



2009 ~ 2010 Annual Enrollment Benefit Guide

For the
Employees

of The Texas A&M University System

Highlights for 2009-2010

- New Pharmacy Benefit Manager for the A&M Care Plans
- Enhanced Medicare Coordination for A&M Care Members
- Re-enroll to continue your spending account(s)
- Enroll in Long-Term Disability — No evidence of good health required

Make your changes during the month of July at sso.tamus.edu

- Health
- Dental
- Vision
- Life
- AD&D
- Long-Term Care
- Long-Term Disability
- Flexible Spending Accounts

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About this booklet

This booklet is intended as a summary of the benefit plans effective Sept. 1, 2009. A separate booklet discusses benefit plans available for retirees. 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, can also be found at the Benefits Administration website, located at <http://tamus.edu/benefits>. Your personal benefit information is 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.

Important Steps

- Confirm your benefits for 2009 – 2010 by logging on to **iBenefits** through Single Sign On. You can make all your election changes, add or drop dependents and print a statement of your benefits for 2009-2010.
- Confirm your address in HR Connect. This is the address carriers will use to send ID cards and plan information. Log in to HRConnect through Single Sign On. You can edit and update your personal address, email and phone information.
- Update and confirm your beneficiary designations in **iBenefits**. The on-line beneficiary database is still new. If you have not entered your beneficiaries in the new on-line database, your beneficiary designation is maintained through the imaging system. Entering your beneficiaries into the database will make it easier to update them as needed, online.
- Did I make my election for my healthcare and/or dependent daycare flexible spending account?
- Do I have Long Term Disability Coverage? What will happen to me if I become disabled?
- Do I have the correct dependents covered under the right plans?
- If I've made changes, have I checked back into **iBenefits** to see if my coverage for September 1 looks correct?

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, 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.
- Examples of how benefits are calculated under different insurance plans.
- Case studies showing how people's circumstances impact their benefit enrollment decisions.
- Annual Enrollment materials in Spanish.

2009 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. 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	2009 Date	Time	Hosted By	Location	For
Corpus Christi	7/6	9 AM - 4:30 PM	TAMU-Corpus	University Center Lone Star Ballroom, 142A	All
College Station	7/6	2 PM - 5 PM	TAMU (English)	Sbisa Dining Center	All
College Station	7/7	10 AM - 12 PM	AgriLife - TTVN	Centeq Reserch Plaza Building 1500 Research Parkway, Room 120A	All
Commerce	7/7	9 AM & 2 PM	Commerce	Sam Rayburn Student Center, Rm. 233 A&B	All
Stephenville	7/7	9 AM & 2 PM	Tarleton	Thompson Student Center, Ballroom A	All
Commerce	7/8	9 AM	Commerce	Sam Rayburn Student Center, Rm. 233 A&B	Retirees
Commerce	7/8	2 PM	Commerce	Sam Rayburn Student Center, Rm. 233 A&B	Grad. Assistants
College Station	7/8	9 AM - 11 AM	AgriLife, TEEX, TEES, TAMU, TFS, TTI, HSC	College Station Conference Center 1300 George Bush Drive	Retirees
College Station	7/8	1 PM - 3 PM	AgriLife, TEEX, TEES, TTI, HSC, TFS	College Station Conference Center 1300 George Bush Drive	All
San Antonio	7/9	9 AM - 12 PM	TAMU - Kingsville	1450 Gillette Boulevard	All
College Station	7/9	8:30 AM - 10:30 AM	TAMU (English)	Physical Plant, 600 Agronomy Rd., Rm 105	Physical Plant Employees
College Station	7/9	10:30 AM - 12:30 PM	TAMU (Spanish)	Physical Plant, 600 Agronomy Rd., Rm 105	
College Station	7/9	2 PM - 5 PM	TAMU (Spanish)	Commons Food Court	All
College Station	7/9	9 AM - 12 PM	AgriLife, TTI, TEES, TEEX, HSC, TFS	College Station Conference Center 1300 George Bush Drive	Retirement Planning
Weslaco	7/13	9 AM - 12 PM	TAMU - Kingsville	Kingsville Citrus Center	All
Dallas	7/13	9 AM - 3 PM	BCD	BCD, 6th Floor Lobby, Room 605	All
Galveston	7/13	10 AM - 2 PM	TAMU - Galveston	Sea Aggie Center, Room 409	All
Kingsville	7/14	9 AM & 2 PM	TAMU - Kingsville	Memorial Student Union Building, Room 219 A&B	All
Lufkin	7/14	9 AM - 11 AM	TFS	TFS Cudlipp Training Room	All
Laredo	7/14	9 AM & 2 PM	TAMIU	Western Hemispheric Trade Center, Room 111	All
College Station	7/15	10 AM - 12 PM	AgriLife - TTVN	Centeq Research Plaza Building 1500 Research Parkway, Room 120A	All
College Station	7/15	2 PM - 5 PM	TAMU (English)	Gen. Servs. Complex, 750 Agronomy Rd., Rm 101A	All
Canyon	7/15	10 AM & 2 PM	WTAMU	ANS Building	All
Texarkana	7/16	10 AM - 2 PM	TAMU - Texarkana	Aiken Building, Conference Room 180	All
Prairie View	7/16	9 AM & 1:30 PM	PVAMU	Harrington Science Building, Room 101	All
Killeen	7/16	2 PM	Tarleton	Room 156 - 1901 S. Clear Creek Road	All
College Station	7/21	8:30 AM- 10:30 AM	TAMU (English)	Physical Plant Training Room, 600 Agronomy Road	All
College Station	7/21	10:30 AM - 1 PM	TAMU (Spanish)	Physical Plant Training Room, 600 Agronomy Road	All

*TTVN meetings, which will be held July 7 at 10 a.m. and July 15 at 10 a.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. 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.

September 1, 2009 plan changes

Health Plan Premiums

- Premiums for most plans are changing. However, the state employer contribution will increase approximately 6%. Premiums for full-time and part-time employees are outlined on page 34.

Humana Health Plan

- High Technology Radiology (PET, MRI, MRA, CET, SPECT) will have a \$150/copay per visit.
- Chiropractic care will be limited to 20 visits per year.
- Vision Screening copay will be \$20.
- Hearing Screenings will be covered in full.
- Level 1 drug copay will be \$7; Level 4 drugs will be covered at 75%.

Scott & White Health Plan

- Out-of-service area copay will be \$150 per visit.
- Emergency Room visits will have a \$150 copay.
- In-hospital care will have a 20% coinsurance.
- High Technology Radiology will have a 20% coinsurance.
- Inpatient and outpatient surgery will have a 20% coinsurance.
- Skilled nursing facilities will have a 20% coinsurance.
- Inpatient non-serious mental health services will have a 20% coinsurance.

Graduate Student Health Plan

- \$100 Deductible will be combined for in-and out-of-network services.
- Non-serious outpatient mental health – no maximum benefit.
- Prescription drug coverage provides a new maximum benefit of \$1,000 at the Student Health Center and \$5,000 at a retail pharmacy.

A&M Care Plans

- Prescription drug benefits will be provided by Medco.
- Preventive colonoscopies will be covered at 100%.
- Medicare Coordination - All A&M Care plans will take the actual charge – or assigned charge if the doctor accepts the Medicare assignment – and figure your deductible, coinsurance and plan benefits as if Medicare did not exist. If the A&M Care plan would have paid more than what Medicare paid, the A&M Care plan will pay any difference left after the Medicare payment.
- The Personal Health Manager, an online wellness tool, will be available 9/1.
- Access to a new Nurse Line will provide 24/7 phone advice for health conditions such as high fevers, earaches, cuts and bruises.

