

Monthly Premiums

Effective Sept. 1, 2009

Basic Life

The premium for this plan is usually paid by the employer contribution.
Basic Life \$3.97 Alternate Basic Life \$.529 per \$1,000

Health

The following chart applies to you if you are a **full-time employee** (work at least 40 hours per week):

	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care 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
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

The following chart applies to you if you are a **part-time employee** (work 20 to 39 hours per week):

	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care 350	\$454.98	\$258.41	\$ 818.96	531.39	\$682.47	\$429.02	\$1,000.96	\$667.89
A&M Care 1250	377.63	181.06	691.14	403.57	577.85	324.40	842.19	509.12
FirstCare	406.35	209.78	1,015.90	728.33	609.54	356.09	812.71	479.64
Humana Health Plans								
Corpus Christi/Kingsville	601.01	404.44	982.40	694.83	881.47	628.02	1,350.91	1,017.84
San Antonio	556.44	359.87	952.82	665.25	771.42	517.97	1,259.92	926.85
Scott & White Health Plan	449.03	252.46	832.50	544.93	661.00	407.55	980.15	647.08
Graduate Student Health Plan	170.00	0.00	624.00	336.43	336.00	82.55	786.00	452.93

Dental

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Dental PPO	\$28.77	\$57.54	\$60.42	\$92.06
DeltaCare USA Dental HMO	\$22.16	\$39.41	\$39.70	\$61.70

Vision

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
	\$6.39	\$13.58	\$10.49	\$18.70

Optional Life

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 A: Spouse: Employee 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)

AD&D

Monthly rate per \$10,000:

Employee Only

\$.14

Employee & Family

\$.24

Long-Term Disability

Monthly rate per \$100/monthly pay:

No-tobacco rate

\$.34

Tobacco rate

\$.36

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

Leave Without Pay

The premiums shown below are your monthly health and Basic Life premiums because you are not eligible for the employer contribution. If you are on a Family and Medical Leave Act leave without pay, you are eligible to receive the employer contribution and pay the premiums.

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Care 350	\$458.95	\$822.93	\$686.44	\$1,004.93
A&M Care 1250	381.60	695.11	581.82	846.16
FirstCare	410.32	1,019.87	613.51	816.68
Humana Health Plans				
<i>Corpus Christi/Kingsville</i>	604.98	986.37	885.44	1,354.88
<i>San Antonio</i>	560.41	956.79	775.39	1,263.89
Scott & White Health Plan	453.00	836.47	664.97	984.12
Graduate Student Health Plan	173.97	627.97	339.97	789.97

COBRA

COBRA participants are eligible only for Health, Dental and Vision coverage. Premiums are as follows:

	Participant Only	Participant & Spouse	Participant & Child(ren)	Participant & Family
A&M Care 350	\$464.08	\$835.34	\$696.12	\$1,020.98
A&M Care 1250	385.18	704.96	589.41	859.03
FirstCare	414.48	1,036.22	621.73	828.96
Humana Health Plans				
<i>Corpus Christi/Kingsville</i>	613.03	1,002.05	899.10	1,377.93
<i>San Antonio</i>	567.57	971.88	786.85	1,285.12
Scott & White Health Plan	458.01	849.15	674.22	999.75
Graduate Student Health Plan*	340.00	1,248.00	672.00	1,572.00
A&M Dental Dental PPO	29.35	58.69	61.63	93.90
DeltaCare USA Dental HMO	22.60	40.20	40.49	62.93
Vision	6.52	13.85	10.70	19.07

* *The Graduate Student Health Plan offers extension of coverage, but not COBRA coverage. Graduate students can elect to participate in COBRA through another health plan.*