Everything you need to know about
Open Benefit Enrollment
for the Employees of
The Texas A&M University System
Enrollment Period:
July 1, 2019 - July 31, 2019
2020 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 2020. 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, 2019. Decisions made during Open Enrollment are binding through August 31, 2020, unless you have a qualified 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 FY2020.

WHAT IF I HAVE A QUALIFIED LIFE EVENT IN FY2020?
Dependents who become eligible during the year can be added to your coverage within 60 days of the qualified Life Event. Eligible dependents are your legal spouse, adopted, foster, stepchildren, and eligible grandchildren. Documentation will be required when you add a dependent. An ex-spouse is no longer an eligible dependent.
NEW FOR FY2020

Blue Cross and Blue Shield is launching an improved patient relationship experience which will change the phone numbers to Blue Value Advisor, Nurseline, and Provider Finder. All calls should be made to Blue Cross and Blue Shield of Texas’ customer service number at 1-866-295-1212.

Grandchild Dependent Recertification: The criteria for covering dependent grandchildren on your insurance has changed. According to Texas Insurance Code Section 1251.151, in order to be considered an eligible dependent, your grandchild(ren) must be claimed as a dependent on your income tax return. If you are already covering your grandchild as a dependent, you should have received information asking you to re-certify your dependent in Workday and submit new documentation via HRConnect Legacy. 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 proprietary information.

ComPsych GuidanceResources will be replacing the Employee Assistance Program provider (Deer Oaks) beginning September 1. The A&M System is pleased to offer Work/Life Solutions to both employees and retirees for the first time this plan year. Services include counseling, childcare topics, concierge services for home repair, education and housing needs, in-house financial guidance by CPAs, CFPs, and referrals to financial advisors in your area, legal advice on divorce, adoption, estate planning, and real estate, eldercare, and more.

The tobacco surcharge now applies to those using e-cigarettes. It also includes cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, and dip.

If you are adding a dependent during Open Enrollment in Workday, please select the Reason for Adding which most closely represents your situation.

If you want to enroll in or increase your Optional or Dependent Life coverage, you must provide Evidence of Insurability (E of I). If you choose your coverage and 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 E of I questions. Once completed, it should be a short time until your E of I application is approved or denied unless additional information is needed. Your application will be approved or denied and become effective the first of the month following your receipt of notice.

The Healthcare Flexible Spending Account maximum annual election will increase from $2,650 to $2,700.

Delta Dental PPO diagnostic and preventive cleaning and x-rays will not count towards your $1,500 maximum annual benefit in the Dental PPO Plan. In addition, employees can now get posterior (all teeth) composite, colored filling coverage, excluding metal filling.
COVERAGE COSTS

- The employee premium for full-time employees and retirees enrolled in the A&M Care Plans will remain the same for the fourth year in a row. Remember that if you are changing to a different age bracket for life insurance, for example, 65-70, your premium may increase.

- The Graduate Student Health Plan premiums will increase. Prescription drug copays at retail pharmacies outside the Student Health Center (SHC) will change from $15/$30/$60 to $10/$35/$60. Prescription drug copays at the SHC will change from $15 to $10/$35. The out-of-pocket maximum is increasing from $6,350 to $7,900. The annual medical deductible is increasing from $350 to $500.

- DeltaCare USA HMO premiums increased slightly.

MDLIVE VIRTUAL VISITS

Virtual Visits is a new feature provided by MDLive through your Blue Cross and Blue Shield health plan.

This digitally-based solution provides cost-effective health care for simple, non-emergency medical and behavioral health conditions 24/7/365. It gives patients access to doctors and therapists in private, secure and confidential environments via telephone, online video or mobile app – no matter where the member lives.

Members select their doctor from a large, national virtual visit network and access customer support 24/7. When appropriate, prescriptions can be sent instantly to the member’s pharmacy of choice. Behavioral health consultations are available by appointment and video only.

Virtual Visits are included in the A&M Care plans with a $20 copay.

WELLNESS INITIATIVE CHANGES FOR NEXT YEAR

Beginning September 1, 2018, employees complete a two-step process to receive the lowest insurance premium for the 2019-2020 plan year.

