

Prescription Drug Plan Moves to CVS Caremark on July 1, 2012

The spring 2012 issue of *PEBTF Benefit News for Active Members* included information about the prescription drug plan moving to CVS Caremark on July 1, 2012. July 1 is quickly approaching and we wanted to remind you about this change and focus on some additional benefits of CVS Caremark.

In mid-June, you will be receiving a welcome packet that contains your new prescription drug card. Watch your mail for a regular-sized envelope with the PEBTF's return address. A red box with "Your Prescription Benefits" will be on the front of the envelope. **You must begin using your new CVS Caremark prescription drug card for any prescriptions filled on or after July 1, 2012.**

We realize you may have some questions during this transition. Do not hesitate to contact the PEBTF at 1-800-522-7279 or CVS Caremark at 1-888-321-3261.

What's Inside	
CVS Caremark ExtraCare Health Card.....	3
HIPAA Notice of Privacy Practices.....	3
SEAP Notice of Privacy Practices.....	3
Get Healthy Program	4
Connect and Stay Motivated with Your Get Healthy Site....	5
Care for When You Can No Longer Care for Yourself.....	6
Highmark Website Offers Provider Reviews.....	8

CVS Caremark Website

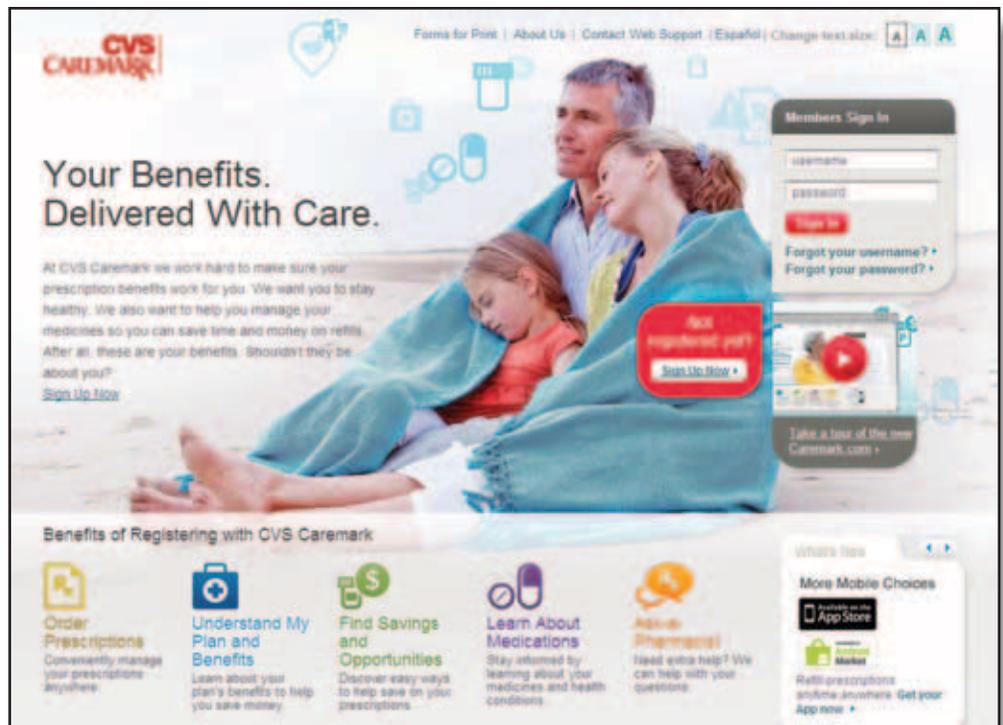
Get more out of your new prescription drug plan by visiting the CVS Caremark website, www.caremark.com, on or after July 1, 2012. Prior to July 1, visit www.pebtf.org and click on the box, Prescription Drug Plan – July 1, 2012, where you can find a link to a temporary CVS Caremark website that has some of the same features.

The CVS Caremark website has many features to help you manage your prescription drugs and refills while providing money-saving tips and information about your medications.

