

Annual Enrollment

Health

Dental

Vision

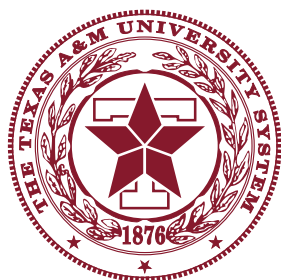
Life

AD&D

Long-Term Care

Discount Hearing

Relocation Assistance



FOR RETIREES

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About this booklet

This booklet is intended as a convenient summary of the major points of benefit plans for retirees effective Sept. 1, 2008. A separate booklet discusses benefit plans 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, including the plan description booklets, can also be found at the System Benefits Administration website, located at <http://tamus.edu/benefits>. Personal information regarding your benefits and answers to common benefit-related questions are 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.

About Annual Enrollment

Annual Enrollment period

July 1–July 31, 2008.

Annual Enrollment meetings

A schedule of Annual Enrollment meetings is provided on page 3.

For important information about Medicare Part D prescription drug coverage, see page 12.

Benefits Summary

Your Personal Benefits Summary, available online at <http://sso.tamus.edu> and sent to you in a separate envelope, shows what your benefits will be on Sept. 1, 2008, 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 the HRConnect Annual Enrollment System, <http://sso.tamus.edu>; or
 - complete the 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:
 - use the HRConnect online Annual Enrollment system, <http://sso.tamus.edu>, and enter your changes; or
 - mark your changes on your Personal Benefits Summary and mail or deliver it to your HR office.
- You have from July 1 to July 31, 2008, to make your changes.
 - All changes must be made online or received by your HR 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 or after Sept. 1, 2008.

** 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.*

September 1, 2008 plan changes

Health Plan Premiums

- Premiums for most HMOs will increase.
- Premiums for all A&M Care Plans and for FirstCare HMO will remain the same.

HMO-FirstCare Health Plan

- Injectable medicine - no out-of-pocket maximum if purchased at a retail pharmacy. Out-of-pocket maximum of \$2,500 applies only if you receive the medication at the doctor's office.

HMO-Mercy Health Plan

Many of the benefits in this plan have changed. You will now be responsible for the following out-of-pocket expenses.

- Out-of-service-area coverage for urgent care only will be \$25/visit PCP; \$45/visit specialist or other emergency care 20%.
- The deductible is \$350/person/plan year; \$700/family/plan year.
- Out-of-pocket maximum is \$3,000/person/plan year; \$7,000/family/plan year.
- In-hospital care is 10% after deductible.
- Emergency room is 20% with no deductible.
- Office visit with specialist is \$45 co-pay/visit.
- Lab/X-rays are 10%, no deductible, at a diagnostic testing facility.
- Surgery is \$45/specialist, if office visit billed; Inpatient cost is 10% after deductible; Outpatient is 10% after deductible in physician's office.
- Chiropractic care; Vision/Hearing/Speech; Well-baby care and Physical Therapy will be \$25/PCP or \$45/visit specialist.
- Maternity care, hospital stay - will be 10% after deductible. \$45/specialist, initial visit only.
- Durable medical equipment will have a \$2,000 maximum/plan year.
- Home health care is 10% co-pay.
- Skilled nursing facility is 10% co-pay.
- Non-serious mental health is limited to 30 days/calendar year; outpatient - \$45/visit, limited to 40 visits/plan year.
- Prescription drugs will now have a \$50 deductible per person per plan year.
A 30-day supply will be \$5/generic, \$25/brand-name formulary, \$50/brand-name nonformulary.
A 90-day supply will be \$5/generic, \$25/brand-name formulary, \$50/brand-name nonformulary.

Dental

- Three cleanings per year are now covered under the preventive benefit of the dental PPO plan.

