

Smoking Cessation Programs for REHP Retirees

Would you like to quit smoking? If so, the commonwealth offers Retired Employees Health Program (REHP) members programs to help you quit. The programs offered differ for non-Medicare and Medicare eligible retirees, as follows:

Non-Medicare Eligible Members



Quit for Life® Program Offered to Non-Medicare Eligible Members

The commonwealth is pleased to offer the **Quit For Life® Program** brought to you by the American Cancer Society®.

The **Quit For Life® Program** is provided at no cost to the non-



Medicare eligible retiree and covered dependents (age 19 and older) to help become tobacco free. It is for anyone who would like to quit using tobacco, regardless of the product – cigarettes, cigar or smokeless tobacco.

Quitting is hard because tobacco use is more than just a physical addiction; it's psychological and behavioral, too. Maybe you associate tobacco use with your morning cup of coffee. Medications, like gum and the patch, might help fight the cravings but for most people that's not enough. Wouldn't it be helpful if you could learn new skills so you could think differently about tobacco?

This is where the **Quit For Life® Program** can help. It is designed to help you, through online tools, a printed workbook and toll-free access to expert Quit Coaches®,

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Q&A

What Makes The Quit for Life Program Right for You?

What is the Quit for Life Program?

The Quit for Life Program is brought to you by the American Cancer Society® and Alere Wellbeing. The two organizations have 35 years of combined experience in tobacco cessation coaching and have helped more than 1 million tobacco users. The program integrates free medication, web-based learning and confidential phone-based support from expert Quit Coaches®.

What does the Quit for Life Program include?

When you join the program, they will help you create an easy-to-follow Quitting Plan that shows you how to get ready, take action and live the rest of your life as a nonsmoker. The program may include:

- Access to Web Coach®, a private, online community where you can complete activities, watch videos,

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to make good decisions about nicotine replacement therapy, develop new thinking skills and learn how to act differently in situations that used to involve tobacco.

Call 1-866-QUIT-4-LIFE (1-866-784-8454) today or visit www.quitnow.net/PEBTF to enroll or find more information.

Medicare Eligible Members

The Medicare plans offer coverage for smoking and tobacco use cessation programs. The Medicare PPO and HMO plans cover two counseling quit attempts within a 12-month period as a preventive service – no cost to you. Each counseling attempt includes up to four face-to-face visits.

Aetna MedicareSM Plan (PPO) and (HMO)

Members have the ability to go to their physician for counseling. Aetna also offers a coaching program, which includes one counseling session per week.

Aetna members have three ways to enroll in the Aetna's coaching program:

- You may be enrolled from the new member Medicare Health Risk Assessment (HRA) survey that you complete annually
- You may be referred from Aetna's Case Management, Disease Management or Behavioral Health

- You may call a Healthy Roads lifestyle coach directly at 1-800-650-2747

Geisinger Gold Classic (HMO)

You may go to your primary care physician (PCP) to use this benefit. Your doctor will offer up to four visits. If necessary, the PCP will refer you to a specialist, but in most cases your PCP will be able to provide the appropriate services.

UPMC for Life Medicare HMO

In addition to the counseling provided by a PCP or specialist, UPMC also offers a wellness program, also available at no cost.

For members looking to quit smoking, UPMC's MyHealth Ready to Quit can help. This program offers telephone coaching, online tools and self-help materials.

Tobacco cessation specialists answer questions and guide members through the quitting process. Print materials are provided to participants.

There are six sessions that include such topics as Thinking of Quitting, Changing My Routine, and Managing My Stress While Quitting Smoking. All sessions are presented by a health coach who is a trained tobacco cessation specialist. Health coaches make at least three phone calls to participants, at 30 days, six months, and 12 months after the quit date. This follow-up support includes reinforcement of successes and strategies to prevent relapse.



Dangers of Secondhand Smoke

Here is another reason to quit smoking. Not only will you benefit by quitting smoking, but your family will benefit as well. Smoke from the burning end of cigarettes, pipes or cigars and smoke exhaled from smokers contains more than 4,000 substances, more than 40 of which are known to cause cancer in humans and animals. It is rated as a Group A carcinogen by the EPA (Group A carcinogens also include radon and asbestos).

