



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

Enrollment Period:
July 10-31, 2025

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 2026. 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, 2025. Decisions made during Open Enrollment are binding through August 31, 2026, 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 FY26?

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 FY26

For the A&M Care Plan, the discounted copayment for 90-day mail order prescriptions will be eliminated. The copayments will now equal 3 copayments to match retail.

For the 65 Plus Medicare Advantage Plan (PPO), the elimination of the discounted copayment for 90-day mail order prescriptions will occur on January 1, 2026. The out-of-pocket maximum for prescription medication will change to \$600 on January 1, 2026, as well.

The A&M Dental Plan PPO maximum annual benefit will increase from \$1,500 to \$2,000 per person per plan year. The lifetime maximum for orthodontic care will increase from \$1,500 to \$2,000.

The Graduate Student Employee Health Plan (Grad Plan) deductible will decrease from \$500 to \$300, and copays will decrease from \$35 to \$25 per visit.

A personal Health Advocate is part of the A&M Care Plan in the FY26 plan year

Employees and covered dependents in the A&M Care Plan will now have access to a Health Advocate from Blue Cross and Blue Shield of Texas at no additional cost. Your Health Advocate works with and for you to remove barriers and cut through red tape in the health care system, so you and your family can get the care you need. The goal is to make your health care journey a smooth experience. Health Advocates can help:

- Guide you through a new diagnosis.
- Find a doctor or specialist and schedule an appointment.
- Connect with mental health experts to manage stress, depression, autism, substance misuse or other mental health issues.
- Answer benefit questions or solve a problem with a claim or a bill.

New Prescription Savings Program

The A&M System now offers Rx Savings Solutions (RxSS). Use this new tool to compare prices and see what any prescription drug will cost using your insurance. RxSS is a free and confidential service connected to your prescription plan. RxSS doesn't replace your prescription plan through Express Scripts. It's an additional benefit designed to help you and your family save money on your prescription medications. RxSS is available to employees, retirees and their enrolled dependents in the A&M Care Plan, J Plan or 65 Plus Medicare Advantage Plan (PPO). Graduate student employees enrolled in the Graduate Student Plan are not eligible.

- Your online account shows if you can save money on current prescriptions.
- Proactive notifications tell you when you're paying too much.
- Search for the lowest prices on prescriptions on your own.

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.

You must add beneficiaries to your retirement accounts. Your beneficiary election in Workday does not pertain to your mandatory or voluntary retirement plans. If you do not designate a beneficiary for each account, in the event of your death, benefits would be paid according to plan rules, which might differ from the designation you would choose. Visit your vendor to find out how to designate your beneficiar(ies).

