2017 Annual Enrollment

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- MDLIVE Replaces Teladoc
Benefits Enrollment Oct. 31 – Nov. 11

It’s that time of year again! Each year, during Annual Benefits Enrollment, BMC gives you an opportunity to review your benefits and make any changes you need. You’ll see very few changes to your benefits for 2017. However, take a few moments to see if your current coverage still meets your needs and budget, and then decide what’s best for you and your family for the coming year.

2017 Changes

Medical Plans
BMC expects to spend $26 million on medical expenses in 2017, a $1.6 million increase over 2016. This means the monthly contributions for you and BMC for all medical plans will increase in 2017. (See page 2 for more information about 2017 monthly contributions and how you and BMC can work together to manage health care costs.)

Blue Cross Blue Shield of Texas (BCBSTX) Plans
For 2017, we’re expanding a successful approach to high-cost medical procedures that will continue to help you save money and get better care. You and your covered family will need to use Blue Distinction Centers (BDCs) for some specialty medical services. (See page 4 for more information about this change.)

MDLIVE Replaces Teladoc for Telehealth
BMC will continue to give you access to telehealth, a cost-saving way to receive non-urgent medical care for you and your covered family anytime without leaving your home.

Starting January 1, 2017, telehealth services will be provided through MDLIVE. (See page 6 for more information about this change.)

Dental
Your paycheck contributions for dental will increase slightly. See your new prices starting October 24 on mybmcbenefits.com.

Enhanced Parental Bonding Leave
BMC is enhancing your short-term disability benefits and parental leave practices to help you enjoy more time with that new bundle of joy.

• For BMC moms, maternity disability leave will increase from 6 weeks to 8 weeks. So that’s two additional weeks of time off paid at 66 2/3%.  
• For our BMC moms and dads, BMC’s current 6-week parental leave will increase to 10 weeks, with two of those weeks paid at 100%. If you are the birth mother, this new benefit is in addition to the 8 weeks of paid maternity disability leave.  
• With these changes, BMC new moms will receive up to 10 weeks of paid leave.
Why Health Care Costs are Increasing

It's important for everyone to understand why these costs are increasing. The BMC medical plan is self-insured. This means that your health care costs are paid by BMC and you, not Blue Cross Blue Shield of Texas (BCBSTX). BMC funds 78% of this cost, and employees pay the rest through paycheck contributions. As the administrator, BCBSTX uses the money during the year to pay for all of our claims.

Several factors determine the monthly cost — or the paycheck contributions — for your medical plan, but the amount of health care used by everyone covered under the BMC plan in the previous year plays a big role. When the total cost of claims increases, usually so will next year’s monthly paycheck contributions. And because both you and BMC share the cost of claims increases, the cost for medical coverage goes up for everyone.

So the more we use, the more we will all pay from year to year. Some cost increases we can’t control, but if we choose care that is more expensive when alternatives are available, we will all pay more in future years.

What’s Changing

For 2017, we are not changing any of the major features of the medical plan options — deductible, coinsurance, and out-of-pocket maximum. So the plans will continue to work just like they do today. However, there will be changes to the paycheck costs for the medical options.

As always, your actual paycheck costs will depend on the plan you choose and who you cover. For the large majority of our employees who are in the Health Savings Account (HSA) Plan, you will see a smaller impact to your paycheck, just $3 to $16 per month, depending on who you cover next year. If you choose the PPO Plan again for 2017, you will pay $25 to $96 more per month, depending on who you cover next year.
Get Paid to Shop Smart

Beginning January 1, Healthcare Bluebook’s Go Green to Get Green rewards program will send you a check for $25, $50, or $100 if you choose a “green” provider for certain medical procedures, like MRIs. A “green” provider charges the fair market price or less. Get details at mybmcbenefits.com.

It Pays to Participate

If you participated in the BMC Wellness Program in 2016 and earned 3,000 or 5,000 bWell points — way to go! You will save $200 or $500 on your 2017 paycheck costs for medical.

Blue Distinction Centers for Specialty Care

BMC will continue to cover bariatric surgery when it is performed at a Blue Distinction Center (BDC). BDCs are medical facilities that have demonstrated expertise in the delivery of quality health care at a better value.

