverage amount:

Life	100%
Both hands	100%
Both feet	100%
Entire sight of both eyes	100%
One hand	50%
One foot	50%
Entire sight of one eye	50%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of the same hand	25%

Coma Benefit

The AD&D plan will pay a coma benefit if you or a covered family member lapses into a coma as a result of and within 365-days of a covered accidental injury if the coma has lasted for a minimum of 31-days. A monthly benefit equal to a percentage of your amount of AD&D insurance will be paid for up to 11 months or until the person recovers, whichever occurs earlier.

Felonious Assault Benefit

If you die, or suffer a covered dismemberment as a result of a covered accident caused by a felonious assault, the AD&D plan will pay an additional benefit equal to a percentage of the amount payable due to the death or dismemberment.

Child Care Benefit

The AD&D plan will pay additional benefits equal to a percentage of your AD&D insurance to reimburse the surviving spouse for child care expenses for your dependent children up to age 13.

COBRA Benefit (Medical Continuation)

The AD&D plan will pay an additional benefit to allow surviving family members to continue their group medical coverage. The benefit will be a percentage of your death benefit and is payable for a maximum of three years.

Education Benefit

The AD&D plan will pay an education benefit equal to a percentage of your death benefit for your dependent children and a training benefit for your spouse.

Naming a Beneficiary

You are automatically the beneficiary for dismemberment benefits on yourself and all benefits payable for a covered family member. You may name a secondary beneficiary to receive benefits in case you die at the same time or as a result of the same accident as a covered family member. You must name a beneficiary to receive benefits in case of your death in a covered accident. You may name one or more primary beneficiaries. If you name more than one person as a primary beneficiary, you should also designate the percentage of the benefit each should receive. Otherwise, benefits will be divided equally. For example, you might direct that your spouse receive 50% of the benefit and each of your two children receive 25%. Percentages must total 100%. You may also name one or more secondary beneficiaries to receive your benefit in case your primary beneficiary(ies) dies before or at the same time as you do. If you name more than one, you must designate the percentage of the benefit each is to receive. Secondary beneficiaries are paid benefits only if all primary beneficiaries die before or at the same time as you.

You may change your beneficiary designation any time by logging into *i*Benefits at sso.tamus.edu.

Changing Your Coverage

Once you enroll in the AD&D plan, you can reduce your coverage amount or drop your coverage at any time. You can enroll in or increase coverage only during Annual Enrollment. You can change from individual to family coverage or family coverage to individual coverage only during Annual Enrollment or within 60 days of a Change in Status.

For More Information

- AD&D Plan Description Booklet, online at <http://assets.system.tamus.edu/files/benefits/pdf/spdadd.pdf> or from your Human Resources office.
- Minnesota Life customer service: 1-877-282-1752

Long-Term Disability

Plan Choices: Long-Term Disability (LTD) provides income if you cannot work due to a disability. Cancer, a back problem, an injury from a car accident, or any other condition that keeps you from being able to perform your job is considered a disability. You do not have to be permanently disabled or unable to work at all to qualify for benefits. LTD is an optional coverage for which you pay the full cost.

Enrollment Rules:

- You do not have to provide evidence of insurability (E of I) to enroll in LTD.
- If you do not elect coverage during your initial enrollment period, you may enroll during another Annual Enrollment period, also without E of I. Lower premiums are available for non-tobacco users. You must be tobacco-free for at least 3-months to be considered a non-tobacco user. You can change this designation at any time.

Benefits: 65% of your base pay minus other sources of income or disability earnings

Definition of Disability

You are considered disabled if you are unable to perform one or more of the essential duties of your job due to sickness or injury and you are earning 80% or less of the amount you were earning before you became disabled due to that sickness or injury.

Maximum/Minimum Monthly Benefit

Maximum \$8,000, minimum \$100 or 10% of your monthly benefit before deductions of other income, whichever is greater.

Your benefit amount will be reduced by earnings you receive from: sick leave pay, workers' compensation, Social Security or any other government plan, or Teacher Retirement System (TRS) or Optional Retirement Program (ORP) payments.

Elimination Period

90-days from onset of continuous disability

Pre-Existing Condition

The plan will not cover a disability resulting from a pre-existing condition until you have been covered under the plan for 12-months or until you have gone 90 days (after coverage begins) without receiving medical treatment, consultation, care or services, including taking prescribed medications for the condition.

If you pay the full LTD premium yourself, your deduction is taken after-tax and your LTD benefits will not be taxable when you receive them. If you apply part or all of the employer contribution to your premium, part or all of your benefit will be taxable. The taxable portion will be proportional to the amount of premium paid by your employer.

Nonorganic Mental Impairments

Maximum Benefit period of 24-months

Reducing Benefit Duration

Benefit is provided monthly until the greater of the “Reducing Benefit Duration” or Social Security Normal Retirement Age.

Catastrophic Disability

An additional 10% benefit will be paid when the member is unable to perform at least two activities of daily living, which includes bathing, dressing, continence, toileting, feeding and transferring, (monthly maximum \$1,333).

