



2009 ~ 2010  
Annual Enrollment  
Benefit Guide

For the  
Retirees

of The Texas A&M University System

**Highlights for 2009-2010**

- New Pharmacy Benefit Manager for the A&M Care Plans
- Enhanced Medicare Coordination for A&M Care Members

*Make your changes during the month of July at [sso.tamus.edu](http://sso.tamus.edu)*

- Health
- Dental
- Vision
- Life
- AD&D
- Long-Term Care

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### About this booklet

This booklet is intended as a summary of the benefit plans effective Sept. 1, 2009. A separate booklet discusses benefit plans available for employees. This booklet does not cover all provisions, limitations and exclusions. Benefits and costs could change during the plan year.

For more information, refer to your plan description booklets or call your Human Resources office. Telephone numbers are on the inside back cover. Information about your benefits, can also be found at the Benefits Administration website, located at <http://tamus.edu/benefits>. Your personal benefit information is located online through HRConnect at <http://sso.tamus.edu>.

The official plan documents, policies and certificates of insurance govern in all cases and are available for your inspection at any time.

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# About Annual Enrollment

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## Annual Enrollment period

July 1–July 31, 2009.

## Annual Enrollment meetings

A schedule of Annual Enrollment meetings is provided on page 2.

## Benefits Summary

Your Personal Benefits Summary, sent to you in a separate envelope, shows what your benefits will be on Sept. 1, 2009, if you do not make any changes.

## Making coverage choices

### If you do not want to make changes to your coverages:

- You do not need to do anything, unless you are a working retiree and wish to enroll or re-enroll in a Flexible Spending Account:
- If you are a working retiree and wish to enroll or re-enroll in a Flexible Spending Account, you must:
  - use *iBenefits*, available at <http://sso.tamus.edu>; or
  - complete an Annual Enrollment Form, available from your Human Resources office or online at <http://tamus.edu/benefits/publications/forms/102.pdf>.

### If you want to make changes to your coverages:

- You can:
  - confirm your benefits for 2009 – 2010 by logging on to *iBenefits* through Single Sign On. You can make all your election changes, add or drop dependents and print a statement of your benefits for 2009-2010.
  - contact your Human Resources office if you do not have access to a computer.
- You have from July 1 to July 31, 2009, to make your changes.
  - All changes must be made online or received by your Human Resources office by July 31.
- *You will receive confirmation that your changes have been made. Be sure to check this information!*
  - If your email address is in HRConnect,\* you will receive an email confirmation.
  - If you do not have an email address in HRConnect, you will receive a confirmation letter in the mail.
- Changes will take effect on Sept. 1, 2009.

***\* If your email address is not in HRConnect and you would like it to be, you can enter it in HRConnect by going to the Personal Data tab and following the directions.***

## 2009 Annual Enrollment Schedule

Unless otherwise indicated, these meetings are open to all System employees and retirees. Health plan representatives *will be present at most meetings. For more information, contact your Human Resources office. In addition, the System Benefits Administration website (<http://tamus.edu/benefits>) includes presentations that provide general Annual Enrollment information as well as information about each insurance plan. You can access these presentations at any time during Annual Enrollment.*

City	2009 Date	Time	Hosted By	Location	For
Corpus Christi	7/6	9 AM - 4:30 PM	TAMU-Corpus	University Center Lone Star Ballroom, 142A	All
College Station	7/6	2 PM - 5 PM	TAMU (English)	Sbisa Dining Center	All
College Station	7/7	10 AM - 12 PM	AgriLife -TTVN	Centeq Reserch Plaza Building 1500 Research Parkway, Room 120A	All
Commerce	7/7	9 AM & 2 PM	Commerce	Sam Rayburn Student Center, Rm. 233 A&B	All
Stephenville	7/7	9 AM & 2 PM	Tarleton	Thompson Student Center, Ballroom A	All
Commerce	7/8	9 AM	Commerce	Sam Rayburn Student Center, Rm. 233 A&B	Retirees
Commerce	7/8	2 PM	Commerce	Sam Rayburn Student Center, Rm. 233 A&B	Grad. Assistants
College Station	7/8	9 AM - 11 AM	AgriLife, TEEEX, TEES, TAMU, TFS, TTI, HSC	College Station Conference Center 1300 George Bush Drive	Retirees
College Station	7/8	1 PM - 3 PM	AgriLife, TEEEX, TEES, TTI, HSC, TFS	College Station Conference Center 1300 George Bush Drive	All
San Antonio	7/9	9 AM - 12 PM	TAMU - Kingsville	1450 Gillette Boulevard	All
College Station	7/9	8:30 AM - 10:30 AM	TAMU (English)	Physical Plant, 600 Agronomy Rd., Rm 105	Physical Plant Employees
College Station	7/9	10:30 AM - 12:30 PM	TAMU (Spanish)	Physical Plant, 600 Agronomy Rd., Rm 105	
College Station	7/9	2 PM -5 PM	TAMU (Spanish)	Commons Food Court	All
College Station	7/9	9 AM - 12 PM	AgriLife, TTI, TEES, TEEEX, HSC, TFS	College Station Conference Center 1300 George Bush Drive	Retirement Planning
Weslaco	7/13	9 AM - 12 PM	TAMU - Kingsville	Kingsville Citrus Center	All
Dallas	7/13	9 AM - 3 PM	BCD	BCD, 6th Floor Lobby, Room 605	All
Galveston	7/13	10 AM - 2 PM	TAMU - Galveston	Sea Aggie Center, Room 409	All
Kingsville	7/14	9 AM & 2 PM	TAMU - Kingsville	Memorial Student Union Building, Room 219 A&B	All
Lufkin	7/14	9 AM - 11 AM	TFS	TFS Cudlipp Training Room	All
Laredo	7/14	9 AM & 2 PM	TAMIU	Western Hemispheric Trade Center, Room 111	All
College Station	7/15	10 AM - 12 PM	AgriLife - TTVN	Centeq Research Plaza Building 1500 Research Parkway, Room 120A	All
College Station	7/15	2 PM - 5 PM	TAMU (English)	Gen. Servs. Complex, 750 Agronomy Rd., Rm 101A	All
Canyon	7/15	10 AM & 2 PM	WTAMU	ANS Building	All
Texarkana	7/16	10 AM - 2 PM	TAMU - Texarkana	Aiken Building, Conference Room 180	All
Prairie View	7/16	9 AM & 1:30 PM	PVAMU	Harrington Science Building, Room 101	All
Killeen	7/16	2 PM	Tarleton	Room 156 - 1901 S. Clear Creek Road	All
College Station	7/21	8:30 AM- 10:30 AM	TAMU (English)	Physical Plant Training Room, 600 Agronomy Road	All
College Station	7/21	10:30 AM - 1 PM	TAMU (Spanish)	Physical Plant Training Room, 600 Agronomy Road	All

\*TTVN meetings, which will be held July 7 at 10 a.m. and July 15 at 10 a.m., will be broadcast at various locations throughout the state and are open to employees and retirees of all System members. These meetings are hosted by AgriLife. For both meetings, **the TTVN originating site is** Centeq Research Plaza, Rm. B120, in College Station. **Other Bryan/College Station-area TTVN locations are:** AgriLife HR (Wells Fargo Bldg., Ste. 504), Biochemistry/Biophysics Bldg. (Rm. 106), Extension Information Technology (TAES Annex, Rm. 117), Family Development Resource Management (GERG Bldg., Rm. 113), Soil and Crop Administration (Heep Center, Rm. 103), Wildlife and Fisheries (Nagle, Rm. 104), AgriLife Administration Office (Jack K. Williams Bldg.), 4-H Youth Dev. (Eastmark Ste. 101). **TTVN locations outside the Bryan/College Station area are:** Ag Centers in Amarillo, Beaumont, Corpus Christi, Dallas, El Paso, Fort Stockton, Lubbock, Overton, San Angelo, Stephenville, Uvalde, Vernon and Weslaco; Blacklands Research Center in Temple; AgriLife Bexar County in San Antonio; AgriLife Tarrant County in Ft. Worth; AgriLife- Ft. Bend County in Rosenberg; Brownwood 4-H Center; and AgriLife Travis County in Austin. Please call (979) 845-2423 for location information.

# September 1, 2009 plan changes

## Health Plan Premiums

- Premiums for most plans are changing. However, the state employer contribution will increase approximately 6%. Premiums are outlined on page 30.

## Humana Health Plan

- High Technology Radiology (PET, MRI, MRA, CET, SPECT) will have a \$150/copay per visit.
- Chiropractic care will be limited to 20 visits per year.
- Vision Screening copay will be \$20.
- Hearing Screenings will be covered in full.
- Level 1 drug copay will be \$7; Level 4 drugs will be covered at 75%.

## Scott & White Health Plan

- Out-of-service area copay will be \$150 per visit.
- Emergency Room visits will have a \$150 copay.
- In-hospital care will have a 20% coinsurance.
- High Technology Radiology will have a 20% coinsurance.
- Inpatient and outpatient surgery will have a 20% coinsurance.
- Skilled nursing facilities will have a 20% coinsurance.
- Inpatient non-serious mental health services will have a 20% coinsurance.

## A&M Care Plans

- Prescription drug benefits will be provided by Medco.
- Preventive colonoscopies will be covered at 100%.
- Medicare Coordination - All A&M Care plans will take the actual charge – or assigned charge if the doctor accepts the Medicare assignment – and figure your deductible, coinsurance and plan benefits as if Medicare did not exist. If the A&M Care plan would have paid more than what Medicare paid, the A&M Care plan will pay any difference left after the Medicare payment.
- The Personal Health Manager, an online wellness tool, will be available 9/1.
- Access to a new Nurse Line will provide 24/7 phone advice for health conditions such as high fevers, earaches, cuts and bruises.

## Life Insurance and AD&D

- Minnesota Life will be the new carrier for Life and AD&D coverage.
- Current amounts of coverage will be grandfathered. However, employees enrolling in or increasing coverage (other than new employees) will need to provide evidence of good health. Spouses enrolling in or increasing coverage, will need to provide E of I as well.
- Rates are decreasing for non-tobacco users, and increasing for tobacco users.
- Travel Assistance - provided by Euro Assistance USA covers all employees, spouses and dependents while traveling 100 miles or more when traveling for business or pleasure. Features include: a repatriation benefit up to \$5,000, 24 hour access to emergency medical assistance, emergency travel arrangements, communication assistance, legal assistance and pre-trip resources.
- Legal Services, provided by Ceridian Life Works, offers employees, retirees and their families a free 30 minute initial consultation with an attorney, drafting of wills and other legal documents.
- Beneficiary Financial Counseling services Provided by PricewaterhouseCoopers, provides help on topics such as estate settlement, budgeting and taxes. This service is available at no additional cost for beneficiaries who receive a benefit of \$25,000 or more.

