

2012

Medicare Open Enrollment October 8 to October 26, 2012

For Medicare Eligible Retirees and COBRA Members

Important Information about your Retiree Benefits for 2013

Open Enrollment is your annual opportunity to review your medical plan choices and make a plan change if necessary. This newsletter includes important information on your Medicare prescription drug benefits, which are changing from CVS Caremark to SilverScript on January 1, 2013.

This newsletter is divided into two sections so that you can reference the information you need. Prescription drug benefit information may be found on pages 2 to 7. Medical benefit information may be found on pages 8 to 12.

Your REHP Medicare Prescription Drug Benefits – Changing to SilverScript on January 1, 2013

In late July, you received a letter informing you that the commonwealth will partner with SilverScript® Insurance Company to administer your prescription drug benefits beginning January 1, 2013. This newsletter provides information about your new plan.

To help you better understand your prescription drug plan for 2013, we will be holding statewide informational meetings in advance of the actual open enrollment period. See page 7 for meeting locations.

In the coming months, you will receive information from SilverScript. We realize you get a lot of mail about Medicare benefits. To make it easy to recognize all materials from the PEBTF and SilverScript, look for the red box that appears at the top of this newsletter on all mailings.

Your Medicare Medical Benefits

The 2012 Open Enrollment is October 8 through October 26. It is your annual opportunity to review your medical plan choices in your county of residence. During this time, you can make a health plan change. If you are satisfied with your medical plan, you don't have to do a thing.

The Medicare Advantage PPO and HMO plans offered in your county of residence continue in 2013. There are some minor changes to your coverage for 2013, and they are listed on page 9:

- ✓ Additional preventive services offered.
- ✓ Aetna Medicare PlanSM (PPO) annual deductibles are subject to change each year.
- ✓ Aetna MedicareSM Plan (PPO) change to out-of-network outpatient dialysis.
- ✓ Aetna MedicareSM Plan (PPO) and (HMO) fitness benefit change.

Please take some time to review this newsletter, visit www.pebtf.org for the most up-to-date information, attend an informational meeting or call the PEBTF at 1-800-522-7279 with any questions.

Your REHP Medicare Prescription Drug Plan

Beginning January 1, 2013, you will be enrolled in a Medicare Part D prescription drug plan provided by SilverScript® Insurance Company, an affiliate of CVS Caremark. There are very few changes in your prescription drug benefit and highlighted below is what remains the same and what is changing.

What Remains the Same

- There is no change to your retail or mail order prescription drug copayments.
- There is little or no change in the pharmacy network. SilverScript has a network of more than 65,000 pharmacies nationwide.
- There is no need for you to get new mail order prescriptions if you have existing refills remaining. Your prescriptions will transfer to your SilverScript account.
- You do not have to worry about a coverage gap, or donut hole, that many other Medicare Part D prescription drug plans have. The REHP plan funds the donut hole so you have no coverage gap.
- You may continue to obtain up to a 30-day supply of your medications at network retail pharmacies.
- You may continue to obtain up to a 90-day supply at mail order, CVS pharmacy or Rite Aid.
- You do not pay a Part D premium (see page 5 for more information)

What Changes on January 1, 2013

- You will use a new SilverScript prescription drug card beginning January 1.
- Maintenance Choice for Medicare offers a retail option for a 90-day supply at a CVS pharmacy with the same low copays as at mail order. You also may obtain 90-day supplies of your medications **at any pharmacy** that has agreed to be part of the SilverScript 90-day network. See page 3 for copayment amounts.
- You may see a difference in the cost if your drug is not on the SilverScript formulary, which is a list of preferred generic and brand-name drugs covered by the plan.
- Quantity limitations, prior authorizations and step therapies may differ from what you have now. You will receive additional information if you are affected by any change.
- You will receive information from SilverScript. This information is required by the Centers for Medicare and Medicaid Services (CMS) and is similar to information you receive from your Medicare Advantage PPO or HMO plan. All information will be marked with the red box that appears on page 1 of this newsletter.

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Many standard Medicare Part D programs use the term “donut hole” to describe a coverage gap where members pay the entire cost of the prescription. The REHP Medicare Part D prescription drug plan does not have a “donut hole.” It means you will see very little, if any, change from your current plan. Your enrollment in SilverScript doesn’t affect your coverage under Medicare Part A or Part B or your REHP Medicare Advantage PPO or HMO.

