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# 2025 PEBTF Open Enrollment

**October 13 to October 31, 2025**

**Benefit Information for Non-Permanent Employees Working an Average of 30 Hours/Week  
(For employees who only qualify for Bronze Plan)**

The Affordable Care Act (ACA) requires employers to provide medical and prescription drug coverage to employees who average a minimum of 30 hours of service a week. You were recently notified by the Commonwealth that you meet the criteria. As a result, you are eligible to elect the Bronze Plan offered by Aetna and administered by the Pennsylvania Employees Benefit Trust Fund (PEBTF) on behalf of the Commonwealth with coverage effective January 1, 2026.

The Bronze Plan provides minimum essential coverage and is considered affordable under the ACA. Because you are eligible for the Bronze Plan, if you choose to purchase a private health plan through the Health Insurance Marketplace, you may not be eligible for a premium tax credit toward the cost of paying for coverage through the Marketplace. For more information on the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).



If you need help paying for your health insurance, please refer to the Additional Information section of the PEBTF's Summary Plan Description. The Summary Plan Description is available at [www.pebtf.org](http://www.pebtf.org).

**Your Options:** You may choose one of the following options.

1. Bronze Plan, consisting of Aetna medical and prescription drug coverage.
2. Decline to enroll in coverage through the PEBTF.

This Open Enrollment newsletter provides a benefit summary of the Bronze Plan. If you are enrolled and want to remain enrolled for 2026, you do not need to do anything. To enroll during Open Enrollment for an effective date of January 1, 2026, you must enroll by **October 31**, so take some time to review this plan to determine if it is right for you. If you would like to enroll in health benefits, contact the HR Service Center at 1-866-377-2672, if your agency is supported by the HR Service Center. Please contact your local HR office if your agency is not supported by the HR Service Center.

For questions about your benefits, you may contact the PEBTF at 1-800-522-7279.

### Bronze Plan Benefit Option – At a Glance

**Cost:** You pay the employee contribution. If you participate in the Get Healthy *Know Your Numbers* Program, you will save money. Please see your collective bargaining agreement for more information.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Network Providers*                                                                                                                                                                                                                                                               | Out-of-Network Providers**                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Deductible (Per Calendar Year)</b><br>Includes costs for medical, mental health and substance abuse benefits and prescription drug costs.                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$10,600 single<br>\$21,200 family                                                                                                                                                                                                                                               | \$10,716 single<br>\$21,432 family                                                                                                                                         |
| <b>Out-of-Pocket Maximum</b><br>When the out-of-pocket maximum is reached, benefits are paid at 100% of the allowable amount until the end of the benefit period. Out-of-pocket maximum includes costs for medical, mental health and substance abuse benefits and prescription drug costs.<br>Includes deductibles, coinsurance, copayments and any other expenditure required of an individual, which is a qualified medical expense for the essential health benefits. Excludes balance-billing amounts for out-of-network providers and other out-of-network cost sharing. | \$10,600 single<br>\$21,200 family                                                                                                                                                                                                                                               | \$14,134 single<br>\$28,268 family                                                                                                                                         |
| <b>Preventive Care Services</b><br>For a list of PEBTF Preventive Care Services and Immunizations, visit <a href="http://www.pebtf.org">www.pebtf.org</a> .                                                                                                                                                                                                                                                                                                                                                                                                                    | Covered in full – not subject to annual deductible                                                                                                                                                                                                                               | 70% plan allowance after deductible; 100% plan allowance after the out-of-pocket maximum; If not available in-network, full cost shall be covered without any cost sharing |
| <b>Other Covered Medical Services</b><br>Visit <a href="http://www.pebtf.org">www.pebtf.org</a> for more details. See the Summary Plan Description or Plan Comparison.                                                                                                                                                                                                                                                                                                                                                                                                         | Covered 100% after deductible and out-of-pocket maximum                                                                                                                                                                                                                          | 70% plan allowance after deductible; 100% plan allowance after the out-of-pocket maximum                                                                                   |
| <b>Mental health and substance abuse benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Yes</b>                                                                                                                                                                                                                                                                       |                                                                                                                                                                            |
| <b>Prescription drug coverage</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Yes</b><br>You pay 100% of your prescription drug costs up to the maximum out-of-pocket; the plan then pays at 100% for medications covered under your plan. You do not need to submit claims – the prescription drug plan works with your medical plan to total all expenses |                                                                                                                                                                            |
| <b>Dental, vision, and hearing aid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No coverage                                                                                                                                                                                                                                                                      |                                                                                                                                                                            |

\*Participating providers agree to accept the Bronze Plan allowance as payment in full, often less than their normal charge. \*\*If you visit a non-participating provider, you are responsible for paying the deductible, coinsurance and the difference between the provider's charges and the plan allowance.