## Employer contribution

Health plan costs across the nation are still increasing. As a result, for plan year 2009-2010, many health plan premiums will increase. However, the good news is that the Texas Legislature has increased the employer contribution.

Included in the employer contribution is an amount provided by the state legislature as well as an additional amount provided by the A&M System to help further reduce your premium cost.

- The premiums on page 30 show the total premium as well as your out-of-pocket costs after the employer contribution has been applied.
- If you waive health coverage and certify that you are covered under another health plan, you will receive half of the employee-only employer contribution. However, if you are the policyholder of health coverage from the University of Texas System or the Employees Retirement System, you are not eligible for an additional employer contribution.
- You can use the half of the employee only, employer contribution to pay for Alternate Basic Life, Accidental Death and Dismemberment, A&M Dental or DeltaCare USA Dental HMO, and Vision in that order.

## Eligible dependents

In general, eligible dependents are your spouse and unmarried children younger than 25. Grandchildren are eligible if they live in your household. For more information on eligible dependents, call your Human Resources office. For dependent eligibility for Long-Term Care, see page 26.

## If you work for the A&M System

If you are a retiree who has returned to work for the A&M System and you work at least 50% time for at least 4½ months, you are eligible to elect pre-tax premiums and Flexible Spending Accounts. Both plans have restrictions. Contact your Human Resources office for more information.

## *Pretax Health, Dental, Vision and AD&D premiums*

When you enroll in Health, Dental, Vision or Accidental Death and Dismemberment coverage, you will be billed for the premiums unless you request that they be taken as a payroll deduction. If you do make that request, your share of the premiums can be taken from your paycheck before you pay federal income and Social Security taxes. This means that you pay less tax.

If you have dependent children who are eligible for insurance coverage, you can pay their Health, Dental and Vision premiums on a pretax basis only if they meet one of the following sets of criteria:

- They must be 18 or younger at the end of the calendar year.
- If they are older than 18 but younger than 24 at the end of the calendar year, they must be full-time students who provide less than half of their own financial support. You or someone else provides the rest.
- If they are older than 18 at the end of the calendar year and not

students, or if they are age 24 and full-time students, they must receive more than half of their financial support from you.

## ***Flexible Spending Accounts***

Flexible Spending Accounts allow you to set money aside before taxes to use to reimburse yourself for health care and dependent day care expenses. You never pay federal income or Social Security taxes on money you contribute to Spending Accounts. You cannot use your Personal Benefits Summary to enroll in a Spending Account. You may use *iBenefits*, available through Single Sign On on the web, or you may complete the Annual Enrollment Form, available from your Human Resources office or online at <http://tamus.edu/benefits/publications/Forms/102.pdf>.

## **Evidence of good health**

You must provide *evidence of good health* to:

- Enroll yourself and dependents in Life insurance or increase coverage. A medical questionnaire is available from your Human Resources office or online at <http://tamus.edu/benefits/publications/#insurance>. You will also need to complete a Life Insurance Enrollment Form or enroll online if you are enrolling for the first time.
- Enroll yourself or your spouse in Long-Term Care coverage or increase coverage. To do this, contact John Hancock at (800) 498-9100 or <http://tamus.jhancock.com> (username=TAMUS, password=mybenefit in all lowercase), or your Human Resources office.

The carrier providing coverage may ask for more medical information before deciding whether to accept you into the plan. This process normally takes from four to six weeks but may take longer. You are responsible for expenses incurred. You will be notified of the acceptance or denial of your application. You will not have the coverage unless you receive approval. If you are approved, coverage begins Sept. 1 (or the first of the next month if you are approved after Sept. 1).

## **Changes in Status**

You can make changes in your Health, Dental, Vision or Flexible Spending Account coverage during the plan year only if you have a Change in Status. Likewise, for Life and AD&D coverage, you can add or drop your spouse or a dependent child only if you have a Change in Status.

Changes must be made within 60 days of the event, and, in most cases, they must be consistent with the event. Your Human Resources office can explain the types of coverage changes you can make when you have a Change in Status. Changes in Status include:

- Retiree's marriage or divorce or death of retiree's spouse.
- Birth, adoption or death of a dependent child.
- Change in retiree's, spouse's or dependent child's employment status that affects benefit eligibility, such as leave without pay.
- Child becoming ineligible for coverage due to reaching age 25 or marrying.

## **For more information, visit us online!**

The System Benefits Administration website (<http://tamus.edu/benefits>) contains additional useful information, including:

- Annual Enrollment presentations that provide general Annual Enrollment information as well as information about each insurance plan. These presentations, which were developed by System Benefits Administration and the insurance carriers, are available around the clock.
- A list of counties served by A&M System health plans.
- Annual Enrollment materials in Spanish.

- Changes in the retiree's, spouse's or a dependent child's residence that would affect eligibility for coverage.
- Retiree's receipt of a qualified medical child support order or letter from the Attorney General ordering the retiree to provide (or allowing the retiree to drop) medical coverage for a child.
- Changes made by a spouse or dependent child during his/her annual enrollment period with another employer.
- The retiree, spouse or dependent child becoming eligible or ineligible for Medicare or Medicaid.
- Significant employer- or carrier-initiated changes in or cancellation of the retiree's, spouse's or dependent child's coverage.
- Retiree or dependent child loses coverage under the State Medicaid or Child Health Plan or becomes eligible for premium assistance under the Medicaid or Child Health Plan.

## **About online enrollment**

You can make almost all Annual Enrollment changes online using *iBenefits*. Simply log in to Single Sign On (SSO) at <http://sso.tamus.edu> using your Universal Identification Number (UIN) and your SSO password.

Once you're logged in, *iBenefits* will access your benefit records. You only need to go through the sections related to the benefit coverage(s) you wish to change.

While you are making your elections, you can check your changes on the screen. You may correct any errors immediately. If HRConnect has your email address, you will receive an email confirming your changes have been recorded. To check or add your email address, click the "Personal Data" tab within HRConnect and select "Edit/Update my Personal/Address/Phone Information."

A database is available for you to add beneficiary information. This will be available throughout the year to view or change beneficiaries. While we have your beneficiary designations on file as scanned documents, entering your beneficiaries in this database will make it easier to update them as needed online.

You will need to provide evidence of good health for some benefit choices (see page 5). The system will provide links to the necessary forms that you can print, complete and mail. You must also provide the necessary documentation if you wish to enroll grandchildren, foster children or children for whom you are the legal guardian or managing conservator.

## **Protection of personal health information**

Certain information collected by the A&M System during Annual Enrollment will be sent to the insurance carriers of the plans in which you enroll. However, the A&M System and the insurance carriers will treat this information as confidential.

The A&M System is committed to protecting your personal health information. The System's Notice of Privacy Practices explains the circumstances under which this type of information can be disclosed, and it explains the rights you have regarding how the information is used. This document is available online at <http://tamus.edu/benefits/publications/brochures/HIPAAprivacy.pdf> or from your Human Resources office.

### **A Word About Security**

Single Sign On (SSO) and HRConnect provide personal and confidential information. By asking you to provide a UIN and a password, the site provides two levels of security. However, you must be careful not to share this information with anyone, because anyone who has it can access your information. If you believe someone has learned your password, select a new one through the "Profile" screen within SSO.

# Health

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You can choose between the A&M Care 350 and 1250 plans. You may also be eligible for the 65 PLUS plan. In addition, you may have access to an HMO. You decide which plan best meets your needs and which family members to cover. None of the health plans have pre-existing condition limitations.

You do not have to enroll in health coverage. However, if you do, you cannot change health plans during the year unless you move out of the service area of an HMO, and you cannot add or drop coverage for yourself or any dependents during the year unless you have certain Changes in Status (see page 5).

## A&M Care plans

The medical portion of the A&M Care plans are administered by BlueCross BlueShield of Texas and the drug portion will be administered by Medco. The plans cover the same services, but they have different premiums, deductibles, coinsurance percentages, and out-of-pocket maximums.

The **A&M Care 350** plan has a \$350-per-person annual deductible. This means you pay the first \$350 out of your pocket for services. The plan will then pay 80% and you will pay 20% of the covered costs until you have paid \$3,000 per person out of your pocket. Then the plan pays 100%.

The **A&M Care 1250** plan has lower premiums than the 350 plan, but a higher deductible. With A&M Care 1250, you pay the first \$1,250 per person in expenses out of your pocket before you begin receiving benefits. After you meet the deductible, the plan will pay 70% and you will pay 30% of the covered costs until you have paid \$3,500 per person out of your pocket. Then the plan pays 100%.

You are eligible for **65 PLUS** if you are retired and you and any covered dependents are disabled or 65 or older and enrolled in Parts A and B of Medicare. *However, you are not eligible if you will return to work for the A&M System for more than six months in a plan year.* If you are eligible for 65 PLUS, you may still elect A&M Care 350 or 1250 instead. 65 PLUS has a \$500-per-person deductible and a \$1,400-per-person out-of-pocket maximum.

Under the 350 and 1250 plans, you pay an office visit copayment instead of the deductible and coinsurance if:

- you are younger than 65, or
- you are older than 65 and on Medicare, but A&M Care is your primary coverage because you are working.

Under all A&M Care plans, office copayments, out-of-network hospital deductibles, drug copayments and drug deductibles do not count toward your annual deductible or out-of-pocket maximum. You must pay copayments even after you reach your out-of-pocket maximum.

With dependent coverage, your maximum annual deductible for all family members is three times the individual deductible, and your maximum out-of-pocket expenses for all family members is three times the individual maximum.

Under all A&M Care plans, you may use any doctor, hospital or other provider and receive benefits. However, if your A&M System plan is your primary coverage, you will receive higher benefits if you use a network provider.

