



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

Enrollment Period:
July 10-31, 2024

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 via Single Sign On 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 2025. 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, 2024. Decisions made during Open Enrollment are binding through August 31, 2025, 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. You can review your current benefits and premiums by clicking on Workday, then selecting the Menu button → Benefits and Pay → Benefits and selecting Benefits Elections under the drop down.
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 that your benefits have changed.

What if I have a qualified life event in FY2025?

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 child, foster child, stepchild, and grandchild you claim on your income tax. An ex-spouse is not an eligible dependent. Documentation will be required when you add a dependent.

New for FY2025

Our vision carrier will have a new look on September 1. Superior Vision has changed their name to Superior Vision by MetLife. In addition, the frame and contact allowance will increase from \$150 to \$200 per plan year. It is important to note that the contact lenses benefit is in lieu of the eyeglasses benefit. The plan will cover eyeglasses or contact lenses in a single plan year, but not both.

The Brazos Valley Network and Baylor Scott & White discounts will end on April 30, 2025. The copayments and coinsurance will return to the same coverage for all in-network providers.

Life Insurance Reminder

To enroll in or increase your Optional or Dependent Life coverage, you must provide Evidence of Insurability (EOI). If you choose your coverage amount in Workday, you will receive a notice to wait until August 1. At that point you will receive an additional notice to return to Workday to answer your EOI questions. Your EOI will be approved or denied by The Hartford. If the coverage amount is approved, it becomes effective the first of the

month following your receipt of notice. Remember that if you are changing to a different age bracket for life insurance, for example, 70, your coverage level will decrease.

Reminder about Emergency Room Copays

For those enrolled in the A&M Care Plan, there is a \$200 copayment required for 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.

Grandchild Certification

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 2023 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.

Flexible Spending Accounts

If you would like to remain enrolled in a Flexible Spending Account, you must re-enroll every year.

Naming a Beneficiary

It is important to name a beneficiary for life insurance. Open Enrollment is a good time to check your beneficiaries and update their contact information (address, phone number and email address) to ensure they are up to date. Having beneficiaries designated with current contact information makes it easier for the life insurance company to reach them.

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
Austin	7/10	10:00am - 12:00pm	Chase Park Building 1 7700 Chevy Chase Dr., Suite 110, Austin, TX 78752	TDEM	All
Prairie View	7/11	9:00am - 12:00pm	John B. Coleman Library, 100 University Dr., Room 108 Prairie View, TX 77446	PVAMU	All
Galveston	7/12	11:00am - 1:00pm	Canceled	TAMUG	All
College Station	7/16	10:00am - 2:00pm	Innovative Learning Classroom Building (ILCB) 215 Lamar St., College Station, TX 77844	BCS	All
College Station	7/17	10:00am - 12:00pm	Moore/Connally Building 301 Tarrow Street, 1st Floor, Room 122 & 124 College Station, TX 77840	System Offices	All
Bryan	7/17	2:00pm - 4:00pm	1111 RELIS Pkwy, Rm. 1122 Bryan, TX 77807	TTI	All
College Station	7/18	9:00am - 11:00am	200 Technology Way, Room 1105 A&D College Station, TX 77845	TEEX	All
College Station	7/18	1:30pm - 3:30pm	RELLIS Campus- Center for Infrastructure Renewal 1041 RELIS Parkway, Room 1107 Bryan, TX 77807	BCS	Retiree
Corpus Christi	7/23	9:00am - 12:00pm	6300 Ocean Dr. Island Hall - Green Gym, UNIT 5713 Corpus Christi, TX 78412	TAMU-CC	All
Weslaco	7/24	1:00pm - 3:00pm	312 N. International Boulevard Weslaco, TX 78599	TAMUK	All
Kingsville	7/25	10:00am - 12:00pm	1050 Santa Gertrudis, Ballroom A&B Kingsville Texas 78363	TAMUK	All

Virtual Open Enrollment Meetings

Tuesday, July 2, 1:30 – 4pm
(All Locations)
[July 2 Teams link](#)

Friday, July 19, 9:30 – 11:30 am
(Retiree Only)
[July 19 Teams link](#)

Friday, July 19, 1:30 – 4pm
(All Locations)
[July 19 Teams link](#)

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

1. To register, select a date from above, or go to tamus.edu/benefits/open-enrollment and look for “Open Enrollment Virtual Meeting Links”.
2. When you click “Register”, you will be asked to enter your name and email address.
3. Once you register, you will receive an email confirmation and the meeting link.
4. If you do not want to ask questions during the meeting, please write them down and go to the Open Enrollment website at tamus.edu/benefits/open-enrollment at a later date to submit your questions via the Open Enrollment Question Form. The Open Enrollment website will be active until July 31st.
5. 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



1:30 PM	Introduction
1:40 PM	Delta Dental
2:00 PM	Superior Vision by Metlife
2:15 PM	The Hartford Life/AD&D
2:35 PM	New York Life Long Term Disability
2:50 PM	Navia Flexible Spending Account
3:10 PM	Express Scripts
3:20 PM	Blue Cross and Blue Shield of Texas
4:00 PM	End

