



# NEW HIRE BENEFITS ORIENTATION

*WELCOME TO THE A&M SYSTEM!*

# AGENDA

- Eligibility
- Dependent Documentation
- Effective Dates
- Future Benefit Changes
- Benefits Options
- BCBSTX Partners
- Additional Programs
- BREAK
- Retirement Programs
- Benefits Cost - Premiums
- Enrollment
- Resources
- Benefits Services Contacts
- Reminders

# ELIGIBILITY

- You work at least 50% time,
- Your appointment is expected to continue for a term of at least 4½ months, AND
- You are eligible for retirement benefits as a member of the Teacher Retirement System of Texas (TRS), OR
- You are graduate student employee
- You are also eligible if you are a graduate student fellow

# DEPENDENT ELIGIBILITY



## Eligible Dependents

- Spouse, including common law marriage partner as defined by state law
- Unmarried or married children up to the age of 26
  - Natural/Biological Children
  - Adopted Children
    - Adoption complete
    - Prospective adopted children
  - Stepchildren
  - Foster children
  - Grandchildren/great-grandchildren (claimed on your income tax)
- Legal Guardianship or Managing Conservatorship of a Child – up to age of 18

## Disabled Dependents

- Unmarried children/grandchildren who are incapacitated to such an extent as to be dependent on and live with or receive care on a regular basis from a benefits-eligible employee are eligible for A&M System coverage beyond age 26, if the employee provides the appropriate documentation.
- Required documentation to support “care on a regular basis”
- To continue benefits, statement of disability should be submitted 90 days prior to the dependents 26<sup>th</sup> birthday
- Recertification may be required after initial approval

# DEPENDENT DOCUMENTATION



**Proof of eligibility documentation must be submitted and approved before effective date of coverage**

- **Spouse:**
  - Most recent tax return showing you are married (filed jointly or separately); **OR**
  - Marriage certificate **AND** proof of joint ownership (e.g. bank statement, lease agreement, car insurance document, etc.)
- **Common Law Spouse:**
  - Most recent tax return showing you are married (filed jointly or separately); **OR**
  - Texas Declaration of Informal/Common Law Marriage from County where the marriage was recognized **AND** proof of joint ownership (e.g. bank statement, lease agreement, car insurance document, etc.)

# DEPENDENT DOCUMENTATION



- **Biological Child:**
  - Birth certificate; OR
  - Documentation on hospital letterhead indicating birth date if under 6 months
- **Stepchild:**
  - Birth certificate **AND**
  - Marriage Certificate showing legal marriage between employee and child's parent
- **Adopted Child:**
  - Official court/agency placement papers (initial stage); OR
  - Official Court Adoption Agreement (mid-stage); OR
  - Birth Certificate (final stage)
- **Grandchild:**
  - Most recent tax return showing the grandchild claimed as a dependent

# DEPENDENT DOCUMENTATION



- **Foster Child:**
    - Official Court or Agency Placement papers
  - **Legal Guardianship:**
    - Court order establishing guardianship of child (maximum age of 18)
  - **Managing Conservatorship:**
    - Court order establishing managing conservatorship of a child (maximum age of 18)
- \* Foreign documents other than marriage license or birth certificate should be accompanied by an English translation*

# EFFECTIVE DATES



Coverage Start Date	Time Period to Enroll
Date of Hire/Initial Eligibility Date	7 days from date of hire/initial eligibility date
First of the Month following Date of Hire/Initial Eligibility	End of the month in which you are hired/initially eligible
First of the Month following 60 days from date of hire/initial eligibility date (employer contribution eligibility date)	45 days from date of hire/initial eligibility date

