



Everything you need to know about
Benefit Open Enrollment
for the Retirees of
The Texas A&M University System

Enrollment Period:
July 1, 2021 - July 31, 2021

2021 BENEFITS

OPEN ENROLLMENT GUIDE

Open Enrollment is an opportunity for you to review your current benefit plan elections to ensure they continue to meet your needs and those of your family. Review your Personal Benefits Summary, enclosed with this booklet, and/or review your benefits online by logging into Workday on the Single Sign On (SSO) menu at <https://sso.tamus.edu>. You can change your benefits, update your beneficiaries, check your mailing address, and add an email address online through Workday. It is important to have an updated mailing and email address to receive benefit communications throughout the year. You can also 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, 2021.**

NO CHANGES TO YOUR CURRENT ELECTIONS?

If you don't want to make any changes to your current benefits, you don't need to do anything. Your current elections for these plans will continue. You can open the Open Enrollment task in Workday and submit it without changing anything, or you can leave it in your Workday inbox and it will be "finalized" on August 1.

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

If you want to change your elections or enroll for the first time in a coverage, you can make changes on your Personal Benefits Summary included with this packet, and return it to your Human Resources office. You can also log into Workday to make changes. Any changes you make during Open Enrollment will take effect on September 1, 2021. Decisions made during Open Enrollment are binding through August 31, 2021, unless you have a Qualifying Life Event.

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

1. Go to Single Sign On (SSO) at <https://sso.tamus.edu> and log in. If you do not remember your UIN, contact your Human Resources Office listed at the back of this booklet. Click on the **Workday** link. You can review your current benefits/premiums by clicking the Benefits Worklet and selecting Current Elections.
2. You can change your benefits by clicking the Open Enrollment task in your Workday inbox. Changes submitted will be saved and cannot be edited after the Open Enrollment period without a Qualified Life Event.
3. Review the summary and be sure these are the benefits you intended to elect for FY2022. If you submit any benefit changes, you will receive a confirmation in Workday.

WHAT IF I HAVE A QUALIFIED LIFE EVENT IN FY2021?

Dependents who become eligible during the year can be added to your coverage within 60 days of the Qualifying Life Event. Eligible dependents are your legal spouse, adopted, foster, stepchildren, and eligible grandchildren. Documentation will be required when you add a dependent. An ex-spouse is not an eligible dependent.

If you turn age 65 during the year, you should enroll in Medicare, and you and your spouse, if enrolled and 65 or older, should move to the 65 PLUS plan. There are additional rules if you have returned to work for the A&M System. The out-of-pocket maximum is lower and the premiums are lower if you have an enrolled spouse, but other benefits are the same. See page 6 for more information about Medicare enrollment.

About Your Benefits

NEW FOR FY2022

- If you are an employee or retiree covering your grandchild as a dependent, you should recertify your dependent by submitting new documentation to HRConnect Legacy. Accepted grandchild documentation is a copy of the portion of your most recent income tax return that states you are claiming your grandchild as a dependent. You may redact (cross out) any proprietary information.
- Every 6 years, the A&M System Benefits Administration office is required to bid the insurance plans. This year, during the Request for Proposal process, Express Scripts was chosen to remain the prescription drug carrier.

THE COST OF COVERAGE

- Health insurance premiums are changing slightly on all plans. Please review the premium sheets found in this booklet.
- Remember that if you are changing to a different age bracket for life insurance, for example, 65-70, your premium will increase.
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LIFE INSURANCE REMINDER

To enroll in or increase your Optional or Dependent Life coverage, you must provide Evidence of Insurability (E of I). If you choose your coverage and amount in Workday, you will receive a notice to wait until August 1. At that point you will receive an additional notice to return to Workday to answer your E of I questions. Your E of I will be approved or denied and become effective the first of the month following your receipt of notice.

As a retiree/survivor, you will not be able to change your medical plan in Workday yourself during Open Enrollment. If you must change your plan, contact your benefits office.

SILVER SNEAKERS

The Texas A&M University System offers a fitness program for retirees age 65 and older. The Tivity Health SilverSneakers® Fitness program is the nation's leading fitness program designed exclusively for older adults. This program provides A&M System retirees a free, basic fitness membership with access to 15,000 classes in 13,000 locations nationwide. In 2020, SilverSneakers launched virtual fitness options.

