



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

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

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# 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 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, and check your contact information. It is important to have an updated mailing and email address to receive benefit communications throughout the year.

### **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 for plan year 2021. 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. However, if you want a Health Care or Dependent Day Care Flexible Spending Account, you must enroll every year.

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

Any changes you make during Open Enrollment will take effect on September 1, 2020. Decisions made during Open Enrollment are binding through August 31, 2021, unless you have a qualified 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. 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. If you make a change, don't forget to **SUBMIT**.
3. If you make any benefit changes, you will receive an email confirmation in Workday. Review the summary and be sure these are benefits you intended to elect for FY2021.

### **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 qualified 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 no longer an eligible dependent.

# NEW FOR FY2021



A new coverage tier is being added to the A&M Care Plans. 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.



Livongo for diabetes and hypertension, Omada for pre-diabetes and pre-hypertension, and Hinge Health for musculoskeletal conditions are being added as Blue Cross and Blue Shield partner programs. These programs are based on eligibility or diagnosis, and include digital tools to assist with these chronic conditions such as a scale or virtual therapy courses. There will be more information provided about these programs after September 1.



Polycarbonate lenses and standard antireflective lenses are now covered in full for both participants and dependents under age 18 under the vision plan.



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.



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](https://MDLIVE.com/bcbstx) and enter the information found on your ID card.



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, a new Life Insurance carrier was selected. The Hartford will be the new carrier for FY21, however, there will be no plan changes.



Family, group, and marriage counseling will now be covered by the health insurance plan.



Beginning May 1, 2020, Dependent Life Insurance Plan B was split into Spouse Life B and Child Life B. The premium for Spouse Plan B is \$1.05 and for Child Plan B is \$0.32 (for one or multiple children).



During a recent records audit, we determined there is no provision to name an alternate beneficiary for Dependent Life Insurance. The beneficiary is the employee or retiree, and if deceased as well, the benefit will go to the estate.



The credit hour requirements to enroll in the Graduate Student Employee Plan (Grad Plan) for voluntary graduate students will be changed from 6 to 5 hours. System Benefits Administration will conduct an eligibility audit each semester. Continuation coverage for the Grad Plan will be reduced from 6 months to 3 months. The plan will also exclude coverage for Inter-Collegiate Sports.



## COVERAGE COSTS

- A&M Care Plan health insurance premiums are remaining the same for the 5th year in a row, however, other plan premiums, including part-time premiums and the Graduate Student Plan (Grad Plan) premiums, are changing. Please review the premium sheets found in this booklet.
- The vision premium will have a small increase \$.60 per month for employee only and \$1.72 for employee and family and include the above additional coverage.

## MDLIVE VIRTUAL VISITS

Virtual Visits is a new feature provided by MDLive through your Blue Cross and Blue Shield health plan.

This digitally-based solution provides cost-effective health care for simple, non-emergency medical and behavioral health conditions 24/7/365. It gives patients access to doctors and therapists in private, secure and confidential environments via telephone, online video or mobile app – no matter where the member lives.

Members select their doctor from a large, national virtual visit network and access customer support 24/7. When appropriate, prescriptions can be sent instantly to the member's pharmacy of choice. Behavioral health consultations are available by appointment and video only.

Virtual Visits are included in the A&M Care plans with only a \$10 copay.



## WELLNESS INITIATIVE CHANGES FOR NEXT YEAR

Beginning September 1, 2020, the two-step process to receive the lowest insurance premium for the 2020-2021 plan year is expanding. You will now see more options to choose from on your MyEvive Personalized Checklist.

Options displayed are based on the United States Preventive Task Force recommended screenings for the prevention of chronic conditions, general demographic information like gender and age, and then digital benefit-interest programs. For this reason, you may not have the same checklist items as your peer. Available options include your annual wellness exam (available for everyone), a general health assessment, preventive screenings, Well onTarget self-management courses, MDLIVE registration, Where to Go For Care educational video, a flu shot, and nutritional counseling. You may see up to 11 items on your checklist, but only have to complete 2 to qualify for the premium reduction. MyEvive will process both actions and you will receive your \$30 premium credit.

