

2021 - 2022



The Texas A&M University System
New Employee Benefit Enrollment



New Employee Booklet

Getting Started

As a new employee, you have the opportunity to enroll in many great benefits programs.

BENEFITS ENROLLMENT

You must make your benefits elections within 45 days of your hire date. The coverages you elect take effect on your employer contribution eligibility day (the first of the month after your 60th day of employment).

For example, if your hire date is 10/14, you must make your elections by 11/27. Your employer contribution eligibility date is 01/01.

You also have the option of beginning coverage before your employer contribution eligibility date. If you enroll within seven days after your hire date, coverage for you and your dependents can take effect on your hire date. If you enroll within the month you are hired, coverage for you and your dependents can take effect on the first of the month following date of hire. You will pay the total premium until your employer contribution eligibility date.

If you do not make your elections by the end of your initial 45-day enrollment period, you will be automatically enrolled in a basic health/life package on your employer contribution eligibility date. You may have to provide evidence of good health for certain levels of life insurance if you do not enroll in these benefits during this initial 45-day period and later want to enroll.

If you do not want A&M System medical coverage, then you may decline medical coverage during the Onboarding Process in Workday.

EMPLOYER CONTRIBUTION

This is an amount provided by the state legislature for your medical insurance premiums. Unless you are transferring with no break in service from another Texas state agency or institution of higher education, you will begin receiving a monthly employer contribution the first of the month after your 60th day of benefits-eligible employment. Your employer contribution amount will depend on whether you are a full-time (30 hours or more per week) or part-time (20-29 hours per week) employee and whether you enroll dependents.

Premiums listed in this guide include the total premium and your cost after you begin receiving the employer contribution.

If you indicate that you have other medical coverage and you do not want A&M System medical coverage, you may use half of the employee-only employer contribution to pay for Alternate Basic Life, Optional Accidental Death and Dismemberment, Dental, Long-Term Disability (LTD), and Vision coverage, in that order.

You cannot use the employer contribution to pay for Optional Life, Dependent Child Life, or Dependent Spouse Life. If you are the policyholder or dependent of medical coverage from the University of Texas System or the Employees Retirement System, you are not eligible for an additional employer contribution. You can receive an employer contribution from only one Texas state agency or institution of higher education. If the employer contribution is used for LTD and you receive LTD benefits, part or all of those benefits may be taxable income. If you do not want the employer contribution applied to your LTD coverage, you can waive the contribution as you complete your online enrollment.

WHAT PLANS CAN I CHOOSE?

You have the option of:

- health
- dental
- vision
- life
- accidental death and dismemberment
- long-term disability
- flexible spending account
- mandatory retirement plan
- voluntary retirement plan

ELIGIBILITY

You are eligible to receive benefits if:

- You work at least 30 hours a week, full-time, or
- You work at least 20 hours a week, part-time, and
- Your appointment is expected to continue for a term of at least 4½ months, and
- You are eligible for retirement benefits as a member of the Teacher Retirement System of Texas (TRS) or
- You are enrolled in graduate student-level classes at an A&M System institution as a condition of employment.

IF YOU AND YOUR SPOUSE BOTH WORK FOR THE A&M SYSTEM

There are many things to consider when enrolling in insurance if both you and your spouse work for the A&M System. You can find information about your options in the A&M System brochure “When you and your spouse both work for the A&M System,” located on the [A&M System Benefits Administration website](#).

ENROLLING WITH WORKDAY

Log in to Single Sign On (SSO) at <https://sso.tamus.edu> using your Universal Identification Number (UIN) and your SSO password. Once you’re logged on, click on Workday. You will have a number of checklist items to complete in your inbox to complete the Onboarding Process. The purpose of this booklet is to review and elect your benefit options.

To add a dependent:

If you are going to add dependent coverage, you must add the dependent to Workday before completing your benefit elections. If you are completing enrollment before your hire date, you will not be able to see the Benefits Worklet. Instead, type the word “Dependents” in the Workday search bar to get to the Dependents section and add your new dependent. For those enrolling on or after their hire date:

1. Once logged in, go to the Benefits Worklet.
2. From the Benefits page, click Dependents in the Change column on the left.
3. On the Dependents page, click Add to add a new dependent.
4. Fill out the required Dependent Information.
5. You will receive a To Do in your Inbox to upload supporting documentation on HRConnect Legacy. If you are completing enrollment before your hire date, submit Dependent Documentation to your Benefits Office. *Acceptable supporting documentation for various dependent types can be found on page 9 of this booklet.*
6. Make sure to submit the To Do items in your Workday Inbox that remind you to upload your Dependent Documentation once you have done so.

