



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

Enrollment Period:
July 1, 2021 - July 31, 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 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 2022. 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, 2021. Decisions made during Open Enrollment are binding through August 31, 2022, 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. 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 FY2022.

WHAT IF I HAVE A QUALIFIED LIFE EVENT IN FY2022?

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. An ex-spouse is not an eligible dependent. Documentation will be required when you add a dependent.

NEW FOR FY2022



A If you are an employee or retiree covering your grandchild as a dependent, you should recertify your dependent by submitting new documentation in 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 financial 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. 2nd.MD will remain the second opinion provider.



Retirees enrolled in the Medicare Part D prescription drug plan through Express Scripts can now take advantage of a broader pharmacy network for 90-day prescriptions. You will have the option to fill acute, maintenance, and specialty medication prescriptions through 63,000+ retail pharmacies, as well as through home delivery from the Express Scripts® Pharmacy or Accredo® Specialty Pharmacy. This includes all major chains such as Walgreens and CVS, with the exception of Publix. Maintenance medications can be filled for up to 90 day supplies at any pharmacy in the Broad Performance Medicare Network. To find out more information or to locate a pharmacy, contact Express Scripts Medicare customer service at 1-855-895-4647.



Night-guards are being added to coverage under the Delta Dental PPO plan.



There will no longer be a copay for the Graduate Student Employee Plan telemedicine services. Enrollees will have access to AHP Live Care, instead of MDLive.



THE COST OF COVERAGE

- The employee premium for full-time employees will remain the same for the 6th year in a row! Part-time employee premiums are increasing slightly. Retiree and Grad Plan rates will decrease slightly.
- If you change to a different age bracket for life insurance, for example, 65-70, your premium will increase. Your coverage level also decreases at age 70 and age 80.
- Delta Dental premiums will remain the same for both the HMO and PPO plans.

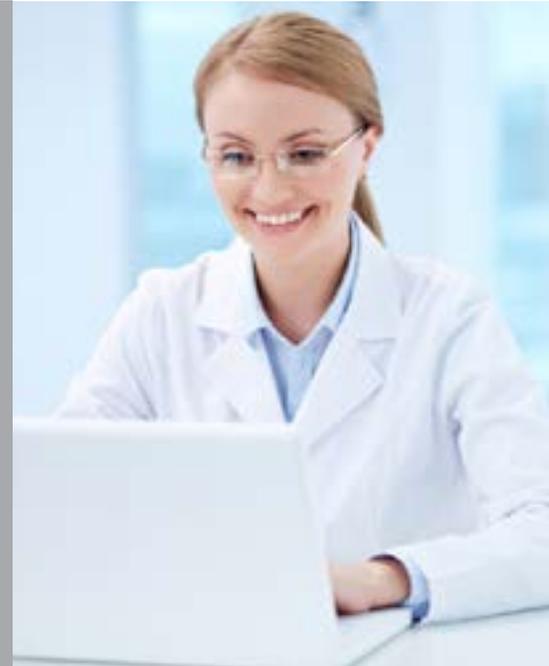
MDLIVE VIRTUAL VISITS

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

This digital 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.

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, 2021, the two-step process to receive the lowest insurance premium for the 2021-2022 plan year is expanding. You will now see more options 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, nutritional counseling, preventive eye exams, and dental cleanings. You may see up to 13 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 is available on Well onTarget, through your Blue Access for Members portal. This alternate assessment will only count as credit when coupled with your annual wellness exam. It cannot 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

All Open Enrollment meetings will be virtual. This means you will be able to attend an Open Enrollment meeting 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 different day. The meeting schedule is on the following page. 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 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. 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 during the presentation, please 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 will receive an email from your Benefits Office with the Webex meeting invite if your email address is entered in Workday. If you do 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. Please hold questions until the Q&A period. You may also type your questions using 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 presentation, please 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 2021

AM Meeting
8:00AM - 11:45AM

PM Meeting
1:00PM - 4:45PM

MON	TUES	WED	THURS	FRI
			1	2
5	6 TAMUCC TAMUK	7 TAMU TAMUG HSC - All locations	8 WTAMU TAMUCT Tarleton	9
12	13 TAMUSA TAMIU TAMU - Weslaco	14	15 PVAMU TAMUC TAMUT	16 Retiree-Only Meeting
19	20 TAMU TAMUG HSC - All locations	21 TAMUS TDEM Agrilife	22 TEES, TEEEX, TFS, TTI	23