An alternate Health Assessment which will count as credit is available on Well onTarget, through your Blue Access for Members portal, coupled with your annual wellness exam. The alternate method can not be coupled with any other activity for credit.

If you have not already registered for MyEvive, go online to <https://tamus.myevive.com> and enter your UIN and information from your BCBSTX insurance card. You may also download the MyEvive app on both Android and Apple devices and use the token code *myevivetamus*. Spouses should use the enrolled employee's UIN but a personal email address to register for MyEvive. MyEvive is also available through your TAMUS Single-Sign-On menu at <https://sso.tamus.edu/>.

## 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. If you cannot attend the Open Enrollment meeting for your campus or agency, feel free to join another one on a separate day. The meetings are set up on a schedule on the following pages so you can come-and-go as you please throughout the presentations.

### How to attend the Virtual Open Enrollment Meeting via phone:

1. Record and call **the number listed on the Webex link** 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.
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 receive the email, please go to the A&M System Open Enrollment website at <https://tamus.edu/open-enrollment> and click the digital calendar to find the link to your 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.

# Campus & Agency Open Enrollment Virtual Meeting Schedule

AM Meeting  
8:00AM - 11:45AM

PM Meeting  
1:00PM - 4:45PM

MON	TUES	WED	THURS	FRI
		<b>1</b>	<b>2</b>	<b>3</b>
<b>6</b>	<b>7</b> TAMIU	<b>8</b> TAMUCC HSC - All locations	<b>9</b> TAMUK	<b>10</b>
<b>13</b> TAMU TAMUG	<b>14</b> TAMU TAMUG	<b>15</b> TAMUS TDEM Agrilife	<b>16</b> TEEX, TFS, TTI TEES	<b>17</b> Retiree-Only Meeting
<b>20</b>	<b>21</b> PVAMU TAMUSA	<b>22</b> TAMUCT TAMUT	<b>23</b> TAMUC Tarleton	<b>24</b>
<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>

Click your campus or agency name to save the **Webex Link** for your date! It can even be added to your Outlook or Google calendar. You may join on your computer or call in to the number provided 10 minutes before the meeting begins. If for some reason you are unable to attend your employer's meeting, you can join another one.

# Open Enrollment Presentations

## Come-and-Go Virtual Schedule - Morning

JULY 1 - JULY 31, 2020

Join the **Open Enrollment Webex** for your campus or agency 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** Cigna Long-Term Disability + 10 min Q&A

