

October 7 to October 25, 2013
For Active, Non-Medicare Eligible Retiree and
COBRA Members

Open Enrollment is your annual opportunity to review your medical plan choices for plan year 2014. If you are happy with your current plan, you do not need to do anything during this Open Enrollment. Take some time to review this newsletter – important benefit information appears on page 9.

What's Staying the Same for Plan Year 2014?

- No change in the Plan of Benefits
- Copayments, deductibles and coinsurance remain the same
- Health plan offerings remain the same

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- No changes to prescription drug, dental, vision and hearing aid benefits (retirees have prescription drug coverage only)
- Optum, formerly 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 2014?

- **Costs:** Costs for employees and retirees hired on or after August 1, 2003, part-time employees and COBRA members **increase** for 2014. See page 6 for important cost information.
- **Dependents to Age 26:** Qualifications are changing for 2014. See page 2 for more information.

Visit www.pebtf.org for Open Enrollment information and links to each medical plan's online provider directory. Call the PEBTF at 1-800-522-7279 with any questions.

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, 2014. Review the following pages for more information.

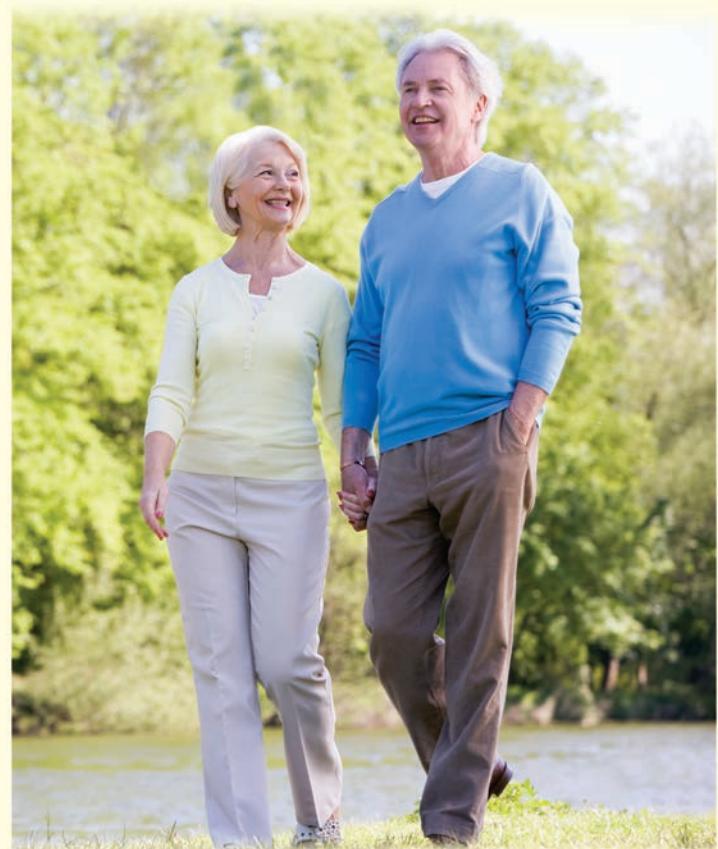
Add a Dependent: In addition to making a medical plan change, you may add a dependent to PEBTF coverage with a January 1, 2014 effective date. Or, you may add a dependent at any time throughout the year. If you add a dependent throughout the year, the effective date of the enrollment cannot be more than 60 days retroactive.

Dependents to Age 26: You may add a dependent between the ages of 19 and 26. For 2014, the requirement, "Is the dependent eligible for other employer-sponsored health coverage (other than through a parent)," has been removed. Therefore, you may cover an eligible dependent provided he or she is under age 26.

Remove a Dependent: You may remove a dependent from coverage effective January 1, 2014 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. For retirees, you must provide notice of a qualifying life event within 60 days of the event to the State Employees' Retirement System (SERS), if you receive a SERS pension. Otherwise, notify the PEBTF. 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 will also receive a Medicare Open Enrollment Newsletter at your home in early October. Medicare Open Enrollment is being held **Monday, October 21 to Friday, November 8, 2013**. Please take the time to review the Medicare Open Enrollment newsletter. 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. Medicare Open Enrollment information may be found on the PEBTF website beginning mid-October.



PEBTF Medical Benefit Options

You must select a plan that is available in your county of residence.