To complete the Benefit Enrollment process:

1. Navigate to your Workday Inbox and click on the Benefit Change - Hire task.
2. Update tobacco user status for yourself and your spouse, if covered on your plan.
3. Make your insurance selections and select the dependents you would like to cover under each insurance option. Designate your beneficiaries for Basic Life, Optional and Accidental Death and



Dismemberment coverage, if elected.

4. Once you have enrolled or waived each benefit option, check the Agree box and click Submit.






ALEX - BENEFIT COUNSELOR BY JELLYVISION

Alex is a digital tool by Jellyvision which asks you questions about your current benefit needs to help you make benefit selections for you and your family. Visit the Alex homepage to get started if you would like to use this tool.

Alex is not an enrollment tool. You still must elect your benefits in Workday. Use Alex at <https://www.myalex.com/tamus/home>.

Where In Workday?

You can find Workday on the Single Sign On menu (SSO) using your UIN and password. Below is a table showing you which icons (worklets) in Workday you will use to complete basic HR, benefits and payroll tasks.

Activity	Workday Worklet
<ul style="list-style-type: none"> • Enroll in annual benefits • View benefits information and deductions • Update a Qualifying Life Event change* (i.e. marriage or dependents) • Add / Change beneficiary 	<p>Benefits</p> 
<ul style="list-style-type: none"> • Change home address • Add / Change emergency contact 	<p>Personal Information</p> 
<ul style="list-style-type: none"> • View paychecks (referred to as payslips in Workday) • View / update direct deposit information (up to five accounts) • View / update tax withholding 	<p>Pay</p> 
<ul style="list-style-type: none"> • View/upload imaged insurance documents 	<p>HRConnect Legacy (available on SSO menu)</p>
<ul style="list-style-type: none"> • Change your legal name* • Change your preferred name 	<p>Personal Information</p> 
<ul style="list-style-type: none"> • Request vacation and sick leave • View vacation and sick leave balances 	<p>Time Off</p> 

For more information about Workday, please visit [Workday Help](#) on the SSO menu or contact your local benefits partner.

**Certain Qualifying Life Events or legal name changes may require additional documentation such as copies of a marriage license or birth certificate before changes are approved and reflected in Workday.*

Medical

Plan Choices

The A&M Care plan is available to all benefits-eligible employees and retirees. If you are a graduate student employee, the Graduate Student Plan is an option. If you are working for the A&M System under a Visa, you must be enrolled in a plan that meets the requirements of your visa. These include the J Plan or the Graduate Student Plan if you are a graduate student employee.

When you enroll in medical, dental, vision, long-term disability or accidental death and dismemberment coverage, your share of the premium is deducted from your paycheck before you pay federal income and Social Security taxes.

A&M Care Plan

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. <i>*Retirees age 65 and older are not eligible for copays.</i>				
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
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 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$800 Medical/\$400 Hospital \$2,400 Family
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/admissions fees + deductible, 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				

2021-2022 Plan: A&M Care Information				
*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 and procedure	Benefit depends on setting and procedure	Benefit depends on setting and procedure	50% after deductible
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	\$15/visit	\$15/visit	50% after deductible
*Vision:	\$30/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				
<p>After you meet the \$50/person/plan year prescription drug deductible (three-person maximum)</p> <ul style="list-style-type: none"> • 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 <p>Member Services Contact Information: Express Scripts: 1 (866) 544-6970 Website: http://www.express-scripts.com</p>				

J Plan

2021-2022 Plan: J Plan Health Care Information

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

The 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: <https://www.bcbstx.com/tamus>

	Network; includes Brazos Valley Network (BVN)	Brazos Valley Network (BVN)	Baylor Scott & White Health (Brazos Valley)	Non-Network
Limitations and Restrictions				
Pre-existing condition limitations:	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 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$800 Medical/\$400 hospitalization
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 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	10% after deductible	10% after deductible	\$400/admission fees + deductible, 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; In-physician's office, See office visit	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; 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; See plan book or call BCBSTX	Benefit depends on setting and procedure	Benefit depends on setting and procedure	50% after deductible

2021-2022 Plan: J Plan Health Care Information

Skilled nursing facility (not including 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

Reminder About Medical Evacuation and Repatriation

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

GeoBlue, provided with the J plan, includes the following required coverage:

- 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

Prescription Drug

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: <https://www.express-scripts.com>

Grad Plan

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.

