



THE TEXAS A&M
UNIVERSITY SYSTEM

Annual Benefit
Enrollment
For the Retirees

of

The Texas A&M University System

2013~2014

Important News

New for Plan Year 2014

- While the actual health care premiums are increasing due to increased medical trends and higher-than expected costs this year, funds made available from the health plan reserves to level out premiums will result in a decrease in the out-of-pocket premium cost for retirees enrolled in the A&M Care Plans (700 and 65 PLUS) in almost all categories. Those in the retiree and family category will have a small increase.
- Beginning September 1, 2013, if you are a “working retiree” who is age 65 or older or otherwise eligible for Medicare, but you are not working for the A&M System at least 50% time (20 hours a week) for at least 4 ½ consecutive months during the year beginning 9-1-2013 and ending 8-31-14, Medicare will be your primary payer. This will be a positive change for many of you who work various hours in various months because it will mean not having to switch back and forth between primary and secondary payers multiple times during the year.
- If you are in the group that will have Medicare as your primary payer and you have not already enrolled in Medicare Part B, you will need to do so this summer. If your spouse is covered on your policy, not working and age 65 or older, this will also apply to your spouse. You should not incur any penalty for late enrollment in Medicare Part B because if you were previously working and had primary insurance with your employer, you have a special enrollment period during which you are not penalized. If you need to provide proof from your employer when you enroll in Medicare, you may use the Social Security Request for Employment Information Form which can be found online at: http://www.ssdcservices.com/uploadedFiles/Shared_Content/Related_Links/L-564%20original.pdf.
- **Enrollment rules for the 65 PLUS plan will change.** If you work more than 50% time for 4 ½ consecutive months or more, you will not be able to enroll in the 65 PLUS plan. This is because, as explained above, the BlueCross BlueShield plan will be your primary payer and the 65 PLUS plan is designed to be a Medicare supplementary plan.

Checklist

- ✓ Review your Personal Benefits Summary, sent to you separately, showing your benefits and premiums beginning September 1, 2013.
- ✓ If you do not want to make any changes, you do not need to do anything, unless you are a working retiree and wish to enroll or re-enroll in a Flexible Spending Account. To do this, log on to **iBenefits** (see below) or complete an Annual Enrollment Form, available from your Human Resources office or online at <http://www.tamus.edu/assets/files/benefits/pdf/publications/forms/102new.pdf>.
- ✓ Change your benefits for 2013 – 2014 by logging on to **iBenefits** (see below) **or** mark changes on your Personal Benefits Summary and mail or deliver to your HR office. Be sure to **submit** any changes before July 31, 2013.
- ✓ Check your mailing address and add an email address.
- ✓ If you made benefit changes, you will receive a confirmation. Be sure to check this information!
 - If your email address is in HRConnect, 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.
- ✓ **September bank drafts and premium billing will occur after September 1.**

iBenefits

Instead of returning your Personal Benefit Summary, you can 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 their cost for 2013-2014. 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” your document and make changes to it through the end of Annual Enrollment, July 31. Be sure, if you recall your document for changes, you submit it again.

Online information

- go to the System Benefits Administration website at <http://www.tamus.edu/benefits>.
- check the annual enrollment page <http://www.tamus.edu/offices/benefits/annual-enrollment> for plan-specific slide shows and other information.
- review the Benefits Guide at <http://www.tamus.edu/assets/files/benefits/pdf/guidebooklet.pdf> and other flyers.
- review the plan description books at <http://www.tamus.edu/offices/benefits/publications>.

