

Benefit Briefs

DEPENDENT SOCIAL SECURITY NUMBER REMINDER

As part of compliance with the Affordable Care Act the A&M System Benefits Office is required to request Social Security Numbers (SSNs) for covered dependents. This information will remain confidential.

If you have dependents covered through your A&M System health plan for whom you have not provided an SSN or if you are unsure as to whether you have previously provided your dependent's SSN, go online through HRConnect, (<http://sso.tam.us.edu/>) to check and enter an SSN. After logging into HRConnect, click on the Current Benefits tab near the top of the page. Check the My Dependents box on the bottom right and if an SSN is missing it will say "Action Required; Supply SSN." See the [How-To Document](#) for further instruction.

ELECTRONIC 1095-C OPTION

If you did not do so last year, you can elect to receive your tax Form 1095-C electronically through HRConnect at <https://sso.tam.us.edu>. Form 1095-C is a tax form related to your health coverage.

If you have questions about your Form 1095-C, refer to the information provided at: <http://www.tam.us.edu/business/benefits-administration/aca/>. For more information, please contact your [HR office](#).



INJECTABLE DRUGS AND PRIOR AUTHORIZATION

In order to ensure that medications are taken safely and appropriately, some drugs require your physician to obtain prior authorization before a prescription can be filled and covered by your insurance. Injectable drugs are a drug class in which almost all medications require prior authorization. Some medications require a coverage review based on whether certain criteria have been met, such as age, sex, or condition and/or whether treatment of an alternate therapy or course of treatment has failed or is not appropriate. Others have quantity restrictions based on product labeling or clinical guidelines.

During plan year 2016, 1.6% of all A&M System employee and retiree prescriptions processed by Express Scripts required a coverage review. Of those prescriptions, the prescribing physicians only pursued a coverage review for 1/3 as opposed to prescribing an alternative medication. Once additional information was provided by the physician, 82% of those claims were approved to be dispensed.

Participating Retail Pharmacies:

1. You take your prescription to your local pharmacist, who will submit it electronically to Express Scripts.
2. You will be notified by your pharmacist if the prescription needs to be reviewed for prior authorization.
3. Your doctor will need to contact Express Scripts online at esrx.com/pa or toll-free at 800-753-2851, 7:00 a.m. to 8:00 p.m., Central Time, Monday through Friday. Your doctor will

provide further details about your treatment that is not available on your original prescription.

4. Express Scripts will notify you and the doctor, usually within 1 to 2 business days, to confirm whether or not the coverage has been authorized.
5. If coverage is authorized, you will pay your normal copayment. If coverage is not authorized, you may be responsible for the full cost of the medication. At this point, you may want to talk to your doctor about alternatives that may be covered or consider an appeal.

Mail-Order Service:

1. You mail the prescription to Express Scripts.
2. If a coverage review is necessary, Express Scripts contacts your doctor, requesting more information.
3. Express Scripts notifies you and the doctor confirming whether or not coverage has been approved, usually within 1 to 2 business days.
4. If coverage is authorized, you'll receive your medication and pay your normal copayment for the medication. If coverage is not authorized, Express Scripts will send you notification in the mail, along with your original prescription if it was mailed to the Express Scripts Pharmacy and information regarding the appeal process.

TDA/DCP CONTRIBUTION LIMITS FOR 2017

The maximum contribution limit for participants under the Tax-Deferred Account Program (TDA) and the TexaSaver Deferred Compensation Plan (DCP) will stay the same at \$18,000 in 2017 for each plan. The catch-up contribution limit for each plan for participants who are 50 and older will also remain at \$6,000 in 2017.

Additional information regarding TDA or DCP contribution limits and other retirement program information can be found on the System Benefits Administration website at <https://www.tamus.edu/business/benefits-administration/retirement-programs/>.

VISION BENEFITS EXPLAINED

The A&M Care plans and the Graduate Student Employee Health Plan are administered by Blue Cross and Blue Shield of Texas (BCBSTX) and provide coverage for one preventive eye exam per person, per plan year. Copay, if in-network, will apply. These plans do not cover vision correction materials. However, BCBSTX offers discounts on exams, frames, lenses and laser vision services through Davis Vision, Inc.

The optional vision plan is administered by EyeMed Vision Care. It provides coverage for eye exams, eyeglass frames and lenses, and contact lenses. The vision plan also provides discounts on some eye surgeries such as LASIK. You may use either your health plan or your vision plan exam benefit.

When determining the best place to get your eye exam, consider where you plan to purchase your lenses or contacts. Upon your request, your physician or optometrist should provide you with your prescription, allowing you to have it filled at the provider of your choice.

Did you know that you can use your flexible spending account (FSA) spending dollars to purchase prescription eyeglasses, prescription contact lenses and prescription sunglasses? These funds can be used for the portion of the expense not paid by insurance.

MEDICARE PART A AND B INCREASES FOR 2017

The Centers for Medicare & Medicaid Services has released indexed 2017 values for Medicare Parts A and B. The indexed amounts include increases in deductibles, coinsurance, and premiums - including the increased Part B premiums for individuals with incomes that exceed specified dollar amounts. Medicare Part A cost-sharing value increases for 2017 include:

- Inpatient deductible - \$1,316 (was \$1,288).
- Coinsurance for the 61st – 90th day - \$329 (was \$322).
- Coinsurance for lifetime reserve days - \$658 (was \$644).
- Skilled nursing facility coinsurance - \$164.50 (was \$161).

With respect to Medicare Part B, the calendar year deductible is \$183 for 2017, compared to \$166 for 2016. Beneficiaries with incomes above specified amounts are required to pay an additional income-related adjustment amount. The income-related monthly adjustment amount varies based on income and filing status. For more information, see the chart [here](#).

DECODING MONTHLY PREMIUMS

How is my employer contributing, and how much?

Reporting in a nationwide survey, the Kaiser Family Foundation found that most employers paid 83 percent of the premium for single coverage and 72 percent of the premium for family coverage on average in FY2015. In comparison, for FY17, the Texas A&M University System pays 100 percent of the premium for single, full-time employees working more than 30 hours per week and 71 to 79 percent of the premium for family coverage, dependent upon the plan.

The chart below reflects total premiums and employer contribution amounts by plan and tier for those enrolled in full-time coverage.

Plan	Tier	Total Premium	Employer Contribution
A&M Care	Single	593.77	593.77
	Spouse	1155.88	874.83
	Children	984.27	789.02
	Family	1384.71	989.24
A&M Care 65+	Single	531.42	531.42
	Spouse	1033.24	874.83
	Children	880.02	789.02
	Family	1237.56	989.24
J Plan	Single	593.77	593.77
	Spouse	1155.88	874.83
	Children	984.27	789.02
	Family	1384.71	989.24

WHAT DOES THE ELECTION OUTCOME MEAN FOR EMPLOYEE BENEFITS?

Following the recent election, there have been concerns over the Affordable Care Act (ACA) and what will happen to insurance premiums. The election is still too recent to be able to tell if the ACA will be repealed, and if so to what degree. In the meantime, A&M System Benefits will continue to operate in compliance with applicable state regulations and federal ACA rules.

If changes occur that would impact the benefit plans, they will be communicated with the A&M System community as soon as possible.

FY16 FLEXIBLE SPENDING ACCOUNT DEADLINE

All claims related to your FY16 Flexible Spending Account must be filed by December 31, 2016. Information about how to file your FSA claims and a copy of the FSA claim form can be found at <https://www.tamus.edu/business/benefits-administration/employee-employee-retiree-benefits/flexible-spending-accounts/>.