Get started in 3 easy steps:

1. Go to SilverSneakers.com/StartHere to create an online account.
2. Log in to view your member ID number and take that to a participating location.
3. You can also enjoy virtual workouts online through your new account.
4. Start a healthy routine with the support you need!

When you (and your spouse) turn 65, you should move into the A&M Care 65 Plus plan with Medicare Part D Prescription Drug coverage from Express Scripts. This is the only Medicare Part D plan you need to be eligible for coverage. It offers the same great benefits of the A&M Care Plan, but a lower out-of-pocket maximum and no prescription drug deductible.

Compare the Plans	A&M Care Plan	65 Plus Plan
Preventive Care	Same	Same
Network	Same	Same
No annual limits or pre-existing condition limitations	Same	Same
Premium for Retiree Only	None	None
Primary Care Physician/Specialist Copays	None	None
Prescription Drug Copay	\$10/\$35/\$60	\$10/\$35/\$60

Know the Benefits

Premium for Retiree and Spouse	\$281.05	\$158.41
Out-of-Pocket Maximum	\$5,400	\$1,400; \$400 Rx
Prescription Drug Deductible	\$50	\$0
Prescription Drug Access	30 day fills at any Network Pharmacy	30 day fills at any Network Pharmacy; 90 day fills at Walgreens or Home Delivery only for maintenance medications

If your modified adjusted gross income is above a certain amount, you may pay a Part D income-related monthly amount to Social Security (Part D-IRMAA), similar to what you may pay for Part B, but smaller. Read more on the Medicare.gov website.

Virtual Open Enrollment Meetings

Due to COVID-19, all Open Enrollment Meetings have been moved from onsite to a Virtual Meeting format. This means you will be able to attend Open Enrollment via phone or a computer. There is a dedicated Retiree Open Enrollment Meeting on July 17th at 8:00 AM. If you cannot attend this meeting, contact the Benefits or Human Resources Office from which you retired to find an alternative meeting. The meetings are set up on a schedule on the following page so you can come-and-go as you please throughout the presentations.

How to attend the Virtual Open Enrollment Meeting via phone:

1. Call **1-855-282-6330** on your cell phone or home phone 5 minutes before the meeting begins, or 5 minutes before the presentation you would like to join. It is a toll-free number.
2. You will be prompted to enter the Meeting ID/Access Code. The meeting ID for the Retiree Open Enrollment Meeting is **145 623 6773.83**
3. It will ask you for a participant ID, simply press the “#” button.
4. Upon entry into the meeting, you will automatically be muted and the host will unmute the attendees for questions during the Q&A period. Please hold questions until the Q&A period.
5. You may drop off the call at any time.
6. If you do not want to ask questions on the phone, please write them down and go to the Open Enrollment website at <https://tamus.edu/open-enrollment/> at a later date to record your questions in the Open Enrollment Question Form. The Open Enrollment website will be active until July 31st.
7. If you have further questions, please contact your Benefits or Human Resources Office at the contact email or phone number listed in the back of this booklet.

How to attend the Virtual Open Enrollment Meeting on a computer with speakers:

1. You should have received an email from your Benefits Office with the Webex meeting invite if the A&M System has an email for you in Workday. If you did not have an active email listed, please go to <https://tamus.edu/open-enrollment/> 5-10 minutes before the meeting begins or before the presentation you would like to join, and find the button that says “RETIREE WEBEX MEETING”. The meeting button will only be active the day of the meeting.
2. When you click “Join the meeting”, you will be asked to enter an email as a guest.
3. Upon entry into the meeting, you will automatically be muted and the host will unmute the attendees for questions during the Q&A period. Please hold questions until the Q&A period. You may also chat in questions via the chat box icon at the bottom of the screen.
4. You may leave the meeting at any time by closing your browser window.
5. If you do not want to ask questions during the meeting, please write them down and go to the Open Enrollment website at <https://tamus.edu/open-enrollment/> at a later date to record your questions in the Open Enrollment Question Form. The Open Enrollment website will be active until July 31st.
6. If you have further questions, please contact your Benefits or Human Resources Office at the contact email or phone number listed in the back of this booklet.

