

PEBTF OPEN ENROLLMENT

2016 PEBTF Open Enrollment October 17 to November 4, 2016 For Active and COBRA Members

Your benefits are changing for 2017!

Open Enrollment is your annual opportunity to review your medical plan options and this year it is even more important that you review your options for 2017. Your benefits are changing and you will need to decide which option works best for you and your family. In addition to this newsletter, you may visit the PEBTF website to view FAQs and to link to the medical plans' provider directories. You will also have an opportunity to attend an Open Enrollment Benefit Fair or view the presentation online. You should contact the PEBTF with questions.

What's Changing for Plan Year 2017?

- ✓ **Plan Options:** There are three new plan options – Choice PPO, Basic PPO and PEBTF Custom HMO. Your current plan will not be offered.
- ✓ **Network changes:** HMO networks are changing.
- ✓ **Benefit Design:** There are differences in copays between the PPO and PEBTF Custom HMO options. In addition, the PPO options include in-network deductibles on some services. The out-of-network deductible changes. Medical policies of each health insurance company may differ. For example, one plan may require preauthorization on a service and another plan may not.
- ✓ **Consumer Driven Health Plan (CDHP):** The CDHP will no longer be offered.
- ✓ **Costs:** Costs for employees hired on or after August 1, 2003, part-time employees and COBRA members change each year. Good news – the PPO buy-up is less in 2017. See pages 11 and 12 for cost information.
- ✓ **Out-of-pocket maximum:** Your annual in-network out-of-pocket maximum will be \$7,150 single and \$14,300 family in 2017 for all plan options. The out-of-pocket maximum includes deductibles, coinsurance, copayments and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This amount is set by the Affordable Care Act and changes every year. When the out-of-pocket maximum is reached, your plan pays at 100% until the end of the year. The combined out-of-pocket maximum for PPO out-of-network services will be \$7,150 single and \$14,300 family. This does not include balance billing amounts for non-network providers, but it does include out-of-network cost sharing.



HELPFUL TIPS

For more information –

- **Logon:** Visit www.pebtf.org. Select the box, 2016 Open Enrollment
- **Call:** PEBTF at 1-800-522-7279 with any questions
- **Email:** openenrollment@pebtf.org

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- ✓ **Autism Spectrum Disorder Cap:** The annual maximum benefit for autism spectrum disorder services increases to \$38,852, which is required by Pennsylvania law.

- ✓ **Prescription drug benefits:** Your prescription drug benefits continue under CVS Caremark but there is a change in the copay amounts. Prescription drug benefits are offered separately from the medical plan and the supplemental benefits of dental, vision and hearing aid benefits. See page 9 for copay information.

What's Staying the Same for Plan Year 2017?

- ✓ Optum continues to administer the mental health and substance abuse benefit.
- ✓ DMension continues to administer the durable medical equipment (DME), prosthetics, orthotics, medical and diabetic supply benefit.
- ✓ Vision, dental and hearing aid benefits continue with no changes.
- ✓ Bronze Plan continues to be offered to part-time employees who work an average of 30 hours a week. Employees who qualify for this plan will receive a separate mailing with more details in mid-October.

Your Options for 2017

Choice PPO Option - offered by Aetna

- Employees hired on or after 8/1/03 pay a plan buy-up of \$11.54 biweekly for single coverage or \$23.08 biweekly for family coverage.
- More flexibility – may visit a network or out-of-network provider, though you will have higher out-of-pocket costs and a separate deductible if you go out of network.
- Network copayments of \$20 for primary care physician (PCP) office visits; \$40 for specialist office visits.
- \$50 urgent care copayment; \$150 ER copayment (waived if admitted).
- Annual in-network deductible of \$300 single/\$600 family applies to all services **except** preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest Diagnostics or LabCorp.



HELPFUL TIPS

To save money, visit your PCP or urgent care provider instead of going to the ER for non-life threatening emergencies.

