



Everything you need to know about
Retiree Benefits Open Enrollment
The Texas A&M University System

Enrollment Period:
July 10-31, 2024

2024-2025 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 Personal Benefits Summary, enclosed with this booklet, and/or review your benefits online by logging into Workday accessible on the Single Sign On (SSO) menu at sso.tamus.edu. You can change your benefits, update your beneficiaries, check your mailing address, and add an email address online through Workday. It is important to have an updated mailing and email address to receive benefit communications throughout the year. You can also mark changes on your Personal Benefits Summary and mail or deliver it to your HR office. **Be sure to submit any changes by July 31, 2024. There will be no options to enroll or make changes after Open Enrollment closes.**

No changes to 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 will continue. You can access 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 July 31.

What if I want to change my elections or to enroll for the first time?

If you want to change your elections or enroll in coverage for the first time, you can make changes on your Personal Benefits Summary included with this packet, and return it to the Human Resources office listed on your summary by July 31, 2024. You can also log into Workday to make changes. Changes in Workday must be made by July 31, 2024. Any changes you make during Open Enrollment will take effect on September 1, 2024. Decisions made during Open Enrollment are binding through August 31, 2025, unless you have a Qualifying Life Event. Workday gives you the ability to update your dependent and beneficiary data and make benefit choices.

1. Go to Single Sign On (SSO) at sso.tamus.edu and log in. If you do not remember your UIN, refer to the top of your Personal Benefits Summary letter included with this booklet.
2. Click on the **Workday** link. You can review

your current benefits/premiums by clicking the Menu button in the upper left hand corner of your Workday homepage, selecting the Benefits and Pay App.

3. 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**.
4. If you make any benefit changes, you will receive an email confirmation.

What if I have a qualifying life event during the current year?

Dependents who become eligible or ineligible during the year can be added or dropped from your coverages within 31 days of the Qualifying Life Event. An ex-spouse and/or ex-stepchildren are not eligible dependents. Documentation will be required when you add or drop a dependent due to a Qualifying Life Event.

What if I become eligible for Medicare during FY2025?

The A&M System urges all retired employees and dependents to enroll in Medicare Parts A and B when they become eligible at age 65, or earlier if they are eligible due to a disability. Retired employees, or soon-to-be retired employees, or their dependents who are eligible for Medicare must have Medicare Parts A and B to receive the maximum benefits available from the A&M System Retirement Healthcare Plans.

If you turn age 65 during the year, you should enroll in Medicare and move to the 65 Plus Medicare Advantage Plan (PPO). If your spouse is enrolled on your medical plan and is under the age of 65, or otherwise not eligible for Medicare, you should remain in the A&M Care Plan until your spouse is eligible for Medicare. The out-of-pocket maximum and premiums are lower for the 65 Plus Medicare Advantage Plan (PPO), but the other benefits are similar to the A&M Care Plan. See page 5 for more information about Medicare enrollment. There are additional rules if you retire and then return to work for the A&M System.

About Your Benefits

Important Notice

Retirees/Survivors are unable to make medical plan changes in Workday during Open Enrollment. Please contact your benefits office to change your medical plan.

New for FY2025

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

Life Insurance Reminder

To enroll in or increase your Optional or Dependent Life coverage, you must provide Evidence of Insurability (EOI). If you choose your coverage amount in Workday, you will receive a notice to wait until August 1. At that point you will receive an additional notice to return to Workday to answer your EOI questions. Your EOI will be approved or denied by The Hartford. If the coverage amount is approved, it becomes effective the first of the month following your receipt of notice. Remember that if you are changing to a different age bracket for life insurance, for example, 70, your coverage level will decrease.

Reminder about Emergency Room Copays

For those enrolled in the A&M Care Plan, there is a \$200 copayment required for emergency room visits. The copayment will be waived if the member is admitted to the hospital. This copayment is necessary to help offset the increasing costs of emergency room visits, especially out-of-network, stand-alone emergency rooms.

Silver Sneakers



The Texas A&M University System offers a fitness program for retirees age 65 and older. The Tivity Health SilverSneakers® Fitness program is the nation's leading fitness program designed exclusively for older adults. This program provides A&M System retirees a free, basic fitness membership with access to 15,000 classes in 13,000 locations nationwide. Get started in 3 easy steps:

1. Go to SilverSneakers.com/StartHere to create an online account.
2. Log in to view your member ID number and take that to a participating location.
3. You can also enjoy virtual workouts through your new account.
4. Start a healthy routine with the support you need.

