###### Headline Article

**Your Wellbeing Matters**

A recent Gallup study of 7,500 employees found that 23% reported feeling burnt out at work very often, while an additional 44% reported feeling burnt out sometimes. No one is immune from burn-out and it can cause prolonged loss of motivation, moodiness, mental and physical fatigue, and more.

The A&M System’s new Work/Life Solutions program, Guidance Resources, aims to not only address burn-out and stress management but offers solutions on a variety of topics to optimize work-life balance. All benefit-eligible employees have access to these resources. Retirees now have access to these resources as well.

A quick overview of the Guidance Resources website topics:

* Wellness
* Relationships
* Work & Education
* Financial Assistance
* Legal Issues
* Lifestyles
* Home & Auto
* Working Abroad
* On Demand Training
* Discounts

Register online by going to guidanceresources.com and entering the WEB ID: TAMUS, or call a Guidance Resources consultant at 1-866-301-9612. A&M System Retirees should call 833-306-0105 to use this service.

###### Other Articles

##### Express Scripts Updates:

#### Opioid Management

The Opioid Epidemic was brought on by alarming opioid-related statistics in recent years. In 2016 alone, 115 people died each day from a prescription pain killer overdose. Several prescriptions drug companies have implemented drug abuse regulation programs to combat the epidemic. Express Scripts, the A&M System’s prescription drug insurance provider, has been nationally recognized for its active fight against opioid abuse.

In response to the epidemic, restrictions are in place for the purchase and use of opioid medications through the prescription drug plan. As of September 1, Express Scripts (ESI) has added the following conditions to its Opioid Management program:

* Adults beginning opioid therapy are limited to a 7-day supply for each of their first four fills, and require a Prior Authorization (PA) to exceed 28-days’ supply in a 60-day period.
* Pediatric patients’ opioid therapy is limited to a 3-day supply for each of their first four fills and will require a PA to exceed 12-days’ supply in a 60-day period.
* Prior authorization is required for members starting on opioids who accumulate a daily morphine- equivalent dose greater than 90MME.
* Existing opioid users will continue to be limited to 200MME without a prior authorization
  + Attestation of treatment plan or pain contract and assessment of co-prescribing of naloxone is required to exceed 200MME
  + Additional documentation is required to exceed 600MME
* New Physician Care Alerts
  + Alert when patient with a mental health prescription is prescribed an opioid
  + Alert when patient with a prenatal vitamin prescription is prescribed an opioid
* New Patient Support
  + Outbound phone calls from ESI’s Therapeutic Resource CenterSM (TRC) pharmacists to support members on Medication-Assisted Therapy
* Bringing additional awareness to patients by providing suicide, mental health and addiction hotline resources for members needing someone to talk to on select member-facing materials

#### How Automatic Refills Work with Express Scripts

When enrolling an eligible prescription into the Express Scripts Automatic Refill program, the patient is given a standard 18-day buffer before the initial automatic refill. This allows enough processing and mailing time. From that point on, the prescription will auto-refill exactly every 90 days.

The patient will receive a phone call/email 7 days prior to the refill to remind them of the next auto-refill. They should have a ~25 day supply on-hand at time of notification and have the option to postpone the fill or let it be filled and sent.

Often, this can be perceived to the participant as receiving a refill “too soon” or “sooner than needed”. For this reason, the number of buffer days can be adjusted by the patient online or by calling Express Scripts customer service. The member may also discontinue the automatic refill at any time and go back to doing the refills themselves, online or by phone. If automatic refills are reinstated, the process will return to the initial 18-day buffer which may be seen as a delay. Keep this in mind as you are setting your automatic refills.

Medications excluded from the automatic refill program commonly fall under the following criteria:

* All controlled substances or medications with legal restrictions or supply limitations
* All specialty medications
* Medications that are not indicated for chronic or maintenance use
* Medications that often require frequent dose changes (e.g. chemotherapy medications)
* Medications typically prescribed on an as needed basis (e.g. pain and migraine medications)
* Medications where lack of specific dosing and use make it difficult to know when refills are needed (e.g. topicals)
* Injectable medications (excluding diabetes medications)
* Medications written with less than a 2 month supply

##### Medicare Part D – Annual Notification

As a participant of the A&M Care 65 Plus plan, you are enrolled in the Medicare Part D Prescription Drug Program. Each year, Medicare sends an annual notification of enrollment and a quick reference guide which provide valuable information about your Medicare coverage. Expect to receive this packet around the end of November . You do not need to take any action upon receipt of these materials, simply keep them for your records. If you have questions about your Medicare Part D plan, visit the A&M System Benefits website, and review the Retiree Benefits page or call Express Scripts Medicareat 1-855-895-4647.

###### Quick Reminders

##### First Things First: New Fiscal Year Benefits Checkpoints

#### Check your deductions

Your new benefits plan year began September 1, 2019. It is important to log into Workday through Single Sign On (<https://sso.tamus.edu/>) and verify the accuracy of the benefits you elected for FY20 by clicking on the Benefits worklet, then “Benefit Elections” in the View column. If you find an error in your benefit elections, contact your human resources office immediately.

#### Dependent SSN Reminders

As part of compliance with the Affordable Care Act (ACA), the A&M System Benefits Administration 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(s), go online to Workday (http:// sso.tamus.edu/) to check and enter an SSN. After logging into Workday, click on the Benefits worklet. On the Benefits screen, select “Dependents” in the Change column.

