

# THE TEXAS A&M UNIVERSITY SYSTEM



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

Enrollment Period:  
July 1-31, 2022

# COBRA Benefits

## Open Enrollment Guide

The Texas A&M University System Open Enrollment period is taking place from July 1 – July 31, 2022. As an A&M System COBRA Participant, you have the opportunity during this time to make plan changes, enroll in, and/or add dependents to medical, dental, and vision coverage for the upcoming plan year. **If you are enrolled in coverage through Academic HealthPlans (AHP), you will get information directly from them regarding your health coverage.** Elections or changes made during Open Enrollment will be effective September 1, 2022 and continue for the next year or for the remainder of your original COBRA eligibility period, whichever period is shorter.

### No changes to your current elections?

If you do not want to make any changes to your current COBRA coverage, you do not need to do anything. Your 2022 elections for these benefit plans will automatically continue for plan year 2023.

### New for FY2023

- Health insurance premiums are increasing slightly.

### For more information

For more information about the plans and provider networks, visit the Benefits Administration webpage at <https://www.tamus.edu/business/benefits-administration/>.

2022-2023 COBRA Continuation Premiums				
Plan	Participant Only	Participant & Spouse	Participant & Children	Participant & Family
A&M Care*	\$831.59	\$1,404.91	\$1,229.92	\$1,638.41
A&M Dental PPO	\$30.60	\$61.20	\$64.26	\$97.92
DeltaCare USA Dental HMO	\$21.50	\$38.23	\$38.52	\$59.83
Superior Vision	\$7.75	\$16.44	\$12.71	\$22.66

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

## 2022-2023 Plan: A&M Care Information

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

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

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

### Member Services Contact Information:

Blue Cross and Blue Shield of Texas: 1 (866) 295-1212

Information about networks outside of Texas: 1 (800) 810-BLUE (2583)

Website: <http://www.bcbstx.com/tamus>

	Network	Brazos Valley Network (BVN)	Baylor Scott & White Health (Brazos Valley)	Non-Network
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### Limitations and Restrictions

<b>Pre-existing condition limitations:</b>	None	None	None	None
<b>Benefit Maximum:</b>	None	None	None	None
<b>Out-of-service area restrictions:</b>	Emergency care - must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency care - must notify BCBSTX within 48 hours	Emergency Care

### Maximums and Deductibles

<b>Deductibles:</b>	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$400 Medical/\$50 Prescription Drug \$1,200 Family	\$800 Medical/\$400 Hospital \$2,400 Family
<b>Out-of-pocket maximum:</b>	\$5,000 + the \$400 medical deductible above \$10,000 + \$1,200 family	\$5,000 + the \$400 medical deductible above \$10,000 + \$1,200 family	\$5,000 + the \$400 medical deductible above \$10,000 + \$1,200 family	\$10,000 + \$800 deductible per person \$20,000 + \$2,400 family
<b>Benefit maximum:</b>	No annual/lifetime maximums Except those listed below			

### Hospital Benefits

<b>In-Hospital care:</b>	20% after deductible	10% after deductible	10% after deductible	\$400/admission fee + deductible, then 50%
<b>Emergency Room:</b>	20% after deductible	10% after deductible	10% after deductible	20% after deductible if emergency; otherwise 50% after deductible
<b>Surgery:</b>	20% after deductible; In-physician's office, See office visit	10% after deductible	10% after deductible	50% after deductible 50% after deductible

### Non-Hospital Visits

<b>*Office visits:</b>	Primary Care: \$20/visit Specialist: \$30/visit Certain surgeries—20% after deductible	Primary Care: \$5/visit Specialist: \$15/visit	Primary Care: \$20/visit Specialist: \$15/visit	50% after deductible
<b>Preventive exam:</b>	100% covered	100% covered	100% covered	Not covered
<b>Lab/X-rays:</b>	Benefit depends on setting and procedure	Benefit depends on setting and procedure	Benefit depends on setting and procedure	50% after deductible