**10:10 AM** Navia Flexible Spending Account + 10 min Q&A

**10:35 AM** Express Scripts + 10 min Q&A

**11:00 AM** Blue Cross and Blue Shield of Texas + 10 min Q&A

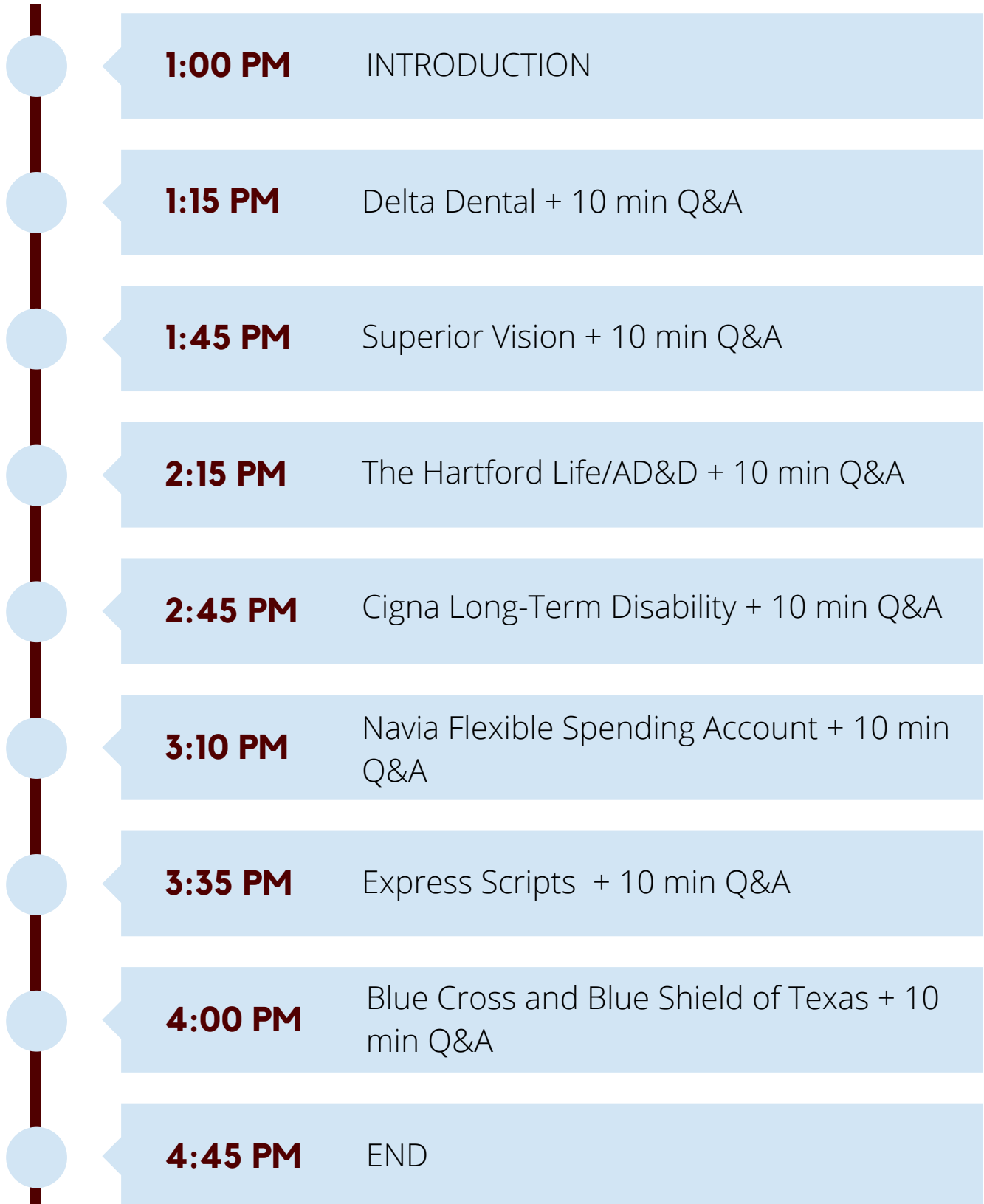
**11:45 AM** END

# Open Enrollment Presentations

## Come-and-Go Virtual Schedule - Afternoon

JULY 1 - JULY 31, 2020

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





## 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
<b>Limitations and Restrictions</b>		
<b>Pre-existing condition limitations:</b>	None	None
<b>Benefit Maximum:</b>	None	None
<b>Out-of-service area restrictions:</b>	Emergency care- must notify BCBSTX within 48 hours	Emergency care
<b>Maximums and Deductibles</b>		
<b>Deductibles:</b>	\$400 Medical/\$50 Rx	\$800 Medical/\$400 hospitalization
<b>Out-of-pocket maximum:</b>	\$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
<b>Benefit maximum:</b>	No annual/lifetime maximums Except those listed below	
<b>Hospital Benefits</b>		
<b>In-Hospital care:</b>	20% after deductible; BVN-10% after deductible	\$400/adm. + deduct., then 50%
<b>Emergency Room:</b>	20% after deductible; BVN-10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
<b>Surgery:</b>	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
<b>Non-Hospital Visits</b>		
<b>*Office visits:</b>	Primary Care Physician-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
<b>Preventive exam:</b>	100% covered	Not covered
<b>Lab/X-rays:</b>	Benefit depends on setting & procedure	50% after deductible
<b>Skilled nursing facility (not custodial care):</b>	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
<b>Home health care:</b>	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year
<b>Other Healthcare Benefits</b>		
<b>*Chiropractic care:</b>	\$30/visit; 30-visits/plan year; BVN-\$15/visit	50% after deductible; 30-visits/plan year
<b>Durable medical equipment:</b>	20% after deductible; BVN-10% after deductible	50% after deductible
<b>*Maternity care:</b>	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
<b>*Mental health:</b>	Inpatient: 20% after deductible; BVN-10% after deductible Outpatient: \$20/visit; BVN-\$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
<b>*Physical therapy:</b>	\$30/visit; BVN-\$15/visit	50% after deductible
<b>*Vision:</b>	\$30/visit; BVN-\$15/visit	Routine preventive exams not covered
<b>Hearing:</b>	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>

## 2020-2021 Plan: Graduate Student Health Plan (SHP) Information

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

Any registered and enrolled A&M System graduate student employed by the System is eligible to enroll in the Graduate Student Health Plan. Graduate student employees on a J1/J2 Visa may also enroll in the Graduate Student plan, which meets the visa requirements for insurance coverage.

