

## HEADLINE ARTICLE

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### New BCBSTX Partner Programs

Exciting news! As of September 1, 2020, several new health partner programs are in effect in collaboration with your Blue Cross and Blue Shield of Texas (BCBSTX) insurance plans. If you are enrolled in the A&M Care, 65 Plus, and J plans, you may be eligible to participate in Hinge Health, Omada, or Livongo.

#### Hinge Health

If you experience chronic back, hip, or knee pain, you might want to check out Hinge Health. This is a 12-week, coach-led digital musculoskeletal (MSK) program based on proven nonsurgical care guidelines. It is delivered remotely using mobile and wearable technology. Hinge Health is focused on 3 core pillars:

- Exercise Therapy –Wearable sensors and tablet provided for real-time movements feedback.
- Behavioral Health – Cognitive behavioral therapy and unlimited 1:1 coaching.
- Education – Personalized and interactive education curriculum.

Participants go through a clinical screening to determine eligibility. You can submit the screening questionnaire voluntarily at <https://hingehealth.com/> if you are interested in the program. Your eligible Blue Cross and Blue Shield insurance plan will cover the program cost if you are accepted!

#### Omada

Omada is a digital lifestyle change program to help reduce the risks of type 2 diabetes and heart disease, and hypertension. Omada brings together the individualized attention of professional health coaches with a researched curriculum and manageable but powerful goals.

- It helps connects the dots between knowing how to get healthy and actually doing it.
- You get the support and tools you need, including an interactive program, wireless scale, health coach, and more.

Participants go through an application process to determine eligibility. Both the program and shipping are free to you if you are accepted into the program, and enrolled in the above health plans. Visit <https://omadahealth.com> to take the one-minute risk screener. You are eligible to apply if the screener results indicate a risk – then you can complete the online application.

#### Livongo

Livongo is a program specifically for those **diagnosed** with Type I or Type II diabetes or hypertension. You will be contacted by Livongo if you are determined to be eligible for the program. You cannot apply to join the program without being contacted.

The Livongo diabetes program includes:

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- An advanced meter
- Unlimited strips and lancets
- 24/7 support from Livongo Expert Coaches

The Livongo hypertension program includes:

- Free, connected blood pressure monitor
- Better blood pressure management
- Personalized support

## **Prescription Programs and your A&M System Benefits**

There are many prescription programs in place to ensure you are getting the best use of your prescription benefits. Sometimes, there is a generic alternative that might save you money on your prescription, there may be a therapeutic alternative to treat the same condition for a lower cost, or manufacturers may offer rebates on certain brands.

### **Express Scripts and Blue Cross and Blue Shield of Texas (BCBSTX) – How They Work Together**

Express Scripts administers the prescription drug part of the BCBSTX A&M Care plans. When you receive a prescription and fill it at a participating pharmacy, the pharmacy knows to bill Express Scripts when you provide your BCBS insurance card or Express Scripts ID card. The plan includes a \$50-per-person annual deductible (with a 3-person maximum). This deductible applies to the first \$50 in prescription drugs that each covered person buys, whether at a retail pharmacy or through mail order. After you meet the deductible, you pay the applicable copayments for any remaining eligible drug purchases through the end of the plan year. Some of the prescription programs listed below assist with the amount of those copayments.

Express Scripts has a mandatory drug substitution policy. This means, when you are prescribed a brand name drug by your physician, and a generic substitute is available, you'll automatically be given the generic version. You may choose to request the brand-name drug, but you will pay the difference in cost between the generic and brand-name drug as well as the brand-name formulary or non-formulary copayment. If you cannot take the generic drug for a documented medical reason, your doctor can call Express Scripts to request a medical override for the brand-name drug. If this is approved, you will receive the brand-name drug and will pay only the formulary or non-formulary brand-name copayment. This must be done in advance of the prescription being ordered and filled.