- Annual out-of-network deductible – \$600 single/\$1,200 family. You must satisfy the deductible first and then the plan pays 70% of the plan allowance. If you visit an out-of-network provider, you are responsible for the deductible, coinsurance and all amounts in excess of the plan allowance.

Basic PPO Option - offered by Highmark

- No plan buy-up for the Basic PPO for employees hired on or after 8/1/03.
- More flexibility – may visit a network or out-of-network provider, though you will have higher out-of-pocket costs and a separate deductible if you go out of network.
- Network copayments of \$20 for primary care physician (PCP) office visits; \$40 for specialist office visits.
- \$50 urgent care copayment; \$150 ER copayment (waived if admitted).
- Annual in-network deductible of \$1,000 single/\$2,000 family, applies to all services **except** preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest Diagnostics or LabCorp.



HELPFUL TIPS

Preventive care is covered 100% at no cost to you. See the PEBTF SPD for a list of covered preventive care services.

- Annual out-of-network deductible – \$2,000 single/\$4,000 family. You must satisfy the deductible first and then the plan pays 70% of the plan allowance. If you visit an out-of-network provider, you are responsible for the deductible, coinsurance and all amounts in excess of the plan allowance.

PPO Options

Annual in-network deductible applies to the following:

- Hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits)
- Imaging
- Skilled nursing facility care and home health care
- Diagnostic tests (labs) if **not** done at a Quest Diagnostics or LabCorp

Annual in-network deductible DOES NOT apply to the following:

- Preventive care
- Office visits and outpatient therapy copayments
- Emergency room and urgent care copayments
- Diagnostic tests (labs) done at a Quest Diagnostics or LabCorp

PEBTF Custom HMO Option (regional plans; offered to Pennsylvania residents only)

- No plan buy-up for employees hired on or after 8/1/03.
- Limited network of providers and facilities. You **must** visit a network provider; no out-of-network services are available. If you seek services outside of the network, you are responsible for the full cost.
- You **must** choose a PEBTF Custom HMO network primary care physician (PCP) at time of enrollment. Your PCP must refer you for all network services. If you seek services without a referral or outside of the network, you are responsible for the full cost.
- Low network copayments (\$5 for primary care physician office visits; \$10 for specialist office visits).
- \$50 urgent care copayment; \$150 ER copayment (waived if admitted).
- Guest privileges are no longer offered. If you enroll a dependent who lives outside of the HMO's service area, he or she will only be covered for emergency/urgent care. Your dependent would have to come back to the plan's service area to get any other medical services.



HELPFUL TIPS

The PEBTF Custom HMO option has the lowest copays but a limited network of providers and hospitals. Review the network of providers before making a decision.

Health Plan Terminology

- **Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage (for example, 30% of the allowed amount). The PPO in-network benefit has no coinsurance. The PPO out-of-network benefit has coinsurance. This is the same as the current benefit. You pay coinsurance plus any deductibles. Applies to health care services until the maximum out-of-pocket is reached.
- **Copayment (or copay):** A fixed amount you pay for a covered health care service, usually when you receive service.
- **Deductible:** The amount you owe for health care services under the PPO before the plan begins to pay. For the PEBTF PPO plans, the deductible applies to all services **except** preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest Diagnostics or LabCorp.
- **Maximum Out-of-Pocket:** The most you would pay in a year. After the maximum out-of-pocket is reached, the plan pays at 100% of the allowed amount. This includes both deductible and copays.
- **Network (In-Network):** The facilities, providers and suppliers your health plan has contracted with to provide health care services.
- **Out-of-Network (or Non-Network):** The facilities, providers and suppliers that do not contract with your health plan. For PPO members, you have an out-of-network benefit but it is subject to a deductible and coinsurance. PEBTF Custom HMO members, you have no coverage if you visit a provider who is not in the PEBTF Custom HMO's network.