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 Medical; 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	

2021-2022 Plan: Graduate Student Health Plan (SHP) Information		
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 Drug		
<ul style="list-style-type: none"> • \$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 		

Wellness Incentive

A&M Care employees and their spouses (if covered) will receive the lowest health premium if they each complete two activities from their MyEvide personalized checklists. Newly enrolled employees and spouses have a grace period of the current plan year, September 1 through August 31, plus one additional year to complete these tasks. For example, if you enroll in the plan on March 1, 2019, you will have until June 30, 2020, the following plan year, to complete the two steps. A premium reduction of \$30/month will be applied to the health premium for the following year for each covered individual (employee and spouse) who completes two wellness activities.

An alternate health assessment is available in Well onTarget through your BCBSTX Blue Access for Members (BAM) account. If you choose to take this Health Assessment (HA) and complete your annual wellness exam, it may count toward your wellness credit. The BCBSTX Health Assessment may not be combined with any other activity for credit.

Tobacco User Premium

If you or your spouse is a tobacco user, \$30 will be added to your monthly premium amount. All types of tobacco products are included as part of the Tobacco User Premium Program, including, but not limited to: cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip, or any other product that contains tobacco), and any other smoking devices that use tobacco such as e-cigarettes, which contain nicotine.

Dental

There are two dental plan options. Depending on where you live or work, you may have a choice between the A&M Dental PPO and the DeltaCare USA Dental HMO. If you enroll, you may also enroll eligible dependents in the same plan.

A&M Dental PPO

This plan is available in all locations. It has two levels of network providers. Each time you need services, you can choose a PPO dentist, a Premier dentist or a non-network dentist. PPO providers reduce their fees by about 30%, and Premier providers reduce their fees by about 15%. Both groups of providers have agreed to specific fee schedules, and you are not liable for any costs over Delta’s allowable amount. To find a network dentist in your area, go to <https://www.deltadentalins.com/tamus>.

If you enroll and don’t use a network provider, Delta Dental will pay up to the allowable amount. Non-Delta Dental dentists can balance bill you the difference between Delta Dental’s allowed amount and the submitted charge.

A&M DENTAL PPO

Provisions	
Deductible	\$75/person/plan year; \$225 family/plan year
Maximum benefit	Regular: \$1,500/person/plan year; Orthodontia: \$1,500/person/lifetime
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 the maximum allowable charges. Deductible does not apply.
Your cost for basic care	You pay the deductible plus 20% of the maximum allowable charges for fillings, root canals, extractions and periodontics. Once you reach your maximum annual benefit of \$1,500, you pay 100%.
Your cost for major restorative care	After you meet your deductible, you pay 50% of the maximum allowable charges for crowns, dentures and bridges. Once you reach your maximum annual benefit of \$1,500, you pay 100%.
Your cost for orthodontics	After you meet your deductible, you pay 50% until you reach your maximum lifetime benefit of \$1,500, then you pay 100%.
Filing Claims	PPO and Premier dentists file claims for you.
Alternate benefit provision	When more than one procedure could provide suitable treatment, the plan will pay for the least expensive procedure. You may apply this benefit to whichever procedure you wish to have.

The following chart illustrates the difference in the amounts you would pay based on using a network dentist (PPO or Premier) or a non-network dentist.

Procedure: Crown	Delta Dental PPO Network Dentist	Delta Dental Premier Network Dentist	Non-Delta Dental Dentist
Dentist bills	\$800.00	\$800.00	\$800.00
Dentist accepts as payment in full	\$548.00 (Delta Dental’s allowed amount)	\$688.00 (Delta Dental’s allowed amount)	\$800 (No fee agreement with Delta Dental)
Delta Dental’s payment Major benefit paid at 50%	\$274.00	\$344.00	\$344.00
Patient share*	\$274.00	\$344.00	\$456.00
Patient savings	\$252.00	\$112.00	\$0.00

*Patient's share is the coinsurance, any remaining deductible, any amount over the annual maximum and any services your plan does not cover. However, when visiting a non-Delta Dental dentist, the patient share also includes the difference between the allowed amount and the dentist's submitted charge.

For More Information

- Dental Summary Plan Description Booklet online at: <https://assets.system.tamus.edu/files/benefits/pdf/spddental.pdf>.
- Delta Dental Online at <https://www.deltadentalins.com/tamus>
- Customer Service: 1 (800) 336-8264

DeltaCare USA Dental HMO

The DeltaCare USA plan is not available in all parts of Texas. You must live or work within the same zip code area as an HMO dentist, and you must live or work in Texas, Tennessee, Florida, Georgia, California, Washington D.C., Maryland, Colorado, New York, or Utah.

To receive benefits under the DeltaCare USA plan, you must use the general dentist listed on your ID card or be referred to a specialist by a network general dentist. When you enroll, Delta Dental will assign you a dentist. If you wish to change dentists, contact Delta Dental at 1 (800) 422-4234.

To find a network dentist, go to <https://www.deltadentalins.com/tamus>. Contact Delta Dental directly for information on specialists.