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, 2021

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

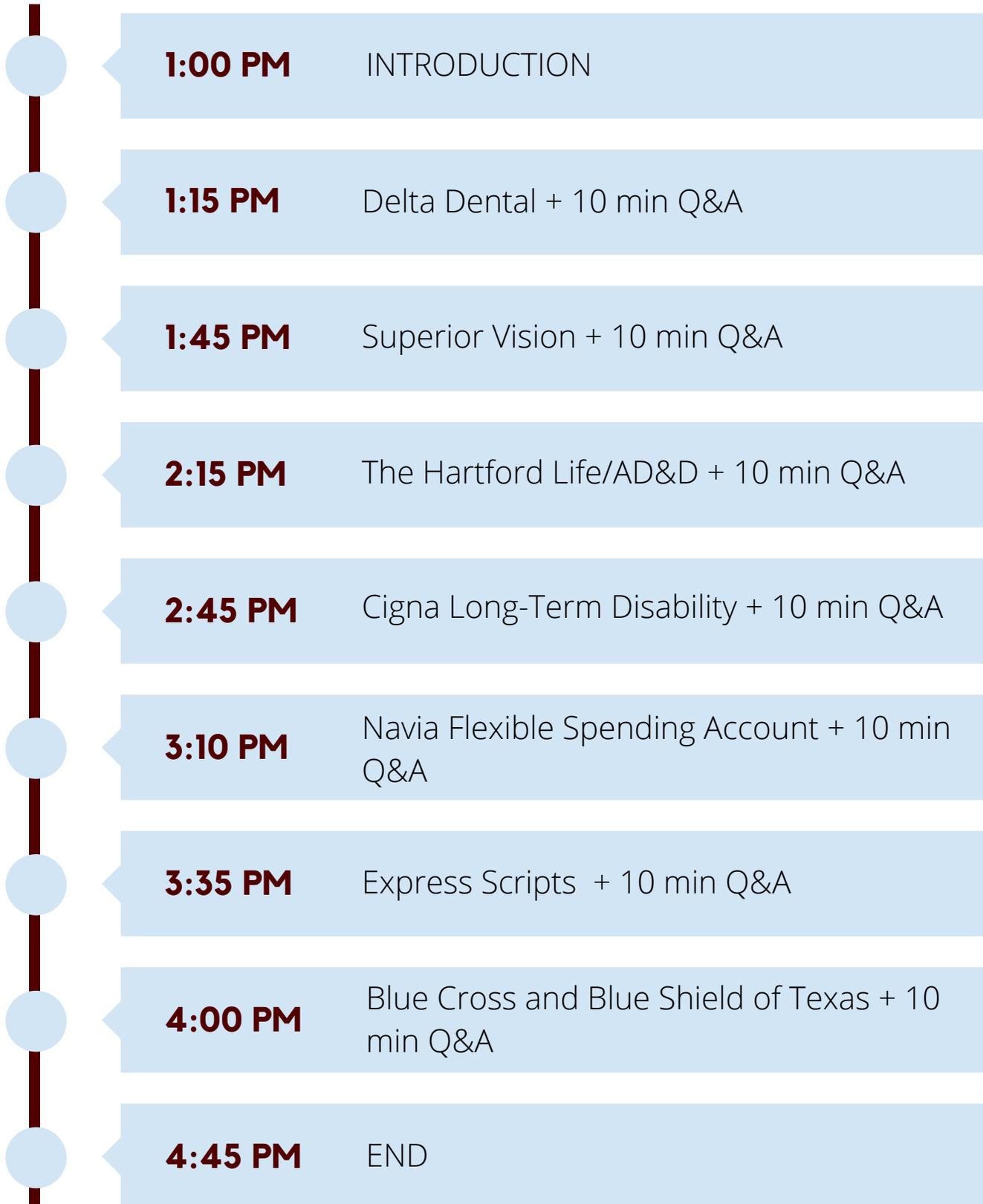
11:45 AM END

Open Enrollment Presentations

Come-and-Go Virtual Schedule - Afternoon

JULY 1 - JULY 31, 2021

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



2021-2022 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	Brazos Valley Network (BVN)	Baylor Scott & White Health (Brazos Valley)	Non-Network
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Limitations and Restrictions