#### FY19 Flexible Spending Account Deadlines

If you have remaining funds in your FY19 healthcare or dependent care Flexible Spending Account (FSA), you are eligible for a 2 1/2 month grace period. This means you may file eligible claims with a date of service of September 1, 2018 through November 15, 2019 to use your remaining FY19 FSA funds. All claims related to your FY19 FSA must be filed by December 31, 2019.

#### Total Rewards Explained

Last year, the Total Compensation Letter for employees of the A&M System was replaced with the Total Rewards page in Workday. You can find it by logging into Workday, clicking on your profile, then Compensation and the Total Rewards tab is on the far right.

###### Wellness Articles

##### The Importance of Preventive Care Screenings

Many types of screenings and tests can catch a disease before it starts or in its early stages. This is critical for keeping health problems from developing into chronic conditions. Have you ever wondered where MyEvive, Blue Cross and Blue Shield, or your physician gets these guidelines? The United States Preventive Services Task Force (USPSTF), an independent panel of experts dedicated to primary care and prevention, reviews the effectiveness of preventive care and develops recommendations which our health and wellness programs follow for clinical preventive services. The guidelines also help us maintain compliance with the Affordable Care Act (ACA). A few examples of preventive care screenings are:

**Wellness Visits:** Your doctor checks your height, weight, heart rate, and blood pressure. Sometimes, with family history considered, the doctor may check your cholesterol and glucose levels as well.

**Immunization Vaccines:** Beginning in childhood, immunizations or “shots” are considered critical preventive care. Recommendations for adults include the flu, tetanus, diphtheria, and whooping cough. Ask your doctor for a recommended immunization schedule.

**Colorectal Cancer Screening:** A preventive screening recommended for men and women age 50 or older. Colonoscopies are standard for this screening but talk to your doctor about potential alternatives. The time between these screenings may also vary.

**Breast Cancer Screening**— October is Breast Cancer Awareness Month! About 1 and 8 adult U.S. women (about 12%) will develop invasive breast cancer in her lifetime according to Breastcancer.org. Mammograms are x-rays of the breasts to look for cancer. Most of the time, women can survive breast cancer if it is found and treated early enough. The average 5-year survival rate for women with invasive breast cancer is 90%. Around age 40, women should start talking to their doctors about when to get their first mammogram. From ages 50 to 74, women are advised to get a mammogram every two years.

**Cervical Cancer Screening**—Also known as a Pap Smear, a cervical cancer screening can help find abnormal or changed cervical cells before they become cancerous. How often women should be tested generally depends on age, but it's always a good idea to check with your doctor. This type of screening is usually conducted in a women’s wellness exam.

**Obesity Screening and Counseling**— This screening could include reviewing your body mass index with you (BMI) and identifying other potential health risks. Obesity makes you more likely to have many health conditions such as heart disease, high blood pressure, diabetes, some cancers, osteoarthritis, and sleep apnea. Nutritional counseling is covered at 100% on the A&M Care Plans, and Naturally Slim is available to active employees with a BMI over 25 to address the needs of this screening.

**Diabetes Screening**—Diabetes is preventable, but once you have diabetes, it can only be managed-not cured. The USPSTF recommends screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. A healthy diet and regular exercise to maintain a healthy weight are essential to diabetes prevention. Depending on your risk for diabetes and family history, your doctor may test you and recommend regular testing.

**Depression Screening**—Depression is an illness that can affect your thoughts, moods, and activity level. The USPSTF recommends depression screening for adolescents and the general adult population. ComPsych GuidanceResources, Well onTarget, and MyEvive all have resources on handling stress and preventing depression, available to all employees and retirees of the A&M System.

Preventive care services are fully covered by your health insurance plan only when you receive these services, screenings, and tests from providers in your plan's network. If you receive these services from providers who are not in-network, you will likely be responsible for some or all of the cost.

Source: Pacific Source Health Care, The United States Preventive Services Task Force, and BreastCancer.Org

##### Two-Step Wellness Program Changes

In November, your wellness incentive checklist will be expanding! Eligible employees and spouses covered on the A&M Care Plans will still complete two steps to reduce their premium by $30, however, there will be many more personalized choices from which to ‘Choose Two’. These tasks will be applicable to the credit for FY21\*.

You will see up to 5 health and wellness activities on your MyEvive incentive checklist. These may include your annual wellness exam, nationally-recommended preventive screenings, registration in various benefit programs, self-paced wellness courses, and more.

The Blue Cross and Blue Shield-Well onTarget Health Assessment and your annual wellness exam will still count as the alternative to using the MyEvive portal.

Check back in November for more information.

\*Those who have not yet completed the HA and Wellness Exam to receive credit for FY20 can still complete these two tasks to receive their credit this fiscal year. Contact your Human Resources office for more detail.

Image Source: MyEvive

###### Retirement Article

##### National Retirement Security Week

When it comes to saving for retirement, there is never a better time than today to assess your progress toward meeting your retirement goals. With Oct. 20 through Oct. 26 designated as National Retirement Security Week, the opportunity is right in front of you. It is important to begin saving today for retirement – or increase your contributions - if you aren’t meeting your goals. This week is dedicated to showing you different ways to meet your objectives.

If you save just $10 per week in a 403(b)Tax Deferred Account or Texa$aver 457 Deferred Compensation Plan for 40 years and earn an average rate of return of 7 percent, you will have over $100,000 in your account. That just shows the power of tax-deferred savings! Over 30 years, adding $25 to your $100 biweekly contribution can increase your account from $264,327 to more than $330,409, assuming you earn 7 percent. Take advantage of National Retirement Security Week and review The Texas A&M University System Retirement Programs Booklet while evaluating your retirement plan.