

## 2018 PEBTF Open Enrollment October 15 to November 2, 2018 For Active and COBRA Members

Open enrollment is your annual opportunity to review your medical plan options for the coming year. This newsletter highlights your options and important benefit information.

Open enrollment is also your opportunity to remove any dependents without a qualifying event, which is recommended only if your dependent has other coverage.

### What's Changing for Plan Year 2019?

- ✓ **PPO annual deductibles are increasing**
- ✓ **Prescription drug copays are increasing**
- ✓ **Costs for employees hired on or after August 1, 2003, part-time employees and COBRA members change each year.** See pages 6 to 7 for cost information.
- ✓ **Autism spectrum disorder cap** is increasing to \$40,501.

Any changes you make during this open enrollment will be effective January 1, 2019.

**If you are happy with your current plan, you don't have to do anything during Open Enrollment.**

### HELPFUL TIPS

#### For more information -

- **Log on:** Visit [www.pebtf.org](http://www.pebtf.org). Select the box "2018 Open Enrollment" You may view the Open Enrollment webinar (see page 8 for more info)
- **Call:** PEBTF at 1-800-522-7279
- **Email:** [openenrollment@pebtf.org](mailto:openenrollment@pebtf.org)
- **Call:** Health Advocate at 1-855-855-4238 to help locate network doctors



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# What Are My Options for 2019?

## PPO Options Offered Statewide and Nationally

The Choice PPO Option, offered by Aetna, and the Basic PPO, offered by Highmark, continue for 2019. Both plans include in-network and out-of-network deductibles and these deductibles increase for 2019.

### ***About the PPO:***

- Annual in-network deductible on these services: Hospital expenses (inpatient + outpatient), and medical/surgical expenses including physician services (except office visits), imaging, skilled nursing facility care and home health care
- Choice PPO and Basic PPO have different deductible amounts
- Employees hired on or after 8/1/03 pay a buy-up for the Choice PPO; the Basic PPO is offered with no buy-up
- No referrals required for specialist visits
- More flexibility – may visit an in-network or an out-of-network provider

