Annual Enrollment

Annual Enrollment continues through July 31st. This is the only time during the plan year, unless you have a qualified life event, that you can make changes to your benefit elections.

To make changes, log on through Single Sign On (https://sso.tamus.edu). At the Main Menu click on iBenefits. If you make a change you must SUBMIT your changes. You can go in as many times as you want, and make as many changes as you need to make, to be sure you have the benefits you want for the next plan year. Don’t forget to resubmit your document if you recall it to make a change. You can also edit your beneficiaries during this and any time during the year.

New ID Cards

New ID Cards will be issued for members enrolled in the A&M Care BlueCross BlueShield Plans, as well as new Medco prescription drug cards. FirstCare members will also receive new cards. Cards will be mailed to members’ home address in mid-August.

Health Care Reform

Grandfathered Plans

As health care reform continues to make headlines, questions have been raised about whether the A&M System health plans will retain their “grandfathered” status, and what that actually means.

System Benefits Administration is currently comparing the long-run value of grandfathered status to the short-run need to adjust the plan design in order to control premium costs. In order to be grandfathered, a plan cannot:

- Raise coinsurance percentages;
- Add or reduce annual coverage limits;
- Significantly reduce benefits;
- Significantly raise copayments or deductibles;
- Significantly increase employee contributions.

It is difficult to imagine that the plan could remain grandfathered for the next three or four years and still be financially sound. In addition, most, if not all of the items that must be provided if a plan loses its grandfathered status are already provided under our A&M Care plans. Losing grandfathered status would cause plans to include the following:

- Coverage to children to age 26 (beginning 9-1-11) regardless of whether they are eligible for their own employment-based coverage;
- Coverage of recommended preventive services with no cost sharing;
- Patient protections such as guaranteed access to emergency room services, OB-GYNs and pediatricians; and
- Claims appeal rules with both internal and external review.

The last three items in this list are already provided in the A&M Care plans. While the A&M Care plans will offer coverage for children to age 26 whether grandfathered or not, the biggest change is that if the A&M Care plans are not grandfathered, coverage would be extended to children who are eligible for their own employer plan.

While the grandfathering question is critical to some small businesses, the actual benefits of grandfathered status to the A&M Care Plans are limited, since we already provide, or plan to provide, many of the benefits/services required of non-grandfathered plans.
W-2 Reporting

Additionally, a question regarding premium contributions has been raised. Will they become taxable next year? While employers will be required to include the aggregate cost of group health plan benefits on annual forms which are W-2 effective for taxable years beginning on or after 1/1/2011, (i.e., Form W-2 issued in 2012 for 2011 wages,) this will not become taxable income. It will be done for educational purposes only, to help employees see the value of their health plan in annual dollars.

Learn Your Numbers to Keep Healthy Odds in Your Favor

Do you know your numbers? It’s important to know your cholesterol and triglyceride (or fat) levels, blood pressure readings and more. Talk to your doctor about preventive screenings, and have a follow-up discussion once you have the results.

Use these goals as a starting point:

- Waist measurement: less than 35 inches for women and less than 40 inches for men
- Blood glucose (blood sugar) before eating: less than 100 mg/dL
- Body mass index (BMI): less than 25 kg/m²
- Blood pressure: less than 120/80 mmHg
- HDL (good) cholesterol: 60 mg/dL or higher
- LDL (bad) cholesterol: less than 100 mg/dL
- Total cholesterol: less than 200 mg/dL
- Triglycerides: less than 150 mg/dL

Source: American Heart Association

Scott & White Health Plan Members

The Scott & White Health Plan Generic Sample Drug Program allows members to obtain a free prescription fill for certain generic medications. This allows members to “sample” a generic medication at no cost. Only certain generic medications are eligible for this program.

How the program works

- Review the medications listed below and discuss with your doctor.
- Take your prescription(s) to a pharmacy that accepts the Scott & White Health Plan insurance.
- There is no copay for the first fill of any of the eligible generic medications now and at the start of each calendar year.
- Each additional refill will be at the generic copay.

Eligible Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alendronate 70mg</td>
<td>Osteoporosis</td>
</tr>
<tr>
<td>Amlodipine 5mg &amp; 10mg</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Atenolol 25 &amp; 50mg</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Carvedilol, all strengths</td>
<td>Heart Failure</td>
</tr>
<tr>
<td>Citalopram 20mg</td>
<td>Depression</td>
</tr>
<tr>
<td>Doxazosin 4mg</td>
<td>Prostate Drug</td>
</tr>
<tr>
<td>Glyburide 5mg</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Fluoxetine 10 &amp; 20mg caps</td>
<td>Depression</td>
</tr>
<tr>
<td>Hydrochlorothiazide (HCTZ) 25mg tab</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Ibuprofen 800mg</td>
<td>Pain</td>
</tr>
<tr>
<td>Lisinopril 10 &amp; 20mg</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Metformin 500mg</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Metoprolol tartrate 50mg</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>Oxybutynin 5mg</td>
<td>Overactive Bladder</td>
</tr>
<tr>
<td>Simvastatin 10mg &amp; 20mg</td>
<td>Cholesterol</td>
</tr>
<tr>
<td>Triamterene/HCTZ 37.5mg/25mg tab</td>
<td>Blood Pressure</td>
</tr>
</tbody>
</table>

For more information, visit www.swhp.org, call 1-800-728-7947, or talk to your local Scott & White pharmacist.

A&M Care Members – Medco Prescription Information

For a medication, a pre-authorization or other medical approval that was transferred from CVS/Caremark to Medco last September, the preauthorization/approval will expire before or on August 31, 2010. The majority of pre-authorizations and medical approvals requested due to copay appeals or brand-instead-of-generic issues expire one year from the date of approval. In this case, you will receive notification from Medco before the approval expires. You can confirm the expiration date of the approval with Medco’s customer service at 1-866-544-6970.

Medical approvals should be initiated by your doctor. The number for doctors to call is 1-800-417-1764.