

Benefit Briefs



Brought to you by System Benefits Administration
Issue #47, May 2015

Get Your Wellness Exam! (See Q&A on Page 2)

Our Website has Changed!

We are excited about the new changes to our website! The new website is easier to navigate with an updated face! Take a look at: <http://www.tamus.edu/business/benefits-administration/>.



SEBAC Meeting Highlights

The System Employee Benefits Advisory Committee (SEBAC) met on February 3, 2015. The following are highlights from that meeting.

- An overview of RFPs conducted for both our medical and pharmacy plans were discussed. (Note: after the meeting, BlueCross BlueShield of Texas and Express Scripts were approved to continue as our providers with significant savings to our plan.)
- The contract with EyeMed has been extended, however, there will be a 6% increase in premiums due to the Affordable Care Act (ACA) administrative fee. This increase will represent an additional \$.38 for employee-only premiums and \$1.11 for employee and family premiums.
- The PayFlex contract for administering the Flexible Spending Accounts has been renewed for an additional three years with no increase in fees.
- ACA changes for FY16 include a mandate that the drug copays be included in the \$5,000 plus \$700 deductible out-of-pocket maximum.
- The Express Scripts' Rational Med Program (explained in the [January/February issue of Benefit Briefs](#)) was explained to the group.
- The System will continue supporting a System-wide Wellness Grant Program which is planned to continue through FY16.
- The formal ORP/TDA vendor annual reviews were discussed. TIAA-CREF is the largest vendor holding the most plan assets for both ORP and TDA, with Fidelity and Voya (formerly ING) close behind.
- The spring SEBAC meeting will be held on Wednesday, May 20, 2015.

Double-Check Your Social Security Numbers!

If you have a dependent(s) covered on The Texas A&M University System health plan and you have not provided their Social Security Number, you will receive an email requesting that you provide it via HRConnect, located under Single Sign-On: <https://sso.tamus.edu>. This is in order to stay in compliance with the ACA. This information will remain confidential.

Please double-check the numbers against the original card after you have entered them to be sure they are correct!

American Diabetes Association



American Diabetes Association is asking the American public to take the Diabetes Risk Test to find out their risk for developing type 2 diabetes, a condition characterized by high blood glucose levels caused by either a lack of insulin or the body's inability to use insulin efficiently. Type 2 diabetes develops most often in middle-aged and older adults but can appear in young people.

Preventive tips are provided for everyone who takes the test. If you are at high risk, talk to your health care provider.

Take the Risk Test Here!

Wellness Exams Q&A

Q: Do I have to do a wellness exam again?

A: Yes. In order to qualify for the incentive each year, you must complete a wellness exam.

Q: I had an exam in June of 2013 that was used for FY2015 (September '14 through August '15) incentive. Will my exam in June of 2014 be used for FY2016?

A: No. The year we began the incentive, we used an 18-month window for you to obtain your wellness exam to qualify for the incentive. Going forward, you must get an exam each fiscal year to qualify for the next year. So, to qualify for the incentive for FY2016, you need to have your wellness exam between September 1, 2014 and June 30, 2015.

Q: I was hired in FY2015 and I was not required to have a wellness exam. When do I have to get one?

A: The best way of thinking about it is that your wellness exam was “done” on your first day of health coverage. So, if that was during FY2015, you have qualified for your FY2016 incentive. You will then need to have an exam during FY2016 to qualify for the following year.

Q: I saw that Catapult Health Screenings were being done here. Does that qualify as a wellness exam for the purposes of the wellness exam incentive?

A: Yes.

Q: Do I have to have my wellness exam done by Catapult? Can I have it done by my regular doctor?

A: You may certainly go to your personal physician. In fact, if you have an established relationship with a doctor, consider doing that instead so he or she can continue monitoring any existing medical conditions. Or, if you don't have a physician, Catapult can help you find one locally.

For more information, go to our [Wellness page](#).

Texa\$aver is Now Mobile

Texa\$aver is a Defined Contribution Plan (DCP) – offered through GreatWest, through ERS. They have launched a mobile app that that can give you the freedom to access your retirement account any time or place. You will be able to view:



- ☞ Your projected retirement income. *Brought to you by Advised Assets Group, LLC, a registered investment adviser*
- ☞ Your account balance and history
- ☞ Your paycheck contribution amount
- ☞ The current rate of return
- ☞ The investment options in your portfolio
- ☞ The full desktop site to complete transactions.

Download instructions:

On your mobile device, visit www.texasaver.com to automatically launch the mobile App. First, you must register online and then go to “First Time Visiting? Let's Get Started.” You may bookmark the site or create a shortcut icon on your mobile desktop.

The First Biosimilar Drug Approved by the FDA is Zarxio

The Food and Drug Administration has approved the first so-called biosimilar drug, Zarxio, for use in the United States. This is a landmark decision. Zarxio is used to help prevent infections in cancer patients receiving chemotherapy. It is a close copy of an existing medication called Neupogen, made by Amgen. This leads the way in producing Biosimilars, generating significant savings over similar costly drugs. Biosimilars are about a third cheaper than brand-name biologic drugs, according to Express Scripts, the nation's largest manager of prescription drug benefits.

Biologic drugs are made using living cells and not synthesized from chemicals like typical drugs. Some popular biologic drugs are Remicade and Enbrel for autoimmune diseases, and Herceptin and Avastin for cancer. Some of the world's most expensive medications are biologics.

Although some brand-name drugs become generic over time, biologic drugs generally do not. With the generic biosimilar drugs comes competition, which should also lower price considerably which will make these drugs accessible for the patients who need them. Ronny Gal, a senior research analyst at Sanford C. Bernstein & Company, said “It will reasonably allow for reduction of cost in older cancer care drugs, clearing room in the budgets for new breakthrough cancer agents.” This approval of Zarxio could make a huge impact in cancer research in finding new cures for more cancers.