



Everything you need to know about  
**Benefit Open Enrollment**  
for the **Employees of**  
**The Texas A&M University System**  
Enrollment Period:  
*July 1, 2022 - July 31, 2022*

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# 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 on the Single Sign On (SSO) menu at <https://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 2023. 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, 2022. Decisions made during Open Enrollment are binding through August 31, 2023, 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 <https://sso.tamus.edu> and log in. Click on the Workday link. You can review your current benefits/premiums by clicking the Benefits Worklet and selecting Current Elections.
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 confirmation in Workday. Review the summary and be sure these are benefits you intended to elect for FY2023.

### **WHAT IF I HAVE A QUALIFIED LIFE EVENT IN FY2023?**

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, adopted, foster, stepchildren, and eligible grandchildren. An ex-spouse is not an eligible dependent. Documentation will be required when you add a dependent.

### **THE COST OF COVERAGE**

- The employee premium will remain the same for medical coverage and there are no plan design changes. We have maintained this employee contribution level for the past seven years even though plan costs have increased.
- Delta Dental PPO plan rates are increasing slightly for the first time in 12 years.

## **NEW FOR FY2023**

- Retirees who are eligible for Medicare A&B will be moved to the 65 Plus Plan. If you are or become eligible for the 65 Plus Plan 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 Plan coverage will mean that you are opting out of any medical coverage through the Texas A&M University System.
- To earn the lowest premium, members need to complete the Two-Step Program by completing two activities from their MyEvide checklist between September 1, 2022, and June 30, 2023. Starting September 1, 2022, the annual wellness exam will be required as one of your Two-Step activities for the new plan year.
- There will be no grace period to enroll or make changes after Open Enrollment closes July 31, 2022. No corrections can be made in the month of August before the effective date of September 1.

## **REMINDERS**

- If you are an employee or retiree covering your grandchild as a dependent, you should recertify your dependent by submitting new documentation to your Human Resources Office. Accepted grandchild documentation is a copy of the portion of your most recent income tax return that states you are claiming your grandchild as a dependent. You may redact (cross out) any financial information.
- If you would like to remain enrolled in a Flexible Spending Account, you must re-enroll every year.
- It is important to name a beneficiary for life insurance, and the fastest way for your beneficiary to obtain your benefit in the event it is needed. Open Enrollment is a good time to check your beneficiaries and ensure they are up to date.

# 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	System Member	For
College Station	7/6	8:00AM-5:00PM	ILCB, 215 Lamar, College Station, TX 77844	TAMU/HSC	All
College Station	7/7	9:00AM-12:00PM	200 Technology Way, College Station TX. 77845	TEEX, TFS	All
Weslaco	7/12	9:00AM-12:00PM	312 N. International Blvd, Weslaco, Tx 78599	TAMUK-Weslaco	All
Kingsville	7/13	10:00AM-2:00PM	Memorial Student Union Building, 700 University Blvd, Second Floor	TAMUK	All
Galveston	7/15	10:00AM-2:30PM	ASEC Bldg 3035, Lobby	TAMUG	All
Bryan	7/15	8:30AM-10:00AM	Brazos Center <b>(BCS Retirees only)</b>	BCS	All
Prairie View	7/18	9:00AM-2:00PM	W.A. Templton Memorial Student Center(MSC), Grand Ballroom, 2nd floor	PVAMU	All
Austin	7/19	10:00AM-2:00PM	1033 La Posada Dr., Austin, TX 78752, 1st floor atrium/lobby	TDEM	All
Texarkana	7/22	9:00AM-12:00PM	University Center, 1st floor Eagle Hall	TAMU-Texarkana	All

## Virtual Open Enrollment Meetings

### Tuesday, July 5, 1 – 5PM (All Locations)

[July 5th Webex link](#)

Webinar number: 2590 072 9308  
Webinar password: benefits (23633487 from phones)

Join by phone  
+1-855-282-6330 US TOLL FREE  
+1-415-655-0003 US TOLL  
Access code: 259 007 29308

### Friday, July 15, 1 – 4PM (Retiree Only)

[July 15th Webex link](#)

Webinar number: 2593 477 7229  
Webinar password: benefits (23633487 from phones)