Reducing Benefit Duration		SSN normal retirement age	
Age at time of disability	Benefit duration	Birthdate	SSN normal retirement age
Less than 60	To age 65	1937 or older	65
60	60 months	1938	65 + 2 months
61	48 months	1939	65 + 4 months
62	42 months	1940	65 + 6 months
63	36 months	1941	65 + 8 months
64	30 months	1942	65 + 10 months
65	24 months	1943-1954	66
66	21 months	1955	66 + 2 months
67	18 months	1956	66 + 4 months
68	15 months	1957	66 + 6 months
69+	12 months	1958	66 + 8 months
		1959	66 + 10 months
		1960 and later	67

For More Information

- LTD Plan Description Booklet, online at <http://assets.system.tamus.edu/files/benefits/pdf/spdltd> or from your Human Resources office.
- LTD claim office: Cigna 1-800-362-4462 or www.cigna.com.

Flexible Spending Accounts

Plan Choices: Flexible Spending Accounts allow you to set money aside to use to reimburse yourself for health care and dependent day care expenses incurred during the plan year. You never pay federal income or Social Security taxes on this money. When you have such expenses, you can pay yourself back from your accounts with before-tax dollars. You must re-enroll in your Flexible Spending Account each year during annual enrollment. Unused balances in your accounts do not carry over to the next year, with the exception of the **grace period** (see page 38).

- *Health Care Spending Account:* Minimum contribution: \$20/month; Maximum contribution: \$2,550/year
- *Dependent Day Care Spending Account:* Minimum contribution: \$40/month ; Maximum contribution: \$5,000/year (\$2,500 if married and filing a separate income tax return)

Enrollment Rules:

- You can enroll in the Health Care Flexible Spending Account, Dependent Care Spending Account, or both, within 60 days of employment, within 60 days of certain Changes in Status and during annual enrollment.
- Elections for subsequent plan years takes place during annual enrollment. If you are currently enrolled you must enroll again for the next plan year during annual enrollment. Your election for the current year will **not** automatically carry forward to the next plan year.

Changing your elections - After enrolling, your elections remain in effect through August 31, 2017. You may change your elections only at the beginning of each plan year, unless you have certain Changes in Status. You may change your elections within 60 days of the change. The change you make must be consistent with the type of Change in Status you have. If you have questions regarding the changes you can make to your Flexible Spending Accounts, call PayFlex at 1 (800) 284-4885 or your Human Resources office. If you increase your contributions to the plan because of a Change in Status, the increased benefit is available only for services incurred after the first of the month following the receipt of your change.

If you leave A&M System employment during the plan year (September 1 through August 31), you can choose to continue contributing to the health care spending account on an after-tax basis through COBRA. If you do so, you may continue to submit claims incurred between September 1, 2016, and August 31, 2017 as long as your payments continue. If you do not elect to continue contributing, you may not submit any claims incurred after your employment ends. Your contributions to your Dependent Day Care Account must end when your employment ends. However, you may continue to submit claims incurred between September 1, 2016, and August 31, 2017, as long as you have an account balance.

Benefits:

Health Care Account

The Health Care Spending Account allows you to use before-tax dollars to pay medical, dental, vision and hearing care expenses not paid by your A&M System benefit plans for you and your dependents. You do not have to be covered through an A&M System health plan to enroll. To pay a dependent child's health care expenses through this account, the child must be under age 26 and dependent upon you for support. The plan year for Flexible Spending Accounts runs from September 1 to August 31.

You can use the Spending Account for the same medical expenses that are eligible for an income tax deduction, but you cannot use both the account and the deduction for the same expense.

Dependent Day Care

The Dependent Day Care Spending Account allows you to use before-tax dollars to pay for dependent day care expenses that are necessary to allow you and your spouse to work. You may enroll only if your spouse works or is a full-time student or disabled. The dependent receiving the care must live in your home at least eight hours a day, be claimed as a dependent on your tax return or be in your legal custody, and be 12 or younger or an older dependent who requires care due to a physical or mental disability.

You can use the spending account for the same day care expenses that are eligible for a tax credit. However, you cannot use both the account and the tax credit for the same expense. Since the tax credit limit is \$6,000 and the spending account limit is \$5,000, you can pay some expenses through the spending account and take the tax credit on the rest. Visit the PayFlex website, <https://www.payflex.com/>, to determine which works best for you.

Restrictions

Both types of accounts carry certain restrictions. These include:

- Your Flexible Spending Accounts must be used only for expenses incurred between the date of your participation and November 15 of the following year (due to the grace period). In other words you must receive the service during that period. The date you pay the bill does not have to be within that period as long as the expense was incurred during that period.
- Once you put money into your Flexible Spending Accounts, the money must remain in those accounts. You cannot transfer money between accounts or to a spouse's account, or take it out for any reason other than to reimburse yourself for an eligible expense that you or any eligible dependent has during the plan year.
- You should plan carefully how much money to put in your Flexible Spending Accounts. Due to federal law, you will forfeit—or lose—any money in your accounts that you have not used by August 31 (or the following November 15). Forfeitures are used to offset administrative expenses.

