THE
TEXAS A&M
UNIVERSITY
SYSTEM

Everything you need to know about

Benefits Open Enrollment for the Employees of The Texas A&M University System

Enrollment Period:
July 10-31, 2026

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 2027. 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, 2026. Decisions made during Open Enrollment are binding through August 31, 2027, 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 FY27?

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 FY27

Premiums, including employee contributions, for the A&M Care Plan will increase slightly. Premiums for the A&M Dental Plan will also see a modest increase.

Beginning September 1, 2026, Basic Life coverage for employees will increase from $7,500 Life and $5,000 AD&D to $50,000 Life and $50,000 AD&D. Basic Life coverage for retirees will increase from $7,500 Life and $5,000 AD&D to $10,000 Life and $10,000 AD&D.

The Dependent Day Care Fleixble Spending Account (FSA) will increase from $5,000 to $7,500.

A personal Health Advocate is part of the A&M Care Plan

Employees and covered dependents in the A&M Care Plan 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.

Prescription Savings Program

The A&M System offers Rx Savings Solutions (RxSS). Use this 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 retirement 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
Texarkana	6/30	10:00am - 12:00pm	Texas A&M University - Texarkana University Center, Eagle Hall 7101 University Avenue Texarkana, TX 75503	TAMUT	All
Commerce	7/1	10:00am - 12:00pm	East Texas A&M University McDowell Business Administration Building, Room 345 2008 University Drive Commerce, TX 75428	ETAMU	All
College Station	7/7	9:00am - 12:00pm	Texas A&M University Innovative Learning Classrooms Building 215 Lamar St. College Station, TX 77843	BCS	All
College Station	7/7	2:00pm - 4:00pm	The Texas A&M University System 301 Tarrow Street Moore-Connally Building, Rooms 122 & 124 College Station Texas 77840	TAMUS	All
Galveston	7/8	10:00am - 12:00pm	Texas A&M University - Galveston Waterfront Pavillion 200 Seawolf Pkwy Galveston, TX 77554	TAMUG	All
College Station	7/9	9:30am - 12:00pm	Brazos Center 3232 Briarcrest Drive Bryan, TX 7780	TAMUS	Retirees
Laredo	7/14	10:00am - 12:00pm	Texas A&M International University Western Hemispheric Trade Center, Room 111 5201 University Blvd Laredo, TX 78041	TAMIU	All
Corpus Christi	7/15	9:00am - 11:00am	Texas A&M University - Corpus Christi Performing Arts Center, Building 25 (Lobby area) 6300 Ocean Dr. Corpus Christi, TX 78412	TAMUCC	All
Kingsville	7/15	2:00pm - 4:00pm	Texas A&M University - Kingsville Memorial Student Union Building (MSUB), Ballroom A&B 1050 W. Santa Gertrudis Street Kingsville, TX 78363	TAMUK	All
Victoria	7/16	10:00am - 12:00pm	Texas A&M University - Victoria Galvan Hall, Room 114 3007 N. Ben Wilson Victoria, TX 77901	TAMUV	All
Stephenville	7/20	10:00am - 1:00pm	Tarleton State University Thompson Student Center, Room 27 (lower level) 631 Texan Trace Stephenville, TX 76402	TARLETON	All
Killeen	7/21	10:00am - 12:00pm	Texas A&M University - Central Texas Warrior Hall - Bill Yowell Conference Center 1001 Leadership Place Killeen, TX 76549	TAMUCT	All
Austin	7/22	10:00am - 12:00pm	Texas Division of Emergency Management Chase Park – Building 1 7700 Chevy Chase Drive, Suite 100 Austin, Texas 78752	TDEM	All
Prairie View	7/23	10:00am - 12:00pm	Prairie View A&M University Recreational Center in Gymnasium 157 LW Minor Prairie View, TX 77445	PVAMU	All

Virtual Open Enrollment Meetings

Thursday, July 2 (All locations)
9:00 – 11:45am
Webinar Link

Meeting ID: 252 626 731 107 970
Passcode: HC6we6qH

Friday, July 10, (All Locations)
1:30 – 4:15 pm
Webinar Link

Meeting ID: 257 302 881 223 481
Passcode: eW6uf9tn

Friday, July 17, (Retiree Only)
9:00 – 11:30am
Webinar Link

Meeting ID: 227 000 370 922
392Passcode: NN3Zi2ME

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

1. Select a date from above, or go to tamus.edu/benefits/open-enrollment and look for "Open Enrollment Virtual Meeting Links".
2. 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.
3. 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 - Morning

July 2, 2026 at 9:00 am

Join the virtual **Open Enrollment Meeting** and stay as long as you would like to hear about your A&M System insurance plans. Times subject to change.