Registering on the Website – On or After July 1

It's easy to sign up. Register by clicking in the box, *Not Registered Yet?* Enter the ID number from your CVS Caremark prescription card and complete the requested information – name, date of birth, gender and relationship to the cardholder. To complete the process, you'll have to enter an email address, create a user name and password, select three challenge questions and decide how often you want to be asked the challenge questions (similar to other website registrations). Then, each time you visit the site, you can sign in using your username and password.

Please turn to Page 2



PEBTF BOARD OF TRUSTEES

Union Trustees

David Fillman, Secretary
AFSCME Council 13

Neal Bisno
SEIU Healthcare PA

Richard Caponi
AFSCME District Council 84

William Einhorn
PSCOA

Michael Fox
AFSCME District Council 89

Kathy Jellison
Local 668 SEIU

Marc Kornfeld
PSEA

Dominic Sgro
AFSCME District Council 83

Wendell Young, IV
United Food &
Commercial Workers

Commonwealth Trustees

Kelly Powell Logan, Chairman
Office of Administration

Charlene Couch
Bureau of Equal Employment
Opportunity

David Donley
Office of the Budget

Jay Gasdaska
Bureau of Labor Relations

James Honchar
Human Resources & Management

Todd Shamash
Governor's Office

Ann Spishock
Office of the Budget

Matt Waneck
Employee Benefits and Services

Charles Zogby
Office of the Budget

Prescription Drug Plan Moves to CVS Caremark *Continued from Page 1*

After you Log In

When you log in, you will see your personalized dashboard that allows you to:

- See available refills
- Order prescriptions
- Check order status
- Check prescription history
- View messages from CVS Caremark
- And much more . . .

Navigating the Site

The best way to find out what a website has to offer is to log on to the site and explore the various features.

The newly-designed CVS Caremark website is easy to use with these clearly marked icons:

- **Order Prescriptions:** You can enter your prescription information and choose pickup or delivery.
- **Understand My Plan and Benefits:** This section helps you stay up-to-date on medicine costs and offers important health and wellness management resources.
- **Find Savings and Opportunities:** You can save money by using generic medicines and setting up mail service for long-term prescriptions. The website can help you find ways to save.
- **Learn About Medications:** The website has a database of drugs and interactions and generic alternatives. You can view regimen brochures and FAQs on certain diseases such as asthma/COPD, hypertension, heart failure, diabetes and high cholesterol.
- **Ask a Pharmacist:** You can email a pharmacist and the pharmacist will

respond within two business days. You can also view pharmacist FAQs to see if you can find the answer to your question.

Additional Features

My Account: Go to this section to edit or modify information on your account. You can set up your notifications, print an ID card, manage payment options, print forms, etc. Another feature is Family Access. You can give adult family members covered under your prescription benefit plan permission to access your account, including the ability to order refills for you. This feature is especially beneficial if you are taking care of a sick family member.

RX Health Alerts: Once you are registered, you can sign up for RXHealth Alerts to receive alerts via email, text or voicemail. With RXHealth Alerts, you will never miss a refill and you will get an alert when your mail service prescription has been shipped.

Pharmacy Locator: The pharmacy locator allows you to search for network pharmacies in your area.

Mobile App: You also can download the free mobile app. The app allows real time, secure access to prescriptions and pharmacy information and will allow you to:

- Request mail service prescriptions
- Request a new prescription with FastStart®
- Check order status
- Check drug coverage and cost
- Find in-network pharmacies
- View prescription history

CVS Caremark Offers PEBTF Members the ExtraCare® Health Card

Many of you may be familiar with the ExtraCare® Card that is offered free at CVS/pharmacies. The card is designed to help you save money on over-the-counter items that you purchase in a CVS/pharmacy and online at www.cvs.com. You also earn money-saving coupons, which may be accessed at the Coupon Center in your local CVS pharmacy.

Because the PEBTF is transitioning the prescription drug plan to CVS Caremark, you will receive the **ExtraCare® Health Card**. The **ExtraCare Health Card** provides all the benefits you have with the CVS ExtraCare Card, plus you will receive a 20 percent savings on CVS/pharmacy

brand health related items. For those of you who don't currently have the discount card, consider using the **ExtraCare Health Card** when visiting a CVS/pharmacy.