Join by phone  
+1-855-282-6330 US TOLL FREE  
+1-415-655-0003 US TOLL  
Access code: 259 347 77229

### Wednesday, July 20, 8AM – 12PM (All Locations)

[July 20th Webex link](#)

Webinar number: 2592 599 3318  
Webinar password: benefits (23633487 from phones)

Join by phone  
+1-855-282-6330 US TOLL FREE  
+1-415-655-0003 US TOLL  
Access code: 259 259 93318

### Wednesday, July 27, 8AM – 12PM (All Locations)

[July 27th Webex link](#)

Webinar number: 2598 361 2940  
Webinar password: benefits (23633487 from phones)

Join by phone  
+1-855-282-6330 US TOLL FREE  
+1-415-655-0003 US TOLL  
Access code: 259 836 12940

### **How to attend the Virtual Open Enrollment Meeting via phone:**

1. Record and call **the number listed on the Webex link** on your phone 5 minutes before the meeting begins, or 5 minutes before the presentation you would like to join. It is a toll-free number.
2. You will be prompted to enter the Meeting ID/Access Code.
3. It will ask you for a participant ID, simply press the “#” button.
4. Upon entry into the meeting, you will automatically be muted.
5. You may drop off the call at any time.
6. If you do not want to ask questions during the presentation, please go to the Open Enrollment website at <https://tamus.edu/open-enrollment/> at a later date to record your questions in the Open Enrollment Question Form. The Open Enrollment website will be active until July 31st.
7. 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.

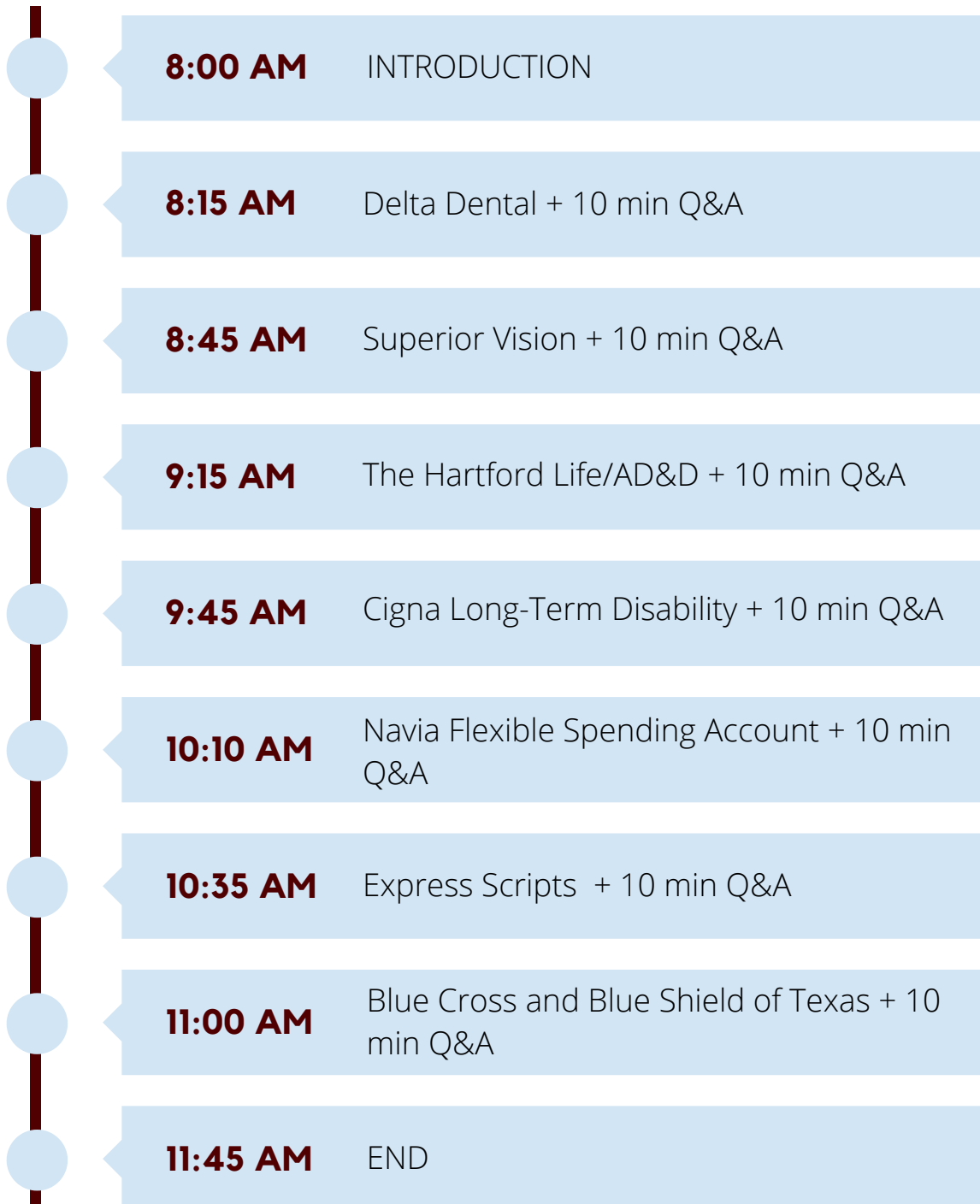
### **How to attend the Virtual Open Enrollment Meeting on a computer with speakers:**