Life Insurance and AD&D

- Minnesota Life will be the new carrier for Life and AD&D coverage.
- Current amounts of coverage will be grandfathered. However, employees enrolling in or increasing coverage (other than new employees) will need to provide evidence of good health. Spouses enrolling in or increasing coverage, will need to provide E of I as well.
- Rates are decreasing for non-tobacco users, and increasing for tobacco users.
- Travel Assistance - provided by Euro Assistance USA covers all employees, spouses and dependents while traveling 100 miles or more when traveling for business or pleasure. Features include: a repatriation benefit up to \$5,000, 24 hour access to emergency medical assistance, emergency travel arrangements, communication assistance, legal assistance and pre-trip resources.
- Legal Services, provided by Ceridian Life Works, offers employees, retirees and their families a free 30 minute initial consultation with an attorney, drafting of wills and other legal documents.
- Beneficiary Financial Counseling services Provided by PricewaterhouseCoopers, provides help on topics such as estate settlement, budgeting and taxes. This service is available at no additional cost for beneficiaries who receive a benefit of \$25,000 or more.

Employer contribution

Health plan costs across the nation are still increasing. As a result, for plan year 2009-2010, many health plan premiums will increase. However, the good news is that the Texas Legislature has increased the employer contribution.

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 34 show the total premium as well as your out-of-pocket costs after the employer contribution has been applied.
- You are considered a part-time employee if you work at least 20 but less than 40 hours per week.
- 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 of the employee only, employer contribution to pay for Alternate Basic Life, Accidental Death and Dismemberment, A&M Dental or DeltaCare USA Dental HMO, Vision and Long-Term Disability, 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 25.

You must provide the necessary documentation if you wish to enroll grandchildren, prospective adopted children, foster children or children for whom you are the legal guardian or managing conservator.

Even if your dependent children 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 current 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.

Pretax premiums

When you enroll in Health, Dental, Vision or AD&D coverage, your share of the premium is taken from your paycheck before you pay federal income and Social Security taxes. This means you pay less tax.

You are automatically enrolled in the pretax premium option unless you have requested otherwise. In some cases, dependent Health, Dental or Vision premiums may not qualify (see “Eligible dependents” previous page).

Evidence of good health

You must provide *evidence of good health* to:

- Enroll in or increase Life insurance coverage for you or your spouse. A medical questionnaire is available from your Human Resources office or online at <http://tamus.edu/benefits/publications/#insurance>. If you are enrolling for the first time and do not use the online enrollment, you will also need to complete a Life Insurance Enrollment Form.
- 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).

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. For example, if you have a baby, you can add the baby to your health care coverage, but you cannot enroll yourself in dental coverage because that decision is not related to the Change in Status. 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:

- Employee’s marriage or divorce or death of employee’s spouse.
- Birth, adoption or death of a dependent child.
- Change in employee’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 employee’s, spouse’s or a dependent child’s residence that would affect eligibility for coverage.
- Employee’s receipt of a qualified medical child support order or letter from the Attorney General ordering the employee to provide (or allowing the employee 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 employee, spouse or dependent child becoming eligible or ineligible for Medicare or Medicaid.

- Significant employer- or carrier-initiated changes in or cancellation of the employee's, spouse's or dependent child's coverage.
- Change in day care costs due to a change in provider, change in provider's fees (if the provider is not a relative) or change in the number of hours the child needs day care (for Dependent Day Care Spending Accounts).
- The employee or dependent child loses coverage under the state Medicaid or child health plan or becomes eligible for premium assistance under the Medicaid or child health plan.

When you both work for the A&M System

If you and your spouse are both employed by the A&M System:

- You can be covered as an employee on some coverages and as a dependent on others. You cannot be covered as an employee and dependent on the same coverages, except on AD&D.
- Children can be covered as dependents by either spouse, but not by both, except on AD&D. Both spouses may set up Flexible Spending Accounts and use them to pay dependent expenses. Each spouse may contribute up to \$4,800 to a Health Care Spending Account, but the total you and your spouse may contribute to Dependent Day Care Spending Accounts is \$5,000.
- You can each enroll separately in health coverage and receive separate employer contributions. Or, one of you can enroll in health and cover the other as a dependent on health. If you do this, the employee covered as a dependent will receive half of the employee-only employer contribution, which can be used to purchase other coverages for the employee, spouse and/or family. To be covered under different health plans, you must each enroll as employees. A spouse who is covered on health as a dependent is not eligible for Basic Life coverage.
- If you elect Alternate Basic Life or Optional Life on yourself, you may not be covered by your spouse on Dependent Life.
- You may elect employee coverage for AD&D and be covered as a dependent on your spouse's family AD&D coverage, but your benefit will not be more than the maximum for which you are eligible under employee coverage. If both you and your spouse elect family AD&D coverage, your children may be covered under both plans. However, the maximum benefit is \$25,000 per child.

For more information, read "When You and Your Spouse Work for the A&M System," available online at <http://tamus.edu/benefits/publications/brochures/spouse.pdf>.

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 two A&M Care plans, and you may have access to an HMO. If you are a graduate student employee, the Graduate Student Health Plan is also an option. You and your enrolled family members must all be in the same health plan, unless a spouse or dependent child works for the A&M System and chooses separate coverage (see page 7).

You do not have to enroll in health coverage. Except for the graduate student plan, none of the health plans have pre-existing condition limitations. You cannot change health carriers during the plan 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 plan year unless you have certain Changes in Status (see page 6).

A&M Care plans

Under the A&M Care 350 and 1250 plans, you may use any doctor, hospital or other provider and receive benefits. However, you receive higher benefits by using a network provider. Both plans cover the same services and have copayments for office visits with network doctors. You do not need a referral to see a specialist, but the copayment for a specialist is higher than the copayment for a primary care physician. Both plans also have prescription drug deductibles and drug copayments.

For other health care services, including stress tests, outpatient surgeries, emergency room visits and hospitalizations, you first pay an annual deductible, then you and the plan share the remaining costs (coinsurance) until you meet your out-of-pocket maximum. After that, the plan pays 100% of remaining eligible expenses. If you use a hospital that is outside the network, you will have to meet a separate out-of-network hospital deductible for each admission.

Copayments, drug deductibles and out-of-network hospital deductibles do not count toward annual deductibles or out-of-pocket maximums. You continue to pay these costs 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.

The A&M Care plans are administered by BlueCross BlueShield of Texas (BCBSTX), with Medco administering the prescription drug portion.

Differences between the 350 and 1250 plans

The A&M Care 1250 plan has lower premiums than the 350 plan, but a higher deductible and out-of-pocket maximum. The plans also have different coinsurance amounts (the 350 plan pays 80%, while the 1250 plan pays 70%). Deductibles, coinsurance amounts and out-of-pocket maximums for both plans are listed on pages 12 and 13. Premiums are listed on page 34.

–Age 65 and Still Working–

Although many factors dictate whether your A&M System health plan or Medicare will be primary or secondary, in general, **coverage is determined by the status of the A&M health plan policy holder**. If the policy holder is working at the A&M System, regardless of age, the A&M System health plan will be primary to Medicare.

For example, if you are the covered employee and return to A&M as a working retiree, your A&M System health plan will be your and your spouse's primary coverage (if your spouse is covered under your plan) during the months in which you actually work. If you are the policyholder and you're retired, if you are both *eligible* for Medicare, Medicare will be primary for both you and your spouse, even if your spouse is working but does not have his/her own insurance, because the policyholder is retired.

If you, and your spouse are covered under Medicare and an A&M Care plan, let your health providers know who is primary and secondary, *especially* if you're still working.

How both A&M Care plans work

You receive network benefits if you use a network provider.

You receive out-of-network benefits if you live anywhere in the United States except the counties of Donley, Hansford, Lipscomb, Ochiltree or Wheeler and use a provider not in the network.

You receive non-network benefits if you live in Donley, Hansford, Lipscomb, Ochiltree or Wheeler county. However, if you travel to a network doctor, you can receive services for a \$25 or \$45 copayment.

When you choose a provider who is out of 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).
- Your deductible and out-of-pocket maximum will be double the network deductible and out-of-pocket maximum.

Your A&M Care ID card has a toll-free telephone number you can call to locate BlueCross BlueShield (BCBS) network providers outside Texas.