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 |
| Canyon | 7/1 | 9:00am - 12:00pm | West Texas A&M University Jack B. Kelley Student Center, Legacy Hall 200 Victory Cir., Canyon, TX 79015 | WTAMU | All |
| Kingsville | 7/8 | 10:00am - 12:00pm | Texas A&M University- Kingsville James C. Jernigan Library, 2nd floor 1050 University Blvd., Kingsville, TX 78363 | TAMUK | All |
| Corpus Christi | 7/9 | 9:00am - 11:00am | Texas A&M University - Corpus Christi Performing Arts Center, Lobby 6300 Ocean Dr., Corpus Christi, TX 78412 | TAMUCC | All |
| Weslaco- Citrus Center | 7/9 | 1:00pm - 2:30pm | 315 N International Blvd Weslaco, TX 78599 | TAMUK | All |
| Austin | 7/10 | 10:00am - 12:00pm | Chase Park 313 E. Anderson Ln. Austin, TX 78752 | TDEM | All |
| Stephenville | 7/15 | 10:00am - 1:00pm | Tarleton State University Thompson Student Center, Ballrooms 631 Texan Trace Stephenville, TX 76402 | Tarleton | All |
| Prairie View | 7/16 | 10:00am - 12:00pm | Prairie View A&M University Willie A. Tempton Memorial Student Center, Grand Ballroom (2nd floor) 155 L W Minor St. Prairie View, TX 77446 | PVAMU | All |
| Galveston | 7/17 | 10:00am - 12:00pm | Texas A&M University- Galveston Aggie Special Events Center (ASEC) Lobby, Bldg. 3035 200 Seawolf Parkway, Galveston, TX 77554 | TAMUG | All |
| College Station | 7/22 | 10:00am - 2:00pm | Texas A&M University Innovative Learning Classroom Bldg. (ILCB), 215 Lamar St. College Station, TX 77843 | BCS Workstations | All |
| College Station | 7/23 | 10:00am - 12:00pm | Texas A&M University System Offices Moore Connally Bldg. 301 Tarrow St., 1st Floor, Rooms 122 & 124 College Station, TX 77840 | TAMUS | All |
| Bryan | 7/23 | 2:00pm - 4:00pm | Texas Transportation Institute 1111 RELIS Parkway, Rm. 1122 & 1124 Bryan, TX 77807 | TTI | All |
| College Station | 7/24 | 9:00am - 11:00am | Texas A&M Engineering Extension Service 200 Technology Way, Room A-D College Station, TX 77845 | TEEX | All |
| Bryan | 7/24 | 1:30pm - 3:30pm | Brazos Center 3232 Briarcrest Dr., Bryan, TX 77802 | TAMUS | Retirees |
| Commerce | 7/29 | 9:00am - 11:00am | East Texas A&M University Employee Services Bldg. 2300 W. Neal St., Commerce, TX 75429 | ETAMU | All |

Virtual Open Enrollment Meetings

Wednesday, July 2 (All locations)
1:30 – 4pm

[Registration Link](#)

[Webinar Link](#)

Webinar Number: 2660 244 8432

Password: benefits (23633488 when
dialing from a phone or video system)

Friday, July 11, (Retiree Only)
9:30 – 11:30 am

[Registration Link](#)

[Webinar Link](#)

Webinar Number: 2660 244 8432

Password: benefits (23633488 when
dialing from a phone or video system)

Friday, July 18, (All Locations)
1:30 – 4pm

[Registration Link](#)

[Webinar Link](#)

Webinar Number: 2660 244 8432

Password: benefits (23633488 when
dialing from a phone or video system)

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, email address and the A&M System location you belong to.
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

Join the Open Enrollment Meeting and stay as long as you would like to hear about your A&M System insurance plans. Schedule and times are estimated and are subject to change.



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.

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

Medicare retirees enrolled in the A&M Care Plan are not eligible for copays except for emergency room visits.

| | Network | 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 | \$400/admission + deductible then 50% |
| Emergency Room: | \$200 copayment (waived if admitted to the hospital) 20% after deductible | \$200 copayment (waived if admitted to the hospital) 20% after deductible if emergency; otherwise 50% after deductible |
| Surgery: | 20% 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 | 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 | 50% after deductible; 30-visits/plan year |
| Durable medical equipment: | 20% after deductible | 50% after deductible |
| *Maternity care: | Hospital: 20% after deductible Doctor: \$30 initial visit only | Hospital: 50% after deductible; Doctor: 50% after deductible |
| *Mental health: | Inpatient: 20% after deductible Outpatient: \$20/visit | Inpatient: 50% after deductible Outpatient: 50% after deductible |
| *Physical therapy: | \$30/visit | 50% after deductible |
| *Vision: | \$30/visit | Routine preventive exams not covered |
| Hearing: | Illness/accident coverage; 20% coinsurance, hearing aid one per ear every 36 months | Illness/accident coverage; 20% coinsurance |
| Prescription Drugs - Express Scripts (855) 895-4647 Website: express-scripts.com | | |
| After you meet the \$50/person/plan year prescription drug deductible (three-person maximum) | | |
| <ul style="list-style-type: none">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 available90-day supply: Three copayments required if purchased by mail-order or through 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): (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: | \$350 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: | \$25 copay | \$25 copay + 40% coinsurance |
| Preventive exam: | 100% covered | 40% after deductible |
| Lab/X-rays: | 20% after deductible | 20% 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: | \$25/visit; 35 visits per yea | \$25 copay + 40% coinsurance; 35 visits per year |
| Durable medical equipment: | 20% after deductible | 40% after deductible |
| Mental health: | Inpatient - 20% after deductible Outpatient - \$25/visit | 40% after deductible \$25 copay + 40% coinsurance |
| Physical therapy: | \$25/visit; 35 visits per calendar year per person | 40% after \$25 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 | | |