The **ExtraCare Health Card** gives you all the benefits of a CVS ExtraCare Card, including weekly savings and the opportunity to earn Extra Bucks® on purchases and prescriptions. You can earn two percent in Extra Bucks on all purchases and one Extra Buck™ for every two prescriptions filled with your **ExtraCare Health Card**, plus the 20 percent health product savings.

Your new **ExtraCare Health Card** will be sent to your mailing address in early July. After you receive the card,



simply present it at the register of a CVS/pharmacy. A savings summary will appear on your receipt so you can see exactly how much you've saved with your card every time you shop. Don't forget to use your CVS Caremark prescription card when you fill prescriptions at a network retail pharmacy on or after July 1, 2012. The **ExtraCare Health Card** does not replace your prescription drug card.

SEAP Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires that individuals covered by a health plan receive notice of the availability of the health plan's Notice of Privacy Practices (NPP).

The NPP for the Office of Administration's State Employee Assistance Program (OA-SEAP) outlines the privacy practices that OA-SEAP will follow to maintain the privacy of your medical information and other personal information in its possession, otherwise known as "protected health information" (PHI). The NPP describes how OA-SEAP may use or disclose your PHI, with whom this information may be shared, and the safeguards that OA-SEAP has in place to protect your PHI.

The only PHI that OA-SEAP receives is for individuals who file a complaint about SEAP services. If an individual accesses SEAP voluntarily or never accesses SEAP, OA-SEAP does not receive any information about the individual unless the individual self discloses that information or if the individual is an imminent risk to themselves or someone else. This is because the SEAP program is confidential.

If you have any questions concerning the NPP or would like to obtain a copy, contact the SEAP Privacy Officer, Donna Hoskins-Helm at 717-787-8575, or by email at RA-WorkplaceSupportServices@pa.gov

HIPAA Notice of Privacy Practices

The HIPAA Notice of Privacy Practices was mailed to members in 2003 and continues to be mailed to members newly enrolled for PEBTF benefits. The Notice of Privacy Practices lists your rights under HIPAA and it applies to records maintained by the PEBTF regardless of the source of the information. The notice tells you about the ways in which the PEBTF may use and disclose your Protected Health Information (PHI). It also describes your rights and certain obligations the PEBTF has regarding the use and disclosure of PHI.

To download a copy of the HIPAA Notice of Privacy Practices, go to www.pebtf.org. You will find it under Publications & Forms, then HIPAA.



Get Healthy Program

The Get Healthy Program
The health care contribution

Now that you have taken your annual Health Assessment, you are ready to participate in programs offered by our Get Healthy vendor, OptumHealth.

After completion of the Health Assessment, you are classified as Healthy, At Risk or Chronic, which is based on both your Health Assessment results and claims data. Here are the available programs:

Healthy Programs

Online wellness programs are available to all members – employees, spouses/domestic partners and dependents (age 18 and older). Healthy members are not required to complete an online program to continue to earn the waiver. Online wellness programs are provided to help you with your health, so feel free to participate in a program at any time. You may link to the Get Healthy website from the PEBTF website, www.pebtf.org.

Online Health Coaching Programs include:

- Nutrition
- Exercise
- Stress Management
- Diabetes Lifestyle
- Heart Health Lifestyle
- Smoking Cessation
- Weight Loss

At Risk Programs

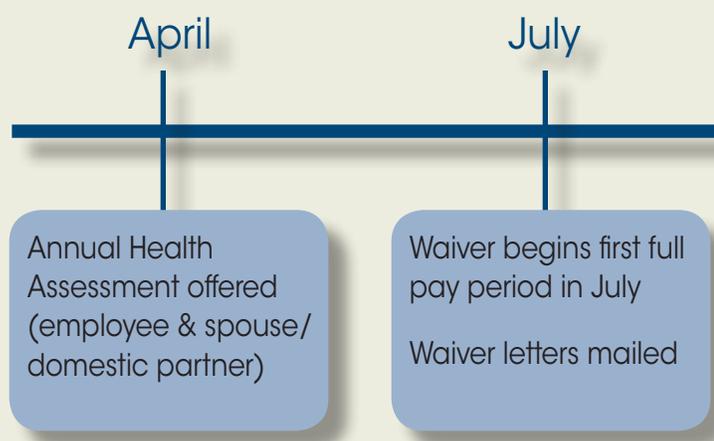
If you are at risk for developing a chronic condition at some point in the future, you can continue to earn a contribution waiver by working with a Wellness Coach. You are required to complete a telephonic program to earn