Using the Spending Accounts

The amount you choose to contribute will be deducted from your paychecks before taxes and be put into your Health Care and/or Dependent Day Care Account(s).

When you incur an eligible *day care expense*, you send a copy of the bill or receipt from the day care provider showing the period of service, provider name and type of service to PayFlex to receive reimbursement from your account.

Health Care Spending Account	
<p><i>Covered Expenses Include:</i></p> <ul style="list-style-type: none"> • Copayments and deductibles • Orthodontia • Glasses, contact lenses and supplies (such as saline solution and enzyme cleaner) • LASIK surgery • Smoking cessation programs • Dental care • Hearing aids <p>* Guidance on covered and noncovered medications can be found online at: https://www.payflex.com/.</p>	<p><i>Non-Covered Expenses Include:</i></p> <ul style="list-style-type: none"> • Health insurance premiums • Nicotine patches or diet pills* • Exercise programs and equipment* • Medical or dental cosmetic surgery or drugs* <p>* <i>Unless prescribed for treatment of an illness or injury.</i></p>

Dependent Day Care Spending Account	
<p><i>Covered expenses include:</i></p> <ul style="list-style-type: none"> • Day care fees for children 12 or younger or older disabled dependents • Babysitting fees (work-related only) 	<p><i>Expenses not covered include:</i></p> <ul style="list-style-type: none"> • Tuition and fees for private school, grades kindergarten through 12th • Overnight camps and extracurricular lessons • Supply fees • Club or organization membership fees
<p>For a complete listing of allowable health care and/or day care expenses, contact PayFlex at (800) 284-4885 or https://www.payflex.com/, or see IRS Publications 502 and 503 (keep in mind that these publications contain some information not pertaining to the A&M System Spending Account Program), available online at http://www.irs.gov/publications/ or by calling 1 (800) 829-3676.</p>	

Debit Card

If you elect the debit card, you can pay for your eligible healthcare expense(s) at the point of service: the doctor’s office, a pharmacy, or other health care service provider. It can also be used at some non-healthcare related merchants such as grocery stores and discount stores. When you have a copay, the money will be taken directly from your account, so you don’t have to pay for the service and file for reimbursement. Dependent Day Care expenses cannot be paid using the debit card.

Anyone who enrolls in a Health Care Flexible Spending Account:

- Will automatically receive a debit card.
- There will be no annual fee charged for the health care debit card.
- Your card will be mailed to your home address in a plain envelope from Omaha, NE.
- The card is good for *FIVE* years assuming you continue to be enrolled in Flexible Spending Accounts. Don’t throw it away after you deplete the current year funds.
- If you need additional cards for your dependents, contact PayFlex at 1 (800) 284-4885 or order online <https://www.payflex.com/>.
- In most cases, you will not be required to submit a claim or receipt. However, be sure to always save your itemized receipts, in the event you receive a “Request for Receipt” letter or email from PayFlex. If you receive a request for documentation from PayFlex, you must return the requested documentation within 21-days of the date of the letter to ensure your PayFlex debit card remains active.

PIN

Debit cards may be used as either "credit" or "debit". Some merchants may require you to select the "debit" option, and not allow you to use the "credit" option. If you choose "debit" you will be required to enter a PIN. **Once you receive your debit card, or if you have an active debit card and have not called for your PIN, call Card Services at 1 (888) 999-0121.**

If your spouse and/or dependents have a PayFlex debit card for your spending account, they will use the same PIN you use.

Grace Period

The grace period is a provision under federal law that allows the A&M System to extend the time flexible spending account participants have for withdrawing funds from their Health Care and/or Dependent Day Care Spending Accounts. Under this provision, participants who have funds remaining in their accounts at the end of the plan year, August 31, can use those funds to pay eligible expenses incurred for the next 75-days, through November 15.

Paper Claims

If you do not elect the debit card option, or do not use your debit card for a particular purchase, you can still submit claims using the on-line Express claim, uploading, faxing, or mailing your claim to PayFlex.

When you file a claim, you may receive a reimbursement check, or you may have your reimbursement directly deposited in the account in which your paycheck is deposited. If you want to have your reimbursement deposited into a different account, you can complete a Direct Deposit Authorization Form and submit it directly to PayFlex. The form is available at www.tamus.edu/assets/files/benefits/pdf/programs/DirectDepositAuthForm.pdf or on the PayFlex website, <https://www.payflex.com/>.

Filing Deadline - Claims against your 2016-2017 account must be filed by December 31, 2017.

Tax Credit vs. Dependent Day Care Account

To find out whether the Spending Account or tax credit may be best for you, login to <https://www.payflex.com/>, click on Resource Center and then, Savings Calculator.