2013-2014 Annual Enrollment Meeting Schedule

| City | 2013 | Time | System Member | Location | For |
|-----------------|------|-------------------------------------|--------------------------|---|---|
| College Station | 7/8 | 1:30 pm - 4 pm | AgriLife | Centeq Plaza, 1500 Research Parkway, Suite 120A | All |
| Corpus Christi | 7/9 | 9 am - 4 pm | TAMU-Corpus Christi | University Center Ballroom | All |
| Kingsville | 7/10 | 9 am & 2 pm | TAMU-Kingsville | Memorial Student Union Building, Room 219 A&B | All |
| College Station | 7/10 | 9 am - noon | AgriLife, HSC, TEES, TTI | Brazos Center | Retirees |
| College Station | 7/10 | 1:30 pm - 4:30 pm | AgriLife, HSC, TEES, TTI | Brazos Center | Active |
| Weslaco | 7/11 | 10:30 am | TAMU-Kingsville | Citrus Center - Conference Center 1 | All/English & Spanish |
| Stephenville | 7/11 | 9 am & 2 pm | Tarleton | Thompson Student Center Ballrooms | All |
| Killeen | 7/12 | 9 am - noon | Central Texas | Founder's Hall-Beck Hall, 1001 Leadership Place | Employees/Retirees |
| Canyon | 7/15 | 10 am & 2 pm | TAMU-West Texas | ANS Room 101 | All |
| Commerce | 7/15 | 9 am - Retirees 2 pm - Employees | TAMU-Commerce | Sam Rayburn Student Center - Innovations A&B | Active/Retirees |
| College Station | 7/16 | 10 am - 2 pm | TAMU, System Offices | Benefits Fair (vendor tables) Exhibit Area General Services Complex (GSC) Assembly Room 101A | Open - Employees/ Retirees |
| College Station | 7/16 | 9 am - 1 pm | TAMU, System Offices | Speaker Presentations Exhibit Area General Services Complex (GSC) | View schedule at http://tx.ag/annual-enrollment |
| College Station | 7/17 | 10 am - 2 pm | TAMU, System Offices | Benefits Fair (vendor tables) Exhibit Area General Services Complex (GSC) Assembly Room 101A | Open - Employees/ Retirees |
| College Station | 7/17 | 8:30 am - noon | TAMU, System Offices | Speaker Presentations Exhibit Area General Services Complex (GSC) | (See above) |
| Texarkana | 7/18 | 10 am - 2 pm | TAMU-Texarkana | University Center - 1st Floor Lobby | Active |
| San Antonio | 7/18 | 9 am-2 pm | TAMU-San Antonio | One University Way, San Antonio, TX | All |
| Laredo | 7/23 | 9 am & 2 pm | TAMIU | Western Hemispheric Trace Center, Room 111 | All |
| Prairie View | 7/23 | 9 am - 11 am 2 pm - 4 pm | PVAMU | John B. Coleman Library, Room 208 | All |
| Lufkin | 7/24 | 9 am - noon | TFS | Angelina County Extension | All |
| Houston | 7/24 | 11 am | HSC/IBT-Houston | Alkek Building, Room 1119 | All |

*AgriLife - TTVN meetings will be broadcast at various locations throughout the state. These meetings are hosted by AgriLife, but employees & retirees of all System Members are welcome to participate at the connected TTVN sites. The originating site will be at Centeq Research Plaza (CTQ) building in College Station.

Dependent Documentation

Documentation is required to add any new dependents.

1. 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.

1. 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.

2. Biological or Adopted Child (adoption complete)

Birth Certificate

OR

Documentation on hospital letterhead indicating the birth date of the child or children under 6 months old.

3. 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

4. Adopted Child (in progress)

Official court/agency placement papers (initial stage)

OR

Official Court Adoption Agreement for an Adopted Child (mid-stage)

5. 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.**

6. Foster Child

Official Court or Agency Placement papers

7. Legal Guardianship of a child

Court Order establishing the appropriate legal relationship.

8. Managing Conservatorship of a child

Court Order establishing the appropriate legal relationship.

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

This booklet is a summary of the benefit plans effective September 1, 2013, 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.

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, you and your dependents will be able to get this coverage back unless you are a "survivor" and you drop your entire BlueCross BlueShield health plan.

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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 1-800-772-1213 (TTY 1-800-325-0778).

Remember: 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 and, therefore, whether or not you are required to pay a higher premium (a penalty).

Health

Enrolling in Medicare Parts A and B

If you are 65 or older or eligible for Medicare as a disability retiree, and not working for the A&M System for 50% or more time for at least 4 1/2 consecutive months, all plans pay benefits as if you're enrolled in Medicare Parts A and B. If you fall into this category, you must enroll in both Medicare Parts A and B to receive the maximum benefits available. You will be penalized by Medicare with higher premiums if you don't enroll in Part B when you're first eligible, and you'll be able to enroll only during certain times except in certain circumstances. Those with Medicare as their primary payer are not eligible for office visit copays.

