

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

The spring 2012 issue of **PEBTF Benefit News for Retiree 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.

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.

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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

REHP May Cancel Your Coverage for Fraud or Intentional Misrepresentation

IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the REHP Plan (or about a claim) or you fail to make a required contribution on time, your coverage may be terminated retroactively. This may occur, for example, if you file a false claim, fail to notify us promptly of a divorce or fail to submit timely proof of birth or adoption that verifies your relationship with a new child whom you have added as a dependent.



CVS Caremark Offers REHP 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 REHP 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 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.

Benefit News You Need to Know Eligibility Rules for Retirees

Dependent spouses/domestic partners of retirees **hired prior to August 1, 2003** who are eligible for medical or supplemental benefit coverage through their own employer or through retiree benefits (other than the REHP or RPSPP) must take such coverage unless the spouse's/domestic partner's employer charges a contribution or the spouse's employer offers an incentive to not enroll. The spouse/domestic partner may also enroll in the REHP, but the REHP will pay secondary.

Dependent spouses/domestic partners of retirees **hired on or after August 1, 2003** who are eligible for medical or supplemental benefit coverage through their own employer or through retiree benefits (other than the REHP or RPSPP) must take that coverage regardless of any contribution the spouse/domestic partner must pay and regardless of whether the spouse/domestic partner had been offered an incentive to decline such coverage(s).

Health Coverage Term

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Source: Glossary of Health Coverage and Medical Terms

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.

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.

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

Source: www.longtermcare.com

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

Non-Medicare Eligible Retirees:

Skilled Nursing Facility Care (SNF)

<p>PPO and CDHP (CDHP - post 7/1/04 retirees)</p> <ul style="list-style-type: none"> • 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: 80% plan payment (pre 7/1/04 retirees), 70% plan payment (post 7/1/04 retirees) after deductible up to 240 days. Non-participating providers may balance bill for the difference between plan allowance and actual charge 	<p>HMO</p> <ul style="list-style-type: none"> • 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 	<p>Basic Option (pre 7/1/04 retirees)</p> <ul style="list-style-type: none"> • Covered 100% up to 120 days per year • Excess days may be covered under major medical
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Medicare Eligible Retirees:

Refer to the REHP Benefits Handbook, found on www.pebtf.org for more information on skilled nursing facility care.

Skilled Nursing Facility Care (SNF)

<p>Medicare Advantage PPO</p> <ul style="list-style-type: none"> • Covered 100% in network; up to 100 days per year (after deductible) • Must be preauthorized • Benefit renews 12 consecutive months from the first date of admission to a SNF • Non-Network: 80% plan payment after deductible up to 100 days 	<p>Medicare Advantage HMO</p> <ul style="list-style-type: none"> • Covered 100% in network; up to 100 days per year • Must be preauthorized • Benefit renews 12 consecutive months from the first date of admission to a SNF
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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

Staying Active Throughout the Years

These are some of the most exciting years of your life! Enjoy them by staying healthy and keeping a positive frame of mind.

The Benefits of Exercise...

It's a proven fact—exercise can keep you strong, healthy and energized. Exercising daily may:

- Help control blood pressure, weight and cholesterol levels
- Reduce risk of stroke and heart attack
- Help fight osteoporosis
- Relieve back pain and arthritis
- Aid in better sleep
- Help you manage stress, depression and enhance your mood

What kind of exercise is right for you? It depends on your overall health. Low-impact workouts such as walking, swimming, cycling or water aerobics may be good choices. Be sure to talk with your doctor before starting any exercise program.

...And Stretching

Not only does it feel good, but it's an essential part of staying fit. Stretching helps release muscle tension and soreness, and reduces the risk of injury. It also helps improve posture. And, believe it or not, there's a right and wrong way to stretch:

- Don't strain. Go only as far as your body allows.
- Hold each stretch for at least 10 seconds.
- Don't bounce.
- Keep breathing. Don't hold your breath.

Try to stretch at least three times per week. Yoga and tai chi are fun exercises that can stretch your muscles, improve flexibility and help you relax. Ask your doctor for safe, effective ways to stretch.