1. Complete your annual wellness exam. Preventive visits are no cost to you under the A&M Care Plan.

2. Take the Health Assessment on MyEvive* which will provide you with personalized information about available A&M System programs and wellness tools.

*MyEvive will process both actions and you will receive your $30 premium credit. Your credit does not depend on participation in any of the suggested programs. An alternate Health Assessment which will count as credit is available on Well onTarget, through your Blue Access for Members portal.

If you have not already registered for MyEvive, go online to https://tamus.myevive.com and enter your UIN and information from your BCBSTX insurance card. You may also download the MyEvive app on both Android and Apple devices and use the token code myevivetamus. Spouses should use the enrolled employee’s UIN but a personal email address to register for MyEvive.
## 2019-2020 Annual Enrollment Meeting Schedule

<table>
<thead>
<tr>
<th>City</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>System Member</th>
<th>For</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laredo</td>
<td>7/8</td>
<td>9:00AM-12:00PM</td>
<td>Zaffirini Student Success Center, Room 101 5201 University Blvd., Laredo, Texas 78041</td>
<td>TAMU</td>
<td>All</td>
</tr>
<tr>
<td>Laredo</td>
<td>7/8</td>
<td>2:00PM-5:00PM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canyon</td>
<td>7/8</td>
<td>1:30PM-4:00PM</td>
<td>Natural Sciences Building, Room NSB 101 2504 4th Ave, Canyon, Texas 79015</td>
<td>TAMU-West Texas</td>
<td>All</td>
</tr>
<tr>
<td>College Station</td>
<td>7/9</td>
<td>9:00AM-11:30AM</td>
<td>Texas A&amp;M TEEX/TFS Headquarters, Conference Rm 1105 (A/B/C/D) 200 Technology Way, College Station, Texas 77845</td>
<td>TEEX, AgriLife, TFS</td>
<td>All</td>
</tr>
<tr>
<td>College Station</td>
<td>7/9</td>
<td>9:00AM-12:00PM</td>
<td>Brazos Center 3232 Briarcrest Dr., Bryan, TX 77802</td>
<td>TES/COE, TTI, AgriLife, HSC</td>
<td>Retirees</td>
</tr>
<tr>
<td>College Station</td>
<td>7/9</td>
<td>1:30PM-4:30PM</td>
<td>Mechanical Engineering Offices Building; Room 301 101 Bizzell St, College Station, Texas 77843</td>
<td>TEES</td>
<td>Employees</td>
</tr>
<tr>
<td>College Station</td>
<td>7/10</td>
<td>9:00AM-12:00PM</td>
<td>Moore-Connally Building, 1st floor 301 Tarrow St., College Station, Texas 77840</td>
<td>TAMUS</td>
<td>All</td>
</tr>
<tr>
<td>Bryan</td>
<td>7/10</td>
<td>1:00PM-3:30PM</td>
<td>Health Science Center, Bldg 1000, HPEB LL38 8447 Riverside Pkwy, Bryan, Texas 77807</td>
<td>TAMU-HSC</td>
<td>Employees</td>
</tr>
<tr>
<td>Weslaco</td>
<td>7/10</td>
<td>10:00AM-12:00PM</td>
<td>TAMU-Kingsville Citrus Center 312 N. International Blvd, Weslaco, Texas 78599</td>
<td>TAMU-Kingsville</td>
<td>All</td>
</tr>
<tr>
<td>College Station</td>
<td>7/11</td>
<td>10:00AM-3:00PM</td>
<td>General Services Complex (GSC) Rm 101A (Fair Exhibit), Rm 101B/C (Presentations) 750 Agronomy Rd, College Station, Texas 77843</td>
<td>TAMU</td>
<td>All</td>
