



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

Enrollment Period:
July 10, 2023 - July 31, 2023

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 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 2024. 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, 2023. Decisions made during Open Enrollment are binding through August 31, 2024, 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 sso.tamus.edu and log in. Click on the Workday link. You can review your current benefits/premiums by clicking the Menu button in the upper left hand corner of your Workday homepage, selecting the Benefits app and clicking on 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 the benefits you intended to elect for FY2024.

WHAT IF I HAVE A QUALIFIED LIFE EVENT IN FY2024?

Dependents who become eligible during the year can be added to your coverage within 31 days of the Qualifying Life Event. Eligible dependents are your legal spouse, natural child, adopted, foster, stepchildren, and grandchildren you claim on your income tax. An ex-spouse is not an eligible dependent. Documentation will be required when you add a dependent.

THE COST OF COVERAGE

Again this year, there is no increase in the employee contribution for the A&M Care plan.

NEW FOR FY2024

Beginning September 1, 2023, there will be a \$200 copayment required for all emergency room visits. The copayment will be waived if the member is admitted to the hospital. This copayment is necessary to help offset the increasing costs of emergency room visits, especially out-of-network, stand-alone emergency rooms.

On September 1, we will unveil a new wellness portal along with tools and resources to guide you on your well-being journey. We have partnered with WebMD, one of the most trusted well-being brands, to support your unique health and well-being needs. With the Two-Step Wellness Program, now powered by WebMD, members can earn the lowest premium for the plan year beginning September 1, 2023. The program requirement will remain the

same, complete your Annual Wellness Exam and a second wellness activity of your choice by August 31, 2024. Look for an invitation coming soon or you may register starting September 1, 2023 at webmdhealth.com/tamus.

REMINDERS

- If you are an employee or retiree covering your grandchild as a dependent, you should recertify your dependent by submitting new documentation to your Human Resources Office. Accepted grandchild documentation is a copy of your filed 2022 income tax return (including signatures or confirmation of e-file) that states you are claiming your grandchild as a dependent. You may redact (cross out) any financial information.
- If you would like to remain enrolled in a Flexible Spending Account, you must re-enroll every year.
- It is important to name a beneficiary for life insurance. It is the fastest way for your beneficiary to obtain your benefit in the event it is needed. Open Enrollment is a good time to check your beneficiaries and update their contact information (address and phone number) to ensure they are up to date.

Open Enrollment Meetings

Open Enrollment meetings will be both virtual and in person this year. If you cannot attend one of these meetings, contact your Benefits or Human Resources Office to find an alternative meeting. Contact information is listed in the back of this booklet.

In Person Open Enrollment Meetings

City	Date	Time	Location	Meeting Host	For
College Station	7/11	8:30am - 11:30am	1041 RELIS Parkway, Center for Infrastructure & Renewal Building 1st Floor Conference Wing, Bryan TX 77807 (parking in Lot 1100)	TTI (BCS)	All
College Station	7/12	8:00am - 5:00pm	Innovative Learning Classroom Building (ILCB) 215 Lamar St., College Station, 77844	TAMU (BCS)	All
College Station	7/13	9:00am - 12:00pm	TEEX Headquarters 200 Technology Way, Room 1105 A-D, College Station TX 77845	TEEX (BCS)	All
College Station	7/13	1:30pm - 3:30pm	TEEX Headquarters 200 Technology Way, Room 1105 A-D, College Station TX 77845	TEEX	Retirees
Prairie View	7/18	8:00am - 12:00pm	W.A. Templton Memorial StudentCenter (MSC), Grand Ballroom 2nd floor, 155 L.W. Minor Street Prairie View, TX 77445	PVAMU	All
Stephenville	7/19	8:00am - 12:00pm	Tarleton Student Center Ballroom 1452 W. Jones, Stephenville, TX 76402	Tarleton	All
Texarkana	7/20	9:30am - 11:30am	University Center- Eagle Hall, Room 117 7101 University Ave, Texarkana, TX 75503	TAMUT	All
Austin	7/25	9:00am - 12:00pm	Chase Park 5, 7745 Chevy Chase Drive, Suite 100 Austin, Texas 78752	TDEM	All
Weslaco	7/26	1:00pm - 3:00pm	Texas A&M University Kingsville - Citrus Center 312 N. International Blvd, Weslaco, TX 78599	TAMUK	All
Kingsville	7/27	10:00am - 12:00pm	Texas A&M University Kingsville - Memorial Student Union Building Room 219, 1050 W. Santa Gertrudis St., Kingsville, TX 78363	TAMUK	All