A&M Care plans and Medicare coordination

If you are enrolled in Medicare and not currently working for the A&M System for 50% or more time for at least 4 1/2 consecutive months, your charges must first be submitted to Medicare. Generally, if you live in Texas, Medicare will then forward your claims directly to BlueCross BlueShield for payment. If you live outside Texas, you must submit your claims to BlueCross BlueShield after Medicare has paid its share, along with the Explanation of Benefits from Medicare.

Plan benefits are calculated based on the total bill from your health care provider. After Medicare pays its benefit, your A&M plan pays either its full benefit or the difference between the Blue Cross Blue Shield allowed amount and the amount Medicare paid. This means that you receive full reimbursement in many cases.

Age 65 and Older and Still Working

Although many factors dictate whether your A&M System health plan or Medicare will be primary or secondary, in general, **coverage is determined by the status of the A&M health plan policy holder.** As mentioned on page 2 of this booklet, **beginning September 1, 2013**, if the policy holder is Medicare-eligible and working at the A&M System at least 50% time (20 hours a week) for at least 4½ consecutive months, the A&M System health plan will be primary to Medicare for you and your spouse (if your spouse is covered under your plan).

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 look at the fact sheets we have put on the System Benefits Administration website at: <http://www.tamus.edu/offices/benefits/employee-retiree-benefits/medicare-information/>.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in Texas, call 1-800-440-0493 or visit <http://gethipptexas.com> or contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

For more information on special enrollment rights, you can contact:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

1-877-267-2323, Ext. 61565

This chart outlines the major provisions of the health plans offered to A&M System employees and retirees. Remember, you cannot add or drop coverage for yourself or any dependents during the plan year unless you have certain Changes in Status.

The chart below shows your share of the cost of a service. For example, 20% means you pay 20% (coinsurance) of the cost after any applicable deductibles up to the out-of-pocket limit, and the plan pays 80%. \$20/visit means you pay a \$20 (copayment) for each office visit. Retirees 65 and older, or otherwise eligible for Medicare-primary coverage, are not eligible for office visit copays.

| Provisions | A&M Care | A&M Care 65 PLUS |
|--|---|--|
| | Network/Out-of-Network benefits | |
| <i>Regions offered</i> | BlueCross BlueShield of Texas (BCBSTX) has networks in all 50 states | Available everywhere. All enrollees must be retired, enrolled in Medicare Parts A and B, and have Medicare as the primary payer. |
| <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: \$700/person/plan year, \$2,100/family/plan year Out-of-Network: \$1,400/person/plan year; \$700/hospital | \$500/person/plan year |
| <i>Out-of-pocket maximum</i> | Network: \$5,000/person/plan year, \$10,000/family/plan year Out-of-Network: \$10,000/person/plan year | \$1,400/person/plan year |
| <i>In-hospital care</i> | Network: 30% after deductible Out-of-Network: \$700/admission, then 50% | 20% after deductible |
| <i>Emergency room</i> | Network: 30% after deductible Out-of-Network: 30% after deductible if emergency; otherwise 50% | 20% after deductible |
| <i>Office visits</i> | Network: \$30/visit for Primary Care Physician (PCP) visits; \$45 for specialists; certain expensive surgeries—30% 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 book or call BCBSTX for details. Out-of-Network: 50% after deductible | 20% after deductible |
| <i>Preventive Care</i> | Network: 100% covered; Out-of-Network: 50% after deductible | Network: 100% covered Out-of-Network: 50% after deductible |
| <i>Surgery</i> | Network: 30% after deductible (inpatient and outpatient) Out-of-Network: 50% after deductible (inpatient and outpatient) Network and out-of-network: In physician's office, see office visit | Inpatient, Outpatient and in physician's office - 20% after deductible |
| <i>Chiropractic care</i> | Network: \$45/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/Speech</i> | Vision - Network: \$45/visit, One routine preventive vision exam/per plan year; Vision - Out-of-Network: Routine preventive vision exams not covered; Hearing—Illness/accident coverage only | Vision – 20% after deductible Hearing - Illness/accident coverage only |
| <i>Physical therapy</i> | Network: \$45/visit Out-of-Network: 50% after deductible | 20% after deductible |
| <i>Durable medical equipment</i> | Network: 30% after deductible Out-of-Network: 50% after deductible | 20% after deductible |
| <i>Home health care</i> | Network: 30% after deductible; 60 visits/person/plan year Out-of-Network: 50% after deductible; 60 visits/person/plan year | 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: 30% after deductible; 60 days/person/plan year Out-of-Network: 50% after deductible; 60 days/person/plan year | Network: 20% after deductible; 60 days/person/plan year Out-of-network: 50% after deductible; 60 days/person/plan year |
| <i>Mental health</i> — <u>Inpatient</u> <u>Outpatient</u> | Network: Inpatient—30% after deductible Out-of-Network: Inpatient—50% after deductible | <u>Inpatient</u> - 20% after deductible <u>Outpatient</u> - 20% after deductible |
| <i>Prescription drugs</i> | Coverage provided by Express Scripts Medco. After the \$50/person/plan year prescription drug deductible (three-person maximum): <ul style="list-style-type: none"> • 30-day supply: \$10/generic, \$35/brand-name formulary, \$60/brand-name nonformulary; 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 Medco—(866) 544-6970; http://www.express-scripts.com | |
| <i>Member Services</i> | BlueCross BlueShield of Texas—(866) 295-1212; for information on networks outside Texas—(800) 810-BLUE (2583) http://www.bcbstx.com | |