1. You will receive an email from your Benefits Office with the Webex meeting invite if your email address is entered in Workday. If you do not receive the email, please go to the A&M System Open Enrollment website at <https://tamus.edu/open-enrollment> and click the digital calendar to find the link to your meeting.
2. When you click “Join the meeting”, you will be asked to enter an email as a guest.
3. Upon entry into the meeting, you will automatically be muted. Please hold questions until the Q&A period. You can submit your questions using the chat box icon at the bottom of the screen.
4. You may leave the meeting at any time by closing your browser window.
5. If you do not want to ask questions during the presentation, please go to the Open Enrollment website at <https://tamus.edu/open-enrollment/> at a later date to record your questions in the Open Enrollment Question Form. The Open Enrollment website will be active until July 31st.
6. 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

Join the **Open Enrollment Webex** for your campus or agency and stay as long as you'd like to hear about your A&M System insurance plans



# Open Enrollment Presentations

## Come-and-Go Virtual Schedule - Afternoon

Join the **Open Enrollment Webex** for your campus or agency and stay as long as you'd like to hear about your A&M System insurance plans



<b>1:00 PM</b>	INTRODUCTION
<b>1:15 PM</b>	Delta Dental + 10 min Q&A
<b>1:45 PM</b>	Superior Vision + 10 min Q&A
<b>2:15 PM</b>	The Hartford Life/AD&D + 10 min Q&A
<b>2:45 PM</b>	Cigna Long-Term Disability + 10 min Q&A
<b>3:10 PM</b>	Navia Flexible Spending Account + 10 min Q&A
<b>3:35 PM</b>	Express Scripts + 10 min Q&A
<b>4:00 PM</b>	Blue Cross and Blue Shield of Texas + 10 min Q&A
<b>4:45 PM</b>	END