### Member Services Contact Information:

Academic HealthPlans (AHP): 1 (877) 624-7911; Website: <https://tamus.myahpcare.com/>

	Network	Non-Network
<b>Limitations and Restrictions</b>		
<b>Pre-existing condition limitations:</b>	None	n/a
<b>Out-of-service area restrictions:</b>	None	n/a
<b>Maximums and Deductibles</b>		
<b>Deductibles:</b>	\$500 Medical/waived student health center	\$700; waived student health center
<b>Out-of-pocket maximum:</b>	\$7,900/person (includes all copayments)	\$12,700/person (includes all copayments)
<b>Benefit maximum:</b>	No annual/lifetime maximums	
<b>Hospital Benefits</b>		
<b>In-Hospital care:</b>	20% after deductible	40% after deductible
<b>Emergency Room: Emergency Room Physician:</b>	20% after \$150 copayment 20% after deductible	
<b>Surgery:</b>	20% after deductible	40% after deductible
<b>Non-Hospital Visits</b>		
<b>Office visits:</b>	\$35 copay	40% after \$35 copayment
<b>Preventive exam:</b>	100% covered	40% after deductible
<b>Lab/X-rays:</b>	20% after deductible	40% after deductible
<b>Skilled nursing facility (not including custodial care):</b>	20% after deductible; 25 days/plan year	40% after deductible; 25 days/plan year
<b>Home health care:</b>	20% after deductible; 60 visits/plan year	40% after deductible; 60 visits/plan year
<b>Other Healthcare Benefits</b>		
<b>Chiropractic care:</b>	\$35/visit; 35 visits/person	40% after \$35 copay; 35 visits/person
<b>Durable medical equipment:</b>	20% after deductible	40% after deductible
<b>Mental health:</b>	Inpatient - 20% after deductible Outpatient - \$35/visit	40% after deductible 40% after \$35 copay
<b>Physical therapy:</b>	\$35/visit; 35 visits/person	40% after \$35 copay; 35 visits/person
<b>Vision/Hearing:</b>	20% after deductible One preventive vision exam/per plan year	40% after deductible

**Prescription drugs:** \$10/\$35 at student health center;

Prime Therapeutics RX drug card \$10/generic, \$35/preferred brand-name, \$60/non-preferred brand-name - no maximum

Generic Drug –A medication duplicated by another company once the patent expires

Brand Name Drug –A medication developed by a pharmaceutical company

## 2020-2021 Plan: J Plan Health Care Information

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

The Texas A&M University Care J plan is only available to employees on a J Visa and their family members. The benefits are the same as those in the A&M Care plan, found in the Benefits Guide (<http://www.tamus.edu/assets/files/benefits/pdf/GuideBooklet.pdf>), including the BlueCross BlueShield in-network and out-of-network benefit differences found below. Since this coverage is a requirement of employment, if you are working for the A&M System on a J1 or J2 visa, the J plan will be your default plan.