</tr>
<tr>
<td>College Station</td>
<td>7/12</td>
<td>10:00AM-3:00PM</td>
<td>General Services Complex (GSC) Rm 101A (Fair Exhibit), Rm 101B/C (Presentations) 750 Agronomy Rd, College Station, Texas 77843</td>
<td>TAMU</td>
<td>All</td>
</tr>
<tr>
<td>Lufkin</td>
<td>7/12</td>
<td>9:00AM-12:00PM</td>
<td>Angelina Cooperative Extension 2201 South Medford Dr, Lufkin, Texas 75901</td>
<td>TFS</td>
<td>All</td>
</tr>
<tr>
<td>Prairie View</td>
<td>7/15</td>
<td>9:00AM-4:00PM</td>
<td>John B Coleman Library, Rm 108 130 L.W. Minor Street, Prairie View, Texas 77446</td>
<td>PVAMU</td>
<td>All</td>
</tr>
<tr>
<td>San Antonio</td>
<td>7/16</td>
<td>11:00AM-1:00PM</td>
<td>Central Academic Bldg, 1st FL Lobby One University Way, San Antonio, Texas 78224</td>
<td>TAMU-San Antonio</td>
<td>All</td>
</tr>
<tr>
<td>Killeen</td>
<td>7/17</td>
<td>9:00AM-12:00PM</td>
<td>Warrior Hall- Multipurpose Room (1st Floor) 1001 Leadership Place, Killeen, Texas 76549</td>
<td>TAMU-Central Texas</td>
<td>All</td>
</tr>
<tr>
<td>Dallas</td>
<td>7/17</td>
<td>11:00AM-1:00PM</td>
<td>Texas A&amp;M College of Dentistry, 6th floor lobby 3302 Gaston Ave, Dallas, Texas 75246</td>
<td>HSC/BCD-Dallas</td>
<td>All</td>
</tr>
<tr>
<td>Stephenville</td>
<td>7/18</td>
<td>9:00AM-3:30PM</td>
<td>Thompson Student Center Ballrooms A&amp;B- Benefits Fair Vendor Check-In 1452 W. Jones Street, Stephenville, Texas 76402</td>
<td>Tarleton</td>
<td>All</td>
</tr>
<tr>
<td>Commerce</td>
<td>7/18</td>
<td>9:00AM-12:00PM</td>
<td>McDowell Business Admin Bldg, Rm 343 2600 S. Neal, Commerce, Texas 75429</td>
<td>TAMU-Commerce</td>
<td>All</td>
</tr>
<tr>
<td>Texarkana</td>
<td>7/19</td>
<td>10:00AM-12:00PM</td>
<td>University Center Lounge Building 7101 University Avenue, Texarkana, Texas 75503</td>
<td>TAMU-Texarkana</td>
<td>All</td>
</tr>
<tr>
<td>Houston</td>
<td>7/22</td>
<td>10:00AM-11:00AM</td>
<td>Institute of Biosciences and Technology, Rm 1119 2121 W. Holcombe Blvd, Houston, Texas 77030</td>
<td>HSC/IBT-Houston</td>
<td>All</td>
</tr>
<tr>
<td>Galveston</td>
<td>7/22</td>
<td>10:00AM-2:00PM</td>
<td>200 Seawolf PKWY, Building 3032 (Aggie Special Events Center) Lobby Galveston, Texas 77554</td>
<td>TAMU-Galveston</td>
<td>All</td>
</tr>
<tr>
<td>Corpus Christi</td>
<td>7/23</td>
<td>11:00AM-1:00PM</td>
<td>University Center, Anchor Ballroom 147 6300 Ocean Dr, Corpus Christi, Texas 78412</td>
<td>TAMU-Corpus Christi</td>
<td>All</td>
</tr>
<tr>
<td>College Station</td>
<td>7/23</td>
<td>1:30PM-4:30PM</td>
<td>AgriLife Sciences Building (AGLS), Rm 129 600 John Kimbrough Blvd., College Station, Tx 77843</td>
<td>AgriLife</td>
<td>All</td>
</tr>
<tr>
<td>Kingsville</td>
<td>7/24</td>
<td>10:00AM-2:00PM</td>
<td>MSUB Ballroom A 1050 W Santa Gertrudis Ave., Kingsville, Texas 78363</td>
<td>TAMU-Kingsville</td>
<td>All</td>
</tr>
<tr>
<td>Bryan</td>
<td>7/24</td>
<td>1:30PM-4:00PM</td>
<td>TTI Conference Room 122 &amp; 1124 1111 RELLIS Pkwy, Bryan, Texas 77807</td>
<td>TTI</td>
<td>Employees</td>
</tr>
</tbody>
</table>

