



Everything you need to know about
The Texas A&M University System
Benefit Open Enrollment
for COBRA Participants

Enrollment Period:
July 1, 2020 - July 31, 2020



COBRA BENEFITS OPEN ENROLLMENT GUIDE

The Texas A&M University System Open Enrollment period is taking place from July 1 – July 31, 2020. As an A&M System COBRA Participant, you have the opportunity during this time to make plan changes, enroll in, and/or add dependents to medical, dental, and vision coverage for the upcoming plan year. **If you are enrolled in health coverage through Academic HealthPlans (AHP), you will get information directly from them regarding your health coverage.** Coverage elections or changes will be effective September 1, 2020 and continue for the next year or remainder of your original COBRA eligibility period, whichever period is shorter.

NO CHANGES TO YOUR CURRENT ELECTIONS?

If you do not want to make any changes to your current COBRA coverage, you do not need to do anything. Your 2020 elections for these benefit plans will automatically continue for plan year 2021.

NEW FOR FY2021

- Health insurance premiums and vision premiums are increasing slightly.
- A new coverage tier is being added to the A&M Care Plan. Blue Cross and Blue Shield of Texas-designated Blue Distinction Centers have a proven record of delivering specialty care and results. Blue Distinction center care includes the following: bariatric surgery, cardiac care, knee/hip replacement, spine surgery, and transplants. This tier will be covered at 90% coinsurance for inpatient services.
- The MDLIVE Virtual Visits copay will decrease from \$20 to \$10 for all plans. Virtual Visits is a way to conduct doctor or behavioral health appointments for non-emergency conditions by phone, video, or the MDLIVE app 24/7. To register for MDLIVE, go to MDLIVE.com/bcbstx and enter the information found on your ID card.
- Polycarbonate lenses and standard anti-reflective lenses are now covered in full for both participants and dependents under age 18 under the vision plan.
- Family, group, and marriage counseling is now covered by the health insurance plan.

FOR MORE INFORMATION

For more information about the plans and provider networks, visit the Benefits Administration webpage at <http://www.tam.us.edu/benefits/>.

2020-2021 COBRA Continuation Premiums				
Plan	Participant Only	Participant & Spouse	Participant &	Participant & Family
A&M Care*	\$636.24	\$1,209.54	\$1,034.58	\$1,443.06
A&M Dental PPO	\$ 30.00	\$ 60.00	\$ 63.00	\$ 96.00
DeltaCare USA Dental HMO	\$ 21.50	\$ 38.23	\$ 38.52	\$ 59.83
Superior Vision	\$ 7.75	\$ 16.44	\$ 12.71	\$ 22.66

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

2020-2021 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; includes Brazos Valley Network (BVN)	Non-Network
Limitations and Restrictions		
Pre-existing condition limitations:	None	None
Benefit Maximum:	None	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; BVN-10% after deductible	\$400/adm. + deduct., then 50%
Emergency Room:	20% after deductible; BVN-10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
Non-Hospital Visits		
*Office visits:	Primary Care Physician-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
Preventive exam:	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting & procedure	50% after deductible
Skilled nursing facility (not 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; BVN-\$15/visit	50% after deductible; 30-visits/plan year
Durable medical equipment:	20% after deductible; BVN-10% after deductible	50% after deductible
*Maternity care:	Hospital: 20% after deductible; BVN-10% after deductible Doctor: \$30 initial visit only; BVN-\$15 initial visit	Hospital: 50% after deductible; Doctor: 50% after deductible
*Mental health:	Inpatient: 20% after deductible; BVN-10% after deductible Outpatient: \$20/visit; BVN-\$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
*Physical therapy:	\$30/visit; BVN-\$15/visit	50% after deductible
*Vision:	\$30/visit; BVN-\$15/visit	Routine preventive exams not covered
Hearing:	Illness/accident coverage; 20% coinsurance, hearing aid up to \$1000 per ear, every 3 years	Illness/accident coverage; 20% coinsurance

Vendor: Express Scripts

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>

Vision		
Benefits listed presume you use a Superior Vision network provider, however some benefits are available for using non-network providers. If you use a non-network provider, you will need to file a claim to be reimbursed.		
	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. up to \$150 allowance	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
Dental		
<ul style="list-style-type: none"> Benefits listed presume you use a network provider for the A&M Dental PPO plan or your elected/assigned provider for the DeltaCare USA Dental HMO plan. 		
	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

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, 2020, 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.

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/

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/>

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

BCBSTX: 1-866-295-1212

Express Scripts: 1-866-544-6970

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

BCBSTX: 1-866-295-1212

Express Scripts: 1-866-544-6970