For 2017, we are expanding the use of BDCs as another way to help you achieve a better health care outcome and lower out-of-pocket costs. If you are enrolled in a BCBSTX plan, you and your covered family will need to use BDCs for certain specialty services, including knee and hip replacements, select spine surgeries, and some transplants. If you live within 75 miles of a BDC and receive these services at a non-BDC facility, the plan will not cover your treatment. You’ll pay the full cost out of your pocket.

You Have Control

You may not realize this, but you actually have a lot of control over the cost of health care to you and BMC.

- Learn how to get healthier with bWell — BMC’s wellness program — and pay less for your 2018 medical coverage. The mybmcbenefits.com website has all the details to help you get started.
- When you need care or receive a medical diagnosis during 2017, take time to use Healthcare Bluebook™ and Best Doctors®.
- If you or a covered family member needs one of the specialty medical services above during 2017, call the BCBSTX phone number on the back of your card to pre-authorize the surgery.

Don’t Forget

- Flexible Spending Accounts: If you want to participate, you must sign up for this option every year, even if nothing else in your plan is changing.
- Health Savings Account: Just like the FSA, you must sign up for the HSA every year, even if nothing else in the plan is changing.
- Beneficiaries: Remember to review who you have listed as your beneficiaries for any insurance coverage you have elected. It is also a great time to review your 401(k) account beneficiaries at netbenefits.com.
Time to Decide!

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If you don’t take action during Annual Enrollment, you’ll have the same benefit coverage that you have for 2016, with higher paycheck contributions for medical and dental coverage.

Your 2017 Enrollment Checklist

☐ Get more information. Check out mybmcbenefits.com for details about our 2017 benefits.

☐ Attend a webinar. Learn more about the 2017 benefits or ask questions.

☐ Consider your coverage needs. Decide if you want to make any changes for next year.

☐ Enroll – 3 convenient ways:
  - From mybmcbenefits.com, click on Enroll Now.
  - From mybmcrewards.com, click on Enroll Now.
  - Talk to a Benefits Center representative at 1-877-262-4849. You can enroll by phone weekdays between 8 a.m. and 9 p.m., Eastern time.


When Annual Enrollment ends on November 11, you cannot make any changes to your benefits until next year’s Annual Enrollment, unless you have a qualifying event like marriage, a new baby, or divorce.

This information is only a summary. The provisions of the benefit plan documents, the current BMC Software, Inc. (the Company) policies, and the insurance policies, as applicable, will determine your actual benefits. If there is a conflict between this document and the plan/company policies or documents, the plan/company policies or documents will govern. The Plan Administrator has the final discretionary authority to determine all issues arising under the benefit plans it administers, including issues of interpretation, eligibility, benefits, and factual determination. If there is a conflict between this brochure and a determination or interpretation made by the Plan Administrator, the interpretation adopted by the Plan Administrator will govern.
Watch Your Tax-Free Health Savings Grow

Already enrolled in or choosing the BCBSTX Health Savings Account (HSA) Plan? You can contribute even more to your Health Savings Account in 2017. Individuals can set aside $3,400 ($50 more than last year), and an extra $1,000 if age 55 or over. Families may still contribute $6,750. If you didn’t reach the limits last year, try saving more in 2017.

NEW! MDLIVE Replaces Teladoc

Starting January 1, 2017, MDLIVE will replace Teladoc for telehealth services. Like Teladoc, MDLIVE connects you with a doctor who can diagnose and prescribe medication to treat routine illnesses by online video or phone anytime.

With the move to MDLIVE, the $40 consultation fee will now count toward your medical plan’s in-network deductible. Other enhancements include the addition of on-demand access to behavioral health therapists by online video or phone.

Behavioral health therapists are offered through Breakthrough, an MDLIVE company. Therapists can consult with you and your covered family about relationships, family issues, marital problems, child behavior and learning issues, parental counseling, and more. The therapy consultation fee varies by provider but generally ranges from $80 to $175 for HSA Plan participants who haven’t met their deductible. PPO Plan participants will pay a $40 consultation fee.

Watch for more information about MDLIVE during Annual Enrollment on mybmcbenefits.com.