Provisions	
Deductible	None
Maximum benefit	Regular: None; Orthodontia: None
Your cost for preventive care	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 a pre-set fee, for example: Amalgam fillings: \$8-\$22; Resin-based composite filling; two surfaces, posterior; permanent: \$75;
Your cost for major restorative care	You pay a pre-set fee, for example: Crown; porcelain/ceramic: \$395; Complete denture; maxillary: \$365
Your cost for orthodontics	You pay a pre-set fee, for example: Orthodontic evaluation: \$25; Orthodontic treatment plan and records: \$200; Comprehensive treatment, permanent teeth: children up to age 19, \$1,900; adults: \$2,100
Alternate benefit provision	None; you choose the procedure you want from the covered services and pay the applicable copayment.

The chart below provides a sample of some of the copayments applicable to services provided under the DeltaCare USA Dental HMO Plan.

Dental Service	Copayment
Deductible	\$0
Oral Exam - X-rays, Cleaning	\$5
Fluoride Treatment - child (age <19)	\$0
Filling -Amalgam, one surface	\$8
Crown	\$185-\$395
Root Canal - molar	\$365
Extraction - erupted tooth or exposed root	\$14
Orthodontia (child to age 19)	\$1,150
For a complete listing of copayments, go to https://assets.system.tamus.edu/files/benefits/pdf/programs/DHMO15B.pdf	

Vision

This plan is administered by Superior Vision. It provides coverage for eye exams, eyeglass frames and lenses, or contact lenses as well as discounts on some elective eye surgeries such as lasik. You may use either the vision exam coverage through your health plan or the vision plan's exam benefit.

If you use a network provider, the plan covers exams for a \$10 copayment and has a \$15 copayment for materials. If you use a provider not in the network, the plan will pay limited benefits. If you use a non-network provider, you pay the full cost to the provider and submit a claim, including the original bill, to Superior Vision for reimbursement. There are more specifics regarding minimums and maximums of coverage for various lenses, frames, and contacts on the [benefits website](#).

	Network Benefit	Non-Network Benefit
Eye exam (one per plan year)	100% after \$10 copayment.	Up to \$50. Copayment doesn't apply
Materials	100% after \$15 copayment for: <ul style="list-style-type: none"> • Frames - every plan year, up to \$150. • Eyeglass lenses - one standard pair every plan year Standard single vision; standard lined trifocal, standard lined bifocal, standard lenticular and standard progressive.	Copayment doesn't apply. <ul style="list-style-type: none"> • Frames: Up to \$90. • Lenses: \$50 to \$100, depending on type of lenses.
Contact lenses (once every plan year in place of eyeglass benefit)	Conventional/Disposable - \$150 Allowance; Medically Necessary - Covered in Full up to the Allowable Amount	Conventional/Disposable - \$150 Allowance; Medically Necessary - \$210 Allowance
Refractive eye surgery	15% off reasonable and customary cost, or 5% off promotional price	Not applicable

Life

Plan Choices

The A&M System offers Basic Life, Alternate Basic Life, Optional Life and Dependent Life insurance. Eligibility for these plans depends on whether you have medical coverage through the A&M System. The plan you select for yourself can affect eligibility for the dependent life plans. See page 16 for information about levels of coverage.

Enrollment Rules

Coverage for life insurance is effective on the date you elect for coverage for yourself and your dependents to begin, within your initial enrollment period, or the first of the month following approval if evidence of insurability is required.

- You may enroll in Optional Life up to six times your annualized salary upon initial enrollment. Up to three times your salary does not require Evidence of Insurability. If you select four, five, or six times your salary, you will receive three times your salary until E of I is approved.
- You must be actively at work on the day your coverage, or increase in coverage, is to begin.
- If you and your spouse both work for the A&M System and you take Optional or Alternate Basic Life, your spouse may not cover you through his/her Dependent Life.
- Children may not be covered on Dependent Life by both parents. Only dependents you enroll are covered under Dependent Life.
- You may enroll in coverage at any time by providing E of I.

If you have a Life Event after your initial enrollment period, you may, within 60 days.:

- Enroll in Optional Life coverage of ½ or one times salary, or
- Increase coverage by one increment up to three times salary without providing E of I. Coverage greater than this

amount requires E of I, or

- Enroll **new** dependents within 60 days of acquiring them without providing E of I. Spouses must always provide E of I for coverage over \$50,000, or if coverage is added at any other open enrollment period for the first time.

