

## Benefit News You Need to Know for 2013

It's a New Year – a time when many of us make resolutions to improve our health – whether it's eating better, exercising more, spending quality time with family or reducing stress.

Retired Employees Health Program (REHP) medical and prescription drug benefits can help you and your family make 2013 a healthier year.

### All Retirees

#### No Medical Plan Changes for 2013

There are no changes to the medical plans and copayments for 2013. If you did not make a plan change during the open enrollment period in the fall, you will remain in the plan that you were enrolled in during 2012.

### What's Inside

Autism Coverage .....	2
CVS Caremark Extra Care	
Health Card .....	2
SilverScript EOBS .....	3
Preventive Care .....	4
Medical Plan Apps.....	6
Tips for Sticking to an Exercise Program.....	8

### Preventive Services

Don't forget those important preventive benefits – such as annual physicals, immunizations, routine tests and lab work. Make an appointment for your annual physical. Ladies, don't forget to schedule your annual mammogram. See pages 4 and 5 for a list of preventive benefits.

### Medicare Eligible Members

#### Medicare Part B Premium (Medicare eligible members)

The 2013 Medicare Part B premium is \$104.90 a month, which is an increase over the \$99.90 a month that Medicare beneficiaries paid in 2012.

### Aetna Medicare<sup>SM</sup> Plan (PPO) Deductible Changes for 2013 (Medicare eligible members)

The Aetna Medicare PPO has network and out-of-network annual deductibles, which are based on the Medicare Part B deductible. The 2013 Medicare Part B deductible is \$147, as compared to \$140 in 2012. Members enrolled in the Aetna Medicare PPO must satisfy the \$147 deductible for network care or the deductible of \$294 (two times the Medicare Part B deductible) for out-of-network care.



## Non-Medicare Eligible Members

# Coverage for Autism Spectrum Disorder Annual Amount Increased Effective January 1, 2013

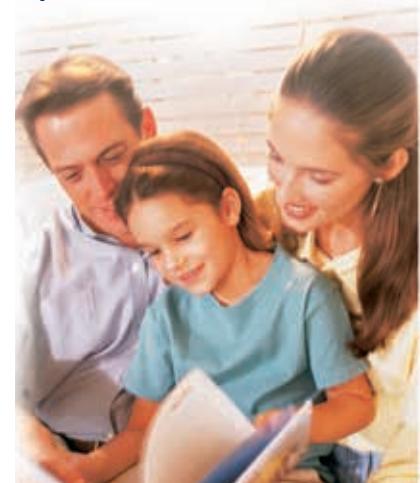
Effective January 1, 2013, coverage for Autism Spectrum Disorder is increased to \$37,080 per year. Coverage is provided for dependent children and young adults to age 21 who have a diagnosis of autism spectrum disorder. The coverage is in accordance with Pennsylvania's Autism Insurance Act. Autistic disorders include: Asperger's Syndrome, Rett Syndrome, Childhood Disintegration Disorder and Pervasive Development Disorder (Not Otherwise Specified).

The PEBTF provides coverage for the diagnostic assessment and treatment of autism spectrum disorder up to \$37,080 per year, which includes:

- Prescription drugs and blood level tests;
- Services of a psychiatrist and/or psychologist (direct or consultation);
- Applied behavioral analysis; and
- Other rehabilitative care and therapies, such as speech therapy, occupational therapy and physical therapy.

Coverage is provided by the REHP medical plans, the Mental Health and Substance Abuse Program provided by United Behavioral Health and the Prescription Drug Plan. Coverage will not exceed \$37,080 per year under all benefits.

Please keep copies of your EOBs and prescription drug receipts that pertain to the treatment of an autism



spectrum disorder so you will know if you are getting close to the annual maximum of \$37,080. You also may contact United Behavioral Health at 1-800-924-0105 to check if you are close to the annual maximum.

## CVS Caremark and SilverScript Offer REHP Members the ExtraCare® Health Card

In July, you received the ExtraCare® Health 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](http://www.cvs.com). You also earn money-saving coupons, which may be accessed at the Coupon Center in your local CVS pharmacy.

You will receive 20 percent savings on CVS pharmacy brand health related items when you use the ExtraCare Health Card. You also have 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.

