Open Enrollment is your annual opportunity to review your medical plan choices. All changes will be effective January 1, 2013. Take some time to review this newsletter. Also, visit www.pebtf.org for Open Enrollment information and links to each medical plan’s online provider directory.

What’s Staying the Same for Plan Year 2013?

- No change in the Plan of Benefits
- Copayments, deductibles and coinsurance remain the same
- Health plan offerings remain the same
- No changes to prescription drug, dental, vision and hearing aid benefits (retirees have prescription drug coverage only)
- United Behavioral Health (UBH) continues to administer the mental health and substance abuse benefit
- DMEnsion continues to administer the durable medical (DME), prosthetics, orthotics, medical and diabetic supply benefit, except for members enrolled in the Consumer Driven Health Plan (CDHP)

What’s Changing for Plan Year 2013?

- **Costs:** Costs for employees and retirees hired on or after August 1, 2003, part-time employees and COBRA members change each year. See page 6 for cost information
- **Retirees:** The Basic Option continues to be offered to non-Medicare eligible retiree members who retired prior to July 1, 2004. **New for 2013**, Major Medical claims will be submitted to Capital Blue Cross and not to the PEBTF. See page 5 for more details

The Pennsylvania Employees Benefit Trust Fund (PEBTF) Active Employees Health Plan and the Retired Employees Health Program (REHP) are separate programs.
What can I do during Open Enrollment?

Change coverage: You may elect a new medical plan that will be effective January 1, 2013. Review the following pages for more information.

Add a Dependent: In addition to making a medical plan change, you may add a dependent to PEBTF coverage with a January 1, 2013 effective date. Or, you can add a dependent at any time throughout the year. If you add a dependent throughout the year, the effective date of the enrollment cannot be more than 60 days retroactive. You must complete a Dependent Attestation Form if you add a dependent between the ages of 19 and 26. You must also submit Attestations annually during the dependent’s birth month to continue coverage.

Remove a Dependent: You may remove a dependent from coverage effective January 1, 2013 during Open Enrollment without a qualifying life event. Remember, throughout the year you must remove a dependent due to a qualifying life event and you must report it at the time of the qualifying life event. For example, if you get divorced, your spouse must be removed effective the date of divorce. You must provide notice of a qualifying life event within 60 days of the event to the HR Service Center or your HR office if your agency is not supported by the HR Service Center. If you wait more than 60 days to report your event, your dependent will lose the right to continue coverage under COBRA. You will be responsible for any claims incurred when your dependent was not eligible for benefits.

Attention Non-Medicare Eligible Retiree Members

If you have a family member enrolled in your benefits who is eligible for Medicare, you also received a Medicare Open Enrollment Newsletter at your home in early September. Medicare Open Enrollment is being held Monday, October 8 to Friday, October 26, 2012. The Medicare Open Enrollment Newsletter contains important information about the Medicare Prescription Drug Plan. If your family member did not receive a Medicare Open Enrollment Newsletter, please visit the PEBTF website, www.pebtf.org or contact the PEBTF at 1-800-522-7279.
PEBTF Medical Benefit Options

You may select from a PPO, HMO or CDHP (post July 1, 2004 retirees). Non-Medicare eligible retirees who retired prior to July 1, 2004 also have the Basic Option. You must select a plan that is available in your county of residence. Detailed information may be found on www.pebtf.org. This summary is provided to give you a general overview of the types of plans available and some significant features of each.