Coordination of benefits: If you or another family member has other health coverage that is primary, the A&M Care plans will pay benefits based only on the amount the other plan does not pay. This means the deductible and your coinsurance will be applied to the amount the other plan does not pay and not to the entire bill. You will not be reimbursed 100% of the charge unless you have met your out-of-pocket maximum. If the maximum BlueCross BlueShield payable amount has been paid by the primary carrier, then no additional payment will be made by the A&M Care plans. If the primary plan has a copayment for the service, the A&M Care plan will pay no benefits.

Medicare Coordination - All A&M Care plans will take the actual charge – or assigned charge if the doctor accepts the Medicare assignment – and figure your deductible, coinsurance and plan benefits as if Medicare did not exist. If the A&M Care plans would have paid more than what Medicare paid, the A&M Care plan will pay any difference left after the Medicare payment.

Prescription drug program: (Pharmacy Benefit Manager)

As of September 1, 2009, the prescription drug program will be administered by Medco.

All A&M Care participants will receive a welcome kit containing new ID cards, a Prescription Drug Benefit Guide, mail order transfer form, a prescription mail order form (for new prescriptions), and a Health, Allergy & Medication Questionnaire.

Our previous carrier will be providing prescription information to Medco. ***If you have refills left, you will not need to get a new prescription.*** For prescriptions at the:

Retail Pharmacy: You will need to provide your new ID card when getting refills or filling new prescriptions on or after September 1.

Mail Order Pharmacy: Medco will have a record of your mail order history and any prescriptions that still allow refills. However, to continue this service through Medco you will need to submit a “Form to complete the transfer of your mail order prescription refills”. You can complete this form on-line, by telephone or by mail.

Both A&M Care plans have a \$50-per-person (\$150 maximum per family) plan year deductible that 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 through the mail-order program, you pay two copayments. You may purchase a 90-day supply at certain retail pharmacies, but you will pay three copayments. Formulary information is available from your Human Resources Office, or at <http://tamus.edu/benefits/>.

Vision Benefits

A&M Care participants can receive discounts on exams, frames, lenses and laser vision correction through Davis Vision, Inc. 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/programs/DavisVisionFlier.pdf>.

HMOs

Three HMOs are available through the A&M System. 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.

You must live or work in an HMO’s service area to select that HMO. The *iBenefits* system shows the HMOs for which you are eligible. This information is also available at the System Benefits Administration website, <http://tamus.edu/benefits>.

Graduate Student Health Plan

The Graduate Student Health Plan provides graduate students with comprehensive benefits at a lower premium than other plans. It also provides repatriation benefits, which may be useful if you are a foreign national. See page 15 for plan provisions.

The plan has a 12-month pre-existing condition limitation. When you turn in a claim for treatment of a condition, Delos Insurance Plans will check to see if you have received services for that condition within the 12 months before the treatment date. If you have, you will receive a maximum of \$1,000 in benefits for services related to that condition if you receive those services during your first 12 months of coverage. However, if you were enrolled in a group health plan for at least 18 months before enrolling in the Graduate Student Health Plan, this waiting period will be waived.

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

For more Medicare Part D information

- *Medicare & You 2009 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*

Provisions	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>Pre-existing condition limitations</i>	None										
<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										
<i>Maternity care</i>	Network: Hospital—20% after deduct; Doctor—\$25, initial visit only Out-of-Network: Hospital and doctor—50% after deductible	Network: Hospital—30% after deduct; Doctor—\$25, initial visit only Out-of-Network: Hospital and doctor—50% after deductible									
<i>Well-baby care</i>	Network: \$25/visit; Out-of-Network: Not covered										
<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 data-bbox="201 1520 318 1551"><i>Inpatient</i></td> <td data-bbox="326 1520 930 1551">Network: Inpatient—20% after deductible up to 30 days/plan year;</td> </tr> <tr> <td data-bbox="201 1551 318 1583"></td> <td data-bbox="326 1551 930 1583">Outpatient—\$45/visit, 40 visits/plan year</td> </tr> <tr> <td data-bbox="201 1583 318 1614"><i>Outpatient</i></td> <td data-bbox="326 1583 930 1614">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 data-bbox="930 1520 1521 1551">Network: Inpatient—30% after deductible up to 30 days/plan year;</td> </tr> <tr> <td data-bbox="930 1551 1521 1583">Outpatient—\$45/visit, 40 visits/plan year</td> </tr> <tr> <td data-bbox="930 1583 1521 1614">Out-of-Network: Inpatient—50% after deductible up to 30 days/plan year; Outpatient—50% after deductible, 40 visits/plan year</td> </tr> </table>	Network: Inpatient—30% after deductible up to 30 days/plan year;	Outpatient—\$45/visit, 40 visits/plan year	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										
Network: Inpatient—30% after deductible up to 30 days/plan year;											
Outpatient—\$45/visit, 40 visits/plan year											
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>	<p>After you meet the \$50/person/plan year prescription drug deductible (three-person maximum):</p> <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 certain retail pharmacies. Medco—(800) 251-7690 ; http://www.medcohealth.com/medco/corporate/home.jsp 										
<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 8-10 for details.										
<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										

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Provisions	A&M Care 350/1250 Non-Network benefits	Scott & White Health Plan
<i>Regions offered</i>	See previous page	Bryan/College Station, Killeen, limited access in Austin, Prairie View, Stephenville areas
<i>Pre-existing condition limitations</i>	None	None
<i>Out-of-service-area restrictions</i>	None	Emergency care only at hospital, \$150/visit (waived if admitted); urgent care, \$40/visit at any facility other than College Station S&W facility
<i>Deductibles</i>	350 plan: \$350/person/plan year 1250 plan: \$1,250/person/plan year	None
<i>Out-of-pocket maximum</i>	350 plan: \$3,000/person/plan year 1250 plan: \$3,500/person/plan year	\$3,000/person/plan year; \$6,000 maximum/family/plan year
<i>In-hospital care</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% of charges
<i>Emergency room</i>	20% (350 plan) or 30% (1250 plan) after deductible	\$150/visit (waived if admitted); urgent care, \$25/visit at College Station S&W facility, \$40/visit at any other facility
<i>Office visits</i>	20% (350 plan) or 30% (1250 plan) after deductible	\$25/visit
<i>Lab/X-rays</i>	20% (350 plan) or 30% (1250 plan) after deductible	Covered in full
<i>High Technology Radiology (MRI, CT & pet scans, stress test, Angiogram & myelography)</i>	20% (350 plan) or 30% (1250 plan) after deductible	20% of charges
<i>Surgery</i>	Inpatient, outpatient and in physician's office—20% (350 plan) or 30% (1250 plan) after deductible	Inpatient – 20% of charges ; Outpatient - 20% of charges
<i>Chiropractic care</i>	20% (350 plan) or 30% (1250 plan) after deductible, 30 visits/plan year	Not covered, limited discount network available
<i>Vision/Hearing/Speech</i>	Vision—Routine preventive vision exams not covered; Hearing—Illness/accident coverage only	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
<i>Maternity care</i>	Hospital and doctor—20% (350 plan) or 30% (1250 plan) after deductible	Hospital— 20% of charges ; Doctor—\$25/visit or \$300 total fee
<i>Well-baby care</i>	20% (350 plan) or 30% (1250 plan) after deductible	\$25/visit
<i>Physical therapy</i>	20% (350 plan) or 30% (1250 plan) after deductible	\$25/visit
<i>Durable medical equipment</i>	20% (350 plan) or 30% (1250 plan) after deductible	20%, up to \$2,000/person/plan year (includes diabetic supplies and equipment)
<i>Home health care</i>	20% (350 plan) or 30% (1250 plan) after deductible; \$40,000 lifetime max; \$8,000/person/plan year max	\$25/visit with approval of medical director
<i>Skilled nursing facility (not including custodial care)</i>	20% (350 plan) or 30% (1250 plan) after deductible; \$35,000 lifetime maximum	20% of charges
<i>Non-serious mental health*</i> Inpatient	20% (350 plan) or 30% (1250 plan) after deductible up to 30 days/plan year	<u>Inpatient</u> - 20% of charges , max 30 days
Outpatient	20% (350 plan) or 30% (1250 plan) after deductible, 40 visits/plan year	\$25/visit up to 30 visits/plan year
<i>Prescription drugs</i>	See previous page	After you meet the \$50/person/plan year prescription drug deductible: <ul style="list-style-type: none"> 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
<i>How does this health plan work?</i>	See previous page	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.
<i>Member Services phone number/website</i>	See previous page	(800) 791-8777 or (979) 268-7947 http://www.swhp.org

