

# Benefit Briefs



Brought to you by System Benefits Administration

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## Ring in 2015 in Good Health!

### Time to Get Your Wellness Exam!



Reminder that to continue your eligibility for the lower premium due to the Wellness Exam Incentive program for the plan year beginning September 1, 2015, you will need to complete your annual wellness exam by June 30, 2015.

- Applies to employees AND covered spouses enrolled in the A&M Care Plan.
- A premium differential of \$30 per month will be added to the premium for each individual (you and your spouse) who does not complete a wellness exam between September 1, 2014 and the June 30, 2015 deadline.
- Retirees will automatically receive the lower premium.
- BlueCross Blue Shield will record the incentive completion through the claims payment process.
- You can verify your completion status for the wellness exam incentive on BlueCross BlueShield Access for Members (BAM) website. (link to: <http://www.bcbstx.com/member>)
- Your annual exam may be taken before twelve months have passed since your last annual exam.

For more information and detailed instructions, please visit the TAMUS Wellness website. (link to: <http://www.tamus.edu/offices/benefits/employee-retiree-benefits/wellness/>)

## AMERICASAVESWEEK

### America Saves Week Feb. 23-28

It's good to have options. Your voluntary Tax-Deferred Account (TDA) Plan contributions: dollar vs. percentage

Consider this: if you contribute to a TDA on a percentage basis, the amount that goes into your account increases automatically whenever your salary rises. The most accurate way to keep growing your retirement savings account balance is to gradually increase your savings rate.

Consider changing your plan contributions from a dollar amount to a percentage each pay period, it may help you set aside more for your retirement future. It's simple to change your contributions. You can find the TDA salary reduction agreement [here](#).

### 2014 Tax Returns and Required Health Insurance



As of January 1, 2014, the Affordable Care Act (ACA) required individuals to have health insurance that has **Minimum Essential Coverage** (MEC), have an exemption, or pay a tax penalty.

All A&M System-offered health plans are considered qualifying coverage for Federal Income Tax purposes in that they all provide Minimum Essential Coverage - MEC.

Please consult a tax professional for help with your tax returns.

### The Chancellor's Wellness Initiative

We are entering our second year of the Chancellor's Wellness Initiative which includes grants given to System members for wellness programs.

The first year exceeded expectations! Many System members set up wellness committees, named the program (HealthyU, Be Well to Excel, Wellness Works), and had some great programs.

Some of our favorites include door-to-door fruit giveaways to promote wellness, a walking program in the campus recreation center, branding where healthy options are featured in the food court, improving "wellness rooms," and working with community partners for gym use or seminars. There are more great ideas than we can list here.

Grants have been awarded to participating institutions for this year. Contact your [Human Resources Department](#) to find out more about the events and programs offered at your location!

## Express Scripts Mobile App link:

Click  
Below



## What Does my Drug Plan Do for Me?

The RationalMed program is one of many that Express Scripts uses to help ensure patient safety and drug usefulness, in addition to saving members and the plan money. It involves using pharmacy claims and lab data to assess patient information and if necessary, sending patient alerts, pharmacist alerts and/or physician alerts.

The number of safety alerts, just for our members, was 6,704 during the past plan year, 2014. Over half of those resulted in a medication change or a stop use. The impact was close to one million dollars to the plan.

These warnings can include omissions of essential drugs for certain conditions, adverse drug interactions with other drugs being taken, exceeding the recommended duration and inappropriate age for taking the drug.

Generally, physicians have provided positive feedback regarding this program - above 80% in the category of usefulness of information and above 90% in the categories of *amount of information and organization of information*.

## TexaSaver 457 Vendor Name Change

Great-West Financial®, the third-party administrator for the TexaSaver 457 Program, recently announced that its combined retirement business has a new name: **Empower Retirement**. You will begin to see the new look and new name beginning February 2, 2015. The online link is [www.texasaver.com](http://www.texasaver.com).



## Healthplan Tidbit . . .

Deductibles are increasing, in both size and use by health plans. In 2013, 81% of employees had a deductible — nearly a 30% increase from 2003. During that same time span, the average deductible per person grew by 146%. In all but six states and D.C., deductibles at least doubled in that decade, and in nine states they tripled.

No state had an average deductible of more than \$1,000 in 2003, according to the Commonwealth Fund report<sup>1</sup>. Twenty-nine states did by 2010 and by 2013, per-person deductibles averaged more than \$1,000 in all but three states and D.C.

In 2003, the A&M Care basic plan had a deductible of \$350; currently, the deductible is \$700. While the deductible may have doubled, similar to plans across the nation, it is still under the \$1,000 national average.

## Reviewing Your Medical Bills

When you receive a bill from a health provider, it's a good idea to compare it to the explanation of benefits (EOB) from BlueCross BlueShield or your summary notice from Medicare. These show the total amount charged for your procedures, the amount the plan paid, and the amount you owe.

Your provider's office should be able to answer any questions about your bill. If charges are grouped together—for example, all lab tests are lumped under one charge—ask for an itemized bill. They are legally required to provide you with this information.

If the statement has confusing billing codes or abbreviations, ask the billing office for an explanation. You can also look up most medical billing codes online by going to a search engine and typing in "CPT" followed by the code number.

You can also check hospital bills for:

- **Double billing:** Being charged twice for the same services, drugs, or supplies. (However, you may have received the item or service twice.)
- **Typos:** Incorrect billing codes or dollar amounts.
- **Canceled work:** Charging for a test your doctor ordered, then canceled.
- **Phantom services:** Charges for services, test or treatments that were never received.
- **Incorrect length of stay:** Most hospitals will charge for the admission day, but not for day of discharge.

If you find errors or have questions about charges, contact your provider's billing office or BlueCross BlueShield and keep a record of the name of the person you spoke with and what you were told.

## It's time to Walk Across Texas (WAT)! Walk Across Texas!

Walk Across Texas is a program created by Texas A&M AgriLife and the goal is to get people in the habit of regular physical activity. You can start at any time. Most of our campuses and agencies will participate as a competition with 8-person teams. Contact your Wellness Coordinator or HR office at your institution or find out more at <http://walkacrosstexas.tamu.edu/>.

1 <http://www.commonwealthfund.org/publications/issue-briefs/2015/jan/state-trends-in-employer-coverage>