

Benefit Briefs



Brought to you by System Benefits Administration

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Here's to Great Health in the New Year!

Would you go across town if you could save \$300 on an MRI?



It can be tough making health care decisions, especially when a procedure is expensive. Don't forget that BlueCross and BlueShield of Texas (BCBSTX) has Benefits Value Advisors* who can help you make those decisions.

Benefits Value Advisors are trained to explain your benefits and get cost estimates** for services like:

- Imaging (MRIs/X-Rays/CT Scans)
- Maternity
- Joint replacement surgery
- Back surgery/And many more

We had an actual case of an employee in West Texas who was able to save hundreds of dollars when he contacted the Blue Value Advisor and found out that by going to a free-standing clinic for his MRI, his bill would cost hundreds of dollars less than having it done at the local hospital. The doctor did not recommend one facility over the other for any medical reason, so the doctor's office was able to help the individual change the MRI location and the employee was able to save several hundred dollars.

Call the number on the back of your BCBS member ID card when your doctor wants you to have a procedure and ask to speak to a Benefits Value Advisor.

These Advisors will help find in-network providers and offer cost estimates so you can choose the facility that meets your needs and budget. They'll even help you schedule an appointment.

**Member communications and information from Benefits Value Advisors are not meant to replace the advice of health care professionals and members are encouraged to seek the advice of their doctors to discuss their health care needs. Decisions regarding course and place of treatment remain with the member and his or her health care providers.*

***Cost estimates are just an estimate. In addition to your usual deductibles, copayments and/or coinsurance, the actual cost of the services may vary based on a number of factors including the date of service, the actual procedure performed, what services were billed by the provider and your particular benefit plan. Coverage is subject to the limitations and exclusions of your plan.*

Affordable Care Act Will Require SSNs

As part of compliance with the Affordable Care Act (ACA), employers and plan sponsors must report to the IRS about enrollment in employee health coverage. This report includes information on both the employee's enrollment status, as well as the status of all dependents covered under the employee's policy. In submitting the information, the IRS has established a process whereby the primary identifier for all individuals is their Social Security Number. While SSN's for employees have been collected, employers must now request SSN's for any covered dependents. The IRS utilizes this information to identify compliance with the requirement that all individuals have health coverage and avoid your family being charged a tax penalty for dependents who do have coverage through your policy.

The A&M System Benefits Office is required to request SSN's for covered dependents and will keep this information confidential just as we do with any other SSN's.

While reporting for calendar year 2015 will not start until early 2016, we will begin requesting SSNs from you for dependents this month. If you have dependents covered through your System health plan for which we do not have a SSN, you will receive an email requesting that you provide this information online through HRConnect.

Thank you in advance for your help with this request.

Medicare Minute



A reminder that Medicare runs on a calendar year (January 1 through December 31) and your A&M health coverage runs on a fiscal year (September 1 through August 31).

That means, Medicare deductibles will begin again in January. You will notice a short-term increase in your out-of-pocket costs as you are satisfying your Medicare deductible after January 1.

If you have questions about Medicare, visit the Medicare information section of the System Benefits [website](#) for information about which plan pays first, how coordination works between Medicare and your A&M health coverage, and other related topics. Or visit www.medicare.gov, an excellent resource for all things Medicare.

TDA/DCP contribution limits for 2015

The maximum contribution limit for participants under the Tax-Deferred Account Program (TDA) and the TexaSaver Deferred Compensation Plan (DCP) will increase from \$17,500 to \$18,000 in 2015 for each plan. The catch-up contribution limit for each plan for participants who are 50 and older will increase from \$5,500 to \$6,000 in 2015.

A chart listing the calendar-year contribution limits through 2015 is available on the Retirement Programs website [here](#).

New Year's Resolutions



Have you been thinking about living a healthier lifestyle or trying to stop smoking? There are lots of resources available through your health plan benefits that can help. Check them out as you're considering your options for reaching your goals this coming year.

Well on Target – Provided by BlueCross BlueShield of Texas, **Well on Target** provides health assessments, online courses and education, wellness trackers, and even coaches, available through phone or e-mail, who can help you achieve your goals. Programs are available to manage cholesterol, nutrition, weight, blood pressure, activity, stress or tobacco use.

Get started by logging into Blue Access for Members (BAM) on the www.bcbstx.com website, select the My Health tab and visit the Well on Target site.

Or, [click here](#) to watch a video about the features of the program.