Health Expenses Flexible Spending Account Worksheet

This worksheet will help you calculate your election for a healthcare account while keeping you from contributing more than you will be able to withdraw. Remember, money you set aside for your 2015-2016 Flexible Spending Account does not roll over to the next plan year and amounts not reimbursed by the deadline are forfeited. You can contribute a minimum of \$20 a month to a maximum of \$2,550 a year. If you and your spouse both work for the A&M System, one or both of you can have Health Care Accounts. If you both have accounts, you can each contribute up to \$2,550 a year.

Annual Expenses	Expenses for 2015-2016	Projected Expenses for 2016-2017
<i>Medical expenses such as:</i>		
Health Insurance Deductible	\$ _____	\$ _____
Copayments for Dr. visits	\$ _____	\$ _____
Co-insurance	\$ _____	\$ _____
Prescription Deductible	\$ _____	\$ _____
Prescription Copayments	\$ _____	\$ _____
<i>Dental expenses such as:</i>		
Dental Deductible	\$ _____	\$ _____
Dental Co-Insurance or Copayments	\$ _____	\$ _____
Orthodontic Expenses	\$ _____	\$ _____
<i>Vision expenses such as:</i>		
Vision Exam - Copayments	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Lasik Surgery	\$ _____	\$ _____
<i>Other health-related expenses:</i>		
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total out-of-pocket expenses projected for next year		\$ _____ *

Be conservative in your estimate! It is important to put no more money into an FSA than you are sure you will use during the year.

*For your monthly contribution, you will need to divide this amount by the number of pay periods in your plan year, or the number of pay periods remaining in the Plan Year if you are enrolling mid-year.

Dependent Care Expenses Flexible Spending Account Worksheet

This worksheet will help you determine your election for the dependent care flexible spending account. The dependent care flexible spending account is designed to reimburse expenses related to the care of children or adults* so that you can work. Generally, eligible expenses include nursery, pre-school, afterschool care or dependent day care facilities.

Type of Expense	Projected Expenses for 2016-2017
Licensed day care, nursery or preschool	
Cost per week/month	\$ _____
Number of weeks/months	_____ \$ _____
Before or after school care programs	
Cost per week/month	\$ _____
Number of weeks/months	_____ \$ _____
Childcare during summer months (for school age children)	
Cost per week/month	\$ _____
Number of weeks/months	_____ \$ _____
Total expenses projected for next year:	\$ _____**

Be conservative in your estimate! It is important to put no more money into an FSA than you are sure you will use during the year.

*If your dependent is over age 13, he/she must be physically or mentally incapable of caring for themselves.

**For your monthly contribution, you will need to divide this amount by the number of pay periods in your plan year, or the number of pay periods remaining in the Plan Year if you are enrolling mid-year.

In order to be reimbursed for dependent care Flexible Spending Account expenses you will need to provide the social security number for individual dependent care providers or the taxpayer identification number for care centers and schools.

Eligible Expenses include, but are not limited to:

- Summer Day camp
- Before and after school care
- Extended day programs
- Custodial childcare
- Eldercare

Ineligible expenses include, but are not limited to:

- Overnight camp
- Education and tuition expenses (kindergarten and above)
- Field trip expenses

Retirement Programs - Mandatory Plans

Plan Choices: If you are a benefits-eligible employee, you are automatically enrolled in the Teacher Retirement System of Texas (TRS) on your first day of work unless you are required to be a graduate student for your position. If you are employed in an ORP-eligible position, you may make a one-time, irrevocable election within 90-days of eligibility to enroll in the Optional Retirement Program (ORP) instead of TRS. If you are eligible for ORP, you will receive additional information. You will be given only one 90-day period to elect ORP during your career in Texas public higher education. If you have participated in ORP through previous employment with a Texas state institution of higher education, you must continue participating in ORP. Under both plans, you and the A&M System contribute toward your retirement benefit on your eligible salary up to the federal limit. The employer/employee contribution amounts are set by state legislation and are subject to change.

Contribution Rules: Contributions to TRS and ORP are made on a before-tax basis. With before-tax contributions, you pay no federal income taxes on your contributions, but you do pay taxes on your benefits when you receive them.

Retirement System of Texas (TRS)

Beginning September 1, 2016, you contribute 7.7% of your pay to TRS on a before-tax basis and the A&M System contributes an amount equaling 6.8% of your pay.

Your retirement benefit is determined by a formula that considers your average salary and years of TRS service. Your normal retirement benefit will be 2.3% times your years of creditable service times your average salary. Average salary is figured using your highest-paid five years under TRS (if you were a TRS participant before September 1, 2005, your average salary may be calculated differently). You receive your benefit as a retirement annuity (monthly payments).

You can receive an unreduced standard annuity when the sum of your age and years of TRS service equals at least 80 or at age 65 with at least 5 years of TRS service. If you begin TRS participation on or after September 1, 2007, you can receive an unreduced standard annuity at age 60 when the sum of your age and years of TRS service equals at least 80 or at age 65 with at least 5 years of TRS service. If you begin TRS participation on or after September 1, 2014 or have less than five years of TRS service, you can receive an unreduced standard annuity at age 62 when the sum of your age and years of TRS service equals at least 80 or at age 65 with at least 5 years of TRS service. Reduced benefits are available for early age retirement if you are eligible. Contact TRS at 1 (800) 223-8778 for more information.

