Health Benefits Transition to the 2015 Plan Year

Following is an overview of the various health benefit plans offered by TCU. Please review the respective plan coverage you elected recently during Open Enrollment so that you know what to expect during the transition between plan years. For more detailed information regarding plan benefits, visit www.hr.tcu.edu.

To ensure the fullest benefit coverage for all insurance plans, it is recommended that participants verify their providers are continuing to participate as an in-network provider by visiting their respective website or by calling their customer service phone line.

Medical Insurance –

Effective with the new plan year, annual deductibles, out-of-pocket maximums and coverage limits will reset starting on January 1, 2015.

There are no benefit coverage changes except for those who elected a new medical plan during Open Enrollment. And, only individuals who changed coverage will receive an identification (ID) card. All cards will be issued in the employee’s name. ID cards have already started to arrive at participants’ homes, but if a temporary or a re-issued ID is required, members can log on to BlueCross BlueShield of Texas’ website and search for the “Quick Links” section on the right-hand margin, which has a link to obtain an ID card.

It is recommended that all participants create a log-in to BlueCross BlueShield of Texas’ website to review Explanation of Benefits (EOBs), learn about claim filing and, if necessary, request an ID card/print a temporary ID card. Members who have not previously logged-in will need their BlueCross BlueShield-issued identification number, which is on the members’ card. If a card has not been received by the end of 2014, members can call BlueCross BlueShield, 1.888.762.2190, to obtain the member’s ID number.

BlueCross BlueShield Group Numbers:

High Deductible Health Plan (HDHP) with Health Savings Account (HSA) Members: 070775

In early January 2015, HSA Bank will send a welcome kit to new members advising how to activate the card as well provide an overview of account options.

TCU’s employer contributions ($200/employee or $400/family) will be available January 1, 2015, with employee contributions available after each paycheck. Spending is limited to the amount available in the account.

HSA Bank’s Contact Information:
www.hsabank.com
1.800.357.6246
Consumer Driven Health Plan (CDHP) with Health Care Account (HCA) Members: 153484
TCU’s employer contributions to the HCA ($500/employee or $1,000/family) automatically will be loaded to the member’s HCA as of January 1, 2015. All medical-related expenses will be processed against the HCA at the time of service.

Preferred Provider Organization (PPO) & Exclusive Provider Organization (EPO) Members: 066446

BlueCross BlueShield of Texas Network: All medical plan options utilize “Blue Choice PPO” network.

BlueCross BlueShield of Texas Contact Information:
www.bcbstx.com
1.888.762.2190

**Prescription Coverage – EXPRESS SCRIPTS®**

Prescription coverage is managed separately by Express Scripts for anyone who is covered by TCU’s medical insurance. A separate card will be issued only to new plan members. It is also recommended all covered members establish a separate log-in at Express Scripts website to calculate prescription costs, request a temporary or replacement ID card, review benefit history, and re-order mail order prescriptions.

If an ID card has not been received by the end of 2014, members can provide the pharmacist their social security number along with TCU’s Group Number, which is JPXA. Additionally, a temporary card can be printed and a replacement card ordered by logging into Express Scripts website, selecting the “Health & Benefits Information” tab and then clicking the “Print & Request Forms & Cards” link.

*If possible, especially if you are transitioning to a new plan, it is recommended that you request last-minute refills before year end.*

Express Scripts’ Contact Information:
www.express-scripts.com
1.866.776.0056

*Additional Resources for All Employees, Retirees & their Dependents:*

**Employee Assistance Program (EAP) – MAGELLAN**

Provides confidential assistance and referrals 24 hours a day/7 days a week/365 days a year, for personal, behavioral, financial, and legal matters.

Magellan Health Services’ Contact Information:
www.magellanhealth.com/member
1.800.327.1393

*Additional Resources for BlueCross BlueShield of Texas participants:*

**Telehealth – TELADOC.**

Effective January 1, 2015, all covered members and their dependents will be eligible for telephonic & video consultations – 24/7/365 – by board-certified doctors who specialize in internal, family, and emergency medicine as well as pediatrics. If necessary, prescriptions are submitted to the patient’s preferred pharmacy. Service fees for PPO participants is a $10 copayment and $40 for HDHP/CDHP participants.
A welcome packet will be mailed to members’ homes in early January 2015, which will include an overview of Teladoc’s services. This confidential service does not replace primary care physicians; however, it is an alternative to urgent care & emergency room visits. Covered members may want to visit Teladoc’s website to establish an account through pre-registration so that this service is quickly available when needed.

