

2017 - 2018



Everything you need to know about
**The Texas A&M University System
Annual Benefit Enrollment for Retirees**

Enrollment Period:
July 1, 2017 - July 31, 2017



2018 BENEFITS OPEN ENROLLMENT GUIDE

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What Do I Need to Do?

Open Enrollment is an opportunity for you to review your current health plan elections to ensure they continue to meet your needs and those of your family. Change your benefits for 2017 – 2018 by logging on to iBenefits and making your changes online or mark changes on your Personal Benefits Summary and mail or deliver it to your HR office. Be sure to submit any changes by July 31, 2017.

WHAT BENEFITS REQUIRE RE-ELECTION?

If you want to change your elections, enroll for the first time in an insurance plan, increase or decrease your life insurance contributions, or change dependents, you will need to participate in open enrollment.

NO CHANGES TO YOUR CURRENT ELECTIONS?

If you do not want to make any changes to your current medical, dental, vision, optional life, dependent life, or accidental death & dismemberment (AD&D), you do not need to do anything. Your 2017 elections for these benefit plans will automatically continue for plan year 2018.

WHAT IF I WANT TO CHANGE MY CURRENT ELECTIONS OR ENROLL FOR THE FIRST TIME?

If you want to change your elections or enroll for the first time in the medical, dental, vision, optional life, dependent life, or AD&D, you can make changes on your Personal Benefits Summary included with this

packet and return it to your HR office. You can also log in to iBenefits to make changes. Any changes you make during Open Enrollment will take effect on September 1, 2017. Decisions made during Open Enrollment are binding through August 31, 2018, unless you have a qualified life event.

WHAT IF I EXPERIENCE A QUALIFIED LIFE EVENT IN 2018?

Dependents who become eligible during the year can be added to your coverage within 60 days of the qualified life event. Eligible dependents are your legal spouse and children. Adopted, foster, and stepchildren are also eligible for coverage. Documentation will be required when you add a dependent. Contact your human resources office within 60 days of the qualified life event to enroll dependents or change your coverage.

New for 2018

- Superior Vision will be replacing EyeMed as the vision provider. The plan is very similar to the EyeMed plan and the monthly premiums are lower. Superior Vision has access to over 400 Walmart stores in their network.
- Rates for Basic Life, Alternate Basic Life, and Optional Life coverage have increased.
- Working Retirees and Graduate Fellows can no longer have premiums deducted from their paychecks. Premiums will be managed by P&A Group and will be bank drafted or billed monthly. You'll receive additional information from your Human Resources Office. For this reason, working Retirees are no longer eligible for Flexible Spending Accounts.
- P&A Group is the new billing vendor for retiree premiums, effective April 1, 2017. Working retirees are no longer eligible for payroll deductions. Instead, you will receive a monthly statement for your premiums from P&A Group.
- MyEvive is an online health and wellness application which provides a one-stop-shop for all of your health benefit information. It was recently made available to retirees enrolled in the A&M Care and 65 PLUS plans. To register, go online to <https://tamus.myevive.com> and enter your UIN and information from your BCBSTX insurance card.
- The health care premium increases by \$30/month if you or your spouse is a tobacco user.

A&M Care Plans

The A&M Care and 65 PLUS plan retiree premiums are staying the same. For those electing Retiree-Only coverage, the out-of-pocket cost will be zero. The deductible will remain \$400 for the A&M Care and 65 PLUS plan, respectively.

Optional Plans

The rates for A&M Dental PPO, the DeltaCare USA Dental HMO, and the AD&D plan will remain the same.

Naturally Slim®

We continue to offer this program to retirees and their spouses in the A&M Care, 65 PLUS or J plans. To qualify, you must have a risk factor related to Metabolic

Syndrome. This normally means a Body Mass Index (BMI) over 30 or a BMI over 25 plus an additional risk factor. For eligible, accepted participants, the program is provided at no cost. After acceptance, participants watch a series of weekly videos instructing them on the Naturally Slim® program principles. You will be notified when you can apply for the classes.

Enrollment rules for the 65 PLUS plan have not changed.

If you work 50% time or more for 4½ consecutive months or more, you cannot enroll in the 65 PLUS plan because the Blue Cross and Blue Shield plan will be your primary payer and the 65 PLUS plan is designed to be secondary to Medicare.

Enrollment Process

The enrollment process is the same as last year.

Annual Enrollment Checklist

- Review your Personal Benefits Summary, enclosed with this booklet. If you chose to receive information electronically, you will not receive a paper letter and can review your benefits online at Single Sign-On.
 - If you don't want to make changes, you don't need to do anything.
 - Change your benefits for 2017–2018 by logging on to iBenefits (see below) or mark changes on your Personal Benefits Summary and mail or deliver it to your HR office. Be sure to submit any changes by July 31, 2017.
 - Check your mailing address and add an email address on your Personal Benefits Summary letter.
 - If you made benefit changes using iBenefits, you will receive a confirmation statement. Be sure to check and print this information!
 - If your email address is in HRConnect, you'll receive an email confirmation. Otherwise, you'll receive a confirmation letter in the mail.
 - **September bank drafts and premium billing will occur after September 1.**
3. Update your beneficiary designations in iBenefits. Entering your beneficiaries into the database will make it easier to update them online, anytime.
 4. When you make any benefit changes, you will receive an email confirmation. If you do not have an email address in HRConnect, you will receive a confirmation letter in the mail. Be sure these are the benefits you intended to elect for 2017-2018.