**The Retiree Open Enrollment Meeting is July 17th from 8:00 AM to 11:00 AM.
See the next page for more details on the presentation schedule.**

Open Enrollment Presentations

Come-and-Go Virtual Schedule - Retirees

JULY 17TH, 2020 AT 8:00 AM

Join the **Open Enrollment Webex** for Retirees and stay as long as you'd like to hear about your A&M System insurance plans

8:00 AM INTRODUCTION

8:15 AM Delta Dental + 10 min Q&A

8:45 AM Superior Vision + 10 min Q&A

9:15 AM The Hartford Life/AD&D + 10 min Q&A

9:45 AM Express Scripts + 10 min Q&A

10:15 AM Blue Cross and Blue Shield of Texas
+ 10 min Q&A

11:00 AM END

Important Notice about Your Prescription Drug Coverage and Medicare

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. 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.

When you are retired, become eligible for Medicare, and are not working for the A&M System, and your spouse, if covered, is also eligible for Medicare, you should enroll in the 65+ plan. The 65+ plan covers the same services as the A&M Care plan at the same benefit level.

Your prescription drug coverage will change to Express Scripts Medicare® Prescription Drug Plan through the Texas A&M University System. This is a Medicare Part D plan. It has no drug deductible and will offer the same coverage as the prescription drug benefit through the A&M Care plan. It is considered creditable coverage.

You should know:

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. The Texas A&M University System has determined that the prescription drug coverage offered by the A&M Care Plan 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 separate Medicare drug plan when you are eligible.

When can you join a Non-A&M System 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 Non-A&M System Medicare Drug Plan?

If you decide to join a Medicare drug plan, you cannot be enrolled in both the 65+ plan and a Non-A&M System Medicare Part D plan. You can move to the A&M Care plan if you must remain in a Non-A&M System Medicare Part D plan. 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 only be able to get this coverage back during annual enrollment unless you are a “survivor”, in which case you cannot have the coverage again.

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 may request a copy of this notice at any time from your Human Resources office or find it 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, 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 and, therefore, whether or not you are required to pay a higher premium (a penalty).

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 the A&M System Benefits Administration website (<https://www.tamus.edu/business/benefits-administration/employeeetiree-benefits/medicare-information/>), 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. 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 should enroll in the 65 PLUS Plan and you can 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/65+ 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 4 ½ 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 is Primary for Retiree	Plan is 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 eligible for Medicare	Spouse/dependents are eligible for Medicare	Yes	Medicare	Medicare
Retiree is eligible for Medicare	Spouse/dependents are not eligible for Medicare	No	Medicare	A&M Care
Retiree is not eligible for Medicare	Spouse/dependents are eligible for Medicare	No	A&M Care	Medicare
Retiree is not eligible for Medicare	Spouse/dependents are 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 will change when coordinating benefits. Check with your Human Resources office if you are unsure of your status.

65 PLUS Plan

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: 1 (866) 295-1212 | Outside of Texas: 1 (800) 810-BLUE (2583) | <http://www.bcbstx.com/tamus>

Limitations and Restrictions

Pre-existing condition limitations:	None
Benefit Maximum:	None
Out-of-service area restrictions:	None

Maximums and Deductibles

Deductibles:	\$400 Medical
Out-of-pocket maximum: (9-1 through 8-31) Medical	Single: \$1,000 + \$400 medical deductible Family: \$2,000 + \$800 medical deductible
Benefit maximum:	No annual/lifetime maximums

Hospital Benefits

In-Hospital care:	20% after deductible
Emergency Room:	20% after deductible
Surgery:	20% after deductible In-physician's office, 20% after deductible

Non-Hospital Visits

Office visits:	20% after deductible
Lab/X-rays:	20% after deductible
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

Chiropractic care:	20% after deductible, 30-visits/plan year
Durable medical equipment:	20% after deductible
Mental health:	Inpatient – 20% after deductible Outpatient - 20% after deductible
Physical therapy:	20% after deductible
Vision:	20% after deductible
Hearing:	Illness/accident coverage; 20% coinsurance, hearing aid up to \$1,000 per ear, every 3 years

Prescription Drugs - Express Scripts. This is a Medicare Part D Plan.