You are also eligible from your first day of TRS participation for disability and survivor benefits.

If you leave employment before retirement, you may withdraw your TRS contributions, plus interest. However, you will lose your years of TRS service credit and you will not be eligible for A&M System retiree insurance benefits (see "Retiree insurance benefits"). You must pay income tax, and possibly a penalty, on any withdrawals unless you roll them over to another retirement account. If you become vested in the plan (meaning you have at least five years of participation), you may choose instead to leave your contributions in the plan and receive a retirement annuity later.

Optional Retirement Program (ORP)

You contribute 6.65% of your pay to ORP on a before-tax basis. The A&M System currently contributes an amount equaling 6.6% of your pay. These contributions go into an individual account. If you enroll in ORP, you will forfeit all TRS benefits previously earned (except your contributions, which will be refunded to you or rolled into an individual retirement account).

You choose how to invest your money through one of the vendors who offer investment options. Your investment options include annuities and mutual funds. A list of vendors is available from your Human Resources or Payroll office and online at <http://www.tamus.edu/business/benefits-administration/retirement-programs/orpda-approved-vendors/>. You have the freedom to change your investment choices. *You are responsible for the gains or losses in your account; the A&M System has no fiduciary responsibility.*

Your retirement benefit is based on contributions from you and the A&M System and the investment earnings or losses on these contributions. Ownership of the employer contributions (vesting) is yours after participation in ORP for one year and one day. If your participation ends and you have less than a year of service, you will receive only your contributions, adjusted for investment gains or losses.

You are eligible to receive your account balance upon termination of employment in all Texas institutions of higher education, reaching age 70½, retirement or death. If you leave A&M System employment and withdraw your funds before age 55, your withdrawal may be subject to income tax, plus penalties, and you may not be eligible for A&M System retiree insurance benefits (see “Retiree insurance benefits” below). Your choice of benefit payment options after you retire depends on the payment options offered by the vendor(s) you chose. Consult your tax advisor before withdrawing any funds.

No loans or hardship withdrawals are permitted under ORP.

Retiree insurance benefits

Under current state law, you are eligible for A&M System insurance coverage as a retiree when:

- you are at least age 65 and have at least 10-years of service credit, or your age plus years of service equal at least 80 and you have 10-years of service credit,
- you have 10 years of service with the A&M System, and
- the A&M System is your last state employer.

*You must also provide documentation that you are receiving or have applied to receive your TRS annuity payments or have an intact ORP account (an IRA **rollover** is not an intact account.).

Retirement Programs - Voluntary Plans

Plan Choices: Tax-Deferred Account and Deferred Compensation Plans

All System employees are eligible to participate in the Tax-Deferred Account (TDA) program and the TexaSaver Deferred Compensation Plan (DCP) from their first day of employment. You may enroll in the TDA Program and/or the DCP at any time during your employment with the A&M System. These plans are in addition to your TRS or ORP participation.

These programs are often referred to as tax-deferred retirement savings plans because you contribute part of your monthly salary before you pay federal income tax. By contributing before tax, you reduce your current income tax. Your contributions and their investment earnings are tax-deferred until you withdraw them at retirement. You pay income taxes when you withdraw your tax-deferred dollars (including their investment gains). You can also enroll in a Roth TDA, which allows you to contribute after taxes and pay no taxes on your earnings when you begin receiving your retirement funds. Enrollment in these programs enables you to take advantage of the tax laws to increase your retirement savings.

When you enroll in the TDA program, you select an investment vendor. A list of TDA vendors is available from your Human Resources or Payroll office and online at <http://www.tamus.edu/business/benefits-administration/retirement-programs/orptda-approved-vendors/>. The DCP vendor is Great West. More information on the TexaSaver DCP can be found at <http://www.texasaver.com> (click on “457 Plan Information”).

You may want to talk to a number of vendors and carefully review their investment options, charges and past investment performance before making a choice. You should also consider the type of investment and the level of risk you are willing to assume.

You may contribute as little as \$25 per month to a TDA and \$20 per month to a DCP. The maximum contribution is determined by the IRS. These limits are available at the System Benefits Administration website,

<http://assets.system.tamus.edu/files/benefits/pdf/retirement/DeferralLimitsChart.pdf>.

The amount and frequency of benefit payments you receive during retirement will depend on your age at the time payment begins, how much you have in your account and the type of payment plan you choose. Payment options are determined by the product you choose. For example, some allow you to take all of your money out in a single payment when you retire, while others require you to receive payment over time, such as in monthly payments.

Enrollment Rules:

Tax Deferred Accounts

To enroll, you must complete a TDA Salary Reduction Agreement ([HR 17](#)), and a TDA Vendor New Account Application and turn it in to your Human Resources or Payroll office. Your investment vendor may be able to help you complete these forms. You may also use the HR 17 form to change your vendor at any time.