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5 | A&M System 2020 Benefits Open Enrollment Guide For Employees
## Limitations and Restrictions

<table>
<thead>
<tr>
<th></th>
<th>Network; includes Brazos Valley Network (BVN)</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-existing condition limitations:</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Benefit Maximum:</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Out-of-service area restrictions:</td>
<td>Emergency care- must notify BCBSTX within 48 hours</td>
<td>Emergency care</td>
</tr>
</tbody>
</table>

## Maximums and Deductibles

<table>
<thead>
<tr>
<th>Deductibles:</th>
<th>$400 Medical/$50 Rx</th>
<th>$800 Medical/$400 hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-pocket maximum:</td>
<td>$5,000 + the $400 medical deductible above $10,000 + $1,200 family</td>
<td>$10,000 + $800 deductible per person $20,000 + $2,400 family</td>
</tr>
<tr>
<td>Benefit maximum:</td>
<td>No annual/lifetime maximums Except those listed below</td>
<td></td>
</tr>
</tbody>
</table>

## In-Hospital Care

<table>
<thead>
<tr>
<th>In-Hospital care:</th>
<th>20% after deductible; BVN-10% after deductible</th>
<th>$400/adm. + deduct., then 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room:</td>
<td>20% after deductible; BVN-10% after deductible</td>
<td>20% after deductible if emergency; otherwise 50% after deductible</td>
</tr>
<tr>
<td>Surgery:</td>
<td>20% after deductible; BVN-10% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

## 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 up to $1000 per ear, every 3 years | Illness/accident coverage; 20% coinsurance |

## Vendor: Express Scripts

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

Member Services Contact Information: ExpressScripts: 1 (866) 544-6970 | Website: [http://www.express-scripts.com](http://www.express-scripts.com)
2019-2020 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/](https://tamus.myahpcare.com/)

| Pre-existing condition limitations: | None | n/a |
| Out-of-service area restrictions: | None | n/a |

| Deductibles: | $500 Medical/waived student health center | $700; waived student health center |
| Out-of-pocket maximum: | $7,900/person (includes all copayments) | $12,700/person (includes all copayments) |
| Benefit maximum: | No annual/lifetime maximums | |

### Hospital Benefits

| In-Hospital care: | 20% after deductible | 40% after deductible |
| Emergency Room: | 20% after $150 copayment | |
| Emergency Room Physician: | 20% after deductible | |
| Surgery: | 20% after deductible | 40% after deductible |

### Non-Hospital Visits

| Office visits: | $35 copay | 40% after $35 copayment |
| Preventive exam: | 100% covered | 40% after deductible |
| Lab/X-rays: | 20% after deductible | 40% after deductible |
| Skilled nursing facility (not including custodial care): | 20% after deductible; 25 days/plan year | 40% after deductible; 25 days/plan year |
| Home health care: | 20% after deductible; 60 visits/plan year | 40% after deductible; 60 visits/plan year |

### Other Healthcare Benefits

| Chiropractic care: | $35/visit; 35 visits/person | 40% after $35 copay; 35 visits/person |
| Durable medical equipment: | 20% after deductible | 40% after deductible |
| Mental health: | Inpatient - 20% after deductible | 40% after deductible |
| Physical therapy: | 20% after deductible | 40% after deductible |
| Vision/Hearing: | 20% after deductible | One preventive vision exam/per plan year |

**Prescription drugs:** $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
## 2019-2020 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, found in the Benefits Guide (http://www.tamus.edu/assets/files/benefits/pdf/GuideBooklet.pdf), including the BlueCross BlueShield 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](http://www.bcbstx.com/tamus)