Smoking Cessation – Consider pairing the Well on Target resources with other features of your health plan to stop tobacco use. With a prescription for members over 18 years old, the following medications are also available through your Express Scripts (Medco) prescription drug plan at no charge to help you kick the habit:

- **Nicotrol NS**
- **Nicotrol Inhaler**
- **Zyban**
- **Nicorette Gum / Lozenge**
- **Nicotine Transdermal System**
- **Chantix**



Know your Insurance Numbers

You've probably heard the term "Know your Numbers" which refers to knowing what the numbers mean from your medical screening tests when you have your annual exam.

When you review your medical benefits during annual enrollment, do you know what those numbers mean? Most of you understand premiums, the amount that comes out of your paycheck each month to pay for health coverage. But do you know what the rest of the numbers mean and how to compare different plans?

While there are many details that go into health insurance plan design, there are some major features that have the biggest effect on the premiums you pay for your plan. By adjusting deductibles, copayments, coinsurance, and out-of-pocket maximums, employers can affect the premium cost.

Deductible: The deductible is normally the amount the employee has to pay before the plan starts sharing the cost. There is normally an individual deductible and a family deductible.

Copayment: This is a set dollar amount you pay for a service. The plan pays for all other costs for that service. Copayments are most often used with visits to a primary care physician, a specialist, or for prescription drugs. Copayments are usually charged before the deductible has been met. In other words, you don't have to meet your deductible before getting this service covered.

Coinsurance/Cost sharing: You and the plan share many costs on a percentage basis. Common examples include hospitalizations, outpatient surgeries and medical equipment.

Out-of-Pocket maximum: This is generally the most you will have to spend each plan year on each family member for the annual deductible and your coinsurance. Deductibles and copayments along with coinsurance contribute to satisfying this maximum.

When comparing plans, these are the areas to review first. For example, if your spouse is covered elsewhere, you can use this information to judge whether or not, it might be better to cover your family under your plan, under the other plan, or a combination of plans.

	A&M Care		ERS HealthSelect		UTS Select
Annual Deductible	\$700		\$0		\$350
Out-of-Pocket Maximum	\$5000 plus deductible (\$700)		\$6350 annual; \$2,000 max for coinsurance; \$2,250 max per inpatient stay		\$2,500 (ded. + coins.) \$6,350 (ded., coins. & copays)
Office Visits Primary Care Specialist	\$30 \$45		\$25 \$40 Must designate a PCP		\$30 \$35
In-Hospital Care	20% after deductible		\$150/day; maximum \$750/adm.; + 20%		\$100/ day; maximum \$500/adm.; + 20%
Emergency Room	20% after deductible		\$150 copay + 20%		\$150 copay
Premiums	Total	Employee Share	Total	Employee Share	Employee Share
Emp	\$ 513.15	\$ 10.00	\$ 535.44	\$ 0.00	\$ 0.00
Emp + Spouse	\$1,016.07	\$261.48	\$1,151.20	\$307.99	\$227.07
Emp + Child(ren)	\$ 865.21	\$186.03	\$ 947.72	\$206.14	\$237.49
Emp + Family	\$1,217.22	\$362.03	\$1,563.48	\$514.02	\$447.17

Data listed above is based upon publicly available information.

A few comments about the comparison information presented above between the A&M System, Employees Retirement System (ERS), and UT System (UTS) for FY2015:

- The A&M Care plan out-of-pocket maximum in past years has typically been higher than the other groups listed above, but this year it is lower than some of the others because ERS and the UT System have moved to the Affordable Care Act (ACA) maximum of \$6,350, while the A&M System has stayed at last year's maximum.
- The A&M Care Plan has a larger annual deductible than ERS or UTS, but no hospital, out-patient surgery or emergency room copays.
- The drug benefits for the above plans are basically the same for all the groups.

So, when you compare plans, like those listed above, remember the premiums don't tell the whole story. It's important to compare premiums, deductibles, copayments and coinsurance, as well as out-of-pocket maximums, to get a better picture.

At the same time, it's important to understand that the best plan for one person may be different than for another. A relatively healthy person might look for the least expensive premium knowing they will likely not need to use the plan often. Another person with a family who is concerned about coverage for a major hospital event might look for the best in-hospital coverage and lowest out-of-pocket maximums.

Insurance is a very personal decision and knowing more about insurance and healthcare will make you a better consumer and will make you better able to meet you and your family's healthcare needs.

The A&M System is committed to providing access to group benefit plans of the highest quality at the lowest possible cost to the A&M System and to its employees. Over the years, we have been diligent in watching the legislative and market horizon and have made conscious decisions to offer a benefits program to best serve the multiple needs of our employees.