

# Monthly Premiums

Effective Sept. 1, 2007

## Basic Life

The premium for this plan is usually paid by the employer contribution.  
Basic Life \$2.85      Alternate Basic Life \$.57 per \$1,000

## Health

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

	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care 350	\$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
FirstCare	394.83	18.89	987.07	435.54	592.25	106.56	789.66	150.33
Humana Health Plans								
Corpus Christi/Kingsville	491.29	115.35	803.07	251.54	720.59	234.90	1,104.27	464.94
San Antonio	454.84	78.90	778.86	227.33	630.60	144.91	1,029.90	390.57
Mercy Health Plan	487.43	111.49	919.02	367.49	843.15	357.46	1,224.04	584.71
Scott & White Health Plan	405.68	29.74	699.80	148.27	578.09	92.40	823.90	184.57

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

	Employee Only		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost	Total Cost	Your Cost
A&M Care 350	\$437.23	\$250.68	\$788.41	\$514.07	\$656.72	\$415.30	\$964.01	\$645.77
A&M Care 1250	367.87	181.32	663.57	389.23	552.68	311.26	811.42	493.18
FirstCare	394.83	208.28	987.07	712.73	592.25	350.83	789.66	471.42
Humana Health Plans								
Corpus Christi/Kingsville	491.29	304.74	803.07	528.73	720.59	479.17	1,104.27	786.03
San Antonio	454.84	268.29	778.86	504.52	630.60	389.18	1,029.90	711.66
Mercy Health Plan	487.43	300.88	919.02	644.68	843.15	601.73	1,224.04	905.80
Scott & White Health Plan	405.68	219.13	699.80	425.46	578.09	336.67	823.90	505.66
Graduate Student Health Plan	196.00	9.45	889.00	614.66	479.00	237.58	1,172.00	853.76

## Dental

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

## Vision

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

## Optional Life

If your birthday falls between 9-1-07 and 2-29-08 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
24 or younger	\$.05	\$.06	50-54	\$.19	\$.23
25-29	.05	.07	55-59	.36	.44
30-34	.05	.08	60-64	.57	.67
35-39	.06	.09	65-69	.76	1.27
40-44	.07	.10	70-74	1.43	2.06
45-49	.13	.15	75 and older	1.99	2.11

## Dependent Life

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)

<b>Optional AD&amp;D</b>	<i>Monthly rate per \$10,000:</i>	Employee Only	\$ .14	Employee & Family	\$ .24
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<b>Long-Term Disability</b>	<i>Monthly rate per \$100/monthly pay:</i>	No-tobacco rate	\$ .34	Tobacco rate	\$ .36
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**Long-Term Care**      Packets containing complete information, premiums and enrollment forms are available from your Human Resources office, by calling John Hancock customer service at (800) 498-9100 or by visiting the John Hancock website at <http://tamus.jhancock.com> (username=TAMUS, password=mybenefit in all lowercase).

## Leave Without Pay

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

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Care 350	\$440.08	\$791.26	\$659.57	\$966.86
A&M Care 1250	370.72	666.42	555.53	814.27
FirstCare	397.68	989.92	595.10	792.51
Humana Health Plans				
<i>Corpus Christi/Kingsville</i>	494.14	805.92	723.44	1,107.12
<i>San Antonio</i>	457.69	781.71	633.45	1,032.75
Mercy Health Plan	490.28	921.87	846.00	1,226.89
Scott & White Health Plan	408.53	702.65	580.94	826.75
Graduate Student Health Plan	198.85	891.85	481.85	1,174.85

## COBRA

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

	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
A&M Care 350	\$445.97	\$804.18	\$669.85	\$983.29
A&M Care 1250	375.23	676.84	563.73	827.65
FirstCare	402.73	1,006.81	604.10	805.45
Humana Health Plans				
<i>Corpus Christi/Kingsville</i>	501.12	819.13	735.00	1,126.36
<i>San Antonio</i>	463.94	794.44	643.21	1,050.50
Mercy Health Plan	497.18	937.40	860.01	1,248.52
Scott & White Health Plan	413.79	713.80	589.65	840.38
Graduate Student Health Plan*	199.92	906.78	488.58	1,195.44
A&M Dental Dental PPO	29.35	58.69	61.63	93.90
DeltaCare USA Dental HMO	19.91	35.40	35.67	54.89
Vision	6.32	13.44	10.38	18.52

\* The Graduate Student Health Plan will offer an extension, but not COBRA coverage. Graduate students can elect to participate in COBRA through another health plan.

# Monthly Premiums

Effective Sept. 1, 2007

## Basic Life

The premium for this plan is usually paid by the employer contribution.  
 Basic Life \$2.85      Alternate Basic Life \$.57 per \$1,000

## Health

	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	491.29	115.35	803.07	251.54	720.59	234.90	1,104.27	464.94
San Antonio	454.84	78.90	778.86	227.33	630.60	144.91	1,029.90	390.57
Mercy Health Plan	487.43	111.49	919.02	367.49	843.15	357.46	1,224.04	584.71
Scott & White Health Plan	405.68	29.74	699.80	148.27	578.09	92.40	823.90	184.57

## Dental

	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

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

## Optional Life

If your birthday falls between 9-1-07 and 2-29-08 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 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)

## Optional AD&D

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

## Long-Term Care

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

# Survivor Benefits

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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
- Dental coverage
- Vision coverage

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

All survivors may use:

- American Hearing Aid Associates
- FAS Relocation Network

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\*.

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>	491.29	720.59
<i>San Antonio</i>	454.84	630.60
Mercy Health Plan	487.43	843.15
Scott & White Health Plan	405.68	578.09

\* 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.