<table>
<thead>
<tr>
<th>PEBTF Medical Benefit Options</th>
<th>PPO Option (Preferred Provider Organization)</th>
<th>HMO Option (Health Maintenance Organization)</th>
<th>CDHP Option (Consumer Driven Health Plan) (For active employees &amp; post 7/1/04 non-Medicare eligible retirees)</th>
<th>Basic Option (For pre-7/1/04 non-Medicare eligible retirees only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Employees and retirees hired on or after 8/1/03 pay a buy-up for the PPO</td>
<td>• No buy-up for employees and retirees hired on or after 8/1/03</td>
<td>• Combines a high-deductible medical benefit plan with a Health Reimbursement Account</td>
<td>• Offers both a medical/surgical benefit and a Major Medical component</td>
</tr>
<tr>
<td></td>
<td>• More flexibility – may visit a network or non-network provider</td>
<td>• You must visit a network provider; no out-of-network services are available</td>
<td>• Annual deductibles – $1,500 for single coverage; $3,000 for family coverage</td>
<td>• Medically-necessary visits or admissions to participating facilities are covered at 100 percent</td>
</tr>
<tr>
<td></td>
<td>• Low network copayments ($15 for primary care physician office visits; $25 for specialist office visits)</td>
<td>• Some HMOs require a referral for specialist care</td>
<td>• Health Reimbursement Account is funded by the PEBTF and is replenished annually – $1,000 for single coverage; $2,000 for family coverage</td>
<td>• Physician fees (not including office visit charges), surgeon’s fees, pediatric preventive care, diagnostic testing, x-rays, lab tests and anesthesiologist fees are covered in full at participating providers</td>
</tr>
<tr>
<td></td>
<td>• Out-of-network services subject to an annual deductible and coinsurance – for more information, see the Active Summary Plan Description or the Retired Employees Health Program (REHP) Benefits Handbook, which may be found at <a href="http://www.pebtf.org">www.pebtf.org</a></td>
<td>• Low network copayments ($15 for primary care physician office visits; $25 for specialist office visits)</td>
<td>• $500 ($1,000 for family) annual credit for preventive care screenings and immunizations</td>
<td>• Major Medical expenses must be submitted for services incurred after January 1, 2013 to Capital Blue Cross</td>
</tr>
<tr>
<td></td>
<td>• Except for emergencies, care is covered by the HMO only when arranged by the PCP. If you seek services outside the network, you are typically responsible for the full cost</td>
<td>• Except for emergencies, care is covered by the HMO only when arranged by the PCP. If you seek services outside the network, you are typically responsible for the full cost</td>
<td>• You are responsible for costs that exceed the sum in the account up to the deductible. However, after the deductible is met, costs are paid 100%</td>
<td>• Out-of-network benefit, subject to annual deductible and 70% coinsurance. In addition, you are responsible for the difference between the provider’s charge and the plan allowance</td>
</tr>
<tr>
<td></td>
<td>• Any Health Reimbursement Account funds that remain can be used in future years for expenses such as prescription drug copayments, laser eye surgery or weight loss programs</td>
<td>• Any Health Reimbursement Account funds that remain can be used in future years for expenses such as prescription drug copayments, laser eye surgery or weight loss programs</td>
<td>• Out-of-network benefit, subject to annual deductible and 70% coinsurance. In addition, you are responsible for the difference between the provider’s charge and the plan allowance</td>
<td>• Out-of-network benefit, subject to annual deductible and 70% coinsurance. In addition, you are responsible for the difference between the provider’s charge and the plan allowance</td>
</tr>
</tbody>
</table>
## PEBTF Medical Benefit Options – At a Glance

<table>
<thead>
<tr>
<th></th>
<th>PPO (Active &amp; Retirees)</th>
<th>HMO (Active &amp; Retirees)</th>
<th>CDHP (Active and Retirees who Retired on or After 7/1/04)</th>
<th>Basic (Retirees who Retired Prior to 7/1/04 Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit Network Providers Only</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (may be balance billed)</td>
</tr>
<tr>
<td>May Visit Non-Network Providers (at additional cost)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ (some HMOs may not require; see comparison chart on <a href="http://www.pebtf.org">www.pebtf.org</a>)</td>
</tr>
<tr>
<td>Referrals Needed for Specialist Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>$15 Copayment for Primary Care Physician (PCP) Office Visit</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>Pay for cost of the office visit; may submit to Major Medical</td>
</tr>
<tr>
<td>$25 Copayment for Specialist Office Visit</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50 Copayment for Emergency Room Visit (waived if admitted as an inpatient)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PEBTF-funded Health Reimbursement Account</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness Programs &amp; Discounts (vary by plan – contact the plan for information)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Visit www.pebtf.org for more information. You may download a copy of the Active Summary Plan Description (SPD) or the Retired Employees Health Program (REHP) Benefits Handbook.
What to Consider When Choosing a Health Plan

1. Determine if you need flexibility. HMOs offer only “in-network” benefits; you will not have coverage if you visit a provider or hospital that is not in the HMO’s network. The PPO and CDHP offer both in-network and out-of-network benefits—but you have higher out-of-pocket costs for out-of-network providers.