Active Members: You may select from the following plan options: PPO, HMO or CDHP.

Non-Medicare Eligible Retiree Members: You may select from the following plan options: PPO, HMO, CDHP (retired on or after July 1, 2004) or Basic Option (retired prior to July 1, 2004).

This summary provides a general overview of the types of plans available. Detailed information may be found at www.pebtf.org.

PEBTF Medical Benefit Options

PPO Option (Preferred Provider Organization)	<ul style="list-style-type: none">Employees and retirees hired on or after 8/1/03 pay a buy-up for the PPOMore flexibility – may visit a network or non-network providerLow network copayments (\$15 for primary care physician office visits; \$25 for specialist office visits)Out-of-network services subject to an annual deductible and coinsurance. In addition, you are responsible for the difference between the provider's charge and the plan allowance.
HMO Option (Health Maintenance Organization)	<ul style="list-style-type: none">No buy-up for employees and retirees hired on or after 8/1/03You must visit a network provider; no out-of-network services are availableSome HMOs require a referral for specialist careLow network deductibles (\$15 for primary care physician office visits; \$25 for specialist office visits)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
CDHP Option (Consumer Driven Health Plan) (For active employees & post 7/1/04 non-Medicare eligible retirees)	<ul style="list-style-type: none">Combines a high-deductible medical benefit plan with a Health Reimbursement AccountAnnual deductibles – \$1,500 for single coverage; \$3,000 for family coverageHealth Reimbursement Account is funded by the PEBTF and is replenished annually – \$1,000 for single coverage; \$2,000 for family coverage\$500 (\$1,000 for family) annual credit for preventive care screenings and immunizationsYou 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%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 programsOut-of-network benefit, subject to annual deductible and coinsurance. In addition, you are responsible for the difference between the provider's charge and the plan allowance
Basic Option (For pre-7/1/04 non-Medicare eligible retirees only)	<ul style="list-style-type: none">Offers both a medical/surgical benefit and a Major Medical componentMedically-necessary visits or admissions to participating facilities are covered at 100%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 providersMajor Medical expenses may be submitted to Capital Blue Cross

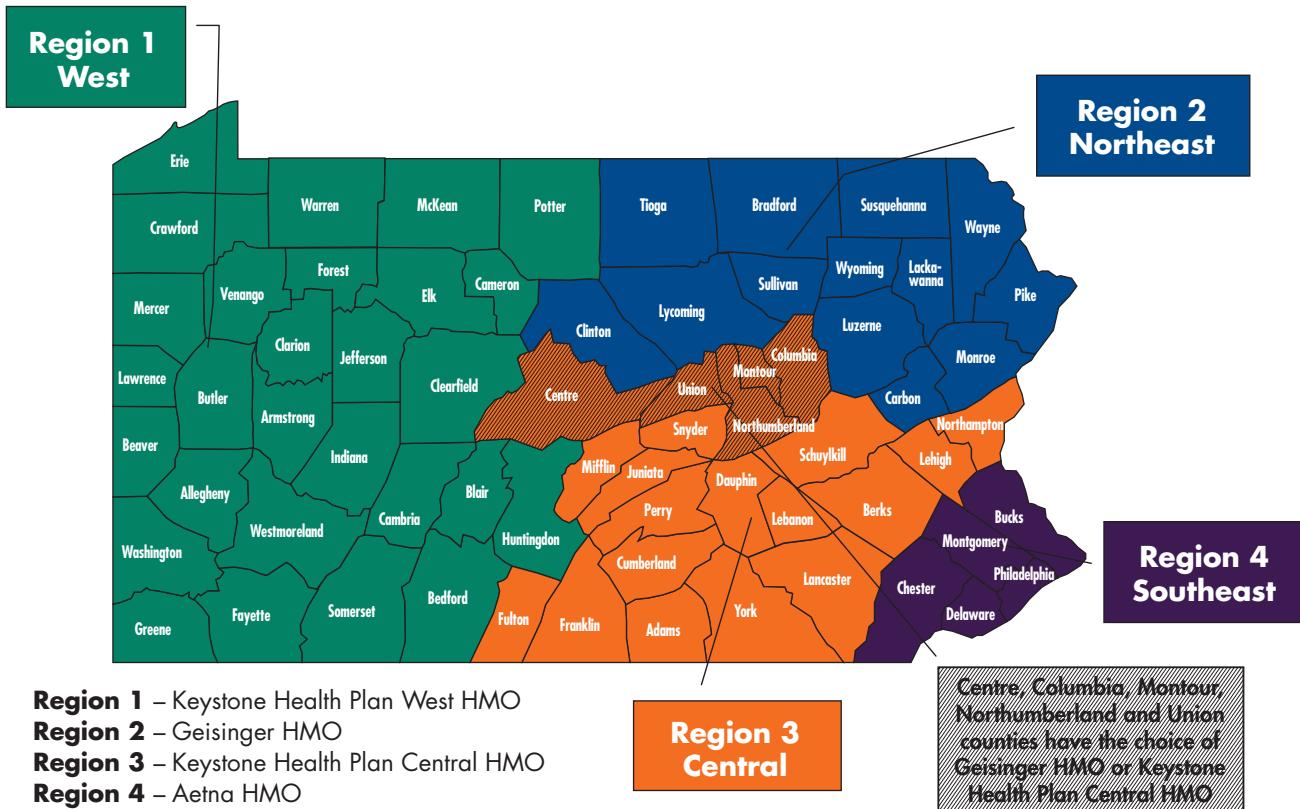
PEBTF Medical Benefit Options – At a Glance