**This chart is intended as an easy-to-read summary. Benefits, limitations and exclusions are provided in accordance with the PEBTF Summary Plan Description. All benefits are limited to covered services that are determined by the Bronze Plan to be medically necessary.**

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## PEBTF Bronze Plan

It is important to remember that the Bronze Plan is a high-deductible PPO plan. You must pay the deductible and maximum out-of-pocket expense before the plan begins to pay. Please be prepared to pay the doctor at the time of your visit.

You pay the employee contribution. If you participate in the Get Healthy **Know Your Numbers** Program, you save money. Please see your collective bargaining agreement for more information.

Here is how the Bronze Plan works:

- **Annual Deductible:** You are responsible for the first **\$10,600** of in-network covered medical and prescription drug expenses for single coverage or **\$21,200** for family coverage. This is known as the annual deductible. For example, if you visit your doctor in January for treatment of bronchitis, you will have to pay the entire cost of the office visit and any prescription drug costs.
- **Plan Coverage:** Once you pay the annual deductible, the plan will pay 100% of the allowable amount for medically-necessary services that are covered under the plan. For example, if you have heart bypass surgery and you have single coverage, you will be responsible for \$10,600 of in-network services and the plan will pay 100% of the allowable amount for covered medically-necessary services after you meet this deductible. Any other covered, medically-necessary services and prescription drugs the remainder of the year will be covered at 100% of the allowable amount.
- **Preventive Care Services:** These are covered in-network at 100%. That means that you do not have to pay anything for these services and they are not subject to the annual deductible (visit [www.pebtf.org](http://www.pebtf.org) for a list of preventive care services). For example, you may get an annual physical and any routine immunizations that are covered under the preventive benefits.
- **Prescription Drug Benefit:** Benefits are provided by CVS Caremark and are subject to the annual deductible and out-of-pocket maximum. You are responsible for paying the full cost of the medication until after you satisfy the annual deductible and maximum out of pocket for all medical, mental health and substance abuse benefits and prescription drug costs, and then the plan will pay at 100% for medications covered under the plan.
- **Out-of-Network Benefit:** You will have greater out-of-pocket costs if you go to an out-of-network provider — an annual deductible of \$10,716 for single coverage or \$21,432 for family coverage. The plan will then pay 70% of the plan allowance up to your annual maximum out-of-pocket of \$14,134 for single coverage/\$28,268 for family coverage. In addition, an out-of-network provider may bill you for the difference between their charge and the plan allowance.
- The Bronze Plan provides only medical, mental health and substance abuse and prescription drug coverage. The plan does **not** provide dental, vision or hearing aid benefits.

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## Important Cost Information for 2026

### If you want to enroll in the Bronze Plan during Open Enrollment effective January 1, 2026:

You pay the employee contribution. You save money if you participate in the Get Healthy **Know Your Numbers** Program by completing a wellness screening (you will receive information on the Get Healthy Program after you enroll); refer to your collective bargaining agreement for contribution and waiver amounts.

Employees already enrolled in PEBTF benefits must complete an annual wellness screening by December 31, 2025 to earn the waiver starting July 1, 2026.

A wellness screening includes a blood draw that tests for cholesterol and glucose (sugar) levels, blood pressure measurement and height and weight to calculate Body Mass Index (BMI).

Coverage does not begin automatically; you will need to enroll to begin coverage for yourself and, if you choose, your eligible dependents. Remember, you can enroll yourself or eligible dependents at any time during the year — you don't need to wait for a qualifying event or open enrollment.

Each year, you have an opportunity during open enrollment to decline coverage or to remove dependents. If you experience a qualifying event during the year, you may be eligible to make these changes in response to the event. Prior to enrollment, please contact your physician to confirm his or her participation in the plan's network.

**Please be mindful that canceling coverage does require a qualifying event; otherwise, your opportunity to cancel would occur during the next open enrollment period.**



**Enrolling in health benefits will result in payroll deductions.**

**For questions about cost, visit [www.employeeresourcecenter.oa.pa.gov](http://www.employeeresourcecenter.oa.pa.gov).**



### **Questions About Costs and How to Enroll in the Bronze Plan?**

Call the HR Service Center at 1-866-377-2672 if your agency is supported by the HR Service Center.

Call your local HR office if your agency is not supported by the HR Service Center.



### **Questions About the Bronze Plan?**

Visit [www.pebtf.org](http://www.pebtf.org). Select “2026 Plan Changes and Open Enrollment Resources” for links to the Bronze Plan’s online provider directory.

Call the PEBTF at 1-800-522-7279 with any questions.