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 (866) 295-1212; For networks outside Texas: (800) 810-BLUE (2583) Website: bcbstx.com/tamus

| | Network | Non-Network |
|--|---------|-------------|
|--|---------|-------------|

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

Non-Hospital Visits

| | | |
|--|---|---|
| Office visits: | Primary Care Physician \$20/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: (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: Three copayments required if purchased by mail-order or 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 deltadentalins.com/tamus for the fee schedule |
| Maximum benefit | Regular: \$2,000/person/plan year; Orthodontia: \$2,000/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 and plan year maximum do 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 \$2,000 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 \$2,000 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 \$2,000 maximum lifetime benefit | You pay a pre-set fee, for example: Orthodontic treatment plan and records: \$200 Comprehensive treatment, adults: \$2,100 |

Premiums

September 1, 2025

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 | \$30.00 | \$1,684.00 | \$349.46 | \$1,477.30 | \$231.12 | \$1,919.79 | \$467.36 |
| | Bi-Weekly | \$15.00 | \$1,684.00 | \$174.73 | \$1,477.30 | \$115.56 | \$1,919.79 | \$233.68 |
| J Plan | Monthly | \$0.00 | \$1,624.00 | \$289.46 | \$1,447.30 | \$201.12 | \$1,859.79 | \$407.36 |
| | Bi Weekly | \$0.00 | \$1,624.00 | \$144.73 | \$1,447.30 | \$100.56 | \$1,859.79 | \$203.68 |
| 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 | \$554.88 | \$1,684.00 | \$1019.08 | \$1,477.30 | \$856.56 | \$1,919.79 | \$1,195.93 |
| | Bi-Weekly | \$277.44 | \$1,684.00 | \$509.54 | \$1,477.30 | \$428.28 | \$1,919.79 | \$597.97 |
| J Plan | Monthly | \$524.88 | \$1,624.00 | \$959.08 | \$1,447.30 | \$826.56 | \$1,859.79 | \$1,135.93 |
| | Bi-Weekly | \$262.44 | \$1,624.00 | \$479.54 | \$1,447.30 | \$413.28 | \$1,859.79 | \$567.97 |
| Graduate Plan | Monthly | \$0.00 | \$504.00 | \$0.00 | \$669.00 | \$48.26 | \$921.00 | \$197.14 |
| | Bi Weekly | \$0.00 | \$504.00 | \$0.00 | \$669.00 | \$24.13 | \$921.00 | \$98.57 |

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 | \$32.02 | \$64.02 | \$67.22 | \$67.22 | \$102.42 | \$102.42 | \$102.42 |
| | Bi-Weekly | \$16.01 | \$32.01 | \$33.61 | \$33.61 | \$51.21 | \$51.21 | \$51.21 |
| DeltaCare USA Dental HMO | Monthly | \$21.72 | \$38.60 | \$38.90 | \$38.90 | \$60.42 | \$60.42 | \$60.42 |
| | Bi-Weekly | \$10.86 | \$19.30 | \$19.45 | \$19.45 | \$30.21 | \$30.21 | \$30.21 |

Vision

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

AD&D

Rate per \$10,000:

| | Employee Only | | Employee and Family | |
|----------------------|---------------|-----------|---------------------|-----------|
| | Total Cost | Your Cost | Total Cost | Your Cost |
| Monthly Bi-Weekly | \$0.10 | | \$0.24 | |
| | \$0.05 | | \$0.12 | |

Long-Term

Disability

Rate per \$100 of monthly salary:

Non-Tobacco Rate

| | | |
|-----------|----------|---------|
| Monthly | \$.163 | \$.210 |
| Bi-Weekly | \$.0815 | \$.105 |

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$3,300

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, 2025

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 incentive, that is prorated as well. Health rates include a prorated \$30 wellness incentive for both you and your spouse. Only the A&M Care Plan is eligible for the wellness incentive. If you have completed your wellness activities, you will see a prorated \$30 credit in Workday that will reduce this premium. Wellness incentives earned during the fiscal year will be credited for the remaining premium payments, not the remaining months. Premiums increase by \$40 if you or your spouse is a tobacco user.