How Do I Elect My Benefits in iBenefits?

iBenefits gives you the ability to update your dependent and beneficiary data, and make benefit choices.

1. Instead of mailing your Personal Benefits Summary, go to Single Sign On (SSO) at <https://sso.tamus.edu> and log in. Click on the **iBenefits** tab. You can review your current benefits/premiums and see your cost for 2017-2018.
2. You can change benefits and view the cost before you submit a change. **Changes made, but not submitted, will not be saved.** Once you submit a document you can “recall” it to make changes through July 31. If you recall your document, you must resubmit.

2017-2018 Annual Enrollment Meeting Schedule

| City | Date | Time | Location | System Member | For |
|-----------------|------|---|---|---------------------------------|-----------|
| College Station | 7/11 | 1:30PM- 4:30PM | Texas AgriLife Sciences Building (AGLS)-Rm 129 600 John Kimbrough Blvd., College Station, Tx 77843 | AgriLife | All |
| Texarkana | 7/11 | 10:00AM- 2:00PM | Eagle Lounge- University Center Bldg. 7101 University Avenue, Texarkana, TX 75503 | TAMU-Texarkana | All |
| Bryan | 7/12 | 9:00AM-12:00PM | Brazos Center 3232 Briarcrest Dr, Bryan, Tx 77802 | AgriLife, HSC, TEES/COE, TTI | Retirees |
| Stephenville | 7/12 | 8:30AM-3:30PM 9:00AM-3:00PM | Tarleton Student Center 1452 W. Jones Street, Stephenville, TX 76402 Fair in Ballrooms A&B, PPT in Ballroom C | TAMU-Tarleton | All |
| College Station | 7/12 | 1:30PM-3:30PM | Gibb Gilchrist Bld, Room 102 2929 Research Pkwy, College Station,Tx 77843 | Transportation Institute | All |
| Killeen | 7/13 | 9:00AM-1:00PM | Warrior Hall-Multipurpose Rm. 1001 Leadership Place, Killeen, TX 76549 | TAMU-Central Texas | All |
| Prairie View | 7/13 | 9:00AM-11:00AM 2:00PM-4:00pm | John B.Coleman Library Rm 108 130 L.W. Minor Street, Prairie View, Tx 77446 | Prairie View A&M University | All |
| Houston | 7/14 | 10:00AM-11:00AM | Rm 1119 2121 W. Holcombe Blvd, Houston, Tx 77030 | HSC/IBT: Houston | All |
| San Antonio | 7/14 | 10:00AM-2:00PM | Central Academic Bldg.-1st floor One University Way, San Antonio, TX 78224 | TAMU-San Antonio | All |
| | | | | | |
| Galveston | 7/17 | 12:00PM-4:00PM | Sea Aggie Lobby 1001 Texas Clipper, Bldg. 3026, Galveston, TX 77554 | TAMU at Galveston | All |
| College Station | 7/18 | 9:00AM-11:30AM Q&A Table | TEEX/TFS Headquarters-Conference Rm 1105 200 Technology Way, College Station, TX 77845 | TEEX & TFS | All |
| College Station | 7/18 | 1:30PM-3:30PM | Mechanical Engineering Office Bldg.-Room 301 3123 Spence St, College Station, TX 77840 | TEES | Employees |
| Kingsville | 7/18 | 10:00AM- 12:00PM 2:00PM-4:00PM | 855 N. University Blvd., Founders Room Kingsville, Tx 78363 | TAMU-Kingsville | All |
| College Station | 7/19 | 9:00AM-11:30AM | Moore-Connally Building-1st Floor 301 Tarrow, College Station, TX 77840 | TAMU System Offices | All |
| Bryan | 7/19 | 1:00PM-3:30PM | Health Professions Education Bldg.-LL38 8447 Riverside Pkwy, Bryan, TX 77807 | TAMU Health Science Center | All |
| Weslaco | 7/19 | 10:00AM-12:00PM | TAMU-Kingsville Citrus Center 312 N. International Blvd Weslaco, Tx 78599 | TAMU-Weslaco | All |
| College Station | 7/20 | 8:30AM-2:00PM 8:30AM, 10:30AM, 1:00PM | General Services Complex (GSC)-Room 101 750 Argronomy Rd, College Station, TX 77843 | TAMU | All |
| Laredo | 7/20 | 9:00AM- 12:00PM 2:00PM- 5:00PM | 5201 University Blvd, Room 101 Laredo, Tx 78041 | TAMIU | All |
| College Station | 7/21 | 8:30AM-2:00PM 8:30AM, 10:30AM, 1:00PM | General Services Complex (GSC)-Room 101 750 Argronomy Rd, College Station, TX 77843 | TAMU | All |
| Lufkin | 7/21 | 9:00AM-12:00PM | 2201 South Medford Drive Lufkin, Tx 75901 | Texas Forest Service | All |
| | | | | | |
| Corpus Christi | 7/25 | 11:00AM- 2:00PM | University Center, Anchor Ballroom 147 8300 Ocean Drive, Corpus Christi, TX 78412 | TAMU-Corpus Christi | All |
| Canyon | 7/25 | 10:00AM-11:30AM 2:00PM-3:30PM | ANS Building-Rm 101 2501 4th Ave, Canyon, Tx 79016 | TAMU-West Texas | All |
| Dallas | 7/27 | 11:00AM- 1:00PM | Baylor College of Dentistry, 6th FL, Rm 605 3302 Gaston Ave, Dallas, Tx 75246 | HSC/BCD- Dallas | All |
| Commerce | 7/28 | 9:00AM-12:00PM | McDowell Business Admin Bldg., Rm 343 2600 S. Neal, Commerce, Tx 75429 | TAMU-Commerce | All |