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) and Baylor Scott and White (BSW)
BVN and BSW discounts will end on April 30, 2025

Non-Network

Limitations and Restrictions

Pre-existing condition limitations:	None	None
Benefit Maximum:	None	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 deductible	\$10,000 + \$800 deductible per person \$20,000 + \$2,400 family deductible
Benefit maximum:	No annual/lifetime maximums Except those listed below	

Hospital Benefits

In-Hospital care:	20% after deductible; BVN/BSW-10% after deductible	\$400/admission + deductible then 50%
Emergency Room:	\$200 copayment (waived if admitted to the hospital) + 20% after deductible; BVN/BSW-\$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/BSW-10% after deductible In-physician's office, see office visit	50% after deductible 50% after deductible

Non-Hospital Visits

*Office visits:	Primary Care Physician/BSW-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN/BSW-\$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/BSW-\$15/visit; 30-visits/plan year	50% after deductible; 30-visits/plan year
Durable medical equipment:	20% after deductible; BVN/BSW-10% after deductible	50% after deductible
*Maternity care:	Hospital: 20% after deductible; BVN/BSW-10% after deductible Doctor: \$20 initial visit only; BVN/BSW-\$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/BSW-\$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
*Physical therapy:	\$30/visit; BVN/BSW-\$15/visit	50% after deductible
*Vision:	\$30/visit; BVN/BSW-\$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

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 A&M System in a benefit-eligible position 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	\$1,000; waived student health center
Out-of-pocket maximum:	\$7,900/person (includes all copayments)	\$15,800/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 copay (waived if admitted)	20% after \$150 copay (waived if admitted)
Surgery:	20% after deductible	40% after deductible
Non-Hospital Visits		
Office visits:	\$35 copay	\$35 copay + 40% coinsurance
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 per calendar year	40% after deductible; 25 days per calendar year
Home health care:	20% after deductible; 60 visits per calendar year	40% after deductible; 60 visits per calendar year
Other Healthcare Benefits		
Chiropractic care:	\$35/visit; 35 visits per year	\$35 copay + 40% coinsurance; 35 visits per year
Durable medical equipment:	20% after deductible	40% after deductible
Mental health:	Inpatient - 20% after deductible Outpatient - \$35/visit	40% after deductible \$35 copay + 40% coinsurance
Physical therapy:	\$35/visit; 35 visits per calendar year per 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	

2024-2025 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; For networks outside Texas: 1 (800) 810-BLUE (2583) Website: bcbstx.com/tamus

	Network; includes Brazos Valley Network (BVN) and Baylor Scott and White (BSW) BVN and BSW discounts will end on April 30, 2025	Non-Network
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Limitations and Restrictions

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

Maximums and Deductibles

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

Hospital Benefits

In-Hospital care:	20% after deductible; BVN/BSW-10% after deductible	\$400/admission + deductible, then 50%
Emergency Room:	\$200 copay (waived if admitted to hospital) + 20% after deductible; BVN/BSW-\$200 copay (waived if admitted to hospital) + 10% after deductible	\$200 copay (waived if admitted to hospital) + 20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; BVN/BSW-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible

Non-Hospital Visits

Office visits:	Primary Care Physician/BSW-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN/BSW-\$15/visit Certain surgeries—20% after deductible	50% after deductible
Preventive exam:	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting & procedure; See plan book or call BCBSTX	50% after deductible
Skilled nursing facility (not including custodial care):	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
Home health care:	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year

Reminder About Medical Evacuation & Repatriation

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

The J Plan does not provide these benefits; however, 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. Up to \$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.
You must provide evidence of insurability to enroll in or increase Life insurance coverage for you or your spouse.	

Accidental Death & Dismemberment

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: \$200 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 \$120. (Copay doesn't apply).
Contact lenses (once every plan year in place of frame and lens benefits)	\$200 retail allowance	up to \$200 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 Visit deltadental.com/tamus for the fee schedule
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	After deductible, 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 the \$1,500 maximum annual benefit	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 the \$1,500 maximum annual benefit	You pay a pre-set fee, for example: Orthodontic treatment plan and records: \$200 Comprehensive treatment, adults: \$2,100