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

Visit www.pebtf.org for more information. You may download a copy of the Active Summary Plan Description (SPD) or the 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 commonwealth's HR Service Center.

Retiree Members & COBRA Members: Call the PEBTF at 1-800-522-7279.

Important Cost Information

Active Members – Working Full-Time

Full-Time Employee Hired Before August 1, 2003:

- You pay the health care contribution through payroll deductions. Currently, the contribution is 3% of your gross base pay. If you participate in the Get Healthy Program, you pay 1.5% of your gross base pay. On July 1, 2014, the contribution increases to 5% of your gross pay and you will pay 2% of your gross base pay if you participate in the Get Healthy Program.
- There is no additional cost to you, no matter which plan you choose.

Full-Time Employee Hired on or After August 1, 2003:

- You pay the health care contribution through payroll deductions. Currently, the contribution is 3% of your gross base pay. If you participate in the Get Healthy Program, you pay 1.5% of your gross base pay. On July 1, 2014, the contribution increases to 5% of your gross pay and you will pay 2% of your gross base pay if you participate in the Get Healthy Program.

	Single Biweekly Cost	Family Biweekly Cost	If You Add Dependents During the First Six Months of Employment, You Pay the Buy-Up Biweekly Cost - First Six Months
PPO Option	\$29.13	\$75.08	\$290.54
HMO Option	\$0	\$0	\$290.54
CDHP Option	\$0	\$0	\$290.54

- The HMO and the CDHP Options in your county of residence are offered at no additional cost to you.
- You may purchase, through payroll deductions, the PPO at an additional biweekly cost indicated above. The biweekly cost increases from \$21.38 for single and \$54.08 for family coverage.

Active Members – Working Part-Time 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

	Single Biweekly Cost	Family Biweekly Cost
PPO Option	\$121.24	\$457.73
HMO Option	\$ 92.11	\$382.65
CDHP Option	\$ 92.11	\$382.65

Part-Time Employees – Hired on or After 8/1/03 After Six Months, With Supplemental Benefits

	Single Biweekly Cost	Family Biweekly Cost
PPO Option	\$149.31	\$384.80
HMO Option	\$120.18	\$309.72
CDHP Option	\$120.18	\$309.72

Information for 2014

Part-time employees hired before August 1, 2003:

Part-Time Employees – Hired Before 8/1/03 Medical & Supplemental Benefits

	Single Biweekly Cost	Family Biweekly Cost
PPO Option	\$134.74	\$347.26
HMO Option	\$120.18	\$309.72
CDHP Option	\$120.18	\$309.72

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 below:

	Single Biweekly Cost	Family Biweekly Cost
PPO Option	\$111.46	\$272.64
HMO Option	\$0	\$0
CDHP Option	\$0	\$0

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.

Questions About Costs?

Call the commonwealth's HR Service Center at 1-866-377-2672. The HR Service Center is open from 6:30 a.m. to 5:30 p.m., Monday – Friday during Open Enrollment.

Call your local HR office if your agency is not supported by the commonwealth's HR Service Center.

Visit the accessPEBTF section of www.pebtf.org and enter your personal information to be directed to this secure site.