2008 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 or Employee Service Center. 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	2008 Date	Time	Hosted By	Location	For
Commerce	7/8	9 AM & 2 PM	TAMU-Commerce	MSC	Retirees A.M. Grads P.M.
Corpus Christi	7/8	9 AM - 2 PM	TAMU-Corpus	University Center Ballroom	Employees/Retirees
Commerce	7/9	9 AM & 2 PM	TAMU-Commerce	MSC	Employees/Retirees
Dallas	7/9	10 AM & 1 PM	BCD	Room 605	Employees/Retirees
Stephenville	7/9	9 AM & 2 PM	Tarleton	Thompson Student Center Ballroom A	Employees/Retirees
College Station	7/10	10 AM - Noon	AgriLife - TTVN		Employees/Retirees
Lufkin	7/10	9 AM - Noon	TFS	2127 S. First Street (TFS Training Room)	Employees/Retirees
Henderson	7/10	2 PM - 5 PM	TFS	8875 FM 2011 East (Elderville Fire Department)	Employees/Retirees
San Antonio	7/11	9 AM - Noon	TAMU-Kingsville (SA)	Student Center - Administration Bldg A	Employees/Retirees
College Station	7/11	2 PM - 5 PM	TAMU	MSC - Rudder Room 301	Employees/Retirees
College Station	7/11	9 AM - Noon	TAMU, TFS, TEEX, TEES, TTI, AgriLife	CS Conference Center	All retirees
Weslaco	7/14	9 AM - Noon	TAMU-Kingsville	Citrus Center Auditorium	Employees/Retirees
College Station	7/14	9 AM	TEES	Zachary, Room 342	Employees/Retirees
College Station	7/14	2 PM	TEES	TEES State Headquarters (training room)	Employees/Retirees
Laredo	7/15	9 AM & 2 PM	TAMIU	Western Hemispheric Trade Center, Room 111	Employees/Retirees
Kingsville	7/15	9 AM & 2 PM	TAMU-Kingsville	Memorial Student Union Building, Ballroom A	Employees/Retirees
Galveston	7/15	10 AM - 2 PM	TAMU-Galveston	Sea Aggie Center Room 601	Employees/Retirees
College Station	7/16	9 AM - Noon	TAMU	GSC Complex - Assembly Room A	Employees/Retirees
College Station	7/16	2 PM - 4 PM	AgriLife - TTVN		Employees/Retirees
Canyon	7/16	10 AM & 2 PM	WTAMU	ANS Building, Room 101	Employees/Retirees
Texarkana	7/17	10 AM - 2 PM	TAMU-Texarkana	Rm 180 Akin Building	Employees/Retirees
Prairie View	7/17	9 AM & 1:30 PM	PVAMU	J.B. Coleman Library, Room 108	Employees/Retirees
Killeen	7/18	2 PM	Tarleton	The Quiet Lounge	Employees/Retirees

* TTVN meetings, which will be held July 10 at 10 a.m. and July 16 at 2 p.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 (TAES/TCE/COALS). 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.

For the most up-to-date listing of TTVN sites, go to <http://ttvn2.tamu.edu/home/index.php?p=query> and enter the following event/date: Event #3118162 07/10/2008, or Event #3128939 - 07/16/2008

Employer contribution

Health plan costs across the nation are still increasing. As a result, for plan year 2008-2009, many health plan premiums will increase. Increases in health care costs are caused by many things including increased use of services, increased costs in services and continuing increases in drug costs. Premiums for the rest of the insurance plans will remain the same, thanks to rate guarantees put in place when contracts were negotiated.

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 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 or employee service center 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 the HRConnect Annual Enrollment system, 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).

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 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.
- 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.

About online enrollment

You can make almost all Annual Enrollment changes online using the HRConnect Annual Enrollment system. 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, select HRConnect, then the Annual Enrollment button. The system 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 new database will be available for you to add beneficiary information. This will be available to you throughout the year to view or change beneficiaries. While we have your beneficiary designations on file as scanned documents, entering your beneficiaries in this new 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

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 6).

A&M Care plans

The medical portion of the A&M Care plans are administered by BlueCross BlueShield of Texas and the drug portion is administered by Caremark, formerly PharmaCare. The plans cover the same services, but they have different:

- premiums,
- deductibles,
- coinsurance percentages,
- 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. After you meet the deductible, the plan pays 80% of your covered costs, and you pay the remaining 20% until you have paid \$1,400 per person out of your pocket. Then the plan pays 100%.

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 live anywhere in the United States except the five counties listed below as “non-network” and 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 the first \$700 per person under the A&M Care 350 plan and the first \$2,500 per person under the A&M Care 1250 plan before receiving benefits. After that, the plan will pay 50% of costs up to the out-of-pocket maximum, which is double the maximum for network benefits. 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).

–Ask Yourself–

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

If I take A&M Care 1250, do I have enough money in the bank or a credit card to pay the deductible if I have a hospital stay?

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?

—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 or from your HR office.*
- *Caremark prescription drug formulary (A&M Care participants only), online at http://tamus.edu/benefits/benefits/pharmacare_formulary.pdf or from your HR office.*
- *Health plan providers (see customer service numbers and web addresses on plan charts)*

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.

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.

Caremark prescription drug program

If you are a new enrollee in an A&M Care plan, you will receive a Caremark ID card. 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 (CVS, Walgreens, KMart, Wal-Mart, Sam's Club, Target and Kroger), but you will pay three copayments. Formulary information is available at http://tamus.edu/benefits/benefits/pharmacare_formulary.pdf 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/benefits/DavisVisionFlier.pdf>.

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.