### **If you are younger than 65 and not on Medicare**

- **You are eligible for network benefits** if you use a network provider. If your spouse is 65 or older, he/she is considered non-network. However, if you return to work for the A&M System, you and your spouse, regardless of age, will both be eligible for network benefits while you are working. Under the 350 and 1250 plans, you pay only the copayment for office visits at network providers.
- **You receive non-network benefits** if you live in Donley, Hansford, Lipscomb, Ochiltree or Wheeler county. However, if you live in these Texas counties and choose to travel to a network doctor, you can take advantage of the office visit copayment.
- **You receive out-of-network benefits** if you live anywhere in the United States except the five counties listed above and you use providers not in the network. You must pay higher deductibles and will have a greater share of the coinsurance to pay (see pg. 14). When you choose a provider who is not in the network:
  - You are not eligible for a \$25 or \$45 copayment.
  - You must file claims for reimbursement.
  - You must precertify hospitalizations to avoid a \$500 penalty.
  - You are not eligible for preventive care benefits (unless you live in a non-network area).

Your A&M Care ID card has a toll-free telephone number you can call to locate BlueCross BlueShield (BCBS) network providers outside Texas. These providers should then file the claims with the local BCBS group, who will forward payment information to BlueCross BlueShield of Texas (BCBSTX).

### **If you are 65 or older or on Medicare**

If you are 65 or older and eligible for Medicare Parts A and B or if you are disabled and enrolled in Medicare Parts A and B, you are considered non-network. You may use any doctor and receive the benefits described in the A&M Care 350/1250 Non-Network or 65 PLUS column on page 15.

If your spouse is younger than 65, he/she is eligible for network benefits, such as a \$25 or \$45 copayment for office visits.

### *–Ask Yourself–*

*Before choosing a health plan, have I considered each plan's benefits, physician networks, hospitals and costs?*

*If I am not on Medicare, is my doctor or specialist in the network of the health plan I'm considering? Is he/she part of a physician association or medical group? (Keep in mind that your doctor could leave a health plan midyear.)*

*Do I travel often? How likely is it that I will need nonemergency health care while traveling?*

*Are my spouse and I eligible for Medicare? If so, is 65 PLUS, A&M Care 350, A&M Care 1250 or an HMO best for us?*

*Are my prescription drugs included in the plan's formulary?*

If you return to work for the A&M System, you and your spouse may receive network benefits during the months you are working. *However, if you are enrolled in the 65 PLUS plan and you return to work for more than six months in a plan year, you must switch to another health plan. Any time worked in a month counts as having worked the full month.* This is because premiums for the 65 PLUS plan are based on that plan being secondary to Medicare, and when you return to work, your A&M System health coverage becomes primary.

## Medco prescription drug program

As of September 1, 2009, the prescription drug program will be administered by Medco.

All A&M Care participants will receive a welcome kit containing new ID cards, a Prescription Drug Benefit Guide, mail order transfer form, a prescription mail order form (for new prescriptions), and a Health, Allergy & Medication Questionnaire.

Our previous carrier will be providing prescription information to Medco. ***If you have refills left, you will not need to get a new prescription.*** For prescriptions at the:

**Retail Pharmacy:** You will need to provide your new ID card when getting refills or filling new prescriptions on or after September 1.

**Mail Order Pharmacy:** Medco will have a record of your mail order history and any prescriptions that still allow refills. However, to continue this service through Medco you will need to submit a “Form to complete the transfer of your mail order prescription refills”. You can complete this form on-line, by telephone or by mail.

The plans have a \$50-per-person (\$150 maximum per family) plan year deductible. This deductible applies to retail and mail-order drugs. For a 30-day supply of drugs, after you meet the deductible, you pay \$10 for a generic, \$25 for a brand-name formulary (preferred) and \$50 for a brand-name nonformulary (nonpreferred) drug. For a 90-day supply of drugs through the mail-order program, you pay two copayments. You may purchase a 90-day supply at certain retail pharmacies, but you will pay three copayments. Formulary information is available at <http://tamus.edu/benefits/programs> or from your Human Resources office.

## Vision benefits

A&M Care participants receive discounts on exams, frames, lenses and laser vision correction through Davis Vision, Inc. To receive the discount, visit a participating provider and show your A&M Care ID card. To access Davis Vision provider information, visit <http://www.davisvision.com> (click on “Open Enrollment,” then “Open Enrollment Login” and enter 2295 as the Control Code) or call (800) 501-1459. A brochure is available online at <http://tamus.edu/benefits/DavisVisionFlier.pdf>.

## –Enrollment Options–

- A&M Care 350
  - A&M Care 1250
  - A&M Care 65 PLUS
  - HMO (depending on your location)
- Retiree only
  - Retiree & Spouse
  - Retiree & Child
  - Retiree & Family

## –For More Information–

- A&M Care Plan Description Booklet, online at [http://tamus.edu/benefits/publications/booklets/health\\_spd.pdf](http://tamus.edu/benefits/publications/booklets/health_spd.pdf) or from your HR office.
- Medco prescription drug formulary (A&M Care participants only), online at <http://www/medco.com> or from your HR office.
- Health plan providers (see customer service numbers and web addresses on plan charts)

## Enrolling in Medicare Parts A and B

*If you are 65 or older and not working for the A&M System, all A&M Care plans pay benefits as if you are enrolled in Medicare Parts A and B. This means you must enroll in both Medicare Parts A and B to receive the maximum benefits available. Most HMOs also pay maximum benefits only if you are enrolled in both Parts A and B. You will be penalized by Medicare with higher premiums if you do not enroll in Part B when you are first eligible, and you will be able to enroll only during certain times.*

## A&M Care plans and Medicare coordination

If you are enrolled in Medicare and not currently working for the A&M System, your charges must first be submitted to Medicare. Generally, if you live in Texas, Medicare will then forward your claims directly to BCBSTX for payment. If you live outside Texas, you must submit your claims to BCBSTX after Medicare has paid its share, along with the Explanation of Benefits from Medicare.

## Good news about Coordination with Medicare

Currently, your A&M Care plan calculates its benefits based on the *difference* between the Medicare-approved amount and the amount Medicare pays. Your deductible and coinsurance (20% under A&M Care and 65 PLUS plans or 30% under A&M Care 1250) is applied to this difference.

Beginning September 1, your A&M Care plan benefits will be calculated based on the entire bill from your health care provider. For those of you who have been enrolled for more than six years, this is the way the coordination with Medicare used to be handled. After Medicare pays its benefit, your A&M Care plan pays either its full benefit or the difference between the total bill and the amount Medicare paid. This means that you receive full reimbursement in many cases. *All A&M Care plans coordinate the same way.*

## Example

Let's say you have a \$200 office visit. First, you must meet your \$135 Medicare Part B deductible, then Medicare will pay 80% of the remainder (\$52 in this case.) The difference between the total bill (\$200) and the Medicare benefit (\$80) is \$148.

If you have not yet met your A&M Care deductible for the plan year, the full \$200 charge will be applied toward your deductible under whichever A&M Care plan you have, and the plan will pay nothing.

If you've already met your A&M Care deductible, all A&M Care plans will pay the \$148 remainder left from Medicare, since that is less than the amount that would have been paid if you had not had Medicare.

Medicare has a calendar-year deductible (January through December), while the A&M Care plans have plan-year deductibles (September through August).

## Working after retirement

If you work for the A&M System after retirement, you should submit your claims to BCBSTX first and then to Medicare during the months you work. During the months you do not work, you should submit your claims to Medicare first.

# HMOs

You must live or work in an HMO's service area to select that HMO. The *iBenefits* system and your Personal Benefits Summary indicate the HMOs for which you are eligible. This information is also available at the System Benefits Administration website, <http://tamus.edu/benefits/>.

HMOs work differently than the A&M Care plans:

- HMOs require you to select a primary care physician to use as your contact for authorization of all health services.
- You receive benefits for non-emergency care only if you use HMO providers.

## Comparing the plans

The health plans are compared on pages 14-17. These charts show your share of the cost of a health procedure or service. Plan changes are shown in bold.

For example, 20% means you pay 20% (coinsurance) of the cost after any applicable deductibles up to the out-of-pocket limit, then the plan pays 100%; \$25/visit means you pay \$25 (copayment) for each office visit.

Not all plans cover all services. The plan year for all plans is Sept. 1, 2009, through Aug. 31, 2010, but some HMOs have calendar-year limits on some services.

This information is a summary only. If you have questions, call the plan's member services phone number.

### *For more Medicare Part D information*

- *Medicare & You 2009 handbook (available from Medicare), which contains detailed information about Medicare plans that offer prescription drug coverage.*
- *Medicare website (<http://www.medicare.gov>)*
- *Medicare customer service: (800) 633-4227. TTY users should call (877) 486-2048.*
- *State Health Insurance Assistance Program*

### **Notice of Creditable Coverage for Medicare Part D**

All A&M System health plan prescription drug benefits have been certified to be comparable to or better than those provided by the new Medicare Part D prescription drug plan. This means that if you have A&M System health coverage and become eligible for Medicare Part D but decide to enroll at a later date, you will not have to pay a higher premium than you would have paid if you'd enrolled when you first became eligible. You may need to provide a copy of this notice when you join to show that you are not required to pay a higher premium.

Medicare Part D is available if you qualify for Medicare Part A and/or Part B. Enrolling or not enrolling in Medicare Part D will not change your enrollment in Parts A and/or B and will not impact the non-prescription drug part of your A&M System health coverage.

You can enroll in a Medicare prescription drug plan when you first become eligible for Medicare or from Nov. 15 to Dec. 31 of any later year. If you drop or lose your A&M System health coverage and don't enroll in Medicare Part D within 63 days after your coverage ends, you may be required to pay more to enroll in Medicare Part D later. In this case, you may enroll as soon as you drop or lose A&M System coverage and don't have to wait until the normal Part D enrollment period.

Because System health plans usually provide better drug benefits at a lower cost, Medicare Part D enrollment is not necessary for most System employees and retirees enrolled in System health plans. However, if you qualify for financial assistance, you will save on Part D premiums, copayments and coinsurance, which could mean you would benefit from Part D. Financial assistance is available to Medicare beneficiaries with incomes up to 150% of the Federal Poverty Level and limited resources. To determine if you qualify for financial assistance with Medicare Part D, you can contact the Social Security Administration (SSA) at (800) 772-1213 (TTY 800-325-0778) or visit SSA online at <http://www.socialsecurity.gov>.