Important Notice about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Texas A&M University System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things to know about your coverage and Medicare's drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some offer more coverage for a higher premium.
2. The Texas A&M University System has determined that the prescription drug coverage offered by their plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join when you first become eligible for Medicare, and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable drug coverage through no fault of your own, you will also be eligible for a two month Special Enrollment Period to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current A&M System coverage will be affected. You can be enrolled in both your 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 enrolling in Part D. If you enroll in Part D, you will not receive a drug benefit from your System health plan, but your System health premiums will not decrease. If you decide to join a Medicare drug plan and drop your current coverage, which would mean your medical and drug coverage, you and your dependents will be able to get this coverage back during annual enrollment unless you are a "survivor".

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

If you drop or lose your current coverage with the A&M System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. Your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact your Human Resource Office listed at the back of this booklet for further information. You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the A&M System changes. You also may request a copy of this notice at any time. It is available from your Human Resources office or online at: http://www.tamus.edu/assets/files/benefits/pdf/Medicare_creditable_coverage_letter.pdf.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage, visit www.medicare.gov; call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help OR call (800) MEDICARE ((800) 633-4227). TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit Social Security on the web at www.socialsecurity.gov, or call them at (800) 772-1213 (TTY (800) 325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage

Medicare Eligibility and Enrollment

When you, your spouse or other dependents become eligible for Medicare (by turning age 65 or by approval from Social Security to receive disability benefits), it is important to investigate enrollment in Medicare Parts A and B. In most cases, if you do not enroll in Medicare when you're first eligible, you will have to pay a late enrollment penalty to Medicare for as long as you have Part B. For more information on Medicare Eligibility and Enrollment refer to Medicare.gov or call 1-800-Medicare (800) 633-4227).

Coordination of Benefits (COB)

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 copayments.

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 Blue Cross and Blue Shield allowed amount and the amount Medicare paid. This means that you receive full reimbursement in some cases. In the chart below is an example of the COB with Medicare and the A&M Care Plan if you have a \$193 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: \$193 Medicare Deductible: \$183 Remainder: \$10 Medicare pays 80%: \$8 Retiree pays 20%: \$2 Cost for retiree (deductible + 20%): \$185 <i>Once your Medicare 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 | \$193 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 \$185. | \$183 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 4½ 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.

| Retiree's Status | Dependent's Status | 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 is 65 or older or otherwise eligible for Medicare | Spouse/dependents are over 65 or otherwise eligible for Medicare | Yes | Medicare | Medicare |
| Retiree is 65 or older or otherwise eligible for Medicare | 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.

2017-2018 Plan: A&M Care Information

Vendor: Blue Cross and Blue Shield of Texas (BCBSTX)

This is a Preferred Provider Organization (PPO). Costs are higher if non-network providers are used.

Retirees age 65 and older are not eligible for copays.

Member Services Contact Information:

Blue Cross and Blue Shield of Texas 1 (866) 295-1212

Information about networks outside of Texas: 1 (800) 810-BLUE (2583)