According to the American Cancer Society, second hand smoke causes about 3,400 lung cancer deaths and about 46,000 deaths from heart disease each year in healthy nonsmokers who live with smokers. Nonsmokers living in the household are also more likely to get asthma and other respiratory problems, eye irritation and headaches.

Source: UnitedHealthcare

Q&A *Continued from page 1*

track your progress and join in discussions with others in the program.

- An easy-to-use printed workbook that you can reference in any situation to help stick with your Quitting Plan.
- Recommendations on type, dose and duration of nicotine replacement if appropriate (including patch or gum)
- Free nicotine replacement therapy (patch or gum) mailed directly to your home if appropriate.
- Unlimited toll-free access to Quit Coaches, who offer as much or as little support as you need.
- Access to Text2QuitSM, a text message feature enabling a participant to connect with a Quit Coach, interact with Web Coach, use medications correctly, manage urges and avoid relapse – all from a supported mobile phone.

Who is eligible for the program?

All non-Medicare eligible retirees and dependents (age 19 and older) who are enrolled in REHP benefits.

How much does it cost to participate in the Quit for Life Program?

The commonwealth is committed to helping you become free of tobacco. That is why we are offering this program at no cost. Even the

cost of nicotine patches and gums is fully covered.

Why is the REHP subsidizing this program?

We believe that quitting tobacco is an important step to improving one's health. The health benefits of quitting tobacco start almost immediately and continue for a lifetime. On average, people who don't use tobacco have lower medical expenses than those who do. Our members will enjoy better health, live longer and save money on health care.

Is there evidence that the Quit for Life Program works?

The American Cancer Society and Alere Wellbeing have 35 years of combined experience in tobacco cessation coaching and have helped more than 1 million tobacco users.

The program was first validated in 1989 through a randomized clinical trial funded by the National Cancer Institute and the University of North Carolina. The study demonstrated the combination of self-help materials and telephone counseling boosted quit rates by 50 percent. The program has continued to conduct large, randomized trials to prove its methods and effectiveness over the years and also has received six consecutive awards from America's Health Insurance Plans for achievements in tobacco control initiatives.

Is participation in the Quit for Life Program confidential?

Under federal law, all employees of Alere Wellbeing and the American Cancer Society are required to protect the confidentiality of participant's personal health information. Your participation in the program will not be shared with the commonwealth.

How do I enroll in the Quit for Life Program?

Enrollment is easy – just call 1-866-QUIT-4-LIFE (1-866-784-8454) to get started. A registration specialist will verify eligibility to enroll and transfer you to a Quit Coach to get started.

Can I enroll again if I start using tobacco again?

Yes. We recognize that it often takes several attempts to quit tobacco for good, and that participants may start using tobacco during the program. The **Quit for Life Program** was designed to support participants through all phases of quitting, including relapse.

I'm not quite ready to quit. Will information be available in the future?

Information on the **Quit for Life Program** will be available on the PEBTF website. Visit www.pebtf.org and click on the Get Healthy box for more information and a link to the Quit for Life website. Also, we'll include articles in future newsletters.

Annual Notification Important Information About the Women's Health and Cancer Rights Act of 1998

On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. The REHP health plans already complied with this important legislation requiring health plans to cover:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Coverage will be provided in a manner determined in consultation with the attending physician and the patient. Coverage may be subject to deductibles and coinsurance, as detailed in your specific plan option.

SEAP Summary of Benefits Information about the State Employee Assistance Program (SEAP)

The Affordable Care Act requires that group health plans provide a Summary of Benefits and Coverage (SBC). Because SEAP is considered to be a group health plan, SEAP is required to provide an SBC.

The federal government has defined very strictly what information must be included in an SBC and how it must be formatted. That's why you'll notice that most of the categories of information do not apply to SEAP, and that many of the listed services are identified as "not covered."

You can view the SBC at [http://www.portal.state.pa.us/portal/server.pt/community/state_employee_assistance_program_\(seap\)/20219](http://www.portal.state.pa.us/portal/server.pt/community/state_employee_assistance_program_(seap)/20219). The SBC is located under Tools and Resources. You can also receive a paper copy at no charge by contacting SEAP at 800.692.7459.

Hidden Causes of Weight Gain

Struggling to maintain your weight or take off pounds?

One or more of these things might be getting in your "weigh."

Too little sleep. Between-meal snacking can be a high-calorie substitute for what you *really* need – a nap.