Life

Eligibility for various life insurance 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.

| | |
|--|--|
| Basic Life/Basic AD&D <i>Coverage for you:</i> <i>Child coverage:</i> | <i>You are automatically covered if you are enrolled in an A&M System health plan.</i> \$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> | <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.</i> \$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 when you reach 80. |
| Dependent Life Plan A <i>Spouse coverage:</i> <i>Child coverage:</i> | <i>You can enroll if you have Optional Life coverage. You pay for the coverage yourself.</i> Coverage amounts of \$25,000 or \$50,000, if retiree is younger than 70. Maximum coverage is \$30,000 for retirees between ages 70 and 80 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 dependent child. |
| Dependent Life Plan C <i>Spouse coverage:</i> <i>Child coverage:</i> | <i>You can enroll if you have Alternate Basic Life coverage. You pay for the coverage yourself.</i> 50% of your Alternate Basic Life coverage amount, if spouse is enrolled. 10% of your Alternate Basic Life coverage amount on each enrolled child. |

* Your current coverage amounts may be greater if you had A&M System life insurance coverage before 9-1-2009.

Evidence of insurability

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. The carrier may ask for more medical information. This process normally takes from four to six weeks. You are responsible for expenses incurred. You will be notified of the acceptance or denial of your application. If you are approved, coverage begins September 1 (or the first of the next month if you are approved after September 1).

Vision

You can not add or drop coverage for yourself or any dependents during the plan year unless you have certain Changes in Status.

| | Network benefit | Non-network benefit |
|---|--|--|
| <i>Eye exam (one per person/per plan year)</i> | 100% after \$10 copayment. | Up to \$50. Copay does not apply. |
| <i>Materials</i> | 100% after \$15 copayment for: <ul style="list-style-type: none"> • Frames, every other plan year. • Eyeglass lenses, one standard pair every plan year. For high-dollar frames, copay plus the difference between the plan's maximum frame allowance (\$130) and the cost of the frame. | Lenses: \$50 to \$100, depending on lens type. Frames: Up to \$90. (Copay doesn't apply). |
| <i>Contact lenses (once every plan year in place of eyeglass benefit)</i> | 100% up to \$150. Covers the 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. A \$150 allowance will be provided for lenses not covered in full (toric, gas permeable and bifocal). | Up to \$150 for elective contacts; (Copay doesn't apply). |
| <i>Refractive eye surgery</i> | 15% off reasonable and customary cost, or 5% off promotional price. | Not applicable |

