

Benefit Briefs



Brought to you by System Benefits Administration

Issue #2, June, 2008

Minutes from Processor Meetings available

Please click here to view the minutes from the April 15 and the May 13 meetings.

New HR Monthly Certification Form available

A new version of the HR Monthly Certification form is now available on the protected part of the Benefits Administration website. The report BP 7106 - Retirees in 65+ Working 6 Months or More in a Fiscal Year - has been added.

HMO terminations between the 1st and 3rd of the month

All HMOs will accept terminations reported individually between the first and the third of the month to avoid paying for the month. Attached is an excel spreadsheet of each HMO's fax and email contacts for reporting this information.

Death Claim filing

Please wait to turn off coverage until the death has been reported to Patsy Jones and she has had a chance to copy the 106 screen.

Caremark (A&M Care plans) adds more pharmacies for 90-day at retail

Rite Aid and HEB Pharmacy are now a part of the 90-day program. This is the program that allows you to get 90-day supply at a retail pharmacy for three copayments. There are also other chain pharmacies like Duane Reade (NY) and Meijer's (WI) and a few others in other parts of the country. Customer Care has a complete list of the participating pharmacies.

United Healthcare Vision (Spectera) and Sam's Club

Per United HealthCare Vision, the Sam's Club Optical can only be used by card members, since they have to enter the actual Sam's Club store. This would, in turn, affect the materials (eyeglass lenses and frames). With respect to the doctors' offices that are located in the same building as Sam's Clubs and have an outside entrance, no membership card would be needed.

Post-Retirement Compensation Limit for TRS Disability Retirees

Beginning with calendar year 2008, a disability retiree who retired after August 31, 2007 is subject to an annual limit on compensation earned as a disability retiree.

A disability retiree whose gross total annual annuity payments equal \$2,000 or less is not subject to the limit. Disability retirees who are subject to the limit will be notified by TRS and must then file an annual report of the total compensation earned for work performed during the preceding year if their compensation exceeded the greater of the highest annual salary they earned while a member of TRS or \$40,000.

If a disability retiree's annual compensation exceeds the limit, the disability retirement monthly annuity will be forfeited. Annuity payments will also be forfeited if a retiree is required to file a report but fails to do so.

A forfeiture of annuity payments will continue until the disability retiree submits a new report to TRS showing that compensation has ceased or decreased to an amount below the limit. Monthly annuity payments will resume no earlier than the calendar month follow-

ing the month in which the compensation ceased or decreased.

If annuity payments are forfeited as described above and if the disability retiree is enrolled in TRSCare, the disability retiree must pay the total monthly cost of coverage including dependent coverage.

Common remitter implementation for ORP/TDA programs

The new IRS regulations have increased information sharing requirements between plan sponsors (A&M System) and retirement vendors regarding participant accounts. In order to assist the A&M System in compliance with these regulations, we have obtained the services of AIG Retirement Services Company (ARSCO) to provide a common remitter system referred to as “Retirement Manager.”

The implementation date has been set for the October 1, 2008 payroll date. When Retirement Manager is implemented, all ORP and TDA contributions will be sent to Retirement Manager. Funds will no longer be sent directly to the vendors. Retirement Manager will send the contributions to the vendors and collect participant information from each vendor electronically. The information collected will assist us in monitoring account balances, loans, and hardship withdrawals as required by the IRS. Contact Sheri Meyer, s-meyer@tamu.edu, with any questions

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FAS Relocation is changing to GMS – Global Mobility Solutions.

A flyer is attached.

Automatic bank draft for BCBSTX COBRA participants.

BlueCross BlueShield of Texas (BCBSTX) can now provide automatic back draft for COBRA participants. A letter was sent by BCBSTX to each COBRA participant that included an application for automatic bank draft.

BPP Updates

“No records produced” – All reports produced by BPP will now have a “no records produced” sheet if there is no data to be reported for that month for your workstation. This will help you know if you didn’t get a report because it went to someone else, or if you didn’t have anyone to report for the month.

Dependent Screen Start/Stop dates - Dependent Life (DL) start and stop dates have been added to Screen 115. The edits and valid values for DL start and stop dates will follow the same rules as those for MED, DEN and VIS. Additional details can be found in the BPP Hot Off the Press (HOP) # 540.

Hide flag values added - The current value of the Hide flag has been changed from “Y” to “H”. A value of “H” indicates the dependent is to be “hidden” in HRConnect. The value “D” has been added to indicate the dependent is deceased and therefore will not be displayed in HRConnect. Blank, “D”, “H”, and “N” are the accepted values when in update mode. The meaning of the flag value will be displayed when in inquiry mode:

_ - Show

“D” - Deceased

“H” – Hide

“N” – Show

Certified Other field enhancements - The certified other field will now include the following options:

Blank - has never applied to this employee

Y - person has other coverage through a non-state business/company

P - person retired from UT or other state agency where they get SGIP from that previous employer as a policy holder

D - person covered as dependent on another state agency policy (e.g., spouse of UT employee or retiree)

S - person covered as a dependent of a TAMUS member employee or retiree

Values Y, D, S all qualify for ½ SGIP; value P gets no SGIP. The medical deduct code for these individuals should be an “N” instead of an “O”.

We will be adding this information to all of our forms and to NEES so that we can capture this information in BPP.

The next Benefit Processors meeting is August 12th.