TexaSaver DCP

To enroll, you need to go to www.Texasaver.com and select the 457 plan. The website contains instructions on how to enroll and details the investment options available to participants of the plan. You may also contact a representative directly at 1 (800) 634-5091.

For more information on these programs, [click here](#).

Other Plans

As an A&M System employee, or retiree, you are also eligible for the programs listed below.

Daryl Flood Relocation & Logistics:

Daryl Flood Relocation & Logistics is the new relocation provider for The Texas A&M University System. Daryl Flood offers a wide variety of in-house relocation solutions and options based on any need. They can assist with school search and area orientation before an interview. Daryl Flood can provide a full service relocation quote for moving household goods, and help existing employees and retirees connect with realtors and moving services when moving throughout the US or locally. As the official relocation provider for the A&M System, Daryl Flood can provide services paid for by the Texas A&M System member, as well as those paid for by an individual.

A few of their solutions include:

- Domestic & International Household Goods Relocation
- Realtor & Mortgage Assistance
- Home Sale & Purchase Programs
- Temporary Housing (furnished homes or apartments)
- Automobile Transport
- Destination Services (Home Finding, School Search, Place of Worship)

A Daryl Flood relocation consultant is available to ensure each relocation goes smoothly. You pay nothing for their services, which includes planning the move, helping sell your home, selecting movers, helping find housing that meets your needs and is within your budget, and prequalifying you for a mortgage. To initiate a relocation request, please contact 1 (844) 722-TAMU (8268) or email tamus@darylfflood.com. For more information, visit <http://www.tamus.edu/business/benefits-administration/employee/retiree-benefits/relocation/>.

Vision Discount Program:

The Vision Discount Plan is a discount program available for employees, retirees and their families who are not enrolled in the EyeMed Vision Plan. This program is offered through EyeMed. You must use an EyeMed Select Panel provider. There is no cost to employees or retirees for this discount program.

Select Plan D: Exam and Materials Discount

Vision Care Services	Member Cost
Exam with dilation as necessary:	\$5 off routine exam \$10 off contact lens exam
Complete pair of glasses purchase*: frame, lenses and lens options must be purchased in the same transaction to receive full discount.	
Standard Plastic Lenses:	
Single	\$50
Vision	\$70
Bifocal	\$105
Frames:	
Any frame available at provider location	40% off retail price
Lens Options:	
UV Coating	\$15
Tint (Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Progressive (Add-on to Bifocal)	\$65
Standard Anti-Reflective Coating	\$45
Other Add-Ons and Services	20% discount

Contact Lens Materials: (Discount applied to materials only) Disposable Conventional	 0% off retail price 15% off retail price
Laser Vision Correction: Lasik or PRK	15% off retail price - or - 5% off promotional price
Frequency: Examination Frame Lenses Contact Lenses	 Once every 24 months Once every 12 months Once every 12 months
*Items purchased separately will be discounted 20% off the retail price.	

THIS IS NOT INSURANCE

**Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1 (877) 5LASER6.

Member will receive a 20% discount on those items purchased at participating Providers that are not specifically covered by this Discount design. The 20% discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location.

This Discount design is offered **with the EyeMed Select panel of providers**. There are no out-of-network benefits.

For more information contact EyeMed at 1(866) 939-3633 and ask about the Texas A&M System Select Plan D.

Monthly Premiums

Basic Life

The premium for this plan is usually paid by the employer contribution.
 Basic Life \$4.23 Alternate Basic Life \$.564 per \$1,000 of coverage

Health

The health care premium increases by \$30/month each if you or your spouse is a tobacco user.

The A&M Care Plan premium increases by \$30/month each if you and/or your covered spouse have not had an annual wellness exam.

The following chart applies to you if you are a **full-time employee** (work at least 30 hours per week):

	<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>
A&M Care	\$593.77	\$ 0.00	\$1,155.88	\$281.05	\$984.27	\$195.25	\$1,384.71	\$395.47
A&M Care 65 PLUS	\$531.42	\$ 0.00	\$ 1,033.24	\$158.41	\$880.02	\$ 91.00	\$1,237.56	\$248.32
J Plan	\$593.77	\$ 0.00	\$1,155.88	\$281.05	\$984.27	\$195.25	\$1,384.71	\$395.47

The following chart applies to you if you are a **part-time employee** (work 20 to 29 hours per week):

	<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>
A&M Care	\$593.77	\$299.00	\$1,155.88	\$720.58	\$984.27	\$591.87	\$1,384.71	\$892.20
J Plan	\$593.77	\$299.00	\$1,155.88	\$720.58	\$984.27	\$591.87	\$1,384.71	\$892.20
Graduate Student Health Plan	\$158.00	\$ 0.00	\$ 316.00	\$ 0.00	\$413.00	\$ 20.60	\$ 571.00	\$ 78.49