Health

| Health | Employee Only | | Employee & Spouse | | Employee & Child(ren) | | Employee & Family | | |
|----------|---------------|------------|-------------------|------------|-----------------------|------------|-------------------|------------|----------|
| | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost | |
| | | | | | | | | | |
| A&M Care | 9-Months | \$1,433.41 | \$40.00 | \$2,245.33 | \$465.95 | \$1,969.73 | \$308.16 | \$2,559.72 | \$623.15 |
| J Plan | 9-Months | \$1,393.41 | \$0.00 | \$2,165.33 | \$385.95 | \$1,929.73 | \$268.16 | \$2,479.72 | \$543.15 |

Dental

| | Employee Only | | Employee & Spouse | | Employee & Child(ren) | | Employee & Family | |
|--------------------------|---------------|-----------|-------------------|-----------|-----------------------|-----------|-------------------|-----------|
| | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost |
| A&M Dental PPO | 9-Months | \$42.69 | \$85.36 | \$89.63 | \$136.56 | | | |
| DeltaCare USA Dental HMO | 9-Months | \$28.96 | \$51.47 | \$51.87 | \$80.56 | | | |

Vision

| | Employee Only | | Employee & Spouse | | Employee & Child(ren) | | Employee & Family | |
|----------|---------------|-----------|-------------------|-----------|-----------------------|-----------|-------------------|-----------|
| | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost | Total Cost | Your Cost |
| 9-Months | \$11.15 | | \$23.63 | | \$18.27 | | \$32.59 | |

AD&D

| Rate per \$10,000: | Employee Only | | Employee and Family | |
|--------------------|---------------|--------|---------------------|--------|
| | Monthly* | \$.10 | Monthly* | \$.24 |

Long-Term Disability

| Rate per \$100 of monthly salary: | Non-Tobacco Rate | | Tobacco Rate | |
|-----------------------------------|------------------|---------|--------------|---------|
| | Monthly* | \$.163 | Monthly* | \$.210 |

Flexible Spending Account

Maximum you can deduct from your pay: Health Care Spending Account - \$3,300
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 | \$.36 | \$.56 | \$.76 | \$ 1.43 | \$ 2.00 |
| Tobacco Rate | Monthly* | \$.10 | \$.10 | \$.10 | \$.12 | \$.14 | \$.24 | \$.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 | \$.43 | \$.66 | \$ 1.27 | \$ 2.06 | \$ 2.06 |
| Tobacco Rate | Monthly* | \$.060 | \$.072 | \$.096 | \$.108 | \$.120 | \$.180 | \$.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.

Documentation needed to qualify your dependents for coverage:

Spouse

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

- Most recent filed Federal Tax Return with signature page or e-file confirmation (financial information can be redacted) showing you are married filing jointly or married filing separately, **OR**
- Valid marriage certificate between employee/retiree and spouse issued by any state, **AND**
- Proof of joint ownership dated within the last six months. 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/retiree's name and the spouse's name.
- If within two years of marriage, then only the valid marriage certificate is required. Valid marriage certificate between employee/retiree and spouse issued by any state only (if within two years of marriage, then only the marriage certificate is required)

Common Law Marriage

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

- Most recent filed Federal Tax Return with signature page or e-file confirmation (financial information can be redacted) showing you are married filing jointly or married filing separately, **OR**
- Texas Declaration of Informal/Common Law Marriage from the County where the marriage was recognized/recorded or Declaration of Informal Marriage issued by another state, **AND**
- Proof of joint ownership dated within the last six months. 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/retiree's name and the spouse's name. If within two years of marriage, then only the valid marriage certificate is required.