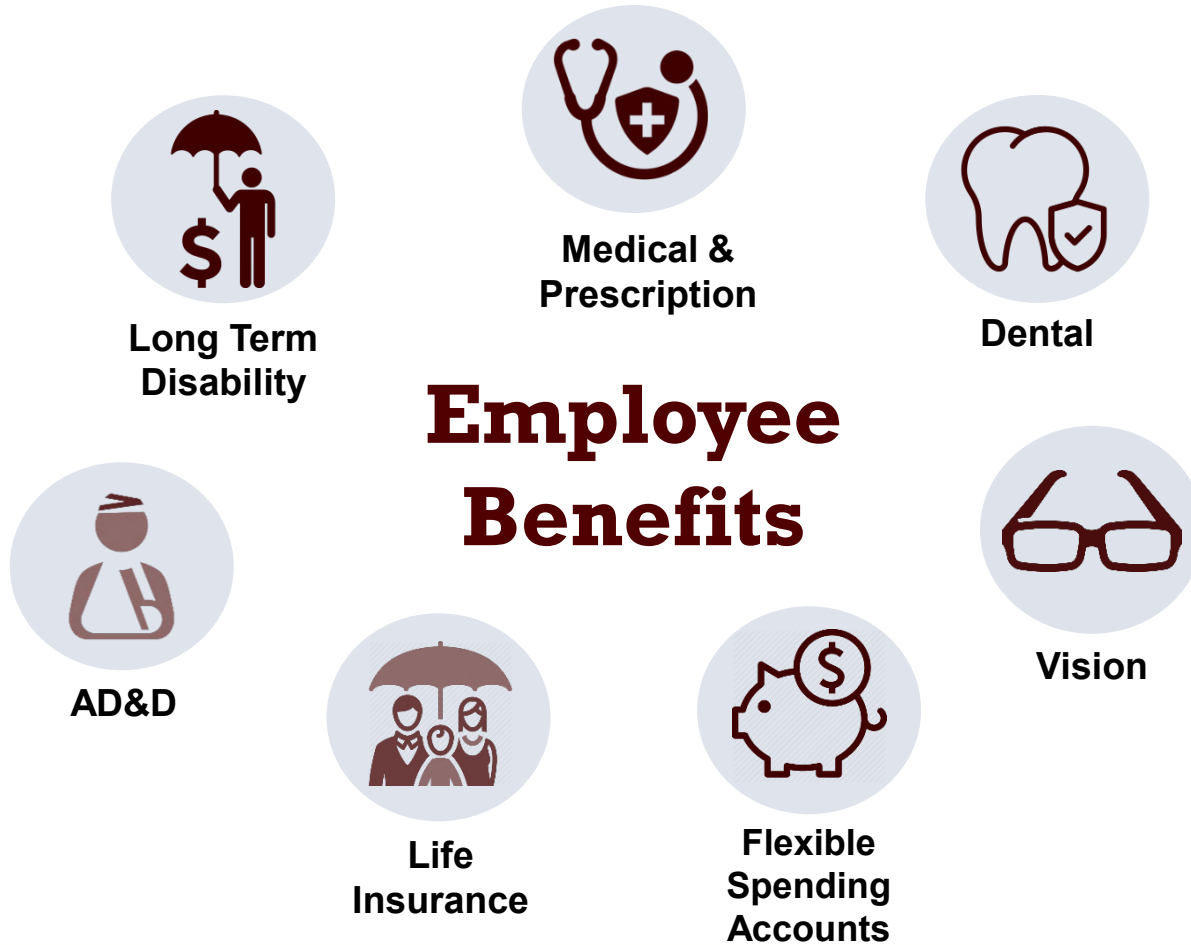


# FUTURE BENEFIT CHANGES

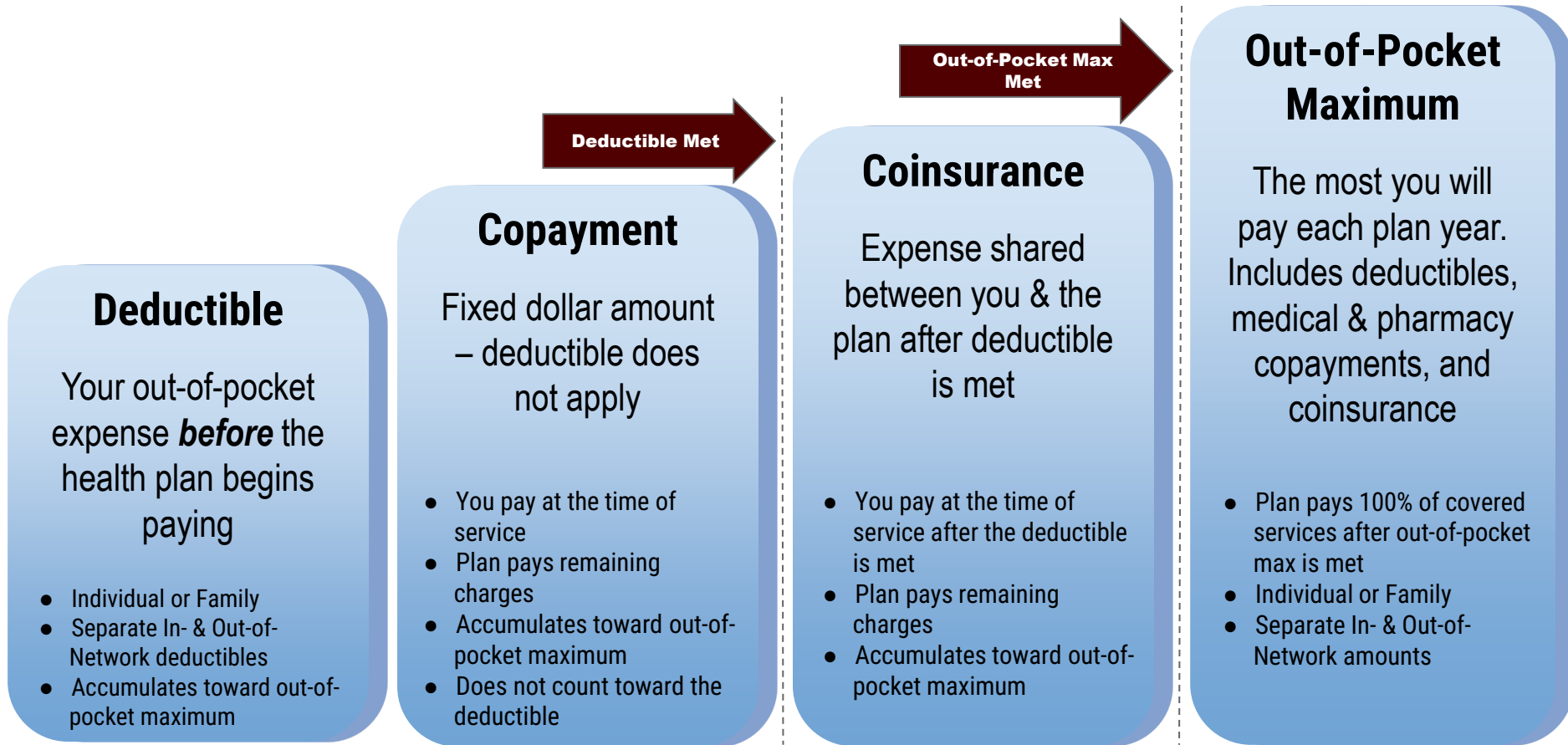


- **Open Enrollment**
  - Annually, during the month of July
  - Dependent documentation required, if adding new dependents
- **Qualifying Life Events**
  - Benefit changes during the plan year, within 60 days of a Qualifying Life Event
  - Requires documentation of gain or loss of other coverage, including individuals impacted by change
  - Dependent documentation required, if adding new dependents
  - Examples include: marriage, birth/adoption, gain of other coverage, loss of other coverage, etc.