9:00 AM	INTRODUCTION
9:10 AM	Delta Dental
9:30 AM	Superior Vision by MetLife
9:45 AM	MetLife - Life Insurance/AD&D
10:05 AM	New York Life - Long Term Disability
10:20 AM	Navia - Flexible Spending Account
10:40 AM	Express Scripts - Prescription
11:00 AM	Blue Cross and Blue Shield of Texas
11:45 AM	END

Open Enrollment Presentations

Come-and-Go Virtual Schedule - Afternoon

July 10, 2026 at 1:30 pm

Join the virtual **Open Enrollment Meeting** and stay as long as you would like to hear about your A&M System insurance plans. Times subject to change.

1:30 PM	INTRODUCTION
1:40 PM	Delta Dental
2:00 PM	Superior Vision by MetLife
2:15 PM	MetLife - Life Insurance/AD&D
2:35 PM	New York Life - Long-Term Disability
2:50 PM	Navia - Flexible Spending Account
3:10 PM	Express Scripts - Prescription
3:30 PM	Blue Cross and Blue Shield of Texas
4:15 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.
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 *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	$400/admission + deductible then 50%
Emergency Room:	$200 copay (wavied if admitted to hospital) + 20% after deductible	$200 copay (wavied 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 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, 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)

- 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 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 year	$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: Student health center - $10/$35 copay;
Prime Therapeutics RX drug card - $10/generic, $35/preferred brand-name, $60/non-preferred brand-name - no maximum

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 *medical deductible above* $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 (wavied if admitted to hospital) + 20% after deductible	$200 copay (wavied 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; 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; 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
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, 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)

- 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 or through retail pharmacies

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

Life

Basic Life/Basic AD&D *Coverage for you:* *Child Coverage:*	You are automatically covered if you are enrolled in an A&M System health plan. $50,000 in life insurance and $50,000 in AD&D coverage $5,000 in life insurance on each eligible dependent child.
Alternate Basic Life/ Basic AD&D *Coverage for you:* *Child Coverage:*	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 $10,000 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 *Spouse coverage:* *Child Coverage:*	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 *Spouse coverage:* *Child Coverage:*	 $5,000 in life and $5,000 in AD&D coverage; if spouse is enrolled. $5,000 in life insurance and $5,000 in AD&D coverage on each eligible enrolled dependent child.
Dependent Life Plan C *Spouse coverage:* *Child Coverage:*	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: up to $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)	up to $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 View the Delta Dental 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: $365
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, 2026

*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	$1,150.00	$30.00	$1,800.44	$370.22	$1,581.08	$245.54	$2,053.14	$496.58
	Bi-Weekly	$1,150.00	$15.00	$1,800.44	$185.11	$1,581.08	$122.77	$2,053.14	$248.29
J Plan	Monthly	$1,120.00	$0.00	$1,740.44	$310.22	$1,551.08	$215.54	$1,993.14	$436.58
	Bi Weekly	$1,120.00	$0.00	$1,740.44	$155.11	$1,551.08	$107.77	$1,993.14	$218.29

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	$1,150.00	$593.14	$1,800.44	$1088.46	$1,581.08	$916.44	$2,053.14	$1,277.98
	Bi-Weekly	$1,150.00	$296.57	$1,800.44	$544.23	$1,581.08	$458.22	$2,053.14	$638.99
J Plan	Monthly	$1,120.00	$563.14	$1,740.44	$1,028.46	$1,551.08	$886.44	$1,993.14	$1,217.98
	Bi-Weekly	$1,120.00	$281.57	$1,740.44	$514.23	$1,551.08	$443.22	$1,993.14	$608.99
Graduate Plan	Monthly	$262.50	$0.00	$525.00	$0.00	$696.00	$31.36	$958.50	$183.34
	Bi Weekly	$262.50	$0.00	$525.00	$0.00	$696.00	$15.68	$958.50	$91.67

Dental

		Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Dental PPO	Monthly	$32.54	$65.04	$68.30	$104.06
	Bi-Weekly	$16.27	$32.52	$34.15	$52.03
DeltaCare USA Dental HMO	Monthly	$21.72	$38.60	$38.90	$60.42
	Bi-Weekly	$10.86	$19.30	$19.45	$30.21

Vision

	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

AD&D

Rate per $10,000:

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

		Non-Tobacco Rate	*Tobacco Rate*
Long-Term Disability *Rate per $100 of monthly salary:*	Monthly	$.163	$.210
	Bi-Weekly	$.0815	$.105

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - $3,400
Dependent Daycare Spending Account - $7,500

Basic Life

The premium for this plan is usually paid by the employer contribution.