Website: <http://www.bcbstx.com/tamus>

| | Network | Non-Network |
|---|---|--|
| Limitations and Restrictions | | |
| Pre-existing condition limitations: | None | |
| Benefit Maximum: | None | |
| Out-of-service area restrictions: | Emergency care- must notify BCBSTX within 48 hours | Emergency care |
| Maximums and Deductibles | | |
| Deductibles: | \$400 Medical/\$50 Rx | \$800 Medical/\$400 hospitalization |
| Out-of-pocket maximum: | \$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family | \$10,000 + \$800 deductible per person \$20,000 + \$2,400 family |
| Benefit maximum: | No annual/lifetime maximums Except those listed below | |
| Hospital Benefits | | |
| In-Hospital care: | 20% after deductible | \$400/adm. + deduct., then 50% |
| Emergency Room: | 20% after deductible | 20% after deductible if emergency; otherwise 50% after deductible |
| Surgery: | 20% after deductible In-physician's office, See office visit | 50% after deductible 50% after deductible |
| Non-Hospital Visits | | |
| *Office visits: | \$20/visit for Primary Care Physician \$30/visit for specialist; Certain surgeries—20% after deductible | 50% after deductible |
| Preventive exam: | 100% covered | Not covered |
| Lab/X-rays: | Benefit depends on setting & procedure; See plan book or call BCBSTX | 50% after deductible |
| Skilled nursing facility (not including custodial care): | 20% after deductible; 60-days/plan year | 50% after deductible; 60-days/plan year |
| Home health care: | 20% after deductible; 60-visits/plan year | 50% after deductible; 60-visits/plan year |
| Other Healthcare Benefits | | |
| *Chiropractic care: | \$30/visit; 30-visits/plan year | 50% after deductible; 30-visits/plan year |
| Durable medical equipment: | 20% after deductible | 50% after deductible |
| *Maternity care: | Hospital: 20% after deductible; Doctor: \$30 initial visit only | Hospital: 50% after deductible; Doctor: 50% after deductible |
| *Mental health: | Inpatient: 20% after deductible Outpatient: \$20/visit | Inpatient: 50% after deductible Outpatient: 50% after deductible |
| *Physical therapy: | \$30/visit | 50% after deductible |
| *Vision: | \$30/visit | Routine preventive exams not covered |
| Hearing: | Illness/accident coverage only | Illness/accident coverage only |

Vendor: ExpressScripts

Prescription drugs: 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 available
- 90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies

Member Services Contact Information: ExpressScripts: 1 (866) 544-6970 | Website: <http://www.express-scripts.com>.

***Retirees age 65 and older not eligible for copays.**

2017-2018 Plan:65 PLUS Information

Vendor: Blue Cross and Blue Shield of Texas (BCBSTX)

Available everywhere. Policy holder must be retired, enrolled in Medicare Parts A&B and not working for the A&M System for 50% or greater time for more than 4 months. All covered dependents must also be enrolled in Medicare Parts A&B.

Member Services Contact Information:

Blue Cross and Blue Shield of Texas 1 (866) 295-1212

Information about networks outside of Texas: 1 (800) 810-BLUE (2583)

Website: <http://www.bcbstx.com/tamus>

Limitations and Restrictions

| | |
|--|------|
| Pre-existing condition limitations: | None |
|--|------|

| | |
|-------------------------|------|
| Benefit Maximum: | None |
|-------------------------|------|

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|--|------|
| Out-of-service area restrictions: | None |
|--|------|

Maximums and Deductibles

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|---------------------|-----------------------|
| Deductibles: | \$400 Medical/\$50 Rx |
|---------------------|-----------------------|

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|-------------------------------|--|
| Out-of-pocket maximum: | \$1,400 + the \$400 medical deductible above \$2,800 + \$1,200 family |
|-------------------------------|--|

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|-------------------------|-----------------------------|
| Benefit maximum: | No annual/lifetime maximums |
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Hospital Benefits

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|--------------------------|----------------------|
| In-Hospital care: | 20% after deductible |
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|------------------------|----------------------|
| Emergency Room: | 20% after deductible |
|------------------------|----------------------|

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|-----------------|---|
| Surgery: | 20% after deductible In-physician's office, 20% after deductible |
|-----------------|---|

Non-Hospital Visits

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|-----------------------|----------------------|
| Office visits: | 20% after deductible |
|-----------------------|----------------------|

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|--------------------|----------------------|
| Lab/X-rays: | 20% after deductible |
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|---|----------------------|
| High Technology Radiology (MRI, CT & pet scans, stress test, Angiogram & myelography): | 20% after deductible |
|---|----------------------|

| | |
|---|---|
| Skilled nursing facility (not including custodial care): | 20% after deductible; 60-days/plan year |
|---|---|

| | |
|--------------------------|---|
| Home health care: | 20% after deductible; 60-visits/plan year |
|--------------------------|---|

Other Healthcare Benefits

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|---------------------------|---|
| Chiropractic care: | 20% after deductible, 30-visits/plan year |
|---------------------------|---|

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|-----------------------------------|----------------------|
| Durable medical equipment: | 20% after deductible |
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|-----------------------|---|
| Mental health: | Inpatient – 20% after deductible Outpatient - 20% after deductible |
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|--------------------------|----------------------|
| Physical therapy: | 20% after deductible |
|--------------------------|----------------------|

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|----------------|----------------------|
| Vision: | 20% after deductible |
|----------------|----------------------|


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|-----------------|--------------------------------|
| Hearing: | Illness/accident coverage only |
|-----------------|--------------------------------|

Vendor: ExpressScripts

Prescription drugs: 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 available
- 90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies

Member Services Contact Information: ExpressScripts: 1 (866) 544-6970 | Website: <http://www.express-scripts.com>