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Provisions

Humana Health Plan

<i>Regions offered</i>	Corpus Christi/Kingsville, San Antonio
<i>Pre-existing condition limitations</i>	None
<i>Out-of-service-area restrictions</i>	Urgent or emergency care only, \$100/visit (waived if admitted); notify Humana within 48 hrs.
<i>Deductibles</i>	None
<i>Out-of-pocket maximum</i>	\$4,000/person/calendar year; \$8,000/family/calendar year
<i>In-hospital care</i>	\$500/day; \$1,500 maximum/admission
<i>Emergency room</i>	\$100/visit (waived if admitted); must notify Humana within 48 hrs
<i>Office visits</i>	\$20/visit in PCP's office or \$30/visit for specialty care
<i>Lab/X-rays</i>	<u>Inpatient</u> - \$500/day; \$1,500 maximum/admission <u>Outpatient</u> - \$20/visit in PCP office or \$30/visit in specialist's office; \$150/visit at outpatient facility Preventive - child up to age 18, covered in full (with office visit co-pay); adults, age 18 and up \$20 PCP, \$30 specialist office visit, outpatient hospital, free standing facility - covered in full PET, MRI, MRA, CET, SPECT \$150/ copay per visit
<i>Surgery</i>	<u>Inpatient</u> - \$500/day; \$1,500 maximum/admission <u>Outpatient</u> - \$20/visit in PCP's office or \$30/visit in specialist's office; \$300/visit at outpatient surgical facility
<i>Chiropractic care</i>	\$20 PCP, \$30/specialist, limit 20 visits/year– Authorization Required
<i>Vision/Hearing/Speech</i>	Vision – provider must be in network-\$20 copayment, limited to one exam per member per calendar year. Hearing Screening – Covered in full. Speech Therapy—\$30/visit
<i>Maternity care</i>	Hospital—\$500/day; \$1,500 maximum/admission; Doctor—\$20 in PCP's office or \$30 in specialist's office, initial visit only
<i>Well-baby care</i>	\$20/visit in PCP's office or \$30/visit in specialist's office
<i>Physical therapy</i>	\$30/visit
<i>Durable medical equipment</i>	Covered in full
<i>Home health care</i>	Covered in full
<i>Skilled nursing facility (not including custodial care)</i>	Covered in full up to 100 days/calendar year
<i>Non-serious mental health*</i>	<u>Inpatient</u> - \$100/admission up to 30 days/calendar year <u>Outpatient</u> - \$10/visit for first 20 visits/calendar year; \$30/visit for next 20 visits/calendar year
<i>Prescription drugs</i>	<ul style="list-style-type: none"> • 30-day supply: Level 1 drug, \$7; Level 2 drug: \$25; Level 3 drug: \$50; Level 4 drug, 25% copay (out-of-pocket maximum \$2,500 person/plan year.) • 90-day supply: Three copayments required; must purchase through mail-order program
<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.
<i>Member Services phone number/website</i>	(800) 448-6262 or (888) 393-6765 (for potential members) or http://www.humana.com

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Provisions

FirstCare

Graduate Student Health Plan

<i>Regions offered</i>	Bryan/College Station, Abilene/Midland/Odessa, Amarillo/Canyon/Lubbock, Ft. Stockton, Stephenville	Available worldwide; outside U.S. benefits paid at 80%
<i>Pre-existing condition limitations</i>	None	80% up to \$1,000 benefit for an existing condition for 12 months; continuous coverage before enrollment offsets limitation period
<i>Out-of-service-area restrictions</i>	Emergency only (\$100/visit, waived if admitted) or medical support order (Deductible applies)	None
<i>Deductibles</i>	\$250/person/plan year	\$100/person; \$300/family; in or out-of-network ; waived at student health center
<i>Out-of-pocket maximum</i>	2 x total annual premium; injectable medication IF received at the Dr's office- \$2,500; NO Maximum if received through retail pharmacy	\$3,000/person/plan year; \$6,000 maximum/family/plan year
<i>In-hospital care</i>	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) (Deductible applies)	20% (network)/40% (out-of-network) after deductible
<i>Emergency room</i>	\$100/visit (waived if admitted); must notify Primary Care Physician (PCP) within 24 hrs.. (Deductible applies)	After deductible, \$100 copayment plus 20% (network)/40% (out-of-network)
<i>Office visits</i>	\$20/visit; \$50/visit for specialty care (No Deductible)	\$25/visit plus 20% (network)/40% (out-of-network); covered in full at student health center
<i>Lab/X-rays</i>	General lab & x-ray covered in full (No Deductible); \$100 for Arteriograms, CT Scans, MRI, EEG, Myelogram & PET Scans; \$75 for radio-nuclide stress test; \$50 co-pay for bone mass density test; 50% for non-pregnancy ultrasound; 50% for infertility diagnosis (Deductible applies)	20% (network)/40% (out-of-network) after deductible
<i>Surgery</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to contract hospital within service area. Tier 2 (25% of 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 service area and the admission is an emergency (otherwise, no coverage). (Deductible applies) OUTPATIENT - \$250 deductible	20% (network)/40% (out-of-network) after deductible
<i>Chiropractic care</i>	\$50/visit; must be pre-approved (No Deductible)	\$25/visit plus 20% (network)/40% (out-of-network), when medically necessary due to accident or illness
<i>Vision/Hearing/Speech</i>	Routine vision screening - \$20/visit PCP, up to age 18 only (No Deductible) Hearing/Speech (testing) - \$20/visit, \$50/visit for specialty care; therapy \$50/visit (No Deductible)	\$25/visit plus 20% (network)/40% (out-of-network), when medically necessary due to accident or illness
<i>Maternity care</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to contract hospital within service area. (Deductible applies) Tier 2 (25% of allowable amount up to \$5,000/member or \$10,000/family) applies if admitted to a contract hospital outside the service area or a non contract hospital within or outside the service area and the admission is due to an emergency (otherwise, no coverage). (Deductible applies)	20% (network)/40% (out-of-network) after deductible
<i>Well-baby care</i>	\$20/visit; \$50/visit for specialty care (No Deductible)	20% (network)/40% (out-of-network) after deductible
<i>Physical therapy</i>	\$50/visit (Deductible applies)	\$25/visit plus 20% (network)/40% (out-of-network); must be within 60 days of being released for rehabilitation
<i>Durable medical equipment</i>	20%, up to \$4,000/person/plan year (Deductible applies)	20% (network)/40% (out-of-network) after deductible
<i>Home health care</i>	Covered in full when authorized (Deductible applies)	No benefit
<i>Skilled nursing facility (not including custodial care)</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to contract hospital within service area. (Deductible applies) Tier 2 (25% of allowable amount up to \$5,000/member or \$10,000/family) applies if admitted to a contract hospital outside the service area or a non contract hospital within or outside the service area and the admission is due to an emergency (otherwise, no coverage). (Deductible applies)	No benefit
<i>Non-serious mental health*</i>	Tier 1 (\$150/day up to \$750 maximum/admission) applies if admitted to contract hospital within service area. (Deductible applies) Tier 2 (25% of allowable amount up to \$5,000/member or \$10,000/family) applies if admitted to a contract hospital outside the service area or a non contract hospital within or outside the service area and the admission is due to an emergency (otherwise, no coverage). Limited to 30 days/plan year. (Deductible applies) <u>Outpatient</u> - \$50/visit, limited to 40 visits/plan year (No Deductible)	Inpatient - 20% (network)/40% (out-of-network) after deductible; limited to 30 days/plan year; \$25,000 lifetime maximum Outpatient - \$25/visit plus 20% (network)/40% (out-of-network), (no maximum)
<i>Prescription drugs</i>	Deductible - \$50/person/plan year 30-day supply: \$15/generic; \$30/brand-name formulary; \$60/brand-name non-formulary; 25%/injectables & high technology drugs 90-day supply: \$45/generic; \$90/brand-name formulary; \$180/brand-name non-formulary; 25%/injectables & high technology drugs	\$15 at student health center up to \$1000 ; Plus drug card \$15/generic, \$25/brand name, \$35/single source drug, up to \$5,000 annual maximum benefit (no per illness maximum) Generic Drug –A medication duplicated by another company once the patent expires Brand Name Drug –A medication developed by a pharmaceutical company Single Source Drug –A brand name drug without a generic equivalent
<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. First Care does not require a referral to an in plan specialist.	This plan is for graduate student employees only. Students must be taking at least six credit hours or otherwise be working toward a degree. It is a preferred provider organization (PPO). You may choose any provider in the 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. You will be reimbursed 100% for services you receive at a student health center.
<i>Member Services phone number/website</i>	(800) 884-4901	(800) 452-5772