Medicare and the A&M Care plans calculate benefits based on the Medicare-approved amount for each service. If your doctor does not accept Medicare assignment, you pay the additional amount. When you have a medical expense, Medicare will first figure its benefit. Your A&M Care plan will then figure its benefit based on what Medicare did not pay. Your deductible and coinsurance will be applied to this difference. *All A&M Care plans coordinate the same way.*

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

For the example below, let's assume you have had office visits throughout the year and have met your Medicare deductible by Sept. 1, when our new plan year begins. Because you've already met your Medicare deductible, charges for any office visits between Sept. 1 and Dec. 31 will be paid at 80% by Medicare. The 20% you pay will apply toward your A&M Care plan deductible. Beginning Jan. 1, you will need to meet another Medicare deductible. As you continue to have doctor's visits with various tests and procedures, here's how your benefits are calculated:

Date of Service	Doctor's Charge**	Medicare Pays	A&M Care 65 PLUS		A&M Care 350		A&M Care 1250	
			Plan pays	You pay	Plan pays	You pay	Plan pays	You pay
Sept. 10	\$ 150	\$120 (80%)	\$ 0 *	\$ 30 †	\$ 0 *	\$30 †	\$ 0 *	\$ 30 †
Sept. 30	75	60 (80%)	0 *	15 †	0 *	15 †	0 *	15 †
Oct. 15	125	100 (80%)	0 *	25 †	0 *	25 †	0 *	25 †
Nov. 5	200	160 (80%)	0 *	40 †	0 *	40 †	0 *	40 †
Jan. 20	215 ‡	64	0 *	151 †	0 *	151 †	0 *	151 †
Feb. 15	225	180 (80%)	0 *	45 †	0 *	45 †	0 *	45 †
March 25	320	256 (80%)	0 *	64 †	16	48 ❖	0 *	64 †
May 5	500	400 (80%)	0 *	100 †	80	20	0 *	100 †
June 15	275	220 (80%)	20	35 ❖	44	11	0 *	55 †
July 5	500	400 (80%)	80	20	80	20	0 *	100 †
Total:	\$2,585	\$1,960	\$100	\$525	\$220	\$405	\$ 0	\$611

* Because you have not yet met your A&M Care plan deductible, the plan pays no benefit.

** For this example, we are assuming that these doctors accept assignment, which means the doctor's charge equals the Medicare-approved amount.

† This amount applies toward your A&M Care plan deductible.

‡ A portion of this charge applies toward your calendar-year Medicare deductible of \$135.

❖ A portion of this amount applies to your A&M Care deductible and the remainder is your coinsurance.

Enrolling in Medicare Parts A and B

If you are 65 or older and not working, 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.

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 HRConnect Annual Enrollment 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, 2008, through Aug. 31, 2009, 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.

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://tamus.edu/benefits/Medicare_creditable_coverage_letter.pdf or from your Human Resources office.

*For more
Medicare Part D
information*

- *Medicare & You 2008 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*

<i>Provisions</i>	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>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>	<table border="0"> <tr> <td><i>Inpatient</i></td> <td>Network: Inpatient—20% after deductible up to 30 days/plan year; Outpatient—\$45/visit, 40 visits/plan year</td> </tr> <tr> <td><i>Outpatient</i></td> <td>Out-of-Network: Inpatient—50% after deductible up to 30 days/plan year; Outpatient—50% after deductible, 40 visits/plan year</td> </tr> </table>	<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	<table border="0"> <tr> <td><i>Inpatient</i></td> <td>Network: Inpatient—30% after deductible up to 30 days/plan year; Outpatient—\$45/visit, 40 visits/plan year</td> </tr> <tr> <td><i>Outpatient</i></td> <td>Out-of-Network: Inpatient—50% after deductible up to 30 days/plan year; Outpatient—50% after deductible, 40 visits/plan year</td> </tr> </table>	<i>Inpatient</i>	Network: Inpatient—30% 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
<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									
<i>Inpatient</i>	Network: Inpatient—30% 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									
<i>Prescription drugs</i>	After you meet the \$50/person/plan year prescription drug deductible (three-person maximum): <ul style="list-style-type: none"> 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 90-day supply: Two copayments required if purchased by mail-order; three if purchased through CVS, Kroger, Walgreen's, Wal-Mart, Sam's Club, Target or KMart Caremark—(866) 935-5433; http://www.caremark.com .									
<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 8–13 for details. Unless you are a working retiree or a survivor younger than 65, Medicare pays benefits first, and the 350/1250 plans pay benefits based on the charges not paid by Medicare.									
<i>Member Services phone number/website</i>	BlueCross BlueShield of Texas—(866) 295-1212; for information on networks outside Texas—(800) 810-BLUE (2583) http://www.bcbstx.com									

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).