For more information about the SilverScript prescription drug plan:

- Refer to this newsletter
- Review any materials you receive from SilverScript
- Attend a PEBTF/REHP informational meeting (see meeting schedule on page 7)
- Call the PEBTF at 1-800-522-7279
- Visit the PEBTF’s website, www.pebtf.org, click on the box **REHP Medicare Prescription Drug Plan, January 1, 2013**

Your Prescription Drug Copayments

You continue to have the same copayment (see chart below) for your medications, up to 30-day supply, received at a network retail pharmacy.

You continue to pay the same copayment for your medications at mail order and at a CVS retail pharmacy (up to 90-day supply). This is called Maintenance Choice for Medicare. Maintenance Choice for Medicare is a preferred maintenance network.

To find out if your pharmacy participates, visit www.pebtf.org or call the PEBTF at 1-800-522-7279.

New for 2013 – You may obtain a 90-day supply at **any** pharmacy that agrees to be part of the SilverScript network at slightly higher copays than you pay for the Maintenance Choice for Medicare preferred network. This is an added benefit of the SilverScript plan and it is effective January 1, 2013.

To find out if your pharmacy participates, visit www.pebtf.org or call the PEBTF at 1-800-522-7279.

	Maintenance Choice for Medicare — A Preferred Maintenance Network			
	30-Day Supply at a Retail Network Pharmacy	90-Day Supply at CVS Mail Order	90-Day Supply at CVS Pharmacy	90-Day Supply at Non-Preferred Retail Network
Generic	\$10	\$15	\$15	\$20
Preferred Brand-Name	\$18*	\$27*	\$27*	\$36*
Non-Preferred Brand-Name	\$36*	\$54*	\$54*	\$72*

*Plus the cost difference between the brand and the generic, if one exists

You may see a difference in cost if your drug is not on the SilverScript formulary, which is the list of preferred generic and brand-name drugs covered by the plan. The formulary will be available on www.pebtf.org prior to January 1, 2013.

Enrolling in the SilverScript Prescription Drug Plan

You do not have to do a thing to enroll in the SilverScript prescription drug plan. The commonwealth is automatically enrolling you in SilverScript beginning January 1, 2013.

You will receive a SilverScript prescription card before January 1 and should present the card every time you fill a prescription at the pharmacy beginning January 1, 2013.

In addition, you will receive a Summary of Benefits from SilverScript by October 1, 2012. This Summary of Benefits is similar to the Summary of Benefits you receive from your Medicare Advantage Plan. After you are enrolled, you will receive a larger packet of material, which includes the Evidence of Coverage. Keep these materials with your important medical information in case you need to reference it at a later time. Again, all materials will have the red box on the envelope, **Important REHP Prescription Drug Plan Changes – Medicare Members**.

IMPORTANT: To be eligible for the SilverScript plan you must be entitled to Medicare Part A and/or enrolled in Medicare Part B. You must continue to pay your Medicare Part B premium. It is your responsibility to inform the PEBTF of any prescription coverage that you have or may get in the future. **You can be in only one Medicare prescription drug plan at a time. Signing up for another Medicare Part D prescription drug plan automatically cancels your current medical and prescription drug coverage through the REHP for you and your covered dependents.**

Opting Out of the SilverScript Medicare Part D Prescription Drug Plan

Effective January 1, 2013, Medicare-eligible members will be required to enroll in both medical and prescription drug coverage under the REHP. You will be automatically enrolled in SilverScript as your Medicare-eligible retiree prescription drug plan beginning January 1, 2013, unless you tell the PEBTF during Open Enrollment, which will be held October 8 through October 26, 2012, that you don't want to join the plan.



If you elect to opt out or decline your coverage, it can be reinstated **one time only** unless it was canceled because of re-employment by the commonwealth and subsequent coverage under the Active Employees Health Program. If you opt out of SilverScript, you also will lose your REHP medical coverage for you and your covered dependents, unless you are enrolled in non-Part D PACE/PACENET prescription drug coverage or non-Part D TRICARE prescription drug coverage.

Keep in mind that if you leave the SilverScript plan and don't have or get other Medicare prescription drug coverage or creditable coverage, you may have to pay a Medicare late enrollment penalty in addition to your premium for Medicare prescription drug coverage in the future. This is because you will not be covered under the REHP.