Pre-existing condition limitations:	None	None	None	None
Benefit Maximum:	None	None	None	None
Out-of-service area restrictions:	Emergency care- must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency Care

Maximums and Deductibles

Deductibles:	\$400 Medical/\$50 Rx	\$400 Medical/\$50 RX	\$400 Medical/\$50 RX	\$800 Medical/\$400 Hospital
Out-of-pocket maximum:	\$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family	\$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family	\$5,000 + the \$400 <i>medical deductible above</i> \$10,000 + \$1,200 family	\$10,000 + \$800 <i>deductible per person</i> \$20,000 + \$2,400 family
Benefit maximum:	No annual/lifetime maximums Except those listed below			

Hospital Benefits

In-Hospital care:	20% after deductible	10% after deductible	10% after deductible	\$400/adm + deduct, then 50%
Emergency Room:	20% after deductible	10% after deductible	10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; In-physician's office, See office visit	10% after deductible	10% after deductible	50% after deductible 50% after deductible

Non-Hospital Visits

*Office visits:	Primary Care: \$20/visit Specialist: \$30/visit Certain surgeries—20% after deductible	Primary Care: \$5/visit Specialist: \$15/visit	Primary Care: \$20/visit Specialist: \$15/visit	50% after deductible
Preventive exam:	100% covered	100% covered	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting & procedure	Benefit depends on setting and procedure	Benefit depends on setting and procedure	50% after deductible

2021-2022 Plan: A&M Care Information

Skilled nursing facility (not custodial care):	20% after deductible; 60 days/plan year	20% after deductible; 60 days/plan year	20% after deductible; 60 days/plan year	50% after deductible; 60 days/plan year
Home health care:	20% after deductible; 60 visits/plan year	20% after deductible; 60 days/plan year	20% after deductible; 60 days/plan year	50% after deductible; 60 visits/plan year

Other Healthcare Benefits

*Chiropractic care:	\$30/visit; 30 visits/plan year	\$15 visit	\$15 visit	50% after deductible; 30 visits/plan year
Durable medical equipment:	20% after deductible	10% after deductible	10% after deductible	50% after deductible
*Maternity care:	Hospital: 20% after deductible; Doctor: \$30 initial visit only	Hospital: 10% after deductible Doctor: \$15 initial visit only	Hospital: 10% after deductible Doctor: \$15 initial visit only	Hospital: 50% after deductible Doctor: 50% after deductible
*Mental health:	Inpatient: 20% after deductible Outpatient: \$20/visit	Inpatient: 10% after deductible Outpatient: \$5/visit	Inpatient: 10% after deductible Outpatient: \$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
*Physical therapy:	\$30/visit; BVN-\$15/visit	\$15/visit	\$15/visit	50% after deductible
*Vision:	\$30/visit; BVN-\$15/visit	\$15/visit	\$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, hearing aid up to \$1000 per ear, every 3 years	Illness/accident coverage; 20% coinsurance	Illness/accident coverage; 20% coinsurance