Medicare Part D is offered through private, Medicare-approved prescription drug plans. All Medicare drug plans will offer a standard level of coverage set by Medicare. If you decide to enroll in a Medicare prescription drug plan, you will pay a premium of about \$32.50 per month, although some providers may charge less. This fee will likely change over time. You will also have to pay a \$250-a-year deductible.

If you are eligible for Medicare, you can be enrolled in both your System health plan and Medicare Part D, **but you cannot receive prescription drug benefits from both plans.** Your options include keeping your A&M System health coverage and not enrolling in Part D, or keeping your A&M System health coverage and also enrolling in Part D. If you enroll in Part D, you will not receive a drug benefit from your system health plan, but your System health premiums will not decrease.

You are entitled to receive a notice of creditable coverage at any time. It is available online at [http://www.tamus.edu/benefits/Medicare\\_creditable\\_coverage\\_letter.pdf](http://www.tamus.edu/benefits/Medicare_creditable_coverage_letter.pdf) or from your Human Resources office.

## Provisions

### A&M Care 350 Network/Out-of-Network benefits

### A&M Care 1250 Network/Out-of-Network benefits

<i>Regions offered</i>	BlueCross BlueShield of Texas (BCBSTX) has networks in all states and all but the following Texas counties: Donley, Hansford, Lipscomb, Ochiltree and Wheeler.	
<i>Pre-existing condition limitations</i>	None	
<i>Out-of-service-area restrictions</i>	Emergency care—Network benefit; must notify BCBSTX within 48 hours. Nonemergency care—Out-of-network benefit unless you go to a BCBS provider in that area.	
<i>Deductibles</i>	Network: \$350/person/plan year Out-of-Network: \$700/person/plan year; \$350/hospital	Network: \$1,250/person/plan year Out-of-Network: \$2,500/person/plan year; \$500/hospital
<i>Out-of-pocket maximum</i>	Network: \$3,000/person/plan year Out-of-Network: \$6,000/person/plan year	Network: \$3,500/person/plan year Out-of-Network: \$7,000/person/plan year
<i>In-hospital care</i>	Network: 20% after deductible Out-of-Network: \$350/admission, then 50%	Network: 30% after deductible Out-of-Network: \$500/admission, then 50%
<i>Emergency room</i>	Network: 20% after deductible Out-of-Network: 20% after deductible if emergency; otherwise 50%	Network: 30% after deductible Out-of-Network: 30% after deductible if emergency; otherwise 50%
<i>Office visits</i>	Network: \$25/visit for Primary Care Physician (PCP) visits; \$45 for specialists; certain expensive surgeries—20% after deductible Out-of-Network: 50% after deductible	Network: \$25/visit for Primary Care Physician (PCP) visits; \$45 for specialists; certain expensive surgeries—30% after deductible Out-of-Network: 50% after deductible
<i>Lab/X-rays</i>	Network: Benefit depends on setting and procedure; see plan description booklet or call BCBSTX for details Out-of-Network: 50% after deductible	Network: Benefit depends on setting and procedure; see plan description booklet or call BCBSTX for details Out-of-Network: 50% after deductible
<i>Surgery</i>	Network: 20% after deductible (inpatient and outpatient) Out-of-Network: 50% after deductible (inpatient and outpatient) Network and out-of-network: In physician's office, see office visit	Network: 30% after deductible (inpatient and outpatient) Out-of-Network: 50% after deductible (inpatient and outpatient) Network and out-of-network: In physician's office, see office visit
<i>Chiropractic care</i>	Network: \$45/visit, 30 visits/plan year Out-of-Network: 50% after deductible, 30 visits/plan year	Network: \$45/visit, 30 visits/plan year Out-of-Network: 50% after deductible, 30 visits/plan year
<i>Vision/Hearing/Speech</i>	Network and Out-of-Network: Vision—Routine preventive vision exams not covered; Hearing—Illness/accident coverage only	Network and Out-of-Network: Vision—Routine preventive vision exams not covered; Hearing—Illness/accident coverage only
<i>Physical therapy</i>	Network: \$45/visit Out-of-Network: 50% after deductible	Network: \$45/visit Out-of-Network: 50% after deductible
<i>Durable medical equipment</i>	Network: 20% after deductible Out-of-Network: 50% after deductible	Network: 30% after deductible Out-of-Network: 50% after deductible
<i>Home health care</i>	Network: 20% after deductible; \$40,000 lifetime maximum; \$8,000/person/plan year maximum Out-of-Network: 50% after deductible; \$40,000 lifetime maximum; \$8,000/person/plan year maximum	Network: 30% after deductible; \$40,000 lifetime maximum; \$8,000/person/plan year maximum Out-of-Network: 50% after deductible; \$40,000 lifetime maximum; \$8,000/person/plan year maximum
<i>Skilled nursing facility (not including custodial care)</i>	Network: 20% after deductible; \$35,000 lifetime maximum Out-of-Network: 50% after deductible; \$35,000 lifetime maximum	Network: 30% after deductible; \$35,000 lifetime maximum Out-of-Network: 50% after deductible; \$35,000 lifetime maximum
<i>Non-serious mental health*</i>	<i>Inpatient</i> Network: Inpatient—20% after deductible up to 30 days/plan year; Outpatient—\$45/visit, 40 visits/plan year <i>Outpatient</i> Out-of-Network: Inpatient—50% after deductible up to 30 days/plan year; Outpatient—50% after deductible, 40 visits/plan year	Network: Inpatient—30% after deductible up to 30 days/plan year; Outpatient—\$45/visit, 40 visits/plan year Out-of-Network: Inpatient—50% after deductible up to 30 days/plan year; Outpatient—50% after deductible, 40 visits/plan year
<i>Prescription drugs</i>	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, \$25/brand-name formulary, \$50/brand-name nonformulary; brand-name copayment + difference between brand-name and generic when generic is available</li> <li>90-day supply: Two copayments required if purchased by mail-order; three if purchased through certain retail pharmacies. Medco—(800) 251-7690 ; <a href="http://www.medcohealth.com/medco/corporate/home.jsp">http://www.medcohealth.com/medco/corporate/home.jsp</a></li> </ul>	
<i>How does this health plan work?</i>	This plan is a preferred provider organization (PPO). If you live in a network area, you may choose any provider in a BlueCross BlueShield network to receive the highest level of coverage. You receive benefits for services provided by an out-of-network provider, but they will be lower. Most employees and retirees live in network areas. However, if you do not live in a network area, you may visit any provider and receive non-network benefits. See pages 8-10 for details.	
<i>Member Services phone number/website</i>	BlueCross BlueShield of Texas—(866) 295-1212; for information on networks outside Texas—(800) 810-BLUE (2583) <a href="http://www.bcbstx.com">http://www.bcbstx.com</a>	

**Bold type** indicates items that will change for the new plan year.

\* The benefits above apply to most mental health conditions. However, for certain serious conditions, the state sets minimum coverage requirements. They are 60 days/plan year for inpatient care (subject to plan's in-hospital care copayment) and 45 days/plan year for outpatient care (subject to the plan's office visit copayment).



Provisions	Humana Health Plan	Scott & White Health Plan
<i>Regions offered</i>	Corpus Christi/Kingsville, San Antonio	Bryan/College Station, Killeen, limited access in Austin, Prairie View, Stephenville areas
<i>Pre-existing condition limitations</i>	None	None
<i>Out-of-service-area restrictions</i>	Urgent or emergency care only, \$100/visit (waived if admitted); notify Humana within 48 hrs.	Emergency care only at hospital, <b>\$150/visit</b> (waived if admitted); urgent care, \$40/visit at any facility other than College Station S&W facility
<i>Deductibles</i>	None	None
<i>Out-of-pocket maximum</i>	\$4,000/person/calendar year; \$8,000/family/calendar year	\$3,000/person/plan year; \$6,000 maximum/family/plan year
<i>In-hospital care</i>	\$500/day; \$1,500 maximum/admission	<b>20% of charges</b>
<i>Emergency room</i>	\$100/visit (waived if admitted); must notify Humana within 48 hrs	<b>\$150/visit</b> (waived if admitted); urgent care, \$25/visit at College Station S&W facility, \$40/visit at any other facility
<i>Office visits</i>	\$20/visit in PCP's office or \$30/visit for specialty care	\$25/visit
<i>Lab/X-rays</i>	<u>Inpatient</u> - \$500/day; \$1,500 maximum/admission <u>Outpatient</u> - \$20/visit in PCP office or \$30/visit in specialist's office; \$150/visit at outpatient facility <b>Preventive - child up to age 18, covered in full (with office visit co-pay); adults, age 18 and up \$20 PCP, \$30 specialist office visit, outpatient hospital, free standing facility - covered in full</b> <b>PET, MRI, MRA, CET, SPECT \$150/ copay per visit</b>	Covered in full  <b>PET, MRI, MRA, CET, SPECT/20% of charges</b>
<i>Surgery</i>	<u>Inpatient</u> - \$500/day; \$1,500 maximum/admission <u>Outpatient</u> - \$20/visit in PCP's office or \$30/visit in specialist's office; \$300/visit at outpatient surgical facility	Inpatient – <b>20% of charges</b> ; Outpatient - <b>20% of charges</b>
<i>Chiropractic care</i>	<b>\$20 PCP, \$30/specialist, limit 20 visits/year– Authorization Required</b>	Not covered, limited discount network available
<i>Vision/Hearing/Speech</i>	<b>Vision – provider must be in network-\$20 copayment, limited to one exam per member per calendar year.</b> <b>Hearing Screening – Covered in full.</b> Speech Therapy—\$30/visit	Vision—\$25, one exam/plan year; \$10/lenses w/frames or \$10/bifocals/trifocals w/frames (biennially); \$10/box for disposable or daily wear contacts or \$10/contact lens for specialty lenses Hearing/Speech (testing and/or therapy)—\$25/visit
<i>Physical therapy</i>	Hospital—\$500/day; \$1,500 maximum/admission; Doctor—\$20 in PCP's office or \$30 in specialist's office, initial visit only	\$25/visit
<i>Durable medical equipment</i>	\$20/visit in PCP's office or \$30/visit in specialist's office	20%, up to \$2,000/person/plan year (includes diabetic supplies and equipment)
<i>Home health care</i>	\$30/visit	\$25/visit with approval of medical director
<i>Skilled nursing facility (not including custodial care)</i>	Covered in full	<b>20% of charges</b>
<i>Non-serious mental health*</i>	Covered in full  Covered in full up to 100 days/calendar year  <u>Inpatient</u> - \$100/admission up to 30 days/calendar year <u>Outpatient</u> - \$10/visit for first 20 visits/calendar year; \$30/visit for next 20 visits/calendar year	<u>Inpatient</u> - <b>20% of charges</b> , max 30 days;  \$25/visit up to 30 visits/plan year
<i>Prescription drugs</i>	<ul style="list-style-type: none"> <li><b>30-day supply: Level 1 drug, \$7; Level 2 drug: \$25; Level 3 drug: \$50; Level 4 drug, 25% copay (out-of-pocket maximum \$2,500 person/plan year.)</b></li> <li>90-day supply: Three copayments required; must purchase through mail-order program</li> </ul>	After you meet the \$50/person/plan year prescription drug deductible: <ul style="list-style-type: none"> <li>34-day supply: \$5/generic (level A), \$25/brand-name formulary (level B), \$50 or 50% (whichever is less)/nonpreferred formulary (includes some generics; level C), \$50 or 50% (whichever is greater)/brand-name nonformulary</li> <li>Outpatient specialty drugs: \$50 (level 1), \$100 (level 2 – preferred), \$250 (level 3 – premium preferred), 50% of charges (level 4 – non-preferred)</li> <li>90-day supply: two copayments required; mail-order purchase available but not required; you must purchase 34-day supply on new prescriptions for the first six months of use</li> </ul>
<i>How does this health plan work?</i>	This plan is an HMO composed of independent practitioners and physician associations. You must select a PCP. If you select a PCP who is an independent practitioner, you can be referred to any specialist in Humana's network. If your PCP is part of a physician association (in San Antonio), you will be referred only to specialists in that association.	The Scott & White Health Plan (SWHP) is an HMO composed of several regional clinics, as well as a network of providers outside the clinics contracted with the health plan. You must select a Primary Care Physician (PCP). Your PCP will coordinate your care and can refer you to any specialist in the SWHP network.
<i>Member Services phone number/website</i>	(800) 448-6262 or (888) 393-6765 (for potential members) or <a href="http://www.humana.com">http://www.humana.com</a>	(800) 791-8777 or (979) 268-7947 <a href="http://www.swhp.org">http://www.swhp.org</a>