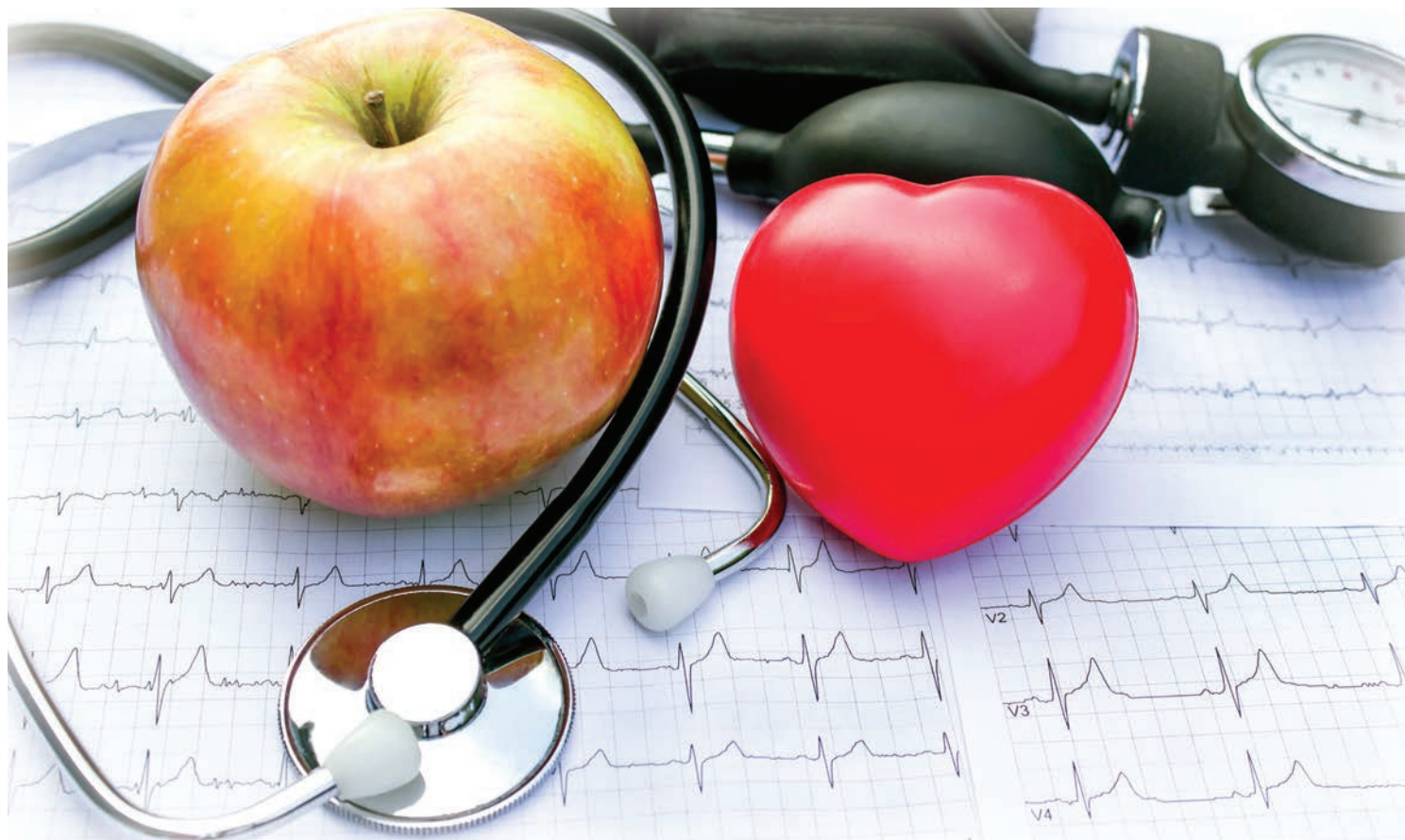
## Custom HMO Offered Regionally

The Custom HMO continues to be offered. While this plan offers low copays and no annual deductible, it includes a limited network of providers. To receive coverage under this plan, you must visit a Custom HMO network provider. Visit [www.pebtf.org](http://www.pebtf.org) > 2018 Open Enrollment to view the Custom HMO's network.

### ***About the Custom HMO:***

- No annual deductible and low copayments
- Network benefit only – no coverage if you visit a provider that is not part of the Custom HMO network (visit [www.pebtf.org](http://www.pebtf.org) > 2018 Open Enrollment)
- No plan buy-up
- Limited network – not all of the providers or hospitals in your area are in the network

See page 3 for a summary of the benefits.