Virtual Open Enrollment Meetings

**Thursday, July 6, 1:30 – 4:30 pm
(All Locations)**

[July 6 Webex link](#)

Webinar number: 2598 677 1518
Webinar password: benefits
(23633487 from phones)

Join by phone

+1-855-282-6330 US TOLL FREE

+1-415-655-0003 US TOLL

Access code: 2598 677 1518

**Friday, July 14, 1:30 – 3:30 pm
(Retiree Only)**

[July 14 Webex link](#)

Webinar number: 2592 821 2000
Webinar password: benefits
(23633487 from phones)

Join by phone

+1-855-282-6330 US TOLL FREE

+1-415-655-0003 US TOLL

Access code: 2592 821 2000

**Friday, July 21, 1:30 – 4:30 pm
(All Locations)**

[July 21 Webex link](#)

Webinar number: 2595 405 9684
Webinar password: benefits
(23633487 from phones)

Join by phone

+1-855-282-6330 US TOLL FREE

+1-415-655-0003 US TOLL

Access code: 2595 405 9684

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.
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 tamus.edu/benefits/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 tamus.edu/benefits/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 can submit 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 tamus.edu/benefits/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.

Open Enrollment Presentations

Come-and-Go Virtual Schedule - Afternoon

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



A&M Care Plan

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

This is a Preferred Provider Organization (PPO). Costs are higher if non-network providers are used.

**Retirees age 65 and older, not working for the A&M System, are not eligible for copays.*

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

	Network; includes Brazos Valley Network (BVN)	Non-Network
Limitations and Restrictions		
Pre-existing condition limitations:	None	
Benefit Maximum:	None	
Out-of-service area restrictions:	Emergency care - must notify BCBSTX within 48 hours	Emergency care
Maximums and Deductibles		
Deductibles:	\$400 Medical/\$50 prescription	\$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/admission + deductible then 50%
Emergency Room:	\$200 copayment (waived if admitted to the hospital) + 20% after deductible; BVN-\$200 copayment (waived if admitted to the hospital) + 10% after deductible	\$200 copayment (waived if admitted to the hospital) + 20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
Non-Hospital Visits		
*Office visits:	Primary Care Physician-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
Preventive exam:	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting & procedure	50% after deductible
Skilled nursing facility (not custodial care):	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
Home health care:	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year
Other Healthcare Benefits		
*Chiropractic care:	\$30/visit; 30-visits/plan year; BVN-\$15/visit; 30-visits/plan year	50% after deductible; 30-visits/plan year
Durable medical equipment:	20% after deductible; BVN-10% after deductible	50% after deductible
*Maternity care:	Hospital: 20% after deductible; BVN-10% after deductible Doctor: \$20 initial visit only; BVN-\$5 initial visit	Hospital: 50% after deductible; Doctor: 50% after deductible
*Mental health:	Inpatient: 20% after deductible; BVN-10% after deductible Outpatient: \$20/visit; BVN-\$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
*Physical therapy:	\$30/visit; BVN-\$15/visit	50% after deductible
*Vision:	\$30/visit; BVN-\$15/visit	Routine preventive exams not covered
Hearing:	Illness/accident coverage; 20% coinsurance, One hearing aid per ear, every 36 months	Illness/accident coverage; 20% coinsurance

Prescription Drugs - Express Scripts 1 (855) 895-4647 Website: express-scripts.com

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 + retail cost 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

2023-2024 Graduate Student Health Insurance Plan (SHIP)

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: 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:	20% after \$150 copayment	20% after \$150 copayment
Emergency Room Physician:	20% after deductible	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 copay 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		

2023-2024 Plan: J Plan Health Care Information

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

The A&M 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: bcbstx.com/tamux

	Network; includes Brazos Valley Network (BVN)	Non-Network
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Limitations and Restrictions

Pre-existing condition limitations:	None	
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Out-of-service area restrictions:	Emergency care- must notify BCBSTX within 48 hours	Emergency care
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Maximums and Deductibles