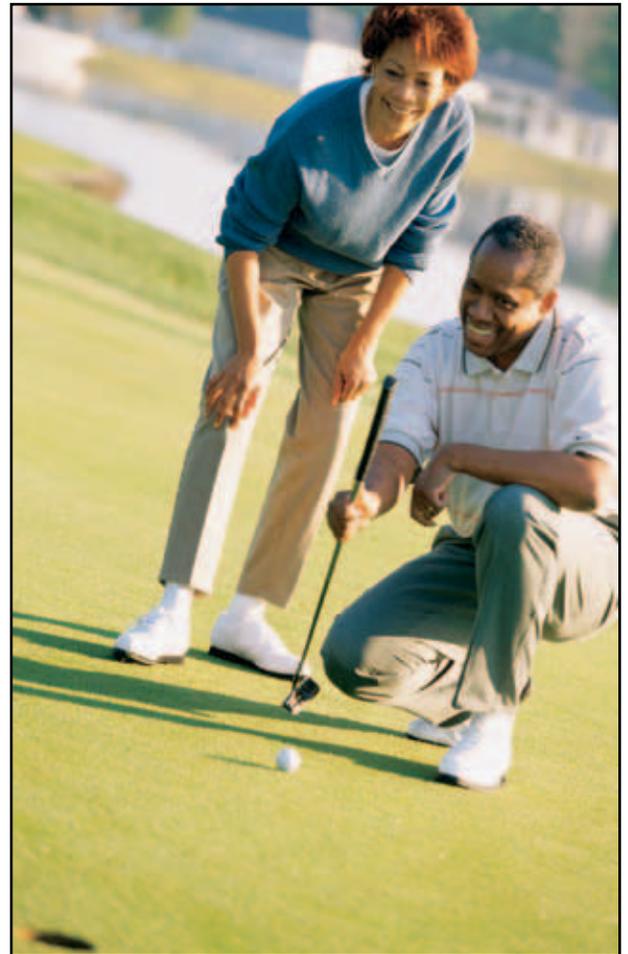
Nutrition Matters

Good nutrition is an important part of staying healthy. A well-balanced diet typically includes fruits, vegetables, low-fat dairy products and whole grains. But, nutritional needs change over the years. This is especially true for people with certain medical conditions. Talk with your doctor about what foods you should eat to meet your individual needs.

Connecting With Others

It's easier to stay active when you have the encouragement and support of others. Connect with people in your neighborhood who have similar interests as you. Start an exercise routine with a friend. Volunteer in your community. Discover a new hobby. These types of activities can keep life interesting. And, they can help you stay in good spirits.

Source: Optum Health



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.

How does a member review a provider?

To review a provider, the member completes a survey that focuses on five broad categories:

- How would you rate your overall experience and satisfaction with this provider? (1-low, 5-high)
- Would you recommend this provider to your family/friends? (Yes/No)

- How well did this provider communicate with you about your health concerns? (1-5)
- How would you rate the provider’s availability when scheduling your appointment? (1-5)
- How would you rate this provider’s overall office environment? (1-5)

Members can add their comments about their experience with the provider. They can also read how others reviewed the provider and use “thumbs-up” or “thumbs-down” icons to indicate whether they feel those comments are useful. Text will automatically update to include members’ votes.

Will comments be monitored/ screened?

Yes. Highmark will authenticate and verify comments to ensure that they are appropriate to post. This two-step process will include the use of software and a manual review.

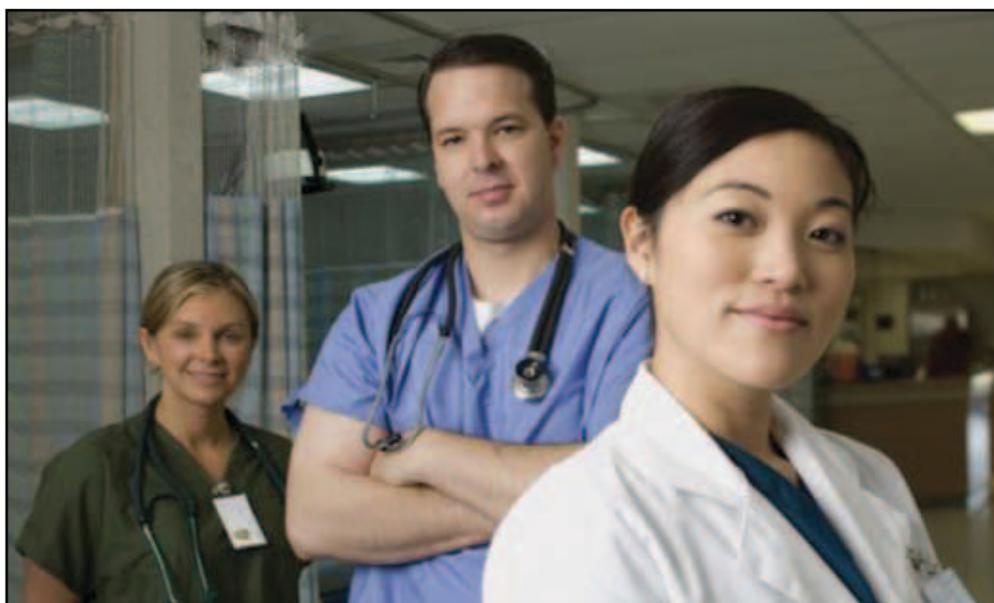
Will providers be notified when comments are posted?

Yes. Providers will receive an email alert when a new rating/comment has been posted about them.

Can reviewers choose to be anonymous?

Yes, if they select that option.

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PEBTF

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IMPORTANT BENEFIT INFORMATION

This newsletter may contain a general description of the 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 REHP Benefits Handbook. The commonwealth 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.

Retired Employees Health Program (REHP) Benefits Handbook Available

The Retired Employees Health Program (REHP) Benefits Handbook is a great resource that contains important information on your medical and prescription drug benefits. The March 2012 REHP Benefits Handbook has been updated and you can visit www.pebtf.org to view, print or save a copy.

Click on the box titled ***REHP Benefits Handbook for Retiree Members, March 2012***, which is located on the left side of the PEBTF home page.