Graduate student employees on a J1/J2 Visa may also enroll in the Graduate Student plan, which meets the visa requirements for insurance coverage.

### 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
<b>Limitations and Restrictions</b>		
<b>Pre-existing condition limitations:</b>	None	
<b>Out-of-service area restrictions:</b>	Emergency care- must notify BCBSTX within 48 hours	Emergency care
<b>Maximums and Deductibles</b>		
<b>Deductibles:</b>	\$400 Medical/\$50 Rx	\$800 Medical/\$400 hospitalization
<b>Out-of-pocket maximum:</b>	\$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
<b>Benefit maximum:</b>	No annual/lifetime maximums Except those listed below	
<b>Hospital Benefits</b>		
<b>In-Hospital care:</b>	20% after deductible; BVN-10% after deductible	\$400/adm. + deduct., then 50%
<b>Emergency Room:</b>	20% after deductible; BVN-10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
<b>Surgery:</b>	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
<b>Non-Hospital Visits</b>		
<b>Office visits:</b>	Primary Care Physician-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
<b>Preventive exam:</b>	100% covered	Not covered
<b>Lab/X-rays:</b>	Benefit depends on setting & procedure; See plan book or call BCBSTX	50% after deductible
<b>Skilled nursing facility (not including custodial care):</b>	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
<b>Home health care:</b>	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year

### Reminder About Medical Evacuation & Repatriation

Repatriation of remains of at least \$25,000 and medical evacuation coverage of at least \$50,000 are also required of those on a J-1 or J-2 visa. The student insurance plan for graduate and international students exceeds this federal requirement.

The J plan does not provide these benefits; however, the Basic Life coverage from Minnesota Life, provided with the J plan as a package, does provide the following required coverage:

- Evacuation/Repatriation: \$150,000
- Repatriation of Remains: \$150,000
- Visit of Family Member or Friend: \$5,000
- Return of Dependent Children: \$5,000
- Vehicle Return: \$2,500

With a combined single limit of \$150,000 per person.

### 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>

<b>Life</b>	
<b>Basic Life/Basic AD&amp;D</b> <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.
<b>Alternate Basic Life/Basic AD&amp;D</b> <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.
<b>Optional Life</b>	½ to 6x salary with a maximum coverage amount of \$1,000,000. 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.
<b>Dependent Life Plan A</b> <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. Coverage amounts are: \$25,000, \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000. Any amount over \$50,000 requires evidence of good health. The spouse coverage amount may not be greater than the employee coverage amount \$10,000 per child.*
<b>Dependent Life Plan B</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.
<b>Dependent Life Plan C</b> <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. \$25,000 \$5,000 on each enrolled child.
<ul style="list-style-type: none"> <li>If you had coverage prior to 09-01-09, your dependent coverage amount(s) may be greater than the above maximums.</li> <li>You must provide evidence of insurability to enroll in or increase Life insurance coverage for you or your spouse.</li> <li>If you are a retiree enrolled in Alternate Basic Life, your coverage will automatically be reduced to \$30,000 when you reach age 80.</li> </ul>	

<b>AD&amp;D</b>	
Accidental Death & Dismemberment provides benefits for an accidental injury that results in the death or dismemberment of a covered person. You can choose coverage in increments of 10 x your annual salary up to \$250,000 if you earn \$25,000 or less or up to \$800,000 if your annual salary is greater.	