# BENEFIT OPTIONS



# HEALTH INSURANCE TERMS



# MEDICAL PLANS



- **A&M Care Health Plan / J Plan**

- Administered by BlueCross BlueShield of Texas
- Prescription benefits through Express Scripts
- J Plan available to employees on a J-1 or J-2 visa

- **Graduate Plan (Academic Health Plan)**

- Administered by BlueCross BlueShield of Texas
- Prescription benefits through Prime Therapeutics
- Available for graduate student employees and Graduate Fellows

# MEDICAL PLANS



BlueCross BlueShield  
of Texas

## A&M Care Plan/J Plan

	<b>Cost: In-Network Provider</b>	<b>Cost: Out-of-Network Provider</b>
Deductible	\$400/person; \$1,200 maximum/family	\$800/person; \$2,400 maximum/family
Out-Of-Pocket Max	\$5,000/person \$10,000 maximum/family + deductible	\$10,000/person; \$20,000 maximum/family + deductible
Copays	\$20 office visit \$30 specialist	50% coinsurance after deductible
Coinsurance	20% after deductible	50% after deductible
Preventative Care	No charge	Not covered

# MEDICAL PLANS



## Bryan/College Station Networks & Discounts

	<b>Brazos Valley Network CHI/St. Joseph</b>	<b>Baylor Scott &amp; White Discounts</b>
Copay	\$5 office visit \$15 specialist	\$20 office visit \$15 specialist
Coinsurance	10% after deductible	10% after deductible

# PRESCRIPTION DRUG PLAN



*Coverage included with medical plan*

<b>Drug Type</b>	<b>In-network cost: Retail (30-day supply)</b>	<b>In-network cost: Mail (90-day supply)</b>
Generic	\$10 copay after \$50 deductible	\$20 copay after \$50 deductible
Preferred brand-name	\$35 copay after \$50 deductible	\$70 copay after \$50 deductible
Non-preferred brand-name	\$60 copay after \$50 deductible	\$120 copay after \$50 deductible

# DENTAL PLANS



## A&M Dental (PPO)

Greatest flexibility of  
dentists

Higher monthly premium

Deductible & Coinsurance

3 cleanings per year

\$1,500 annual max benefit

## DeltaCare USA (HMO)

Primary Care Dentist and  
specialist referrals required

Lower monthly premium

Fee schedule with  
copayments

2 cleanings per year

No annual maximum benefit



# DENTAL PLANS



	A&M Dental PPO	DentalCare USA HMO
	<b>You Pay</b>	<b>You Pay</b> <i>(Must use HMO Provider – Only available in TX, TN, FL, GA, CA, DC, MD, CO, NY &amp; UT)</i>
Deductible	\$75/person \$225/family	\$0
Maximum Benefit	\$1,500/person	\$0
Preventive	\$0 (in-network)	\$0 (in-network); \$5 cleaning
Basic	20% coinsurance	Pre-set fees
Major	50% coinsurance	Pre-set fees
Orthodontic	50% coinsurance	Pre-set fees

# VISION PLAN



	In-Network Cost	Out-of-Network
Exam w/Dilation as Necessary	\$10 Copay	Up to \$50
Frames	\$150 Allowance, 20% off balance over \$150	Up to \$90
Lenses	Standard Plastic: \$15 copay Standard Progressive: \$15 copay Premium Progressive: Usually \$35-\$60 copay Polycarbonate: Covered in Full Anti-Reflective: Covered in Full	\$50-\$100, depending on lens type
Lens Fit	Standard: \$0 copay and 2 follow-up visits Premium: \$0 copay, 10% off retail + \$40 allowance	Up to \$40
Contact Lenses	Conventional: \$150 allowance, 20% off balance Disposable: \$150 allowance, 10% off balance Medically necessary: Paid in full	\$150-\$210, depending on lens type
LASIK	15%-50% off retail or 5% off promotional price	N/A

# LIFE INSURANCE



## Employee Basic Life

- \$7,500 life/\$5,000 AD&D
- Included with TAMUS medical plan

## Employee Optional Life

- Multiples of annualized salary up to 6x
- Guaranteed 3 times salary during initial enrollment
- Additional amounts require evidence of good health

