



Fall 2025

**October 20, 2025 –
November 7, 2025**

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PEBTF
150 S. 43rd Street
Harrisburg, PA 17111
1.800.522.7279

2025 Open Enrollment

Retired Pennsylvania State Police Program

Medical Benefits Open Enrollment

Open Enrollment is your annual opportunity to review your medical plan options and select a plan that works best for you and your family. Changes will be effective January 1, 2026.

Your medical plan options are based on your date of hire:



Medical Plan Options	
Hired before April 21, 2005	You can enroll in either: ▪ PPOBlue ▪ Traditional ClassicBlue If you are enrolled in Medicare Parts A and B, you will remain enrolled in the appropriate Medicare Supplement plan.
Hired on or After April 21, 2005	You can only be enrolled in: ▪ PPOBlue

This newsletter will provide information on both PPOBlue and Traditional ClassicBlue. For more information, you may visit www.pebtf.org and click on the Retired State Police (RPSPP) tab.

If you would like to change plans, the enclosed form must be returned to the PEBTF by November 7, 2025. If you change plans, you will receive a new medical ID card in December. Your new plan will start on January 1, 2026.

Your Prescription Drug Benefits Remain the Same

If you retired prior to July 1, 1995: Your prescription drug plan is CVS Caremark.

If you retired on or after July 1, 1995: Your prescription drug plan is Express-Scripts, Inc. (ESI).

If you retired on or after August 1, 2025: GLP-1 medications will only be covered for Type 2 Diabetes.

See page 5 for more information on your prescription drug plan and Medicare.

Are there any benefit changes for 2026?

There are no changes to the medical and prescription drug plans.

Even though there are no benefit changes, it's always a good idea to review your benefits each year. Below is a quick summary of the PPO Blue Option and the Traditional Classic Blue.

For more detailed information, you can find the Retired State Police (RPSPP) Program Benefits Handbook on www.pebtf.org. Actual benefit levels vary by date of retirement. Please refer to your Retired Pennsylvania State Police Program Benefits Handbook for specific information on your benefits. You may view or print the Handbook by visiting www.pebtf.org and selecting the box, Retired Pennsylvania State Police Program (RPSPP) Handbook.



Your Medical Plan Options at a Glance	
PPO Blue	Traditional Classic Blue (available only to members hired before April 21, 2005)
You can choose to see in-network or out-of-network providers; out-of-pocket costs are higher if you go out-of-network	Benefits are highest when participating providers are used. If you use a non-participating provider, you are responsible for any charges in excess of the provider's reasonable payment
No deductible if you visit an in-network provider	Major Medical deductible: \$100 individual/ \$300 family Retired on or after 7/1/2007: \$250 individual/ \$750 family
Low copays \$15 primary care physician office visit \$25 specialist office visit copay \$50 emergency room copay (\$100 copay, retired on or after 1/13/2018); waived if admitted	You pay up front for your doctor's visit and submit for payment consideration to Major Medical
Preventive care covered with copay; preventive immunizations covered 100%	Preventive care and adult preventive immunizations are not covered (preventive benefits are covered 100% for members who retired on or after 1/13/2018)
No claim forms to file	Claim forms filed for Major Medical

Actual benefit levels vary by date of retirement. Please refer to your Retired Pennsylvania State Police Program Benefits Handbook for specific information on your benefits. You may view or print the Handbook by visiting www.pebtf.org and selecting the box, Retired Pennsylvania State Police Program (RPSPP) Handbook. All services must be medically necessary.

Important Information About Medicare and Your RPSPP Benefits



Medicare eligibility typically occurs when a person turns age 65 or is approved for disability benefits under Social Security Income. Individuals are automatically enrolled in Medicare Part A and Part B. Individuals enrolled in Medicare Part B will pay a monthly premium, which is usually deducted from the person's monthly Social Security benefit. If you did not work the required quarters to be automatically enrolled in Medicare, it is your responsibility to contact the Social Security Administration to see if you qualify for Medicare benefits.