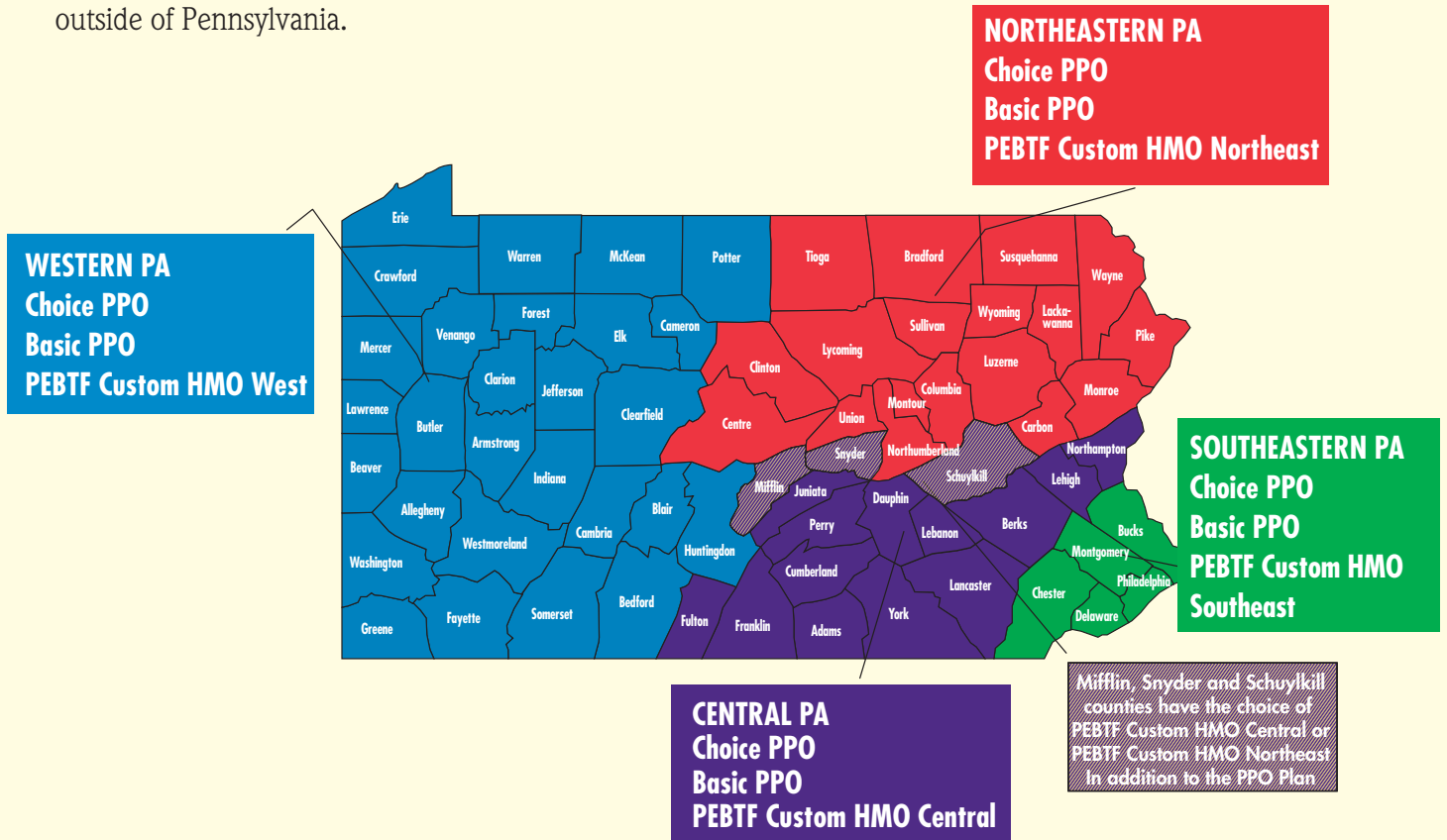
# 2019 Plan Options – At a Glance

	<b>Choice PPO (Aetna)</b>	<b>Basic PPO (Highmark)</b>	<b>PEBTF Custom HMO</b>
Biweekly Buy-Up for employees hired on or After 8/1/03 <ul style="list-style-type: none"> <li>• Single</li> <li>• Family</li> </ul>	\$11.87 \$30.64	\$0 \$0	\$0 \$0
In-network deductible amount for certain services (annual)	\$400 single/ \$800 family (increase for 2019)	\$1,500 single/ \$3,000 family (increase for 2019)	No Deductible
Visit network providers only			✓
Limited provider network (visit <a href="http://www.pebtf.org">www.pebtf.org</a> to check the network)			✓
May visit out-of-network providers (at additional cost)	✓	✓	
Referrals needed for specialist care			✓
Copayment – Primary Care Physician (PCP) office visit	\$20	\$20	\$5
Copayment – Specialist office visit	\$45	\$45	\$10 (Referral required)
Outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)	\$20	\$20	\$5 (Referral required)
ER copayment (waived if admitted)	\$200	\$200	\$150
Urgent care copayment	\$50	\$50	\$50
Diagnostic tests (imaging – X-ray, MRI, etc.)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Diagnostic tests (lab)	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	100% (Referral required)
Hospital expenses (Inpatient & Outpatient)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Medical/surgical expenses – including physician expenses (except office visits)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Out-of-pocket maximum (In Network)	\$7,900 single/ \$15,800 family	\$7,900 single/ \$15,800 family	\$7,900 single/ \$15,800 family

All benefits are limited to covered services that are determined by the plan to be medically necessary.