Snacking to beat stress. Save calories by addressing the causes of the stress, without food.

Lack of consistency. Eating wisely on weekdays but not on weekends can mean a pound or two of weight gain every month.

Confusing "heart healthy" or "fat-free" with "low calorie." Food labels can be confusing. Many foods that are good for you are not low in calories.

Portion distortion. Is that *one* serving of cereal in your bowl – or *three*? Studies show that most people greatly underestimate how much they eat.

Missing meals. This makes you likely to overeat at the next meal.

No exercise. Skipping one 20-minute walk each day can add 10 pounds in a year.

Overestimating calories burned by exercise. It takes just a few minutes to eat 500 calories, but nearly two hours of exercise for most people to burn it off.

Medications. Some medications can lower the body's metabolic rate and stimulate hunger. If you've started a new medication and gained four pounds or more in a month, ask your doctor for advice.

Undiagnosed mood disorders or thyroid problems. Both can result in weight gain.

A high blood insulin level. Your doctor can check for this. It can be associated with weight gain around your middle and other health issues.

Source: Madelyn Fernstrom, PhD, CNS; Senior Advisor–Health Management, UPMC Health Plan, and author of the book *The Real You Diet*, ©2010

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.



You included an article on preventive benefits in the Winter 2013 newsletter. It lists preventive colonoscopies are covered every 10 years. I had a polyp removed and was advised to have my next colonoscopy in five years. Will this colonoscopy be covered by my plan? — Gail

A colonoscopy with removal of polyp does not fall under the 'routine' benefits. The claim would be processed as medical because the doctor found and removed a polyp. The 'medical' colonoscopy with polyp removal does not count toward the once in 10-year accumulation. Anyone with a polyp removal would be eligible for another routine colonoscopy in five years.

The 10-year limit is for routine colonoscopies. If you are found to be at high-risk, colonoscopies may be done more frequently as recommended by your doctor.

Smart Snacks

Snacking is part of a healthy diet, especially if it is more than four hours between meals. Here are some smart options that won't add a lot of extra calories.

100 Calories

- 1 hard-cooked egg with half a slice of toasted wheat bread
- ½ cup ice milk or sherbet
- 1 large graham cracker with 1½ tsp peanut butter
- ½ cup wheat-flake cereal with ½ cup non-fat milk
- 1 small whole-wheat pita with 1 Tbsp hummus
- 1 slice whole-wheat bread with 1 oz. sliced turkey breast and mustard
- ½ cup 1% low fat cottage cheese with 1 cup cherry tomatoes
- 1 cup baby carrots, celery and bell peppers with 2 Tbsp light dressing
- 1 small apple with 1½ tsp peanut butter

200 Calories

- 16 oz. non-fat fruit yogurt mixed with 1 Tbsp raisins
- 1 slice whole-wheat bread with 1 Tbsp peanut butter and 1 tsp jelly
- 8" flour tortilla with 2 oz turkey, lettuce, tomato and balsamic vinegar
- 1 medium baked potato with ¼ cup 1% low fat cottage cheese
- ¼ cup dry roasted mixed nuts
- 8 reduced fat Triscuit crackers with 1 oz. reduced fat cheddar cheese
- ½ cup Raisin Bran with ½ cup skim milk
- 2 fig bars and medium apple
- ¼ cup hummus with 10 baby carrots and 1 whole red pepper



Source: www.everydayhealth.com

Coverage for Disabled Dependents

The REHP provides coverage for members' eligible dependents. Your child may remain on REHP benefits until age 19. Also, you may continue to cover your child to age 26 if the child is not eligible for coverage under another employer-sponsored health plan (other than through a parent).

Coverage is provided for disabled dependents. Your disabled dependent child age 26 and older may remain on REHP benefits as long as he or she meets the following criteria:

- The child must be dependent on the retiree or his or her spouse/ domestic partner for more than 50% support.
- The disability must have occurred prior to the age of 26.
- The unmarried child was the retiree's or his or her spouse/ domestic partner's dependent prior to the age of 26.
- The disability must be total and permanent, as defined by the PEBTF.
- The child is claimed on the retiree's or his or her spouse/ domestic partner's federal income tax return.

A disabled adult child will not automatically be excluded from coverage if he or she lives outside the retiree's home, but the child's living situation and its ramifications will be taken into account in determining whether the child meets the support requirements. For example, a disabled adult child who lives in a group home or other facility and

whose care and expenses are subsidized significantly by the government may no longer be deemed to receive more than half of his or her support from a retiree or his or her spouse/ domestic partner.