2. Review the health plans’ networks. Look at the providers and hospitals that are part of each health plan you are considering. Visit www.pebtf.org to link to each health plan’s website.

3. Evaluate out-of-pocket costs. See page 6 for cost information.

**Active Members**
- Your health care contribution is 3% of gross base pay. Your contribution is half if you participate in the Get Healthy Program. Refer to your collective bargaining agreement for information on contributions and waiver periods.
- If you are hired on or after August 1, 2003, you pay the health care contribution for the HMO or CDHP. The PPO is an additional cost. See page 6 for cost information. If you want to save money, consider the HMO or CDHP.
- If you are a part-time employee, you pay the health care contribution and an additional cost.

**Retiree Members**
- If you retired on or after July 1, 2005, you pay a contribution equal to a percentage of your final annual gross salary or final average salary.
- If, as an active employee, you were hired on or after August 1, 2003, you pay a retiree contribution for the HMO or CDHP. The PPO has an additional cost. See page 7 for cost information.
- A small percentage of retirees—surviving spouse and those who did not retire with sufficient years of service—pay a monthly premium. If you are in this category, you received a separate mailing with your rate information.

**COBRA Members**
- You pay a monthly premium. Refer to the rates you received with this newsletter.

Basic Option
*(available for non-Medicare eligible retirees who retired prior to 7/1/04)*

Effective January 1, 2013, Capital BlueCross will administer your Major Medical coverage as well as the medical/surgical benefits it currently provides. There are no changes to your Major Medical benefits. The change is in the processing of your Major Medical claims. Here is what you need to know:

- Your Capital BlueCross ID card will remain the same.
- Claims will automatically be processed when submitted by participating providers and reimbursement will be made to the participating providers.
- You may submit any Major Medical claims for providers that do not participate with Capital BlueCross for services you receive on or after January 1, 2013.

Current Basic Option members will receive additional information from the PEBTF and Capital BlueCross.
Active Members – Working Full-Time Hired Prior to August 1, 2003

If you are a full-time employee and you were hired prior to August 1, 2003:

You pay the health care contribution through payroll deductions. The contribution amount will not change for 2013. If you participate in Get Healthy, you pay 1.5% of your gross base pay. If you do not participate in Get Healthy, you pay 3% of your gross base pay. There is no additional cost to you, no matter which plan you choose.

Hired on or After August 1, 2003:

If you are a full-time employee and you were hired on or after August 1, 2003:

- You pay the health care contribution through payroll deductions. The contribution amount will not change for 2013. If you participate in Get Healthy, you pay 1.5% of your gross base pay. If you do not participate in Get Healthy, you pay 3% of your gross base pay. The HMO and the CDHP Options are the least expensive plans in your county of residence and are offered at no additional cost to you.

- Or, you may purchase, through payroll deductions, the PPO at an additional biweekly cost (see chart to the right).

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single Biweekly Cost</th>
<th>Family Biweekly Cost</th>
<th>If You Add Dependents During the First Six Months of Employment, You Pay the Buy-Up Biweekly Cost - First Six Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Option</td>
<td>$21.38</td>
<td>$54.08</td>
<td>$262.13</td>
</tr>
<tr>
<td>HMO Option</td>
<td>$0</td>
<td>$0</td>
<td>$262.13</td>
</tr>
<tr>
<td>CDHP Option</td>
<td>$0</td>
<td>$0</td>
<td>$262.13</td>
</tr>
</tbody>
</table>

Active Members – Working Part-Time

If you are a part-time employee hired on or after August 1, 2003, you pay the health care contribution based on a percentage of your gross base pay, plus the following:

Part-time Employees – Hired on or After 8/1/03

First Six Months, No Supplemental Benefits

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single Biweekly Cost</th>
<th>Family Biweekly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Option</td>
<td>$107.04</td>
<td>$401.87</td>
</tr>
<tr>
<td>HMO Option</td>
<td>$ 85.66</td>
<td>$347.79</td>
</tr>
<tr>
<td>CDHP Option</td>
<td>$ 85.66</td>
<td>$347.79</td>
</tr>
</tbody>
</table>

Part-time Employees – Hired on or After 8/1/03

After Six Months, With Supplemental Benefits

<table>
<thead>
<tr>
<th>Plan</th>
<th>Single Biweekly Cost</th>
<th>Family Biweekly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Option</td>
<td>$133.11</td>
<td>$336.76</td>
</tr>
<tr>
<td>HMO Option</td>
<td>$111.73</td>
<td>$282.68</td>
</tr>
<tr>
<td>CDHP Option</td>
<td>$111.73</td>
<td>$282.68</td>
</tr>
</tbody>
</table>

If you are a part-time employee hired before August 1, 2003: Please see rates on the accessPEBTF area of www.pebtf.org or call the HR Service Center or your local HR office if your agency is not supported by the commonwealth’s HR Service Center.
Non-Medicare Eligible Retiree Members

If, as an Active employee, you were hired on or after August 1, 2003:

- You pay a retiree contribution through monthly pension deductions. The contribution is based on a percentage of final annual gross salary or final average salary only, which varies depending on your retirement date. The HMO and CDHP options are the least expensive plans and are offered at no additional cost.

- Or, you may purchase, through monthly pension deductions, the PPO at an additional monthly cost indicated to the right:

  If, as an active employee, you were hired prior to August 1, 2003 and you retired after July 1, 2005, you pay a retiree contribution based on a percentage of final annual gross salary or final average salary only, which varies depending on your retirement date. There is no additional cost to you, no matter which plan you choose.

<table>
<thead>
<tr>
<th>Option</th>
<th>Single Monthly Cost</th>
<th>Family Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Option</td>
<td>$35.10</td>
<td>$90.16</td>
</tr>
<tr>
<td>HMO Option</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CDHP Option</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Questions About Costs?

Call the commonwealth’s HR Service Center at 1-866-377-2672 between 6:30 a.m. and 5:30 p.m., Monday – Friday during Open Enrollment.
Call your local HR office if your agency is not supported by the HR Service Center.
Visit the accessPEBTF section of www.pebtf.org. If you haven’t already done so, you’ll need to register with the site. A user ID and password will be mailed to you within seven to ten days.

PEBTF May Cancel Your Coverage For Fraud, Intentional Misrepresentation or Non Payment

**IMPORTANT:** If you intentionally provide false or misleading information about eligibility for coverage under the 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.

For Information About Help in Paying for Your Health Insurance Coverage: See the Additional Information section of the Summary Plan Description (SPD) or the Retired Employees Health Program (REHP) Benefits Handbook.
Health Plan Choices

The PPO, Basic Option (for non-Medicare eligible retirees who retired prior to 7/1/04) and the CDHP (for actives and non-Medicare eligible retirees who retired on or after 7/1/04) are available in all Pennsylvania counties. HMO plans vary by region as indicated below.

If you live outside Pennsylvania:

Your plan choices are:

- Highmark PPO – Available nationwide
- Aetna HMO – Available in certain Delaware, Maryland and New Jersey counties
- Capital Blue Cross Basic Option (non-Medicare eligible retirees who retired prior to 7/1/04) – Available nationwide

For more information on out-of-state areas . . .

**Active Members:** Call the commonwealth’s HR Service Center at 1-866-377-2672 anytime between 6:30 a.m. and 5:30 p.m. Monday – Friday during Open Enrollment. Call your local HR Office, if your agency is not supported by the HR Service Center.

**COBRA Members:** Call the PEBTF at 1-800-522-7279.
Selecting a New Plan Option
All Changes Must be Made by Friday, Oct. 19, 2012

Refer to page 8 for a list of counties where each plan will be offered in 2012. Visit www.pebtf.org for more information on your health plan choices.

If you are happy with your current plan choice, you don’t have to do anything.