Basic Life: $6.27

Alternate Basic Life: $.70 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	$.036	$.036	$.036	$.043	$.050	$.102	$.170	$.306	$.476	$.646	$1.216	$1.700
Tobacco Rate	Monthly	$.085	$.085	$.085	$.102	$.119	$.204	$.340	$.612	$.952	$1.292	$2.431	$3.400

Dependent Life

Plan A: Spouse Age-based rate per $1,000 of coverage; Child: $.051 per $1,000 of coverage Spouse Plan B: $.895/month (flat rate) for $5,000 in DL and AD&D
Child Plan B: $0.270/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	$.043	$.051	$.068	$.077	$.085	$.128	$.196	$.366	$.561	$1.080	$1.751	$1.751
Tobacco Rate	Monthly	$.051	$.061	$.082	$.092	$.102	$.153	$.235	$.439	$.673	$1.295	$2.101	$2.101

Premiums – 9 Month Full-Time Employee

September 1, 2026

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		***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	$1,533.33	$40.00	$2,400.59	$493.63	$2,108.11	$327.39	$2,737.52	$662.11
J Plan	9-Months	$1,493.33	$0.00	$2,320.59	$413.63	$2,068.11	$287.39	$2,657.52	$582.11

Dental		***Employee Only***	***Employee & Spouse***	***Employee & Child(ren)***	***Employee & Family***
A&M Dental PPO	9-Months	$43.39	$86.72	$91.07	$138.75
DeltaCare USA Dental HMO	9-Months	$28.96	$51.47	$51.87	$80.56

Vision	***Employee Only***	***Employee & Spouse***	***Employee & Child(ren)***	***Employee & Family***
9-Months	$11.15	$23.63	$18.27	$32.59

AD&D *Rate per $10,000:*	***Employee Only***	***Employee and Family***
Monthly*	$.10	$.24

Long-Term Disability *Rate per $100 of monthly salary:*	***Non-Tobacco Rate***	***Tobacco Rate***
Monthly*	$.163	$.210

Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - $3,400
Dependent Daycare Spending Account - $7,500

Basic Life

The premium for this plan is usually paid by the employer contribution.

Basic Life: $6.27

Alternate Basic Life: $.70 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	$.036	$.036	$.036	$.043	$.050	$.102	$.170	$.306	$.476	$.646	$1.216	$1.700
Tobacco Rate	Monthly	$.085	$.085	$.085	$.102	$.119	$.204	$.340	$.612	$.952	$1.292	$2.431	$3.400

Dependent Life

Plan A: Spouse Age-based rate per $1,000 of coverage; Child: $.051 per $1,000 of coverage Spouse Plan B: $.895/month (flat rate) for $5,000 in DL and AD&D
Child Plan B: $0.270/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	$.043	$.051	$.068	$.077	$.085	$.128	$.196	$.366	$.561	$1.080	$1.751	$1.751
Tobacco Rate	Monthly	$.051	$.061	$.082	$.092	$.102	$.153	$.235	$.439	$.673	$1.295	$2.101	$2.101

REQUIRED DOCUMENATION FOR DEPENDENT ENROLLMENT

You may enroll your eligible dependents for certain A&M System benefits coverage. Eligibility to participate in certain A&M System benefits coverage as a dependent is determined by law. Eligible dependents and required dependent documentation are outlined below.

