

Exciting Improvements to the Get Healthy Program

The Pennsylvania Employees Benefit Trust Fund (PEBTF) is pleased to announce improvements to the Get Healthy Program with the addition of the **Know Your Numbers** program. **Know Your Numbers** is offered to employees enrolled in PEBTF medical and/or supplemental benefits.

Many of you have benefitted from the Get Healthy Program since it began in 2005. Over the years, you have received useful feedback from the annual Health Assessment. You may have also participated in wellness coaching and/or disease management programs and learned helpful tips for maintaining or improving your health. Today, 75 percent of employees are saving money because they participate in Get Healthy and are earning the contribution waiver.

Know Your Numbers

We are offering, free of charge, confidential wellness screenings that give you valuable information about your health and health risks. You may then visit your doctor to discuss your results and set goals for better health. Your health and well-being are important to the PEBTF. If each of us

manages our health issues and maintains a healthy lifestyle, we can positively impact our total health care costs. The wellness screening is for employees only (PEBTF contract holder) and **is a requirement towards earning the health care contribution waiver.**

Know Your Numbers consists of a free wellness screening which includes laboratory testing. We have partnered with Quest Diagnostics® and its Blueprint for Wellness® program to offer these screenings.

The **Know Your Numbers** wellness screening includes:

- Blood draw that tests for cholesterol and blood glucose (sugar) levels
- Height, weight and blood pressure measurements

How do I obtain my wellness screening?

There are three ways to obtain your wellness screening:

- The easiest, most convenient way is to get your free wellness screening at an onsite event, if one is offered at a commonwealth worksite near you. The wellness screening takes only 15 to 20 minutes.
- You may schedule an appointment for a free wellness screening at a Quest Diagnostics Patient Service Center – 85 percent of our members (Pennsylvania residents) can visit one of 148 Patient Service Centers within 30 miles or less.
- If you cannot participate in an

To Earn the Get Healthy Waiver Beginning July 1, 2014:

- 1 Employee **must** do a wellness screening, and
- 2 Employee and covered spouse/domestic partner must complete the annual Health Assessment, which will be offered in April 2014.

onsite event or visit a Quest Diagnostics Patient Service Center, you may visit your doctor and pay an office visit copayment.

How can I get more information about these wellness screenings?

In late July/early August, you will receive a Get Healthy brochure at your mailing address. You'll learn more about the wellness screenings and how to register for an onsite screening or a Quest Diagnostics Patient Service Center.

Continued on Page 2

What's Inside

Get Healthy.....	1
Quit For Life	3
Sun Safety	3
Mental Health & Substance Abuse Benefit.....	4
PEBTF Medical Plans' Websites Offer a Variety of Tools.....	5
Case Management	6
Importance of Annual Physical .	7
Ways to Reduce Health Care Costs	7
Urgent Care	8



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Get Healthy Program

Continued from page 1

Why must I participate in a wellness screening?

- It is free to you. The PEBTF pays 100 percent of the costs.*
- You will earn the health care contribution waiver that begins July 2014 after you complete both a wellness screening and an annual Health Assessment (your covered spouse/ domestic partner also is required to complete the annual Health Assessment).
- It can provide insight to risks and strengths that you can track over time.
- It can help you find out what you are doing well.
- It can help you work with your doctor to take charge of your health. Start by taking your screening results to your next appointment.
- It is confidential. Your test results are not shared with the PEBTF or the commonwealth and your privacy is always protected.
- It is easy and convenient. You can choose to participate in an onsite event, make an appointment with a local Quest Diagnostics Patient Service Center or visit your primary care doctor.

*If you visit your doctor, you may have to pay a copayment for an office visit. For CDHP members, the cost of the visit and blood test will apply to the deductible. The PEBTF's preventive benefits allow for a cholesterol test every year and a fasting glucose every three years. If you have had testing within that time, your medical



plan will not pay for another blood test. You should attend an onsite event or go to a Quest Diagnostics Patient Service Center because that testing is free of charge.

Your confidentiality is assured

All of the information in your wellness screening report is personal and confidential, as protected by federal law. The PEBTF will not have access to your individual results. Quest Diagnostics values and understands that your privacy is most important and they have taken measures to assure confidentiality.

About Quest Diagnostics

Quest Diagnostics is the leading global provider of laboratory testing. Quest Diagnostics offers its Blueprint for Wellness program to employees of both small and large companies. It began doing wellness screenings in 2002 and performed 1.5 million screenings during the past year.