# What Plans Are Available in My Region?

You may choose a plan that is offered in your region. The Choice PPO and Basic PPO are the only options for members who live outside of Pennsylvania.



**PPO Options:**

Choice PPO - Aetna 1-800-991-9222  
Basic PPO – Highmark 1-888-301-9273

**PEBTF Custom HMO:**

West - Aetna 1-800-991-9222  
Central - Aetna 1-800-991-9222  
Southeast - Aetna 1-800-991-9222  
Northeast - Geisinger 1-800-504-0443



# What Do I Pay for a Prescription Drug?

The Prescription Drug Plan uses a three-tier system, where drugs are categorized as generic, preferred brand-name, or non-preferred brand-name. The formulary summary is available at [www.pebtf.org](http://www.pebtf.org) Publications and Forms. The following chart details the copayments under your Prescription Drug Plan and the copay changes for 2019.

## HELPFUL TIPS

To save money, ask your doctor to prescribe generic drugs.



	Your Copay Today	Your Copay Beginning January 1, 2019
<b>Prescriptions at a Network Pharmacy - up to a 30 Day Supply</b>		
Tier 1: Generic drug	\$12	\$15
Tier 2: Preferred brand-name drug	\$30*	\$40*
Tier 3: Non-Preferred brand-name drug	\$60*	\$80*
<b>Mail Order or Retail Maintenance at a CVS Pharmacy - up to a 90 Day Supply</b>		
Tier 1: Generic drug	\$18	\$22.50
Tier 2: Preferred brand-name drug	\$45*	\$60*
Tier 3: Non-Preferred brand-name drug	\$90*	\$120*
<b>Retail Maintenance at a Rite Aid Pharmacy - up to 90 Day Supply</b>		
Tier 1: Generic drug	\$24	\$30
Tier 2: Preferred brand-name drug	\$60*	\$80*
Tier 3: Non-Preferred brand-name drug	\$120*	\$160*
*plus the cost difference between the brand and the generic, if one exists		



# What Do I Pay For My Benefits?

## Full-Time Employees

### Full-Time Employee Hired on or After August 1, 2003:

- You pay the health care contribution through payroll deductions. Refer to your collective bargaining agreement for details.
- You can save money if you participate in the Get Healthy Program. You will not pay the surcharge, which is \$66.16 biweekly effective January 2019.
- The Basic PPO and PEBTF Custom HMO options in your county of residence are offered at no additional cost to you (except when covering dependents during your first six months of employment).
- You may purchase, through payroll deductions, the Choice PPO for an additional biweekly plan buy-up cost indicated below. When covering dependents during your first six months of employment, you also pay a dependent buy-up.
- You may purchase, through payroll deductions, prescription drug coverage for the first six months.
- After six months of service, you may elect to enroll in prescription drug and/or supplemental benefits (package of dental, vision, and hearing aid plans) at no additional cost.

	Single Biweekly Cost	Family Biweekly Cost	If You Add Dependents During the First Six Months of Employment, You Pay the Buy-Up Cost Biweekly (First Six Months)
Choice PPO Option	\$11.87	\$ 30.64	\$379.09
Basic PPO Option	\$ 0	\$ 0	\$348.45
PEBTF Custom HMO Option	\$ 0	\$ 0	\$360.54
Prescription Drug (first 6 months)	\$75.27	\$186.73	See Family Biweekly Cost

### Full-Time Employee Hired Before August 1, 2003:

- You pay the health care contribution through payroll deductions. Refer to your collective bargaining agreement for details.
- You can save money if you participate in the Get Healthy Program. You will not pay the surcharge, which is \$66.16 biweekly effective January 2019.
- There is no additional cost to you, no matter which plan you choose.



## Part-Time Employees

- You pay the health care contribution through payroll deductions plus the cost reflected in the table below.
- You will be able to make the same selections as full-time employees based on your hire date.