Deductibles:	\$400 Medical/\$50 Rx	\$800 Medical/\$400 hospitalization
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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
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Benefit maximum:	No annual/lifetime maximums Except those listed below	
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Hospital Benefits

In-Hospital care:	20% after deductible; BVN-10% after deductible	\$400/adm. + deduct., then 50%
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Emergency Room:	\$200 copay (waviered if admitted to hospital) + 20% after deductible; BVN-\$200 copay (waviered if admitted to hospital) + 10% after deductible	\$200 copay (waviered if admitted to hospital) + 20% after deductible if emergency; otherwise 50% after deductible
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Surgery:	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
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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
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Preventive exam:	100% covered	Not covered
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Lab/X-rays:	Benefit depends on setting & procedure; See plan book or call BCBSTX	50% after deductible
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Skilled nursing facility (not including custodial care):	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
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Home health care:	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year
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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, these benefits are provided to you via GeoBlue and 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

Prescription Drug Plan

Vendor: Express Scripts | Member Services Contact Information: 1 (866) 544-6970 | Website: express-scripts.com

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

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	Employee: ½ to 6x salary with a maximum coverage amount of \$1,000,000.
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. The spouse coverage amount may not be greater than the employee coverage amount. \$10,000 in life insurance on each eligible enrolled dependent 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.
<ul style="list-style-type: none"> You must provide evidence of insurability to enroll in or increase Life insurance coverage for you or your spouse. 	

AD&D

If your annual pay is \$25,000 or less, you can buy coverage of up to \$250,000 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.

Spouse Coverage: 50% of your coverage amount (with no children 60%)

Child Coverage: 10% of your coverage amount (with no spouse 15%), maximum coverage \$25,000

Vision

	Network benefit	Non-Network benefit
Eye exam (one/person/per plan year) Materials (one standard pair/plan year)	100% after \$10 copayment Frames: \$150 retail allowance Lenses: 100% after \$15 copayment on standard single vision; standard lined trifocal, standard lined bifocal, standard lenticular and standard progressive.	Up to \$50. Copay does not apply. 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)	\$150 retail allowance	up to \$150 allowance
Refractive eye surgery	15% off reasonable and customary cost, or 5% off promotional price.	N/A

Dental

- You must live or work 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/Benefits Office prior to enrolling.
- 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 without a corresponding Qualified Life Event.

	A&M Dental PPO	DeltaCare USA Dental HMO
Deductible	\$75/person/plan year; \$225 family/plan year	None
Maximum benefit	Regular: \$1,500/person/plan year; Orthodontia: \$1,500/person/lifetime	No maximum
Your cost for preventive care	\$0 (if you use a network provider). The plan covers three regular or periodontal cleanings per plan year at 100% up to maximum allowable charges. Deductible does not apply.	Comprehensive oral exam: \$0; Cleaning (once each six months): \$5; Panoramic X-rays (once every three years): \$0
Your cost for basic care	You pay the deductible plus 20% of the maximum allowable charges for fillings, root canals, extractions and periodontics, up to the \$1,500 maximum annual benefit	You pay a pre-set fee, for example: Amalgam fillings: \$8-\$22; Anterior root canal, \$155
Your cost for major restorative care	After deductible, 50% of the maximum allowable charges for crowns, dentures and bridges, up to annual maximum.	You pay a pre-set fee, for example: Crown; porcelain/ceramic: \$395; Complete denture; maxillary: \$385
Your cost for orthodontic care	After deductible, 50% up to maximum benefit.	You pay a pre-set fee, for example: Orthodontic treatment plan and records: \$200 Comprehensive treatment, adults: \$2,100