Contemplating Quitting Smoking? Quit For Life is Here to Help

In the spring issue of *PEBTF Benefit News*, we introduced the new Quit For Life® Program, the nation's leading tobacco cessation program. Since that time, over 1,250 PEBTF members have signed up for the program.

The Quit For Life Program, brought to you by the American Cancer Society®, can help you or an eligible dependent overcome physical, psychological and behavioral addictions to tobacco through coaching, a customized quitting plan and a supportive online community.

Expert Quit Coaches® help you gain the knowledge, skills and behavioral strategies to quit for life. You have unlimited access to phone and web-based coaching, as well as to Web Coach®, an online community for e-learning and social support. You also receive a printed workbook that helps guide you through the quitting process.

The program uses the **4 Essential Practices to Quit For Life**:

1. **Quit at Your Own Pace** – Quit on your own terms, but get the help you need, when you need it.
2. **Conquer Your Urges to Smoke** – Gain the skills you need to control cravings, urges and situations involving cigarettes.
3. **Use Medications So They Really Work** – Learn how to supercharge your quit attempt with the proper use of nicotine substitutes.
4. **Don't Just Quit, Become a Nonsmoker** – Once you've stopped using tobacco, learn to never again have that "first" cigarette.

By mastering the **4 Essential Practices to Quit For Life**, the chance of quitting is eight times more successful than by quitting cold turkey. You or a loved one could be the next person Quit For Life helps to quit tobacco. The program is **free**, confidential and it works.

Call 1-866-QUIT-4-Life (1-866-784-8454) or log on to www.quitnow.net/PEBTF for details or to enroll.

More than 70 percent of adult smokers say they want to quit, but without help, fewer than 5 percent succeed. The Quit For Life® Program can help.



Sun Safety – Protect Your Skin Today and Every Day!

We often think of sun safety during the warm, sunny summer months. While it is important to protect yourself during the summer months, sun protection is necessary throughout the year.



Did you know that skin cancer is the most common of all cancers in the United States? Protecting your skin is easy – it only takes a few simple actions each day:

- Try to stay out of direct sun between the hours of 10 a.m. and 4 p.m., when ultraviolet (UV) radiation is at its highest.
- Wear wide-brimmed hats and sunglasses that block UV rays.
- Wear long sleeves and long pants or skirts, if possible.
- Use a sunscreen with broad spectrum protection (against UVA and UVB radiation) and a sun protection factor (SPF) of 30 or higher on all exposed skin.
- Don't use tanning beds or sun lamps.
- Wear large, wrap-around sunglasses that block at least 99% of UVA and UVB radiation to protect your eyes and the delicate tissues around them.

To learn more about how the American Cancer Society can help you and your family protect yourselves from skin cancer, call 1-800-227-2345, or visit cancer.org/sunsafety.

Your Mental Health and Substance Abuse Benefit

United Behavioral Health (UBH) provides your mental health and substance abuse treatment benefits. UBH is pleased to announce that they are refreshing their brand name, logo and design from “United Behavioral Health” to “Optum.” This simpler brand name is intended to serve you better in the future with integrated programs and services. The only thing changing is the design and brand name identity of the materials you receive.

This design refresh and name update will not cause any disruptions to your benefits, services or Optum’s commitment to you. Optum’s website is a great resource on a variety of topics. To visit Optum’s site, go to www.pebtf.org and click on Links. To enter the PEBTF-specific site, use the access code “Pennsylvania.” You may search for a clinician and view articles about mental health and a variety of other topics.

Optum’s telephone number appears on your medical plan ID card. You may contact Optum at 1-800-924-0105 to find a network provider.



First Office Visit for Mental Health Diagnosis

You may be having difficulty sleeping at night and you are finding it hard to concentrate at work. You may have also noticed that you are lethargic during the day, and you just don’t find interest in things that used to be enjoyable to you. These symptoms have lasted for quite some time and you just don’t feel yourself. Your first reaction may be to visit your primary

care physician to rule out any medical problems. Your physician may diagnose depression which can manifest itself in physical symptoms.

Depression is a mental health diagnosis and is covered under your mental health and substance abuse program provided by Optum (formerly UBH). Because you are not a medical professional, you may not have known that you were suffering from depression. Because you visited a medical doctor instead of a mental health provider, only your **first claim** for an office visit incurred with a non-mental health professional would be covered under your medical plan.

Any subsequent visits for depression would need to be coordinated through Optum in order to receive coverage.