Medicare - Federal Health Insurance Program

If you or any of your covered dependents are or will soon be eligible to receive the federal health insurance program known as Medicare, you should reach out to the Social Security Administration office to determine your enrollment requirements.

When you (and your spouse) turn 65, you will be moved to the 65 Plus Medicare Advantage Plan (PPO) with Medicare Part D Prescription Drug coverage from Express Scripts. The 65 Plus Medicare Advantage Plan (PPO) offers the same great benefits as the A&M Care Plan, has a lower out-of-pocket maximum and no prescription drug deductible. If you are or become eligible for the 65 Plus Medicare Advantage Plan (PPO) and opt out of this coverage because you have medical coverage through another source other than Medicare, or for most other reasons, you will no longer be able to remain in the A&M Care Plan. Opting out of 65 Plus Medicare Advantage Plan (PPO) coverage will mean that you are opting out of any medical coverage through The Texas A&M University System.

Compare the Plans	A&M Care Plan	65 Plus Medicare Advantage Plan
Preventive Care	Same	Same
Network	Same	Same
No annual limits or pre-existing condition limitations	Same	Same
Premium for Retiree Only	None	None
Primary Care Physician/Specialist Copays	None	None
Prescription Drug Copay	Same	Same

Know the Differences

Premium for Retiree and Spouse	\$281.04	\$118.92
Out-of-Pocket Maximum	\$5,400	\$750 + 400 prescription drug
Prescription Drug Deductible	\$50	\$0
Prescription Drug Access <i>*plans may have separate formulary inclusions/exclusions</i>	30 day fills at any Smart90 Network Pharmacy	30 day fills at any Network Pharmacy; 90 day fills at any Broad Performance Medicare Network pharmacy
Coinsurance	Medicare pays as primary TAMUS pay 80% of remaining after deductible	5% of total cost All PCP visits are \$0

If your modified adjusted gross income is above a certain amount, you may pay a Part D income-related monthly adjustment amount to Social Security (Part D-IRMAA). This adjustment amount should be lower than what you may pay for Part B. Learn more at [medicare.gov](https://www.medicare.gov) website.

The 65 Plus Medicare Advantage Plan (PPO) and Medicare

The A&M System urges all retirees and their covered dependents to enroll in Medicare Parts A and B when they become eligible. In most cases, if you do not enroll in Medicare when you're first eligible, you must pay a late enrollment penalty to Medicare for as long as you have Part B.

Retirees, soon-to-be Retired Employees, and their covered dependents who are eligible for Medicare must have Medicare Parts A and B to enroll in the 65 Plus Medicare Advantage Plan (PPO).

Original Medicare is administered directly by the federal government. It is the way participants in the 65 Plus Medicare Advantage Plan (PPO) get their Medicare medical coverage. **It has two parts:**

Part A (Hospital Insurance) - covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.

Part B (Medical Insurance) - covers most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services.

Medicare Part D (outpatient Prescription Drug Insurance) provides outpatient prescription drug coverage. Part D is provided to Medicare-eligible 65 Plus Medicare Advantage Plan (PPO) participants through the Express Scripts Medicare® Prescription Drug Plan (PDP) for the 65 Plus Medicare Advantage Plan (PPO). It is not provided directly by the government (like original Medicare).

Note: Certain retirees who return-to-work in a modified or phased capacity may have additional options. To learn about those options and the guidelines, reach out to your institution's HR/Benefits office for details.

The Medicare Part D Prescription Drug Plan

Medicare-eligible retirees and Medicare-eligible dependents of retirees are automatically enrolled into the Medicare Part D prescription drug plan upon enrollment in the 65 Plus Medicare Advantage Plan (PPO). The Part D plan has the same copays and other benefits of the employee prescription plan.

If enrolled in the Part D coverage through the 65 Plus Medicare Advantage Plan (PPO), you may not enroll in another non-A&M System Part D plan or Medicare

Advantage plan with prescription drug coverage. The Centers for Medicare and Medicaid Services (CMS) only allow enrollment in one Medicare plan.

Enrollment in a non-A&M System Medicare Part D or Medicare Advantage Plan will cancel your prescription drug and medical coverage through 65 Plus Medicare Advantage Plan (PPO) and you will no longer be eligible for any A&M System medical plans until the next Open Enrollment period.

The medical and prescription out-of-pocket maximums for 65 Plus Medicare Advantage Plan (PPO) benefits will reset on January 1.

The Centers for Medicare and Medicaid Services (CMS) will send you prescription drug plan materials, including detailed benefits information and an ID card.