the health care contribution waiver in addition to completing the annual Health Assessment. The Wellness Coaching program promotes healthy behavioral changes through a series of personalized telephonic interactions. Experienced Wellness Coaches encourage and empower you to set personal goals, embrace healthy lifestyle changes and take a proactive role in your well-being.

Wellness Coaching Programs include:

- Nutrition
- Exercise
- Stress Management
- Diabetes Lifestyle
- Heart Health Lifestyle
- QuitPower Tobacco Cessation (free nicotine patches or gum will be provided)
- Weight Loss
- Healthy Back

You must continue to take the appropriate number of telephone calls, as determined by your Wellness Coach, to qualify for ongoing health care contribution waivers.



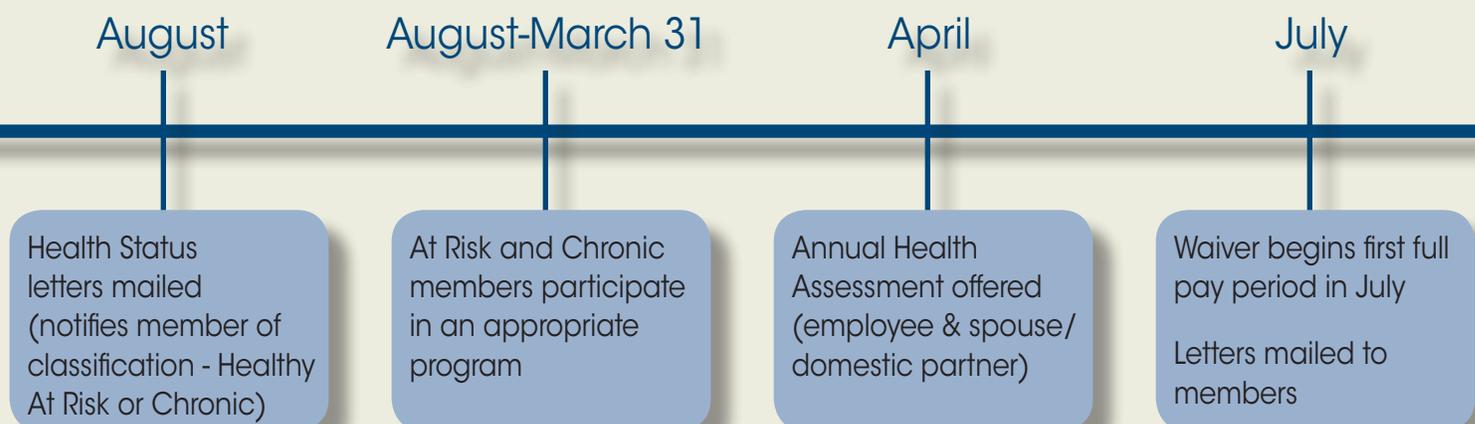
Chronic Programs

If you have been diagnosed with a chronic condition, it is important to take an active role in your health. Being in a Chronic status means your health may require some extra attention or you may simply need additional support to help improve your overall health and well-being related to a specific condition. With the Get Healthy Disease Management Program, a specialized nurse will connect you with tailored programs that can help you manage the following conditions:

- Asthma
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Congestive Heart Failure

If your chronic condition is not severe, you may receive an automated telephone call from “Mary” and you must complete the call to qualify for the health care contribution waiver in addition to completing the annual Health Assessment. It’s easy to participate. When you answer the call,

offers members the ability to save money on their health care contribution while helping to improve their health. waiver begins with the first full pay period in July. Here is a timeline of how the Get Healthy Program works.



you will be asked to verify who you are and will then be asked a series of questions to which you will be expected to respond. The telephone call should last approximately 5 to 10 minutes.