Present your **ExtraCare Health Card** at the register of a CVS pharmacy. Don't forget to use your prescription drug card when you fill prescriptions at a network retail pharmacy. The **ExtraCare Health Card** does not replace your prescription drug card.

### Attention Medicare-eligible members:

You are now enrolled in SilverScript and will receive another **ExtraCare Health Card** in late January. Follow the instructions that are included with the **ExtraCare Health Card** and begin using that new one.

# Your Benefit Questions Answered

Do you have a question about your REHP benefits that you would like to appear in the newsletter? Submit your question to Communications@pebtf.org, mail it to Communications, PEBTF, 150 S. 43rd Street, Harrisburg, PA 17111-5700 or fax it to Communications, 717-561-1696. Please include your full name, address, and daytime phone number. Only your first name will appear in print. If the PEBTF publishes your question in a future newsletter or in the FAQ section of the PEBTF website, you will receive a pedometer to help you walk your way to better health.



## **A friend of mine was in the hospital for “observation” and was never actually admitted. Can you tell me more about this? — Gina**

Imagine this scenario: You have been battling the flu for over a week. Around 10:30 p.m., your symptoms got worse with increased coughing, wheezing and shortness of breath. You couldn't wait to see your doctor in the morning and felt a trip to the emergency room was warranted. The hospital decided to keep you for observation after your chest x-rays and examination so you could receive some breathing treatments. The doctors and nurses continued to monitor you and you were released from the hospital the next evening.

Our plan requires a \$50 ER copayment, which is waived if the visit leads to an inpatient admission to the hospital. In the scenario above, even though the patient was placed in a hospital room, it was considered to be “observation care,” which is considered outpatient and not admittance to the hospital.

Observation services usually are defined as the use of a bed and periodic monitoring by the hospital's nursing or other ancillary staff, which are reasonable and necessary to evaluate an outpatient's medical condition or determine the need for possible inpatient admission. Observation services generally do not exceed 24 hours. In rare cases, observation care could extend to 24 to 48 hours.

Therefore, if you are in observation care from an ER visit, you will be required to pay your \$50 ER copayment.

## **SilverScript Prescription Drug Plan EOBS – for Medicare-Eligible Members**

Medicare-eligible members enrolled in the SilverScript prescription drug plan will receive Explanations of Benefits (EOB) on a monthly basis. Here is what you can expect to receive:

- You will receive an EOB if you obtained a prescription drug under the SilverScript plan during the previous month.
- The EOB shows your out-of-pocket costs, which is the copayment or amount you paid for your prescription drug. It also shows the total drug costs, which includes the amount the plan paid.

- The EOBS are required to be mailed by all Medicare Part D prescription drug plans.
- The EOB is a standard “Medicare Part D” format.
- The EOB will list the various drug payment stages that you normally find in a Medicare Part D Plan – Yearly Deductible, Initial Coverage, Coverage Gap and Catastrophic Coverage. The yearly deductible and coverage gap do not apply to REHP members enrolled in SilverScript. The commonwealth is funding the coverage gap. All you

will pay is copayments for your prescription drugs.

- You may keep your EOBS with your important papers if you want a record of the total amount you paid for your prescription drugs.



# Helping to Prevent Serious Illness

You know you and your family can count on REHP medical and supplemental benefits when you are sick or diagnosed with a serious illness. Just as important are your preventive care benefits – these benefits can help to diagnose an illness early or even prevent a more serious illness. Don't neglect preventive care – many of the benefits are covered on an annual basis.

Benefits differ between Non-Medicare and Medicare eligible members. Please refer to the appropriate chart below.