<i>Provisions</i>	A&M Care 350/1250 Non-Network benefits	A&M Care 65 PLUS
<i>Regions offered</i>	Available to all Medicare-eligible retirees and retirees who live in Donley, Hansford, Lipscomb, Ochiltree or Wheeler county	Available everywhere. All enrollees must be enrolled in Medicare Parts A and B.
<i>Out-of-service-area restrictions</i>	None	None
<i>Deductibles</i>	350 plan: \$350/person/plan year 1250 plan: \$1,250/person/plan year	\$500/person/plan year
<i>Out-of-pocket maximum</i>	350 plan: \$3,000/person/plan year 1250 plan: \$3,500/person/plan year	\$1,400/person/plan year
<i>In-hospital care</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% after deductible
<i>Emergency room</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% after deductible
<i>Office visits</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% after deductible
<i>Lab/X-rays</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% after deductible
<i>Surgery</i>	Inpatient, outpatient and in physician's office—20% (350 plan) or 30% (1250 plan) after deductible	Inpatient, outpatient and in physician's office—20% after deductible
<i>Chiropractic care</i>	20% (350 plan) or 30% (1250 plan) after deductible, 30 visits/plan year	20% after deductible, 30 visits/plan year
<i>Vision/Hearing/Speech</i>	Vision—Routine preventive vision exams not covered; Hearing—Illness/accident coverage only	Vision—Routine preventive vision exams not covered; Hearing—Illness/accident coverage only
<i>Physical therapy</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% after deductible
<i>Durable medical equipment</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% after deductible
<i>Home health care</i>	20% (350 plan) or 30% (1250 plan) after deductible; \$40,000 lifetime maximum; \$8,000/person/plan year maximum	20% after deductible; \$40,000 lifetime maximum; \$8,000/person/plan year maximum
<i>Skilled nursing facility (not including custodial care)</i>	20% (350 plan) or 30% (1250 plan) after deductible; \$35,000 lifetime maximum	20% after deductible; \$35,000 lifetime maximum
<i>Non-serious mental health*</i>	<i>Inpatient</i> 20% (350 plan) or 30% (1250 plan) after deductible up to 30 days/plan year <i>Outpatient</i> 20% (350 plan) or 30% (1250 plan) after deductible, 40 visits/plan year	20% after deductible up to 30 days/plan year 20% 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"> 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 90-day supply: Two copayments required if purchased by mail-order; three if purchased through CVS, Kroger, Walgreen's, Wal-Mart, Sam's Club, Target or KMart Caremark—(866) 935-5433; http://www.caremark.com .	
<i>How does this health plan work?</i>	If you are eligible for Medicare or you live in one of the counties listed above, you can use any provider and receive the benefits listed in this column. However, if you are not eligible for Medicare or are working for the A&M System and choose to travel to a network doctor, you can take advantage of the office copayment. Unless you are a working retiree or a survivor younger than 65, Medicare pays benefits first, and the 350/1250 plans pay benefits based on the charges not paid by Medicare.	You receive the same level of benefits no matter where you live or what provider you choose. Medicare pays benefits first; 65 PLUS pays benefits based on the charges not paid by Medicare.
<i>Member Services phone number/website</i>	BlueCross BlueShield of Texas—(866) 295-1212; for information on networks outside Texas—(800) 810-BLUE (2583) http://www.bcbstx.com	