# A&M Care Plan

<b>Vendor: Blue Cross and Blue Shield of Texas (BCBSTX)</b> This is a Preferred Provider Organization (PPO). Costs are higher if non-network providers are used. <i>*Retirees age 65 and older, not working for the A&amp;M System, are not eligible for copays.</i>		
<b>Member Services:</b> 1 (866) 295-1212   Outside of Texas: 1 (800) 810-BLUE (2583)   <a href="https://www.bcbstx.com/tamus">https://www.bcbstx.com/tamus</a>		
	<b>Network; includes Brazos Valley Network (BVN)</b>	<b>Non-Network</b>
<b>Limitations and Restrictions</b>		
<b>Pre-existing condition limitations:</b>	None	
<b>Benefit Maximum:</b>	None	
<b>Out-of-service area restrictions:</b>	Emergency care - must notify BCBSTX within 48 hours	Emergency care
<b>Maximums and Deductibles</b>		
<b>Deductibles:</b>	\$400 Medical/\$50 prescription	\$800 Medical/\$400 hospitalization
<b>Out-of-pocket maximum:</b>	\$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
<b>Benefit maximum:</b>	No annual/lifetime maximums Except those listed below	
<b>Hospital Benefits</b>		
<b>In-Hospital care:</b>	20% after deductible; BVN-10% after deductible	\$400/admission + deductible then 50%
<b>Emergency Room:</b>	20% after deductible; BVN-10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
<b>Surgery:</b>	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
<b>Non-Hospital Visits</b>		
<b>*Office visits:</b>	Primary Care Physician-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
<b>Preventive exam:</b>	100% covered	Not covered
<b>Lab/X-rays:</b>	Benefit depends on setting & procedure	50% after deductible
<b>Skilled nursing facility (not custodial care):</b>	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
<b>Home health care:</b>	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year
<b>Other Healthcare Benefits</b>		
<b>*Chiropractic care:</b>	\$30/visit; 30-visits/plan year; BVN-\$15/visit	50% after deductible; 30-visits/plan year
<b>Durable medical equipment:</b>	20% after deductible; BVN-10% after deductible	50% after deductible
<b>*Maternity care:</b>	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
<b>*Mental health:</b>	Inpatient: 20% after deductible; BVN-10% after deductible Outpatient: \$20/visit; BVN-\$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
<b>*Physical therapy:</b>	\$30/visit; BVN-\$15/visit	50% after deductible
<b>*Vision:</b>	\$30/visit; BVN-\$15/visit	Routine preventive exams not covered
<b>Hearing:</b>	Illness/accident coverage; 20% coinsurance, hearing aid up to \$1,000 per ear, every 3 years	Illness/accident coverage; 20% coinsurance
<b>Prescription Drugs - Express Scripts 1 (855) 895-4647 Website: <a href="https://www.express-scripts.com">https://www.express-scripts.com</a></b>		
After you meet the \$50/person/plan year prescription drug deductible (three-person maximum)		
<ul style="list-style-type: none"> <li>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</li> <li>90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies</li> </ul>		



## 2022-2023 Plan: Graduate Student Health Plan (SHP) Information

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

Any registered and enrolled A&M System graduate student employed by the System 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): 1 (877) 624-7911; Website: <https://tamus.myahpcare.com/>

	Network	Non-Network
<b>Limitations and Restrictions</b>		
<b>Pre-existing condition limitations:</b>	None	n/a
<b>Out-of-service area restrictions:</b>	None	n/a
<b>Maximums and Deductibles</b>		
<b>Deductibles:</b>	\$500 Medical/waived student health center	\$700; waived student health center
<b>Out-of-pocket maximum:</b>	\$7,900/person (includes all copayments)	\$12,700/person (includes all copayments)
<b>Benefit maximum:</b>	No annual/lifetime maximums	
<b>Hospital Benefits</b>		
<b>In-Hospital care:</b>	20% after deductible	40% after deductible
<b>Emergency Room: Emergency Room Physician:</b>	20% after \$150 copayment 20% after deductible	
<b>Surgery:</b>	20% after deductible	40% after deductible
<b>Non-Hospital Visits</b>		
<b>Office visits:</b>	\$35 copay	40% after \$35 copayment
<b>Preventive exam:</b>	100% covered	40% after deductible
<b>Lab/X-rays:</b>	20% after deductible	40% after deductible
<b>Skilled nursing facility (not including custodial care):</b>	20% after deductible; 25 days/plan year	40% after deductible; 25 days/plan year
<b>Home health care:</b>	20% after deductible; 60 visits/plan year	40% after deductible; 60 visits/plan year
<b>Other Healthcare Benefits</b>		
<b>Chiropractic care:</b>	\$35/visit; 35 visits/person	40% after \$35 copay; 35 visits/person
<b>Durable medical equipment:</b>	20% after deductible	40% after deductible
<b>Mental health:</b>	Inpatient - 20% after deductible Outpatient - \$35/visit	40% after deductible 40% after \$35 copay
<b>Physical therapy:</b>	\$35/visit; 35 visits/person	40% after \$35 copay; 35 visits/person
<b>Vision/Hearing:</b>	20% after deductible One preventive vision exam/per plan year	40% after deductible
<b>Prescription drugs:</b> \$10/\$35 at student health center; Prime Therapeutics RX drug card \$10/generic, \$35/preferred brand-name, \$60/non-preferred brand-name - no maximum Generic Drug –A medication duplicated by another company once the patent expires Brand Name Drug –A medication developed by a pharmaceutical company		