## Employee Alternate Basic Life

- Maximum of \$50,000
- Must decline TAMUS medical coverage

## Dependent Life Plan B

- \$5,000 for each eligible dependent
- \$0.32 per month – Child(ren)
- \$1.05 per month - Spouse

## Dependent Life Plan A

- Requires enrollment in Optional Life
- Spouse: \$25K increments up to \$200K; \$50K guaranteed without evidence of insurability
- Child(ren): \$10,000 each

## Dependent Life Plan C

- Requires enrollment in Alternate Basic Life (ABL)
- Spouse: 50% of ABL coverage
- Child(ren): 10% of ABL coverage

# ACCIDENTAL DEATH & DISMEMBERMENT



- Pays benefits for death or dismemberment due to an accident
- Available in \$10,000 increments up to 10 times your salary or \$800,000, whichever is less
  - Employee-only coverage: \$0.10 per \$10,000
  - Employee & family coverage: \$0.24 per \$10,000

Covered dependents	Spouse: % of total policy	Child(ren): % of total policy
Spouse & Child(ren)	50%	10%
Spouse Only	60%	----
Child(ren) Only	----	15%

# LONG TERM DISABILITY



- **Provides income supplement in event of temporary or permanent disability**
- **Provides 65% of base pay minus other sources of disability income**
  - Minimum benefit of \$100 or 10% of your monthly benefit
  - Maximum benefit of \$8,000/month
  - Benefit amount reduced by earnings received from sick leave pay, workers' compensation, Social Security or any other government plan or TRS/ORP payments
- **90-day elimination period from onset of continuous disability**
- **Premiums based on monthly salary and tobacco use status**

# FLEXIBLE SPENDING ACCOUNTS



- **FSA Rules**

- Pre-tax money to use toward health or daycare expenses.
- Must re-enroll each year.
- “Use it or lose it” plans
- 2.5 month grace period to spend funds after plan year-end

- **Healthcare Spending Account**

- Out-of-pocket medical, dental or visions expenses – deductibles, coinsurance, copayment
- Certain over-the-counter medication and health products

- **Dependent Daycare Spending Account**

- Daycare, childcare and elder care expenses that enable you to work

# FLEXIBLE SPENDING ACCOUNTS



## Healthcare Flexible Spending Account

- Maximum contribution \$2,750 per year
- Debit card at no cost
- Annual total available up front

## Dependent Day Care Flexible Spending Account

- Maximum contribution \$5,000 per year
- Dependents 12 years of age or younger or disabled
- Debit card at no cost or reimbursed after account funded

# BCBSTX HEALTH PARTNERS



me

MyEvide is a one-stop-shop digital platform to access benefit information & your personalized wellness checklist

MDLIVE<sup>®</sup>

Telemedicine provider for non-emergency visits and behavioral health (virtual visits)

Well onTarget<sup>®</sup>

Weight loss, health coaching, self-management programs, and Blue Points rewards

oviahealth<sup>™</sup>

Digital platform supporting the family care continuum from women's health, family planning & parenting.



Digital behavioral change program that teaches clinically-proven weight management skills

Hinge Health

Personalized digital exercise therapy program for back and joint pain that you can use anytime, anywhere

Livongo<sup>®</sup>

Personalized health program to help make managing diabetes and hypertension easier

omada

Pre-diabetes, pre-hypertension, weight loss program that shows you a different way to think about your health

System Benefits  
Administration



# ADDITIONAL PROGRAMS

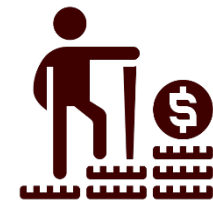


Connects you with board-certified, leading doctors across the country for an expert second opinion via video or phone.



Work/life solutions including in-person and telephonic counseling services, training and online resources. Services are completely confidential.