2017 Plan Options – At a Glance

	Choice PPO	Basic PPO	PEBTF Custom HMO
Annual buy-up for employees hired on or after 8/1/03 • Single • Family	\$300 \$600	\$0 \$0	\$0 \$0
In-network deductible amount for certain services (annual)	\$300 single/ \$600 family	\$1,000 single/ \$2,000 family	No Deductible
Visit network providers only			✓
Limited provider 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	\$40	\$40	\$10 (Referral required)
Outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)	\$20	\$20	\$5 (Referral required)
ER copayment (waived if admitted)	\$150	\$150	\$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, 100% after deductible elsewhere	Covered 100% at Quest Diagnostics or Labcorp, 100% after deductible 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)	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family

Compare the Options

	Today, you pay	In 2017, you will pay		
	PPO/HMO	Choice PPO	Basic PPO	PEBTF Custom HMO
PCP Copay	\$15	\$20	\$20	\$5
Specialist Copay	\$25	\$40	\$40	\$10
Urgent Care	\$15 - \$50 (varies by plan)	\$50	\$50	\$50
Emergency Room	\$50 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)
Deductible	\$0	\$300 single/ \$600 family	\$1,000 single/ \$2,000 family	\$0
Biweekly PPO Buy-Up (post 8/1/03 employees)	\$37.66 single/ \$97.07 family	\$11.54 single/ \$23.08 family	\$0	\$0



HELPFUL TIPS

Employees hired on or after 8/1/03 pay a buy-up for the Choice PPO only. The Basic PPO and PEBTF Custom HMO are offered with no buy-up.

Annual in-network deductible must be paid first for the following services: Diagnostic tests (labs) if not done at a Quest Diagnostics or LabCorp, imaging, hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits), skilled nursing facility care and home health care.

Let's compare the new options based on common medical conditions.

Kathy, age 52, believes in the saying, "an ounce of prevention is worth a pound of cure" so she is happy that the PEBTF covers important preventive benefits. Kathy tries to eat right, get enough sleep and exercise and it has been paying off. She visited her primary care physician just once for an ear infection. Let's look at what her costs would be under the 2017 plan options.

Preventive Care & Office Visits 2017(Single Coverage)			
	Choice PPO (In network)	Basic PPO (In network)	PEBTF Custom HMO (In network)
Annual OB/GYN visit	\$0	\$0	\$0
Annual mammogram	\$0	\$0	\$0
Colonoscopy (routine)	\$0	\$0	\$0
PCP office visit	\$20	\$20	\$5
Total Out-of-Pocket Costs & Total Paid by Pre 8/1/03 Employees	\$20	\$20	\$5
Annual Buy-Up (post 8/1/03 employees)	\$300 (single buy-up)	\$0	\$0
Total Paid by Post 8/1/03 Employee	\$320	\$20	\$5
No deductible paid because member did not utilize services that apply to the PPO annual deductible			

Maria is expecting her first child. She and her husband are enrolled in family coverage. The following example shows the costs under each option for Maria's prenatal care and delivery. Maria is subject to the family deductible.

Having a Baby (normal delivery) in 2017(Family Coverage)			
	Choice PPO (In network)	Basic PPO (In network)	PEBTF Custom HMO (In network)
Prenatal office visits	\$0	\$0	\$0
Annual deductible In this example, the deductible would have to be paid prior to the ultrasound and hospital charges being covered at 100%	\$600 Each person satisfies his/her individual deductible. The most a family would have to satisfy are 2 deductibles or \$600	\$2,000 Each person satisfies his/her individual deductible. The most a family would have to satisfy are 2 deductibles or \$2,000	\$0
Radiology (ultrasound)	\$0 after deductible	\$0 after deductible	\$0
Hospital charges (mother)	\$0 after deductible	\$0 after deductible	\$0
Hospital charges (baby)	\$0 after deductible	\$0 after deductible	\$0
Laboratory tests	\$0 if you use Quest Diagnostics or LabCorp; 100%after deductible elsewhere	\$0 if you use Quest Diagnostics or LabCorp; 100%after deductible elsewhere	\$0
Total Out-of-Pocket Costs & Total Paid by Pre 8/1/03 Employees	\$600	\$2,000	\$0
Annual Buy-Up (post 8/1/03 employees)	\$600 (family buy-up)	\$0	\$0
Total Paid by Post 8/1/03 Employee	\$1,200	\$2,000	\$0