Selecting a New Plan Option

All Changes Must be Made by Friday, October 25, 2013

Refer to page 5 for a list of counties where each plan will be offered in 2014. 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 a PPO, HMO, CDHP or the Basic Option (for retirees who retired prior to July 1, 2004) – you must do the following:

Active Members	<p>For ESS users, detailed instructions will be available October 7, 2013, at www.myWorkplace.state.pa.us. You will be able to make changes and/or download packets of forms (if necessary) online at this site.</p> <p>As always, the commonwealth's 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. You can call your local HR office if your agency is not supported by the commonwealth's HR Service Center.</p> <p>All online transactions must be completed and all forms must be postmarked by Friday, October 25.</p>
Non-Medicare Retiree Members	<p>Complete a PEBTF Open Enrollment Form for REHP Members and mail it to the State Employees' Retirement System (SERS) postmarked by Friday, October 25.</p> <p>You may download the form from www.pebtf.org. Click on Active & Non-Medicare Retiree Open Enrollment Information. Print the form from the Open Enrollment page, complete it and mail it to:</p> <p style="text-align: center;">Non-Medicare Eligible Open Enrollment Pennsylvania Employees Benefit Trust Fund 150 S. 43rd Street Harrisburg, PA 17111</p> <p>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 25.</p>
COBRA Members	<p>Complete the enclosed COBRA Member Enrollment Form and mail it to the PEBTF postmarked by Friday, October 25.</p> <p style="text-align: center;">Open Enrollment – COBRA Pennsylvania Employees Benefit Trust Fund 150 S. 43rd Street Harrisburg, PA 17111-5700</p>

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.

Benefit News

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/2013 Active & Non-Medicare Open Enrollment. A paper copy is also available, free of charge, by calling 1-800-522-7279.

Changes to the PEBTF and REHP Notices of Privacy Practices

In accordance with the requirements of HIPAA, the PEBTF previously has provided you with its Notice of Privacy Practices. This notice provides information about how the PEBTF handles your personal medical information (otherwise known as "Protected Health Information" or "PHI"). As the notice describes, the PEBTF may use or disclose Protected Health Information for purposes of treatment, payment, health care operations, and certain other specified activities in accordance with HIPAA's rules.

The PEBTF has made changes to its Notice of Privacy Practices, effective September 23, 2013. Information in the Notice has been reorganized for precision and clarity and to reflect changes in the HIPAA Privacy and Security regulations. This document describes the most important changes to the Notice.

The PEBTF is required by applicable federal and state laws to maintain the privacy of your Protected Health Information and to notify you in the event of a breach of any unsecured PHI.

We are permitted to use and disclose PHI for a variety of purposes that include setting premium rates and other underwriting activities. We may not, however, use or disclose genetic testing, counseling, or education information or family medical history for underwriting purposes, even if you were to authorize us to do so. Except with regard to long term care plans, the regulations strictly prohibit the use and disclosure of genetic PHI for underwriting purposes.

By law, we are prohibited from using or disclosing PHI for activities not described in the Notice without your authorization. Certain activities are specifically identified. For example, in the unlikely event that we obtain psychotherapy notes, we would be required to obtain authorization for almost every type of use or disclosure that we might make of those notes. We would also need authorization to use or disclose PHI for marketing purposes (other than in face-to-face meetings or in providing a nominal promotional gift) or for any disclosure that is regarded as a sale of PHI.

Your right to access your own PHI has been expanded in certain respects. If you request to receive a copy of PHI that is included in your "designated record set" in a particular format and we can readily produce PHI in that format, we will meet your request. You may also request us to send the information to another person directly. To make these requests, you should obtain the applicable form prescribed by the PEBTF.

To request a copy of the Notice, you may contact our Benefit Services Department at (717) 561-4750 or (800) 522-7279. The Notice is also available on our website, www.pebtf.org.

Certificate of Coverage

The PEBTF issues Certificates of Creditable Coverage to all members (employees, spouses/domestic partners and dependents) whose coverage with the PEBTF is terminated. The Certificate provides evidence of prior coverage that may be used to offset pre-existing medical conditions in new medical coverage. The Certificate will be mailed to an active employee who retires because the employee is being terminated from the PEBTF's active medical coverage and being enrolled in the Retired Employees Health Program (REHP) as a retiree.