## Preventive Benefits for Non-Medicare Eligible Members

### Adults (age 19 and over):

<b>Adult routine physical exam</b>	Annual
<b>Gynecological exam &amp; pap smear</b>	One screening per calendar year
<b>Mammogram</b>	One screening per calendar year (for women over age 40)
<b>Fasting glucose screening</b>	Every 3 years for members age 45 and older
<b>Fasting cholesterol/lipid profile screening</b>	Every 5 years for members age 19 and over
<b>HPV Screening</b>	One screening per calendar year for females age 30 and over
<b>Bone mineral density screening</b>	One screening every 2 years (women age 65 and older)

### Adults (age 50 and over):

<b>Fecal occult blood test</b>	Once every 12 months
<b>Sigmoidoscopy</b>	Once every 5 years
<b>Colonoscopy</b>	Once every 10 years
<b>Prostate Specific Antigen (PSA) Testing</b>	Once every 24 months

### Children (age 18 and under):

<b>Pediatric preventive services</b>	Covered for certain pediatric services at stated intervals
<b>Lead screening</b>	One screening every 2 years
<b>Hemoglobin/Hematocrit</b>	One screening per calendar year
<b>Cholesterol/lipid profile screening</b>	One screening per calendar year for members age 2 to 18

### All Members:

<b>Immunizations</b>	Visit <a href="http://www.pebtf.org">www.pebtf.org</a> for a list of covered adult and pediatric immunizations
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## Preventive Benefits for Medicare Eligible Members

Adult wellness exam	One screening every 12 months
Gynecological exam & pap smear	One screening every 12 months
Mammogram	One annual screening (for woman over age 40)
Bone mineral density screening	One screening every 24 months
Routine colorectal cancer screening (for all members age 50 and over) Includes: Barium enema, colonoscopy, fecal occult blood test, flexible sigmoidoscopy	Once every 12 months
Prostate Specific Antigen (PSA) Testing – for males age 50 and over	Once every 12 months
Medicare covered immunizations Pneumococcal, Flu, Hepatitis B, Shingles	Frequency varies based on type of immunization
<b>Additional Medicare Preventive Services:</b> Ultrasound screening for abdominal aortic aneurysm, cardiovascular disease screening, diabetes screening tests, diabetes self management, medical nutrition therapy, glaucoma screening, smoking & tobacco use cessation counseling, screening and behavioral counseling for alcohol misuse, adult depression screening, behavioral counseling for and screening to prevent sexually transmitted infections, behavioral therapy for obesity, behavioral therapy for cardiovascular disease and HIV screening	Contact your medical plan for more information

## REHP May Cancel Your Coverage For Fraud, Intentional Misrep- resentation or Non Payment

**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.



# REHP Medical Plans Offer Mobile Apps to Help Their

The REHP medical plans offer apps to help you get information on your mobile devices. These apps are free and are available on iPhone, BlackBerry and Android devices. Here is what your medical plan has to offer.

## Aetna HMO/PPO

Aetna Mobile App allows you to do the following:

- ✓ Find a doctor – search for doctors and specialists in your area
- ✓ Check benefits and coverage information
- ✓ Pull up your medical ID card information – it's not a problem if you left your ID card at home
- ✓ Use the urgent care finder – this is for immediate help in an emergency
- ✓ Search claims
- ✓ Track your health and claims – with your personal health record
- ✓ Contact us – for fast answers to your plan questions

The Aetna Mobile App works with iPhone, BlackBerry smartphone and Android. Text Apps to 44040 to download (standard text messaging rates apply). To learn more, visit [www.aetna.com/mobile](http://www.aetna.com/mobile).

To use the Aetna Mobile application, you have to be registered for the secure member website. If you are an Aetna member but have not registered for access to the secure member website, type "Aetna.com" into your mobile Internet browser and follow the directions to Register Now.

## Geisinger HMO

Geisinger does not offer a mobile app at this time. Visit Geisinger's website, [www.thehealthplan.com](http://www.thehealthplan.com) for your member information. You will have to register for a login so have your Geisinger ID card handy.

## Highmark PPO/Keystone Health Plan West HMO

Highmark has a mobile website which is functional for any smartphone or tablet – just type [HighmarkBlueShield.com](http://HighmarkBlueShield.com) in your mobile browser. After opening the page, you can add the mobile site to the home screen of your mobile device for convenient one-click access. Steps vary by device.

Here are the features that you will have at your fingertips:

- ✓ View member ID cards
- ✓ Fax ID card information directly to providers
- ✓ Find doctors, hospitals, imaging centers, etc.
- ✓ Use GPS location to map and get directions
- ✓ Rate and review providers
- ✓ View medical claims
- ✓ Share provider information with family and friends
- ✓ Get health and wellness information
- ✓ Contact us

## Keystone Health Plan Central HMO

Capital BlueCross launches the **Do WELL<sup>SM</sup>** mobile app in early 2013. Taking small steps toward wellness and

celebrating each of them is the idea behind a unique mobile app being offered by Capital BlueCross.