Income-Based Medicare Costs

Medicare-eligible participants enrolled in the A&M Care retiree coverage with income above a certain level may be subject to an Income Related Medicare Adjustment Amount (IRMAA). This fee is paid to Medicare and is not a premium paid to the 65 Plus Medicare Advantage Plan (PPO). The Social Security Administration (SSA) makes initial determinations about whether the income-related monthly adjustment amount (IRMAA) applies to you. Conversely, if your income qualifies you for extra help to pay for your Medicare prescription drug coverage, you will receive information on this from the Medicare prescription drug plan. For more information on Medicare eligibility and enrollment visit, tamus.edu/benefits, [medicare.gov](https://www.medicare.gov) or call 1-800-633-4227.

FAQ for 65 Plus Medicare Advantage Plan (PPO)

Q. What is a Medicare Advantage Plan? How is it different from my traditional coverage?

A. Medicare Advantage plans are government-authorized plans offered by private health insurance companies like Blue Cross and Blue Shield of Texas that expand upon the benefits offered by Medicare Parts A and B. Also known as ‘Medicare Part C’ plans, they include some medical benefits not traditionally covered by Original Medicare Parts A and B. For example, the 65 Plus Medicare Advantage Plan (PPO) includes non-Medicare covered benefits such as an eye exam, hearing aid allowance, the SilverSneakers® fitness program, Omada, Wondr Health, Hinge Health, TeleDoc for Diabetes and Hypertension, routine acupuncture services, private duty nursing, a 24-hour nurse line, and MDLive virtual visits.

Q. Are Medicare Advantage plans joint? Can my spouse or partner be on a different plan?

A. Retirees and their eligible dependents are enrolled in Medicare as individual members; however sponsored plans determine their own eligibility and enrollment policies.

Q. Can I be refused coverage due to a pre-existing condition? Can my policy be canceled once I am enrolled because of my condition?

A. You cannot be refused coverage because of a pre-existing condition. Your coverage cannot be canceled and your claims for covered services cannot be denied because of a pre-existing condition.

Q. What are the advantages of a group Medicare plan like the 65 Plus Medicare Advantage Plan over an individual Medicare plan?

A. As a rule, group Medicare plans have better benefits than individual plans. And, because the A&M System subsidizes (paying part of the cost you would pay wholly on your own with an individual plan) the cost of the plan, it is less to the member.

Q. Regarding Part C, will coverage through a supplemental plan be included? A. The 65 Plus Medicare Advantage Plan (PPO) is a Part C Medicare Advantage plan, not to be confused with a Medicare Supplement Medicare does not cover.

Q. How do I opt out of the 65 Plus Medicare Advantage Plan (PPO)?

A. During open enrollment, you and your covered dependents may choose to opt out of this plan by noting it on your PBS letter or contacting your Human Resources or Benefits Office listed in the back of the booklet. If you take action to opt out, you will not have any medical, prescription or basic retiree life insurance through the Texas A&M University System.

Q. If I decline participation in this Group plan, can I sign up later?

A. Yes, you can opt in or out of the plan anytime you have a qualifying life event or during Open Enrollment.

The A&M Care Plan and Medicare

The A&M System urges all retirees and their covered dependents to enroll in Medicare Parts A and B when they become eligible. In most cases, if you do not enroll in Medicare when you're first eligible, you must pay a late enrollment penalty to Medicare for as long as you have Part B.

Retirees, soon-to-be Retired Employees, and their covered dependents who are eligible for Medicare must have Medicare Parts A and B to receive the maximum benefits available from the A&M Care Plan.

Original Medicare is administered directly by the federal government. It is the way participants in the A&M Care Plan get their Medicare medical coverage.

It has two parts:

Part A (Hospital Insurance) - covers most medically necessary hospital, skilled nursing facility, home health, and hospice care.

Part B (Medical Insurance) - covers most medically necessary doctors' services, preventive care, durable medical equipment, hospital outpatient services, laboratory tests, x-rays, mental health care, and some home health and ambulance services.

Medicare Part D (outpatient Prescription Drug Insurance) provides outpatient prescription drug coverage. The A&M Care plan prescription drug benefits provide creditable coverage to Medicare Part D. It is not necessary to enroll in a Medicare Part D plan when enrolled in the A&M Care Plan. If you are enrolled in the A&M Care Plan and choose to join an outside Medicare Part D plan, you are not required to drop your medical and prescription drug coverage. Your A&M Care Plan prescription drug benefits will coordinate with your outside Part D coverage.