<table>
<thead>
<tr>
<th>Network; includes Brazos Valley Network (BVN)</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Limitations and Restrictions</strong></td>
<td></td>
</tr>
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<td>Pre-existing condition limitations:</td>
<td>None</td>
</tr>
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<td>Out-of-service area restrictions:</td>
<td>Emergency care- must notify BCBSTX within 48 hours</td>
</tr>
<tr>
<td><strong>Maximums and Deductibles</strong></td>
<td></td>
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<td>Deductibles:</td>
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</tr>
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<td></td>
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<tr>
<td>$5,000 + the $400 medical deductible above</td>
<td>$10,000 + $1,200 family</td>
</tr>
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<td>$10,000 + $400 family</td>
<td>$20,000 + $2,400 family</td>
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<tr>
<td>Benefit maximum:</td>
<td>No annual/lifetime maximums Except those listed below</td>
</tr>
<tr>
<td><strong>Hospital Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>In-Hospital care:</td>
<td>20% after deductible; BVN-10% after deductible</td>
</tr>
<tr>
<td>Emergency Room:</td>
<td>20% after deductible; BVN-10% after deductible</td>
</tr>
<tr>
<td>Surgery:</td>
<td>20% after deductible; BVN-10% after deductible</td>
</tr>
<tr>
<td>In-physician’s office, See office visit</td>
<td>50% after deductible</td>
</tr>
<tr>
<td><strong>Non-Hospital Visits</strong></td>
<td></td>
</tr>
<tr>
<td>Office visits:</td>
<td>Primary Care Physician-$20/visit; BVN-$5/visit Specialist-$30/visit; BVN-$15/visit Certain surgeries—20% after deductible</td>
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<td>Preventive exam:</td>
<td>100% covered</td>
</tr>
<tr>
<td>Lab/X-rays:</td>
<td>Benefit depends on setting &amp; procedure; See plan book or call BCBSTX</td>
</tr>
<tr>
<td>Skilled nursing facility (not including custodial care):</td>
<td>20% after deductible; 60-days/plan year</td>
</tr>
<tr>
<td>Home health care:</td>
<td>20% after deductible; 60-visits/plan year</td>
</tr>
</tbody>
</table>

### 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, the Basic Life coverage from Minnesota Life, provided with the J plan as a package, does provide the following required coverage:

- Evacuation/Repatriation: $150,000
- Repatriation of Remains: $150,000
- Visit of Family Member or Friend: $5,000
- Return of Dependent Children: $5,000
- Vehicle Return: $2,500

With a combined single limit of $150,000 per person.

### Vendor: ExpressScripts

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

Member Services Contact Information: ExpressScripts: 1 (866) 544-6970 | Website: [http://www.express-scripts.com](http://www.express-scripts.com)
### Life

**Basic Life/Basic AD&D**
- **Coverage for you:**
  - 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.

- **Child Coverage:**
  - If you are not enrolled in System health coverage, but certify that you have other health coverage, you can pay for Alternate Basic Life using the employer contribution. If you select this coverage, you cannot enroll in Optional Life.
  - $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.

**Alternate Basic Life/Basic AD&D**
- **Coverage for you:**
  - 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.

**Optional Life**
- ½ to 6x salary with a maximum coverage amount of $1,000,000. 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**
- **Spouse coverage:**
  - You can enroll your dependents if you have Optional Life coverage. You pay for the coverage yourself.
  - Coverage amounts are: $25,000, $50,000, $75,000, $100,000, $150,000 or $200,000. Any amount over $50,000 requires evidence of good health. The spouse coverage amount may not be greater than the employee coverage amount.

- **Child Coverage:**
  - $10,000 per child.*

**Dependent Life Plan B**
- **Spouse coverage:**
  - You can enroll your dependents if you have Alternate Basic Life coverage. You pay for the coverage yourself.
  - $25,000.

- **Child Coverage:**
  - $5,000 in life insurance on each eligible enrolled dependent child.

**Dependent Life Plan C**
- **Spouse coverage:**
  - You can enroll your dependents if you have Alternate Basic Life coverage. You pay for the coverage yourself.
  - $5,000 in life insurance on each eligible enrolled dependent child.

- If you had coverage prior to 09-01-09, your dependent coverage amount(s) may be greater than the above maximums.
- You must provide evidence of insurability to enroll in or increase Life insurance coverage for you or your spouse.
- If you are a retiree enrolled in Alternate Basic Life, your coverage will automatically 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 coverage in increments of 10 x your annual salary up to $250,000 if you earn $25,000 or less or up to $800,000 if your annual salary is greater.