## 2022-2023 Plan: J Plan Health Care Information

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

The Texas A&M University 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 1 (866) 295-1212; Information about networks outside of Texas: 1 (800) 810-BLUE (2583)  
Website: <http://www.bcbstx.com/tamus>

	Network; includes Brazos Valley Network (BVN)	Non-Network
<b>Limitations and Restrictions</b>		
<b>Pre-existing condition limitations:</b>	None	
<b>Out-of-service area restrictions:</b>	Emergency care- must notify BCBSTX within 48 hours	Emergency care
<b>Maximums and Deductibles</b>		
<b>Deductibles:</b>	\$400 Medical/\$50 Rx	\$800 Medical/\$400 hospitalization
<b>Out-of-pocket maximum:</b>	\$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
<b>Benefit maximum:</b>	No annual/lifetime maximums Except those listed below	
<b>Hospital Benefits</b>		
<b>In-Hospital care:</b>	20% after deductible; BVN-10% after deductible	\$400/adm. + deduct., then 50%
<b>Emergency Room:</b>	20% after deductible; BVN-10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
<b>Surgery:</b>	20% after deductible; BVN-10% after deductible In-physician's office, See office visit	50% after deductible 50% after deductible
<b>Non-Hospital Visits</b>		
<b>Office visits:</b>	Primary Care Physician-\$20/visit; BVN-\$5/visit Specialist-\$30/visit; BVN-\$15/visit Certain surgeries—20% after deductible	50% after deductible
<b>Preventive exam:</b>	100% covered	Not covered
<b>Lab/X-rays:</b>	Benefit depends on setting & procedure; See plan book or call BCBSTX	50% after deductible
<b>Skilled nursing facility (not including custodial care):</b>	20% after deductible; 60-days/plan year	50% after deductible; 60-days/plan year
<b>Home health care:</b>	20% after deductible; 60-visits/plan year	50% after deductible; 60-visits/plan year

### Reminder About Medical Evacuation & Repatriation

Repatriation of remains of at least \$25,000 and medical evacuation coverage of at least \$50,000 are also required of those on a J-1 or J-2 visa. The student insurance plan for graduate and international students exceeds this federal requirement.

The J plan does not provide these benefits; however, GeoBlue 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

### Vendor: ExpressScripts

Member Services Contact Information: 1 (866) 544-6970 | Website: <http://www.express-scripts.com>

Prescription drugs: After you meet the \$50/person/plan year prescription drug deductible (three-person maximum)

- 30-day supply: \$10/generic, \$35/brand-name formulary, \$60/brand-name non-formulary; brand-name copayment + difference between brand-name and generic when available
- 90-day supply: Two copayments required if purchased by mail-order; three if purchased through most retail pharmacies

<b>Life</b>	
<b>Basic Life/Basic AD&amp;D</b> <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.
<b>Alternate Basic Life/Basic AD&amp;D</b> <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. \$50,000 or the amount of optional life you had immediately before enrolling in this plan, whichever is less, as well as \$5,000 in Basic AD&D coverage \$5,000 in life insurance on each eligible dependent child.
<b>Optional Life</b>	Employee: ½ to 6x salary with a maximum coverage amount of \$1,000,000.
<b>Dependent Life Plan A</b> <i>Spouse coverage:</i> <i>Child Coverage:</i>	You can enroll your dependents if you have Optional Life coverage. You pay for the coverage yourself. Coverage amounts are: \$25,000, \$50,000, \$75,000, \$100,000, \$150,000 or \$200,000 up to the equivalent amount of the employee Optional Life. \$10,000 in life insurance on each eligible enrolled dependent child.
<b>Dependent Life Plan B</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.
<b>Dependent Life Plan C</b> <i>Spouse coverage:</i> <i>Child Coverage:</i>	You can enroll your dependents if you have Alternate Basic Life coverage. You pay for the coverage yourself. 50% of your Alternate Basic Life coverage amount, if spouse is enrolled. \$5,000 Alternate Basic Life coverage amount on each enrolled child.
<ul style="list-style-type: none"> <li>You must provide evidence of insurability to enroll in or increase Life insurance coverage for you or your spouse.</li> </ul>	