**Bold type** indicates items that will change for the new plan year.

\* The benefits above apply to most mental health conditions. However, for certain serious conditions, the state sets minimum coverage requirements. They are 60 days/plan year for inpatient care (subject to plan's in-hospital care copayment) and 45 days/plan year for outpatient care (subject to the plan's office visit copayment).

# Provisions

# FirstCare

<i>Regions offered</i>	Bryan/College Station, Abilene/Midland/Odessa, Amarillo/Canyon/Lubbock, Ft. Stockton, Stephenville
<i>Pre-existing condition limitations</i>	None
<i>Out-of-service-area restrictions</i>	Emergency only (\$100/visit, waived if admitted) or medical support order (Deductible applies)
<i>Deductibles</i>	\$250/person/plan year
<i>Out-of-pocket maximum</i>	2 × total annual premium; injectable medication IF received at the Dr's office- \$2,500; NO Maximum if received through retail pharmacy
<i>In-hospital care</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to a contract hospital within service area. Tier 2 (25% of the Allowable Amount up to \$5,000/member or \$10,000/family) applies if admitted to a contract hospital outside the service area or a noncontract hospital within or outside of the service area and the admission is due to an emergency (otherwise, no coverage) (Deductible applies)
<i>Emergency room</i>	\$100/visit (waived if admitted); must notify Primary Care Physician (PCP) within 24 hrs.. (Deductible applies)
<i>Office visits</i>	\$20/visit; \$50/visit for specialty care (No Deductible)
<i>Lab/X-rays</i>	General lab & x-ray covered in full (No Deductible); \$100 for Arteriograms, CT Scans, MRI, EEG, Myelogram & PET Scans; \$75 for radio-nuclide stress test; \$50 co-pay for bone mass density test; 50% for non-pregnancy ultrasound; 50% for infertility diagnosis (Deductible applies)
<i>Surgery</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to contract hospital within service area. Tier 2 (25% of allowable amount up to \$5,000/member or \$10,000/family) applies if admitted to a contract hospital outside the service area or a noncontract hospital within or outside service area and the admission is an emergency (otherwise, no coverage). (Deductible applies) OUTPATIENT - \$250 deductible
<i>Chiropractic care</i>	\$50/visit; must be pre-approved (No Deductible)
<i>Vision/Hearing/Speech</i>	Routine vision screening - \$20/visit PCP, up to age 18 only (No Deductible) Hearing/Speech (testing) - \$20/visit, \$50/visit for specialty care; therapy \$50/visit (No Deductible)
<i>Physical therapy</i>	\$50/visit (Deductible applies)
<i>Durable medical equipment</i>	20%, up to \$4,000/person/plan year (Deductible applies)
<i>Home health care</i>	Covered in full when authorized (Deductible applies)
<i>Skilled nursing facility (not including custodial care)</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to contract hospital within service area. (Deductible applies) Tier 2 (25% of allowable amount up to \$5,000/member or \$10,000/family) applies if admitted to a contract hospital outside the service area or a non contract hospital within or outside the service area and the admission is due to an emergency (otherwise, no coverage). (Deductible applies)
<i>Non-serious mental health*</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to contract hospital within service area. (Deductible applies) Tier 2 (25% of allowable amount up to \$5,000/member or \$10,000/family) applies if admitted to a contract hospital outside the service area or a non contract hospital within or outside the service area and the admission is due to an emergency (otherwise, no coverage). Limited to 30 days/plan year. (Deductible applies) <u>Outpatient</u> - \$50/visit, limited to 40 visits/plan year (No Deductible)
<i>Prescription drugs</i>	Deductible - \$50/person/plan year 30-day supply: \$15/generic; \$30/brand-name formulary; \$60/brand-name non-formulary; 25%/injectables & high technology drugs 90-day supply: \$45/generic; \$90/brand-name formulary; \$180/brand-name non-formulary; 25%/injectables & high technology drugs
<i>How does this health plan work?</i>	This plan is an HMO composed of independent practitioners and physician associations. You must select a PCP. First Care does not require a referral to an in plan specialist.
<i>Member Services phone number/website</i>	(800) 884-4901 <a href="http://www.firstcare.com">http://www.firstcare.com</a>

**Bold type** indicates items that will change for the new plan year.

\* The benefits above apply to most mental health conditions. However, for certain serious conditions, the state sets minimum coverage requirements. They are 60 days/plan year for inpatient care (subject to plan's in-hospital care copayment) and 45 days/plan year for outpatient care (subject to the plan's office visit copayment).

# Dental

## –Ask Yourself–

*How much do I spend on dental care in a year? Is it more or less than the DeltaCare USA Dental HMO premiums and copayments or the A&M Dental premiums, deductible and coinsurance?*

*If I'm thinking about enrolling in DeltaCare USA, do I live near a network general dentist?*

*Would I pay less using DeltaCare USA or the A&M Dental plan, considering the out-of-pocket cost of services, deductible and premiums?*

If you enroll in dental, you may have a choice between the A&M Dental PPO and the DeltaCare USA Dental HMO. If you enroll yourself in a plan, you may also enroll some or all eligible family members in that plan.

## Enrollment

- You can enroll in either plan regardless of your health coverage choice.
- You can enroll yourself or existing, noncovered dependents only during Annual Enrollment or if you have certain Changes in Status (see page 5).
- You do not have to provide evidence of good health to enroll in either plan.
- The plans have no pre-existing condition limitations.

The DeltaCare USA Dental HMO will be an option for you only if you live or work within the same first-three-digit ZIP code area as an HMO dentist. If you do not, but are willing to travel to a network dentist, you can enroll by completing an Annual Enrollment form (<http://tamus.edu/benefit/publications/forms/102.pdf>) and submitting it to your Human Resources office.

Enrollment Options			
Plan	Delta Dental PPO		Delta Dental HMO
<b>Network</b>	PPO Dentist Network	Premier Dentist Network	DeltaCare USA HMO Network
<b>Provider Access</b>	With a nationwide network of more than 63,000 providers, this network provides you the highest level of coverage you are eligible for on the Delta Dental PPO Plan.	The Premier network has more than 124,000 providers nationwide, and offers you greater savings over using a non-network provider.	The plan has networks in Texas, Tennessee, California, Maryland, Colorado, New York, Utah and Washington D.C. When you sign up, you will be asked to choose a provider, otherwise Delta will assign you to dental office in your area.
<b>Savings to you</b>	PPO Dentists fees are generally 30% less than the average fees charged by all dentists.	In general, Premier Dentist's fees are 17% less than non-network dentists.	Your cost for preventive dental care is zero! All other dental service fees are pre-set.
<b>How it works</b>	PPO Dentists have agreed to Delta's Maximum Allowable Amount for each type of service. Providers cannot bill you for any amount over this agreed upon amount.	Premier Dentists have agreed to Delta's Maximum Allowable Amount for each type of service. Providers cannot bill you for any amount over this agreed upon amount.	DeltaCare HMO Dentists have agreed to a pre-set fee for all dental procedures. Providers cannot bill you for covered services once you have paid the applicable co-payment.
<b>-For more information-</b>			
<ul style="list-style-type: none"> <li>➤ <i>A&amp;M Dental Plan Description booklet. Online at <a href="http://www.tamus.edu/benefits/publications/booklets/dental_spd.pdf">http://www.tamus.edu/benefits/publications/booklets/dental_spd.pdf</a> or available from your HR office.</i> <ul style="list-style-type: none"> <li>➤ <i>Delta Dental website: <a href="http://www.deltadentalins.com/tamus">http://www.deltadentalins.com/tamus</a></i></li> <li>➤ <i>Delta Dental Customer Service: A&amp;M Dental PPO 1-800-336-8264</i></li> <li>➤ <i>DeltaCare USA Dental HMO 1-800-422-4234</i></li> </ul> </li> </ul>			