Dental

	<i>Employee Only</i>	<i>Employee & Spouse</i>	<i>Employee & Child(ren)</i>	<i>Employee & Family</i>
A&M Dental PPO	\$29.41	\$58.82	\$61.76	\$94.11
DeltaCare USA Dental HMO	\$19.11	\$33.98	\$34.25	\$53.21

Vision

	<i>Employee Only</i>	<i>Employee & Spouse</i>	<i>Employee & Child(ren)</i>	<i>Employee & Family</i>
	\$7.97	\$16.95	\$13.09	\$23.33

Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year. *Monthly rate per \$1,000:*

Age	Non-tobacco rate	Tobacco rate	Age	Non-tobacco rate	Tobacco rate
under 25	\$.04	\$.08	50-54	\$.16	\$.32
25-29	.04	.08	55-59	.29	.58
30-34	.04	.08	60-64	.45	.90
35-39	.05	.10	65-69	.61	1.22
40-44	.06	.12	70-74	1.15	2.30
45-49	.10	.20	75+	1.61	3.22

Dependent Life

Plan A: Spouse Age-based rate per \$1,000 of coverage; Child: \$.06 per \$1,000 of coverage

Plan B: \$1.37/month (flat rate)

Plan C: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

Age	Non-tobacco rate	Tobacco rate	Age	Non-tobacco rate	Tobacco rate
under 25	\$.05	\$.060	50-54	\$.23	\$.276
25-29	.06	.072	55-59	.43	.516
30-34	.08	.096	60-64	.66	.792
35-39	.09	.108	65-69	1.27	1.524
40-44	.10	.120	70-74	2.06	2.472
45-49	.15	.180	75+	2.06	2.472

AD&D

<i>Monthly rate per \$10,000:</i>	<i>Employee Only</i>	<i>Employee & Family</i>
	\$.14	\$.24

Long-Term Disability

<i>Monthly rate per \$100/monthly pay:</i>	<i>Non-tobacco rate</i>	<i>Tobacco rate</i>
	\$.202	\$.261

Flexible Spending Account Debit Card (Health Care Account only)

No Cost

Leave Without Pay

The premiums shown below are your monthly health and Basic Life premiums because you are not eligible for the employer contribution. If you are on a Family and Medical Leave Act leave without pay, you are eligible to receive the employer contribution and pay the premiums shown on page 46.

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Care Plan	\$598.00	\$1,160.11	\$988.50	\$1,388.94
J Plan	\$598.00	\$1,160.11	\$988.50	\$1,388.94
Graduate Student Health Plan	\$162.23	\$320.23	\$417.23	\$575.23

Survivor Rates

Survivors are eligible only for Health, Dental and Vision coverage

	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care	\$593.77	\$1,155.88	\$984.27	\$1,384.71
A&M Care 65PLUS	\$531.42	\$1,033.24	\$880.02	\$1,237.56
J Plan	\$593.77	\$1,155.88	\$984.27	\$1,384.71
Graduate Student Health Plan	\$158.00	\$316.00	\$413.00	\$571.00
A&M Dental PPO	\$29.41	\$58.82	\$61.76	\$94.11
DeltaCare USA Dental HMO	\$19.11	\$33.98	\$34.25	\$53.21
Vision	\$7.97	\$16.95	\$13.09	\$23.33

Premium Worksheet

1. Health: Enter premium amount. The employer contribution has already been deducted.
Add \$30 each if you or your spouse use tobacco products, up to a possible additional \$60 per month.
Add \$30 each if your A&M System Medical coverage began prior to September 1, 2015 and if you or your spouse have not had a preventive wellness exam processed through BlueCross BlueShield. \$ _____

2. Dental: Enter premium amount. \$ _____

3. Vision: Enter premium amount. \$ _____

4. Optional Life: Take your annualized salary, multiply by your coverage amount (½, 1, 2, 3, 4, 5 or 6), and round down to the nearest thousand (maximum is \$1,000,000). Divide by 1,000:
_____ × your age-based premium of _____ = \$ _____

5. Alternate Basic Life: Divide your coverage amount by 1,000: _____ × .564 = \$ _____ *

6. Dependent Life:
Plan A Premium: Your spouse's age-based premium of _____ × (spouse coverage amount/1000) + (child coverage amount/1000 × .06) = _____ \$ _____
Plan B Premium: \$1.37/month (flat rate) \$ _____ *
Plan C Premium: Your Alternate Basic Life premium (see #5) _____ × .5 (.1 if covering children only) = \$ _____

7. Accidental Death and Dismemberment: Choose your coverage amount and divide by 10,000:
_____ × your premium of _____ =
(Maximum coverage is the greater of \$250,000 or 10 times your annual salary, not to exceed coverage of \$800,000.) \$ _____

8. Long-Term Disability: Divide your annual salary by 12. Divide the lesser of that number or \$12,307 by 100: _____ × your premium of _____ = \$ _____ *

9. Spending Accounts: Enter Health Care Account monthly contribution \$ _____ +
Dependent Day Care Account monthly contribution _____ = \$ _____
\$ _____

10. YOUR TOTAL MONTHLY COST (Add 1 through 9) =
Complete items 11 and 12 if you do not have A&M System health coverage but certify that you have other health coverage:

11. Employer Contribution: Enter the total of your premiums shown above for Dental (line 2), Vision (line 3), Alternate Basic Life (line 5), AD&D (line 7) and Long-Term Disability (line 8)† or \$273.86 (\$136.93 if part-time), whichever is less. — \$ _____

12. YOUR TOTAL MONTHLY OUT-OF-POCKET COST (Subtract line 11 from line 10) = \$ _____

* The premiums may increase based on your salary.