If you want to change options and enroll in the PPO Option, HMO Option, CDHP Option or Basic Option (for Retirees who retired prior to July 1, 2004) – you must do the following:

Active Members

Most employees will be able to easily make changes and/or download packets of forms (if necessary) online using employee self service at www.myWorkplace.state.pa.us. Watch your emails for more information in the next few weeks.

As always, the HR Service Center is available at 1-866-377-2672 anytime between 6:30 a.m. and 5:30 pm, Monday – Friday during Open Enrollment to assist active members who cannot or prefer not to use employee self service. And you can call your local HR office if your agency is not supported by the HR Service Center.

All online transactions must be completed and all forms must be postmarked by Friday, October 19.

Retiree Members

You need to complete a PEBTF Open Enrollment Form for REHP Members and mail it to the PEBTF postmarked by Friday, October 19.

You may download the form from www.pebtf.org. Click on 2012 Active & Non-Medicare Retiree Open Enrollment Information. Print the form from the Open Enrollment page, complete it and mail it to:

Non-Medicare Eligible Open Enrollment
Pennsylvania Employees Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111

You may also call the PEBTF at 1-800-522-7279 to request a form. Make sure you give yourself plenty of time to receive, complete, and return the form to the PEBTF, postmarked by Friday, October 19.

Cobra Members

You will need to complete the enclosed COBRA Member Enrollment Form and mail it to the PEBTF postmarked by Friday, October 19.

Open Enrollment – COBRA
Pennsylvania Employees Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111-5700

If you make a medical plan change, you will receive a new medical plan ID card in late December – the new ID card will contain the toll-free telephone number for DMEnsion, the administrator of the DME, prosthetics, orthotics, medical and diabetic supplies benefit for all members except those enrolled in the CDHP.
Important Benefit Information

Availability of Summary Health Information
For Active Members Only

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at: www.pebtf.org/Summary of Benefits & Coverage (SBC) for Active Members—2013. A paper copy is also available, free of charge, by calling 1-800-522-7279.

CVS Caremark Prescription Drug Plan

It has been several months since the PEBTF transitioned to CVS Caremark. Make sure you are using your CVS Caremark prescription card when you fill a prescription at the pharmacy.

Did you know that the CVS Caremark network includes more than 65,000 network pharmacies nationwide. The network includes:

- Independent pharmacies
- Chain pharmacies (these include Rite Aid, Giant, Giant Eagle, Weis, Acme, Target, Kmart and Wegman’s, just to name a few)
- CVS pharmacies (7,300 locations nationwide)

To find pharmacies in your area, visit www.pebtf.org and click on the box titled, Prescription Drug Plan, July 1, 2012. Then select CVS Caremark Network. You may call the PEBTF or ask your pharmacy if it is part of the CVS Caremark network.

Benefit Booklets Available on the PEBTF Website

The PEBTF Summary Plan Description (SPD) and the Retired Employees Health Program (REHP) Benefits Handbook are great resources that contain important information about your health benefits.

Active Members: Visit www.pebtf.org to view, print or save a copy of the July 2012 SPD. Click on the box titled Summary Plan Description (SPD) for Active Members, July 2012, which is located on the left side of the PEBTF home page.

Retiree Members: Visit www.pebtf.org to view, print or save a copy of the March 2012 REHP Benefits Handbook. 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.

To order a copy of the Active SPD or the REHP Benefits Handbook, call the PEBTF at 1-800-522-7279 or order via our website, www.pebtf.org. Select the appropriate box referenced above and follow the instructions.
Your Mental Health and Substance Abuse Benefit

Non-Medicare eligible retirees who retiree prior to January 1, 2013 may:

- Remain in medical and prescription drug coverage
- Elect medical only
- Elect prescription drug coverage only
- Decline medical and prescription drug coverage

Once you become eligible for Medicare, you may:

- Remain in medical (Medicare Advantage PPO or HMO) and prescription drug coverage
- Decline medical and prescription drug coverage

Exception is if enrolled in non-Part D PACE/PACENET, TRICARE or VA prescription drug benefits, you can elect REHP medical only.

Any covered dependents will have the same benefits as the retiree and will not able to have more coverage than the retiree has. For example, if the retiree elects prescription drug coverage only, dependents may not be enrolled in medical. The dependents would have prescription drug coverage only.