Note: Certain retirees who return-to-work in a modified or phased capacity may have additional options. To learn about those options and the guidelines, please reach out to your institution's HR/Benefits office for details.

As a retired employee, even if you or your Medicare-eligible dependent have declined Medicare Part B, the A&M System will reduce your claim payments by the benefit that would have been available to you under Medicare Part B (usually 80%), and then pay the remaining claim amount under the terms of your health plan. Medical bills can quickly climb to tens or hundreds or thousands of dollars. Eighty percent of a hospital stay or outpatient procedure could have a lasting financial impact to you and your family.

The deductible and out-of-pocket maximums for A&M Care Plan benefits will reset on September 1.

Income-Based Medicare Costs

Medicare-eligible participants enrolled in the A&M Care retiree coverage with income above a certain level may be subject to an Income Related Medicare Adjustment Amount (IRMAA). This fee is paid to Medicare and is not a premium paid to the A&M Care Plan. The Social Security Administration (SSA) makes initial determinations about whether the income-related monthly adjustment amount (IRMAA) applies to you.

For more information on Medicare eligibility and enrollment refer to the A&M System Benefits Administration website at tamus.edu/benefits, [medicare.gov](https://www.medicare.gov) or call 1-800-633-4227.

Medicare Coordination of Benefits (COB)

Medicare-Eligible Retirees with A&M Care Plan

You are considered Medicare-Primary if you are:

- retired; and
- eligible for Medicare; and
- not working for the A&M System at 50% effort or more for at least 4½ consecutive months in a budgeted position.

If you are Medicare-Primary, all A&M plans pay benefits as if you are enrolled in Medicare Parts A and B. In addition, you will not be eligible for copayments.

Plan benefits are calculated based on the total billed amount from your health provider. After Medicare pays, your A&M plan pays either the full benefit or the difference between the Blue Cross Blue Shield of Texas allowed amount and the amount Medicare paid. This means that you receive full reimbursement in some cases. The chart below shows an example of the COB with Medicare and the A&M Care Plan if you have a \$243 doctor’s office visit.

	Medicare Primary (A&M Care) Plan year: January-December	A&M Care Primary (Medicare Secondary) Plan year: September-August
Primary Payer	Cost: \$243 Medicare Deductible: \$233 Remainder: \$10 Medicare pays 80%: \$8	\$20 or \$30 copayment, depending on the provider. If using a PPO provider, claim is paid with PPO benefits. If not, paid as traditional deductible and co-insurance.
Secondary Payer	\$243 is applied toward your \$400 A&M Care deductible. If the A&M Care deductible has already been met, A&M Care will pay the \$233. Retiree pays 20%: \$2 Cost for retiree (deductible + 20%): \$235	\$233 is applied to the Medicare deductible.

The chart below will help you determine whether Medicare is primary or secondary in various situations. The chart also includes information for covered spouses and dependents of the retiree:

Retiree eligible for Medicare	Dependents eligible for Medicare	Eligible for the 65 Plus MA Plan	Plan primary for retiree	Plan primary for dependents
<i>If you are retired and NOT working for the TAMU System in a benefit-eligible position (50% time or more for at least 4 1/2 months)</i>				
Y	Y	Y	Medicare	Medicare
Y	N	N	Medicare	A&M Care
N	Y	N	A&M Care	Medicare
N	N	N	A&M Care	A&M Care
<i>If you ARE a retiree who has returned to work for the TAMU System in a benefit-eligible position (50% time or more for at least 4 1/2 months)</i>				
N*	N	N	A&M Care	A&M Care

**If your terms of employment (percent effort or term months) change during the fiscal year, your primary/secondary status may change when coordinating benefits. Check with your Human Resources office if you are unsure of your status.*

Medicare Part D Notice of Creditable Coverage

This notice has information about your current prescription drug coverage with The Texas A&M University System and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering enrolling in a Medicare Part D plan or an Advantage Plan with prescription drug coverage that is not affiliated with the A&M System, you should compare your current coverage through the A&M System, including which drugs are covered at what cost, with the coverage and costs of the Medicare plans available to you. Information about where you can get help with making decisions about your prescription drug coverage is included at the end of this notice.

You should know:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The Texas A&M University System has determined that the prescription drug coverage offered by the A&M Care Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join when you first become eligible for Medicare, and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable drug coverage through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a non-A&M System Medicare Drug Plan?