# RETIREMENT PROGRAMS



# MANDATORY RETIREMENT PLANS



## Teacher Retirement System of Texas (TRS)

- Automatically enrolled on date of hire
- Defined Benefit Pension Plan
- Retirement Eligibility based on age and years of service
- Vested after 5 years; eligible for lifetime annuity upon retirement
- Monthly annuity formula

## Optional Retirement System (ORP)

- If eligible, may enroll within 90 days from date of hire
- Defined Contribution Plan
- Retirement eligibility based on accumulated funds
- Vested in employer contributions after one year and one day of participation
- One-time irrevocable decision in the State of Texas
- Choose from 6 vendors

# VOLUNTARY RETIREMENT PLANS



## Tax Deferred Account (TDA) - 403(b)

- Roth & Traditional options
- \$19,500 annual maximum
- Choose from 6 vendors
- Enroll through Workday
- \$6,500 over age 50 catch-up limit

## Texa\$aver Deferred Compensation Plan (DCP) - 457

- Roth & Traditional options
- \$20 minimum monthly contribution; \$19,500 annual maximum
- 3<sup>rd</sup> party vendor
- Enroll online through [www.Texasaver.com](http://www.Texasaver.com)
- \$6,500 over age 50 catch-up limit

# RETIREMENT PLAN VENDORS



# BENEFITS COST - PREMIUMS



# BENEFITS COST - PREMIUMS



## **Depends on:**

- When you enroll
- Whether you are a tobacco user
- Age (applicable for life insurance)
- Who will be covered (employee only vs. spouse/children)

## **Employer contribution toward premium costs:**

- Waiting Period for State Group Insurance Premium (SGIP) is the first of the month after 60 days from hire date/eligibility
- Employer contribution covers large portion of cost
- Default choice in Workday = enrollment on SGIP Date

# BENEFITS COST - PREMIUMS



## Two-Step Wellness Program:

- Complete two wellness activities between Sept 1 - June 30
- Applies to employees AND spouses enrolled in the A&M Care Plan
- \$30 per month premium credit for each employee and spouse who completes two items on personalized checklist
- New hires receive premium credit for the remainder of the fiscal year **AND** the next fiscal year
- Personalized checklist of activities available in your MyEvoke account at [tamus.myevoke.com](https://tamus.myevoke.com)



# BENEFITS COST - PREMIUMS



## **Tobacco User Premium:**

- Tobacco user status selected in Workday – defaults is tobacco user
- If enrolled in medical coverage, additional monthly charge of \$30 for tobacco users
  - Applies separately to both the employee and a covered spouse
- Must be tobacco free for three consecutive months to be considered a non-tobacco user

# BENEFITS COST - PREMIUMS



## Total Premium

Includes the total cost of any benefits you elect:

- Medical
- Dental
- Vision
- Optional and/or Dependent Life insurance
- AD&D
- Long Term Disability
- Flexible Spending Accounts

## Employer Contributions

Includes the following:

- Amount the state of Texas contributes to the cost of your coverage (SGIP)
- Amount your entity pays if any



## Premium Adjustments

- **Subtract:** \$30 for yourself and \$30 for an enrolled spouse (wellness incentive grace period); for **12 over 9**, subtract \$40 for yourself and \$40 for your enrolled spouse
- **Add:** \$30 if you or your spouse use tobacco products



## Your Contribution

- Amounts are deducted from your paycheck for prior month's coverage.
- Medical, dental, vision, AD&D and FSA amounts are deducted pre-tax
- Optional life, dependent life, and long term disability premiums are deducted after-tax

# BENEFITS COST - PREMIUMS



## 12 over 9 Program:

- Full-time, monthly-paid employees holding **less than 12 month appointments**
- Program for paying summer premiums when there is no summer compensation
- Premiums are prorated to pay 12 months of insurance premiums over 9 months
- Employee premiums are paid in full by May 31
- Employer contribution is paid monthly over 12- months

# BENEFITS COST - PREMIUMS



## Full Time Employees (Monthly)

A&M Care and J Plans		
	Employee Monthly Cost	Employer Monthly Contribution
Employee-Only	\$30.00	\$676.82
Employee + Spouse*	\$341.04	\$957.86
Employee + Child(ren)*	\$225.26	\$872.08
Employee + Family*	\$455.50	\$1072.32