### **Prescription Care Management (PCM)**

In addition to our prescription benefit plan, the Prescription Savings Program by PCM is a program that works with employees/retirees and covered dependents, their doctors and pharmacies to save the member money on prescription drugs. PCM offers you a choice to switch from higher cost drugs to a lower cost, equally-effective therapeutic alternatives. As a plan participant, no action is required unless PCM contacts you. PCM will contact your physician first to ask if the alternative will work with your medical history and for approval to make the change. If approved, then PCM will contact you for your permission to change medications. PCM will answer your questions and take care of the work involved to change your prescription at the pharmacy. This program does not

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change the pharmacy benefits offered by the A&M System and administered by Express Scripts. Should you receive a call from PCM, contact their member services department at 1-800-281-7050 with any questions or concerns.

### SaveOn SP

SaveOn SP is an Express Scripts program that lowers the cost of a number of specialty drugs for both the members and the plan by taking advantage of manufacturer assistance programs. The specialty drugs are in specific medication categories such as Hepatitis C, Multiple Sclerosis, Oncology, Rheumatoid Arthritis, and a few others. If you participate in this program, you will have a zero cost for certain specialty medications. Your prescriptions will still be filled through Accredo, your existing specialty mail pharmacy.

- The cost of these drugs will not count towards the annual out-of-pocket maximum, and
- All plan members must use the Accredo specialty pharmacy for all specialty fills.

SaveOn is not available to the 65 Plus plan. If you have any questions or concerns, please contact SaveonSP at 1-800-683-1074 Monday – Thursday 7:00 a.m. – 7:00 p.m. Central and Friday 7:00 a.m. – 5:00 p.m. Central

## OTHER ARTICLES

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### Using the Cost Estimator

You may not think about comparing prices when you are using your health care benefits. But prices vary in health care, too. By doing some research before you go to the doctor, you can make changes in how much you might pay out-of-pocket for health care.

For example, according to Blue Cross and Blue Shield of Texas (BCBSTX), an MRI might cost \$475 from one provider and the same service may cost \$2517 from another.

BCBSTX encourages you to be a smart healthcare consumer by using their Cost Estimator tool before scheduling your appointments.

1. Log in to Blue Access for Members (BAM) through <https://bcbstx.com/tamus> or directly through your MyEve account.
2. From BAM, scroll down to the bottom-left of the screen and click on Cost Estimator.
3. The Provider Finder and Cost Estimator tool will open.
4. From the Browse drop-down menu, select Cost Estimates.
5. Select the service category you are interested reviewing.
6. Review estimated costs of providers in the area offering those health care services.

Please keep in mind that costs are estimates. Make sure you are logged in so your search displays in-network providers on your health plan.

## **Optician, Optometrist, Ophthalmologist**

What's the difference between an optician, optometrist, and an ophthalmologist?

### **OPHTHALMOLOGIST**

An ophthalmologist, or “eye M.D.” is a medical or osteopathic doctor who specializes in eye and vision care. Ophthalmologists differ from optometrists and opticians in their levels of training and in what they can diagnose and treat. An ophthalmologist is licensed to practice both medicine and surgery. An ophthalmologist diagnoses and treats all eye diseases, performs eye surgery and prescribes and fits eyeglasses and contact lenses to correct vision problems. Many ophthalmologists are also involved in scientific research on the causes and cures for eye diseases and vision disorders.

While ophthalmologists are trained to care for all eye problems and conditions, some specialize in a specific area of medical or surgical eye care. This person is called a subspecialist. Subspecialties may include glaucoma, retina, cornea, pediatrics, neurology, plastic surgery and more.

### **OPTOMETRIST**

Optometrists are healthcare professionals who provide primary vision care ranging from sight testing and correction to the diagnosis, treatment, and management of vision changes. An optometrist is not a medical doctor. An optometrist receives a doctor of optometry (OD) degree after completing four years of optometry school, preceded by three years or more years of college. They are licensed to practice optometry, which primarily involves performing eye exams and vision tests, prescribing and dispensing corrective lenses, detecting certain eye abnormalities, and prescribing medications for certain eye diseases. This is probably who you are seeing for your eye appointments!

### **OPTICIAN**

Opticians are simply technicians trained to design, verify and fit eyeglass lenses and frames, contact lenses, and other devices to correct eyesight. They use prescriptions supplied by ophthalmologists or optometrists, but do not test vision or write prescriptions for visual correction. Opticians are not permitted to diagnose or treat eye diseases.