† Include only premiums you choose to pay using the employer contribution.

THE TEXAS A&M UNIVERSITY SYSTEM NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Our Commitment to Protecting Health Information About You

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual. This information is called "Protected Health Information" (PHI).

We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our notice of privacy practices that is currently in effect.

Your Rights

You have the right to:

- Get a copy of your health and claims records and correct your health and claims records (these normally do not involve The Texas A&M University System)
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we answer coverage questions from your family and friends and provide emergency disaster relief.

Our Uses and Disclosures

We may use and share your information as we:

- Pay for your health services
- Administer your health plan
- Help manage the health care treatment you receive (these normally do not involve The Texas A&M University System)
- Help with public health and safety issues
- Provide data for research purposes under certain limited circumstances
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government inquiries
- Respond to lawsuits and legal actions

These are explained further on the following pages.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records or ask for corrections to health or claim records.

- It is anticipated that this will take place between you and your health provider or the plan administrator, not through our office.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but a charge will be assessed for additional requests if you ask for another one within 12-months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will confirm that person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We do not share, sell, nor do we use, your information for marketing purposes.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We may share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to our administrative services provider for plan administration; however, this normally does not involve The Texas A&M University System.

Example: The services provider (claims payer) needs to know your diagnosis in order to determine the best physician to put you in contact with to meet your needs.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For information, see: <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research under certain limited circumstances.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal requirements.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Act in response to workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to this Notice

We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. If and when this notice is changed, we will post this information on our website and provide you with a copy of the revised notice upon your request.

Privacy Official

You can contact the plan's Privacy Official at:

Mr. Kevin P. McGinnis
Executive Director of Risk Management and Benefits Administration
The Texas A&M University System
Connally/Moore Building
301 Tarrow, 5th Floor
College Station, TX 77840-7896
Phone: (979) 458-6330

For More Benefit Information

Campus	Website Link and Phone Numbers	Email Address
Texas A&M University	employees.tamu.edu 979-862-1718	benefits@tamu.edu
Texas A&M Health Science Center	www.tamhsc.edu 979-436-9209	benefits@tamhsc.edu
Prairie View A&M University	www.pvamu.edu/hr/ 936-261-1730	benefitsteam@pvamu.edu
Tarleton State University	www.tarleton.edu/hr 254-968-9128	employment@tarleton.edu
Texas A&M University-Central Texas	www.tamuct.edu/departments/humanresources/contact.php 254-519-8015	t.flores@tamuct.edu
Texas A&M International University	tamiu.edu/adminis/ohr/ 956-326-2365	hr@tamiu.edu
Texas A&M University-Commerce	www.tamuc.edu/facultyStaffServices/humanResources/default.aspx 903-886-5049	cynthia.todhunter@tamuc.edu
Texas A&M University-Corpus Christi	hr.tamucc.edu 361-825-2630	human.resources@tamucc.edu
Texas A&M University at Galveston	www.tamug.edu/hrd/ 409-740-4534	penningt@tamug.edu
Texas A&M University-Kingsville	www.tamuk.edu/hr 361-593-4998	kuadf008@tamuk.edu
Texas A&M University-Texarkana	www.tamut.edu/ 903-223-3113	tina.tindal@tamut.edu
Texas Transportation Institute	tti.tamu.edu 979-845-9668	ttih@ttimail.tamu.edu
Texas A&M University at San Antonio	www.tamusa.tamus.edu/humanresources/index.html 210-784-2051	francy.leal@tamusa.edu
Texas A&M Forest Service	txforestservice.tamu.edu/contactus/organizational-unit/ 979-845-9337	dorithie.thomas@ag.tamu.edu
Texas A&M AgriLife	aghr.tamu.edu 979-845-2423	dana.dewveall@ag.tamu.edu
Texas Engineering Experiment Station (TEES, College of Engineering)	tees.tamu.edu/personnel 979-458-7699	engineeringhr@tamu.edu
Texas Engineering Extension Service	teex.org 979-458-6818	martha.alexander@teex.tamu.edu
West Texas A&M University	www.wtamu.edu/administration/human-resources.aspx 806-651-2117	personnel@mail.wtamu.edu
System Offices	employees.tamu.edu 979-862-1718	benefits@tamu.edu

Information on benefits and human resource programs can be found at the Benefit Administration website, located at <http://www.tamus.edu/business/benefits-administration/>