If you are enrolled in the 65 Plus Medicare Advantage Plan (PPO) you cannot also be enrolled in an outside Part D or Medicare Advantage plan. Medicare will automatically cancel the Part D coverage through the 65 Plus Medicare Advantage Plan (PPO) for you/your spouse at the end of the month prior to the non-A&M system Medicare drug plan becoming effective. You will then no longer be eligible for the 65 Plus Medicare Advantage Plan (PPO) and will no longer have medical coverage through The Texas A&M University System.

When will you pay a higher premium (penalty) to join a Medicare Drug Plan?

If you drop or lose your current coverage with the A&M System and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. Your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:

Contact your Human Resource Office listed at the back of this booklet for further information. You'll get this notice each year. You may request a copy of this notice at any time from your Human Resources office.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the “[Medicare & You](#)” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information, visit [medicare.gov](https://www.medicare.gov); call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help OR call (800) MEDICARE (800-633-4227). TTY users should call (877) 486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at (800) 772-1213 (TTY (800) 325-0778).

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Retiree Open Enrollment Meetings

Open Enrollment meetings will be both virtual and in person. There are dedicated Retiree Open Enrollment meetings on **July 18th at 1:30pm (in person)** and **July 19th at 9:30am (virtual)**. If you cannot attend one of these meetings, contact the Benefits or Human Resources Office from which you retired to find an alternative meeting. Contact information is listed in the back of this booklet.

Retiree in person Open Enrollment Meeting

July 18, 2024, 1:30 - 3:30 pm

RELLIS Campus - Center for Infrastructure Renewal

1041 RELLIS Parkway, Room 1107, Bryan, TX 77807

Reserved parking available in the back half of lot 1100

Retiree Virtual Open Enrollment Meeting

July 19, 2024, 9:30 - 11:30 am

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

1. To register visit tx.ag/RetireeMeetingVirtual or go to tamus.edu/benefits/open-enrollment and click the button that says “RETIREE TEAMS MEETING”.
2. When you click “Register”, you will be asked to enter your name and email address.
3. Once you register, you will receive an email confirmation and the meeting link
4. If you do not want to ask questions during the meeting, please write them down and go to the Open Enrollment website at tamus.edu/benefits/open-enrollment at a later date to submit your questions via the Open Enrollment Question Form. The Open Enrollment website will be active until July 31st.
5. If you have further questions, please contact your Benefits or Human Resources Office at the contact email or phone number listed in the back of this booklet.

Virtual Open Enrollment Presentation Agenda

Times are estimated and subject to change.

9:30 am Introduction

9:40 am Delta Dental

10:00 am Superior Vision

10:15 am Hartford Life/AD&D

10:35 am Express Scripts

10:55 am BlueCross/BlueShield of Texas

11:30 am End

65 Plus Medicare Advantage Plan (PPO)

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

Available everywhere. Policy holder must be retired, enrolled in Medicare Parts A&B and not working for the A&M System for 50% or greater time for more than 4½ months. All covered dependents must also be enrolled in Medicare Parts A&B.

Member Services: 1 (855) 476-4149 | Outside of Texas: 1 (800) 810-BLUE (2583)

bcbstx.com/tamus-retiree-medicare/coverage

Limitations and Restrictions

Pre-existing condition limitations:	None
Benefit Maximum:	None
Out-of-service area restrictions:	None

Maximums and Deductibles

Deductibles:	Individual: \$0
Out-of-pocket maximum: (1/1 through 12-31) Medical	Individual: \$750 medical

Hospital Benefits

In-Hospital care:	5% of total cost
Emergency Room:	5% of total cost
Surgery:	5% of total cost In-physician's office; 5% of total cost

Non-Hospital Visits

Office visits:	5% of total cost
Lab/X-rays:	5% of total cost
High Technology Radiology (MRI, CT & pet scans, stress test, Angiogram & myelography):	5% of total cost
Skilled nursing facility:	\$0 copy per day for days 1-20; 5% of total cost per day for days 21-100
Home health care:	5% of total cost

Other Healthcare Benefits

Chiropractic care (medicare covered):	5% of total cost
Durable medical equipment:	5% of total cost
Mental health:	Inpatient – 5% of total cost Outpatient - 5% of total cost
Physical therapy:	5% of total cost
Vision (medicare covered):	5% of total cost
Hearing:	Illness/accident coverage; 5% coinsurance \$2,000 per ear on hearing aids every 3 years

Prescription Drugs - Express Scripts 1 (855) 895-4647 www.express-scripts.com

This is a Medicare Part D Plan.