Optum will coordinate your care and refer you to one of its network professionals. You may contact Optum at 1-800-924-0105 to find a network provider.

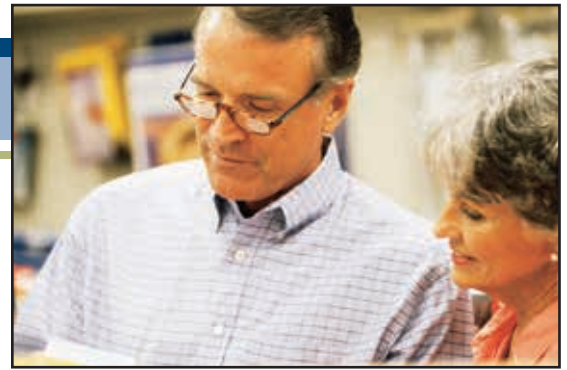
Some conditions may be co-managed by your medical plan and Optum: Both your medical plan and Optum can provide outpatient benefits for the diagnosis and medication management of the following conditions: Attention Deficit Disorder (ADD), Attention Deficit/Hyperactive Disorder (ADHD), Anorexia, Bulimia and Tourette’s Syndrome.

Under the medical plan, doctors may diagnose any of these conditions and prescribe and monitor medications. No counseling benefits are available under the medical plan but are provided under the mental health and substance abuse program.



Your Benefit Questions Answered

Do you have a question about your PEBTF 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.



My husband and I both work for the commonwealth. Currently, our children and I are on his benefits because his salary is less and, as a result, the contribution is less. My husband plans to retire in August and will qualify for majority paid REHP coverage. He will not be eligible for Medicare yet. Can we remain on his retiree medical benefits once he retires or should all of us, including my spouse, be on my active benefits? — Shelly

You have a variety of options, as follows:

1. You and your children can be on your husband's Retired Employees Health Program (REHP) benefits. Because your husband is a non-Medicare eligible retiree, he will pay a health care contribution of 3 percent of his final average salary (contribution changes as the active health plan contribution changes). You would have REHP medical and prescription drug coverage only - you would not have dental, vision and hearing aid benefits.
2. You and your children can be on your husband's REHP benefits and, in addition, you can elect active supplemental benefits, which include prescription drug, dental, vision and hearing aid coverage for your entire family. This would be more costly because both you and your husband would pay the health care contribution.
3. Your husband and your children can enroll under the active program under your name. Your family would continue to have medical and supplemental benefits (prescription drug, dental, vision and hearing aid coverage). The health care contribution of 3 percent of your base salary would be deducted from your biweekly pay. If your husband currently earns the Get Healthy waiver, your contribution would be 1.5 percent through June 30, 2014. When your husband becomes eligible for Medicare, he does not have to enroll in Medicare Part B coverage because he is still on your active employee's plan. He must contact Medicare prior to your retirement so he can elect Medicare Part B and enroll in one of the REHP Medicare plans and the Medicare prescription drug plan.

PEBTF Medical Plans' Websites Offer a Variety of Tools

Have you visited your medical plan's website? Your plan's website offers a wealth of information including, in most cases, a cost estimator. You can begin by creating a login and password so you can get to member-specific information. You can search for network providers, view paid claims and access other benefit information.

The cost comparison tool shows you the costs of medical procedures in your area. While you only pay copayments and not a percentage of the cost for medical services and procedures when using network providers and facilities, you may still want to see what area hospitals and providers charge. Knowing the cost is especially important for members enrolled in the Consumer Driven Health Plan (CDHP) option.

Take some time to see what your medical plan's website has to offer. Go to www.pebtf.org, and click on Links for all of the websites.



Case Management – Helping Members With Their Illnesses

One Tuesday afternoon, Cathy received a call from a Highmark nurse Health Coach. Cathy had been identified for case management because she had received treatment at an emergency room four times over the past few months. Highmark's Health Coach reached out to Cathy to see how she could help. During the discussion, she learned that Cathy did not have a family physician so she was not following up with a doctor to manage her medical condition. The Highmark Health Coach assisted Cathy in locating a network family physician and making an appointment for follow up care. She also called Cathy a few weeks later to check on her health and to make sure she was satisfied with her family physician. Now that Cathy has established a relationship with a family doctor, she will call her family doctor instead of visiting the ER.*

**Not a real member*

You may have visited the emergency room a number of times in recent months or were diagnosed with a medical condition. Both of these scenarios would trigger a call from your plan's case manager. Case management is a standardized medical assessment process that focuses on providing a member with appropriate types of health care services in a cost-effective manner.

