



Annual Enrollment for COBRA Participants 2012-2013

The A&M System Annual Enrollment period is taking place from July 1 – July 31, 2012. As an A&M System COBRA Participant, you have the opportunity, during this time to make plan changes, enroll in, and/or add dependents to medical, dental, and vision coverage for the upcoming plan year. Coverage elections or changes will be effective September 1, 2012 and continue for the remainder of your original COBRA eligibility period. No action is required if you do not want to make any changes to the COBRA coverage you currently have; however, please read the benefit changes below for some important information.

Instructions:

1. Review the enclosed Personal Benefit Summary.
2. Review this brochure for the rates and changes in the plans for which you are eligible.
3. If you want, make changes to your COBRA election on the Personal Benefit Summary.
4. If you make changes, return your completed Personal Benefit Summary to the return address on the Personal Benefits Summary letter no later than July 31st.

Benefit Changes for Plan Year 2012-2013

All health plans will have a \$30 additional premium for participants and their dependents that use any form of tobacco. Your Personal Benefit Summary letter, sent to you separately, will indicate the tobacco status of you and your covered dependents.

If you cover a dependent on any A&M System insurance plan and have not already verified your dependents' eligibility by providing documentation, you must provide this documentation if you make ANY annual enrollment changes. Certain documents are required, depending on whether you cover a spouse or children, and whether your children are biological children, step-children, etc. If you make a change, your dependents will not have coverage September 1 unless this required documentation is provided. More information can be found at:

<http://www.tamus.edu/assets/files/benefits/pdf/ae/2012/depddocumentation.pdf> .

A&M Care Plan and the Scott & White Health Plan

- The Scott & White Health (SWHP) plan will no longer be offered. If you are enrolled in the SWHP you and your covered dependents will **automatically be switched to the A&M Care plan**, effective 09/01/2012.
- The A&M Care plan, administered by BlueCross BlueShield, will begin using the A&M System-assigned UIN as your member identification number. New ID Cards will be issued.
- Routine Eye Exams will now be a covered service under the A&M Care Plan. A \$45 copayment will apply.

Graduate Student Plan

- The plan has been expanded to become compliant with federal health care reform rules.
 - No maximum coverage limitations for drugs
 - Preventive care is covered at 100% (in-network)
 - The pre-existing coverage limitation for those under age 19 has been removed

For more information about the plans and provider networks visit the Benefits Administration webpage at <http://www.tamus.edu/offices/benefits/>. More Annual Enrollment information is available on line at: <http://www.tamus.edu/offices/benefits/annual-enrollment/>.

The summary charts below show *your share* of the cost for a health, dental, or vision procedure or service if received at a network provider or facility.

Health Plans

Covered Service	A&M Care	Graduate Student Plan
Deductible/member	\$700	\$100
Out-of-pocket maximum	\$5,000/person, \$10,000/family	\$3,000/person, \$6,000/family
In-hospital care	30% after deductible	20% after deductible
Emergency Room	30% after deductible	20% after deductible and \$250 Copay
Office Visits	\$30 primary care Dr.; \$45 specialist	\$25/visit plus 20%
Standard Lab/X-Rays	In Dr ofc , no charge	20% after deductible
High Technology Lab/X-ray	30% after deductible	20% after deductible
Surgery – Inpatient	30% after deductible	20% after deductible
Surgery – Outpatient	30% after deductible	20% after deductible
Preventive Mammogram	No Co-pay	No cost
Annual Physical	No Charge	No cost
Home Health	30% after deductible (60 visits/plan year	No Benefit
Skilled Nursing Facility	30% after deductible (60 days/plan year	No Benefit
Physical Therapy	\$45/visit	\$25/visit plus 20%
Prescription Drugs		
Deductible	\$50/person	None
Tier 1	Generic: \$10	Generic : *At student health center \$15; Retail \$15
Tier 2	Brand-Name Formulary: \$35	Brand Name: *At student health center \$15; Retail \$25
Tier 3	Brand-Name Non-Formulary: \$60	Single Source Drug: *At student health center \$15; Retail \$35

Dental Plans

Benefits listed presume you use a network provider for the A&M Care Dental plan and your elected/assigned provider for the HMO Plan.

Covered Service	A&M Care Dental (Dental PPO)	Delta Dental HMO
Deductible	\$75/person, \$225 family maximum	None
Maximum Benefit	\$1,500/person/year; Orthodontia: \$1,500/person/lifetime	None
Preventive Care	No cost, three regular cleanings/person/plan year, deductible does not apply	\$5, One cleaning every six months
Basic Care (fillings, root canals)	20% after deductible	You pay a pre-set fee, see HMO Schedule of benefits*
Restorative Care (Crowns, bridges, dentures)	50% after deductible	You pay a pre-set fee, see HMO Schedule of benefits*
Orthodontia	50% after deductible, 100% after plan pays \$1,500, the maximum lifetime benefit	You pay a pre-set fee, see HMO Schedule of benefits*

* Delta Dental HMO Schedule of Benefits can be viewed at

<http://www.tamus.edu/assets/files/benefits/pdf/programs/DHMO15B.pdf>

Vision Plan

Benefits listed presume you use a network provider, however some benefits are available for using non-network providers.

Covered Service	Benefit and Cost
Eye Exam	One per plan year, \$10 copayment
Materials	\$15 co-pay for frames and lenses, every other plan year or eyeglass lenses, one standard pair every plan year
Frame Allowance	\$130 allowance, 20% off balance over \$130
Contact Lens Fit and Follow-up	Once every plan year, in place of eyeglass benefit. Standard Contact Lens - \$0 copay, paid in full and two follow up visits. Premium Contact Lens - \$0 copay, 10% off retail price, \$40 allowance.
Contact Lens Allowance	Conventional - \$0 copay, \$150 allowance, 15% off balance over \$150 Disposable - \$0 copay, \$150 allowance
This plan has a network of providers. If you use a non-network provider, you will need to file a claim to be reimbursed.	

For more details on the Vision plan visit:

<http://www.tamus.edu/offices/benefits/programs/#vision>

COBRA Premiums				
Plan	Participant Only	Participant +Spouse	Participant + Child(ren)	Participant +Family
A&M Care	454.26	817.68	681.40	999.38
Grad Plan	458.00	1,750.00	982.00	2,274.00
Dental PPO	30.00	60.00	63.00	95.99
Dental Care USA (HMO)	21.12	37.58	37.86	58.83
EyeMed Vision Care	6.45	13.71	10.59	18.87

Carrier Contact Information

Blue Cross Blue Shield	www.bcbstx.com	866-295-1212
Medco	www.medco.com	800-251-7690
Graduate Plan(AIPI)	www.tamuinsurance.com	800-452-5772
A&M Care Dental PPO	www.deltadentalins.com	800-521-2651
Delta Care DHMO	www.deltadentalins.com	800-422-4234
Eyemed Vision	www.eyemedvisioncare.com	855-862-4300