Premiums

September 1, 2024

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

		Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
		Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	Monthly	\$995.90	\$30.00	\$1,587.98	\$341.04	\$1,386.42	\$225.26	\$1,816.90	\$455.50
	Bi-Weekly	\$995.90	\$15.00	\$1,587.98	\$170.52	\$1,386.42	\$112.63	\$1,816.90	\$227.75
J Plan	Monthly	\$965.90	\$0.00	\$1,527.98	281.04	\$1,356.42	\$195.26	\$1,756.90	\$395.50
	Bi Weekly	\$965.90	\$0.00	\$1,527.98	\$140.52	\$1,356.42	\$97.63	\$1,756.90	\$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	\$995.90	\$515.30	\$1,587.98	\$966.86	\$1,386.42	\$808.18	\$1,816.90	\$1,138.54
	Bi-Weekly	\$995.90	\$257.65	\$1,587.98	\$483.43	\$1,386.42	\$404.09	\$1,816.90	\$569.27
J Plan	Monthly	\$965.90	\$485.30	\$1,527.98	\$906.86	\$1,356.42	\$778.18	\$1,756.90	\$1,078.54
	Bi-Weekly	\$965.90	\$242.65	\$1,527.98	\$453.43	\$1,356.42	\$389.09	\$1,756.90	\$539.27
Graduate Plan	Monthly	\$252.00	\$0.00	\$504.00	\$0.00	\$669.00	\$90.76	\$921.00	\$242.64
	Bi Weekly	\$252.00	\$0.00	\$504.00	\$0.00	\$669.00	\$45.38	\$921.00	\$121.32

		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		\$30.00		\$60.00		\$63.00		\$96.00
	Bi-Weekly		\$15.00		\$30.00		\$31.50		\$48.00
DeltaCare USA	Monthly		\$21.08		\$37.48		\$37.76		\$58.66
Dental HMO	Bi-Weekly		\$10.54		\$18.74		\$18.88		\$29.33

		Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Monthly		\$8.36	\$17.72	\$13.70	\$24.44
Bi-Weekly		\$4.18	\$8.86	\$6.85	\$12.22

		Employee Only	Employee and Family
AD&D	Monthly	\$.10	\$.24
Rate per \$10,000:	Bi-Weekly	\$.05	\$.12

		<i>Non-Tobacco Rate</i>	<i>Tobacco Rate</i>
Long-Term Disability <i>Rate per \$100 of monthly salary:</i>	Monthly	\$.163	\$.210
	Bi-Weekly	\$.0815	\$.105

Flexible Spending Account *Maximum you can deduct from your pay:* Health Care Spending Account - \$3,200
 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, 2024

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:

Health		<i>Employee Only</i>		<i>Employee & Spouse</i>		<i>Employee & Child(ren)</i>		<i>Employee & Family</i>	
		<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>
A&M Care	9-Months	\$1,327.87	\$40.00	\$2,117.31	\$454.72	\$1,848.56	\$300.34	\$2,422.53	\$607.33
J Plan	9-Months	\$1,287.87	\$0.00	\$2037.31	\$374.72	\$1,808.56	\$260.35	\$2,342.53	\$527.33

Dental		<i>Employee Only</i>	<i>Employee & Spouse</i>	<i>Employee & Child(ren)</i>	<i>Employee & Family</i>
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		<i>Employee Only</i>	<i>Employee & Spouse</i>	<i>Employee & Child(ren)</i>	<i>Employee & Family</i>
9-Months		\$11.15	\$23.63	\$18.27	\$32.59

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

Long-Term Disability		<i>Non-Tobacco Rate</i>	<i>Tobacco Rate</i>
Rate per \$100 of monthly salary:	Monthly*	\$.163	\$.210

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$3,200

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	50-54	55-59	60-64	65-69	70-74	75+	
Non-Tobacco Rate	Monthly*	\$0.05	\$0.05	\$0.05	\$0.06	\$0.07	\$0.12	\$0.20	\$0.36	\$0.56	\$0.76	\$1.43	\$2.00
Tobacco Rate	Monthly*	\$0.10	\$0.10	\$0.10	\$0.12	\$0.14	\$0.24	\$0.40	\$0.72	\$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*	\$0.05	\$0.06	\$0.08	\$0.09	\$0.10	\$0.15	\$0.23	\$0.43	\$0.66	\$1.27	\$2.06	\$2.06
Tobacco Rate	Monthly*	\$0.060	\$0.072	\$0.096	\$0.108	\$0.120	\$0.180	\$0.276	\$0.516	\$0.792	\$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** proof of marriage which includes the marriage certificate showing legal marriage between the employee and the child's parent **AND** proof of joint ownership dated less than a month old. In lieu of the marriage certificate and proof of joint ownership, you

can provide your most recent filed Federal Tax Return with signature page or e-file confirmation (financial information can be redacted).

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:

For medical coverage including optional coverages (if applicable) submit the [BCBSTX Dependent Child's Statement of Disability form](#).

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, 2024, 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) 862-1718	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	(979) 862-1718	benefits@tamu.edu
Texas A&M University-Kingsville	(361) 593-3398	theresa.perez@tamuk.edu
Texas A&M University-Texarkana	(903) 223-1360	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; J Plan	(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 by Metlife	(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 - Flexible Spending Accounts	(800) 669-3539	naviabenefits.com
New York Life - Long Term Disability	(800) 362-4462	mynylgbs.com
Academic Health Plan - GSE Plan	(877) 624-7911	tamus.myahpcare.com
Prime Therapeutics - GSE Plan Prescriptions	(800) 423-1973	primetherapeutics.com
GuidanceResources	(866) 301-9633	guidanceresources.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/website/BenefitsGuide.pdf
- Review the plan books at tamus.edu/benefits/booklets-brochures