Prescription Drug Vendor: Express Scripts

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>

2021-2022 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
Limitations and Restrictions		
Pre-existing condition limitations:	None	n/a
Out-of-service area restrictions:	None	n/a
Maximums and Deductibles		
Deductibles:	\$500 Medical/waived student health center	\$700; waived student health center
Out-of-pocket maximum:	\$7,900/person (includes all copayments)	\$12,700/person (includes all copayments)
Benefit maximum:	No annual/lifetime maximums	
Hospital Benefits		
In-Hospital care:	20% after deductible	40% after deductible
Emergency Room: Emergency Room Physician:	20% after \$150 copayment 20% after deductible	
Surgery:	20% after deductible	40% after deductible
Non-Hospital Visits		
Office visits:	\$35 copay	40% after \$35 copayment
Preventive exam:	100% covered	40% after deductible
Lab/X-rays:	20% after deductible	40% after deductible
Skilled nursing facility (not including custodial care):	20% after deductible; 25 days/plan year	40% after deductible; 25 days/plan year
Home health care:	20% after deductible; 60 visits/plan year	40% after deductible; 60 visits/plan year
Other Healthcare Benefits		
Chiropractic care:	\$35/visit; 35 visits/person	40% after \$35 copay; 35 visits/person
Durable medical equipment:	20% after deductible	40% after deductible
Mental health:	Inpatient - 20% after deductible Outpatient - \$35/visit	40% after deductible 40% after \$35 copay
Physical therapy:	\$35/visit; 35 visits/person	40% after \$35 copay; 35 visits/person
Vision/Hearing:	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		

2021-2022 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, including the BCBSTX 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
Limitations and Restrictions		
Pre-existing condition limitations:	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; See plan book or call BCBSTX	50% after deductible
Skilled nursing facility (not including custodial care):	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
Home health care:	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year

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, GeoBlue includes the following:

- Evacuation/Repatriation: \$250,000
- Repatriation of Remains: \$50,000
- Visit of Family Member or Friend: General Conditions Applicable to all Emergency Transportation Benefits and Arrangements
- Political Emergency/Disaster Evacuation: Covered 100% up to \$100,000 per person subject to a combined \$5,000,000 aggregate limit per any one covered event for all persons covered under the plan

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>

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	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.
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. 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.*
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. \$25,000 \$5,000 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 a retiree enrolled in Alternate Basic Life, your coverage will automatically 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 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.	

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 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, 2021

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
A&M Care	Monthly \$706.82	\$30.00	\$1,298.90 \$1,298.90	\$341.04 \$170.52	\$1,097.34 \$1,097.34	\$225.26 \$112.63	\$1,527.82 \$1,527.82	\$455.50 \$227.75
J Plan	Monthly \$676.82	\$0.00	\$1,238.90 \$1,238.90	\$281.04 \$140.52	\$1,067.34 \$1,067.34	\$195.26 \$97.63	\$1,467.82 \$1,467.82	\$395.50 \$197.75
Part-Time Employees (work a 20-29 hour week)								
	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	Monthly \$706.82	\$370.76	\$1,298.90 \$1,298.90	\$822.32 \$411.16	\$1,097.34 \$1,097.34	\$663.64 \$331.82	\$1,527.82 \$1,527.82	\$994.02 \$497.01
J Plan	Monthly \$676.82	\$340.76	\$1,238.90 \$1,238.90	\$762.32 \$367.89	\$1,067.34 \$1,067.34	\$633.64 \$303.57	\$1,467.82 \$1,467.82	\$934.02 \$453.74
Graduate Plan	Monthly \$252.00	\$0.00	\$504.00 \$504.00	\$27.42 \$13.71	\$669.00 \$669.00	\$235.30 \$117.65	\$921.00 \$921.00	\$387.20 \$193.60

Dental

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Dental PPO	Monthly \$29.42	\$58.82	\$61.76	\$94.12
	Bi-Weekly \$14.71	\$29.41	\$30.88	\$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

Vision

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Monthly	\$7.60	\$16.12	\$12.46	\$22.22
Bi-Weekly	\$3.80	\$8.06	\$6.23	\$11.11

AD&D

Rate per \$10,000:

	Employee Only	Employee and Family
Monthly	\$.10	\$.24
Bi-Weekly	\$.05	\$.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, 2021

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	\$942.43	\$40.00	\$1,731.87	\$454.72	\$1,463.12	\$300.35	\$2,037.09	\$607.33
J Plan 9-Months	\$902.43	\$0.00	\$1,651.87	\$374.72	\$1,423.12	\$260.35	\$1,957.09	\$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	Monthly*		\$.10				Employee and Family	\$.24

Long-Term Disability	Employee Only		Non-Tobacco Rate		Tobacco Rate	
	Rate per \$10,000 of monthly salary:					
9-Months	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	25-29	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	Monthly* \$ 2.00
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	Monthly* \$ 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	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, 2021 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@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
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	(860) 547-5000	http://www.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/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