<i>Provisions</i>	Scott & White Health Plan	FirstCare
<i>Regions offered</i>	Bryan/College Station, Killeen, limited access in Austin, Prairie View, Stephenville areas	Bryan/College Station, Abilene/Midland/Odessa, Amarillo/Canyon/Lubbock, Ft. Stockton, Stephenville
<i>Out-of-service-area restrictions</i>	Emergency care only at hospital, \$100/visit (waived if admitted); urgent care, \$40/visit at any facility other than College Station S&W facility	Emergency care only (\$100/visit, waived if admitted) or medical support order If hospitalized due to the emergency outside the service area, Tier 2 benefits apply (see below) for contracting or noncontracting hospitals
<i>Deductibles</i>	\$50/person/plan year prescription drug deductible	\$250/person/plan year/no deductible for office visits and lab services \$50/person/plan year prescription drug deductible
<i>Out-of-pocket maximum</i>	\$3,000/person/plan year; \$6,000 maximum/family/plan year	2 × total annual premium; Self-injectable medication IF received at the Dr's office- \$2,500; NO Maximum if received through retail pharmacy
<i>In-hospital care</i>	\$100/day; \$500 maximum/admission	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)
<i>Emergency room</i>	\$100/visit (waived if admitted); urgent care, \$25/visit at College Station S&W facility, \$40/visit at any other facility	\$100/visit (waived if admitted); must notify Primary Care Physician (PCP) within 24 hrs
<i>Office visits</i>	\$25/visit	\$20/visit; \$50/visit for specialty care
<i>Lab/X-rays</i>	Covered in full	General lab and X-ray covered in full; \$100 for MRI, CT scan, arteriogram, EEG, myelogram and PET scan; \$75 for radio-nuclide stress test; \$50 for bone mass measurement; 50% for non-pregnancy ultrasound; 50% for infertility diagnosis
<i>Surgery</i>	Inpatient—\$100/day, \$500 maximum/admission; Outpatient—\$25/visit in physician's office, \$100/visit at outpatient surgical facility	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). Outpatient—\$50/visit in physician's office; \$250/admission at outpatient surgical facility
<i>Chiropractic care</i>	Discount network available	\$50/visit; must be pre-approved
<i>Vision/Hearing/Speech</i>	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	Vision—\$20/visit, screening by PCP only; Hearing/Speech (testing and/or therapy)—\$20/visit, \$50/visit for specialty care-- therapy \$50/visit
<i>Physical therapy</i>	\$25/visit	\$50/visit
<i>Durable medical equipment</i>	20%, up to \$2,000/person/plan year (includes diabetic supplies and equipment)	20%, up to \$4,000/person/plan year
<i>Home health care</i>	\$25/visit with approval of medical director	Covered in full when authorized
<i>Skilled nursing facility (not including custodial care)</i>	\$100/day; \$500 maximum/admission (precertification required)	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). (limited to 100 days/plan year)
<i>Non-serious mental health*</i>	<i>Inpatient</i> \$100/day; \$500 maximum/admission for days 1–5; days 6–30 covered in full; limited to 30 days/plan year <i>Outpatient</i> \$25/visit up to 30 visits/plan year	Inpatient—Tier 1 and Tier 2 apply same as “In-hospital care” above. (limited to 30 days/plan year) Outpatient—\$50/visit (limited to 40 visits/plan year) \$50/visit; limited to 40 visits/plan year
<i>Prescription drugs</i>	After you meet the \$50/person/plan year prescription drug deductible: • 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 • Outpatient specialty drugs: \$50 (level 1), \$100 (level 2 – preferred), \$250 (level 3 – premium preferred), 50% of charges (level 4 – nonpreferred) • 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	After you meet the \$50/person/plan year prescription drug deductible: • 30-day supply: \$15/generic, \$30/brand-name formulary, \$60 brand-name nonformulary; 25% self-injectibles and high-technology drugs • 90-day supply: \$45/generic, \$90/brand-name formulary, \$180 brand-name nonformulary; 25% self-injectibles and high-technology drugs; must purchase through mail-order program; you may purchase only 30-day supplies on new prescriptions for first six months of use
<i>How does this health plan work?</i>	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.	This plan is an HMO composed of independent practitioners and physician associations. You must select a PCP. FirstCare does not require a referral to an in plan specialist in FirstCare's network.
<i>Member Services phone number/website</i>	(800) 791-8777 or (979) 268-7947 http://www.swhp.org	(800) 884-4901 http://www.firstcare.com

*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).

<i>Provisions</i>	Humana Health Plans	Mercy Health Plan
<i>Regions offered</i>	Corpus Christi/Kingsville, San Antonio	Laredo
<i>Out-of-service-area restrictions</i>	Urgent or emergency care only, \$100/visit (waived if admitted); notify Humana within 48 hrs.	No coverage except for urgent care (\$25/visit PCP; \$45/visit specialist) or emergency care 20% ; no deductible
<i>Deductibles</i>	None	\$350 person/plan/year; \$700 family/plan/year
<i>Out-of-pocket maximum</i>	\$4,000/person/calendar year; \$8,000/family/calendar year	\$3,000/person/plan year; \$6,000/family/plan year
<i>In-hospital care</i>	\$500/day; \$1,500 maximum/admission	10% after deductible
<i>Emergency room</i>	\$100/visit (waived if admitted); must notify Humana within 48 hrs	20% no deductible (waived if admitted)
<i>Office visits</i>	\$20/visit; \$30/visit for specialty care	\$25/visit PCP; \$45/visit specialist (no deductible)
<i>Lab/X-rays</i>	Inpatient—\$500/day; \$1,500 maximum/admission Outpatient—\$20/visit in PCP's office or \$30/visit in specialist's office; \$150/visit at outpatient hospital facility	Covered in full in physician's office; 10%, no deductible, at diagnostic testing facility (done outside office visit)
<i>Surgery</i>	Inpatient—\$500/day, \$1,500 maximum/admission Outpatient—\$20/visit in PCP's office or \$30/visit in specialist's office; \$300/visit at outpatient surgical facility	Dr. Office - \$25 PCP, \$45 specialist , if office visit billed Inpatient— 10% after deductible Outpatient— 10% after deductible in physician's office; 10% after deductible at outpatient surgical facility (including procedures such as endoscopies and colonoscopies)
<i>Chiropractic care</i>	\$30/visit if medically necessary; must be referred by PCP	\$45/visit ; must be referred by Primary Care Physician (PCP)
<i>Vision/Hearing/Speech</i>	Vision—\$10/visit, one exam/calendar year (optometrist only) Hearing/Speech (testing)—\$20/visit in PCP's office or \$30/visit in specialist's office; (therapy)—\$30/visit	Vision—\$25/visit; one exam/plan year; eye refraction only Hearing/Speech (testing and/or therapy)—\$25/visit PCP, \$45/visit specialist
<i>Physical therapy</i>	\$30/visit	\$25/visit; \$45/visit specialist ; must be referred by PCP, no deductible
<i>Durable medical equipment</i>	Covered in full	20%, \$2,000 maximum/plan year ; no deductible
<i>Home health care</i>	Covered in full	10% co-pay, no deductible, must be approved by Medical Director
<i>Skilled nursing facility (not including custodial care)</i>	Covered in full up to 100 days/calendar year	10% co-pay, no deductible, must be approved by Medical Director
<i>Non-serious mental health*</i>	<i>Inpatient</i> \$100/admission up to 30 days/calendar year <i>Outpatient</i> \$10/visit for first 20 visits/calendar year; \$30/visit for next 20 visits/calendar year	\$200/day; \$600 maximum/admission; limited to 30 days/calendar year Outpatient - \$45/visit, limited to 40 visits/plan year
<i>Prescription drugs</i>	<ul style="list-style-type: none"> 30-day supply: Level 1 drug: \$10; Level 2 drug: \$25; Level 3 drug: \$50; Level 4 drug: 25% (copayment levels are generally determined by drug costs) 90-day supply: Three copayments required; must purchase through mail-order program 	\$50 Deductible/person/plan year <ul style="list-style-type: none"> 30-day supply: \$5/generic, \$25/brand-name formulary, \$50/brand-name nonformulary 90-day supply: \$5/generic, \$25/brand-name formulary, \$50/brand-name nonformulary; 90-day supply of maintenance drug available through mail-order only
<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.	This plan is an HMO composed entirely of independent practitioners. You must select a PCP. The PCP you select can refer you to any specialist in the Mercy network.
<i>Member Services phone number/website</i>	(800) 4-HUMANA (448-6262) or (888) 393-6765 (for potential members) http://www.humana.com	(800) 617-3433 or (956) 723-7667 http://www.mercyhealthplans.com

