

THE TEXAS A&M UNIVERSITY SYSTEM



The Texas A&M University System COBRA Open Enrollment Booklet

Enrollment Period
July 10 - August 7, 2025

COBRA Benefits

2025-2026 Open Enrollment Booklet

The Texas A&M University System Open Enrollment period is taking place from July 10 - August 7, 2025. 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, 2025 and continue for the next year or for the remainder of your original COBRA eligibility period, whichever period is shorter.

New for FY2026

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.

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.

Designating a Beneficiary

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).

For more information

Visit the System Benefits Administration webpage at tamus.edu/benefits.

COBRA Premiums

2025-2026

Plan	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
A&M Care*	\$1065.96	\$1,656.48	\$1,476.25	\$1,896.99
A&M Dental PPO	\$32.66	\$65.30	\$68.56	\$104.47
DeltaCare USA Dental HMO	\$22.15	\$39.37	\$39.68	\$61.63
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

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

	Network	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	\$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: \$20 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 One hearing aid 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):

- 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: Three copayments required if purchased by mail-order and retail pharmacies

Vision

Vendor: Superior Vision by Metlife

Member Services Contact Information:

Superior Vision by Metlife: (844) 549-2603

Website: metlife.com/info/texas-am-university-system

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 \$120. (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: \$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 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 \$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 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

Additional Information

Resources and contacts

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, 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.

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	(833) 393-5433	metlife.com/info/texas-am-university-system
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/FY26BenefitsGuide.pdf>

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

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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

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