While all of the PEBTF medical plans offer case management to its members, this article shows how Highmark provides case management to members enrolled in Highmark PPO and Keystone Health Plan West HMO.



Highmark's case manager nurses are called Health Coaches. These Health Coaches are all specially trained Registered Nurses whose primary goal is to help you to better manage your specific condition and overall health. The Health Coach can identify any gaps in care and conditions that are not well-managed and will be able to give personal attention and specific guidance to you. All of your confidential interactions with the Health Coach are by phone.

A case manager (or Health Coach if enrolled in Highmark) may contact you because of recent medical claims and specific conditions, such as strokes, cancer, organ transplants, premature births or high-risk pregnancy, just to name a few. They may contact you if you are diagnosed with a potentially high-cost condition or if you have visited the emergency room frequently.

An inpatient admission will also trigger an outreach from a case

manager. The case manager will help you better understand your discharge instructions, talk about potential signs of complication and when you need to notify your doctor or seek emergency care, make sure any services such as home care are in place and remind you to schedule any follow up appointments.

If you are contacted by a case manager, you should discuss your situation with the case manager because they are there to help you with your medical care. The main objective is to help you with your medical condition and reduce the likelihood of future hospitalization and emergency room visits. It is important that you report any telephone and address changes to the HR Service Center or your local HR office so that the PEBTF and your medical plan have your most up-to-date information. Case management is a benefit offered by the PEBTF medical plans and does not qualify for the Get Healthy waiver.

The Annual Physical – an Important Benefit

You take your car for annual maintenance and state inspection to make sure it is safe for you and your family to drive. You have your furnace checked annually to make sure it is running efficiently. And, you may order a free credit report to check your financial health. So, why aren't you visiting your doctor for an annual physical? With our busy lives, we tend to forget about health care until we are sick. So even if you feel well, make some time to schedule your annual physical. It's one annual check you should make sure you do.

The PEBTF's preventive care benefits provide for one annual physical per year for members age 19 and older. HMO and PPO members pay a \$15 copayment. CDHP members have a preventive care benefit that provides 100% coverage (refer to the SPD for details). Children have coverage for well-child care.

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 PEBTF 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.



Ways to Reduce Health Care Costs

- Take good care of yourself – get enough rest, eat a balanced diet complete with plenty of fruits and vegetables and exercise.
- Use the preventive care benefits that are covered by the PEBTF.
- Become aware of the health risks of different lifestyle choices such as alcohol, tobacco, drug use and home and driver safety. The riskier your lifestyle, the more likely you are to have health problems.
- Know what your medical benefits cover. Medical necessity does not always mean it is covered by the PEBTF.
- Take an active role in health care decision making. If you don't understand what your doctor is telling you, ask questions.
- Ask your doctor about every prescribed medication and medical test. Tell your doctor about all drugs, vitamins and herbal medicines you are taking to avoid possible drug interaction.
- Use generic drugs, where appropriate. Talk to your doctor or pharmacist to find out if a generic is right for you.
- Ask your doctor for samples if you are trying a drug for the first time.
- Avoid hospitalization whenever possible. Consider alternatives to surgery or ask about outpatient procedures.
- Do not use the emergency room unless it is a true emergency. Always try to seek care in your primary care doctor's office or an urgent care center.
- Use network providers. Visit www.pebtf.org to link to your medical plan to search for providers.
- Check your hospital and doctor bills for errors and report any mistakes immediately.

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)

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This newsletter may contain a general description of the Plan of Benefits (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 Summary Plan Description. The PEBTF 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.

Your Important Health Benefits

Sprain your ankle? Think Twice About Where You Get Your Care

You may think of the emergency room first when you have a medical event, but that might not be your best choice. If you want quicker non-emergency care, you may be wiser to skip the ER and go to your nearest urgent care center. Urgent care centers often have extended evening and weekend hours to make it convenient for you.

That's because ERs are busy, crowded places. If your situation is not a true emergency, you can end up waiting for hours for the care you need.

Generally, you'll want to visit your primary care physician or nearest urgent care center for non-life threatening health events such as the flu, a cold, a rash, sore throat, earache, a minor cut, vomiting, diarrhea or a sprain. Of course, it's a good idea to plan ahead. Don't wait until an event happens before you locate an urgent care center. You may visit your health plan's website to search for network urgent care centers.

Source: Bulletin, Highmark, September/October 2012