The following are the guidelines for the RPSPP retirees and their dependents:

Hired Prior to April 21, 1986	Hired on or After April 21, 1986
You and your covered dependents are not required to elect Medicare Part B; however, it is strongly suggested that your covered dependents enroll in Medicare Part B upon becoming eligible, either by age or disability.	You and your covered dependents are required to enroll in Medicare Parts A and B when you become eligible for Medicare; either by age or disability.
Should you predecease your covered dependents and they chose not to enroll in Medicare Part B upon becoming Medicare eligible (either by age or disability); they face a 10% penalty per year for every year not enrolled in Medicare Part B. This penalty can be quite substantial.	If you or your covered dependents chose not to enroll in Medicare Part B upon becoming Medicare eligible (either by age or disability), you face a 10% penalty per year for every year not enrolled in Medicare Part B. This penalty can be quite substantial. The RPSPP will not reimburse you for this penalty. See page 4 for additional information.
If you and your covered dependents do enroll in Medicare Part B, you must pay your monthly premium.	You and your Medicare eligible covered dependents must pay the Medicare Part B monthly premium (including higher premiums due to an IRMAA surcharge, if applicable). The RPSPP will reimburse you and your dependents for the Medicare Part B premium on a quarterly basis. The Commonwealth will not reimburse you or your dependents for any penalties assessed by Medicare.
Medicare coverage is primary and the RPSPP will be secondary.	Medicare will be your primary coverage and the RPSPP will be secondary. If you and your Medicare-eligible dependents do not elect and/or maintain Medicare Parts A and B, your RPSPP medical coverage will provide limited coverage, leaving you with a serious gap in medical coverage. You will be financially responsible for any claims that would have been payable under Medicare Parts A and B.

Important Information About IRMAA

The Income-Related Monthly Adjustment Amount (IRMAA) is a surcharge that individuals with higher incomes must pay on top of Medicare Part B premiums. The PEBTF will reimburse you for those amounts. You must submit one of the following to the PEBTF, 150 S. 43rd St., Harrisburg, PA 17111:

- **Change in Social Security Payment Notice (COLA Notice)** – provides notice that an individual's Social Security payment is changing.
- **IRMAA Notice** – advises of application of an IRMAA to an individual's Medicare Part B premium.
- **IRMAA Adjustment Notice** – advises that an individual's Medicare Part B premium is changing because the individual's income has changed.
- **Upcoming Plan Changes Notice** – advises of an upcoming change to an individual's Medicare costs.



What is Member Liability?

When you utilize network providers, you are using a provider who is contracted with Highmark to accept the Plan's allowance for covered services and/or procedures provided. Your liability is limited to the required copayment, coinsurance and deductible. If you utilize an out-of-network provider, you face a higher cost for incurred services and/or procedures. Out-of-network providers are not of Highmark's network and are not required to accept the Plan's allowances; therefore, they can bill you for the difference between the actual charge and the health plan's allowance, in addition to the required copayment, coinsurance and deductible, if applicable. To reduce out of pocket costs, visit <https://www.myhighmark.com> and click on "Find doctors and RX" to see of list of in-network providers. You may also call Highmark Blue Shield at 1.866.727.4935 to request assistance in locating an in-network provider.

Covered Services & Procedures

To minimize potential out of pocket expenses for you and your family members, it is always good practice to verify with Highmark if the proposed services and/or procedures are a covered benefit under your health plan. This even applies to services and procedures that do not require prior authorization. Your provider is able to contact Highmark to verify coverage or you can contact Highmark Customer Service at 1.866.727.4935 to verify coverage as long as you have the corresponding diagnosis and procedure codes available.

Highmark Blue Shield Online

Highmark Blue Shield's website, <https://www.myhighmark.com>, is a great resource that comes with your medical plan. To find in-network providers, log in and select, Get Care, then select Go to provider search, or call 1.866.727.4935 for assistance in looking for a provider. This user-friendly website also allows you to review your health care coverage and your spending, request an ID card, sign up for electronic explanations of benefits and access a wide range of health and wellness information when it is most convenient for you.