### Part-Time Employees – First Six Months of Employment

Cost of Single Coverage - Biweekly		Cost of Family Coverage - Biweekly	
	Medical Only		Medical Only
Choice PPO Option	\$122.14	Choice PPO Option	\$489.36
Basic PPO Option	\$110.27	Basic PPO Option	\$458.72
PEBTF Custom HMO Option	\$114.09	PEBTF Custom HMO Option	\$474.63
Prescription Drug	\$ 75.27	Prescription Drug	\$186.73

### Part-Time Employees – After Six Months of Employment

Cost of Single Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO Option	\$122.14	\$151.09	\$127.38	\$156.33
Basic PPO Option	\$110.27	\$139.22	\$115.51	\$144.46
PEBTF Custom HMO Option	\$114.09	\$143.04	\$119.33	\$148.28
Prescription Drug Only	\$ 28.95			
Supplemental Only	\$ 5.24			

Cost of Family Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO Option	\$305.75	\$380.44	\$319.25	\$393.94
Basic PPO Option	\$284.50	\$359.19	\$298.00	\$372.69
PEBTF Custom HMO Option	\$294.36	\$369.05	\$307.86	\$382.55
Prescription Drug Only	\$ 74.69			
Supplemental Only	\$ 13.50			

### Questions About Costs?

Call the commonwealth's HR Service Center at 1-866-377-2672. Call your local HR office if your agency is not supported by the commonwealth's HR Service Center.

# How Do I Get Answers?

You have the following resources available to you:

For More Information	
<b>Live Informational Webinar</b>	Tuesday, October 16, 10 a.m. to 11 a.m. This live webinar will review the 2019 benefits and you will be able to ask questions at the end. To register, go to <a href="http://www.pebtf.org">www.pebtf.org</a> > 2018 Open Enrollment to get started.
<b>Recorded Webinar</b>	Visit <a href="http://www.pebtf.org">www.pebtf.org</a> > 2018 Open Enrollment to view the recorded webinar at any time beginning October 19.
<b>PEBTF Website</b>	Visit <a href="http://www.pebtf.org">www.pebtf.org</a> > 2018 Open Enrollment for detailed information and to link to the health plan provider directories.
<b>Contact the PEBTF</b>	Call 1-800-522-7279 to speak to a Benefit Services representative or email at <a href="mailto:openenrollment@pebtf.org">openenrollment@pebtf.org</a> . The representative can review coverage options, copays and deductibles.
<b>Contact PEBTF Health Advocate</b>	Health Advocate is another resource to help locate network doctors and providers that are part of the plan's network you are considering. Call 1-855-855-4238 or <a href="http://www.HealthAdvocate.com/PEBTF">www.HealthAdvocate.com/PEBTF</a>
<b>Contact the HR Service Center (or your local HR office if your agency is not supported by the HR Service Center)</b>	If you need help completing enrollment or questions about costs, call 1-866-377-2672 or visit <a href="http://www.myWorkplace.state.pa.us">www.myWorkplace.state.pa.us</a>

# How Do I Change Medical Plans?

If you want to change plans for January 1, 2019:

1. Refer to the map on page 4 to see what plans are available in your county of residence.
2. Visit [www.pebtf.org](http://www.pebtf.org) > 2018 Open Enrollment for more information. A benefit comparison tool is available so you can compare plans in your county of residence.
3. Check the plan's network of providers and facilities to see if your doctors are part of the network. This may be found under "Health Plan Information" under the 2018 Open Enrollment section. It is especially important that you review the providers if you are considering the Custom HMO because it is a limited network.
4. If you have questions about your medical plan options, coverage for services, etc., contact the PEBTF at 1-800-522-7279.



## HELPFUL TIPS

**All plan changes must be made by Friday, November 2. If you have no changes, you don't have to do anything. You will continue in your current plan.** If you make a medical plan change during this open enrollment, you will receive a new medical plan ID card. Watch your mail in late December.