Type of Dependent	Required Documentation
Spouse	If you are legally married, even if physically separated, you will need: • IRS Transcript of your current filed Federal Tax Return from the IRS.gov website showing you are married filing jointly or married filing separately, **OR** • Valid government-issued marriage license, **AND** • Proof of joint ownership issued within the last six months. *If within two years of marriage date, proof of joint ownership is not required.*
Spouse – Common Law	If you are legally married by a Common Law Marriage, you will need: • IRS Transcript of your current filed Federal Tax Return from the IRS.gov website showing you are married filing jointly or married filing separately, **OR** • Declaration of Informal/Common Law Marriage from the County/State where the marriage was recognized/recorded, **AND** • Proof of joint ownership dated within the last six months. *If within two years of marriage date, proof of joint ownership is not required.*
Biological Child*	• Birth certificate of 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 newborn child(ren) to employee/retiree *(see Documentation Requirements)*, **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
Stepchild*	• Birth certificate of the child(ren) showing the child(ren)'s parent is the employee's/retiree's spouse, **AND** • IRS Transcript of your current filed Federal Tax Return from the IRS.gov website showing you are married filing jointly or married filing separately, **OR** • 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. *If within two years of marriage date, proof of joint ownership is not required.*
Adopted Child*	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 Cour 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 *Note: If you add the child during the Pre-Adoption Placement phase or the Managing Conservator stage, a copy of the Valid Court Order of Adoption will be required once adoption is finalized to continue 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 A&M Care Plan or J Plan medical coverage plus optional coverages (if applicable) submit the BCBSTX Dependent Child's Statement of Disability form directly to BCBSTX as indicated on the form. 2. For 65 Plus Medicare Advantage Plan (PPO) medical coverage plus optional coverages (if applicable) submit the Disabled Dependent Verification form to System Benefits Administration. 3. For optional coverages only, not including medical, submit the TAMUS Dependent Child's Statement of Disability form to System Benefits Administration.
Grandchild*	• Birth Certificate of grandchild(ren) or Verification of Birth Facts form *(see Documentation Requirements)*, **AND** • Birth Certificate of grandchild(ren)'s biological parent (i.e., child of the employee/retiree), **AND** • Dependent Grandchild Certification Form (HR 120), **AND** • IRS Transcript of your current filed Federal Tax Return from the IRS.gov website showing the grandchild(ren) as a claimed dependent of the employee/retiree (*if grandchild is a newborn, tax return not required at the time of enrollment, but will be required during annual recertification process*).
Foster Child	• Valid Court Order establishing a parent-child relationship between the 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.

**Child must be under age 26 for health insurance and can be married or unmarried. Disabled dependent children age 26 and over may be eligible for insurance. For additional information, please reach out to your benefits office.*

Dependent Documentation

Documentation needed to qualify your dependents for coverage.

Documentation Requirements

Make sure your dependents are eligible for insurance and that you have the appropriate documentation to show eligibility before you enroll them in any coverage. You are required to provide the dependent documentation to your Human Resources office directly or by uploading the documents to HRConnect Legacy.

Important reminders for all documents:

- DO NOT SEND ORIGINALS. Send copies only.
- Black out any financial information, monetary amounts and/or account numbers on all documents
- No documents will be returned.

Federal Tax Return:

- Send IRS transcript of your most recent filed Federal Tax Return showing you are married filing jointly or married filing separately
- For grandchildren, the Federal Tax Return transcript must show the grandchild(ren) as a claimed dependent of the employee/retiree
- Your Federal Tax Return transcript must be downloaded from the IRS.gov website.
- Copies of mailed or e-filed tax returns **will not** be accepted.
- A state tax return will NOT be accepted in place of a federal tax return
- Black out any monetary amounts appearing on your federal tax return transcript (if applicable).

Proof of Joint Ownership document:

Proof of joint ownership dated within the last six months. Documents for proof of joint ownership include the following and must include both the employee's/retiree's name and spouse's name as co-owners:

- Mortgage or bank statement, residential leasing agreement, property tax bill, or joint credit card statement.

If within two years of marriage date, proof of joint ownership is not required.

Proof of Marriage document:

You must provide a government-issued marriage license or certificate that includes the date of your marriage. Church-issued certificates will NOT be accepted.

Birth Certificate:

You must provide a government-issued birth certificate listing the parents' names.

- Verification of birth facts or documentation on hospital letterhead indicating the birth date of the child(ren) will be accepted for **temporary enrollment** but must be followed by the birth certificate within 60 days from date of birth to continue coverage.
- Some state and county clerk offices issue the short-form certificate as standard (Iowa, New Jersey, South Carolina, among others). Please get the long form that includes the parents' names. (The long-form certificate is the same kind of document used to get a passport.)

Requesting vital records:

In some states and county clerk offices, it can take four to eight weeks for vital records to come in. Typically, though, they are delivered within 10-14 business days. Please order your documents as soon as possible to ensure receipt by the verification deadline.

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, 2026 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	benefits@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	benefits@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	metlife.pathfactory.com/tamu-system
Express Scripts - A&M Care Drug Plan	(866) 544-6970	express-scripts.com
MetLife - Life Insurance/ AD&D	(800) 438-6388	metlife.pathfactory.com/tamu-system
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