OPTIONAL BENEFITS
Resources

New Employee Benefits Guide

Monthly Premium Information
*Premiums Subject to Change September 1, 2020

9 Over 12 Premium Information
*Premiums Subject to Change September 1, 2020

Dependent Documentation Required

Two-Step Wellness Program
Dental Plans

A&M DENTAL PPO

DELTA CARE USA DENTAL HMO

Website: https://www.deltadentalins.com
A&M Dental Plans

- 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 office.
- 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 certain Life Events.

<table>
<thead>
<tr>
<th>A&amp;M Dental PPO</th>
<th>DeltaCare USA Dental HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>None</td>
</tr>
<tr>
<td>Maximum benefit</td>
<td>No maximum</td>
</tr>
<tr>
<td>Your cost for preventive care</td>
<td>Comprehensive oral exam: $0; Cleaning (once each six months): $5; Panoramic X-rays (once every three years): $0</td>
</tr>
<tr>
<td>$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.</td>
<td>You pay a pre-set fee, for example: Amalgam fillings: $8-$22; Anterior root canal, $155</td>
</tr>
<tr>
<td>Your cost for basic care</td>
<td>You pay a pre-set fee, for example: Crown; porcelain/ceramic: $395; Complete denture; maxillary: $385</td>
</tr>
<tr>
<td>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</td>
<td>You pay a pre-set fee, for example: Orthodontic treatment plan and records: $200 Comprehensive treatment, adults: $2,100</td>
</tr>
<tr>
<td>Your cost for major restorative care</td>
<td></td>
</tr>
<tr>
<td>After deductible, 50% of the maximum allowable charges for crowns, dentures and bridges, up to annual maximum.</td>
<td></td>
</tr>
<tr>
<td>Your cost for orthodontic care</td>
<td></td>
</tr>
<tr>
<td>After deductible, 50% up to maximum benefit.</td>
<td></td>
</tr>
</tbody>
</table>
Provides coverage for:

- Eye exam
- Eyeglass frames & lenses
- Contact Lenses
- Discounts on some elective eye surgeries such as Lasik.
- $10 copayment for exam
- $15 copayment for materials if you use a network provider

Can use the vision exam coverage through the health plan or the vision plan’s exam benefit.

Website: https://superiorvision.com
Long-Term Disability

Plan to protect your income in case an extended disability prevents you from working.

Disability applies during the 90-day waiting period and the next 60 months of disability.

65% of base pay given all sources of income.

Cost of coverage is based on your salary and whether you use tobacco products.

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Non-Tobacco Rate</th>
<th>Tobacco Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$1.178</td>
<td>$2.30</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$0.089</td>
<td>$1.15</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts

Voluntary Programs allow you to pay certain health and dependent day care expenses with before-tax dollars.

Remains in effect entire plan year (September 1 through August 31)

Must re-enroll in the plan to continue participation.

Contributions are a use-it or lose-it.
Life Insurance Coverage

- Basic Life
- Alternate Basic Life
- Optional Life
- Dependent Life
Accidental Death and Dismemberment (AD&D)

Provides benefits in the event of an accidental injury that result in the death or dismemberment of a covered person.

It is payable in addition to any life insurance you may have.

Can choose employee-only or family coverage.

All employees can choose up to $250,000 of coverage in multiples of $10,000. If your annual salary is more than $250,000, you can buy up to 10 times your salary with a maximum coverage amount of $800,000.
Qualifying for Summer Insurance Coverage

To be eligible for summer insurance coverage (06/01/2020-08/31/2020) you must return the following fall (09/01/2020) in a benefits-eligible position.

- For fiscal year 09/01/2020-08/31/2021, summer insurance premiums will be deducted from your check on June 1st for May, June, July and August premiums.

- Beginning in fiscal year 09/01/2021-08/31/2022, summer insurance premiums will be deducted over your 9-month appointment (09/01/2021-05/31/2022). This means you will see a premium increase from last year but will not have a lump sum payment on your June 1st paycheck.

If you do not meet the criteria above, your benefits will end May 31, 2021.
Retiree Benefits

65 Years of Age and 10 Years of Service

10 Years of Service in TRS
Send questions to benefits@tamucc.edu
HR Website: hr.tamucc.edu
Phone: 361.825.2625

Ashley Garcia, Benefits Representative
Jennifer Escamilla, Benefits Specialist III
Mary Canales, Benefits Manager

Recreational Sports (Wellness Contact)
Brianne Baril, Development Specialist III, ext. 2173