Changes for 09-01-2011

A&M Care Health Plans
There will be only one active employee plan.
The plan will have a $700 deductible with no change to the copays.
The coinsurance rate will be 70%/30%.
The maximum out-of-pocket cost will be $5,000 (individual) and $10,000 (family) and will not include expenses applied toward the deductible.
Dependents up to age 26, regardless of marital status, are eligible for health insurance coverage.
Most preventive services will be available at no cost. Members will continue to receive a $50 credit toward their deductible for having an annual exam and $50 for completing the BlueCross BlueShield online Health Risk Assessment.
The 65+ plan will continue to be offered for those who are retired and Medicare is their primary payer.

HMOs:
FirstCare Health Plans
This HMO will no longer be offered.
Scott & White Health Plan
This HMO will now have a $350 deductible for care other than office visits. Other services, paid at 80%, will now be subject to the deductible and include MRIs, outpatient services, etc.
The primary care office visit copay will increase to $30. A new specialist copay will be $45.
You are no longer required to designate a primary care physician. Referrals are no longer required to see most specialists.
Grad Plan
Emergency Room copay will increase from $100 to $250.
Dental coverage
The PPO plan will have the same plan design and premiums.
The Dental HMO will have lower premiums.
Some services in the Dental HMO plan will have a slightly higher copay.
Vision coverage
New vision carrier is EyeMed.
The premiums will be slightly lower.
The benefits are improved, including a decrease in the materials copay from $25 to $15.
Long-Term Disability coverage
This plan will now be offered through CIGNA.
If you are already receiving Long-Term disability benefits, you will continue to work with your current carrier.
The premiums have decreased significantly and some additional benefits have been added.
There is no evidence of good health required to enroll. . . so now is the time!
Adding Dependents
You will need to provide proof of eligibility for any dependents you will be adding to coverage. If you are using iBenefits to enroll online, you will be prompted for the information you will need to provide. If you are not enrolling online, go to http://www.tamus.edu/offices/benefits/programs/ddr/#Dependent%20Documentation%20Requirements.