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan will share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.**
 This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-866-295-1212 or visit www.bcbstx.com/tamux. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-866-295-1212 to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|--|---|
| <p>What is the overall deductible?</p> | <p>In-Network: \$400 Person / \$1,200 Family Out-of-Network: \$800 Person / \$2,400 Family</p> | <p>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p> |
| <p>Are there services covered before you meet your deductible?</p> | <p>Yes. Services that charge a copay, prescription drugs, and In-Network preventive care, and diagnostic tests are covered before you meet your deductible.</p> | <p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/.</p> |
| <p>Are there other deductibles for specific services?</p> | <p>Yes. Out-of-Network: \$400 per non-emergency hospital admission. \$50 Rx deductible In- and Out-of-Network. There are no other specific deductibles.</p> | <p>You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.</p> |
| <p>What is the out-of-pocket limit for this plan?</p> | <p>In-Network: \$5,000 Person + \$400 Medical Deductible / \$10,000 Family + \$1,200 Medical Deductible Out-of-Network: \$10,000 Person + \$800 Medical Deductible / \$20,000 Family + \$2,400 Medical Deductible</p> | <p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p> |
| <p>What is not included in the out-of-pocket limit?</p> | <p>Premiums, preauthorization penalties, balanced-billed charges, and healthcare this plan doesn't cover.</p> | <p>Even though you pay these expenses, they don't count toward the out-of-pocket limit</p> |
| <p>Will you pay less if you use a network provider?</p> | <p>Yes. See www.bcbstx.com/tamux or call 1-866-295-1212 for a list of network providers.</p> | <p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p> |
| <p>Do you need a referral to see a specialist?</p> | <p>No.</p> | <p>You can see the specialist you choose without a referral.</p> |



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|---|--|---|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you visit a health care <u>provider's</u> office or clinic | Primary care visit to treat an injury or illness | \$20 <u>copay</u> /visit; deductible does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Specialist</u> visit | \$30 <u>copay</u> /visit; deductible does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Preventive care</u> / <u>screening</u> / <u>immunization</u> | No Charge; deductible does not apply | Not Covered | You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for. |
| If you have a test | <u>Diagnostic test</u> (x-ray, blood work) | No Charge; deductible does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | Office visit <u>copay</u> may apply. |
| | Imaging (CT/PET scans, MRIs) | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | Certain Diagnostic Procedures only. See your policy or <u>plan</u> document for a list of procedures. <u>Preauthorization</u> may be required. |

* For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/tamus.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|---|--|--|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.expressscripts.com | Generic drugs | Retail: \$10 <u>copay/prescription</u> after \$50 <u>deductible</u> Mail: \$20 <u>copay/prescription</u> after \$50 <u>deductible</u> | Total cost of prescription at the time of service. 75% of allowable charges are reimbursed after <u>deductible</u> and applicable <u>copayment</u> . | Retail: one <u>copay</u> per 30 day supply Mail: two <u>copays</u> up to 90 day supply |
| | Preferred brand drugs | Retail: \$35 <u>copay/prescription</u> after \$50 <u>deductible</u> Mail: \$70 <u>copay/prescription</u> after \$50 <u>deductible</u> | Total cost of prescription at the time of service. 75% of allowable charges are reimbursed after <u>deductible</u> and applicable <u>copayment</u> . | Retail: one <u>copay</u> per 30 day supply Mail: two <u>copays</u> up to 90 day supply |
| | Non-preferred brand drugs | Retail: \$60 <u>copay/prescription</u> after \$50 <u>deductible</u> Mail: \$120 <u>copay/prescription</u> after \$50 <u>deductible</u> | Total cost of prescription at the time of service. 75% of allowable charges are reimbursed after <u>deductible</u> and applicable <u>copayment</u> . | Retail: one <u>copay</u> per 30 day supply Mail: two <u>copays</u> up to 90 day supply |
| If you have outpatient surgery | <u>Specialty drugs</u> | Generic \$10 <u>copay</u> Preferred \$35 <u>copay</u> Non-preferred \$60 <u>copay</u> after \$50 <u>deductible</u> | Total cost of prescription at the time of service. 75% of allowable charges are reimbursed after <u>deductible</u> and applicable <u>copayment</u> . | Beginning with second fill <u>specialty medication</u> must be filled through <u>Specialty Pharmacy</u> : one <u>copayment</u> per 30 day supply |
| | Facility fee (e.g., ambulatory surgery center) | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| If you need immediate medical attention | Physician/surgeon fees | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Emergency room care</u> | 20% <u>coinsurance</u> after <u>deductible</u> | 20% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Emergency medical transportation</u> | 20% <u>coinsurance</u> after <u>deductible</u> | 20% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Urgent care</u> | \$20/\$30 <u>copay/visit</u> ; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | None |

* For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/tamus.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|---|--|--|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> plus \$400 per occurrence <u>deductible</u> for non-emergency admission | All non-emergency services must be preauthorized; \$500 penalty for failure to preauthorize <u>Out-of-Network</u> . |
| | Physician/surgeon fees | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | Outpatient services | \$20 <u>copay/visit</u> ; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | Certain services must be preauthorized; refer to <u>plan</u> document. |
| If you need mental health, behavioral health, or substance abuse services | Inpatient services | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> plus \$400 per occurrence <u>deductible</u> for non-emergency admission | All non-emergency services must be preauthorized; \$500 penalty for failure to preauthorize <u>Out-of-Network</u> . |
| | Office visits | \$20/\$30 <u>copay/initial visit</u> ; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | <u>Specialist</u> has higher <u>copay</u> . No Charge after initial <u>copay</u> . For physician services only. <u>Cost sharing</u> does not apply for <u>preventive</u> services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) |
| If you are pregnant | Childbirth/delivery professional services | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | |
| | Childbirth/delivery facility services | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> plus \$400 per occurrence <u>deductible</u> for non-emergency admission | All non-emergency services must be preauthorized; \$500 penalty for failure to preauthorize <u>Out-of-Network</u> . |