Dental & Vision Plans (Employee Monthly Cost)			
	A&M Dental PPO	Delta Care USA Dental HMO	Vision
Employee-Only	\$29.42	\$21.08	\$7.60
Employee + Spouse*	\$58.82	\$37.48	\$16.12
Employee + Child(ren)*	\$61.76	\$37.76	\$12.46
Employee + Family*	\$94.12	\$58.66	\$22.22

# BENEFITS COST - PREMIUMS



## Full Time Employees (12 over 9)

A&M Care and J Plans		
	Employee Monthly Cost	Employer Monthly Contribution
Employee-Only	\$40.00	\$676.82
Employee + Spouse*	\$454.72	\$957.86
Employee + Child(ren)*	\$300.35	\$872.08
Employee + Family*	\$607.33	\$1,072.32

Dental & Vision Plans (Employee Monthly Cost)			
	A&M Dental PPO	Delta Care USA Dental HMO	Vision
Employee-Only	\$39.23	\$28.11	\$10.13
Employee + Spouse*	\$78.43	\$49.97	\$21.49
Employee + Child(ren)*	\$82.35	\$50.35	\$16.61
Employee + Family*	\$125.49	\$78.21	\$29.63

# BENEFITS COST - PREMIUMS



- **Accidental Death & Dismemberment**

- Employee Only - \$0.10 per \$10,000
- Employee + Family - \$0.24 per \$10,000

- **Long Term Disability**

- Based on your monthly salary and whether you are a tobacco user
- Rate is calculated per \$100 of monthly salary

- **Optional Life**

- Based on your age on September 1
- Rate is based on your annualized salary, age and whether you are a tobacco user
- Rate is calculated per \$1,000

- **Dependent Life**

- **Plan A**
  - Spouse Life is based on your spouse's age and whether they are a tobacco user; Child Life flat rate with capped coverage
  - Rate is calculated per \$1,000
- **Plan B**
  - Spouse Life and Child Life – flat rate with capped coverage

# DECISION: WHEN TO ENROLL



Watch “submit  
by” date on  
Workday task

Coverage Start Date	Time Period to Enroll
Date of Hire/Initial Eligibility Date	7 days from date of hire/initial eligibility date
First of the Month following Date of Hire/Initial Eligibility	End of the month in which you are hired/initially eligible
First of the Month following 60 days from date of hire/initial eligibility date (employer contribution eligibility date)	45 days from date of hire/initial eligibility date

If you need/want coverage before your employer contribution eligibility date, you will get the benefit of **both** programs – the waiting period reimbursement and the 12-over-9

# NEXT STEPS





# ENROLLMENT



1. **Review materials to determine which coverage and coverage levels you need**
2. **Consider effective date options**
  - Contact your benefits office if choosing date prior to employer contribution eligibility date
3. **If adding dependents, assemble documentation**
4. **Follow steps in Workday to add dependents multi-step process**
  - Create dependent profile in Workday
  - Upload dependent documentation to HRConnect Legacy
5. **Complete inbox items in Workday to enroll**
  - Don't forget to add your dependents to coverage!

# RESOURCES



- **Benefits Administration Website**

- <https://www.tamus.edu/benefits>

- **ALEX benefit education tool**

- <https://www.myalex.com/tamus/home>

- **Onboarding Job Aid**

- [https://apps.system.tamus.edu/resources/download/WorkdayServices/Job\\_Aids/Onboarding.pptx](https://apps.system.tamus.edu/resources/download/WorkdayServices/Job_Aids/Onboarding.pptx)

# REMINDERS



- ✓ Be sure to complete your Workday Onboarding inbox tasks timely
- ✓ Review your benefits materials and reach out to your Benefits Office with any questions
- ✓ Enroll in benefits within the designated timeframe based on your desired effective date of coverage
- ✓ Submit dependent documentation for enrolled dependents prior to your coverage start date
- ✓ Check your first paycheck to ensure deductions look correct



# QUESTIONS