Medicare Part B and Part D Drugs and Coverage for Vaccinations

Medicare classifies some medications as Part B drugs and these drugs are covered under your medical plan. Medicare Part D drugs are covered by the SilverScript prescription drug plan. The rules for vaccinations are complicated. Some are covered under your medical plan and some are covered under your prescription drug plan. Call SilverScript before you get a vaccination and they can determine if your vaccination is covered under your prescription drug plan and help you find a network provider, if applicable.

Information for Low Income Individuals

Medicare provides extra help to pay prescription drug costs for people who have limited income and resources. For 2012, the income limits are \$16,755 for individuals, \$22,695 for couples, and resource limits are \$13,070 for individuals and \$26,120 for couples. If you qualify, you could receive money to help pay for your monthly cost of coverage and lower prescription drug copayments. Even if you do not pay a retiree contribution, you could qualify for lower prescription drug copayments.

If you qualify for extra help with your Medicare prescription drug plan costs, your drug costs will be lower. To see if you qualify, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call your State Medicaid Office or the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778.

Many states have assistance programs that help some people pay for prescription drugs based on financial need, age or medical condition. Each state has different rules to provide drug coverage. Pennsylvania has the PACE and PACENET programs. To find out more information, call 1-800-225-7223.

Paying for Medicare Part D (drug coverage)

The REHP SilverScript Prescription Drug Plan is being offered to you at no additional cost. You do not pay a Part D premium for the REHP prescription drug coverage like you pay for your Part B coverage. Your Part B premium is typically deducted from your social Security benefit. There are some exceptions:

1. **Higher Incomes:** Retirees who have higher incomes will have to pay a higher premium for Medicare Part D coverage. This is called the Income-Related Monthly Adjustment Amount (IRMAA). If your income is \$85,000 or above (individual) or \$170,000 or above (married filing jointly), you must pay an extra premium amount for your Medicare prescription drug coverage. Social Security will send you a letter if you have to pay an extra amount.
2. **Late Enrollment Penalty:** The late enrollment penalty will be charged if, at any time after your initial enrollment into Medicare, there is a period of 63 or more days in a row when you don't have Part D or other creditable prescription drug coverage. Most members have been enrolled in the prescription drug plan offered by the REHP. The REHP plan is considered creditable coverage; therefore, if you have not had a break of 63 or more days in a row you are not affected by this penalty.

As always, survivor spouses and billable members who pay for their medical and prescription drug coverage will continue to pay a monthly premium to the PEBTF. The 2013 rates will be mailed to you in early September.



Frequently Asked Questions

What is SilverScript?

SilverScript® Insurance Company is an approved Medicare prescription drug plan that contracts with the federal government. It is an affiliate of CVS Caremark. SilverScript offers Medicare Part D (drug) coverage, which is similar to how the Medicare Advantage PPO and HMO plans offer medical coverage to our members.

Do I still have REHP coverage and do I still contact the PEBTF when I have questions?

Yes, you still have Retired Employees Health Program (REHP) benefits. The commonwealth is contracting with SilverScript, similar to how it contracts with Aetna for the Medicare Advantage PPO and Aetna, Geisinger and UPMC for the Medicare Advantage HMO plans. The PEBTF will remain your first point of contact if you have any questions about your medical and prescription drug benefits.

Why is the commonwealth switching the Medicare members to this plan?

Switching to a Part D (prescription drug) plan allows the commonwealth to take advantage of savings provided by health care reform. Switching to a Part D plan is projected to save the commonwealth around \$12 million a year.

How is the SilverScript plan different from my current CVS Caremark prescription drug plan?

You will see very few differences. There is no change to your copayments for medications up to a 30-day supply and for mail order medications up to a 90-day supply. You don't have to worry about a coverage gap, or donut hole, that many Medicare Part D prescription drug plans have. The commonwealth is continuing to offer a generous plan that funds the donut hole so you have no coverage gap.

How do I obtain my 90-day supplies?

You have the following options:

1. You may continue to use mail order for 90-day supplies.
2. Maintenance Choice for Medicare offers members a retail option for a 90-day supply at a CVS pharmacy at the same low copays as mail order. Maintenance Choice for Medicare is a preferred maintenance network.
3. **New for January 1, 2013**, you may obtain a 90-day supply at any non-preferred network retail pharmacy that has agreed to be part of the SilverScript network at slightly higher copays than you pay for the Maintenance Choice for Medicare preferred network. To find out if your pharmacy participates, you may contact SilverScript. The phone number will be provided in late Fall and will be on the prescription drug card you receive in December.

