Flexible Spending Accounts
The deadline for filing claims from September 1, 2008 to August 31, 2009 is December 31, 2009. To use any leftover funds from your FY’09 account, expenses incurred during the grace period of September 1, 2009 through November 15th, 2009 should also be filed by the end of December.

To view your account summary, file claims, find information on eligible expense items, or print forms, go to https://www.payflex.com/mypayflex/ or call 1-800-284-4885.

Remember, any money left over in your FY’09 flexible spending account after December 31, 2009, will be forfeited!

Working Families Tax Relief Act (WFTRA)
If you have a dependent child who will be turning 19 or older in 2010, in order to continue paying your full health, dental and/or vision premiums on a pretax basis, your dependent(s) must meet one of the following definitions:

- Your child will be 18 or younger as of December 31, 2010.
- If your child is older than 18 but younger than 24 as of December 31, 2010, and is a full-time student, he/she must provide less than half of his/her own financial support. You or someone else provides the rest.
- If your child is older than 18 as of December 31, 2010, and not a student, or if the child is age 24 and a full-time student, he/she must receive more than half of his/her financial support from you.

If you have already designated your dependent’s status, you do not need to take any action unless his/her status has changed.

If you have not designated your dependent’s status, you can do so through HRConncert by logging on to Single Sign On at https://sso.tamus.edu. Click on HRConncert, then click on the Benefits Data heading. You will see a box to click if you wish to designate or change the tax-qualifying status of your dependents. If you do not choose a status for your dependent by December 15, we will assume this dependent does not qualify for tax-favored treatment.

The System is required to report the dependent child portion of employee and employer health, dental and/or vision premium amounts to the IRS as taxable income for non-qualifying dependents. This means your take-home pay may be reduced. However, if you cover multiple children, and one of the children is a qualifying dependent, no taxable amount will be reported. The portion of your premium applicable to non-qualifying children (both employee and employer portions) will be reported as taxable income.

For additional information about the amount of taxable income, go to http://tamus.edu/benefits/programs/wutra.pdf. If you have a new non-qualifying dependent, you will see the change on your first paycheck in January.

Blue Access for Members (BAM)
The Texas A&M System was selected to be one of the first accounts to gain access to a new online tool from BlueCross BlueShield (BCBS). The new online Health Statement will provide members with a comprehensive view of their benefits, account activity, and medical transactions in one quarterly statement. The Health Statement includes preventive health care information to encourage members to lead a healthier lifestyle and utilize the tools available on Blue Access for Members (BAM) and the personal health manager.

This new statement supplements the Explanation of Benefits (EOB) and online information already available on the BCBS website.

Quarterly information will include: copayment amounts, deductibles, out-of-pocket expenses and coinsurance for medical benefits. A graph will show total health care expenses, comparing employer and member’s amounts.

This new feature will be available December 1 on the BCBS Blue Access for Members website.
Medco Updates
The Medco formulary committee meets every quarter to review new medicines and possible changes to the preferred medication list. On January 1st, some changes to the formulary will occur. Details of the formulary changes are outlined in the table below. Alternatives beginning with a capital letter are brand name drugs, alternatives beginning with a lower-case letter are generic.

Most employees currently taking a medication in the left-hand column will also receive a letter about the change. If you have questions about making a change, check with your physician.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Preferred Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activella</td>
<td>estradiol-norethindrone acet 1-0.5mg, Premphase</td>
</tr>
<tr>
<td>Premepro</td>
<td>cromolyn sodium, Patanol, Optivar</td>
</tr>
<tr>
<td>Alamast</td>
<td>ramipril capsules</td>
</tr>
<tr>
<td>Altace</td>
<td>zolpidem tartrate IR</td>
</tr>
<tr>
<td>Ambien CR</td>
<td>Humira, Enbrel, Remicade</td>
</tr>
<tr>
<td>Cimzia</td>
<td>econazole nitrate, ketoconazole, nystatin</td>
</tr>
<tr>
<td>Ertaczo</td>
<td>cefdinir</td>
</tr>
<tr>
<td>Lorabid</td>
<td>Trinessa, Tri-Previfem, Tri-Sprintec</td>
</tr>
<tr>
<td>Ortho Tri-Cyclen Lo</td>
<td>ciprofloxacin, tobramycin sulfate, Zymar, Vigamox, Iquix</td>
</tr>
<tr>
<td>Quixin</td>
<td>tretinoin gel</td>
</tr>
<tr>
<td>Retin-A Micro</td>
<td>tretinoin gel</td>
</tr>
<tr>
<td>Retin-A Micro Pump</td>
<td>fexofenadine HC1, Fexofenadine HC1/ PSE 12 hr, Clarinex-D 24 hour</td>
</tr>
</tbody>
</table>

$4 generics and Medco
Many of you in a BlueCross A&M Care plan have asked why it appears to be cheaper to get drugs through the generic programs at Walgreens, Wal-mart, CVS, Target, etc. than to use your Medco card.

Retail pharmacies that participate in the Medco network are required to submit their “usual and customary” price to Medco when they process your claim using your Medco card. Although your Medco card shows the generic copay to be $10.00, if the “usual and customary” price submitted by your retail pharmacy is lower, you pay the “usual and customary” price. This means that if you go to Wal-mart, for example, and have them process one of the $4 generics through your Medco card, your copay should also be $4 rather than the $10 copay listed on your card, unless Medco’s contracted amount is even less than $4, in which case you would pay an amount less than $4.

A word of warning, this is not the case at HEB or Walgreens, where you have to be a “club member” to get the discount. If you are a “club member” you can ask whether your prescription is on their discount list. You can then ask the pharmacy to run the script through using your Medco card to see which way is less expensive for you.

Bottom line – when you go to a location with a generic program, ask the pharmacist to run your prescription through on your Medco card; you may get it for the same price, or less. If a prescription is not processed through your Medco card, the amount you pay will not be counted toward your deductible, nor will Medco be able to complete any prescription safety reviews.

Prices do vary by retail store, so the best thing to do is research your options. Find out whether any of the medications you take are on a generic program list. If they are on the list, review your plan’s copayment and see whether you could save even more money.

Important Phone Numbers
(Central Standard Time, unless otherwise noted)

- Blue Cross Blue Shield Health coverage 1-866-295-1212
- Delta Dental - A&M Dental 1-800-336-8264
- DeltaCare USA Dental HMO 1-800-422-4234
- FirstCare Health Plan 1-800-884-4901 or 1-806-356-5155
- Global Mobility Solutions Relocation Services 1-800-617-1904
- Associated Insurance Plans Graduate Student Health Plan & Student Insurance 1-800-452-5772
- John Hancock 1-800-498-9100 or 1-800-387-2747
- Long-Term Care M-F: 8:00 a.m. to 6:00 p.m. EST
- Humana Health Plan M-F: 8:00 a.m. to 5:00 p.m.
- Marsh Personal Plans M-F: 8:00 a.m. to 5:00 p.m.
- MetLife Insurance Long-Term Disability 1-800-300-4296
- Minnesota Life Insurance M-F: 7:00 am to 6:00 pm 1-877-282-1752
- Medco A&M Care prescription drug vendor 1-866-544-6970
- PayFlex Flexible Spending Accounts 1-800-284-4885
- Scott & White Health Plan 1-800-791-8777 or 979-268-7947
- UnitedHealthCare Vision M-F: 8:00 a.m. to 11:00 p.m. EST Saturday: 9:00 a.m. to 6:30 p.m.