The Do WELL app was developed to help support the wellness efforts of members and non-members alike by offering reminders and encouragement along the way. Capital BlueCross realizes that most everyone wants to enjoy the benefits of wellness, but that each person has unique challenges. Do WELL allows individuals to choose which things to work on, set their own goals and set their own pace. Building health habits may seem overwhelming at first, but it can be easier when you start slowly and take one small step at a time.

In the Do WELL app, individuals choose habits to build (or break) from a library, or they can add their own custom habits. Then, they tell the app how often they want to work on the habit and what their goals are. The app provides tracking, progress reports, reminders and encouragement. The app can also be used with friends – there are features that allow people to share progress with others through text messages, email, Facebook or Twitter.

Do WELL is free and available for download to smartphones and tablets via iTunes and Google Play. You do not need to have Capital BlueCross insurance in order to use the app.

# Members

## UnitedHealthcare CDHP

UnitedHealthcare makes it easier for members to take greater control of their health through their mobile app, **Health4Me**.

Key features include:

- ✓ Contact a registered nurse 24/7
- ✓ Search for physicians or facilities by location or specialty
- ✓ Locate urgent care facilities and ER's
- ✓ Store physicians contact information
- ✓ View claims
- ✓ Check on health reimbursement account balances/deductibles
- ✓ Use the "Easy Connect" feature that lets you select the type of questions about claims and benefits

and request a callback on your mobile device from a UnitedHealthcare customer service rep.

UnitedHealthcare also offers additional mobile applications:

**Myuhc.com Mobile** – provides access to myuhc.com via your mobile device

**OptumizeMe** – interactive, motivational app that allows users to create health challenges or join existing ones.

The apps are available on iTunes as a free download for iPhones and other Apple devices and also available for Android devices.

## UPMC for Life Medicare HMO

UPMC does not offer a mobile app at this time. Visit UPMC's website at [www.upmchealthplan.com/medicare](http://www.upmchealthplan.com/medicare)



## Other Free Healthy Apps

**Loselt!** – track your foods and exercise on a daily basis

**MapMyWalk** – also **MapMyRun** for runners, **MapMyRide** for cyclists and **MapMyFitness**

And, many more – just search for fitness or diet apps on iTunes.

## Attention Medicare Members Enrolled in Aetna

University of Pittsburgh Medical Center (UPMC) Hospitals and Physicians Now Part of Aetna Medicare Network – Effective January 1, 2013

University of Pittsburgh Medical Center (UPMC) has joined the Aetna Western Pennsylvania Group Medicare network. UPMC will be available to REHP Medicare-eligible retirees and their dependents enrolled in the following plan:

- Aetna Medicare<sup>SM</sup>Plan (PPO)



## Improved Hospital and Physician Access

This addition will increase member choice and improve hospital and physician access in Western Pennsylvania. Medicare members now have access to approximately 3,500 UPMC employed physicians. To search for UPMC hospitals and doctors, visit [www.aetna.com/docfind](http://www.aetna.com/docfind).

# PEBTF

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PEBTF telephone hours:  
8 a.m. – 5 p.m. Tuesday - Friday  
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## IMPORTANT BENEFIT INFORMATION

### Did you Join a Health Club as Part of Your New Year's Resolution?

#### Tips for Sticking With Your Exercise Program

It's the time of year that people join gyms and health clubs only to quit in February — statistics show that 45 percent will quit the gym after one month.

Here are some ways to ensure you that you will keep visiting your health club on a regular basis:

1. Set a “realistic” goal
2. Slow down
3. Find something you like to do
4. Schedule your exercise time
5. Use the buddy system
6. Track your progress
7. Revise your workout periodically
8. Reward yourself

Keep up the good work and make exercise a part of your life in 2013 and for years to come.



**Medicare Advantage  
Plans offer free  
memberships at  
participating fitness  
clubs nationwide.  
Contact your plan for  
more information.**