Are there any eligibility rules for enrolling in SilverScript?

You must be entitled to Medicare Part A and/or enrolled in Medicare Part B. You must continue to pay your Medicare Part B premium. You must live in the United States or Puerto Rico and not be incarcerated. If you plan to move outside of the United States or Puerto Rico, please contact the PEBTF.

What about my dependents who are not eligible for Medicare yet?

Your covered dependents remain on the CVS Caremark prescription drug plan. It is similar to how the medical coverage is handled where your non-Medicare eligible dependents remain on their current medical plan and you are enrolled in a Medicare Advantage PPO or HMO plan. You and your dependents will have different prescription drug cards, so just make sure you provide the correct card at the pharmacy.

Is the SilverScript pharmacy network the same as the CVS Caremark network?

The networks for obtaining a 30-day supply are almost identical. Most of the chain pharmacies are in both networks. If you would like to check if your pharmacy is in the SilverScript network, call the PEBTF or visit www.pebtf.org.

What do I do if I don't want to join SilverScript?

Because this is your new prescription drug coverage, we suggest you allow the commonwealth to enroll you in the SilverScript plan. If you opt out of SilverScript, you will also lose your REHP medical coverage. If you do not want to join the SilverScript plan, you must contact the PEBTF at 1-800-522-7279 by October 26, 2012. For more information on "opting out," see page 4.

I received a CVS ExtraCare Health Card when the REHP went with CVS Caremark in July. Will I get to keep that card when we enroll in SilverScript?

Yes, SilverScript is an affiliate of CVS Caremark so you will be able to keep your ExtraCare Health Card, which provides extra value and savings when you shop at CVS pharmacies.

How do I get more information about the SilverScript plan?

Attend an informational meeting. See page 7 for a list of meetings. Also, you'll receive mailings from SilverScript. Visit the PEBTF website. Additional information will be posted as it becomes available. As always, you may call the PEBTF at 1-800-522-7279.

Informational Meetings

We hope you can attend an informational meeting to hear about the SilverScript prescription drug plan. There are two meetings at each location. The morning session begins at 10:00 a.m. The afternoon session begins at 1:00 p.m. You need not RSVP to attend a meeting, simply choose the location and meeting time that works best for you.

For members who need interpreter services, please contact the PEBTF at 1-800-522-7279 at least one week prior to the meeting.

Prescription Drug Informational Sessions

The meetings from September 10 to October 11, will focus primarily on the SilverScript prescription drug plan. Representatives from the PEBTF, the Commonwealth's Office of Administration and SilverScript will be in attendance to present information about the prescription drug plan. To attend a meeting that focuses primarily on your medical benefits, see page 8.

**Meeting Times
at Each Location**

10:00 a.m. to 11:30 a.m.
1:00 p.m. to 2:30 p.m.

Western Pennsylvania

Thursday, September 27
Blair County Convention Center
One Convention Center Drive
Altoona

Monday, October 1
Bayfront Convention Center
1 Sassafras Pier
Erie, PA

Tuesday, October 2
DoubleTree by Hilton
Pittsburgh – Meadow Lands
340 Racetrack Road
Washington

Wednesday, October 3
DoubleTree by Hilton
101 Mall Blvd
Monroeville

Central Pennsylvania

Monday, September 10
Radisson Hotel
1150 Camp Hill By-Pass
Camp Hill

Monday, September 17
Best Western Premier
The Central Hotel
800 East Park Drive
Harrisburg

Tuesday, September 18
Holiday Inn
100 Pine Street
Williamsport

Wednesday, September 19
Selinsgrove Center
Central Building - #6
1000 Route 522
Selinsgrove

Friday, September 28
Penn Stater Hotel
& Convention Center
215 Innovation Blvd
State College

Tuesday, October 9
Hotel Carlisle
1700 Harrisburg Pike
Carlisle

Northeastern Pennsylvania

Thursday, September 13
Woodlands Inn & Resort
1073 Highway 315
Wilkes-Barre

Southeastern Pennsylvania

Tuesday, September 11
Sonesta Hotel
1800 Market Street
Philadelphia

Monday, September 24
DoubleTree by Hilton
301 West DeKalb Pike
King of Prussia

Tuesday, September 25
Crowne Plaza
1741 Paper Mill Road
Wyomissing

Thursday, October 11
Four Points Sheraton
3400 Airport Road
Allentown

Informational Meetings *continued*

Medical Plan Open Enrollment Informational Meetings

The following meetings will focus on your Medicare Advantage PPO and HMO choices. If you want to learn more about your medical plan choices or if you are turning 65 in the next few months, you can get excellent information by attending one of these meetings.