<b>Vision</b>		
	<b>Network benefit</b>	<b>Non-Network benefit</b>
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

<b>Dental</b>	
<ul style="list-style-type: none"> <li>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.</li> <li>The DHMO requires you to select a primary dentist to use for authorization of all dental services.</li> <li>You cannot change plans during the plan year unless you move out of the DHMO service area, and</li> <li>You cannot add or drop coverage for yourself or any dependents during the plan year unless you have a certain Life Event.</li> </ul>	

	<b>A&amp;M Dental PPO</b>	<b>DeltaCare USA Dental HMO</b>
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 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

## Premiums

September 1, 2020

Health premiums for the A&M Care plan below **include** a \$30 wellness premium for you and for your spouse in the appropriate column. If you have completed your two-step wellness activities or are waived because you are newly enrolled, you will see credit in Workday that will reduce your premium. Premiums increase by \$30/month if you or your spouse is a tobacco user:

	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
<b>Health</b>								
A&M Care	Monthly Bi-Weekly	\$30.00 \$15.00	\$1,245.82 \$1,245.82	\$341.04 \$170.52	\$1,044.29 \$1,044.29	\$225.26 \$112.63	\$1,474.76 \$1,474.76	\$455.50 \$227.75
J Plan	Monthly Bi Weekly	\$0.00 \$0.00	\$1,185.82 \$1,185.82	\$281.04 \$140.52	\$1,014.29 \$1,014.29	\$195.26 \$97.63	\$1,414.76 \$1,414.76	\$395.50 \$197.75
<b>Part-Time Employees (work a 20-29 hour week)</b>								
A&M Care	Monthly Bi-Weekly	\$344.22 \$172.11	\$1,245.82 \$1,245.82	\$795.78 \$397.89	\$1,044.29 \$1,044.29	\$637.14 \$318.57	\$1,474.76 \$1,474.76	\$967.48 \$483.74
J Plan	Monthly Bi-Weekly	\$314.22 \$157.11	\$1,185.82 \$1,185.82	\$735.78 \$367.89	\$1,014.29 \$1,014.29	\$607.14 \$303.57	\$1,414.76 \$1,414.76	\$907.48 \$453.74
Graduate Plan	Monthly Bi Weekly	\$0.00 \$0.00	\$500.00 \$500.00	\$49.96 \$24.98	\$663.00 \$663.00	\$255.84 \$127.92	\$913.00 \$913.00	\$405.72 \$202.86
<b>Dental</b>								
A&M Dental PPO	Monthly Bi-Weekly	\$29.42 \$14.71	\$58.82 \$29.41	\$61.76 \$30.88	\$94.12 \$47.06			
DeltaCare USA	Monthly	\$21.08	\$37.48	\$37.76	\$58.66			
Dental HMO	Bi-Weekly	\$10.54	\$18.74	\$18.88	\$29.33			
<b>Vision</b>								
Monthly		\$7.60	\$16.12	\$12.46	\$22.22			
Bi-Weekly		\$3.80	\$8.06	\$6.23	\$11.11			
<b>AD&amp;D</b>								
Rate per \$10,000:								
	Monthly		\$0.10	\$0.24	\$0.24			
	Bi-Weekly		\$0.05	\$0.12	\$0.12			

## Long-Term Disability

Rate per \$100 of monthly salary:

	Non-Tobacco Rate	Tobacco Rate
Monthly	\$ .178	\$ .230
Bi-Weekly	\$ .089	\$ .115

## Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$2,750  
 Dependent Daycare Spending Account - \$5,000

## 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. If you are a bi-weekly employee, the life rates are divided in half per month. *Monthly rate per \$1,000:*

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

## Dependent Life

Plan A: Spouse Age-based rate per \$1,000 of coverage; Child: \$.06 per \$1,000 of coverage