	A&M Dental PPO	DeltaCare USA Dental HMO
<i>Deductible</i>	\$75/person/plan year; \$225 family/plan year	None
<i>Maximum benefit</i>	Regular: \$1,500/person/plan year Orthodontia: \$1,500/person/lifetime	Regular: None Orthodontia: None
<i>Your cost for preventive care</i>	\$0 (if you use a network provider). The plan covers <b>three</b> regular or periodontal cleanings per plan year at 100% <b>up to maximum allowable charges</b> . Deductible does not apply.	Comprehensive oral exam: \$0 Cleaning (once each six months): \$0 Panoramic X-rays (once every three years): \$0
<i>Your cost for basic care</i>	You pay the deductible plus 20% of the maximum allowable charges for fillings, root canals, extractions and periodontics. Once you reach your maximum annual benefit of \$1,500, you pay 100%.	You pay a pre-set fee, for example: Amalgam fillings: \$0 Resin-based composite filling; two surfaces, posterior; permanent: \$65 Anterior root canal, excluding final restoration: \$110 Periodontic scaling and root planing; per quadrant, limited to 4 quadrants per 12 consecutive months: \$55
<i>Your cost for major restorative care</i>	After you meet your deductible, you pay 50% of the maximum allowable charges for crowns, dentures and bridges. Once you reach your maximum annual benefit of \$1,500, you pay 100%.	You pay a pre-set fee, for example: Crown; porcelain/ceramic: \$380 Complete denture; maxillary: \$335
<i>Your cost for orthodontics</i>	After you meet your deductible, you pay 50% until you reach your maximum lifetime benefit of \$1,500, then you pay 100%.	You pay a pre-set fee, for example: Orthodontic evaluation: \$25 Orthodontic treatment plan and records: \$200 Fixed appliance insertion (banding) for comprehensive treatment: \$100 Comprehensive treatment, permanent teeth: children up to age 19, \$1,900; adults: \$2,100
<i>Filing claims</i>	PPO and Premier dentists file claims for you.	Not applicable.
<i>Alternate benefit provision</i>	When more than one procedure could provide suitable treatment, the plan will pay for the least expensive procedure. You may apply this benefit to whichever procedure you wish to have.	None; you choose the procedure you want from the covered services and pay the applicable copayment.

# Vision

The A&M System's vision plan provides coverage for eye exams, eyeglass frames and lenses, and contact lenses as well as discounts on some eye surgeries. If you have vision exam coverage through your health plan, you may use either that benefit or the vision plan's exam benefit. You must enroll and pay a monthly premium for vision coverage. This plan is administered by UnitedHealthcare Vision.

	Network benefit	Non-network benefit
<i>Eye exam (one exam per plan year)</i>	100% after \$10 copayment. This typically includes patient case history, exam for eye pathology abnormalities, refraction, visual skill testing and diagnosis and prescription for contacts or glasses. <b>Dilation may be covered if it is a routine part of the provider's exam.</b>	Up to \$45. Copayment doesn't apply.
<i>Materials</i>	100% after \$25 copayment for: <ul style="list-style-type: none"> <li>•Eyeglasses (frames and lenses), every other plan year.</li> <li>•Eyeglass lenses, one standard pair every plan year.</li> </ul> <p>Scratch coating, polycarbonate lenses, basic progressive lenses, tints and UV coating are covered in full.</p> <p>For higher dollar frames, you will have to pay the copayment plus the difference between UnitedHealthcare Vision's maximum frames allowance and the cost of the frames.</p>	Lenses: \$50 to \$80, depending on type of lenses. Frames: Up to \$50. Copayment doesn't apply.
<i>Contact lenses (once every plan year in place of eyeglass benefit)</i>	100% after \$25 copayment for normal lenses. This covers the full cost of the contacts (one pair of standard contact lenses or up to six boxes of disposables), fitting and/or evaluation fees, and up to two follow-up visits. UnitedHealthcare Vision will provide a \$150 allowance for lenses that are not covered in full (such as toric, gas permeable and bifocal contacts) and up to \$210 for medically necessary contacts.	Up to \$150 for elective contacts; up to \$210 for medically necessary contacts. Copayment doesn't apply.
<i>Refractive eye surgery</i>	15% off reasonable and customary cost, or 5% off promotional price.	Not applicable.

## Benefits

The plan covers exams for a \$10 copayment and most materials for a \$25 copayment if you use a network provider. If you use a provider not in the network, the plan will pay limited benefits. The chart on the previous page describes plan benefits for the most common products and services.

## Using your benefits

When you use a network provider, you simply pay your copayment (and any expenses non-covered) and the plan pays the rest. If you use a non-network provider, you pay the full cost to the provider and submit a claim, including the original bill, to UnitedHealthcare Vision for reimbursement of the covered amount. If you have receipts for services and materials purchased on different dates, you must submit the receipts at the same time and within 12 months of the date of service.

## Enrollment

You may enroll yourself only or yourself and one or more family members. You may enroll only during Annual Enrollment. You cannot add or drop coverage until the next Annual Enrollment period. You can, however, add or drop newly eligible or noneligible family members if you have certain Changes in Status (see page 5). The plan has no pre-existing condition limitations.

### *—For More Information—*

- *Vision Plan Description Booklet, online at [http://tamus.edu/benefits/publications/booklets/vision\\_spd.pdf](http://tamus.edu/benefits/publications/booklets/vision_spd.pdf) or from your HR office.*
- *UnitedHealthcare Vision website (<http://www.uhcspecialtybenefits.com>)*
- *UnitedHealthcare Vision customer service: (800) 203-4317*

## Vision Materials Discount Program

UnitedHealthcare Vision has an Additional Material Discount Program. At participating providers you will receive a 20% discount on an additional pair of eyeglasses or contact lens, once you have exhausted your vision benefit for the year.

The discount will apply to the retail price and can be purchased any time during the plan year after you have used the UnitedHealthcare Vision plan. Call 1-800-638-3120 to find a participating provider in your area.

*Not all providers participate in this program. Retailers such as Sam's and WalMart do NOT because of the large discounts they already offer.*

# Life

The A&M System offers Basic Life, Alternate Basic Life, Optional Life and Dependent Life insurance. Your eligibility for Basic, Alternate Basic and Optional Life depends on whether you have health coverage and whether that coverage is employee coverage through the A&M System. The plan you select determines which Dependent Life plans you are eligible for. For more information, see the chart below.

Life insurance pays benefits to your beneficiaries if you die or to you if a covered family member dies. Basic Accidental Death and Dismemberment (AD&D) pays an additional benefit in the event of the accidental death or dismemberment of a covered employee.

When you retire, your Optional Life coverage maximum is reduced to \$100,000 if you are younger than age 70. When you reach age 70, it will be reduced to \$60,000; when you reach age 80, it will be reduced to \$30,000. If you leave A&M System employment but do not retire, you may elect to keep your life insurance coverage until age 70. Some plan provisions will be different, and premiums will be higher.

	How much coverage does it provide for...		
	Myself?	My spouse?	My children?
<i>Basic Life/ Basic AD&amp;D</i>	\$7,500 in life insurance and \$5,000 in AD&D coverage.	None.	\$5,000 in life insurance on each eligible dependent child.
<i>Alternate Basic Life/ Basic AD&amp;D</i>	\$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.	None.	\$5,000 in life insurance on each eligible dependent child.
<i>Optional Life</i>	Maximum of \$100,000 if younger than 70, \$60,000 if older than 70. Coverage will automatically be reduced to \$60,000 or \$30,000, respectively, on the first month following your 70th or 80th birthday.	None.	None.
<i>Dependent Life Plan A</i>	None.	Coverage amounts of 25,000, 50,000, 75,000, 100,000, 150,000 or 200,000, not to exceed your coverage amount.*	\$10,000 per child.*
<i>Dependent Life Plan B</i>	None.	\$5,000 in life and \$5,000 in AD&D coverage, if spouse is enrolled.	\$5,000 in life and \$5,000 in AD&D coverage on each enrolled eligible child.
<i>Dependent Life Plan C</i>	None.	50% of your Alternate Basic Life coverage amount, if spouse is enrolled.	10% of your Alternate Basic Life coverage amount on each enrolled eligible child.

\* If your current coverage amounts are greater, you can keep your current coverage amounts — you do not need to complete any forms.

If you and your spouse both work for the A&M System and you take Optional or Alternate Basic Life, your spouse may not cover you through his/her Dependent Life. Children may not be covered on Dependent Life by both parents. Only dependents shown in the *iBenefits* system are covered.

Lower Optional Life premiums are available if you have not used any tobacco products in the last 12 months. You can change your tobacco status at any time.

### Living Access Benefit

If you have Basic, Alternate Basic or Optional Life coverage and a doctor certifies that you have less than 24 months to live, you may apply for immediate payment of up to 50% of your plan benefit. Your beneficiary will receive the remaining benefit after your death. This benefit is also available to dependents who are covered under Dependent Life.

## Which plans can I enroll in?

You are automatically covered if you are enrolled in an A&M System health plan. The System covers the cost. If you do not have System health coverage but certify that you have other health coverage, you can have Alternate Basic Life instead (see below). If you have no health coverage, you can purchase Basic Life.

You can enroll if you are not enrolled as a retiree 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.

You can enroll regardless of whether you are enrolled in a System health plan or whether you certify that you have other health coverage, but you pay for the coverage yourself. If you select this coverage, you cannot enroll in Alternate Basic Life. To enroll in or increase coverage, you must provide evidence of good health. You will be limited to \$100,000 of coverage or less if you are over age 70.

You can enroll if you have Optional Life coverage. You pay for the coverage yourself.

You can enroll if you have Basic Life, Alternate Basic Life or Optional Life coverage. You pay for the coverage yourself.

You can enroll if you have Alternate Basic Life coverage. You pay for the coverage yourself.

### Enhancements to the plan for September 1

- **Travel Assistance** - provided by Euro Assistance USA - covers all employees, spouses and dependents while traveling 100 miles or more when traveling for business or pleasure. Features include a repatriation benefit up to \$15,000, 24-hour access to emergency medical assistance, emergency travel arrangements, communication assistance, legal assistance and pre-trip resources.
- **Legal Services**, provided by Ceridian Life Works, offers employees, retirees and their families a free 30 minute initial consultation with an attorney, drafting of wills and other legal documents.
- **Beneficiary Financial Counseling services**, through PricewaterhouseCoopers, provides assistance with estate planning, budgeting, taxes, etc. This service is available at no additional cost for beneficiaries who receive a benefit of \$25,000 or more.