<b>AD&amp;D</b>	
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.	
<i>Spouse Coverage:</i> 50% of your coverage amount (with no children 60%)	
<i>Child Coverage:</i> 10% of your coverage amount (with no spouse 15%) maximum coverage \$25,000	

<b>Vision</b>		
	<b>Network benefit</b>	<b>Non-Network benefit</b>
Eye exam (one/person/per plan year) Materials (one std. pair/plan year)	100% after \$10 copayment Frames: \$150 retail allowance Lenses: 100% after \$15 copayment	Up to \$50. Copay does not apply. Lenses: \$50 to \$100, depending on lens type. Frames: Up to \$90. (Copay doesn't apply).
Contact lenses (once every plan year in place of frame and lens benefits)	\$150 retail allowance	up to \$150 allowance
Refractive eye surgery	15% off reasonable and customary cost, or 5% off promotional price.	N/A

<b>Dental</b>		
<ul style="list-style-type: none"> <li>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.</li> <li>The DHMO requires you to select a primary dentist to use for authorization of all dental services.</li> <li>You cannot change plans during the plan year unless you move out of the DHMO service area, and</li> <li>You cannot add or drop coverage for yourself or any dependents during the plan year unless you have a corresponding QLE.</li> </ul>		
	<b>A&amp;M Dental PPO</b>	<b>DeltaCare USA Dental HMO</b>
Deductible	\$75/person/plan year; \$225 family/plan year	None
Maximum benefit	Regular: \$1,500/person/plan year; Orthodontia: \$1,500/person/lifetime	No maximum
Your cost for preventive care	\$0 (if you use a network provider). The plan covers three regular or periodontal cleanings per plan year at 100% up to maximum allowable charges. Deductible does not apply.	Comprehensive oral exam: \$0; Cleaning (once each six months): \$5; Panoramic X-rays (once every three years): \$0
Your cost for basic care	You pay the deductible plus 20% of the maximum allowable charges for fillings, root canals, extractions and periodontics, up to the \$1,500 maximum annual benefit	You pay a pre-set fee, for example: Amalgam fillings: \$8-\$22; Anterior root canal, \$155
Your cost for major restorative care	After deductible, 50% of the maximum allowable charges for crowns, dentures and bridges, up to annual maximum.	You pay a pre-set fee, for example: Crown; porcelain/ceramic: \$395; Complete denture; maxillary: \$385
Your cost for orthodontic care	After deductible, 50% up to maximum benefit.	You pay a pre-set fee, for example: Orthodontic treatment plan and records: \$200 Comprehensive treatment, adults: \$2,100

## Premiums

September 1, 2022

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 Bi-Weekly	\$30.00 \$15.00	\$1,377.36 \$1,377.36	\$341.04 \$170.52	\$1,205.80 \$1,205.80	\$225.26 \$112.63	\$1,606.28 \$1,606.28	\$455.50 \$227.75
J Plan	Monthly Bi Weekly	\$0.00 \$0.00	\$1,377.36 \$1,377.36	\$281.04 \$140.52	\$1,205.80 \$1,205.80	\$195.26 \$97.63	\$1,606.28 \$1,606.28	\$395.50 \$197.75
<b>Part-Time Employees (work a 20-29 hour week)</b>								
	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 Bi-Weekly	\$440.00 \$220.00	\$1,377.36 \$1,377.36	\$891.56 \$445.78	\$1,205.80 \$1,205.80	\$732.88 \$366.44	\$1,474.76 \$1,474.76	\$1063.24 \$531.62
J Plan	Monthly Bi-Weekly	\$410.00 \$205.00	\$1,377.36 \$1,377.36	\$831.56 \$400.78	\$1,205.80 \$1,205.80	\$702.88 \$336.44	\$1,414.76 \$1,414.76	\$1003.24 \$501.62
Graduate Plan	Monthly Bi Weekly	\$0.00 \$0.00	\$504.00 \$504.00	\$0.00 \$0.00	\$669.00 \$669.00	\$166.08 \$83.04	\$913.00 \$913.00	\$317.96 \$158.98