**Source:** American Association for Pediatric Ophthalmology and Strabismus

## **QUICK REMINDERS**

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

#### **Check your deductions**

Your new benefits plan year began September 1, 2020. It is important to log into Workday through Single Sign On (<https://sso.tamug.edu/>) and verify the accuracy of the benefits you elected for FY21 by clicking on the Benefits

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worklet, then “Benefit Elections” in the View column. If you find an error in your benefit elections, contact your human resources office before October 15, 2020.

## **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/](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.

## **FY20 Flexible Spending Account Deadlines**

If you have remaining funds in your FY20 healthcare or dependent daycare Flexible Spending Account (FSA), the grace period has been extended due to COVID-19. You may file eligible claims with a date of service of September 1, 2019 through December 31, 2020 to use your remaining FY20 FSA funds. All claims related to your FY20 FSA must be filed by December 31, 2020.

## **Medicare Part D Updates – Annual Communications**

If you are enrolled in the A&M Care 65 Plus plan, you will be receiving an annual communication from Express Scripts regarding Medicare Part D in early October. Express Scripts is required to send these details to you on a yearly basis. You do not need to take action at this time and there will be no changes to your prescription drug plan. The annual enrollment period for our group differs from that of the general Medicare population. Your Medicare Part D Prescription Drug Out-of-Pocket Maximum will restart on January 1, 2021. Please contact your Benefits Office if you have any questions.

## **WELLNESS ARTICLE**

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### **New Plan Year – New Activities on Your Checklist!**

When logging into MyEve, you and your covered spouse may see up to 11 health and wellness activities on your MyEve Personalized Checklist (PCL). These may include your annual wellness exam, nationally-recommended preventive screenings, registration in various benefit programs, self-paced wellness courses, and more. They are personalized based on general demographic information and recommendations from the United States Preventive Services Task Force. Some items show up for everyone by default because System Benefits Administration does not receive personal health data to know who may or may not be eligible to participate. You can choose any two activities to complete for the \$30 wellness incentive credit for FY22. Credits are applied to the next plan year for tasks completed in the current plan year\*.

New activities this plan year include flu shots, nutritional counseling, and preventive skin care exams.

Completing any two steps on your PCL will ensure that you have the lowest rate for your health insurance premium. Be sure to complete these activities by June 30, 2021, and allow some time for processing! Retirees and

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graduate student employees enrolled in the Graduate Plan already receive the lower premium and do not need to participate. 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.

\*The checklists restarted September 1, 2020. Simply complete two tasks in FY21 for credit in FY22.

## RETIREMENT ARTICLE

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### Survivor Benefits for TRS

It's never pleasant to think about our mortality, but TRS members can take comfort knowing that their designated survivors will be provided with benefits. This video takes a look at the two types of death benefits – retiree survivor benefits and active member death benefits.

<Embed Video> - <https://youtu.be/XxtOZxD1WIY>

To view more videos in this series, visit the TRS Member Education Videos page on the TRS website.

### A&M System Insurance Billing Office

In an effort to increase efficiency and streamline the payment process, Texas A&M University System Benefits Administration (SBA) is creating a centralized, in-house billing team to administer your insurance billing. The new SBA Insurance Billing Office will provide billing and payment processing services for insurance premium payments for all Retirees, Survivors, Graduate Fellows, and employees on leave beginning December 1, 2020. At that time, the P&A Group will no longer be administering billing or ACH services for these groups.

In the coming weeks, if you are enrolled in insurance billing, you will receive one or more letters regarding the options you have for potentially changing your method of premium payment.

- If you are receiving monthly retirement funds from TRS, you can now have your premiums deducted from your monthly annuity before it is deposited to your bank account in the same way that Medicare premiums are deducted from your social security check. This way you do not have to worry about budgeting money to pay your insurance premiums.
- If you are signed up for automatic draft payments (ACH), you may want to use the new method mentioned above if you are a TRS retiree.

If you are a retiree enrolled in insurance billing and would like to go ahead and change your payment method before your letter reaches you, contact us via email at [SBAInsurance-Billing@tamus.edu](mailto:SBAInsurance-Billing@tamus.edu) or by telephone at (979) 845-0015. Our Customer Service hours are Monday through Friday, 8 a.m. to 5 p.m. CST.