### Vision

<table>
<thead>
<tr>
<th>Network benefit</th>
<th>Non-Network benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam (one/person/per plan year)</td>
<td>100% after $10 copayment</td>
</tr>
<tr>
<td>Materials</td>
<td>100% after $15 copayment for: Frames and lenses, one standard pair/plan year.</td>
</tr>
<tr>
<td>Contact lenses (once every plan year in place of frame and lens benefits)</td>
<td>up to $150 allowance</td>
</tr>
<tr>
<td>Refractive eye surgery</td>
<td>15% off reasonable and customary cost, or 5% off promotional price.</td>
</tr>
<tr>
<td>Complimentary oral exam: $0; Cleaning (once each six months): $5; Panoramic X-rays (once every three years): $0</td>
<td></td>
</tr>
</tbody>
</table>

### Dental

- 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 a certain Life Event.

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

Health rates include the $30 wellness premium for you and your spouse. Only the A&M Care Plan is eligible for the wellness premium. If you have completed your wellness activities or are waived, you will see a $30 credit in Workday that will reduce this premium. Premiums increase by $30/month if you or your spouse is a tobacco user:

<table>
<thead>
<tr>
<th>Health</th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Cost</td>
<td>Your Cost</td>
<td>Total Cost</td>
<td>Your Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;M Care</td>
<td>Monthly $623.77</td>
<td>$30.00</td>
<td>$1,215.88</td>
<td>$781.76</td>
</tr>
<tr>
<td></td>
<td>Bi-Weekly $623.77</td>
<td>$15.00</td>
<td>$1,215.88</td>
<td>$390.88</td>
</tr>
<tr>
<td>J Plan</td>
<td>Monthly $593.77</td>
<td>$0.00</td>
<td>$1,155.88</td>
<td>$281.05</td>
</tr>
<tr>
<td></td>
<td>Bi Weekly $593.77</td>
<td>$0.00</td>
<td>$1,155.88</td>
<td>$140.53</td>
</tr>
</tbody>
</table>

**Part-Time Employees (work a 20-29 hour week)**

<table>
<thead>
<tr>
<th>Health</th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Cost</td>
<td>Your Cost</td>
<td>Total Cost</td>
<td>Your Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;M Care</td>
<td>Monthly $623.77</td>
<td>$330.18</td>
<td>$1,215.88</td>
<td>$781.76</td>
</tr>
<tr>
<td></td>
<td>Bi-Weekly $623.77</td>
<td>$165.09</td>
<td>$1,215.88</td>
<td>$390.88</td>
</tr>
<tr>
<td>J Plan</td>
<td>Monthly $593.77</td>
<td>$300.18</td>
<td>$1,155.88</td>
<td>$271.76</td>
</tr>
<tr>
<td></td>
<td>Bi Weekly $593.77</td>
<td>$150.09</td>
<td>$1,155.88</td>
<td>$360.88</td>
</tr>
<tr>
<td>Graduate</td>
<td>Monthly $219.50</td>
<td>$48.50</td>
<td>$439.00</td>
<td>$97.00</td>
</tr>
<tr>
<td>Plan</td>
<td>Bi Weekly $219.50</td>
<td>$24.25</td>
<td>$439.00</td>
<td>$48.50</td>
</tr>
</tbody>
</table>

**Dental**

<table>
<thead>
<tr>
<th>Dental</th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Cost</td>
<td>Your Cost</td>
<td>Total Cost</td>
<td>Your Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;M Dental PPO</td>
<td>Monthly $29.41</td>
<td>$58.82</td>
<td>$61.76</td>
<td>$94.11</td>
</tr>
<tr>
<td></td>
<td>Bi-Weekly $14.71</td>
<td>$29.41</td>
<td>$30.88</td>
<td>$47.06</td>
</tr>
<tr>
<td>DeltaCare USA</td>
<td>Monthly $21.07</td>
<td>$37.47</td>
<td>$37.76</td>
<td>$58.66</td>
</tr>
<tr>
<td>Dental HMO</td>
<td>Bi-Weekly $10.54</td>
<td>$18.74</td>
<td>$18.88</td>
<td>$29.33</td>
</tr>
</tbody>
</table>