Accidental Death and Dismemberment (AD&D) provides benefits in the event of an accidental injury that results in the death or dismemberment of a covered person. It is payable in addition to any life insurance you may have. You pay the full cost if you choose to enroll in AD&D.

## **Plan choices**

You may choose retiree-only or family coverage. Family coverage will automatically cover all of your eligible family members.

You may choose coverage in a multiple of \$10,000, up to:

- \$200,000 if you are younger than 70
- \$60,000 if you are 70 or older

With family coverage, your spouse will be covered for 50% of your coverage amount and each eligible child for 10% of your coverage amount. If you have no spouse, each eligible child will be covered for 15%, and if you have no eligible children, your spouse will be covered for 60% of your coverage amount. The maximum coverage for each child is \$25,000.

## **Enrollment**

You can purchase or increase AD&D coverage only during Annual Enrollment. Evidence of good health is not required because the policy pays only for accidents. If you are enrolling for the first time, be sure to name one or more beneficiaries.

### *–Enrollment Options–*

- *Retiree only*
- *Retiree & Family*

### *–For More Information–*

- *AD&D Plan Description Booklet, online at [http://tamus.edu/benefits/publications/booklets/add\\_spd.pdf](http://tamus.edu/benefits/publications/booklets/add_spd.pdf) or from your HR office.*

## Benefits and Services

For loss of:	Your benefit is the following percentage of the full coverage amount:
Life	100%
Both hands	100%
Both feet	100%
Entire sight of both eyes	100%
Quadruplegia	100%
Paraplegia	75%
One hand	50%
One foot	50%
Entire sight of one eye	50%
Speech	50%
Hearing in both ears	50%
Thumb and index finger of the same hand	25%

### Other benefits:

- Additional benefit for an accident in which the driver was using a seatbelt and airbag
- A benefit after 12 months of paralysis from an accidental spinal cord injury
- Grief counseling and financial counseling if a covered person dies
- Education and child care benefits for your family if you die

### *–Ask Yourself–*

*Is my life insurance adequate in case of an accidental death, or do I need more coverage? How much more coverage?*

*Would I need additional money if I were to lose a limb, eyesight, speech or hearing in an accident?*

*Would I need additional money if one of my dependents was killed or injured in an accident?*

# Long-Term Care

Long-Term Care provides benefits if you require nursing and custodial care, which means that you need help with daily activities such as dressing and eating. These services are not usually covered by your health plan.

## Enrollment

You must provide evidence of good health to enroll yourself or your spouse or to increase your coverage or your spouse's coverage. You pay the premiums directly to the plan provider, John Hancock. You may also have enroll-

### Benefits

The plan pays benefits for:

- Adult day care
- Nursing and custodial care received from a state-licensed nursing home, alternate-care facility or home health care agency
- Respite care
- Caregiver training
- Emergency alert
- Assisted living
- Hospice
- Adult foster care

You select from five benefit levels:

- \$100/day
- \$150/day
- \$200/day
- \$250/day
- \$300/day

You will receive up to your full benefit amount for each day you spend in a nursing or assisted-living home or alternate-care facility, regardless of other coverage. You will receive 75% of that benefit for each day you need home health care, adult day care, hospice or adult foster care services. Your maximum lifetime benefit is 2,190 (six years) times your daily benefit.

The plan has a 90-day qualification period for most types of care.

The plan offers two optional enhancements for an additional premium:

- The automatic benefit increase option increases your daily maximum benefit by 5% each year, with no increase in your premium. If you do not elect this option, you will have the opportunity every three years to increase your daily maximum benefit with an increase in premiums.
- The nonforfeiture option ensures that if you stop paying premiums after at least three years you will still be able to receive benefits equal to the sum of the premiums you paid or 30 times your daily benefit, whichever is greater. If you stop paying premiums after at least 10 years, you will be able to receive your premiums or 90 times your daily benefit.

*–Ask Yourself–*

*Could I pay the bills if my spouse or I needed long-term care?*

*What would the effect be on living expenses, college plans for the children and other long-range plans if I had to spend my savings on long-term care?*

*–Enrollment Options–*

- *Retiree*
- *Spouse*

*–For More Information–*

- *John Hancock website*  
(<http://tamus.jhancock.com>). Enter TAMUS as the username and mybenefit (all lowercase) as the password.
- *John Hancock customer service: (800) 498-9100.*

ment information sent to your children age 18 and older, parents, parents-in-law or siblings, but they must make their own enrollment decisions and arrange to pay premiums directly to John Hancock. Packets containing complete information, premiums and enrollment forms are available from your Human Resources office, by calling John Hancock customer service at (800) 498-9100 or by visiting the John Hancock website at <http://tamus.jhancock.com> (username=TAMUS, password=mybenefit in all lowercase).

### **Premiums**

Premiums are based on your age when you enroll in coverage and change only if there is a general change in your rate category. Your spouse's premium is based on his/her age at the time of enrollment. You pay premiums on a monthly, quarterly, semiannual or annual basis.

Premiums are listed in the Long-Term Care enrollment kit, available from your Human Resources office. You also may request a kit or get premium information by visiting the John Hancock website or calling John Hancock customer service.

# Other Plans

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## **Discount Hearing**

American Hearing Aid Associates (AHAA) allows you to buy hearing aids for 30% off the manufacturer's suggested retail price or receive a \$250 discount off the provider's price, whichever is the greater savings, if you use an AHAA provider. Purchase of a hearing aid includes testing, fitting, orientation and routine maintenance of the instrument for the length of its service warranty and:

- Quarterly cleanings and adjustments
- Yearly audiometric screenings
- Yearly hearing aid evaluations
- First-year warranty and loss/damage insurance
- Repair and/or loss and damage replacement renewal options
- Batteries for the life of your hearing aids

AHAA is available to you, your covered dependents and parents. You don't need to enroll in the plan or pay premiums. Simply visit a participating provider and present your AHAA member card or an ID card that shows you to be an A&M System retiree. The discount is given at the time of purchase.

## **Relocation Assistance**

If you are planning a move, the FAS Relocation Network part of Global Mobility Solutions can help make all necessary arrangements. You pay nothing for FAS' services, which include planning the move, helping you sell your home, selecting movers, helping you find housing that meets your needs and is within your budget, and prequalifying you for a mortgage. In addition, FAS' website (<http://www.fasrelo.com>) provides many tools that can assist you with your move, including:

- A calculator that compares the cost of living in hundreds of major U.S. cities
- City Report, which shows how different cities compare in terms of population, climate, crime, cost of living and educational facilities
- Community Calculator, which provides information about different cities
- Crime Lab, which reports the crime rate for hundreds of U.S. cities
- A Moving Calculator, which estimates how much your move will cost
- A Relocation Wizard, which develops a timeline for your move.
- A mortgage payment calculator.

## **Marsh Personal Plans**

Marsh Personal Plans is a comprehensive Voluntary Benefits Program, designed to help you save time and money by providing access to quality coverage and services.

### **CHOICE AUTO and HOME INSURANCE**

Group Auto and Home Insurance can cover more than just your vehicle and home — you may also be eligible to get coverage on a rental property, boat, motor home and personal property. You may qualify for multi-policy, multi-car, safe driver, and anti-theft device discounts. You can get a quote and apply for coverage anytime. The insurance carrier will bill you directly for the coverage.

### **PET INSURANCE**

Coverage is available for dogs, cats, aviary, and even some more exotic pets. Routine care is available as well. You can get a quote and purchase insurance anytime. Payment options include credit card and EFT deductions.

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To locate the nearest AHAA provider, call (800) 984-3272 or visit AHAA's website at <http://www.AHAA.net>. You can also click on the AHAA link from the System Benefits Administration website at <http://tamus.edu/benefits/programs/#AHAA>.

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Contact FAS Relocation Network by telephone at (800) 522-1052 or by email at [info@fasrelo.com](mailto:info@fasrelo.com). You can also visit FAS online at <http://www.fasrelo.com> or by clicking on the FAS link from the System Benefits Administration website at <http://tamus.edu/benefits/programs/#relocate>.

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For detailed information and quotes go to: <https://www.tamuspersonalplans.com>

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## **HOME MORTGAGE**

A dedicated team of experts stands ready to help you and members of your immediate family buy, build, or refinance a home. You may enroll for Home Mortgage services anytime throughout the year.

## **INTERNET BANKING**

The PersonalPlans banking center will allow for better options for work/life balance. Anyone can take advantage of the lower service fees, higher interest rates on deposits, and online banking convenience through a secure bank site. You may enroll for Internet Banking anytime throughout the year.

## **ID THEFTSMART™**

ID TheftSmart™ provides continuous credit file monitoring and comprehensive restoration service in the event of an identity theft. If identity theft strikes, ID TheftSmart™ licensed investigators do most of the legwork and paperwork to restore your name, saving you time, money and aggravation. You may enroll for Identity Theft services anytime throughout the year. Payment is available by convenient electronic funds transfer (EFT) through either your checking or savings account.

## **HEALTH INSURANCE MART**

Health Insurance Mart helps you find quality and affordable health insurance coverage for members of your family not eligible for A&M System healthcare coverage. One of the biggest advantages of the Health Insurance Mart is the ability to compare multiple plans, premiums and benefits all from solid insurance companies rated “Excellent” by the A.M. Best Company. Among the plans available are Health Savings Accounts, which can help you save for qualified medical and retiree health expenses on a tax-free basis. You may enroll for Health Insurance Mart anytime throughout the year.

## **REAL ESTATE SERVICES**

If you're selling or purchasing real estate, you can receive professional real estate assistance and cash rebates through the SMARTMOVE® Program. The Texas A&M University System is teamed up with SMARTMOVE®, a national real estate affinity program designed to give you, our valued employee, the highest quality, professional real estate assistance and CASH REBATES. When you register with SMARTMOVE®, a coordinator will explain the SMARTMOVE®, guidelines in order for you to qualify for a cash rebate – up to \$5,000 – whenever you buy or sell real estate.. You will also receive professional real estate assistance from trained and experienced agents who will help you with your home search, and professionally market your current home or investment properties. This program is absolutely free to you as an employee of Texas A&M System. To register or for more details, contact SMARTMOVE® at (800) 645-6560 or via the web at [www.smartmove.com](http://www.smartmove.com). You may enroll for Real Estate Services anytime throughout the year.