## 2022-2023 Plan: A&M Care Information

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

## Other Healthcare Benefits

<b>*Chiropractic care:</b>	\$30/visit; 30 visits/plan year	\$15 visit; 30 visits/plan year	\$15 visit; 30 visits/plan year	50% after deductible; 30 visits/plan year
<b>Durable medical equipment:</b>	20% after deductible	10% after deductible	10% after deductible	50% after deductible
<b>*Maternity care:</b>	Hospital: 20% after deductible; Doctor: \$30 initial visit only	Hospital: 10% after deductible Doctor: \$15 initial visit only	Hospital: 10% after deductible Doctor: \$15 initial visit only	Hospital: 50% after deductible Doctor: 50% after deductible
<b>*Mental health:</b>	Inpatient: 20% after deductible Outpatient: \$20/visit	Inpatient: 10% after deductible Outpatient: \$5/visit	Inpatient: 10% after deductible Outpatient: \$5/visit	Inpatient: 50% after deductible Outpatient: 50% after deductible
<b>*Physical therapy:</b>	\$30/visit	\$15/visit	\$15/visit	50% after deductible
<b>*Vision:</b>	\$30/visit	\$15/visit	\$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, hearing aid up to \$1,000 per ear, every 3 years	Illness/accident coverage; 20% coinsurance, hearing aid up to \$1,000 per ear, every 3 years	Illness/accident coverage; 20% coinsurance, hearing aid up to \$1,000 per ear, every 3 years

## Prescription Drug Vendor

### Vendor: Express Scripts

#### Member Services Contact Information:

Express Scripts: 1 (866) 544-6970

Website: <https://www.express-scripts.com/>

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

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

## Vision

### Vendor: Superior Vision

#### Member Services Contact Information:

Superior Vision: 1 (844) 549-2603

Website: <https://microsite.superiorvision.com/tamus/>

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

	Network benefit	Non-Network benefit
<b>Eye exam (one/person/per plan year)</b>	100% after \$10 copayment	Up to \$50. Copay does not apply.
<b>Materials</b>	100% after \$15 copayment for: Frames and lenses, one standard pair/plan year. up to \$150 allowance	Lenses: \$50 to \$100, depending on lens type. Frames: Up to \$90. (Copay doesn't apply).
<b>Contact lenses (once every plan year in place of frame and lens benefits)</b>	up to \$150 allowance	up to \$150 allowance

## Dental

### Vendor: Delta Dental

#### Member Services Contact Information:

Delta Dental: 1 (800) 336-8264

Website: <https://www.deltadentalins.com/tamus>

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

	A&M Dental PPO	DeltaCare USA Dental HMO
<b>Deductible</b>	\$75/person/plan year; \$225 family/plan year	None
<b>Maximum benefit</b>	Regular: \$1,500/person/plan year; Orthodontia: \$1,500/person/lifetime	No maximum
<b>Your cost for preventive care</b>	\$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
<b>Your cost for basic care</b>	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
<b>Your cost for major restorative care</b>	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
<b>Your cost for orthodontic care</b>	After deductible, 50% up to maximum benefit.	You pay a pre-set fee, for example: Orthodontic treatment plan and records: \$200 Comprehensive treatment, adults: \$2,100

# Important Information

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

This booklet is a summary of the benefit plans effective September 1, 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.

Carrier Phone Numbers and Websites		
Blue Cross and Blue Shield A&M Care; A&M Care 65 PLUS	(866) 295-1212	<a href="https://www.bcbstx.com/tamus">https://www.bcbstx.com/tamus</a>
Delta Dental - A&M Dental	(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 - A&M Care Drug Program	(866) 544-6970	<a href="https://www.express-scripts.com/">https://www.express-scripts.com/</a>

## Online Enrollment Resources

- Check the annual 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 booklets and brochures at <https://www.tamus.edu/business/benefits-administration/booklets-brochures/>

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

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