Prescription Drug Coverage for Medicare-Eligible Members

You and your dependents do not have to enroll in Medicare Part D (prescription drug) once you or your dependents become Medicare eligible. The RPSPP prescription drug plan is considered creditable coverage for Medicare purposes. This means that if your dependents were to lose RPSPP prescription drug coverage, they would have a special enrollment period under Medicare Part D and they would not be charged a late enrollment fee.

Please note: If the retired member dies, there is a Survivor Spouse benefit under the RPSPP. This is a direct pay monthly premium for the spouse of the deceased member that provides medical and prescription drug coverage. Please contact the PEBTF at 1.800.522.7279 with questions concerning the Survivor Spouse benefit.

To apply for Medicare

- ✓ Call the Social Security Administration at 1.800.772.1213 three months prior to your 65th birthday if you are not yet getting Social Security retirement benefits. Retired members who were hired on or after April 21, 1986 and

their applicable dependents should not decline Medicare Part B coverage at any point or you and your dependents will face a serious gap in medical coverage.



- ✓ Pay the monthly premium for Medicare Part B coverage. The Part B premium is deducted from your Social Security check if you receive a monthly benefit from Social Security. **If you were hired on or after April 21, 1986,** the RPSPP will reimburse you and your dependents for the Medicare Part B premium on a quarterly basis.

Dependent Coverage

You may add or remove dependents to your coverage at any time. When removing the dependent, the effective date will be the date they are no longer eligible.

Throughout the year, it is your responsibility to notify the PEBTF within 60 days with any of the following changes:

- You gain a dependent through birth, adoption or marriage
- You lose a dependent due to divorce, death or ineligibility (in the case of divorce, notification must be done as soon as the divorce is final)
- Your spouse's employment or other dependent's medical coverage begins or ends
- Medicare eligibility prior to age 65

Don't delay! If you don't **add** an eligible dependent to your benefits within 60 days of their initial date of eligibility, your dependent may not be retroactively enrolled more than 60 days from the date you notified the PEBTF. If you don't **remove** a dependent who is no longer eligible, you will be responsible for paying any benefit utilization and your dependent may miss their opportunity to enroll in COBRA.

Frequently Asked Questions



Q. Do I have to do anything for Open Enrollment?

A. Open enrollment is your annual opportunity to make a medical plan change. If you do not want to change medical plans, you do not have to do anything, but you should take time to review your benefits each year. Open Enrollment is being held October 20, 2025 through November 7, 2025 for a January 1, 2026 effective date.

Q. What plan may I enroll in during the RPSPP Open Enrollment?

A. You may choose to enroll in the PPOBlue plan or the Traditional ClassicBlue plan if you graduated to Trooper status prior to April 21, 2005.

Q. If I choose the PPOBlue plan, can I change back to the Traditional ClassicBlue plan?

A. You can change medical plans during the annual RPSPP open enrollment. If you select the PPOBlue during this open enrollment, you can change back to the Traditional ClassicBlue plan during next year's open enrollment for a January 1, 2027 effective date.

Q. Do I need to inform my doctors if I make a plan change?

A. Yes. You should provide a copy of your new medical identification card to all of your doctors. Doctors' offices typically ask for your medical identification card at the time of your visit.

Open Enrollment Changes – Effective January 1, 2026

If you wish to make an enrollment change to either the PPOBlue plan or Traditional ClassicBlue plan, you must complete the enclosed enrollment form and return it to:

Pennsylvania Employees Benefit Trust Fund (PEBTF)

**150 S. 43rd Street
Harrisburg, PA 17111**

PEBTF must receive the completed form by **Friday, November 7, 2025**.

The next open enrollment period, and your next opportunity to choose a new medical plan option will be in the fall of 2026 for an effective date of January 1, 2027.

For questions about your current RPSPP medical benefits or to find a participating provider, please contact:

**Highmark at
1.866.727.4935**

For questions about completing the RPSPP Open Enrollment Form, please contact:

**PEBTF at
1.800.522.7279**