Dental

- You must live in the Dental HMO (DHMO) service area to select the DHMO. If you do not have an HMO 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.
- The DHMO is available in Texas and in the following states outside Texas: California, Colorado, Florida, Georgia, Maryland, Tennessee, Utah, & Washington, D.C.
- You cannot change plans during the plan year unless you move out of the HMO service area, and
- You cannot add or drop coverage for yourself or any dependents during the plan year unless you have certain Changes in Status.

| | A&M Dental PPO | DeltaCare USA Dental HMO |
|---|---|--|
| <i>Deductible</i> | \$75/person/plan year; \$225 family/plan year | None |
| <i>Maximum benefit</i> | Regular: \$1,500/person/plan year Orthodontia: \$1,500/person/lifetime | No maximum |
| <i>Your cost for preventive care</i> | \$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 |
| <i>Your cost for basic care</i> | 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. |
| <i>Your cost for major restorative care</i> | 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 |
| <i>Your cost for orthodontics</i> | 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 |

AD&D

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 life insurance you may have.

- You can choose up to \$200,000 if younger than age 70 and up to \$60,000 if age 70 or older.
- You may choose retiree-only or family coverage.

Monthly Premiums

Effective Sept. 1, 2013

Basic Life

The premium for this plan is usually paid by the employer contribution.
Basic Life \$3.97 Alternate Basic Life \$.529 per \$1,000

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 | \$472.95 | \$ 19.78 | \$945.92 | \$256.26 | \$804.03 | \$185.32 | \$1,135.09 | \$350.85 |
| A&M Care 65+ | \$422.29 | \$ 0.00 | \$844.57 | \$154.91 | \$717.89 | \$99.18 | \$1,013.49 | \$229.25 |

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 | \$20.71 | \$36.84 | \$37.12 | \$57.68 |

Vision

| | Retiree Only | Retiree & Spouse | Retiree & Child(ren) | Retiree & Family |
|--|--------------|------------------|----------------------|------------------|
| | \$6.32 | \$13.44 | \$10.38 | \$18.50 |

Optional Life

If your birthday falls between 9-1-13 and 2-28-14 you will move to a higher cost category, you must pay the higher premium for the entire year. *Monthly rate per \$1,000:*

| Age | Non-tobacco rate | Tobacco rate | Age | Non-tobacco rate | Tobacco rate |
|----------|------------------|--------------|--------------|------------------|--------------|
| under 20 | \$.05 | \$.06 | 45-49 | \$.12 | \$.15 |
| 20-24 | .05 | .06 | 50-54 | .19 | .24 |
| 25-29 | .05 | .07 | 55-59 | .35 | .45 |
| 30-34 | .05 | .08 | 60-64 | .54 | .69 |
| 35-39 | .06 | .09 | 65-69 | .72 | 1.31 |
| 40-44 | .07 | .10 | 70-74 | 1.37 | 2.12 |
| | | | 75 and older | 1.91 | 2.17 |

Dependent Life

Plan A: Spouse: Retiree 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)

AD&D

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

Survivor Rates

Survivors are eligible only for Health, Dental and Vision coverage.

| | Participant Only | Participant & Spouse | Participant & Child(ren) | Participant & Family |
|--------------------------|------------------|----------------------|--------------------------|----------------------|
| A&M Care | \$472.95 | \$945.92 | \$804.03 | \$1,135.09 |
| A&M Care 65 PLUS | \$422.29 | \$844.57 | \$717.89 | \$1,013.49 |
| A&M Dental Dental PPO | \$ 29.41 | \$ 58.82 | \$ 61.76 | \$ 94.11 |
| DeltaCare USA Dental HMO | \$ 20.71 | \$ 36.84 | \$ 37.12 | \$ 57.68 |
| Vision | \$ 6.32 | \$ 13.44 | \$ 10.38 | \$ 18.50 |