* For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/tamus.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|----------------------------------|--|--|--|
| | | In-Network Provider (You will pay the least) | Out-of-Network Provider (You will pay the most) | |
| If you need help recovering or have other special health needs | <u>Home health care</u> | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | All services must be preauthorized. Limited to 60 visits per <u>plan</u> year. |
| | <u>Rehabilitation services</u> | \$30 <u>copay/visit</u> ; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Habilitation services</u> | \$30 <u>copay/visit</u> ; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Skilled nursing care</u> | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | All services must be preauthorized. Limited to 60 days per <u>plan</u> year. |
| | <u>Durable medical equipment</u> | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | <u>Hospice services</u> | 20% <u>coinsurance</u> after <u>deductible</u> | 50% <u>coinsurance</u> after <u>deductible</u> | All services must be preauthorized. No <u>plan</u> maximums. |
| If your child needs dental or eye care | Children's eye exam | \$20 <u>copay/visit</u> ; <u>deductible</u> does not apply | 50% <u>coinsurance</u> after <u>deductible</u> | None |
| | Children's glasses | Not Covered | Not Covered | None |
| | Children's dental check-up | Not Covered | Not Covered | None |

* For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/tamus.

Excluded services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Cosmetic surgery
- Dental care (Adult)
- Hearing aids
- Infertility treatment
- Long-term care
- Routine foot care (covered only with diagnosis of diabetes)
- Weight loss programs (except Naturally Slim program)

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Acupuncture (limitations may apply)
- Chiropractic care (limitations may apply)
- Private-duty nursing
- Bariatric surgery (limitations may apply)
- Non-emergency care when traveling outside the U.S.
- Routine eye care (Adult Vision Screening)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the [plan](tel:1-800-892-2803) at 1-800-892-2803, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Texas at 1-866-295-1212 or visit www.bcbstx.com/tamus, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Texas Department of Insurance's Consumer Health Assistance Program at 1-800-252-3439 or visit www.texashealthoptions.com.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-295-1212.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-295-1212.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-295-1212.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-866-295-1212.

————— To see examples of how this plan might cover costs for a sample medical situation, see the next section. —————

* For more information about limitations and exceptions, see the plan or policy document at www.bcbstx.com/tamus.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$400
- Specialist copayments \$30
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

| <u>Cost sharing</u> | |
|-----------------------------------|----------------|
| <u>Deductibles</u> | \$400 |
| <u>Copayments</u> | \$90 |
| <u>Coinsurance</u> | \$2,200 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$2,750 |

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$400
- Specialist copayments \$30
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:

| <u>Cost sharing</u> | |
|-----------------------------------|----------------|
| <u>Deductibles</u> | \$450 |
| <u>Copayments</u> | \$1,000 |
| <u>Coinsurance</u> | \$300 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Joe would pay is | \$1,810 |

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$400
- Specialist copayments \$30
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost \$400

In this example, Mia would pay:

| <u>Cost sharing</u> | |
|-----------------------------------|--------------|
| <u>Deductibles</u> | \$400 |
| <u>Copayments</u> | \$200 |
| <u>Coinsurance</u> | \$200 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$800 |

The plan would be responsible for the other costs of these EXAMPLE covered services.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

| Life | |
|---|--|
| Basic Life/Basic AD&D <i>Coverage for you:</i> <i>Child Coverage:</i> | You are automatically covered if you are enrolled in an A&M System health plan. \$7,500 in life insurance and \$5,000 in AD&D coverage \$5,000 in life insurance on each eligible dependent child. |
| Alternate Basic Life/Basic AD&D <i>Coverage for you:</i> <i>Child Coverage:</i> | If you are not enrolled in 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. \$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 \$5,000 in life insurance on each eligible dependent child. |
| Optional Life | Maximum of \$100,000 if younger than 70. Coverage will automatically be reduced to \$60,000 at age 70 and \$30,000 at age 80. |
| Dependent Life Plan A <i>Spouse coverage:</i> <i>Child Coverage:</i> | You can enroll your dependents if you have Optional Life coverage. You pay for the coverage yourself. 25,000 or \$50,000, if retiree is younger than 70. Maximum spouse coverage is \$30,000 for retirees ages 70–79 and \$15,000 if retiree is age 80 or older. \$10,000 per child. |
| Dependent Life Plan B <i>Spouse coverage:</i> <i>Child Coverage:</i> | 5,000 in life and \$5,000 in AD&D coverage; if spouse is enrolled. 5,000 in life insurance on each eligible enrolled dependent child. |
| Dependent Life Plan C <i>Spouse coverage:</i> <i>Child Coverage:</i> | You can enroll your dependents if you have Alternate Basic Life coverage. You pay for the coverage yourself. 50% of your Alternate Basic Life coverage amount, if spouse is enrolled. 10% of your Alternate Basic Life coverage amount on each enrolled child. |
| <ul style="list-style-type: none"> • If you had coverage prior to 09-01-09, your dependent coverage amount(s) may be greater than the above maximums. • You must provide evidence of insurability to enroll in or increase Life insurance coverage for you or your spouse. A medical questionnaire is available from your Human Resources office. | |