Greg played football in high school and has had problems with his knees for years. He knew it was a matter of time before he had to have knee replacement surgery. The following example shows the costs under all plan options and shows the single and family annual deductibles so you can compare options.



Knee Replacement Surgery in 2017

	Choice PPO (In network)		Basic PPO (In network)		PEBTF Custom HMO (In network)
	Single	Family	Single	Family	
Specialist office visit	\$40	\$40	\$40	\$40	\$10
Annual deductible In this example, the deductible would have to be paid prior to the MRI/Inpatient hospital and surgeon charges being covered at 100%	\$300	\$600 Each person satisfies his/her individual deductible. The most a family would have to satisfy are 2 deductibles or \$600	\$1,000	\$2,000 Each person satisfies his/her individual deductible. The most a family would have to satisfy are 2 deductibles or \$2,000	\$0
MRI of the knee	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0
Inpatient hospital and surgeon charge (includes anesthesia and post-op services)	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0
Outpatient physical therapy (12 sessions)	\$240	\$240	\$240	\$240	\$60
Total Out-of-Pocket Costs & Total Paid by Pre 8/1/03 Employees	\$580	\$880	\$1,280	\$2,280	\$70
Annual Buy-Up (post 8/1/03 employees)	\$300	\$600	\$0	\$0	\$0
Total Paid by Post 8/1/03 Employee	\$880	\$1,480	\$1,280	\$2,280	\$70

Ann has Type 2 diabetes and has been doing great with managing her condition. She makes sure to visit her PCP and her endocrinologist throughout the year so they can help monitor her condition.

Managing Type 2 Diabetes in 2017(Single Coverage)			
	Choice PPO (In network)	Basic PPO (In network)	PEBTF Custom HMO (In network)
PCP office visits (4/year)	\$80	\$80	\$20
Specialist office visits (3/year)	\$120	\$120	\$30
Diabetes education	\$0	\$0	\$0
Laboratory tests (blood tests but not from a hospital) – Quest Diagnostics used	\$0 if you use Quest Diagnostics or LabCorp; 100% after deductible elsewhere	\$0 if you use Quest Diagnostics or LabCorp; 100% after deductible elsewhere	\$0
Brand-name insulin – no generic equivalent (at mail order) 4, 90 day refills/year	\$120	\$120	\$120
Total Out-of-Pocket Costs & Total Paid by Pre 8/1/03 Employees	\$320	\$320	\$170
Buy-Up (post 8/1/03)	\$300	\$0	\$0
Total Paid by Post 8/1/03 Employee	\$620	\$320	\$170
No deductible paid because member did not utilize services that apply to the PPO annual deductible			

Prescription Drug Plan – Copay Changes

The Prescription Drug Plan continues to be administered by CVS Caremark. The plan uses a three-tier system, where CVS Caremark maintains a list of generic and brand-name drugs called a formulary. The formulary summary is available at www.pebtf.org. Drugs included on the formulary are called “preferred.” Drugs not on that list are called “non-preferred.” The following chart details the copayments under your Prescription Drug Plan and the copayment changes for 2017.



HELPFUL TIPS

To save money ask your doctor to prescribe generic drugs. The copay for generic drugs is not changing.