Spouse Plan B: \$1.05/month (flat rate) for \$5,000 in DL and AD&D

Child Plan B: \$0.32/month (flat rate) for \$5,000 in DL and AD&D

Plan C: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

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

## Premiums – 9 Month Full-Time Employee

September 1, 2020

For 9-month, full-time, monthly paid positions, premiums are prorated so that you pay 12 months of premiums over 9 months. This means that you pay a full year of premiums by May 31. You do not have to pay premiums during the summer and you will have coverage, unless you are ending employment. Health premiums for the A&M Care plan below **include** a \$40 wellness premium for you and for your spouse, if enrolled, in the appropriate column. If you have completed your two-step wellness activities or are waived because you are newly enrolled, you will see a credit in Workday that will reduce your premium. Premiums increase by a prorated \$40 tobacco premium if you or your spouse is a tobacco user.

Health	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care 9-Months	\$871.68	\$40.00	\$1,661.09	\$454.72	\$1,399.39	\$300.35	\$1,966.35	\$607.33
J Plan 9-Months	\$831.68	\$0.00	\$1,581.09	\$374.72	\$1,352.39	\$260.35	\$1,886.35	\$527.33

Dental	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Dental PPO 9-Months		\$39.23	\$78.43		\$82.35		\$125.49	
DeltaCare USA Dental HMO 9-Months		\$28.11	\$49.97		\$50.35		\$78.21	

Vision	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
9-Months	\$10.13		\$21.49		\$16.61		\$29.63	

AD&D	Employee Only		Employee and Family	
	Rate per \$10,000:	Monthly*	Rate per \$10,000:	Monthly*
		\$ .10		\$ .24

Long-Term Disability	Non-Tobacco Rate		Tobacco Rate	
	Rate per \$100 of monthly salary:	Monthly*	Rate per \$100 of monthly salary:	Monthly*
		\$ .178		\$ .230

## Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$2,750  
 Dependent Daycare Spending Account

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

## Dependent Life

Plan A: Spouse Age-based rate per \$1,000 of coverage; Child: \$.06 per \$1,000 of coverage

Spouse Plan B: \$1.05/month (flat rate) for \$5,000 in DL and AD&D

Child Plan B: \$0.32/month (flat rate) for \$5,000 in DL and AD&D

Plan C: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

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

*\*Employees deducted over 9 months: After calculating your monthly rate, multiply the rate by 12 to get your annual total, and divide it by 9 months.*



# 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.

<b>Human Resources Offices</b>		
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	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) 458-6417	employeebenefits@tamus.edu
West Texas A&M University	(806) 651-2117	hr@wtamu.edu
System Offices	(979) 458-6417	employeebenefits@tamus.edu
<b>Carrier Phone Numbers and Websites</b>		
Blue Cross and Blue Shield A&M Care; 65 PLUS	(866) 295-1212	<a href="http://www.bcbstx.com/tamus">http://www.bcbstx.com/tamus</a>
Delta Dental - A&M Dental	(800) 336-8264	<a href="http://www.deltadentalins.com/tamus/">http://www.deltadentalins.com/tamus/</a>
DeltaCare USA Dental HMO	(800) 422-4234	<a href="http://www.deltadentalins.com/tamus/">http://www.deltadentalins.com/tamus/</a>
Superior Vision	(844) 549-2603	<a href="http://www.superiorvision.com">http://www.superiorvision.com</a>
Express Scripts - A&M Care Drug Program	(866) 544-6970	<a href="http://www.express-scripts.com/">http://www.express-scripts.com/</a>
The Hartford	SEPTEMBER 1	<a href="http://www.thehartford.com">http://www.thehartford.com</a>
Navia Benefit Solutions	(800) 669-3539	<a href="http://naviabenefits.com/">http://naviabenefits.com/</a>
Cigna	(800) 362-4462	<a href="http://cigna.com">http://cigna.com</a>

### 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