| AD&D | |
|--|--|
| Accidental Death & Dismemberment provides benefits for an accidental injury that results in the death or dismemberment of a covered person. You can choose up to \$200,000 age <70 and up to \$60,000 if age >70 . You may choose retiree-only or family coverage. | |

| Vision | | |
|---|--|--|
| | Network benefit | Non-Network benefit |
| Eye exam (one/person/per plan year) | 100% after \$10 copayment | Up to \$50. Copay does not apply. |
| Materials | 100% after \$15 copayment for: Frames and lenses, one standard pair/plan year. | Lenses: \$50 to \$100, depending on lens type. Frames: Up to \$90. (Copay doesn't apply). |
| Contact lenses (once every plan year in place of frame and lens benefits) | up to \$150 allowance | up to \$150 allowance |
| Refractive eye surgery | 15% off reasonable and customary cost, or 5% off promotional price. | N/A |

| Dental | |
|--|--|
| <ul style="list-style-type: none"> • You must live in the Dental HMO (DHMO) service area to select the DHMO. If you do not have a DHMO Dentist in your zip code area, but are willing to travel, contact your HR office. • The DHMO requires you to select a primary dentist to use for authorization of all dental services. • You cannot change plans during the plan year unless you move out of the DHMO service area, and • You cannot add or drop coverage for yourself or any dependents during the plan year unless you have a certain Life Event. | |

| | A&M Dental PPO | DeltaCare USA Dental HMO |
|--------------------------------------|---|---|
| Deductible | \$75/person/plan year; \$225 family/plan year | None |
| Maximum benefit | Regular: \$1,500/person/plan year; Orthodontia: \$1,500/person/lifetime | No maximum |
| 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 maximum allowable charges. Deductible does not apply. | 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 the deductible plus 20% of the maximum allowable charges for fillings, root canals, extractions and periodontics, up to the \$1,500 maximum annual benefit | You pay a pre-set fee, for example: Amalgam fillings: \$8-\$22; Anterior root canal, \$155 |
| Your cost for major restorative care | After deductible, 50% of the maximum allowable charges for crowns, dentures and bridges, up to annual maximum. | You pay a pre-set fee, for example: Crown; porcelain/ceramic: \$395; Complete denture; maxillary: \$385 |
| Your cost for orthodontic care | After deductible, 50% up to maximum benefit. | You pay a pre-set fee, for example: Orthodontic treatment plan and records: \$200 Comprehensive treatment, adults: \$2,100 |

Monthly Premiums

Effective September 1, 2017

Basic Life

The premium for this plan is usually paid by the employer contribution.

Basic Life \$6.59

Alternate Basic Life \$.878 per \$1,000 of coverage

| Health | Retiree Only | | Retiree & Spouse | | Retiree & Child(ren) | | Retiree & Family | |
|------------------|--------------|-----------|------------------|-----------|----------------------|-----------|------------------|-----------|
| | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost |
| 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 |

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

| Dental | Retiree Only | | Retiree & Spouse | | Retiree & Child(ren) | | Retiree & Family | |
|--------------------------|----------------|---------|------------------|---------|----------------------|---------|------------------|---------|
| | 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 | Retiree Only | | Retiree & Spouse | | Retiree & Child(ren) | | Retiree & Family | |
|--------|--------------|--------|------------------|---------|----------------------|---------|------------------|---------|
| | | \$7.00 | | \$14.88 | | \$11.50 | | \$20.50 |

| 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 | \$.05 | \$.10 | 50-54 | \$.20 | \$.40 |
| | 25-29 | .05 | .10 | 55-59 | .36 | .72 |
| | 30-34 | .05 | .10 | 60-64 | .56 | 1.12 |
| | 35-39 | .06 | .12 | 65-69 | .76 | 1.52 |
| | 40-44 | .07 | .14 | 70-74 | 1.43 | 2.86 |
| | 45-49 | .12 | .24 | 75+ | 2.00 | 4.00 |

| 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 | Monthly rate per \$10,000 | Retiree Only | \$.28 | Retiree & Family | \$.46 |
|------|---------------------------|--------------|--------|------------------|-------|
|------|---------------------------|--------------|--------|------------------|-------|

| Survivor Rates | Survivors are eligible only for Health, Dental & 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 65 PLUS | \$531.42 | \$1,033.24 | \$880.02 | \$1,237.56 |
| 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 | \$ 7.00 | \$ 14.88 | \$ 11.50 | \$ 20.50 |

Dependent Documentation

Documentation is required to add any new dependents.