	Your Copayment Today	Your Copayment Effective January 1, 2017
Prescription at a Network Pharmacy Up to a 30 Day Supply		
Tier 1: Generic drug	\$10	\$10
Tier 2: Preferred brand-name drug	\$18*	\$20*
Tier 3: Non-Preferred brand-name drug	\$36*	\$40*
Mail Order or Retail Maintenance at a CVS Pharmacy up to a 90 Day Supply		
Tier 1: Generic drug	\$15	\$15
Tier 2: Preferred brand-name drug	\$27*	\$30*
Tier 3: Non-Preferred brand-name drug	\$54*	\$60*
Retail Maintenance at a Rite Aid Pharmacy up to 90 Day Supply		
Tier 1: Generic drug	\$20 Rite Aid	\$20 Rite Aid
Tier 2: Preferred brand-name drug	\$36 Rite Aid*	\$40 Rite Aid*
Tier 3: Non-Preferred brand-name drug	\$72 Rite Aid*	\$80 Rite Aid*
*plus the cost difference between the brand and the generic, if one exists		

How to Make the Right Decision

1. Check the state map or page 10 for plan options available in your region. Choice PPO and Basic PPO are offered in all Pennsylvania counties and out-of-state.
2. Next, check the plan's network of providers and facilities to see if your doctors are part of the network (visit www.pebtf.org, select the box **2016 Open Enrollment** to link to each plan's online provider directory, which may be found under Health Plan Information).
3. Determine if you would like to have an out-of-network benefit. Both PPO plans have an out-of-network benefit that allows you to obtain services from providers not in the plan's network, but you will pay more out-of-pocket.
4. Both PPOs have annual deductibles. You will pay the PPO deductible before the plan begins to pay for some services. The deductible applies to all services except preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest Diagnostics or LabCorp.
5. To save money, you may want to consider the PEBTF Custom HMO option (for Pennsylvania residents only). The PEBTF Custom HMO option has low copayments and no deductible but it offers a limited network – not all of the doctors and hospitals in your area are in the network. There are new networks for 2017.

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You need to carefully take a look at the plan's network of providers and hospitals and also select a network PCP at the time of enrollment. Your PCP must refer you for all network services. If you seek services without a referral or outside of the HMO network, you are responsible for the full cost. If you were previously enrolled in an HMO, you need to check to make sure your providers and hospitals are still participating.

6. Consider payroll deductions. You will continue to pay the health care contribution through payroll deductions, which is 2% of your annual base pay. Employees hired on or after 8/1/03, pay a plan buy-up for the Choice PPO.

7. For part-time employees refer to page 12 for cost information.



HELPFUL TIPS

If you want to visit providers that are not in the health plan's network, consider one of the PPO plans. You will have higher out-of-pocket costs if you go out-of-network.

Plan Choices by Region

Choice PPO – Aetna 1-800-991-9222

Basic PPO – Highmark 1-888-301-9273

PEBTF Custom HMO:

West – Aetna 1-800-991-9222

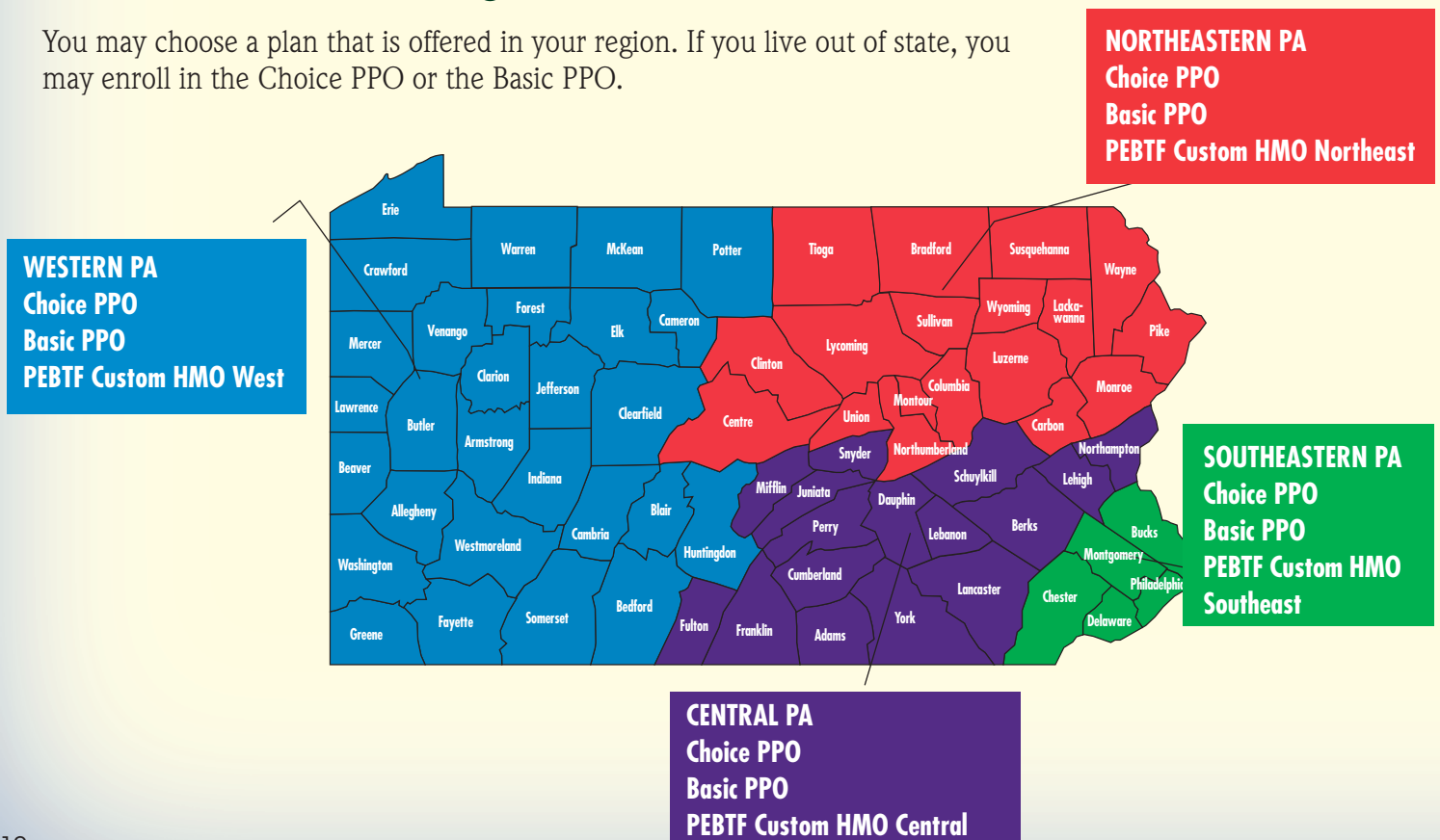
Central – Aetna 1-800-991-9222

Southeast – Aetna 1-800-991-9222

Northeast – Geisinger 1-800-504-0443

Plan Choices by Region

You may choose a plan that is offered in your region. If you live out of state, you may enroll in the Choice PPO or the Basic PPO.



Important Cost Information for 2017

Full-Time Employees

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.
- Refer to the chart for information on Get Healthy savings
- There is no additional cost to you, no matter which plan you choose.