Deductibles: (1-1 through 12-31)	\$0	
Out-of-pocket maximum: (1-1 through 12-31)	\$400	
Retail Prescription Copays:	31 Day	32-90 Day
Generic	\$10	\$30
Formulary	\$35	\$105
Non-Formulary	\$60	\$180
Mail-Order Prescription Copays:	1-90 Day	
Generic	\$20	
Formulary	\$70	
Non-Formulary	\$120	

Member Services: Express Scripts: 1 (855) 895-4647 | Website: <http://www.express-scripts.com>

A&M Care Plan

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, not working for the A&M System, are not eligible for copays.*

Member Services: 1 (866) 295-1212 | Outside of Texas: 1 (800) 810-BLUE (2583) | <http://www.bcbstx.com/tamus>

	Network; includes Brazos Valley Network (BVN)	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; 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: 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: Express Scripts: 1 (866) 544-6970 | Website: <http://www.express-scripts.com>

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. If you are enrolled in Alternate Basic Life, your coverage will be reduced to \$30,000 when you reach age 80. 	

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 – Retirees

September 1, 2020

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	\$623.76	\$ 0.00	\$1,185.82	\$281.04	\$1,014.29	\$195.26	\$1,414.76	\$395.50
A&M Care 65 PLUS	\$558.26	\$ 0.00	\$1,060.00	\$155.22	\$906.86	\$87.83	\$1,264.42	\$245.16

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	\$29.42	\$58.82	\$61.76	\$94.12
DeltaCare USA Dental	\$21.08	\$37.48	\$37.76	\$58.66

Vision

	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
	\$7.60	\$16.12	\$12.46	\$22.22

Basic Life

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

Basic Life \$4.70

Alternate Basic Life \$.626 per \$1,000 of coverage.

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
	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: Child \$.06 per \$1,000 of coverage

Plan B: Spouse: \$1.05 (flat rate) for \$5,000 in DL & AD&D; Child: \$0.32 (flat rate) for \$5,000 in DL & AD&D

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	\$.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 for only health, dental, and vision coverage.

	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care	\$623.76	\$1,185.82	\$1,014.29	\$1,414.76
A&M Care 65 PLUS	\$558.26	\$1,060.00	\$906.86	\$1,246.42
A&M Dental PPO	\$ 29.42	\$ 58.82	\$ 61.76	\$ 94.12
DeltaCare USA Dental	\$ 21.08	\$ 37.48	\$ 37.76	\$ 58.66
Vision	\$ 7.60	\$ 16.12	\$ 12.46	\$ 22.22

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

- Tax return showing claimed grandchild
- The tax return may be redacted of proprietary information

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.

** Foreign documents other than marriage license or birth certificate should be accompanied by an English translation.*

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.

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	employeeservices@tarleton.edu
Texas A&M University-Central Texas	(254) 519-8015	hr@tamuct.edu
Texas A&M International University	(956) 326-2365	hr@tamiu.edu
Texas A&M University-Commerce	(903) 886-5049	HR.benefits@tamuc.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	kucmh008@tamuk.edu
Texas A&M University-Texarkana	(903) 223-3113	ayla.baldwin@tamut.edu
Texas A&M Transportation Institute	(979) 845-9668	employment@tti.tamu.edu
Texas A&M University-San Antonio	(210) 784-2059	francy.leal@tamusa.edu
Texas A&M Forest Service	(979) 845-9337	agriflifebenefits@ag.tamu.edu
Texas A&M AgriLife	(979) 845-2423	agriflifebenefits@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
Texas Department of Emergency Management	(979) 458-6181	employeebenefits@tamus.edu
West Texas A&M University	(806) 651-2117	hr@wtamu.edu
System Offices	(979) 458-6181	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/
The Hartford	SEPTEMBER 1	http://thehartford.com/
Navia Benefit Solutions	(800) 669-3539	http://naviabenefits.com/
Cigna	(800) 362-4462	http://cigna.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/>

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