Biological Child(ren)

- Birth certificate of the biological child(ren) proving relationship of child(ren) to employee/retiree, **OR**
- Certification of Vital Records proving relationship of child(ren) to employee/retiree, **OR**
- Verification of Birth Facts Form* proving relationship of child(ren) to employee/retiree, **OR**
- Valid Medical Support Order requiring employee/retiree to provide medical coverage, **OR**
- Paternity test accompanied by Court Order, Medical Support Order or reissued Birth Certificate

** If the child(ren) is/are under 6 months old, documentation on hospital letterhead or Verification of Birth Facts Form indicating the birth date of the child(ren) will be accepted as temporary enrollment but must be followed by the birth certificate within 60 days from date of birth.*

Stepchild(ren)

- Birth certificate of the child(ren) showing the child(ren)'s parent is the employee's/retiree's spouse, **AND**
- Proof of marriage which includes the marriage certificate showing legal marriage between the employee/retiree and the child(ren)'s parent, **AND**
- Proof of joint ownership dated within the last six months.

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) showing you are married filing jointly or married filing separately).

Adopted Child(ren)

The documents will depend on the current stage of the adoption.

- Valid Pre-Adoption Placement Order issued by a Licensed Child Placement Agency, **OR**
- Valid Court Order naming employee/retiree as Managing Conservator of Child(ren), **OR**
- Valid Court Order of Adoption, **OR**
- Birth certificate of Child(ren) with Adoptive Parent(s), **OR**
- Valid Medical Support Order requiring employee/retiree to provide medical coverage

Disabled/Incapacitated Child(ren) age 26 or older

- Valid document (e.g., birth certificate, adoption papers) proving relationship to employee/retiree, **AND**
 - A doctor's statement regarding the physical or mental condition of the dependent, whether the dependent can maintain self-sustaining employment, and whether the condition occurred before the child(ren) reached age 26 must be submitted. If the dependent is currently enrolled, the appropriate form must be submitted before the dependent reaches age 26:
1. For medical coverage including optional coverages (if applicable) submit the [BCBSTX Dependent Child's Statement of Disability form](#).
 2. For optional coverage only not including medical, submit the [TAMUS Dependent Child's Statement of Disability form](#) to System Benefits Administration for review.

Grandchild(ren)

- Most recent filed tax return*, including the signature or confirmation of e-file, showing the grandchild(ren) as a claimed dependent of the employee/retiree (financial information can be redacted), **AND**
- Birth Certificate of grandchild(ren)'s biological parent (i.e., child of employee/retiree), **AND**
- Birth Certificate of grandchild(ren) or Verification of Birth Facts Form**, **AND**
- Dependent Grandchild Certification Form (HR 120)

** If the grandchild(ren) is/are born in the current tax year, most recent filed tax return is not required, but will be required in subsequent tax years during the annual grandchild certification audit.*

*** If the grandchild is under 6 months old, documentation on hospital letterhead or Verification of Birth Facts Form indicating the birth date of the child(ren) will be accepted as temporary enrollment but must be followed by the birth certificate within 60 days from date of birth.*

Foster Child

Valid Court Order establishing a parent-child relationship between employee/retiree and foster child

Legal Guardianship

Valid Court Order naming the employee/retiree as the legal guardian. Eligible up to age 18 unless court order defines otherwise.

Managing Conservatorship

Valid Court Order naming the employee/retiree as the managing conservator. Eligible up to age 18 unless court order defines otherwise.

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, 2025, 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 |
| East Texas A&M University | (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 University- Victoria | (979) 458-6330 | employeebenefits@tamus.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 | (833) 393-5433 | microsite.superiorvision.com/tamus |
| Express Scripts - A&M Care Drug Plan | (866) 544-6970 | express-scripts.com |
| The Hartford | (860) 547-5000 | tx.ag/theHartfordTAMUS |
| 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/FY26BenefitsGuide.pdf
- Review the plan books at tamus.edu/benefits/booklets-brochures