Effects of Health Care Reform

The new health care reform law places various requirements on group health plans. Certain plans known as "grandfathered health plans" must comply with some of these requirements, but not all of them. The PEBTF believes that the PEBTF Medical Plan is a grandfathered health plan. The commonwealth believes that the REHP Medical Plan is a grandfathered health plan.

As a grandfathered health plan, the PEBTF and REHP Medical Plans may preserve certain basic health coverage that was in effect when health care reform was enacted. The PEBTF and REHP Medical Plans do not need to comply with certain consumer protections introduced by health care reform (for example, the provision of preventive health services without any cost sharing). However, it does have to comply with certain other consumer protections (for example, the elimination of lifetime dollar limits on benefits).

Flu Season is Right Around the Corner and it's Time to Get Your Flu Shot

For all Active and Non-Medicare Eligible Retirees Enrolled in CVS Caremark Prescription Drug Plan

It is soon that time of year when we begin to think about the flu and protecting our family by getting a flu shot. The PEBTF provides you with this important preventive care benefit and we are making it more convenient for you to get your flu shot.

You have two options for getting your flu shot:

1. ***At your doctor's office:*** Present your medical plan ID card and pay the appropriate copay.
2. ***At a CVS Caremark Flu Shot network pharmacy:*** For members age 18 and older – present your prescription drug ID card.

You can go to any pharmacy that participates in the CVS Caremark Flu Shot network to receive your shot. The Flu Shot network includes most chain pharmacies such as Acme, Giant, Giant Eagle, Target, Weis Markets and Rite Aid, in addition to CVS pharmacies and many independent pharmacies. Call or stop by your local pharmacy to make sure they have the flu shots in stock, and that they participate with CVS Caremark Flu Shot Program for insurance.

Simply present your CVS Caremark prescription drug ID card at the pharmacy and you and your dependents will get the flu shot at no cost. If you have filled a prescription at that pharmacy since July 2012, the pharmacy should have a record of your ID number in its system.

You may call CVS Caremark at 1-888-321-3261 if you have any questions.

PEBTF May Cancel Your Coverage for Fraud or Intentional Misrepresentation

IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the PEBTF Plan or REHP Plan for Retirees (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 Summary Plan Description (SPD) or the Retired Employees Health Program (REHP) Benefits Handbook.



Active Employees Only

Get Healthy Program Reminder Wellness Screening is Required to Earn the Health Care Contribution Waiver

Have you scheduled your Get Healthy Know Your Numbers Wellness Screening yet? There are three convenient ways to get one:

- 1. Onsite:** Wellness screenings will be offered onsite at various commonwealth worksites through late January 2014. Visit www.pebtf.org and click on the Get Healthy logo. Follow the instructions to see if an onsite event is being held near you.
- 2. Patient Service Center:** You can make an appointment at a Quest Diagnostics® Patient Service Center. Visit www.pebtf.org and click on the Get Healthy logo. Follow the instructions to schedule an appointment. The deadline to get a screening is January 31, 2014.
- 3. Your Doctor's Office:** If you cannot attend an onsite screening or a Patient Service Center, you may visit your doctor before January 1, 2014. You will have to pay an office visit copay. Your doctor must complete a Physician Results Form and you or your doctor must fax it to Quest Diagnostics by January 10, 2014. Visit www.pebtf.org and click on Get Healthy to obtain the form.

Health Plans

To find out 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
United Healthcare Definity Health Reimbursement Account
866-270-5311

Pre-Member Site:
www.myuhc.com/groups/pebtf
Member Site:
www.myuhc.com

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

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

PEBTF
717-561-4750
800-522-7279 (Toll free)
www.pebtf.org

PEBTF

Pennsylvania Employees
Benefit Trust Fund
150 South 43rd Street
Harrisburg, PA 17111-5700

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Toll Free: 800-522-7279

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)

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



IMPORTANT OPEN ENROLLMENT AND BENEFIT INFORMATION

Enrollment at a Glance

Open Enrollment Begins

October 7

Open Enrollment Ends

October 25

Enrollment Forms Must be Received and/or
Employee Self Service Transaction Must be
Complete

October 25

New Health Plan ID Cards are Mailed
(for members who changed medical plans)

Late December

Benefit Selections Become Effective

January 1

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)

January 1

New Rates Become Effective for COBRA
Members and Billable Members

January 1