Teladoc Contact Information:
www.teladoc.com
1.800.Teladoc (1.800.835.2362)

Medical Concierge –
Serving in an advocacy role, Patient Care provides another confidential venue to help employees and their families to utilize their health care dollars; clarify total and out-of-pocket costs for services (prior to scheduling services and after Explanation of Benefits (EOBs) are received); find an in-network doctor or specialist; and, answer questions about health care reform.

Welcome packets were distributed during Open Enrollment and additional ones are available by request in Human Resources.

Patient Care Contact Information:
www.patientcare4u.com
1.866.253.2273

Second Opinion Medical Review –
With access to qualified medical specialists and facilities – worldwide – covered members are able to obtain a second opinion. Through this confidential case review process, a Best Doctors medical advocate will assist individuals in obtaining a free evaluation on a medical diagnosis, recommended treatment plan, or chronic medical condition/injury. And, at the patient’s discretion, the report can be shared with the treating physician(s).

Best Doctors Contact Information:
www.bestdoctors.com
1.866.904.0910

Dental Insurance –
Effective with the new plan year, annual deductibles, out-of-pocket maximums and coverage limits will reset starting on January 1, 2015.

Though not required, dental cards were issued to new dental HMO participants and should arrive by the end of the year. **PPO participants will not receive an ID card.** If coverage verification is necessary, providers can contact Cigna’s Customer Service: 1.800.244.6224. TCU’s Group Number is 3215812.

Cigna Dental Networks: DHMO participants should select the **Dental Care HMO** network and DPPO participants should select the **DPPO Advantage** network.

Cigna’s Contact Information:
www.cigna.com
1.800.244.6224
Vision Insurance – UnitedHealthcare
Coverage is not based on the plan year; instead, it is based on benefit usage frequency. To maximize full utilization of premiums, it is recommended that plan benefits, e.g. exam, purchase of lenses/frames, etc., are utilized as soon as practical.

No cards are issued for UnitedHealthcare (UHC) Vision participants. Providers may ask participants to provide personal demographic information for verification of coverage as well as TCU’s Group Number, which is 754094.

UnitedHealthcare Vision’s Contact Information:
www.myuhc.com
1.877.426.9300

Flexible Spending Account (FSA) –
For employees who elected to participate in a Flexible Spending Account (FSA), which is administered by Discovery Benefits, a list of eligible expenses for dependent care and medical plans, as well as reimbursement forms for non-debit card processed expenses, can be viewed on their website.

Dependent Care FSA – Participants who have remaining funds from 2014 must incur expenses by December 31, 2014 and file claims reimbursement by April 30, 2015.

For individuals who elected coverage for the 2015 plan year, funds will be available and debit cards may be used after the first payroll with spending limited to the amount contributed from each paycheck.

Medical FSA – TCU’s plan recognizes a grace period extension, which allows current plan year participants to incur eligible FSA expenses through March 15, 2015 using remaining 2014 funds. Participants can file a request for claims reimbursement against the 2014 Plan Year by April 30, 2015.

For individuals who elected coverage for the 2015 plan year, the full amount of elected funds will be available and debit cards may be used starting on January 1.

Debit cards are valid for three years from issuance. Debit cards were issued to new participants only and should arrive to participants’ homes by the end of the year.

FSA debit card charges must be substantiated within thirty days of the card being swiped to avoid the account being placed on hold until the receipt(s) have been received and cleared with Discovery Benefits. Participants can review requests for receipt substantiation by logging into Discovery Benefits website and selecting the “Statements & Notifications” tab. You can submit a receipt for claims substantiation by email, fax or the US Postal System.

Discovery Benefits’ Contact Information:
www.discoverybenefits.com
1.866.451.3399

For questions about your benefits, please contact Human Resources by phone, 817.257.7790, or by email, AskHR@tcu.edu.