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.
- Refer to the chart for information on Get Healthy savings
- 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 at an additional biweekly cost indicated below.
- After six months of service, you may elect to enroll in prescription drug and/or supplemental benefits at no additional cost

Get Healthy Program Changes

Currently Through December 31, 2016	Effective January 1, 2017*	Effective July 1, 2017*
Health care contribution – 5% of your base pay	Employee did not complete wellness screening in 2015: Contribution rate changes to 2% plus surcharge of 30% of the least expensive plan's premium, which is \$1,616.94 annually, \$62.19 biweekly	Employee does not complete wellness screening by 12/31/16: Contribution rate changes to 2.25% plus surcharge of 30% of the least expensive plan's premium, which is \$1,616.94 annually, \$62.19 biweekly
With waiver – 2% of your base pay	Employee completed wellness screening in 2015: Contribution is 2%	Employee completes wellness screening by 12/31/16: Contribution is 2.25%
*Union-represented members should refer to relevant collective bargaining agreement for details. If you are enrolled in Prescription Drug/Supplemental Benefits only, you will never pay more than the premium for that plan. For more information, contact the HR Service Center or your HR office if your agency is not supported by the HR Service Center.		

	Single Biweekly Cost	Family Biweekly Cost	If You Add Dependents During the First Six Months of Employment, You Pay the Buy-Up Biweekly Cost (First Six Months)
Choice PPO	\$11.54	\$23.08	\$350.63
Basic PPO	\$0	\$0	\$327.55
PEBTF Custom HMO	\$0	\$0	\$336.00

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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	\$113.07	Choice PPO	\$455.49
Basic PPO	\$103.66	Basic PPO	\$431.21
PEBTF Custom HMO	\$106.33	PEBTF Custom HMO	\$442.33

Part-Time Employees – After Six Months of Employment

Cost of Single Coverage - Biweekly						
	Medical Only	Prescription Drug Only	Supplemental Only	Medical+ Prescription Drug	Medical+ Supplemental	Medical+ Prescription Drug +Supplemental
Choice PPO	\$113.07	\$27.10	\$5.35	\$140.17	\$118.42	\$145.52
Basic PPO	\$103.66	\$27.10	\$5.35	\$130.76	\$109.01	\$136.11
PEBTF Custom HMO	\$106.33	\$27.10	\$5.35	\$133.43	\$111.68	\$138.78

Cost of Family Coverage - Biweekly						
	Medical Only	Prescription Drug Only	Supplemental Only	Medical+ Prescription Drug	Medical+ Supplemental	Medical+ Prescription Drug +Supplemental
Choice PPO	\$284.29	\$69.90	\$13.78	\$354.19	\$298.07	\$367.97
Basic PPO	\$267.43	\$69.90	\$13.78	\$337.33	\$281.21	\$351.11
PEBTF Custom HMO	\$274.33	\$69.90	\$13.78	\$344.23	\$288.11	\$358.01

Questions About Costs?

Call the commonwealth's HR Service Center at 1-866-377-2672. The HR Service Center is open from 6:30 a.m. to 5:30 p.m., Monday – Friday during Open Enrollment. Call your local HR office if your agency is not supported by the commonwealth's HR Service Center.

Open Enrollment Benefit Fairs

Open Enrollment Benefit Fairs will be held in select areas. The presentation is available online so you can view it from your computer instead of attending a benefit fair. If you have individual questions, you may contact the PEBTF at 1-800-522-7279 or by email at openenrollment@pebtf.org and a Benefit Services Representative will help you.

October 2016						
Sun 16	Mon 17	Tues 18	Wed 19	Thu 20	Fri 21	Sat 22
	Open Enrollment Begins	Erie	Pittsburgh AND Monroeville	Altoona	Harrisburg	
23	24	25	26	27	28	29
	Wyomissing	Norristown	Philadelphia	Harrisburg	Camp Hill	
30	31					
	Selinsgrove					
November 2016						
Sun	Mon	Tues 1	Wed 2	Thu 3	Fri 4	Sat 5
		Scranton	Wilkes-Barre		Open Enrollment Ends	

Central Pennsylvania

Harrisburg | Fri, Oct 21

Forum Auditorium
500 Walnut St

Wyomissing | Mon, Oct 24

Crowne Plaza Reading
1741 Paper Mill Rd

Harrisburg | Thur, Oct 27

Farm Show Keystone Conference Cntr
2300 N Cameron St (Maclay St entr.)