**Vision**

<table>
<thead>
<tr>
<th>Vision</th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Cost</td>
<td>Your Cost</td>
<td>Total Cost</td>
<td>Your Cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td>$7.00</td>
<td>$14.88</td>
<td>$11.50</td>
<td>$20.50</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$3.50</td>
<td>$7.44</td>
<td>$5.75</td>
<td>$10.25</td>
</tr>
</tbody>
</table>

**AD&D**

**Long-Term Disability**

<table>
<thead>
<tr>
<th>AD&amp;D</th>
<th>Rate per $10,000:</th>
<th>Employee Only</th>
<th>Employee and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
<td>$.14</td>
<td>$.24</td>
</tr>
<tr>
<td></td>
<td>Bi-Weekly</td>
<td>$.07</td>
<td>$.12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-Term Disability</th>
<th>Non-Tobacco Rate</th>
<th>Tobacco Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>$.178</td>
<td>$.230</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$.089</td>
<td>$.115</td>
</tr>
</tbody>
</table>
**Flexible Spending Account**

*Maximum you can deduct from your pay:*
- Health Care Spending Account - $2,700
- Dependent Daycare Spending Account - $5,000

---

**Basic Life**

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

- Basic Life: $6.59
- Alternate Basic Life: $.878 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:*

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

---

**Dependent Life**

- Plan A: Spouse Age-based rate per $1,000 of coverage; Child: $.06 per $1,000 of coverage
- Plan B: $1.37/month (flat rate)
- Plan C: ½ Alternate Basic Life premium; 1/10 if no spouse is covered

<table>
<thead>
<tr>
<th>Age =</th>
<th>Under 25</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tobacco Rate</td>
<td>Monthly</td>
<td>$.05</td>
<td>$.06</td>
<td>$.08</td>
<td>$.09</td>
<td>$.10</td>
<td>$.15</td>
<td>$.23</td>
<td>$.43</td>
<td>$.66</td>
<td>$1.27</td>
<td>$2.06</td>
</tr>
<tr>
<td>Tobacco Rate</td>
<td>Monthly</td>
<td>$.060</td>
<td>$.072</td>
<td>$.096</td>
<td>$.108</td>
<td>$.120</td>
<td>$.180</td>
<td>$.276</td>
<td>$.516</td>
<td>$.792</td>
<td>$1.524</td>
<td>$2.472</td>
</tr>
</tbody>
</table>
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 include Texas Car Insurance Document, assignment of a durable property power of attorney or healthcare power of attorney, 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 include Texas Car Insurance Document, assignment of a durable property power of attorney or healthcare power of attorney, 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 either the father or mother), OR
- Documentation on hospital letterhead indicating the birth date of the child or children under 6 months old will be accepted as temporary enrollment and must be followed by the birth certificate 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
- Foreign documents other than marriage license or birth certificate should be accompanied by an English translation.

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.
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 [http://assets.system.tamus.edu/files/benefits/pdf/HIPAAprivacy.pdf](http://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, 2019, 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