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).

—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 I am eligible to enroll in a Health Care Spending Account (see page 4), should I use that to pay for my dental expenses instead of purchasing dental insurance?

If I have other dental coverage, do I need coverage from more than one plan?

Dental

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 6).
- 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/benefits/publications/forms/102.pdf>) and submitting it to your Human Resources office.

Enrollment Options			
Plan	Delta Dental PPO		Delta Dental HMO
Network	PPO Dentist Network	Premier Dentist Network	DeltaCare HMO Network
Provider Access	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.
Savings to you	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.
How it works	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.
-For more information-			
<ul style="list-style-type: none"> ➤ <i>A&M Dental Plan Description booklet. Online at http://www.tamus.edu/benefits/publications/booklets/dental_spd.pdf or available from your HR office or employee service center.</i> <ul style="list-style-type: none"> ➤ <i>Delta Dental website: http://www.deltadentalins.com/tamus</i> ➤ <i>Delta Dental Customer Service: A&M Dental PPO 1-800-336-8264</i> ➤ <i>DeltaCare USA Dental HMO 1-800-422-4234</i> 			

	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 three regular or periodontal cleanings per plan year at 100% up to maximum allowable charges . 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 United Healthcare Vision, formerly Spectera.

	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. Dilation may be covered if it is a routine part of the provider’s exam.	Up to \$45. Copayment doesn’t apply.
<i>Materials</i>	<p>100% after \$25 copayment for:</p> <ul style="list-style-type: none"> • Eyeglasses (frames and lenses), every other plan year. • Eyeglass lenses, one standard pair every plan year. <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 United Healthcare’s maximum frames allowance and the cost of the frames.</p>	<p>Lenses: \$50 to \$80, depending on type of lenses. Frames: Up to \$50. Copayment doesn’t apply.</p>
<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. United Healthcare 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 not 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 United Healthcare 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 6). The plan has no pre-existing condition limitations.

–Ask Yourself–

How much do I spend on vision care in a year? Is it more or less than the premiums and copayments?

If I have vision exam coverage through my health plan, do I need coverage for other vision services and supplies through the vision plan?

If I am eligible to enroll in a Health Care Spending Account (see page 4), should I use that to pay for my vision expenses instead of purchasing vision insurance?

–Enrollment Options–

- Retiree only
- Retiree & Spouse
- Retiree & Child
- Retiree & Family

–For More Information–

- Vision Plan Description Booklet, online at http://tamus.edu/benefits/publications/booklets/vision_spd.pdf or from your HR office.
- United Healthcare Vision website (<http://www.uhcspecialty.com>)
- United Healthcare Vision customer service: (800) 638-3120

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 retiree 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 retiree.

If you and your spouse are both retired from and/or working for the A&M System and you take Optional or Alternate Basic Life, your spouse may not

How much coverage does it provide for...