Representatives from the PEBTF, the Commonwealth's Office of Administration and the Medicare PPO and HMO in the area will be in attendance to present information about your medical plan options. SilverScript also will be in attendance to answer any questions about your prescription drug plan.

If you would like to find out more information about your medical benefits, plan on attending one of the following meetings:

Meeting Times at Each Location

10:00 a.m. to 11:30 a.m.
1:00 p.m. to 2:30 p.m.

Western Pennsylvania Wednesday, October 17

DoubleTree by Hilton
101 Mall Blvd
Monroeville

Central Pennsylvania Tuesday, October 16

Best Western Premier
The Central Hotel
800 East Park Drive
Harrisburg

Northeastern Pennsylvania Friday, October 19

Woodlands Inn & Resort
1073 Highway 315
Wilkes-Barre

Southeastern Pennsylvania Monday, October 15

DoubleTree by Hilton
301 West DeKalb Pike
King of Prussia

Online Meetings

If you can't attend an informational meeting, you may view the presentations online at your convenience. The presentations will be available after September 17.

1. Go to www.PEBTF.org.
2. For the prescription drug plan presentation, click on **REHP Medicare Prescription Drug Plan, January 1, 2013**.

For the medical plan presentations, click on **2012 Medicare Open Enrollment**.

3. Click on the link to the online presentation.
4. You may need to install free software to view the presentation; it's easy to install and takes less than one minute.

Your computer should be equipped with speakers so you can hear the audio portion.

All Medicare eligible members are receiving this newsletter.

8 If you are turning 65 between now and April 30, 2013, you also are receiving this newsletter.

Your REHP Medicare Plan Choices

There are no changes to the Medicare PPO and HMO plans being offered. The same plans that are available to you today are available in 2013.

- **Aetna MedicareSM Plan (PPO) - 800-307-4830**
Available throughout Pennsylvania and nationally.
www.aetna.com

The Medicare HMO plans vary by region:

- **Aetna MedicareSM Plan (HMO) – 800-307-4830**
Available in Southeastern Pennsylvania region and in some areas outside Pennsylvania.
www.aetna.com
- **Geisinger Gold Classic (HMO) – 800-540-8653**
Available in Central and Northeastern Pennsylvania regions.
www.thehealthplan.com
- **UPMC for Life Medicare HMO – 866-517-2803**
Available in Western Pennsylvania region.
www.upmchealthplan.com

Refer to page 12 for a list of the counties where each plan is offered.

Changes to your Medical Coverage for 2013

For All Medicare PPO and HMO Members:

Your Medicare PPO and HMO plans provide coverage for a variety of preventive care benefits. Effective, January 1, 2013, the following Medicare-required preventive care benefits will be added at no cost if you visit a network provider:

- Screening and behavioral counseling interventions in primary care to reduce alcohol misuse
- Screening for depression in adults
- High intensity behavioral counseling to prevent sexually transmitted infections (STI's)
- Intensive behavioral therapy for cardiovascular disease and obesity

For PPO Members:

- The Aetna MedicareSM Plan (PPO) annual deductibles typically change each year. The deductibles are based on the Medicare Part B deductible. Medicare has not announced the deductible for 2013, but we will provide this information on www.pebtf.org as soon as it becomes available.
- Outpatient dialysis is subject to the out-of-network deductible just like other medical services. Prior to 2013, it was not subject to the annual deductible. You are also responsible for the 20 percent coinsurance. This is a change dictated by Medicare and not by the REHP.

For Aetna PPO and HMO members:

- Aetna is contracting with American Specialty Health to provide the **Aetna Silver & Fit Program**. This program provides a monthly membership at a participating fitness club nationwide. American Specialty Health offers more facilities in Pennsylvania than are currently available to you. In addition, if you do not have access to a network facility or you prefer to exercise at home, you may order a home fitness kit. Additional information will be available during Open Enrollment.