Legally Married Spouse

- Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately. Financial information should be blacked out, **OR**
- *Marriage Certificate 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. **If within two years of marriage, then only the marriage certificate is required.*

Common Law Spouse

- 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 or Adopted Child (adoption complete)

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

Stepchild

- Child's Birth Certificate showing the child's parent as the employee's spouse, AND Marriage Certificate showing legal marriage. If common law marriage, you must provide the documentation as

outlined under Common Law Spouse

Adopted Child (in progress)

- Official court/agency placement papers (initial stage), **OR**
- Official Court Adoption Agreement for an Adopted Child (mid-stage)

Grandchild

- A document that shows the child's address is the same as the employee's address. Proof of residency must be an official document in the form of:
 - » For school age children: current year school records for grandchildren of school age and/or a valid driver's license for grandchildren of driving age, **OR**
 - » For non-school age children: currently dated federal or state benefit assistance program record based on residence (such as Medicaid), a court record establishing residence, a copy of the daycare record on the daycare's letterhead or the part of the social security card with the home address of the child for children not of school age.***A tax return is NOT proof of residency for a grandchild and will NOT be accepted as appropriate documentation.**
***Foreign documents other than marriage license or birth certificate should be accompanied by an English translation.**

Foster Child

- Official Court or Agency Placement papers

Legal Guardianship of a child

- Court Order establishing the appropriate legal relationship.

Managing Conservatorship of a child

- Court Order establishing the appropriate legal relationship.

Important Information

The A&M System is committed to protecting your personal health information. The System's Notice of Privacy Practices is available online at <http://assets.system.tamus.edu/files/benefits/pdf/HIPAAprivacy.pdf> or from your Human Resources office.

This booklet is a summary of the benefit plans effective September 1, 2017, and does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Human Resources Offices

| | | |
|--|----------------|-----------------------------|
| Texas A&M University | (979) 862-1718 | benefits@tamus.edu |
| Texas A&M Health Science Center | (979) 436-9207 | benefits@tamhsc.edu |
| Prairie View A&M University | (936) 261-1730 | benefitsteam@pvamu.edu |
| Tarleton State University | (254) 968-9128 | employment@tarleton.edu |
| Texas A&M University-Central Texas | (254) 519-8015 | t.flores@tamuct.edu |
| Texas A&M International University | (956) 326-2365 | hr@tamiu.edu |
| Texas A&M University-Commerce | (903) 886-5049 | cynthia.todhunter@tamuc.edu |
| Texas A&M University-Corpus Christi | (361) 825-2630 | mary.canales@tamucc.edu |
| Texas A&M University at Galveston | (409) 740-4534 | penningt@tamug.edu |
| Texas A&M University-Kingsville | (361) 593-4998 | matthew.garza@tamuk.edu |
| Texas A&M University-Texarkana | (903) 223-3113 | ayla.baldwin@tamut.edu |
| Texas A&M Transportation Institute | (979) 845-9668 | ttihr@ttimail.tamu.edu |
| Texas A&M University-San Antonio | (210) 784-2059 | francy.leal@tamusa.edu |
| Texas A&M Forest Service | (979) 845-9337 | dorithie.thomas@ag.tamu.edu |
| Texas A&M AgriLife | (979) 845-2423 | dana.dewveall@ag.tamu.edu |
| Texas A&M Engineering Experiment Station | (979) 458-7699 | engineeringhr@tamu.edu |
| Texas A&M Engineering Extension Service | (979) 458-6801 | HR@teex.tamu.edu |
| West Texas A&M University | (806) 651-2117 | hr@wtamu.edu |
| System Offices | (979) 862-1718 | employeebenefits@tamus.edu |

Carrier Phone Numbers and Websites

| | | |
|---|----------------|---|
| Blue Cross and Blue Shield A&M Care; 65 PLUS | (866) 295-1212 | http://www.bcbstx.com/tamus |
| Delta Dental - A&M Dental | (800) 336-8264 | http://www.deltadentalins.com/tamus/ |
| DeltaCare USA Dental HMO | (800) 422-4234 | http://www.deltadentalins.com/tamus/ |
| Superior Vision | (844) 549-2603 | http://www.superiorvision.com |
| Express Scripts - A&M Care Drug Program | (866) 544-6970 | http://www.express-scripts.com/ |
| Securian Life Insurance (formerly Minnesota Life) | (877) 443-5854 | http://www.lifebenefits.com/ |

Online Enrollment Resources

- Check the annual enrollment page at <http://www.tamus.edu/business/benefits-administration/open-enrollment/>
- Review the Benefits Guide at <http://assets.system.tamus.edu/files/benefits/pdf/GuideBooklet.pdf>
- Review the plan books at <http://www.tamus.edu/business/benefits-administration/booklets-brochures-forms/>

Update Your Life Insurance Beneficiary Information

Don't forget to log into iBenefits and update your beneficiaries for your life insurance policy. Log into iBenefits through Single Sign On and select "View/Edit Your Beneficiaries".