Deductibles: (1-1 through 12-31)	\$0	
Out-of-pocket maximum: (1-1 through 12-31)	\$400	
Retail Prescription Copays:	31 Day	32-90 Day
Generic	\$10	\$30
Formulary	\$35	\$105
Non-Formulary	\$60	\$180
Mail-Order Prescription Copays:	1-90 Day	
Generic	\$20	
Formulary	\$70	
Non-Formulary	\$120	

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: 1 (866) 295-1212 | Outside of Texas: 1 (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; includes Brazos Valley Network (BVN)	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; BVN-10% after deductible	\$400/admission + deductible then 50%
Emergency Room:	20% after deductible; BVN-10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
Surgery:	20% after deductible; BVN-10% 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; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
Preventive exam:	100% covered	Not covered
Lab/X-rays:	Benefit depends on setting & procedure	50% after deductible
Skilled nursing facility (not custodial care):	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
Home health care:	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year
Other Healthcare Benefits		
*Chiropractic care:	\$30/visit; 30-visits/plan year; BVN-\$15/visit	50% after deductible; 30-visits/plan year
Durable medical equipment:	20% after deductible; BVN-10% after deductible	50% after deductible
*Maternity care:	Hospital: 20% after deductible; BVN-10% after deductible Doctor: \$30 initial visit only; BVN-\$15 initial visit	Hospital: 50% after deductible; Doctor: 50% after deductible
*Mental health:	Inpatient: 20% after deductible; BVN-10% after deductible Outpatient: \$20/visit; BVN-\$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
*Physical therapy:	\$30/visit; BVN-\$15/visit	50% after deductible
*Vision:	\$30/visit; BVN-\$15/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 1 (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 available 90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies 		

Life	
Basic Life/Basic AD&D <i>Coverage for you:</i> <i>Child Coverage:</i>	You are automatically covered if you are enrolled in an A&M System health plan. \$7,500 in life insurance and \$5,000 in AD&D coverage \$5,000 in life insurance on each eligible dependent child.
Alternate Basic Life/Basic AD&D <i>Coverage for you:</i> <i>Child Coverage:</i>	If you are not enrolled in System health coverage, but certify that you have other health coverage, you can pay for Alternate Basic Life using the employer contribution. If you select this coverage, you cannot enroll in Optional Life. Maximum of \$50,000 if younger than 80 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. Coverage will automatically be reduced to \$30,000 at age 80. \$5,000 in life insurance on each eligible dependent child.
Optional Life	Maximum of \$100,000 if younger than 70. Coverage will automatically be reduced to \$60,000 at age 70 and \$30,000 at age 80.
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. You can elect Spouse Life in multiples of \$1,000. <70 up to \$50,000, not to exceed amount of Retiree Optional Life; >70 limited to 50% of Retiree Optional Life 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. <80 up to 50% of Retiree ABL (maximum of \$25,000); >80 up to 50% of Retiree ABL (maximum of \$15,000). \$5,000 Alternate Basic Life coverage amount on each enrolled child.
<ul style="list-style-type: none"> You must provide evidence of insurability to enroll in or increase Life insurance coverage for you or your spouse. If you are enrolled in Alternate Basic Life, your coverage will be reduced to \$30,000 when you reach age 80. 	

AD&D		
Accidental Death & Dismemberment provides benefits for an accidental injury that results in the death or dismemberment of a covered person. You can choose retiree-only or family coverage up to \$200,000 in coverage if your age is < 70 and up to \$60,000 if your age is >70.		
Vision		
	Network benefit	Non-Network benefit
Eye exam (one/person/per plan year)	100% after \$10 copayment	Up to \$50. Copay does not apply.
Materials (one std. pair/plan year)	Frames: \$200 retail allowance Lenses: 100% after \$15 copayment	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		
<ul style="list-style-type: none"> You must live 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 unless you have a corresponding QLE. 		
	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.	Preventative: 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	Basic Care: 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 \$1,500 maximum annual benefit.	Major restorative: You pay a pre-set fee, for example: Crown; porcelain/ceramic: \$395; Complete denture; maxillary: \$385
Your cost for orthodontic care	After deductible, 50% up to the \$1,500 maximum annual benefit.	Orthodontic: You pay a pre-set fee, for example: Orthodontic treatment plan and records: \$200 Comprehensive treatment, adults: \$2,100

Monthly Premiums – Retirees

September 1, 2024

Health	Retiree Only		Retiree & Spouse		Retiree & Child(ren)		Retiree & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care	\$965.90	\$ 0.00	\$1,527.98	\$281.04	\$1,356.42	\$195.26	\$1,756.90	\$395.50
65 Plus MA (PPO)	\$864.48	\$ 0.00	\$1,365.86	\$118.92	\$1,212.74	\$51.58	\$1,570.21	\$208.81

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

Dental	Retiree Only		Retiree & Spouse		Retiree & Child(ren)		Retiree & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Dental PPO	\$30.00		\$60.00		\$63.00		\$96.00	
DeltaCare USA Dental	\$21.08		\$37.48		\$37.76		\$58.66	

Vision	Retiree Only		Retiree & Spouse		Retiree & Child(ren)		Retiree & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
	\$8.36		\$17.72		\$13.70		\$24.44	

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.