	Myself?	My spouse?	My children?
<i>Basic Life/ Basic AD&D*</i>	\$5,000 in life insurance and \$5,000 in AD&D coverage.	None.	\$2,000 in life insurance on each eligible dependent child.
<i>Alternate Basic Life/ Basic AD&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.	\$2,000 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 on the first of the month following your 70th birthday.	None.	None.
<i>Dependent Life Plan A</i>	None.	50% of your Optional Life coverage amount, if spouse is enrolled.	10% of your Optional Life coverage amount on each enrolled eligible 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.

* *Basic AD&D provides only death and dismemberment benefits, and does not provide medical evacuation, repatriation and other benefits offered by AD&D (see page 24).*

cover you through his/her Dependent Life. Children may not be covered on Dependent Life by both parents. Only dependents shown on your Personal Benefits Summary or the HRConnect Annual Enrollment 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 25%–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 \$60,000 of coverage.

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.

–Ask Yourself–

If I were to die, would my family need money just for funeral expenses and some lifestyle adjustments, or would they need enough to live on for several years?

Does my family have other sources of income or benefits?

Will my children need money for college or other needs?

Do I have debts that my survivors would have to assume?

What expenses would I have if a dependent died?

–Enrollment Options–

- Basic Life/Basic AD&D
- Alternate Basic Life/Basic AD&D
- Optional Life
- Dependent Life Plan A
- Dependent Life Plan B
- Dependent Life Plan C

You may have to provide evidence of good health for some coverages (see page 5).

–For More Information–

- Life Plan Description Booklet, online at http://tamus.edu/benefits/publications/booklets/life_spd.pdf or from your HR office.
- Fort Dearborn customer service: (800) 778-2281

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 or from your HR office.*
- *Fort Dearborn customer service: (800) 778-2281*
- *Worldwide Assistance Services customer service: (877) 715-2593*

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%
Arm or leg	70%
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

Travel assistance services

While you are traveling, the plan provides help and referrals in many areas, including:

- Replacement of medication and eyeglasses
- Local medical referrals
- Emergency travel arrangements
- Interpretation/translation
- Repatriation benefits to cover the cost of transporting your body back to your home country if you die
- Medical evacuation benefits to cover the cost of moving you to the nearest medical facility to receive appropriate treatment if you become seriously ill or injured and cannot receive treatment where you are

These benefits and services are provided by Worldwide Assistance Services.

–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 enrollment

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.*

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.

Discount Hearing

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

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

FAS Relocation Network

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.

Contact FAS Relocation Network by telephone at (800) 522-1052 or by email at 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>.

Marsh PersonalPlans

Besides the core benefits available to you, Marsh's PersonalPlans offers additional services that may be of interest.

- Auto Insurance
- Homeowner's/renters' insurance
- Identity Theft
- Pet Insurance
- Home Mortgage Program
- Internet Banking
- Real Estate Services
- Health Insurance Mart

Marsh PersonalPlans provides:

- A broad selection of products and services from highly rated providers
- Personalized help from licensed insurance professionals
- Free, no obligation quotes by phone or on-line
- An information rich web-site
- Strict security standard

These services are provided to you at no cost, and you are never under any obligation to purchase a product or service. You will be responsible for any costs associated with the products/services you do decide to purchase. These products and services are available to any of your family members, including those who do not qualify for other A&M System benefit coverages.

Monthly Premiums

Effective Sept. 1, 2008

Basic Life

(plan details on page 22)

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

Basic Life \$2.85 Alternate Basic Life \$.57 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	\$437.23	\$61.29	\$788.41	\$236.88	\$656.72	\$171.03	\$964.01	\$324.68
A&M Care 1250	367.87	0.00	663.57	112.04	552.68	66.99	811.42	172.09
A&M Care 65+	375.94	0.00	679.71	128.18				
FirstCare	394.83	18.89	987.07	435.54	592.25	106.56	789.66	150.33
Humana Health Plans								
Corpus Christi/Kingsville	572.42	196.48	935.68	384.15	839.56	353.87	1,286.64	647.31
San Antonio	529.96	154.02	907.49	355.96	734.73	249.04	1,199.98	560.65
Mercy Health Plan	526.74	150.80	993.13	441.60	911.15	425.46	1,322.75	683.42
Scott & White Health Plan	410.68	34.74	804.93	253.40	625.47	139.78	926.08	286.75

Dental (plan details on page 18)

A&M Dental PPO

DeltaCare USA Dental HMO

	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
A&M Dental PPO	\$28.77	\$57.54	\$60.42	\$92.06
DeltaCare USA Dental HMO	\$19.52	\$34.71	\$34.97	\$53.81

Vision

(plan details on page 20)

	Retiree Only	Retiree & Spouse	Retiree & Child(ren)	Retiree & Family
	\$6.20	\$13.18	\$10.18	\$18.16

Optional Life

(plan details on page 22)