You may visit www.pebtf.org for more information. Click on **2012 Medicare Open Enrollment**.

How Do the Medicare HMO and Medicare PPO Options Compare?

	Medicare HMO Network Only	Medicare PPO	
		In-Network	Out-of-Network
Annual Deductible	None	Annual Medicare Part B deductible, which is subject to change each year	2 times the annual Medicare Part B deductible, which is subject to change each year
Annual Out-of-Pocket Maximum	\$2,500	\$2,500 per year – for all network and out-of-network costs (includes the deductible)	
Primary Care Physician Office Visits	\$10 copay	\$10 copay (after deductible)	80% plan payment* (after deductible)
Specialist Office Visit	\$15 copay	\$15 copay (after deductible)	80% plan payment* (after deductible)
Preventive Care (as outlined by Medicare)	Covered 100%	Covered 100%	80% plan payment* (after deductible)
Annual Physical	Covered 100%	Covered 100%	80% plan payment* (after deductible)
Hospitalization	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Surgery	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Mental Health Care	Covered 100%; outpatient visits - \$15 copay	Covered 100%; outpatient visits - \$15 copay (after deductible)	80% plan payment* (after deductible)
Home Health Care	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Skilled Nursing Facility Care	Covered 100% (100 days per benefit period)	Covered 100% (100 days per benefit period) (after deductible)	80% plan payment* (after deductible)
Emergency Care	Covered 100% after \$50 copay (waived if the visit leads to an inpatient admission to the hospital)		
Durable Medical Equipment/ Prosthetics	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Diabetic Supplies	Covered 100% for test strips, lancets and glucometer	Covered 100% for test strips, lancets and glucometer	80% plan payment* (after deductible)
Fitness	Fitness club benefit (check with health plan for specific information)	Fitness club benefit (check with health plan for specific information)	Not covered
Lifetime Maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum

*Member pays 20%

You continue to pay the Medicare Part B premium no matter which option you choose. Partially state paid members and survivor spouses should refer to the rates that were mailed to you. Summary only – for complete details, refer to your REHP Benefits Handbook.

Evaluating Your Medical Plan Choices

If you are happy with your current Medicare PPO or HMO: You don't have to do anything during this Open Enrollment. You will remain in your current plan.

If you want to save some money: You may want to consider a Medicare HMO. You do not have an annual deductible to satisfy. You only pay copayments for office visits, outpatient therapies, etc.

If you want flexibility: You may want to consider the Medicare PPO. You have both a network and out-of-network benefit with the Medicare PPO. If you see doctors that are not part of the plan's network, you still receive benefits but at a higher out-of-pocket cost.

If some of your doctors are not in your current plan's network: Take a look at the other plan available in your county of residence. You may contact the plan to request a provider directory or visit www.pebtf.org to link to the health plans' websites to view online directories. Click on **2012 Medicare Open Enrollment**.

Making a Medical Plan Change

If you want to change to the Medicare PPO: Call the PEBTF at 1-800-522-7279 and a Benefit Services Representative can take your enrollment information. You must call the PEBTF by **Friday, October 26, 2012**.

If you want to change to a Medicare HMO: Contact the Medicare HMO in your area to request an enrollment packet. The Medicare HMO telephone numbers appear on page 9. The Medicare HMO enrollment form will be included in the packet. Complete the enrollment form and mail it to the Medicare HMO postmarked by **Friday, October 26, 2012**. The Medicare HMO also can take your enrollment information over the telephone.



You, your spouse and any Medicare eligible dependents should each complete a separate enrollment form if each person wants to change to a Medicare HMO. You, your spouse/domestic partner and Medicare eligible dependent do not have to be enrolled in the same option – you may each choose your own plan.

The Medicare HMO will notify the PEBTF and SERS of your enrollment.

If you change plans: You will receive your new medical ID card in late December. Present your new ID card when receiving medical care after January 1, 2013.

Do not destroy your red, white and blue Medicare ID card! While you will no longer present this ID card for medical care, you may need it for senior citizen discounts offered by businesses in your area.

PEBTF

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

Presorted First Class
U.S. Postage
PAID
Kennedy Printing Co.