### Dental

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Dental PPO	Monthly Bi-Weekly	\$60.00 \$30.00	\$63.00 \$31.50	\$96.00 \$48.00
DeltaCare USA	Monthly	\$37.48	\$37.76	\$58.66
Dental HMO	Bi-Weekly	\$18.74	\$18.88	\$29.33

### Vision

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Monthly	\$7.60	\$16.12	\$12.46	\$22.22
Bi-Weekly	\$3.80	\$8.06	\$6.23	\$11.11

### 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	\$ .178	\$ .230
Bi-Weekly	\$ .089	\$ .115

## Flexible Spending Account

Maximum you can deduct from your pay:

Health Care Spending Account - \$2,850  
Dependent Daycare Spending Account - \$5,000

## Basic Life

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

Basic Life: \$4.70

Alternate Basic Life: \$.626 per \$1,000 of coverage

## Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year. If you are a bi-weekly employee, the life rates are divided in half per month. *Monthly rate per \$1,000:*

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

## Dependent Life

Plan A: Spouse Age-based rate per \$1,000 of coverage; Child: \$.06 per \$1,000 of coverage

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

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

Plan C: 1/2 Alternate Basic Life premium; 1/10 if no spouse is covered

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



## Premiums – 9 Month Full-Time Employee

September 1, 2022

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. Tobacco user and wellness charges, if applicable, are \$40/month, since they are prorated. If you have a wellness credit, that is prorated as well. Health rates include a prorated \$30 wellness premium for both you and your spouse. Only the A&M Care Plan is eligible for the wellness premium. If you have completed your wellness activities, you will see a prorated \$30 credit in Workday that will reduce this premium. Premiums increase by \$40 if you or your spouse is a tobacco user:

<b>Health</b>		<b>Employee Only</b>		<b>Employee &amp; Spouse</b>		<b>Employee &amp; Child(ren)</b>		<b>Employee &amp; Family</b>	
	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	
A&M Care	9-Months	\$1087.04	\$40.00	\$1,836.48	\$454.73	\$1,607.73	\$300.33	\$2,141.70	\$607.33
J Plan	9-Months	\$1087.04	\$0.00	\$1,836.48	\$374.72	\$1,607.73	\$260.35	\$2,141.70	\$527.33

<b>Dental</b>		<b>Employee Only</b>		<b>Employee &amp; Spouse</b>		<b>Employee &amp; Child(ren)</b>		<b>Employee &amp; Family</b>	
		<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>
A&M Dental PPO	9-Months		\$40.00	\$80.00	\$80.00	\$84.00	\$84.00	\$128.00	\$128.00
DeltaCare USA Dental HMO	9-Months		\$28.11	\$49.97	\$49.97	\$50.35	\$50.35	\$78.21	\$78.21

<b>Vision</b>		<b>Employee Only</b>		<b>Employee &amp; Spouse</b>		<b>Employee &amp; Child(ren)</b>		<b>Employee &amp; Family</b>	
		<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>
9-Months		\$10.13		\$21.49		\$16.61		\$29.63	

<b>AD&amp;D</b>		<b>Employee Only</b>		<b>Employee and Family</b>	
		<i>Total Cost</i>	<i>Your Cost</i>	<i>Total Cost</i>	<i>Your Cost</i>
Rate per \$10,000:	Monthly*	\$0.10		\$0.24	

## Long-Term Disability

Rate per \$100 of monthly salary:

	<b>Non-Tobacco Rate</b>	<b>Tobacco Rate</b>
Monthly*	\$ .178	\$ .230

## Flexible Spending Account

Maximum you can deduct from your pay: Health Care Spending Account - \$2,850  
 Dependent Daycare Spending Account - \$5,000



## Optional Life

Your age on September 1 will be the age used to calculate your premiums for the rest of the fiscal year. *Monthly rate per \$1,000:*

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

## Dependent Life

Plan A: Spouse Age-based rate per \$1,000 of coverage; Child: \$.06 per \$1,000 of coverage

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

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

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

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

*\*Employees deducted over 9 months: After calculating your monthly rate, multiply the rate by 12 to get your annual total, and divide it by 9 months.*

# Dependent Documentation

Documentation is required to add any new dependents.