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Texas A&amp;M University</td>
<td>(979) 862-1718</td>
<td><a href="mailto:benefits@tamu.edu">benefits@tamu.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M Health Science Center</td>
<td>(979) 436-9207</td>
<td><a href="mailto:benefits@tamhsc.edu">benefits@tamhsc.edu</a></td>
</tr>
<tr>
<td>Prairie View A&amp;M University</td>
<td>(936) 261-1730</td>
<td><a href="mailto:benefitsteam@pvamu.edu">benefitsteam@pvamu.edu</a></td>
</tr>
<tr>
<td>Tarleton State University</td>
<td>(254) 968-9128</td>
<td><a href="mailto:employeeservices@tarleton.edu">employeeservices@tarleton.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M University-Central Texas</td>
<td>(254) 519-8015</td>
<td><a href="mailto:hr@tamuct.edu">hr@tamuct.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M International University</td>
<td>(956) 326-2365</td>
<td><a href="mailto:hr@tamiu.edu">hr@tamiu.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M University-Commerce</td>
<td>(903) 886-5049</td>
<td><a href="mailto:HR.benefits@tamuc.edu">HR.benefits@tamuc.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M University-Corpus Christi</td>
<td>(361) 825-2630</td>
<td><a href="mailto:Human.Resources@tamucc.edu">Human.Resources@tamucc.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M University at Galveston</td>
<td>(409) 740-4534</td>
<td><a href="mailto:penningt@tamug.edu">penningt@tamug.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M University-Kingsville</td>
<td>(361) 593-4998</td>
<td><a href="mailto:christina.rangel@tamuk.edu">christina.rangel@tamuk.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M University-Texarkana</td>
<td>(903) 223-3113</td>
<td><a href="mailto:ayla.baldwin@tamut.edu">ayla.baldwin@tamut.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M Transportation Institute</td>
<td>(979) 845-9668</td>
<td><a href="mailto:employment@tti.tamu.edu">employment@tti.tamu.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M University-San Antonio</td>
<td>(210) 784-2059</td>
<td><a href="mailto:francy.leal@tamus.edu">francy.leal@tamus.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M Forest Service</td>
<td>(979) 845-9337</td>
<td><a href="mailto:agrilifebenefits@ag.tamu.edu">agrilifebenefits@ag.tamu.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M AgriLife</td>
<td>(979) 845-2423</td>
<td><a href="mailto:agrilifebenefits@ag.tamu.edu">agrilifebenefits@ag.tamu.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M Engineering Experiment Station</td>
<td>(979) 458-7699</td>
<td><a href="mailto:engineeringhr@tamu.edu">engineeringhr@tamu.edu</a></td>
</tr>
<tr>
<td>Texas A&amp;M Engineering Extension Service</td>
<td>(979) 458-6801</td>
<td><a href="mailto:HR@teex.tamu.edu">HR@teex.tamu.edu</a></td>
</tr>
<tr>
<td>West Texas A&amp;M University</td>
<td>(806) 651-2117</td>
<td><a href="mailto:hr@wtamu.edu">hr@wtamu.edu</a></td>
</tr>
<tr>
<td>System Offices</td>
<td>(979) 458-6181</td>
<td><a href="mailto:employeebenefits@tamus.edu">employeebenefits@tamus.edu</a></td>
</tr>
</tbody>
</table>

### Carrier Phone Numbers and Websites

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross and Blue Shield A&amp;M Care; 65 PLUS</td>
<td>(866) 295-1212</td>
<td><a href="http://www.bcbstx.com/tamus">http://www.bcbstx.com/tamus</a></td>
</tr>
<tr>
<td>DeltaCare USA Dental HMO</td>
<td>(800) 422-4234</td>
<td><a href="http://www.deltadentalins.com/">http://www.deltadentalins.com/</a> tamus/</td>
</tr>
<tr>
<td>Securian Life Insurance (formerly Minnesota Life)</td>
<td>(877) 443-5854</td>
<td><a href="http://www.lifebenefits.com/">http://www.lifebenefits.com</a></td>
</tr>
<tr>
<td>Cigna</td>
<td>(800) 362-4462</td>
<td><a href="http://cigna.com">http://cigna.com</a></td>
</tr>
</tbody>
</table>

### Online Enrollment Resources

- Check the annual enrollment page at [http://www.tamus.edu/business/benefits-administration/open-enrollment/](http://www.tamus.edu/business/benefits-administration/open-enrollment/)
- Review the plan books at [http://www.tamus.edu/business/benefits-administration/booklets-brochures/](http://www.tamus.edu/business/benefits-administration/booklets-brochures/)

### Update Your Life Insurance Beneficiary Information

Don’t forget to log into Workday and update your beneficiaries for your life insurance policy. Log into Workday through Single Sign On, select the Workday link, select the Benefits Worklet, and select “View/Edit Your Beneficiaries”.

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13 | A&M System 2020 Benefits Open Enrollment Guide For Employees
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

System Benefits Administration
MS 1117 TAMU