The PEBTF will reach out to you 120 days before you become eligible for Medicare – by mail and by telephone – to educate you on your Medicare benefits.

Your Mental Health and Substance Abuse Benefit is provided by United Behavioral Health (UBH).

Effective January 1, 2012, the benefit changed so that it is consistent with your benefits under your medical plan. The Mental Health Parity Act (MHPA) requires that mental health benefits be the same as medical and surgical benefits with respect to lifetime and annual dollar limits.

Here are some highlights (detailed information may be found in the SPD and REHP Handbook):

- Network copayments remain the same:
  - $15 office visit copay for active members and non-Medicare eligible retirees who retired on or after 7/1/04
  - $10 office visit copay for non-Medicare eligible retirees who retired prior to 7/1/04
- All annual maximums have been removed – for example, you no longer have the 60-visit maximum on outpatient mental health and substance abuse services.
- All lifetime maximums have been removed.
- Out-of-Network Benefits: You continue to have an out-of-network benefit.
  - PPO & CDHP Members: Annual deductible and coinsurance is the same as your medical plan.
  - HMO & Basic Option members: No out-of-network deductible. You have coinsurance.

Remember, the Usual, Customary and Reasonable (UCR) charges for services are determined by UBH. You are responsible for all costs in excess of UCR charges if you visit an out-of-network provider.

Medical detoxification services are covered under your medical plan. All day and lifetime limits have been removed.

Opting Out of REHP Benefits For Non-Medicare Eligible Retirees Only

Non-Medicare eligible retirees who retiree prior to January 1, 2013 may:

- Remain in medical and prescription drug coverage
- Elect medical only
- Elect prescription drug coverage only
- Decline medical and prescription drug coverage

Once you become eligible for Medicare, you may:

- Remain in medical (Medicare Advantage PPO or HMO) and prescription drug coverage
- Decline medical and prescription drug coverage

Exception is if enrolled in non-Part D PACE/PACENET, TRICARE or VA prescription drug benefits, you can elect REHP medical only.

The PEBTF will reach out to you 120 days before you become eligible for Medicare – by mail and by telephone – to educate you on your Medicare benefits.
Important Open Enrollment Information

Health Plans

For more information about the health plans offered in your area, visit www.pebtf.org, or contact the PEBTF.

**HMO Plans**
- Aetna HMO
  - 800-991-9222
  - www.aetna.com
- Geisinger Health Plan HMO
  - 800-504-0443
  - www.thehealthplan.com
- Keystone Health Plan Central HMO
  - 800-889-3863
  - www.capbluecross.com
- Keystone Health Plan West HMO
  - 888-301-9273
  - www.highmarkbcbs.com

**PPO**
- Highmark PPO
  - 888-301-9273
  - www.highmarkblueshield.com
- Consumer Driven Health Plan
  - UnitedHealthcare Definity Health
  - Reimbursement Account
  - 866-270-5311

**Basic Option**
- Capital Blue Cross
  - 800-889-3863
  - www.capbluecross.com

**Enrollment at a Glance**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Enrollment Begins</td>
<td>October 1</td>
</tr>
<tr>
<td>Open Enrollment Ends</td>
<td>October 19</td>
</tr>
<tr>
<td>Enrollment Forms Must be Received and/ or Employee Self Service Transaction Must be Complete</td>
<td>October 19</td>
</tr>
<tr>
<td>New Health Plan ID Cards are Mailed (for members who changed medical plans)</td>
<td>Late December</td>
</tr>
<tr>
<td>Benefit Selections Become Effective</td>
<td>January 1</td>
</tr>
<tr>
<td>New Payroll Deductions Become Effective (for Active employees hired on or after 8/1/03 enrolled in the PPO Option or for part-time employees)</td>
<td>January 1</td>
</tr>
<tr>
<td>New Rates Become Effective for COBRA Members and Billable Members</td>
<td>January 1</td>
</tr>
</tbody>
</table>

PLEASE FEEL FREE TO CONTACT A PEBTF BENEFIT SERVICES REPRESENTATIVE WITH ANY QUESTIONS YOU MAY HAVE
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