**HMO Members:** If your PCP is not listed on the card, immediately contact your HMO.

5. Follow the instructions to the right to make a plan change.



## Make a Plan Change

### **Active Members**

When you are ready to select a medical plan, you can use employee self service at [www.myWorkplace.state.pa.us](http://www.myWorkplace.state.pa.us) beginning October 15, 2018 or contact the commonwealth's HR Service Center. You can call your local HR office if your agency is not supported by the commonwealth's HR Service Center.

All online transactions must be completed and all forms must be postmarked by **Friday, November 2.**

### **COBRA Members**

Complete the enclosed *COBRA Member Enrollment Form* and mail it to the PEBTF postmarked by **Friday, November 2.**

Open Enrollment –  
COBRA  
PEBTF  
150 S. 43<sup>rd</sup> Street  
Harrisburg, PA  
17111-5700

# Benefit News

## Highmark – UPMC

### Important Information for Basic PPO Members

Many of you may have seen recent news articles on Highmark and UPMC. In 2019, the Consent Decree that allowed limited and temporary access to UPMC in certain circumstances will end and some UPMC facilities will be impacted. **These UPMC hospitals will be out-of-network as of July 1, 2019:**

- Magee-Women's Hospital of UPMC
- UPMC East
- UPMC McKeesport
- UPMC Mercy
- UPMC Montefiore
- UPMC Passavant
- UPMC Presbyterian-Shadyside (including the Hillman Cancer Center)
- UPMC St. Margaret
- UPMC Hamot in Erie

You continue to have in-network benefits at all Allegheny Health Network hospitals and other independent facilities. If you receive services at the above-listed UPMC hospitals, you would be subject to the out-of-network deductible and coinsurance, and you may be billed for amounts in excess of the plan allowance.

Because it is open enrollment and you are considering your plan choices for 2019, we wanted to update you on the UPMC hospitals that will continue to be **in-network** with Highmark PPO:

UPMC Hospitals In Highmark's PPO Network	
Greater Pittsburgh Area:	Central PA:
Western Psychiatric Institute and Clinic	UPMC Pinnacle Carlisle
UPMC Children's Hospital of Pittsburgh	UPMC Pinnacle Lancaster
	UPMC Pinnacle Lititz
<b>Western PA outside of the Greater Pittsburgh area:</b>	UPMC Pinnacle Memorial
UPMC Altoona	UPMC Pinnacle Hanover
UPMC Bedford Memorial	UPMC Pinnacle Harrisburg
UPMC Cole	UPMC Pinnacle Community Osteopathic
UPMC Horizon	UPMC Pinnacle West Shore
UPMC Jameson	
UPMC Kane Hospital	
UPMC Northwest	
	<b>Northeastern PA:</b>
	UPMC Susquehanna Williamsport Regional Medical Center
	UPMC Susquehanna Divine Providence Hospital
	UPMC Susquehanna Muncy Valley Hospital
	UPMC Susquehanna Soldier & Sailors Memorial Hospital
	UPMC Susquehanna Sunbury
	UPMC Susquehanna Lock Haven

Source: <https://faqs.discoverhighmark.com>

# What are My Other Benefits?

In addition to your medical and prescription drug benefits highlighted on previous pages, the PEBTF also offers the following:

- Mental health and substance abuse benefits – provided by Optum
- Durable medical equipment (DME), prosthetics, orthotics, diabetic and medical supplies benefit – provided by DMEnson
- Vision benefits provided by National Vision Administrators (NVA)
- Dental benefits provided by United Concordia
- Hearing aid benefits
- Quit For Life® Program – free smoking cessation program for members age 19 and older
- Health Advocate – access to advocates who can help to resolve insurance claims and billing issues, locate a network provider, explain diagnosis and treatment options, coordinate care and more
- Livongo – free benefit for members with insulin-dependent diabetes or who are taking hypoglycemic drugs that offers a connected meter, unlimited test strips and coaching
- Get Healthy resources, webinars, Lunch ‘n Learns, etc.
- Discounts – offered by your health plan – includes gym memberships and diet programs
- Activity Challenges – a great way to increase your steps and enjoy a little friendly competition with your coworkers – offered twice a year

Visit [www.pebtf.org](http://www.pebtf.org) for information about these benefits or call the PEBTF with questions.