## Legally Married Spouse

- Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately. Financial information should be blacked out, **OR**
- \*Marriage Certificate **AND** Proof of Joint Ownership dated less than six months old. Recommendations of documentation that shows proof of joint ownership include: Texas car insurance document, a mortgage or bank statement, or property tax bill. 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 Spouse

- Texas Declaration of Informal/Common Law Marriage from the County where the marriage was recognized or recorded, **OR**
- Your most recent Federal Tax Return(s) showing that you are married filing jointly or separately, **AND** Proof of Joint Ownership dated less than six months old. Recommendations of documentation that shows proof of joint ownership include: Texas car insurance document, a mortgage or bank statement, or property tax bill. Documents must include both the employee's name and the spouse's name.

## Biological or Adopted Child (adoption complete)

- Birth Certificate (must show employee's name as the parent), **OR**
- For children under 6 months old, documentation on hospital letterhead indicating the child's birth date will be accepted for temporary enrollment. The birth certificate must be provided when received.

## Stepchild

- Child's Birth Certificate showing the child's parent as the employee's spouse, **AND** Marriage Certificate showing legal marriage. If common law marriage, you must provide the documentation as outlined under Common Law Spouse.

## Adopted Child (in progress)

- Official court/agency placement papers (initial stage), **OR**
- Official Court Adoption Agreement for an Adopted Child (mid-stage)

## Grandchild

- Tax return showing claimed grandchild
- The tax return may be redacted of proprietary information

## Foster Child

- Official Court or Agency Placement papers

## Legal Guardianship of a child

- Court Order establishing the appropriate legal relationship.

## Managing Conservatorship of a child

- Court Order establishing the appropriate legal relationship.

*\* 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 <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, 2022, 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.

<b>Human Resources Offices</b>		
Texas A&M University	(979) 862-1718	benefits@tamu.edu
Texas A&M Health Science Center	(979) 436-9184	hschr@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	penningt@tamug.edu
Texas A&M University-Kingsville	(361) 593-4998	theresa.perez@tamuk.edu
Texas A&M University-Texarkana	(903) 223-3113	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	agriflifebenefits@ag.tamu.edu
Texas A&M AgriLife	(979) 845-2423	agriflifebenefits@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
<b>Carrier Phone Numbers and Websites</b>		
Blue Cross and Blue Shield - A&M Care; 65 PLUS	(866) 295-1212	<a href="https://www.bcbstx.com/tamus">https://www.bcbstx.com/tamus</a>
Delta Dental PPO	(800) 336-8264	<a href="https://www.deltadentalins.com/tamus/">https://www.deltadentalins.com/tamus/</a>
DeltaCare USA Dental HMO	(800) 422-4234	<a href="https://www.deltadentalins.com/tamus/">https://www.deltadentalins.com/tamus/</a>
Superior Vision	(844) 549-2603	<a href="https://microsite.superiorvision.com/tamus">https://microsite.superiorvision.com/tamus</a>
Express Scripts - Prescription Drug	(866) 544-6970	<a href="https://www.express-scripts.com/">https://www.express-scripts.com/</a>
The Hartford	(860) 547-5000	<a href="https://thehartford.com/learn/tamus">https://thehartford.com/learn/tamus</a>
Navia Benefit Solutions	(800) 669-3539	<a href="https://naviabenefits.com/">https://naviabenefits.com/</a>
New York Life (Formerly Cigna)	(800) 362-4462	<a href="https://cigna.com">https://cigna.com</a>

## Online Enrollment Resources

- Check the Open Enrollment page at <https://www.tamus.edu/business/benefits-administration/open-enrollment/>
- Review the Benefits Guide at <https://assets.system.tamus.edu/files/benefits/pdf/GuideBooklet.pdf>
- Review the plan books at <https://www.tamus.edu/business/benefits-administration/booklets-brochures/>