If the nature or severity of your condition changes or you are identified with another chronic condition, you will receive calls from a Disease Management Nurse. You must actively engage in dialogue regarding your chronic condition each and every time you are contacted in addition to completing the annual Health Assessment.

Change in Health Status

Your health could change at any time. If you are diagnosed with a chronic illness, such as diabetes, a Disease Management Nurse will reach out to you by phone and if unable to reach you by phone will send you a letter. You will earn the health care contribution waiver if you become engaged or enrolled in a program before March 31.

Connect and Stay Motivated with Your Get Healthy Site

You currently have access to the Get Healthy website, called Health A to Z, available via the Get Healthy button on the PEBTF website. The site offers free Online Health Coach programs, such as Weight Loss, Exercise and Heart Health, to name a few.

Your Get Healthy Health & Wellness site, powered by OptumHealth, is getting a new look and some new features this fall. Be sure to check out the new site and explore features such as:

- **Online Communities - Social Hub**
 - Connect with others with similar health needs and goals
 - Online forums allow you to post, read and search for information
- **My Inspiration - Personal Motivational Images and Messaging**
 - Set up personal motivational messages and images to keep you on track
 - You can select from images provided or use a personal photo

You may need to take action by August 1st – Transitioning to the new site will be easy; however, if you use the Get Healthy website in addition to your annual Health Assessment, you may need to take a few steps prior to the transition. The Online Health Coach programs will be reset when the updates are complete, and some information in your Personal Health Record will not transfer. To make sure you don't lose any data, complete any Online Health Coach programs that you're currently participating in and print a copy of your Personal Health Record using the "Create Reports" function. Complete these actions by August 1, 2012. The website improvements do not affect your Get Healthy participation or your current waiver. Better health inevitably means a better, more satisfying life. And with a new Health & Wellness site to help you manage your goals, it's easier than ever to achieve balance and success. Get ready to improve not just your health, but your life.

Care for When You Can No Longer Care for Yourself

Many of us are faced with helping to care for our aging parents, relatives or friends. You or your spouse may need long-term care. Fortunately, there are a variety of services to help when the time comes that you or a loved one needs help. Many of these services are not covered by your medical insurance.

Medicare and the Pennsylvania Office of Long Term Living have information on their websites to help navigate what is available. Most long-term care is to assist people with support services such as activities of daily living like dressing, bathing and using the bathroom.

Care may be provided at home, in the community, in assisted living or in a nursing home depending on a person's needs. And, long-term care is not just for elderly people. A younger person could have a stroke or develop a debilitating illness and need help.

Here is a look at types of care that are available. The first two allow people to remain in their home while receiving care.

Types of Long-Term Care	What is Offered	Cost
Community-Based Services	Meals-on-Wheels, transportation services, personal care, cleaning services, adult day care and activities at a senior center.	<ul style="list-style-type: none"> • Low cost or free in some communities. • Good for people who are still able to live in their home.
Home Health Care	Help with personal activities, such as laundry, bathing, dressing, cooking and cleaning.	<ul style="list-style-type: none"> • Family members and friends may provide free help. • Home health services are available in most communities. • Services provided by licensed health workers to help with the treatment of an illness or injury may be covered by your medical plan as long it is authorized and approved.
Assisted Living	Group living arrangement that provides help with activities of daily living such as eating, bathing, using the bathroom, taking medicine and getting to appointments.	<ul style="list-style-type: none"> • Monthly costs in an assisted living facility range from \$900 to \$3,000, but costs can be higher in urban areas or upscale facilities. • Medical insurance does not pay for this care.
Continuing Care Retirement Communities	These facilities have different levels of care based on your needs. The community may have individual homes or apartments for people who can still live on their own. There is an assisted living facility for residents who need help with activities of daily living and finally, a nursing home for those who require higher levels of care.	<ul style="list-style-type: none"> • Some facilities may charge a large payment before you move in (an entry fee) and then charge monthly fees. • Entrance fees range from \$40,000 to \$400,000. Monthly payments range from \$650 to \$3,500 per month.
Nursing Homes	These facilities provide care to people who can't be cared for at home. They assist residents with dressing, bathing and using the bathroom. Meals are provided. Some nursing homes provide skilled care after an injury or hospital stay.	<ul style="list-style-type: none"> • Medical insurance and Medicare does not pay for help with the activities of daily living. • Medical insurance and Medicare does pay for skilled nursing facility care for a limited period of time if you meet certain conditions and if authorized and approved by the plan.