Camp Hill | Fri, Oct 28

Radisson Penn Harris
1150 Camp Hill Bypass

Northeastern Pennsylvania

Selinsgrove | Mon, Oct 31

Selinsgrove Cntr Central Bldg
1000 Rt 522

Scranton | Tues, Nov 1

Hilton Scranton & Conference Cntr
100 Adams Ave

Wilkes-Barre | Wed, Nov 2

The Woodlands Inn
1073 Highway 315

Western Pennsylvania

Erie | Tues, Oct 18

Bayfront Convention Center
1 Sassafras Pier

Pittsburgh | Wed, Oct 19

Wyndham Grand Pitt Downtown
600 Commonwealth Place

Monroeville | Wed, Oct 19

Monroeville Convention Cntr
209 Mall Blvd

Altoona | Thurs, Oct 20

Blair County Convention Cntr
One Convention Cntr Drive

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Southeastern Pennsylvania

Norristown | Tues, Oct 25

Norristown State Hospital
1001 Sterigere St, Bldg 33

Philadelphia | Wed, Oct 26

Philadelphia Marriott Downtown
1201 Market St

Subject to operational requirements, employees will be given two hours off from work plus necessary travel time to attend an Open Enrollment Benefit Fair. Sign-in sheets will be available at each meeting. If you need interpreter services, contact the PEBTF at 1-800-522-7279 at least one week prior to the meeting.

Meetings will be held at the following times:

11:00 a.m. – Noon

12:30 p.m. – 1:30 p.m.

You will hear an overview of each option. And, there will be an opportunity to ask questions.

The PEBTF and health plan representatives, as well as voluntary benefits representatives, will be available at each location. You may visit one-on-one with the various plans, pick up plan materials and ask questions.

You can choose which is best for you – attend the presentation or just stop by the health plan tables to gather information and ask one-on-one questions.

Online Open Enrollment Webinar Recording

You may view the Open Enrollment presentation online at your convenience.

1. Go to www.pebtf.org
2. Click on the 2016 Open Enrollment box to get started

The presentation will begin immediately. Your computer should be equipped with speakers so you can hear the audio portion.

Selecting a New Medical Plan Option

All Changes Must be Made by Friday, November 4, 2016

Refer to page 10 for a map of where each plan will be offered in 2017. Visit www.pebtf.org for more information on your health plan choices.

You must make a selection because the current plans will not be offered.



HELPFUL TIPS

You will receive a new medical plan ID card in the mail before January 1.

Active Members	If you have questions about your medical plan options, coverage for services, etc. please contact the PEBTF at 1-800-522-7279. When you are ready to select a medical plan, you can use employee self service at www.myWorkplace.state.pa.us beginning October 17, 2016 or contact commonwealth's HR Service Center which is available at 1-866-377-2672 between 6:30 a.m. and 5:30 p.m., Monday – Friday during Open Enrollment . 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 4.
COBRA Members	Complete the enclosed COBRA Member Enrollment Form and mail it to the PEBTF postmarked by Friday, November 4. Open Enrollment – COBRA Pennsylvania Employees Benefit Trust Fund 150 S. 43rd Street Harrisburg, PA 17111-5700

All employees will receive new medical plan ID cards. Watch your mail in late December. The new ID card will contain the toll-free telephone number for your medical plan as well as Optum, the mental health and substance abuse benefit and DMEnson, the administrator of the DME, prosthetics, orthotics, medical and diabetic supplies benefit.

Benefit News

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. A paper copy is also available, free of charge, by calling 1-800-522-7279.



Postmaster, please deliver
between October 4
and October 12, 2016.

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 2017 BENEFIT CHANGES

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

Get Healthy Program Annual Wellness Screening Reminder – Employees Only

Have you scheduled or completed your Get Healthy **Know Your Numbers** Wellness Screening yet? Visit 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.