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Dental

–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?

Should I use the Health Care Spending Account for my dental expenses instead of purchasing dental insurance (see page 27.)

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

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/benefit/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 USA 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–			
<p>➤ <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.</i></p> <p>➤ <i>Delta Dental website: http://www.deltadentalins.com/tamus</i></p> <p>➤ <i>Delta Dental Customer Service: A&M Dental PPO 1-800-336-8264</i></p> <p>➤ <i>DeltaCare USA Dental HMO 1-800-422-4234</i></p>			

	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 UnitedHealthcare Vision.

	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>	100% after \$25 copayment for: <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 UnitedHealthcare Vision's maximum frames allowance and the cost of the frames.</p>	Lenses: \$50 to \$80, depending on type of lenses. Frames: Up to \$50. Copayment doesn't apply.
<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. UnitedHealthcare Vision 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 non-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 UnitedHealthcare Vision 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.

—For More Information—

- *Vision Plan Description Booklet, online at http://tamus.edu/benefits/publications/booklets/vision_spd.pdf or from your HR office.*
- *UnitedHealthcare Vision website (<http://www.uhcspecialtybenefits.com>)*
- *UnitedHealthcare Vision customer service: (800) 203-4317*

Vision Materials Discount Program

UnitedHealthcare Vision has an Additional Material Discount Program. At participating providers you will receive a 20% discount on an additional pair of eyeglasses or contact lens, once you have exhausted your vision benefit for the year.

The discount will apply to the retail price and can be purchased any time during the plan year after you have used the UnitedHealthcare Vision plan. Call 1-800-638-3120 to find a participating provider in your area.

Not all providers participate in this program. Retailers such as Sam's and WalMart do NOT because of the large discounts they already offer.

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 employee 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 employee.

When you retire, your Optional Life coverage maximum is reduced to \$100,000 if you are younger than age 70. When you reach age 70, it will be reduced to \$60,000; when you reach age 80, it will be reduced to \$30,000. If you leave A&M System employment but do not retire, you may elect to keep your life insurance coverage until age 70. Some plan provisions will be different, and premiums will be higher.

How much coverage does it provide for...

	Myself?	My spouse?	My children?
<i>Basic Life/ Basic AD&D</i>	\$7,500 in life insurance and \$5,000 in AD&D coverage.	None.	\$5,000 in life insurance on each eligible dependent child.
<i>Alternate Basic Life/ Basic AD&D</i>	\$50,000 or up to seven times your salary, whichever is less, as well as \$5,000 in Basic AD&D coverage.	None.	\$5,000 in life insurance on each eligible dependent child.
<i>Optional Life</i>	½, 1, 2, 3, 4, 5 or 6 times your annualized salary (salary divided by the number of months you work, multiplied by 12) to a maximum coverage of \$1 million.	None.	None.
<i>Dependent Life Plan A</i>	None.	Coverage amounts of 25,000, 50,000, 75,000, 100,000, 150,000 or 200,000, not to exceed your coverage amount.*	\$10,000 per 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.

* If your current coverage amounts are greater, you can keep your current coverage amounts — you do not need to complete any forms.

If you and your spouse both work for the A&M System and you have Optional or Alternate Basic Life, your spouse may not cover you through his/her Dependent Life. Children may not be covered on Dependent Life by both parents. Only dependents shown in the *iBenefits* 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 up to 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 an employee 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. You must provide evidence of good health to enroll or to increase Optional Life 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.

Enhancements to the plan for September 1

- **Travel Assistance** - provided by Euro Assistance USA - covers all employees, spouses and dependents while traveling 100 miles or more when traveling for business or pleasure. Features include a repatriation benefit up to \$15,000, 24-hour access to emergency medical assistance, emergency travel arrangements, communication assistance, legal assistance and pre-trip resources.
- **Legal Services**, provided by Ceridian Life Works, offers employees, retirees and their families a free 30 minute initial consultation with an attorney, drafting of wills and other legal documents.
- **Beneficiary Financial Counseling services**, through PricewaterhouseCoopers, provides assistance with estate planning, budgeting, taxes, etc. This service is available at no additional cost for beneficiaries who receive a benefit of \$25,000 or more.

—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 6).

—For More Information—

- *Minnesota Life customer service: 877-443-5854*

AD&D

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 employee-only or family coverage. Family coverage will automatically cover all of your eligible family members.

All employees can choose up to \$250,000 of coverage in multiples of \$10,000. If your annual salary is more than \$25,000, you can buy up to 10 times your salary with a maximum coverage amount of \$800,000.

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. However, you must be actively at work on Sept. 1 for coverage or an increase in coverage to go into effect. If you are not actively at work, coverage will become effective on the first day you return to work.

—For More Information—

- *AD&D Plan Description Booklet, online at http://tamus.edu/benefits/publications/booklets/add_spd.pdf or from your HR office.*

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%
Quadruplegia	100%
Paraplegia	75%
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

Long-Term Disability

Long-Term Disability (LTD) provides income if you cannot work due to a disability. Cancer, a back problem, an injury from a car accident, or any other condition that keeps you from being able to perform your job is considered a disability. You do not have to be permanently disabled or unable to work at all to qualify for benefits. LTD is an optional coverage for which you pay the full cost.

Enrollment

You do not have to provide evidence of good health to enroll in LTD. However, you must be actively at work on Sept. 1 for coverage to go into effect. If you are not actively at work, coverage will become effective on the first day you return to work.

Lower premiums are available for nontobacco users. You are considered a nontobacco user if you have not used any tobacco products for more than 12 months. You can change this designation at any time.

Benefits

If you become disabled, the LTD plan pays you 65% of your base pay *minus* other disability benefits you are eligible to receive. This means your total disability income from *all* sources will be at least 65% of your base pay.

The *maximum* monthly benefit is \$8,000. The *minimum* monthly benefit is \$100 or 10% of your monthly benefit before deductions for other income benefits, whichever is greater. Benefits become payable after 90 days of disability.

Monthly payments (except for nonorganic mental impairments) continue until your disability (as defined under Eligibility for benefits at right) ends, you reach age 65 or you die, whichever occurs first. If you become disabled after age 60, benefits may be paid for a limited time after age 65.

If you are unable to perform all of the duties of your job because of nonorganic mental impairments, you will receive benefits for a maximum of 24 months.

Your monthly LTD benefit is reduced by any sick leave or vacation pay you receive and most disability benefits you are *eligible* to receive from other group plans, workers' compensation or any government plan, including Social Security.