If your birthday falls between 9-1-08 and 2-28-09 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
45-49	\$.13	\$.15	65-69	\$.76	\$1.27
50-54	.19	.23	70-74	1.43	2.06
55-59	.36	.44	75 and older	1.99	2.11
60-64	.57	.67			

Dependent Life

(plan details on page 22)

Plan A: 1/2 of your monthly Optional Life premium (1/10 if covering only children)

Plan B: \$4.50/month (flat rate)

Plan C: 1/2 of your monthly Alternate Basic Life premium (1/10 if covering only children)

AD&D

(plan details on page 24)

Monthly rate per \$10,000:	Retiree Only	Retiree & Family
	\$.28	\$.46

Long-Term Care

(plan details on page 26)

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	\$437.23	\$656.72
A&M Care 1250	367.87	552.68
A&M Care 65 PLUS	375.94	
FirstCare	394.83	592.25
Humana Health Plans		
<i>Corpus Christi/Kingsville</i>	572.42	839.56
<i>San Antonio</i>	529.96	734.73
Mercy Health Plan	526.74	911.15
Scott & White Health Plan	410.68	625.47

- 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. **(Survivors see page 31 for health plan premiums.)** \$ _____
2. Dental: Enter premium amount from page 30. \$ _____
3. Vision: Enter premium amount from page 30. \$ _____
4. Optional Life: Choose your coverage amount, 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 and place that number here: _____ × .57 = \$ _____
6. Dependent Life:
 - Plan A Premium: Your Optional Life premium (see #4) _____ × .5 (.1 if covering children only) = \$ _____
 - Plan B Premium: \$4.50/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 \$181.77, 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.

Retiree coverage \$ _____ + Spouse coverage \$ _____ = \$ _____

For More Benefit Information

Texas A&M Health Science Center
301 Tarrow, 6th Floor
College Station, TX 77840-7896
1361 TAMU
(979) 458-7280
email: 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

Institute of Biosciences & Technology
Human Resources
2121 West Holcombe Blvd.
Houston, TX 77030-3303
(713) 677-7734
email: hr@tamhsc.edu
<http://www.ibt.tamhsc.edu/human/>

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

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

Tarleton State University System Center
Human Resources
1901 S. Clear Creek Rd.
Killeen, Texas 76549
(254) 519-5457
email: jdarnon@tarleton.edu

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

Texas A&M University
(TAMU, TVMDL)
Employee Service Center
750 Agronomy Rd., Ste 1201
1255 TAMU, Bldg. 1800
College Station, TX 77843-1255
(979) 845-4141
email: esc@tamu.edu
<http://employees.tamu.edu>

Texas A&M University-Commerce
Human Resources
P.O. Box 3011
Commerce, TX 75429
(903) 886-5049
email: pat_kropp@tamu-commerce.edu
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
<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
<http://www.tamug.edu/hrd/>

Texas A&M University-Kingsville
Human Resources
700 University Blvd.
MSC 107
Kingsville, TX 78363
(361) 593-3705
email: kamlp01@tamuk.edu
<http://www.tamuk.edu/hr>

Texas A&M University-Texarkana
Human Resources
P.O. Box 5518
Texarkana, TX 75505-5518
(903) 223-3113
email: dee.broderick@tamut.edu

Texas Transportation Institute
Human Resources Office
Wells Fargo Bank Plaza 3000
Briarcrest Dr., Ste 311
3135 TAMU
Bryan, TX 77802
(979) 845-9668
email: ttih@ttimail.tamu.edu
intranet: ttinet.tamu.edu/

Texas Forest Service
Human Resources Department
301 Tarrow, Suite 419
College Station, TX 77840-7896
2136 TAMU
(979) 458-6690
email: malexander@tfs.tamu.edu

Texas A&M AgriLife
Human Resources Office
Mail Stop 2162
College Station, Texas 77843-2162
(979) 845-5645
email: j-kyles@tamu.edu
<http://aghr.tamu.edu/>

Texas Engineering Experiment Station
(TEES, College of Engineering)
Personnel Services
200 William D. Fitch Pkwy.
College Station, TX 77845-9394
3467 TAMU
(979) 458-7696
email: teeshr@tamu.edu
<http://tees.tamu.edu/personnel>

Texas Engineering Extension Service
Human Resources
301 Tarrow, 2nd Floor
College Station, TX 77840-7896
8000 TAMU
(979) 458-6801
email: Kimberly.Winslow@teemail.tamu.edu

West Texas A&M University
Personnel Services
WT Box 60999
Canyon, TX 79016
(806) 651-2117
email: personnel@mail.wtamu.edu
<http://www.wtamu.edu/administrative/vpf/per/index.htm>

System Offices
Human Resource Services
A&M System Building, Suite 1281
200 Technology Way
1116 TAMU
College Station, TX 77845-3424
(979) 458-6161
email: jkurtz@tamu.edu
<http://tamus.edu/offices/hr/>

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
1117 TAMU
College Station, TX 77843-1117

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