Premiums

September 1, 2023

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 Bi-Weekly	\$30.00 \$15.00	\$1,512.12 \$1,512.12	\$341.04 \$170.52	\$1,310.56 \$1,310.56	\$225.26 \$112.63	\$1,741.04 \$1,741.04	\$455.50 \$227.75
J Plan	Monthly Bi Weekly	\$0.00 \$0.00	\$1,452.12 \$1,452.12	281.04 \$140.52	\$1,280.56 \$1,280.56	\$195.26 \$97.63	\$1,681.04 \$1,681.04	\$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 Bi-Weekly	\$477.36 \$238.68	\$1,512.12 \$1,512.12	\$928.94 \$464.47	\$1,310.56 \$1,310.56	\$770.26 \$385.13	\$1,741.04 \$1,741.04	\$1,100.62 \$550.31
J Plan	Monthly Bi-Weekly	\$447.36 \$223.68	\$1,452.12 \$1,452.12	\$868.94 \$434.47	\$1,280.56 \$1,280.56	\$740.26 \$370.13	\$1,681.04 \$1,681.04	\$1,040.62 \$520.31
Graduate Plan	Monthly Bi Weekly	\$0.00 \$0.00	\$504.00 \$504.00	\$0.00 \$0.00	\$669.00 \$669.00	\$128.70 \$64.35	\$921.00 \$921.00	\$280.58 \$140.29

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 Bi-Weekly	\$30.00 \$15.00	\$60.00 \$30.00	\$63.00 \$31.50	\$96.00 \$48.00			
DeltaCare USA Dental HMO	Monthly Bi-Weekly	\$21.08 \$10.54	\$37.48 \$18.74	\$37.76 \$18.88	\$58.66 \$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 Bi-Weekly	\$7.60 \$3.80		\$16.12 \$8.06		\$12.46 \$6.23		\$22.22 \$11.11	

AD&D

Rate per \$10,000:

	Employee Only	Employee and Family
Monthly	\$.10	\$.24
Bi-Weekly	\$.05	\$.12

Non-Tobacco Rate

Tobacco Rate

Long-Term

Disability

Rate per \$100 of monthly salary:

Monthly	\$.178	\$.230
Bi-Weekly	\$.089	\$.115

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$3,050
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, 2023

For 9-month, full-time monthly paid positions, premiums are prorated so that you pay for 12 months of premiums over 9 months. This means that you pay for 12 months of premiums by May 31. **You do not have to pay premiums during the summer** and you will have coverage, unless you are terminating employment. In this case, you will receive a refund for the summer months. If you have a wellness credit, that is prorated as well. Health rates include a prorated \$30 wellness premium for both you and your spouse. Only the A&M Care Plan is eligible for the wellness premium. If you have completed your wellness activities, you will see a prorated \$30 credit in Workday that will reduce this premium.

Premiums increase by \$40 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	
Health	A&M Care	9-Months	\$1,226.72	\$40.00	\$2,016.16	\$454.72	\$1,747.41	\$300.34	\$2,321.39	\$607.33
	J Plan	9-Months	\$1,186.72	\$0.00	\$1,936.16	\$374.72	\$1,707.41	\$260.35	\$2,241.39	\$527.33
Dental		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family		
A&M Dental PPO	9-Months		\$40.00		\$80.00		\$84.00		\$128.00	
DeltaCare USA Dental HMO	9-Months		\$28.11		\$49.97		\$50.35		\$78.21	
Vision		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family		
9-Months		\$10.13		\$21.49		\$16.61		\$29.63		
AD&D		Employee Only		Employee and Family						
Rate per \$10,000:	Monthly*		\$.14		\$.24					

Long-Term Disability

Rate per \$100 of monthly salary:

Employee Only	Non-Tobacco Rate	Tobacco Rate
Monthly*	\$.178	\$.230

Flexible Spending Account Maximum you can deduct from your pay: Health Care Spending Account - \$3,050
Dependent Daycare Spending Account - \$5,000

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	\$.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

**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 needed to qualify your dependents for coverage.

Legal Marriage Documents

If you are legally married, even if physically separated, you will need:

- Your most recent filed tax Federal Tax Return with signature page or e-file confirmation (financial information can be redacted), **OR**
- Marriage certificate **AND** proof of joint ownership dated less than six months old. Recommended documents for proof of joint ownership include:
A mortgage or bank statement, residential leasing agreement, property tax bill, or joint credit card statement. 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 Marriage Documents

If you are legally married by a Common Law Marriage you will need:

- Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately, **OR**
- Texas Declaration of Informal/Common Law Marriage from the County where the marriage was recognized or recorded **AND** proof of joint ownership dated less than six months old. Recommended documents for proof of joint ownership include:
A mortgage or bank statement, residential leasing agreement, property tax bill, or joint credit card statement. Documents must include both the employee's name and the spouse's name.