Benefit

Life Insurance pays benefits to your beneficiaries if you die or to you if a covered family member dies, if you covered that dependent. Basic Accidental Death and Dismemberment (AD&D), provided when you enroll in Basic Life, pays an additional benefit in the event of the accidental death or dismemberment of a covered employee. If you have a salary increase, your Optional Life coverage will increase at the beginning of the plan year, but the dependent coverage amount will not change. During open enrollment, or as a result of a Life Event, you may increase your dependent life coverage to one of the amounts available. The coverage amount cannot exceed your Optional Life coverage amount.

Premiums

Premiums are lower if you do not use any tobacco products. You can change your tobacco status at any time. To be considered a non-tobacco user, you must be tobacco-free for three consecutive months. If you or your spouse do not designate a tobacco user status, the status defaults to tobacco user.

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 medical 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 medical coverage, but certify that you have other medical 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	Employee: ½ to 6x salary with a maximum coverage amount of \$1,000,000. Retiree: 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. Coverage over \$50,000 requires E of I within initial 45 day enrollment period or within 60 days of marriage. Enrollments outside of those time periods require E of I for all coverage amounts. The spouse coverage amount may not be greater than the employee coverage amount. Retiree: 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. \$5,000 on each enrolled child.

AD&D

Accidental Death and Dismemberment (AD&D) provides benefits in the event of an accidental injury that results in the death or dismemberment of a covered person. It is payable in addition to any life insurance you may have. You pay the full cost if you choose to enroll in AD&D. You may choose employee-only or family coverage. Family coverage will automatically cover any of your eligible family members.

All employees can choose up to \$250,000 of coverage in multiples of \$10,000. If your annual salary is more than \$25,000,

you can buy up to 10 times your salary with a maximum coverage amount of \$800,000. With family coverage, your spouse will be covered for 50% of your coverage amount and each eligible child for 10% of your coverage amount. If you have no spouse, each eligible child will be covered for 15%, and if you have no eligible children, your spouse will be covered for 60% of your coverage amount. The maximum coverage for each child is \$25,000.

Long-Term Disability

You may enroll in a Long-Term Disability (LTD) plan to protect your income in case an extended disability prevents you from working.

You are considered disabled if you are unable to perform one or more of the essential duties of your job due to sickness or injury and you are earning 80% or less of the amount (adjusted for inflation) you were earning before you became disabled due to that sickness or injury. This definition of disability applies during the 90-day waiting period and the next 60 months of disability. Each month, you pay for LTD insurance if you choose to buy coverage. If your coverage begins in the middle of a month, you must pay your full premium for the month. You do not pay premiums while you are disabled and receiving benefits. However, premiums are due during the 90-day waiting period. The cost of your coverage is based on your pay and whether you use tobacco products.

If you are disabled, you will receive from the plan and other sources a combined benefit equal to 65% of your pay. The maximum benefit from all sources combined is \$8,000 per month.

Flexible Spending Accounts

The A&M System provides two Flexible Spending Accounts (FSAs). If eligible, these voluntary programs allow you to pay certain health and dependent day care expenses with before-tax dollars.

You may enroll in one or both of these programs within 45 days of employment, within 60 days of certain Qualifying Life Events, or during Open Enrollment. Due to federal law, your decision to participate in the FSAs will remain in effect for the entire plan year — September 1 (or your start date) through August 31 — unless you have a Qualifying Life Event.

The amount you choose will be deducted from your paychecks before taxes and be put into your Health Care and/or Dependent Day Care Account(s).

When you incur an eligible expense, you send a copy of the bill, receipt or Explanation of Benefits from the provider showing the period of service, provider name and type of service to Navia to receive reimbursement from your

account. You may also use your Navia Debit Card to make payments for Health Care or Dependent Day Care expenses.

Health Care Flexible Spending Account

Health Care Spending Account	
Covered Expenses	Non-Covered Expenses
<ul style="list-style-type: none"> • Copayments and deductibles • Orthodontia • Glasses, contact lenses and supplies (such as saline solution and enzyme cleaner) • LASIK surgery • Smoking cessation programs • Dental care • Hearing aids <p><i>*Guidance on covered and non-covered medications can be found online at https://www.naviabenefits.com</i></p>	<ul style="list-style-type: none"> • Health insurance premiums • Nicotine patches or diet pills* • Exercise programs and equipment* • Medical or dental cosmetic surgery or drugs* <p><i>*Unless prescribed for treatment of an illness or injury.</i></p>

Dependent Day Care Flexible Spending Account

Dependent Day Care Spending Account	
Covered Expenses	Non-Covered Expenses
<ul style="list-style-type: none"> • Day care fees for children 12 or younger or older disabled dependents • Babysitting fees (work-related only) 	<ul style="list-style-type: none"> • Tuition and fees for private school, grades kindergarten through 12th • Overnight camps and extracurricular lessons • Supply fees • Club or organization membership fees

During each Open Enrollment period, you can enroll, re-enroll or decline participation in the plan. You must re-enroll every year to continue participation. At that time, you may change the amount you contribute to your FSAs.