You will periodically have to recertify that your dependent meets the above criteria. It is your responsibility to notify the PEBTF of any event that would cause your dependent to no longer be eligible for coverage. You will be responsible for any claims incurred when your dependent was not eligible for benefits.



Medicare Eligible Members

SilverScript Members to Receive a New CVS Caremark ExtraCare Health Card

In July, you received a CVS Caremark ExtraCare Health Card as part of the enrollment in the CVS Caremark prescription drug plan. The ExtraCare Health Card is a discount card that can be used on over-the-counter items that you purchase at a CVS pharmacy. It does not replace your SilverScript prescription drug ID card.

Use your ExtraCare Health Card when shopping at a CVS Pharmacy. You save 20 percent on thousands of CVS-brand health related-items.

REHP Medicare members moved to the SilverScript Medicare Part D prescription drug plan on January 1, 2013. As part of this transition to SilverScript, Medicare eligible retirees and dependents will receive new ExtraCare Health Cards with "REHP" on the card. A retiree and spouse will receive two cards, but can use just one card as a family to accumulate discounts and coupons faster.

National Colorectal Cancer Awareness Month

March was National Colorectal Cancer Awareness Month. Even though the month of March is just behind us, the subject of colorectal cancer awareness is an important one no matter what time of the year. Colorectal cancer is the second leading cancer in the United States. Colon cancer affects all racial and ethnic groups and is most often found in people age 50 and older.

According to www.healthfinder.gov, a federal government website managed by the U.S. Department of Health and Human Services, if all men and women age 50 and older were screened regularly, six out of 10 deaths from colorectal cancer could be prevented.

People over age 50 are at highest risk for colorectal cancer, which is why preventive screenings are covered for REHP members age 50 and over. Other risk factors include smoking, having a family history of colorectal cancer and being African American.

To lower your risk of colon cancer:

- Maintain a healthy weight
- Eat foods high in fiber – vegetables, fruits and whole grains
- Eat less red meat and processed meat (hot dogs and some luncheon meats)
- Limit alcohol (no more than 2 drinks a day for men and 1 drink a day for women)
- Get regular exercise
- Quit smoking

Screenings for Colon Cancer

Screenings can help find colon cancer early while it's still curable. If a polyp is found, your doctor can remove it before it has a chance to become cancer.

Here are the preventive screenings the REHP covers for people age 50 and over:

- **Colonoscopy – preventive test covered once every 10 years:** Uses a lighted tube with a small camera on the end to examine the entire length of the colon and rectum. If polyps are found, they may be removed during the test.
- **Flexible sigmoidoscopy – preventive test covered once every 5 years/4 years for Medicare members:** Is similar to colonoscopy, but examines only the lower part of the colon and rectum. If polyps are found,

According to the American Cancer Society, the lifetime risk of developing colorectal cancer is about 1 in 20 (5%).

they may be removed during the test, or you may need to have a colonoscopy later.

- **Fecal occult blood test – preventive test covered once every 12 months:** Is used to detect tiny amounts of blood in the stool that could indicate the presence of polyps or cancer. You may take the test at home with a kit you obtain from your doctor.

Sources: www.healthfinder.gov; www.cancer.org

Your Cost for These Important Preventive Benefits

Colonoscopy	Non-Medicare: \$25 copay for specialist office visit, which is usually done prior to scheduling the procedure; Medicare: \$15 specialist office visit copay	\$0 (for the actual colonoscopy procedure)
Flexible Sigmoidoscopy	Non-Medicare: \$25 copay for specialist office visit, which is usually done prior to scheduling the procedure; Medicare: \$15 specialist office visit copay	\$0 (for the actual flexible sigmoidoscopy procedure)
Fecal Occult Blood Test	Non-Medicare: \$15 (PCP)/\$25 (specialist) office visit copay; Medicare: \$10 (PCP)/\$15 (specialist) office visit copay	\$0 (for the actual test kit)

PEBTF

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PEBTF telephone hours:
8 a.m. – 5 p.m. Tuesday - Friday
8 a.m. – 6 p.m. Monday (or 1st day
following a holiday weekend)

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



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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.

REHP 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 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.

