

Monthly Premiums

Effective September 1, 2016

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+ | \$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

A&M Dental PPO

DeltaCare USA Dental HMO

Employee Only

Employee & Spouse

Employee & Child(ren)

Employee & Family

\$29.41

\$58.82

\$61.76

\$94.11

\$19.11

\$33.98

\$34.25

\$53.21

Vision

Employee Only

Employee & Spouse

Employee & Child(ren)

Employee & Family

\$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: 1/2 Alternate Basic Life premium; 1/10 if no spouse is covered

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

AD&D

Monthly rate per \$10,000:

Employee Only

\$.14

Employee & Family

\$.24

Long-Term Disability

Monthly rate per \$100/monthly pay: Non-tobacco rate

\$.202

Tobacco rate

\$.261

Flexible Spending Account Debit Card (Health Care Account only)

No Cost

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al

BCBSTX: 1-866-295-1212

Express Scripts: 1-866-544-6970

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số

BCBSTX: 1-866-295-1212

Express Scripts: 1-866-544-6970