Dependents

In general, eligible dependents are your spouse and dependent children. Children can be covered up to age 26, married or unmarried. Grandchildren are eligible if they are claimed on your tax return. You must provide proof of eligibility to enroll any dependents. Examples of dependents who are not eligible for coverage include:

- A former spouse or former stepchildren
- Siblings
- An elderly parent.

Legally Married Spouse

Documents must include both the employee's name and the spouse's name.

- Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately. Financial information should be redacted, **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.

**If within two years of marriage, then only the marriage certificate is required.*

Common Law Spouse

Documents must include both the employee's name and the spouse's name.

- 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.

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 financial information

Foster Child

- Official court or agency placement papers

Legal Guardianship of a child

- Court order establishing the appropriate legal relationship, up to age 18 unless accepted court order states otherwise.

Managing Conservatorship of a child

- Court order establishing the appropriate legal relationship, up to age 18 unless accepted court order states otherwise.

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

Retirement Programs

Mandatory Plans

Teacher Retirement System (TRS)

TRS is a mandatory retirement program in which all benefits-eligible employees are automatically enrolled unless they qualify for, and elect to participate in, the Optional Retirement Program. As of September 1, 2021, you contribute 8.0% of your pay to TRS on a before-tax basis and the A&M System contributes a legislated amount. You do not pay federal income tax on these contributions, however, your retirement benefit will be taxable when you receive it. This is a defined benefit plan which enables you to receive a lifetime annuity upon retirement based on a set formula.

You have full ownership of your contributions to TRS and can withdraw them when you leave TRS-covered employment. After five years of plan participation, you become vested, which means you have a right to plan benefits when you retire if you have not withdrawn your contributions. For more information on retiring with TRS, see the [Retirement Programs booklet](#) or visit TRS online at www.trs.texas.gov.

Optional Retirement Program (ORP)

ORP is an alternate mandatory retirement program in which qualified employees, generally faculty and higher-level administrators, may choose to participate as an alternative to TRS. This is a defined contribution plan under Internal Revenue Code 403(b). Upon retirement, you decide how to utilize your account balance.

In ORP, you and the A&M System each contribute to ORP each pay period. You contribute 6.65% of your pay to ORP on a before-tax basis. The A&M System currently contributes 6.6% of your pay. These contributions go into an individual account. If you enroll in ORP, you will forfeit all TRS benefits previously earned except your contributions, which will be refunded to you or may be rolled into an individual retirement account. You do not pay federal income tax on these contributions; However, your retirement benefit will be taxable when you receive it. Choosing ORP is an irrevocable decision in the state of Texas and you must remain in ORP as long as you continue state employment.

Voluntary Plans

Tax-Deferred Account (TDA)

A TDA Account is a voluntary program in which you may make pre-tax or after-tax (Roth) contributions. This is a defined contribution plan under Internal Revenue Code 403(b). Upon retirement, you decide how to utilize your account balance. You can choose to enroll any time by

visiting the Benefits Worklet in Workday.

TexaSaver 457 Deferred Compensation Plan (DCP)

A DCP Account is a voluntary program to which you can make pre-tax or after tax (Roth) contributions. This is a defined contribution plan under Internal Revenue Code 457(b). Upon retirement, you decide how to utilize your account balance. The Employees Retirement System (ERS) of Texas administers this plan through Empower Retirement. For more information, visit the Texasaver website at <https://texasaver.empower-retirement.com/participant/#/login?accu=TexasWR>.

Work/Life Solutions Program

Compysch GuidanceResources is included in your benefit package. The program provides short term counseling and management consultation services designed to assist you and your families in resolving work/life issues. Their resources also include child and eldercare advice, referrals on to-do list items such as hiring contractors and pet care, stress management, legal guidance, and more.

To access Work/Life Solutions by GuidanceResources, you can call one of the numbers below or go to <https://www.guidanceresources.com> and enter the WebID: TAMUS.

Active Employees: 1-866-301-9623

Retirees: 1-833-306-0105

Qatar Employees: 00800.100.071

MyEvide

MyEvide is an online health and wellbeing portal. The desktop website and the MyEvide App offer a seamless experience between you and your health benefits. Some of MyEvide's features include:

- your Personalized Incentive Checklist for your Wellness Incentive Credit
- a view of your current wellness premium incentive status
- easy access to contact information and links to your health benefits and wellness resources
- access to your out-of-pocket spend and deductible amounts
- a place to upload a digital insurance card
- personalized reminders when you are due for care

To register, go to <https://tamus.myevide.com>. Enter your ID#, which is your Unique Identification Number, or UIN, on your BCBSTX health insurance card. Note: Both employee and spouse will use the employee UIN to register. If you download the app, simply search for the Texas A&M University System when prompted for your employer. The app is available for both Android and iOS.