**Postmaster, please
deliver between
August 29 and
September 7, 2012.**

Local: 717-561-4750
Toll Free: 800-522-7279

PEBTF telephone hours:
8 a.m. – 5 p.m. (Tues.-Fri.)
8 a.m. – 6 p.m. (Mon.)
(or 1st day following a
holiday weekend)

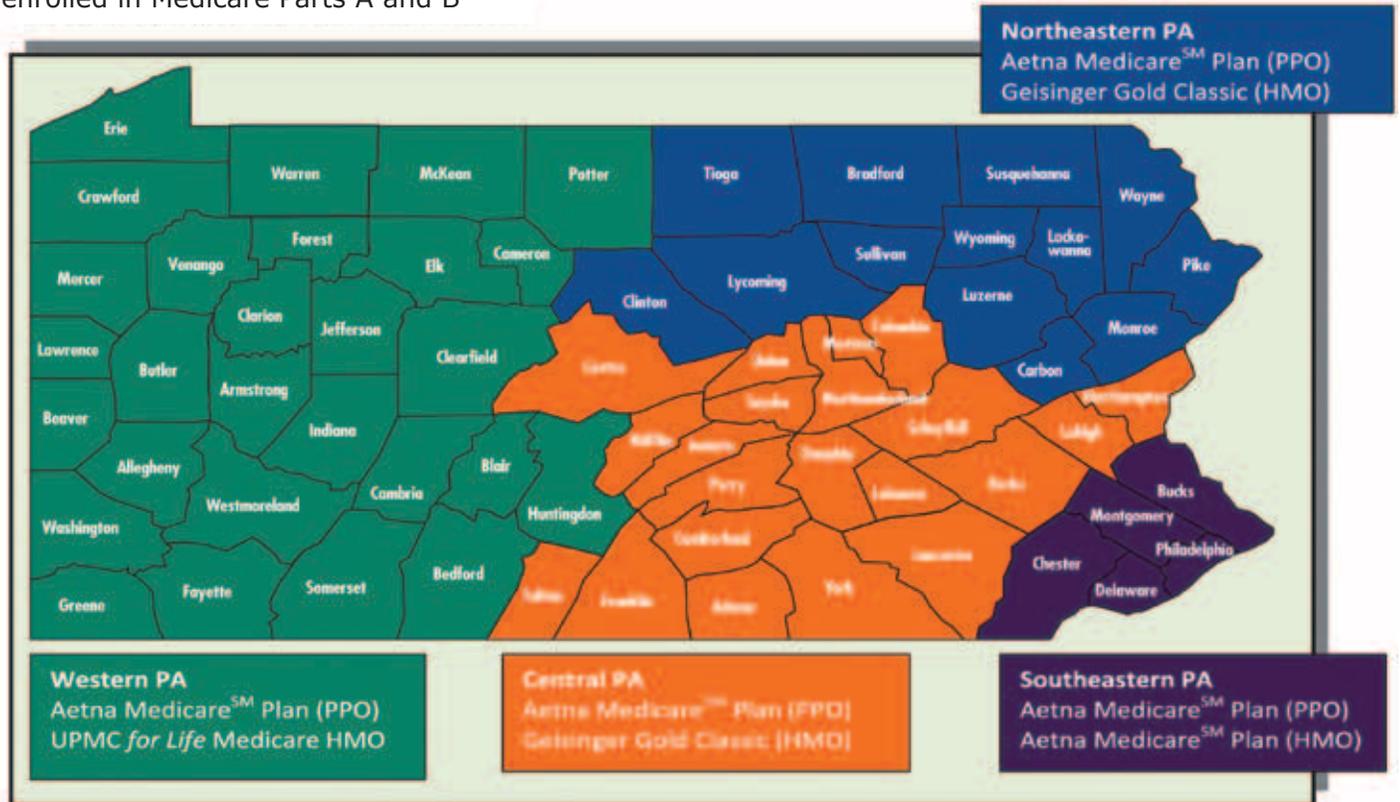
This newsletter is available
in an alternative format.
Please contact the PEBTF to
discuss your needs.



Important REHP Prescription Drug Plan Changes – Medicare Members

Health Plans Across the State

To be eligible for a plan: you must reside in the county in which the plan is offered and you must be enrolled in Medicare Parts A and B



Aetna MedicareSM Plan (PPO) is offered nationally. Aetna MedicareSM Plan (HMO) also is offered in select areas nationally. Please contact the PEBTF at 1-800-522-7279 for more information on our Medicare Advantage Plan choices if you live out of state.