Visit [www.tamuspersonalplans.com](http://www.tamuspersonalplans.com) to learn more about the voluntary benefit plans available to you and your family. You may also contact the Voluntary Benefits Customer Service Center at 1-866-814-7516, 8 a.m. to 5 p.m. Central Standard Time, Monday through Friday.

# Monthly Premiums

Effective Sept. 1, 2009

## Basic Life

(plan details on page 22)

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

Basic Life \$3.97

Alternate Basic Life \$.529 per \$1,000

## Health (plan details on page 8)

	Retiree Only		Retiree & Spouse		Retiree & Child(ren)		Retiree & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care 350	\$454.98	\$57.87	\$818.96	\$239.86	\$682.47	\$171.61	\$1,000.96	\$330.86
A&M Care 1250	377.63	0.00	691.14	112.04	577.85	66.99	842.19	172.09
A&M Care 65+	396.90	0.00	707.28	128.18				
FirstCare	406.35	9.24	1,015.90	436.80	609.54	98.68	812.71	142.61
Humana Health Plans								
Corpus Christi/Kingsville	601.01	203.90	982.40	403.30	881.47	370.61	1,350.91	680.81
San Antonio	556.44	159.33	952.82	373.72	771.42	260.56	1,259.92	589.82
Scott & White Health Plan	449.03	51.92	832.50	253.40	661.00	150.14	980.15	310.05

## Dental (plan details on page 18)

A&M Dental PPO

DeltaCare USA Dental HMO

Retiree Only

\$28.77

\$22.16

Retiree & Spouse

\$57.54

\$39.41

Retiree & Child(ren)

\$60.42

\$39.70

Retiree & Family

\$92.06

\$61.70

## Vision

(plan details on page 20)

Retiree Only

\$6.39

Retiree & Spouse

\$13.58

Retiree & Child(ren)

\$10.49

Retiree & Family

\$18.70

## Optional Life

(plan details on page 22)

If your birthday falls between 9-1-09 and 2-28-10 and you will move to a higher cost category, you must pay the higher premium for the entire year. *Monthly rate per \$1,000:*

Age	No-tobacco rate	Tobacco rate	Age	No-tobacco rate	Tobacco rate
under 20	\$.05	\$.06	45-49	\$.12	\$.15
20-24	.05	.06	50-54	.19	.24
25-29	.05	.07	55-59	.35	.45
30-34	.05	.08	60-64	.54	.69
35-39	.06	.09	65-69	.72	1.31
40-44	.07	.10	70-74	1.37	2.12
			75 and older	1.91	2.17

## Dependent Life

(plan details on page 22)

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

Plan B: \$1.37/month (flat rate)

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

## AD&D

(plan details on page 24)

Monthly rate per \$10,000:

Retiree Only \$ .28

Retiree & Family \$ .46

## Long-Term Care

Packets containing complete information, premiums and enrollment forms are available from your Human Resources office, by calling John Hancock customer service at (800) 498-9100 or by visiting the John Hancock website at <http://tamus.jhancock.com> (username=TAMUS, password=mybenefit in all lowercase).

# Survivor Benefits

The premiums shown below are the total monthly health premiums for surviving spouses and dependent children of A&M System retirees and employees. Survivors can make changes to their existing:

- Health coverage

Health Plans	Survivor Only	Survivor & Child(ren)
A&M Care 350	\$454.98	\$682.47
A&M Care 1250	385.18	589.41
A&M Care 65 PLUS	396.90	
FirstCare	406.35	609.54
Humana Health Plans		
<i>Corpus Christi/Kingsville</i>	601.01	881.47
<i>San Antonio</i>	556.44	771.42
Scott & White Health Plan	449.03	661.00

- Dental coverage (premiums are listed on page 30)
- Vision coverage (premiums are listed on page 30)

However, once a survivor drops coverage, he/she cannot regain it.

All survivors may use:

- American Hearing Aid Associates
- FAS Relocation Network
- Marsh PersonalPlans

When an eligible dependent child turns age 25 or marries—whichever occurs first—up to 36 months of continuation of coverage in the child's own name will be offered under COBRA\*.

\* COBRA stands for Consolidated Omnibus Budget Reconciliation Act. COBRA allows you and/or covered dependents to extend health, dental and/or vision coverage beyond the date on which eligibility would normally end. You pay the full premiums plus a 2% administrative fee for this extended coverage.

# Premium Worksheet

1. Health: Enter premium amount from page 30. The employer contribution has already been deducted. \$ \_\_\_\_\_

2. Dental: Enter premium amount from page 30. \$ \_\_\_\_\_

3. Vision: Enter premium amount from page 30. \$ \_\_\_\_\_

4. Optional Life: Choose your coverage amount, (to a maximum of \$1,000,000). Divide by 1,000, and place that number here: \_\_\_\_\_ × your age-based premium of \_\_\_\_\_ = \$ \_\_\_\_\_ \*

5. Alternate Basic Life: Divide your coverage amount by 1,000: \_\_\_\_\_ × .529 = \$ \_\_\_\_\_

6. Dependent Life:  
 Plan A Premium: Your Optional Life premium (see #4) \_\_\_\_\_ × (spouse coverage amt/1000) + (child coverage amt/1000 X.06) = \_\_\_\_\_ \$ \_\_\_\_\_ \*  
 Plan B Premium: \$1.37/month (flat rate) \$ \_\_\_\_\_  
 Plan C Premium: Your Alternate Basic Life premium (see #5) \_\_\_\_\_ × .5 (.1 if covering children only) = \_\_\_\_\_ \$ \_\_\_\_\_

7. Optional Accidental Death and Dismemberment: Choose your coverage amount, divide by 10,000, and place that number here: \_\_\_\_\_ × your premium of \_\_\_\_\_ = **(Maximum coverage is \$200,000 if you are younger than 70 and \$60,000 if you are 70 or older.)** \$ \_\_\_\_\_

8. YOUR TOTAL MONTHLY COST (Add 1 through 7) = \$ \_\_\_\_\_ \*

Complete items 9 and 10 if you do not have A&M System health coverage but certify that you have other health coverage: \$ \_\_\_\_\_

9. Employer Contribution: Enter the total of your premiums shown above for Dental (line 2), Vision (line 3), Alternate Basic Life (line 5) and AD&D (line 7) or \$192.91, whichever is less. \$ \_\_\_\_\_

10. YOUR TOTAL MONTHLY OUT-OF-POCKET COST (Subtract line 9 from line 8)= \$ \_\_\_\_\_

11. Long-Term Care: **(Packets are available from your Human Resources office or John Hancock.)** Use the premiums from your most recent bill from John Hancock to complete this section of the worksheet. However, remember that the premiums shown on your bill may represent the amount you pay monthly, quarterly, semiannually or annually, while this worksheet is intended to calculate monthly premiums. - \$ \_\_\_\_\_

If you wish to enroll, you can get a packet from your Human Resources office or John Hancock and find the appropriate premium based on your age and coverage choice. \$ \_\_\_\_\_

† Include only premiums you choose to pay using the employer contribution.

# For More Benefit Information

Texas A&M University  
Human Resources  
750 Agronomy Rd., Ste 1201  
1255 TAMU  
College Station, TX 77843-1255  
(979) 845-4141  
email: [benefits@tamu.edu](mailto:benefits@tamu.edu)  
<http://employees.tamu.edu>

Texas A&M Health Science Center  
301 Tarrow, 6th Floor  
College Station, TX 77840-7896  
1361 TAMU  
(979) 458-7243  
email: [hr@tamhsc.edu](mailto:hr@tamhsc.edu)

Baylor College of Dentistry  
Human Resources Department  
3302 Gaston Ave.  
Room 524  
Dallas, Texas 75246  
(214) 828-8237  
email: [hr@tamhsc.edu](mailto:hr@tamhsc.edu)

Institute of Biosciences & Technology  
Human Resources  
2121 West Holcombe Blvd.  
Houston, TX 77030-3303  
(713) 677-7734  
email: [hr@tamhsc.edu](mailto:hr@tamhsc.edu)

Prairie View A&M University  
Human Resources  
P.O. Box 519 - Mail Stop 1337  
Prairie View, TX 77446-1337  
(936) 261-1727  
email: [rlstandlee@pvamu.edu](mailto:rlstandlee@pvamu.edu)

Tarleton State University  
Human Resources  
Box T-0510  
Stephenville, Texas 76402  
(254) 968-9129  
email: [barrett@tarleton.edu](mailto:barrett@tarleton.edu)  
<http://www.tarleton.edu/~hr/>

Texas A&M University - Central Texas  
Human Resources  
1901 S. Clear Creek Rd.  
Killeen, Texas 76549  
(254) 519-5457  
email: [jdamron@tarleton.edu](mailto:jdamron@tarleton.edu)

Texas A&M International University  
Office of Human Resources  
5201 University Blvd.  
Laredo, TX 78041-1900  
(956) 326-2365  
email: [hr@tamui.edu](mailto:hr@tamui.edu)  
<http://www.tamui.edu/adminis/ohr/>

Texas A&M University-Commerce  
Human Resources  
P.O. Box 3011  
Commerce, TX 75429  
(903) 886-5049  
email: [pat\\_kropp@tamu-commerce.edu](mailto:pat_kropp@tamu-commerce.edu)  
[http://www.tamu-commerce.edu/hreoo/emp\\_ben\\_ins.htm](http://www.tamu-commerce.edu/hreoo/emp_ben_ins.htm)

Texas A&M University-Corpus Christi  
Human Resources  
6300 Ocean Dr.  
Corpus Christi, TX 78412  
(361) 825-2630  
email: [human.resources@tamucc.edu](mailto:human.resources@tamucc.edu)  
<http://www.tamucc.edu/~hrweb/>

Texas A&M University at Galveston  
Human Resources  
P.O. Box 1675  
Galveston, TX 77553-1675  
(409) 740-4534  
email: [sartork@tamug.edu](mailto:sartork@tamug.edu)  
<http://www.tamug.edu/hrd/>

Texas A&M University-Kingsville  
Human Resources  
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(TEES, College of Engineering)  
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<http://tamus.edu/offices/hr>

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*If you have questions about Medicare, please call Medicare at (800) 442-2620.  
Information on benefits and human resource programs can be found at the  
System Benefits Administration website, located at <http://tamus.edu/benefits>.*

System Benefits Administration  
The Texas A&M University System  
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