Omada for Pre-Diabetes and Pre-Hypertension

Omada's digital condition management programs strive to enable those with obesity-related chronic conditions like diabetes prevention, heart disease and hypertension to change the habits that put them at risk.

The program empowers members to achieve their health goals through sustainable lifestyle changes using



connected devices, education and social community. This program is available to those enrolled in the A&M Care, J, or 65 Plus plan. Program eligibility is determined by an application process and previous health history check.

Features include:

- 16 weeks of an interactive course with ongoing support for diabetes prevention and ongoing courses for hypertension
- Dedicated online health coach for diabetes prevention and a certified diabetes educator with specific training for hypertension
- A wireless weight scale that uploads to the member's portal for diabetes prevention and those with hypertension also receive a connected blood pressure monitor
- Employer reporting for enrollment, participation, clinical outcomes and risk reduction

Livongo for Diabetes and Hypertension

Livongo for diabetes and hypertension provides end-to-end management programs that combine cellular-connected digital health devices (diabetes glucose meter and cellular monitor for reporting blood pressure) with personal support by individualized coaches and educators. This program is available to those enrolled in the A&M Care, J, or 65 Plus plan. Program eligibility is determined by a diagnosis of either condition and, in most cases, you will be contacted if you are eligible. Features of their solutions include:

- Real-time monitoring of numbers with personalized messaging and coaching when needed
- Instant interventions when readings are out of range
- Tools and resources to manage the two chronic conditions

- Business reports on enrollment, activation and clinical outcomes

Ovia for Women’s Health and Family Planning

Ovia health is a maternity and family benefits solution to help navigate fertility, pregnancy, and parenting. As an employee or retiree enrolled in the A&M Care, J, or 65 Plus plan, you have access to all three Ovia products to support you through your parenthood journey. The Ovia programs are app-based and include real-time, personalized guidance with educational articles and videos, health tips, in-app coaching and more.

Hinge Health

Hinge Health takes non-surgical care guidelines and turns them into a digital 12-week program for chronic back and joint pain led by coaches using mobile and wearable technology. After an intensive 12-week treatment plan, members have continued access to the program for the rest of the year at no additional charge to their employer. This program is available to those enrolled in the A&M Care, A&M Care 65 Plus, and J plan only. Program eligibility is determined by an application process and previous health history check.

The program includes:

- Personalized, science-based education curriculum
- Exercise regime that improves strength and mobility with real-time feedback and tracking
- Behavioral support and one-to-one coaching with team feedback to achieve goals
- Care pathways include knee, hip and low back, with neck and shoulder

2nd M.D.

Get a second opinion from a nationally known, board-certified specialist through 2nd.MD when facing a new diagnosis or possible surgery, or if you suffer from a chronic condition that has been diagnosed with minimal success in treatment. Call 1 (866) 841-2575 to schedule a consultation or set up an account at <https://2nd.md/tamus>.

Additional Information

Age 65 and Still Working

Although many factors dictate whether your A&M System health plan or Medicare will be primary or secondary, in general, coverage is determined by the status of the A&M health plan policy holder.

For more information, you can review the booklet Medicare and Other Health Benefits: Your Guide to Who Pays First, available at: <https://www.medicare.gov/Pubs/pdf/02179.pdf> or you can contact Medicare to get a copy. You can also checkout the fact sheets on the System Benefits Administration website at: <https://www.tamus.edu/business/benefits-administration/medicare-information/>.

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit <https://www.healthcare.gov>.

If you or your dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1 (877) KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as your employer’s plan, your employer must allow you to enroll in your employer’s plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you have questions about enrolling in your employer’s plan, contact the Department of Labor at www.askebsa.dol.gov or call 1 (866) 444-EBSA (3272).

