

THE TEXAS A&M
UNIVERSITY SYSTEM



**The Texas A&M University System
COBRA Open Enrollment Benefits Guide**

Enrollment Period:
July 10-31, 2024

COBRA Benefits

Open Enrollment Guide

The Texas A&M University System Open Enrollment period is taking place from July 10-31, 2024. As an A&M System COBRA Participant, you have the opportunity during this time to make plan changes, enroll in, and/or add dependents to medical, dental, and vision coverage for the upcoming plan year. **If you are enrolled in coverage through Academic HealthPlans (AHP), you will get information directly from them regarding your health coverage.** Elections or changes made during Open Enrollment will be effective September 1, 2024 and continue for the next year or for the remainder of your original COBRA eligibility period, whichever period is shorter.

No changes to your current elections?

If you do not want to make any changes to your current COBRA coverage, you do not need to do anything. Your 2024 elections for these benefit plans will automatically continue for plan year 2025.

Reminder for FY2025

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.

For more information

For more information, visit the System Benefits Administration webpage at tamus.edu/benefits.

2024-2025 COBRA Continuation Premiums				
Plan	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
A&M Care*	\$985.22	\$1,558.54	\$1,383.55	\$1,792.04
A&M Dental PPO	\$30.60	\$61.20	\$64.26	\$97.92
DeltaCare USA Dental HMO	\$21.50	\$38.23	\$38.52	\$59.83
Superior Vision	\$8.53	\$18.07	\$13.97	\$24.93

* The health care premium increases by \$30/month if you or your spouse is a tobacco user.

A&M Care Plan Information

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

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

*Retirees age 65 and older are not eligible for copays.

Member Services Contact Information:

Blue Cross and Blue Shield of Texas: (866) 295-1212

Information about networks outside of Texas: (800) 810-BLUE (2583)

Website: bcbstx.com/tamus

	Network	Brazos Valley Network (BVN) (ends 4/30/25)	Baylor Scott & White Health (Brazos Valley) (ends 4/30/25)	Non-Network
Limitations and Restrictions				
Pre-existing condition limitations:	None	None	None	None
Benefit Maximum:	None	None	None	None
Out-of-service area restrictions:	Emergency care - must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency Care
Maximums and Deductibles				
Deductibles:	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$800 Medical/\$400 Hospital \$2,400 Family
Out-of-pocket maximum:	\$5,000 + the \$400 medical deductible above \$10,000 + \$1,200 family	\$5,000 + the \$400 medical deductible above \$10,000 + \$1,200 family	\$5,000 + the \$400 medical deductible above \$10,000 + \$1,200 family	\$10,000 + \$800 deductible per person \$20,000 + \$2,400 family
Benefit maximum:	No annual/lifetime maximums Except those listed below			
Hospital Benefits				
In-Hospital care:	20% after deductible	10% after deductible	10% after deductible	\$400/admission fee + deductible, then 50%
Emergency Room:	\$200 copay (waived if admitted) +20% after deductible	\$200 copay (waived if admitted) +10% after deductible	\$200 copay (waived if admitted) +10% after deductible	\$200 copay (waived if admitted) + 20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; In-physician's office, See office visit	10% after deductible	10% after deductible	50% after deductible 50% after deductible
Non-Hospital Visits				
*Office visits:	Primary Care: \$20/visit Specialist: \$30/visit Certain surgeries 20% after deductible	Primary Care: \$5/visit Specialist: \$15/visit	Primary Care: \$20/visit Specialist: \$15/visit	50% after deductible
Preventive exam:	100% covered	100% covered	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting and procedure	Benefit depends on setting and procedure	Benefit depends on setting and procedure	50% after deductible

A&M Care Plan Information (cont.)

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

Other Healthcare Benefits

Chiropractic care:	\$30/visit; 30 visits/plan year	\$15 visit; 30 visits/plan year	\$15 visit; 30 visits/plan year	50% after deductible; 30 visits/plan year
Durable medical equipment:	20% after deductible	10% after deductible	10% after deductible	50% after deductible
Maternity care:	Hospital: 20% after deductible; Doctor: \$20 initial visit only	Hospital: 10% after deductible Doctor: \$5 initial visit only	Hospital: 10% after deductible Doctor: \$20 initial visit only	Hospital: 50% after deductible Doctor: 50% after deductible
Mental health:	Inpatient: 20% after deductible Outpatient: \$20/visit	Inpatient: 10% after deductible Outpatient: \$5/visit	Inpatient: 10% after deductible Outpatient: \$20/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
Physical therapy:	\$30/visit	\$15/visit	\$15/visit	50% after deductible
Vision:	\$30/visit	\$15/visit	\$15/visit	Routine preventive exams not covered
Hearing:	Illness/accident coverage; 20% coinsurance, hearing aid up to 1 per ear every 36 months	Illness/accident coverage; 20% coinsurance, hearing aid up to 1 per ear every 36 months	Illness/accident coverage; 20% coinsurance, hearing aid up to 1 per ear every 36 months	Illness/accident coverage; 20% coinsurance, hearing aid up to 1 per ear every 36 months

Prescription Drug Vendor

Vendor: Express Scripts

Member Services Contact Information:

Express Scripts: (866) 544-6970

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 plus the 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

Vision

Vendor: Superior Vision by Metlife

Member Services Contact Information:

Superior Vision by Metlife: (844) 549-2603

Website: microsite.superiorvision.com/tamus

Benefits listed presume you use a Superior Vision network provider, however some benefits are available using non-network providers. If you use a non-network provider, you will need to file a claim to be reimbursed.

	Network benefit	Non-Network benefit
Eye exam (one/person/per plan year)	100% after \$10 copayment	Up to \$50. Copay does not apply.
Materials	100% after \$15 copayment for one standard pair/plan year Frames: up to \$200 retail allowance	Lenses: \$50 to \$100, depending on lens type. Frames: Up to \$90. (Copay doesn't apply).
Contact lenses (once every plan year in place of frame and lens benefits)	up to \$200 allowance	up to \$200 allowance

Dental

Vendor: Delta Dental

Member Services Contact Information:

Delta Dental: (800) 336-8264

Website: deltadentalins.com/tamus

Benefits listed presume you use a network provider for the A&M Dental PPO plan or your elected/assigned provider for the DeltaCare USA Dental HMO plan.

	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

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 <https://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.

Carrier Phone Numbers and Websites		
Blue Cross Blue Shield - A&M Care	(866) 295-1212	bcbstx.com/tamus
Delta Dental - A&M Dental	(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 Program	(866) 544-6970	express-scripts.com
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 <https://www.tamus.edu/benefits/open-enrollment>

Review the Benefits Guide at <https://assets.system.tamus.edu/files/benefits/website/BenefitsGuide.pdf>

Review the plan booklets and brochures at <https://www.tamus.edu/benefits/booklets-brochures>

The Texas A&M University System
Moore/Connally Building
301 Tarrow, 5th Floor
College Station, TX 77840-7896
Phone: (979) 458-6330
employeebenefits@tamus.edu

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al
BCBSTX: 866-295-1212
Express Scripts: 1-866-544-6970

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số
BCBSTX: 866-295-1212
Express Scripts: 1-866-544-6970