## Availability of Summary Health Information

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, the PEBTF makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC for each option is available at: [www.pebtf.org](http://www.pebtf.org). A paper copy is also available, free of charge, by calling 1-800-522-7279.

## Important Information for Spouses/Domestic Partners Enrolled in Their Employer’s Health Savings Account

More and more companies are offering high-deductible health plans with a Health Savings Account (HSA). Enrollment in these plans most often does not allow the member to be enrolled in another health plan as secondary coverage. If your spouse/domestic partner has HSA coverage through his/her employer and is enrolled in PEBTF benefits as secondary coverage, he or she will be subject to tax penalties.

We encourage spouses/domestic partners to check with their employers to ensure that they can be enrolled in PEBTF coverage as secondary.

If your spouse/domestic partner has HSA coverage through his/her employer, you may remove him/her from PEBTF coverage at any time throughout the year to avoid any tax penalties.

## For Information About Help in Paying for Your Health Insurance Coverage:

See the Additional Information section of Summary Plan Description (SPD), which is available at [www.pebtf.org](http://www.pebtf.org)

# Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PEBTF, Mailstop: CRAC, 150 S. 43<sup>rd</sup> Street, Harrisburg, PA 17111, 1-800-522-7279, TTY number—711, Fax: 717-307-3372, Email: CivilRightsCoordinator@pebtf.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-522-7279 (TTY: 711).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-522-7279 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-522-7279 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-522-7279 (TTY: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-522-7279 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-522-7279 (TTY: 711). 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-522-7279 (TTY: 711).

مصللا فتاه مقر) 1-1-800-522-7279 مقر ل لصتا . ن ا ج م ل ب ل كل ر ف ا و ت ت ة ي و غ ل ل ل د ع ا س م ل ت ا م د خ ن ا ف ، ة غ ل ل ل ر ل ن ا ش د ح ت ت ن ك ا ذ ا : ق ط و ح ل م م ل ب ل ا و (TTY: 711). 1-1-800-522-7279

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-522-7279 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-522-7279 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-522-7279 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-522-7279 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-522-7279 (TTY: 711).

ចូរអំពូល: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាឥតគិតថ្លៃសម្រាប់អ្នកនិយាយភាសាខ្មែរមានសេវាឥតគិតថ្លៃ 1-800-522-7279 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-522-7279 (TTY: 711).

Postmaster, please deliver  
between October 1 and  
October 12, 2018.

Local: 717-561-4750  
Toll Free: 800-522-7279

PEBTF telephone hours:  
8 a.m. – 5 p.m. Tuesday – Friday  
8 a.m. – 6 p.m. Monday  
(or 1st day following a holiday weekend)

This newsletter is available in an alternative  
format. Please contact the PEBTF to discuss  
your needs.



## IMPORTANT INFORMATION ABOUT YOUR 2019 BENEFIT CHANGES

### Get Healthy *Know Your Numbers* Annual Wellness Screening

It's that time of year! Have you scheduled or completed your Get Healthy ***Know Your Numbers*** Wellness Screening yet? Visit [www.pebtf.org](http://www.pebtf.org) and click on the Get Healthy logo to schedule your onsite wellness screening, make an appointment at a Patient Service Center or download a Physician Results Form. Successfully completing a wellness screening means you will not pay the employee contribution surcharge beginning in July 2019.

The deadline to complete a wellness screening (including receipt of completed Physician Results Form, if applicable) is December 31, 2018 – don't delay.

### Get Healthy Resources are Here to Help

Visit [www.pebtf.org](http://www.pebtf.org) > Get Healthy to sign up for a webinar or Lunch 'n Learn. The website lists a variety of presentation topics and handouts – everything you need to help you “get healthy.” New to the website are Get Healthy articles written by our Health Coaches. If you want some help staying active in the colder months, check out the first article, ***Staying Active During the Winter Months: The Whys and Hows.***