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
<https://www.cms.gov>
(877) 267-2323, Ext. 61565

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:

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	Monthly	\$706.82	\$30.00	\$1,298.90	\$341.04	\$1,097.34	\$225.26	\$1,527.82	\$455.50
	Bi-Weekly	\$706.82	\$15.00	\$1,298.90	\$170.52	\$1,097.34	\$112.63	\$1,527.82	\$227.75
J Plan	Monthly	\$676.82	\$0.00	\$1,238.90	\$281.04	\$1,067.34	\$195.26	\$1,467.82	\$395.50
	Bi Weekly	\$676.82	\$0.00	\$1,238.90	\$140.52	\$1,067.34	\$97.63	\$1,467.82	\$197.75
Part-Time Employees (work a 20-29 hour week)									
Employee Only									
	Total Cost	Your Cost	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	\$822.32	\$1,097.34	\$663.64	\$1,527.82	\$994.02
	Bi-Weekly	\$706.82	\$185.38	\$1,298.90	\$411.16	\$1,097.34	\$331.82	\$1,527.82	\$497.01
J Plan	Monthly	\$676.82	\$340.76	\$1,238.90	\$762.32	\$1,067.34	\$633.64	\$1,467.82	\$934.02
	Bi-Weekly	\$676.82	\$170.38	\$1,238.90	\$367.89	\$1,067.34	\$303.57	\$1,467.82	\$453.74
Graduate Plan	Monthly	\$252.00	\$0.00	\$504.00	\$27.42	\$669.00	\$235.30	\$921.00	\$387.20
	Bi Weekly	\$252.00	\$0.00	\$504.00	\$13.71	\$669.00	\$117.65	\$921.00	\$193.60

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	Monthly	\$29.42	\$58.82	\$61.76	\$94.12	\$94.12	\$94.12	\$94.12
	Bi-Weekly	\$14.71	\$29.41	\$30.88	\$47.06	\$47.06	\$47.06	\$47.06
DeltaCare USA	Monthly	\$21.08	\$37.48	\$37.76	\$58.66	\$58.66	\$58.66	\$58.66
	Bi-Weekly	\$10.54	\$18.74	\$18.88	\$29.33	\$29.33	\$29.33	\$29.33

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
Monthly	\$7.60	\$0.00	\$16.12	\$0.00	\$12.46	\$0.00	\$22.22	\$0.00
Bi-Weekly	\$3.80	\$0.00	\$8.06	\$0.00	\$6.23	\$0.00	\$11.11	\$0.00

AD&D

Rate per \$10,000:

	Employee Only	Employee and Family
Monthly	\$0.10	\$0.24
Bi-Weekly	\$0.05	\$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

Plan	Claims Address	Customer Service
Medical – A&M Care Plans Blue Cross and Blue Shield of Texas Group: 039993	BlueCross BlueShield of Texas, Inc. Claims Division P.O. Box 660044 Dallas, Texas 75266-0044	(866) 295-1212 https://www.bcbstx.com/tamus/
Pharmacy – A&M Care Plans Express Scripts Group: TAMUSRX BIN: 610014	Drugs not purchased with the prescription drug card: Express Scripts P. O. Box 2872 Clinton, IA 52733-2872 Mail-order drug claims: Express Scripts P.O. Box 650322 Dallas, TX 75265-0322	(866) 544-6970 https://www.express-scripts.com/
Medical – Graduate Plan Academic HealthPlans (AHP)	Blue Cross and Blue Shield of Texas P.O. Box 660044 Dallas, TX 75266-0044	(877) 624-7911 https://tamus.myahpcare.com/
Pharmacy – Graduate Plan Prime Therapeutics Group: 117565 BIN: 01551 PCN: BCTX	Prime Therapeutics P.O. Box 660044 Dallas, Texas 75266-0044	(800) 423-1973 https://www.myprime.com/
Dental PPO Delta Dental Group: 4170-0001	Delta Dental Insurance Company Claims Department P.O. Box #1809 Alpharetta, Georgia 30023	(800) 336-8264 https://www.deltadentalins.com/tamus/
Dental HMO DeltaCare Dental HMO	N/A	(800) 422-4234 https://www.deltadentalins.com/tamus/
Vision Superior Vision Group: 036138	Superior Vision Attn: Claims Processing PO Box 967 Rancho Cordova, CA 95741	(844) 549-2603 https://microsite.superiorvision.com/tamus/
Life The Hartford	The Hartford Group Life/AD&D Claims Unit P. O. Box 14299 Lexington, KY 40512-4299	(888) 563-11242 https://www.thehartford.com/
Accidental Death and Dismemberment The Hartford	The Hartford Group Life/AD&D Claims Unit P. O. Box 14299 Lexington, KY 40512-4299	(888) 563-11242 https://www.thehartford.com/
Long-Term Disability New York Life (formerly Cigna) Policy: VDT98005	New York Life (formerly Cigna) P.O. Box 709015 Dallas, TX 75370-9015	(800) 362-4462 https://www.cigna.com/
Flexible Spending Accounts Navia Benefit Solutions Employer Code: A&M	Navia Benefit Solutions PO Box 53250 Bellevue, WA 98015	(800) 669-3539 https://naviabenefits.com/ Email: claims@naviabenefits.com

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