70% of people need long-term care services at some point after turning age 65

Source: www.longtermcare.com

You may be under the impression that medical insurance would help with all elderly care. It is important to remember that medical insurance and Medicare do not pay for custodial care, which is help with daily activities. Medical insurance only pays for medically-necessary skilled nursing facility or home health care. Skilled care is health care given when you need skilled nursing or rehabilitation staff to manage, observe and evaluate your care. Examples of skilled care include intravenous injections and physical therapy.

Here is the coverage available for skilled nursing facility care under your medical plan options:

Skilled Nursing Facility Care (SNF)

PPO and CDHP

- Covered 100% in network; up to 240 days per year
- Must be preauthorized
- Benefit renews 12 consecutive months from the first date of admission to a SNF
- Non-Network: 70% plan payment after deductible up to 240 days. Non-participating providers may balance bill for the difference between plan allowance and actual charge

HMO

- Covered 100% in network; up to 180 days per year
- Must be preauthorized
- Benefit renews 12 consecutive months from the first date of admission to a SNF

Employees in agencies that use the commonwealth's payroll system may purchase employee-paid long term care insurance through the Prudential Insurance Company of America at special group rates. Payroll deduction makes payment convenient. Choose between four different coverage options, each with or without inflation protection. Call Prudential Insurance Company of America at 1-800-893-7316 for enrollment information.

Costs in Pennsylvania (state average)

Average daily nursing home rate (private):	\$258
Average monthly cost in assisted living facility:	\$3,328
Home health aide average hourly rate:	\$20
Homemaker services average hourly rate:	\$19



Source: 2010 MetLife Market Survey of Long-Term Care Costs, www.longtermcare.gov

PEBTF

Pennsylvania Employees
Benefit Trust Fund
150 South 43rd St., Suite 1
Harrisburg, PA 17111-5700



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)

PEBTF Benefit News is available in
an alternative format. Please contact
the PEBTF to discuss your needs.

Presorted Standard
U.S. Postage
PAID
Kennedy Printing Co.

This newsletter may contain a general description of the Plan of Benefits (Plan). It is provided for informational purposes only and should not be viewed as a contract, offer of coverage, confirmation of eligibility or investment, tax, medical or other advice. In the event of a conflict between this newsletter and the official plan document, the official plan document will control however, to the extent expressly stated, an article may modify the provisions of the Summary Plan Description. The PEBTF reserves the right to amend, modify or terminate the terms of the Plan, including any options available under the Plan, at any time and for any reason, with or without prior notice.

Your Important Health Benefits

Highmark Website Offers Provider Reviews For Highmark PPO and Keystone Health Plan West HMO Members

Highmark members are now able to log in to www.highmarkblueshield.com and based on their experiences, review network providers. This includes doctors, medical professionals and certain hospitals and facilities. They will also be able to share comments – and benefit from reading the reviews of others. Provider reviews can be an insightful tool, saving members time and money and reducing stress by helping them narrow their search.

Here is quick overview of this new feature, including questions you may have.

Who will be able to review providers?

All Highmark members will be able to post a review after they log in to www.highmarkblueshield.com and verify that they have seen the provider.

Will member reviews be available to the general public?

Yes. Anyone, including members and prospective members, will be able to see the reviews when they visit the Highmark provider directory, which is available without logging in at www.highmarkblueshield.com.

Although ratings and comments will be visible to everyone, members must log in to review a provider. This will ensure that only Highmark members who verify that they have seen the provider can post reviews.

Reprinted with permission from the Highmark Bulletin, April 2012