Monthly Rate per \$1,000:	Age	Non-tobacco rate	Tobacco rate	Age	Non-tobacco rate	Tobacco rate
		Under 25	\$.05	\$.10	50-54	\$.20
	25-29	.05	.10	55-59	.36	.72
	30-34	.05	.10	60-64	.56	1.12
	35-39	.06	.12	65-69	.76	1.52
	40-44	.07	.14	70-74	1.43	2.86
	45-49	.12	.24	75+	2.00	4.00

Dependent Life

Plan A: Child \$.06 per \$1,000 of coverage

Plan B: Spouse: \$1.05 (flat rate) for \$5,000 in DL & AD&D Child: \$0.32 (flat rate) for \$5,000 in DL & AD&D

Plan C: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

Age	Non-tobacco rate	Tobacco Rate	Age	Non-tobacco rate	Tobacco Rate
Under 25	\$.05	\$.060	50-54	\$.23	\$.276
25-29	.06	.072	55-59	.43	.516
30-34	.08	.096	60-64	.66	.792
35-39	.09	.108	65-69	1.27	1.524
40-44	.10	.120	70-74	2.06	2.472
45-49	.15	.180	75+	2.06	2.472

AD&D

Monthly rate per \$10,000

Retiree Only

\$.28

Retiree & Family

\$.46

Survivor Rates

Survivors are eligible for only health, dental, and vision coverage.

	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care	\$965.90	\$1,527.98	\$1,356.42	\$1,756.90
65 Plus MA (PPO)	\$864.48	\$1,365.86	\$1,212.74	\$1,570.21
A&M Dental PPO	\$30.00	\$60.00	\$63.00	\$96.00
DeltaCare USA Dental	\$21.08	\$37.48	\$37.76	\$58.66
Vision	\$8.36	\$17.72	\$13.72	\$24.44

Dependent Documentation

Documentation is required to add any new dependents.

Legal Marriage Documents

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

- Your most recent filed tax Federal Tax Return with signature page or e-file confirmation (financial information can be redacted), **OR**
- Marriage certificate **AND** proof of joint ownership dated less than six months old. Recommended documents for proof of joint ownership include:
- A mortgage or bank statement, residential leasing agreement, property tax bill, or joint credit card statement. Documents must include both the employee's name and the spouse's name. If within two years of marriage, then only the marriage certificate is required.

Common Law Marriage Document

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

- Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately, **OR**
- Texas Declaration of Informal/Common Law Marriage from the County where the marriage was recognized or recorded **AND** proof of joint ownership dated less than six months old. Recommended documents for proof of joint ownership include:
A mortgage or bank statement, residential leasing agreement, property tax bill, or joint credit card statement. Documents must include both the employee's name and the spouse's name.

Biological Child Documents

Birth certificate of the biological child listing the employee as either the mother or father. If the child is under 6 months old, documentation on hospital letterhead indicating the birth date of the child or children will be accepted as temporary enrollment but must be followed by the birth certificate when received.

Stepchild Documents

Child's birth certificate showing the child's parent is the employee's spouse, **AND** proof of marriage which includes the marriage certificate showing legal marriage between the employee and the child's parent **AND** proof of joint ownership dated less than a month

old. In lieu of the marriage certificate and proof of joint ownership, you can provide your most recent filed Federal Tax Return with signature page or e-file confirmation (financial information can be redacted).

Adopted Child Documents

The documents will depend on the current stage of the adoption. Official court/agency placement papers for a child placed with you for adoption (initial stage), **OR** Official Court Adoption Agreement for an Adopted Child (mid-stage), **OR** birth certificate (final stage).

Disabled/Incapacitated Child age 26 or older

A doctor's statement regarding the physical or mental condition of the dependent, whether the dependent is able to maintain self-sustaining employment and whether the condition occurred before the child reached age 26.