Carrier Phone Numbers and Websites

| | | |
|--|-------------------------------------|---|
| BlueCross BlueShield Health Coverage - A&M Care | 1-866-295-1212 | http://www.bcbstx.com/ |
| Delta Dental - A&M Dental | 1-800-336-8264 | http://www.deltadentalins.com/tamus/ |
| DeltaCare USA Dental HMO | 1-800-422-4234 | http://www.deltadentalins.com/tamus/ |
| Cigna Insurance Long-Term Disability | 1-800-36-CIGNA (866) 544-6970 | http://www.CIGNA.com/ |
| Minnesota Life Insurance | 1-877-282-1752 | http://www.lifebenefits.com/ |
| Express Scripts Medco - A&M Care prescription drug program | 1-866-544-6970 | http://www.express-scripts.com/ |
| PayFlex - Flexible Spending Accounts | 1-800-284-4885 | http://www.healthhub.com/ |
| EyeMed Vision | 1-866-939-3633 | http://www.eyemedvisioncare.com/ |
| John Hancock Long-Term Care | 1-800-498-9100 or 1-800-387-2747 | This plan is no longer offered through the A&M System. |

Premium Worksheet

1. Health: Enter premium amount from previous page. The employer contribution has already been deducted. **(Survivors see survivor rates near the bottom of page 10.)** \$ _____
2. Dental: Enter premium amount. \$ _____
3. Vision: Enter premium amount. \$ _____
4. Optional Life: Choose your coverage amount, divide by 1,000, and place that number here: _____ × your age-based premium of _____ = \$ _____
5. Alternate Basic Life: Divide your coverage amount by 1,000 and place that number here: _____ × .529 = \$ _____
6. Dependent Life:
 Plan A Premium: Your Optional Life age-based premium (see #4) divided by 1,000 times your spouse's coverage amount _____ × .5 \$ _____
 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. Optional Accidental Death and Dismemberment: Choose your coverage amount, divide by 10,000, and place that number here: _____ × your premium of _____ = \$ _____
(Maximum coverage is \$200,000 if you are younger than 70 and \$60,000 if you are 70 or older.)
8. YOUR TOTAL MONTHLY COST (Add 1 through 7) = \$ _____
 Complete items 9 and 10 if you do not have A&M System health coverage but certify that you have other health coverage:
9. Employer Contribution: Enter the total of your premiums shown above for Dental (line 2), Vision (line 3), Alternate Basic Life (line 5) and AD&D (line 7) or \$228.57, whichever is less. \$ _____
10. YOUR TOTAL MONTHLY OUT-OF-POCKET COST (Subtract line 9 from line 8) = - \$ _____
11. YOUR TOTAL MONTHLY COST (Add 1 through 10) = \$ _____

Campus Human Resources Contact Information

| | | |
|--|--------------|--|
| Texas A&M University | 979-862-1718 | benefits@tamu.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 | 254-519-5457 | t.flores@ct.tamus.edu |
| Texas A&M International University | 956-326-2365 | hr@tamiu.edu |
| Texas A&M University-Commerce | 903-886-5049 | Cynthia.Todhunter@tamuc-commerce.edu |
| Texas A&M University-Corpus Christi | 361-825-2630 | human.resources@tamucc.edu |
| Texas A&M University at Galveston | 409-740-4534 | penningt@tamug.edu |
| Texas A&M University-Kingsville | 361-593-4998 | kuhp2008@tamuk.edu |
| Texas A&M University-Texarkana | 903-223-3012 | Melanie.Gunn@tamut.edu |
| Texas A&M Transportation Institute | 979-845-9668 | w-simpson@tamuc.edu |
| Texas A&M University-San Antonio | 210-932-7115 | tesquerra@tamusa.tamus.edu |
| Texas A&M Forest Service | 979-845-9337 | dorithie.thomas@ag.tamu.edu |
| Texas A&M AgriLife | 979-845-7207 | ddaughter@ag.tamu.edu |
| Texas A&M Engineering Experiment Station | 979-458-7693 | teeshr@tamuc.edu |
| Texas A&M Engineering Extension Service | 979-458-6801 | martha.alexander@teexmail.tamu.edu |
| West Texas A&M University | 806-651-2117 | personnel@mail.wtamuc.edu |
| System Offices | 979-862-1718 | Benefits@tamuc.edu |

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