Biological Child Documents

Birth certificate of the biological child listing the employee as either the mother or father. If the child is under 6 months old, documentation on hospital letterhead indicating the birth date of the child or children will be accepted as temporary enrollment but must be followed by the birth certificate when received.

Step Child Documents

Child's birth certificate showing the child's parent is the employee's spouse, **AND** marriage certificate showing legal marriage between the employee and the child's parent.

Adopted Child Documents

The documents will depend on the current stage of the adoption. Official court/agency placement papers for a child placed with you for adoption (initial stage), **OR** Official Court Adoption Agreement for an Adopted Child (mid-stage), **OR** birth certificate (final stage).

Disabled/Incapacitated Child age 26 or older

A doctor's statement regarding the physical or mental condition of the dependent, whether the dependent is able to maintain self-sustaining employment and whether the condition occurred before the child reached age 26. In order for the medically incapacitated dependent to be enrolled in coverage when he/she is age 26 or older, the following documentation must be submitted either before the child/grandchild reaches age 26 if currently enrolled or at the time of enrollment:

1. For medical coverage including optional coverages (if applicable) submit the [BCBSTX Dependent Child's Statement of Disability form](#).
2. For optional coverage only excluding medical, submit the [TAMUS Dependent Child's Statement of Disability](#) to System Benefits Administration for review.

Grandchild Documentation

Most recent filed tax return, including the signature or confirmation of e-file, showing the grandchild as a claimed dependent (financial information can be redacted).

Foster Child Documentation

Official Court or Agency Placement papers.

Legal Guardianship Documentation

Court order establishing guardianship of a child. Eligible up to age 18 unless court order defines otherwise.

Managing Conservatorship Documentation

Court order establishing managing conservatorship of a child. Eligible up to age 18 unless court order defines otherwise.

* *Foreign documents 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 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, 2023, 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) 436-9184	benefits@tamu.edu
Prairie View A&M University	(936) 261-1730	benefitsteam@pvamu.edu
Tarleton State University	(254) 968-9128	benefits@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) 825-2625	Benefits@tamucc.edu
Texas A&M University at Galveston	(409) 740-4534	benefits@tamu.edu
Texas A&M University-Kingsville	(361) 593-3398	theresa.perez@tamuk.edu
Texas A&M University-Texarkana	(903) 223-3113	HR@tamut.edu
Texas A&M Transportation Institute	(979) 317-2055	HumRes@tti.tamu.edu
Texas A&M University-San Antonio	(210) 784-2058	benefits@tamusa.edu
Texas A&M Forest Service	(979) 845-9337	agrilifebenefits@ag.tamu.edu
Texas A&M AgriLife	(979) 845-2423	agrilifebenefits@ag.tamu.edu
Texas A&M Engineering	(979) 458-7699	Engrbenefits@tamu.edu
Texas A&M Engineering Extension Service	(979) 458-6801	HR@teex.tamu.edu
Texas Department of Emergency Management	(979) 458-6330	employeebenefits@tamus.edu
West Texas A&M University	(806) 651-2117	benefits@wtamu.edu
System Offices	(979) 458-6330	employeebenefits@tamus.edu
Carrier Phone Numbers and Websites		
Blue Cross and Blue Shield - A&M Care; 65 PLUS	(866) 295-1212	bcbstx.com/tamus
Delta Dental PPO	(800) 336-8264	deltadentalins.com/tamus
DeltaCare USA Dental HMO	(800) 422-4234	deltadentalins.com/tamus
Superior Vision	(844) 549-2603	microsite.superiorvision.com/tamus
Express Scripts - A&M Care Drug Plan	(866) 544-6970	express-scripts.com
The Hartford	(860) 547-5000	thehartford.com/learn/tamus
Navia Benefit Solutions	(800) 669-3539	naviabenefits.com
New York Life (Formerly Cigna)	(800) 362-4462	www.mynylgbs.com/auth
Academic Health Plan - GSE Plan	(877) 624-7911	tamus.myahpcare.com/
Prime Therapeutics - GSE Plan Prescriptions	(800) 423-1973	primetherapeutics.com/

Online Enrollment Resources

- Check the Open Enrollment page at tamus.edu/benefits/open-enrollment
- Review the Benefits Guide at assets.system.tamus.edu/files/benefits/pdf/GuideBooklet.pdf
- Review the plan books at tamus.edu/benefits/booklets-brochures/