Your LTD benefit is reduced by benefits from TRS or ORP if you receive payments while receiving LTD benefits.

If you pay the full LTD premium yourself, your LTD benefits will not be taxable when you receive them. If you apply part or all of the employer contribution to your premium, part or all of your benefit will be taxable. The taxable portion will be proportional to the amount of premium paid by your employer.

—Ask Yourself—

Is my income necessary to my family's financial security?

Do I have enough vacation or sick leave to continue my pay if I cannot work or if I have to work a reduced schedule for longer than 90 days?

Do I have many years of state service and am I near retirement age?

Eligibility for benefits

You are eligible for LTD benefits when you have met the definition of disability for 90 days. Disability means you cannot perform the duties of your job because of a physical or mental impairment. You will continue to receive disability benefits after 60 months of disability only if, due to a physical or organic mental impairment, you cannot do any job for which you are or could become qualified by training, education or experience.

Benefits for partial disability are available. If you are able to perform some but not all of the duties of your job due to a disability and, as a result, are earning less than 80% of your regular pay, you may be considered partially disabled and eligible for plan benefits.

Pre-existing condition

If you have a pre-existing condition, the Long-Term Disability plan will not pay benefits until you have been covered by the plan for 12 months or until you have gone 90 days after LTD coverage begins without receiving care or taking medication for the condition. A pre-existing condition is a sickness or injury for which you receive medical treatment, consultation, care or services (including diagnostic measures) or take prescribed drugs or medicines during the 90 days before LTD coverage begins.

—For More Information—

- *Long-Term Disability Plan Description Booklet, online at http://tamus.edu/benefits/publications/booklets/ltd_spd.pdf or from your HR office.*
- *About Disability brochure, online at <http://tamus.edu/benefits/publications/brochures/disability.pdf>.*
- *MetLife customer service:
(800) 300-4296*

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 may also have enrollment information sent to your children age 18 and older, parents, parents-in-law, grandparents or siblings, but they must make their own enrollment decisions and arrange to pay premiums directly to the plan provider, 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).

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–

- *Employee*
- *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

You must be actively at work on the day your new Long-Term Care coverage or increase in coverage is to become effective. If you are not, the coverage or increase will become effective on the first of the month following your return to work.

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.

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.

Spending Accounts

Flexible Spending Accounts allow you to set money aside to use to reimburse yourself for health care and dependent day care expenses incurred during the plan year. You never pay federal income or Social Security taxes on this money. When you have such expenses, you can pay yourself back from your accounts with before-tax dollars.

Enrollment

You can only enroll in a Flexible Spending account during annual enrollment, unless you have a certain change in status. (See page 6) Flexible spending accounts do **not** carry over from plan year to plan year. This is the only benefit that requires re-enrollment annually.

Health Care Spending Account

The Health Care Spending Account allows you to use before-tax dollars to pay medical, dental, vision and hearing care expenses not paid by your A&M System benefit plans for you **and your dependents**. You do not have to be covered through an A&M System health plan to enroll. If you wish to pay a dependent child's expenses through this account, the child must meet certain criteria set by the IRS (see "Eligible dependents," page 5).

The plan year for the Flexible Spending Account runs from September 1 to August 31.

You can use the Spending Account for the same medical expenses that are eligible for an income tax deduction, but you cannot use both the account and the deduction for the same expense.

Dependent Day Care Spending Account

The Dependent Day Care Spending Account allows you to use before-tax dollars to pay for dependent day care expenses that are necessary to allow you and your spouse to work. You may enroll only if your spouse works or is a full-time student or disabled. The dependent receiving the care must live in your home at least eight hours a day, be claimed as a dependent on your tax return or be in your legal custody, and be 12 or younger or an older dependent who requires care due to a physical or mental disability.

You can use the Spending Account for the same day care expenses that are eligible for a tax credit. However, you cannot use both the spending account and the tax credit for the same expense. Since the tax credit limit is \$6,000 and the Spending Account limit is \$5,000, you can pay some expenses through the Spending Account and take the tax credit on the rest. See the chart on page 30 or visit the PayFlex website, <http://www.mypayflex.com>, to determine which works best for you.

—Ask Yourself—

Will I spend more than the minimum contribution amount (\$20/month) this year on planned health care expenses not paid by insurance? Will I or any of my dependents need braces, new glasses or contact lenses? Will our medical and prescription drug copayments, deductibles and coinsurance total more than my minimum contribution amount?

Do I spend at least \$40/month on day care? Does the chart on page 30 show I can save more money using the Dependent Day Care Spending Account or tax credit?

Using the Spending Accounts

Beginning Sept. 1, 2009, the amount you choose to contribute will be deducted from your paychecks before taxes and put into your Health Care and/or Dependent Day Care Account(s).

Examples of Covered Expenses

Health Care Spending Account

Covered expenses include:

- Copayments and deductibles
- Many over-the-counter medications*
- Orthodontia
- Glasses, contact lenses and supplies (such as saline solution and enzyme cleaner)
- LASIK surgery
- Smoking cessation programs and prescribed drugs
- Dental care
- Hearing aids

* *Guidance on covered and noncovered medications can be found online at <http://www.mypayflex.com>.*

Expenses not covered include:

- Health insurance premiums
- Nicotine patches or diet pills*
- Exercise programs and equipment*
- Medical or dental cosmetic surgery or drugs*

* *Unless prescribed for treatment of an illness or injury*

Dependent Day Care Spending Account

Covered expenses include:

- Day care fees for children 12 or younger or older disabled dependents
- Babysitting fees (work-related only)

Expenses not covered include:

- Tuition and fees for private school, grades kindergarten through 12th
- Overnight camps and extracurricular lessons
- Supply fees
- Club or organization membership fees

For a complete listing of allowable health care and/or day care expenses, contact PayFlex at (800) 284-4885 or <http://www.mypayflex.com>, or see IRS Publications 502 and 503 (keep in mind that these publications contain some information not pertaining to the A&M System Spending Account program), available online at <http://www.irs.ustreas.gov> or by calling (800) 829-3676.

You may take money out only to reimburse yourself for an eligible expense incurred between Sept. 1, 2009 and Nov. 15, 2010. This means you must receive the product or service during that period, regardless of when you pay for it. If services are provided over a multiyear period (braces, for example), reimbursement is based on the cost of the portion of services received during the current plan year.

When you incur an *eligible day care expense*, you send a copy of the bill or receipt from the day care provider showing the period of service, provider name and type of service to PayFlex.

When you incur an *eligible health care expense*, you have more than one option for reimbursement.

Debit Card

Having a debit card allows you to pay for eligible health care expense(s) at the point of service, the doctor's office, a pharmacy, or other health care service provider. When you go to pay your co-pay, the money will be taken directly from your account, so you don't have to pay for the services and get reimbursed.

IRS regulations require that certain vendors use an Inventory Information Approval System (IIAS). The IIAS recognizes whether an expense is eligible or ineligible for reimbursement by a

healthcare FSA. The debit card will be accepted at:

- Service providers such as doctors, dentists, vision care centers
- Drug stores and retail pharmacies that use an IIAS, and
- Non-healthcare related merchants (grocery stores, discount stores, wholesale clubs, web-based merchants) that use an IIAS.

Claims

If you do not elect the debit card option, or do not use your debit card for a particular purchase, you can still submit claims using the on-line Express Claim, uploading, faxing, or mailing your claim to PayFlex.

You may receive a reimbursement check or you may choose to have your reimbursement directly deposited in the account in which your paycheck is deposited.

You will receive your first reimbursement check after you send in your first claim *and* after you have received your first paycheck reflecting your new benefit elections.

Restrictions

Both types of Flexible Spending Accounts carry certain restrictions. However, you can benefit from the plans and avoid losing money by carefully determining how much you will need to pay in health care and/or day care expenses during the plan year. Restrictions are:

- If you set up both types of Flexible Spending Accounts, you cannot transfer money between accounts.
- Federal law requires that you forfeit (lose) money in your accounts that you have not used by Nov. 15, 2010. This money is returned to the System and cannot, by law, be refunded to you. Forfeitures are used to offset administrative expenses.

