

Monthly Premiums

Effective Sept. 1, 2008

Basic Life

(plan details on page 20)

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)

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	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

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	572.42	385.87	935.68	661.34	839.56	598.14	1,286.64	968.40
San Antonio	529.96	343.41	907.49	633.15	734.73	493.31	1,199.98	881.74
Mercy Health Plan	526.74	340.19	993.13	718.79	911.15	669.73	1,322.75	1004.51
Scott & White Health Plan	410.68	224.13	804.93	530.59	625.47	384.05	926.08	607.84
Grad Student Health Plan	182.00	0.00	788.00	513.66	428.00	186.58	1,031.00	712.76

Dental (plan details on page 16)

A&M Dental PPO

DeltaCare USA Dental HMO

Employee Only

\$28.77

\$19.52

Employee & Spouse

\$57.54

\$34.71

Employee & Child(ren)

\$60.42

\$34.97

Employee & Family

\$92.06

\$53.81

Vision

(plan details on page 18)

Employee Only

\$6.20

Employee & Spouse

\$13.18

Employee & Child(ren)

\$10.18

Employee & Family

\$18.16

Optional Life

(plan details on page 20)

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
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 details on page 20)

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 *Monthly rate per \$10,000:* Employee Only \$.14 Employee & Family \$.24
(plan details on page 22)

Long-Term Disability *Monthly rate per \$100/monthly pay:* No-tobacco rate \$.34 Tobacco rate \$.36
(plan details on page 24)

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 page 34.

	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>	575.27	938.53	842.41	1,289.49
<i>San Antonio</i>	532.81	910.34	737.58	1,202.83
Mercy Health Plan	529.59	995.98	914.00	1,325.60
Scott & White Health Plan	413.53	807.78	628.32	928.93
Graduate Student Health Plan	184.85	790.85	430.85	1,033.85

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>	583.87	954.39	856.35	1,312.37
<i>San Antonio</i>	540.56	925.64	749.42	1,223.98
Mercy Health Plan	537.27	1,012.99	929.37	1,349.21
Scott & White Health Plan	418.89	821.03	637.98	944.60
Graduate Student Health Plan*	364.00	1,576.00	856.00	2,062.00
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 offers extension of coverage, but not COBRA coverage. Graduate students can elect to participate in COBRA through another health plan.