

Benefit Briefs



Brought to you by System Benefits Administration

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How to find a Doctor

The best time to find a doctor is when you don't need one! A visit for a problem of limited scope can help you judge a new doctor. Ask someone you trust who they use, search websites that allow consumers and patients to rate and review physicians, or visit your health plan's website for physician listings and reviews or call the customer service number and ask for help.

Once you have a doctor in mind, call the main number and ask questions about scheduling an appointment, directions, parking, etc. Knowing how the office operates and the courtesy of the office staff is important when choosing a doctor.

Once you make your appointment, take some time to write down what you want to accomplish on your first visit. Write down your medications, questions, concerns, and your health history or have your records sent before your appointment. Your first consultation, not only does the doctor get to know your medical problems and examine you, but you also get to know a lot about the doctor and this initial assessment is important:

- Are you comfortable with him or her?
- Does he/she explain my condition in terms I understand?
- Does he/she use teaching aids?
- Does he/she ask for your views? Ask you if you have any questions?

Often patients will stick to one doctor, even when they are not happy with him, simply because their family has been going to him for years or because "he knows my case"- but don't hesitate to change doctors if necessary.

Spanish Material

If you or someone you work with only speaks Spanish, many of our benefit providers, such as Scott & White, BlueCross BlueShield and Delta Dental have enrollment material and customer service representatives to help Spanish speakers make the most of their benefits.

Carrier	Spanish Printed Material	Spanish Speaking Customer Service Representative
BlueCross BlueShield	Yes	Yes
CVS Caremark	Yes	Yes
Scott & White Health Plan	Yes	Yes
FirstCare	Yes	Yes
Delta Dental	Yes	Yes
UnitedHealthcare Vision	Yes	Yes

Medicare to require Social Security Numbers

A new mandate, CMS S111, which took effect January 1, 2009, requires reporting to the Centers for Medicare & Medicaid Services (CMS) of Social Security numbers for all health plan members age 45 and older. Shortly thereafter, Medicare will require this information for all health plan members and their spouses. Reporting is also required for those individuals, covered by Medicare, who have received a kidney transplant, or who are undergoing dialysis (regardless of age).

Blue Cross Blue Shield will identify covered spouses without SSNs in their system. Once identified, they

will send letters requesting the SSN numbers with a return envelope or a toll-free number that you may call with the information, if you prefer.

Delta Dental Members

It's never too early to get a head start on good oral hygiene, so make sure your children follow your own good brushing and flossing habits at home. Remember, regular brushing and preventive care early on are the best way to protect against oral health disease. Left untreated, dental problems typically get worse and ultimately cost more.

Sounds serious? Dental disease may be, but you can make your kids' oral hygiene fun. Look for flavored flosses and "cool" toothbrushes and toothpaste to make brushing less of a chore. You can also find interactive and entertaining educational information on Delta Dental children's web site at www.keep-kidssmiling.com.

Sign up to receive Dental Wire a bimonthly publication provided by Delta Dental. Articles range from dental health to overall health and is delivered electronically. To sign up, go to the Delta Dental website at www.deltadentalins.com, click enrollees, then go to resources.

Delta Dental is asking for your input. During the last week in March, Delta Dental subscribers will receive an email invitation to participate in a brief survey about customer satisfaction. Your participation is appreciated!

Do you own an outside business through which you contribute to a qualified retirement plan?

If you answered yes, and you are also enrolled in ORP or TDA through the A&M System, there are new IRS regulations that apply to your retirement savings.

The IRS 415 regulations limit the amount that can be contributed to a retirement plan for an individual (\$46,000 for 2009). Normally, this limit does not have to be aggregated between different employers. However, plan contributions must be aggregated across plan types if the individual owns more than 50% of the sponsor-qualified plan. This means contributions including employee and employer

contributions for both the 403(b) (ORP and TDA) plan and the self-employed qualified plan must be below the annual 415 limit mentioned above.

New 415 regulations assign the responsibility of aggregating these plans to the A&M System, since we are the 403(b) provider. The A&M System is required to obtain self-employed contribution information from employees to determine if employees have exceeded this limit. If you have made contributions to a self-employed plan, please contact Sheri Meyer with System Benefits Administration for additional information at (979) 458-6160.

Don't Blow a Great Tax Break!

Looking for a tax break? Enrolling in Flexible Spending Accounts lowers your taxable income and allows you to pay for eligible medical and/or daycare expenses with tax-free dollars!



Enrollment in the flexible spending account is only allowed during Annual Enrollment, held every year in July, or as a result of a qualified change in status. There are two types of accounts, medical and dependent day care, you can enroll in one or both.

Medical Spending Account – You can contribute up to \$4,800 per year for eligible medical expenses for you and your eligible dependents, such as physician visits and prescription co-pays and deductible, eye glasses, contacts, dental & orthodontia expenses. Visit the PayFlex website for a list of eligible expenses.

Dependent Daycare Spending Account – This account allows you to use before tax dollars to pay for dependent day care expenses that are necessary to allow you and your spouse to work. The dependent receiving care must live in your home, be claimed as a dependent on your tax return or be in your legal custody, and be 12 or younger, or an older dependent who requires care due to a physical or mental disability. You can contribute up to \$5,000 per plan year to your dependent day care account. You cannot use both a dependent day care account and tax credit for the same expense.

Visit the PayFlex website for more information and to determine what will work best for you.
www.payflex.com