Changing your elections

After enrolling, your elections remain in effect through Aug. 31, 2010. You may change your elections only at the beginning of each plan year, unless you have certain Changes in Status (see page 6). If this happens, you may change your elections within 60 days of the change. The change you make must be consistent with the type of Change in Status you have. If you have questions regarding the changes you can make to your Flexible Spending Accounts, call PayFlex at (800) 284-4885. If you increase your contributions to the plan because of a Change in Status, the increased benefit is available only for services incurred after the first of the month in which your contribution amount increased.

If you leave A&M System employment during the plan year, you can choose to continue contributing to the Health Care Spending Account on an after-tax basis through COBRA. If you do so, you may continue to submit claims incurred between Sept. 1, 2009, and Aug. 31, 2010. If you do not elect to continue contributing, you may not submit any claims incurred after your employment ends. Your contributions to your Dependent Day Care Account must end when your employment ends. However, you may continue to submit claims incurred between Sept. 1, 2009, and Aug. 31, 2010, as long as you have an account balance.

–Enrollment Options–

- *Health Care Spending Account*
 - Minimum contribution: \$20/month
 - Maximum contribution: \$4,800/year
- *Dependent Day Care Spending Account*
 - Minimum contribution: \$40/month
 - Maximum contribution: \$5,000/year (\$2,500 if married and filing a separate income tax return)

–For More Information–

- *Spending Account Plan Description Booklet, online at http://tamus.edu/benefits/publications/booklets/fsa_spd.pdf or from your HR office.*
- *PayFlex website (<http://www.mypayflex.com>)*
- *PayFlex customer service: (800) 284-4885
7 a.m. - 7 p.m. CST*
- *IRS website (<http://www.irs.ustreas.gov>)*

Tax Credit vs. Dependent Day Care Account

The chart below shows how the tax savings using the child care tax credit on your income tax return compares to the savings using the Dependent Day Care Account. Calculations assume standard deductions and that married couples file jointly. Your personal tax situation may be different. Remember, this chart shows the difference in tax savings between the two methods – total tax savings is much greater.

To find out whether the Spending Account or tax credit may be best for you, follow these steps:

1. Find your approximate gross family income per year in the left column.
2. Look across to the marital status and number of children that best fits you.
3. If a number appears in the Tax Credit column, the federal tax credit saves that much more per year than that Spending Account.
4. If a number appears in the Spending Account column, the Dependent Day Care Account saves that much more per year than that tax credit.

Note: The examples with two dependents assume the maximum, \$5,000, is contributed to a Spending Account and that the remaining \$1,000 is applied to the tax credit. The tax credit column assumes that the entire \$6,000 is applied to the tax credit.

Gross Family Income	Single: 1 dependent \$3,000		Single: 2 dependents \$6,000		Married: 1 dependent \$3,000		Married: 2 dependents \$6,000	
	Tax Credit	Spending Account	Tax Credit	Spending Account	Tax Credit	Spending Account	Tax Credit	Spending Account
\$14,000		230		383		230		383
\$16,000		230		383		230		383
\$18,000		230		383		230		383
\$20,000		95		383		230		383
\$22,000	106			383		200		383
\$24,000	306			368				383
\$26,000	341			158	201			383
\$28,000	291		53		311			253
\$30,000	161		263		281			43
\$32,000	101		177		251		168	
\$34,000	70		97		221		347	
\$36,000	41		47		161		267	
\$38,000	11			3	31		117	
\$40,000		20		53		20		33
\$42,000		50		103		50		103
\$44-74K		80		153		80		153
\$75,000		80		633		80		153
\$78,000		380		633		80		133
\$80,000		380		633		80		133
\$90,000		380		633		380		472
\$95-154K		380		633		380		633
\$155,000		284		473		194		323
\$160-199K		284		473		284		473
\$200,000		284		603		284		473

Other Plans

As an A&M System employee you are also eligible for the programs listed below. Only the Tax-Deferred Accounts (TDA) and Deferred-Compensation Program (DCP) require enrollment.

Discount Hearing Program

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 eligible dependents, parents and grandparents. 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 employee. The discount is given at the time of purchase. A Health Care Spending Account (see page 27) may be used for out-of-pocket expenses after the discounts.

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

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>.

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>.

For more information on Tax-Deferred Accounts and the Deferred Compensation Plan, and for links to vendor websites, visit the System Benefits Administration website at <http://tamus.edu/benefits/retirement>.

Retirement savings

To supplement your Teacher Retirement System of Texas (TRS) or Optional Retirement Program (ORP) benefits and help ensure a more comfortable retirement, you can save through the Tax-Deferred Account (TDA) program and/or the State of Texas Deferred-Compensation Plan (DCP). These plans are similar to the 401(k) plans offered by private industry employers. Your TRS or ORP contributions will not be affected by your TDA or DCP participation.

You can enroll in a TDA and/or the DCP at any time. The minimum you can contribute each month is \$20 to the DCP and \$25 to a TDA. The maximum is set by law and can change each year. For most employees, the maximum for 2009 is \$16,500 (plus \$5,500 for those over age 50). Contact your Human Resources office for enrollment information.

You can change your savings amount once each month. Your savings are deducted from your paycheck before taxes (unless you enroll in a Roth TDA), so you pay less in current income tax. You choose how to invest your money. When you begin withdrawing money from the plan, generally after retirement, you pay taxes on the withdrawals (unless you enroll in a Roth TDA). If you withdraw your money from a TDA before age 59½, you may have to pay a 10% penalty tax as well.

Marsh Personal Plans

Marsh Personal Plans is a comprehensive Voluntary Benefits Program, designed to help you save time and money by providing access to quality coverage and services.

CHOICE AUTO and HOME INSURANCE

Group Auto and Home Insurance can cover more than just your vehicle and home — you may also be eligible to get coverage on a rental property, boat, motor home and personal property. You may qualify for multi-policy, multi-car, safe driver, and anti-theft device discounts. You can get a quote and apply for coverage anytime. The insurance carrier will bill you directly for the coverage.

PET INSURANCE

Coverage is available for dogs, cats, aviary, and even some more exotic pets. Routine care is available as well. You can get a quote and purchase insurance anytime. Payment options include credit card and EFT deductions.

HOME MORTGAGE

A dedicated team of experts stands ready to help you and members of your immediate family buy, build, or refinance a home. You may enroll for Home Mortgage services anytime throughout the year.

*For detailed information and quotes go to:
<https://www.tamuspersonalplans.com/>*

ID THEFTSMART™

ID TheftSmart™ provides continuous credit file monitoring and comprehensive restoration service in the event of an identity theft. If identity theft strikes, ID TheftSmart™ licensed investigators do most of the legwork and paperwork to restore your name, saving you time, money and aggravation. You may enroll for Identity Theft services anytime throughout the year. Payment is available by convenient electronic funds transfer (EFT) through either your checking or savings account.

HEALTH INSURANCE MART

Health Insurance Mart helps you find quality and affordable health insurance coverage for members of your family not eligible for A&M System healthcare coverage. One of the biggest advantages of the Health Insurance Mart is the ability to compare multiple plans, premiums and benefits all from solid insurance companies rated “Excellent” by the A.M. Best Company. Among the plans available are Health Savings Accounts, which can help you save for qualified medical and retiree health expenses on a tax-free basis. You may enroll for Health Insurance Mart anytime throughout the year.

REAL ESTATE SERVICES

If you're selling or purchasing real estate, you can receive professional real estate assistance and cash rebates through the SMARTMOVE® Program. The Texas A&M University System is teamed up with SMARTMOVE®, a national real estate affinity program designed to give you, our valued employee, the highest quality, professional real estate assistance and CASH REBATES. When you register with SMARTMOVE®, a coordinator will explain the SMARTMOVE®, guidelines in order for you to qualify for a cash rebate – up to \$5,000 – whenever you buy or sell real estate.. You will also receive professional real estate assistance from trained and experienced agents who will help you with your home search, and professionally market your current home or investment properties. This program is absolutely free to you as an employee of Texas A&M System. To register or for more details, contact SMARTMOVE® at (800) 645-6560 or via the web at www.smartmove.com. You may enroll for Real Estate Services anytime throughout the year.