In order for the medically incapacitated dependent to be enrolled in coverage when he/she is age 26 or older, the following documentation must be submitted either before the child/grandchild reaches age 26 if currently enrolled or at the time of enrollment:

- For medical coverage including optional coverages (if applicable) submit the [BCBSTX Dependent Child's Statement of Disability form](#).
- For optional coverage only excluding medical, submit the [TAMUS Dependent Child's Statement of Disability](#) to System Benefits Administration for review.

Grandchild Documentation

Most recent filed tax return, including the signature or confirmation of e-file, showing the grandchild as a claimed dependent (financial information can be redacted).

Foster Child

Official Court or Agency Placement papers

Legal Guardianship of a child

Court order establishing guardianship of a child. Eligible up to age 18 unless court order defines otherwise.

Managing Conservatorship of a child

Court order establishing managing conservatorship of a child. Eligible up to age 18 unless court order defines otherwise.

** Foreign documents should be accompanied by an English translation.*

Important Information

The A&M System is committed to protecting your personal health information. The System’s Notice of Privacy Practices is available online at assets.system.tamus.edu/files/benefits/pdf/HIPAAprivacy.pdf or from your Human Resources office.

This booklet is a summary of the benefit plans effective September 1, 2024, and does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

Human Resources Offices		
Texas A&M University	(979) 862-1718	benefits@tamu.edu
Texas A&M Health Science Center	(979) 436-9184	benefits@tamu.edu
Prairie View A&M University	(936) 261-1730	benefitsteam@pvamu.edu
Tarleton State University	(254) 968-9128	benefits@tarleton.edu
Texas A&M University-Central Texas	(254) 519-8015	hr@tamuct.edu
Texas A&M International University	(956) 326-2365	hr@tamiu.edu
Texas A&M University-Commerce	(903) 886-5049	HR.benefits@tamuc.edu
Texas A&M University-Corpus Christi	(361) 825-2625	Benefits@tamucc.edu
Texas A&M University at Galveston	(409) 740-4534	benefits@tamu.edu
Texas A&M University-Kingsville	(361) 593-3398	theresa.perez@tamuk.edu
Texas A&M University-Texarkana	(903) 223-3160	HR@tamut.edu
Texas A&M Transportation Institute	(979) 317-2055	HumRes@tti.tamu.edu
Texas A&M University-San Antonio	(210) 784-2058	benefits@tamusa.edu
Texas A&M Forest Service	(979) 845-9337	agrilifebenefits@ag.tamu.edu
Texas A&M AgriLife	(979) 845-2423	agrilifebenefits@ag.tamu.edu
Texas A&M Engineering	(979) 458-7699	Engrbenefits@tamu.edu
Texas A&M Engineering Extension Service	(979) 458-6801	HR@teex.tamu.edu
Texas Department of Emergency Management	(979) 458-6330	employeebenefits@tamus.edu
West Texas A&M University	(806) 651-2117	benefits@wtamu.edu
System Offices	(979) 458-6330	employeebenefits@tamus.edu
Carrier Phone Numbers and Websites		
Blue Cross and Blue Shield - A&M Care; 65 PLUS	(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	(844) 549-2603	microsite.superiorvision.com/tamus
Express Scripts - Prescription Drug	(866) 544-6970	express-scripts.com/
The Hartford	(860) 547-5000	thehartford.com/learn/tamus
Navia Benefit Solutions	(800) 669-3539	naviabenefits.com
New York Life	(800) 362-4462	mynylgbs.com

Online Enrollment Resources

- Check the annual enrollment page at tamus.edu/benefits/open-enrollment
- Review the Retiree Guide at assets.system.tamus.edu/files/benefits/website/RetireeBenefitsGuide.pdf
- Review the plan books at tamus.edu/benefits/booklets-brochures

Insurance Billing Office

The Insurance Billing Office provides insurance premium-related direct billing for all Retirees and Survivors.

For questions related to your benefits coverage, making changes to your benefits, or if you need to make changes to your contact information, please reach out to your respective Human Resources or Benefits Office. A listing of workstation contacts can be found on page 17 of this guide.

For questions related to billing, please contact the Insurance Billing team by telephone at (979) 845-0015 or email SBAInsurance-Billing@tamus.edu. Our customer service hours are Monday through Friday, 8 a.m. – 5 p.m. CST. Please allow at least 48 hours for us to return your call or respond to your email.

Please visit the Insurance Billing webpage at tamus.edu/benefits/system-insurance-billing-department for additional information, forms and FAQs.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al

BCBSTX: 1-866-295-1212

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: 1-866-295-1212

Express Scripts: 1-866-544-6970

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