INTERNET BANKING

The PersonalPlans banking center will allow for better options for work/life balance. Anyone can take advantage of the lower service fees, higher interest rates on deposits, and online banking convenience through a secure bank site. You may enroll for Internet Banking anytime throughout the year.

Visit www.tamuspersonalplans.com to learn more about the voluntary benefit plans available to you and your family. You may also contact the Voluntary Benefits Customer Service Center at 1-866-814-7516, 8 a.m. to 5 p.m. Central Standard Time, Monday through Friday.

Monthly Premiums

Effective Sept. 1, 2009

Basic Life

(plan details on page 20)

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

Basic Life \$3.97

Alternate Basic Life \$.529 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	\$454.98	\$57.87	\$818.96	\$239.86	\$682.47	\$171.61	\$1,000.96	\$330.86
A&M Care 1250	377.63	0.00	691.14	112.04	577.85	66.99	842.19	172.09
FirstCare	406.35	9.24	1,015.90	436.80	609.54	98.68	812.71	142.61
Humana Health Plans								
Corpus Christi/Kingsville	601.01	203.90	982.40	403.30	881.47	370.61	1,350.91	680.81
San Antonio	556.44	159.33	952.82	373.72	771.42	260.56	1,259.92	589.82
Scott & White Health Plan	449.03	51.92	832.50	253.40	661.00	150.14	980.15	310.05

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

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

Dental (plan details on page 16)

A&M Dental PPO

DeltaCare USA Dental HMO

Employee Only

\$28.77

\$22.16

Employee & Spouse

\$57.54

\$39.41

Employee & Child(ren)

\$60.42

\$39.70

Employee & Family

\$92.06

\$61.70

Vision

(plan details on page 18)

Employee Only

\$6.39

Employee & Spouse

\$13.58

Employee & Child(ren)

\$10.49

Employee & Family

\$18.70

Optional Life

(plan details on page 20)

If your birthday falls between 9-1-09 and 2-28-10 and you will move to a higher cost category, you must pay the higher premium for the entire year. *Monthly rate per \$1,000:*

Age	No-tobacco rate	Tobacco rate	Age	No-tobacco rate	Tobacco rate
under 20	\$.05	\$.06	45-49	\$.12	\$.15
20-24	.05	.06	50-54	.19	.24
25-29	.05	.07	55-59	.35	.45
30-34	.05	.08	60-64	.54	.69
35-39	.06	.09	65-69	.72	1.31
40-44	.07	.10	70-74	1.37	2.12
			75 and older	1.91	2.17

Dependent Life

(plan details on page 20)

Plan A: Spouse: Employee age-based rate per \$1,000 of coverage; Child: \$.06 per 1,000 of coverage

Plan B: \$1.37/month (flat rate)

Plan C: ½ Alternate Basic Life premium; (1/10 if no spouse is covered)

AD&D

(plan details on page 22)

Monthly rate per \$10,000:

Employee Only

\$.14

Employee & Family

\$.24

Long-Term Disability

(plan details on page 23)

Monthly rate per \$100/monthly pay:

No-tobacco rate

\$.34

Tobacco rate

\$.36

Long-Term Care

(plan details on page 25)

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

Leave Without Pay

The premiums shown below are your monthly health and Basic Life premiums because you are not eligible for the employer contribution. If you are on a Family and Medical Leave Act leave without pay, you are eligible to receive the employer contribution and pay the premiums shown on page 34.

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

COBRA

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

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

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

Premium Worksheet

1. Health: Enter premium amount from page 34. The employer contribution has already been deducted. *(See page 35 for leave without pay and COBRA premiums.)* \$ _____

 2. Dental: Enter premium amount from page 34. *(COBRA premiums are on page 35.)* \$ _____

 3. Vision: Enter premium amount from page 34. *(COBRA premiums are on page 35.)* \$ _____

 4. Optional Life: Take your annualized salary, multiply by your coverage amount (½, 1, 2, 3, 4, 5 or 6), and round down to the nearest thousand (to a maximum of \$1,000,000). Divide by 1,000:
 _____ × your age-based premium of _____ = \$ _____ *

 5. Alternate Basic Life: Divide your coverage amount by 1,000: _____ × .529 = \$ _____

 6. Dependent Life:
 Plan A Premium: Your Optional Life premium (see #4) _____ × (spouse coverage amt/1000) + (child coverage amt/1000 X.06) = _____ \$ _____ *
 Plan B Premium: \$1.37/month (flat rate) \$ _____
 Plan C Premium: Your Alternate Basic Life premium (see #5) _____ × .5 (.1 if covering children only) = \$ _____

 7. Accidental Death and Dismemberment: Choose your coverage amount and divide by 10,000: _____ × your premium of _____ = \$ _____
(Maximum coverage is the greater of \$250,000 or 10 times your annual salary, not to exceed coverage of \$800,000.)

 8. Long-Term Disability: Divide your annual salary by 12. Divide that number (or \$12,307, if less) by 100: _____ × your premium of _____ = \$ _____ *

 9. Long-Term Care: If you are enrolled, use the premium shown in HRConnect. If not, you will need to contact John Hancock for more information.
 Employee coverage \$ _____ + Spouse coverage \$ _____ = \$ _____

 10. Spending Accounts: Enter Health Care Account monthly contribution \$ _____ +
 Dependent Day Care Account monthly contribution _____ = \$ _____

 11. YOUR TOTAL MONTHLY COST (Add 1 through 10) = \$ _____
-
- Complete items 12 and 13 if you do not have A&M System health coverage but certify that you have other health coverage:
12. Employer Contribution: Enter the total of your premiums shown above for Dental (line 2), Vision (line 3), Alternate Basic Life (line 5), AD&D (line 7) and Long-Term Disability (line 8)† or \$192.91 (\$96.45 if part-time), whichever is less. - \$ _____

 13. YOUR TOTAL MONTHLY OUT-OF-POCKET COST (Subtract line 12 from line 11)= \$ _____

* The premiums may increase based on your salary.

† Include only premiums you choose to pay using the employer contribution.

For More Benefit Information

Texas A&M University
Human Resources
750 Agronomy Rd., Ste 1201
1255 TAMU
College Station, TX 77843-1255
(979) 845-4141
email: benefits@tamu.edu
<http://employees.tamu.edu>

Texas A&M Health Science Center
301 Tarrow, 6th Floor
College Station, TX 77840-7896
1361 TAMU
(979) 458-7243
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

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>

Texas A&M University - Central Texas
Human Resources
1901 S. Clear Creek Rd.
Killeen, Texas 76549
(254) 519-5457
email: jdamron@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-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://hr.tamucc.edu>

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: jennifer.baird@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: ttihr@ttimail.tamu.edu
intranet: ttinet.tamu.edu

Texas A&M University at San Antonio
1450 Gillette Boulevard
San Antonio, TX 78224
(210) 932-7115
email: tarik.esquarra@tamuk.edu
<http://www.tamuk.edu/SanAntonio/HR/hr.asp>

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)845-2423
email: j-kyles@tamu.edu
<http://aghr.tamu.edu>

Texas Engineering Experiment Station
(TEES, College of Engineering)
Personnel Services
1470 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
Employee Services
301 Tarrow, 2nd Floor
College Station, TX 77840-7896
8000 TAMU
(979) 458-6801
email: Kimberly.Winslow@teexmail.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>

Information on benefits and human resource programs can be found at the Benefit Administration website, located at <http://tamus.edu/benefits>.

System Benefits Administration
The Texas A&M University System
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College Station, TX 77843-1117

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