

## Your PEBTF Benefits Effective July 1, 2014

The Patient Protection and Affordable Care Act (PPACA) requires plans to cover network preventive care services according to guidelines established by various sources such as the U.S. Preventive Services Task Force (USPSTF). The Pennsylvania Employees Benefit Trust Fund (PEBTF) already provides coverage for many of the preventive health benefits. Effective July 1, 2014, preventive care benefits will be covered in network at 100%.

Here are the highlights of your preventive benefits covered effective July 1, 2014 at no cost to you if you use a network provider. The full list may be found on [www.pebtf.org](http://www.pebtf.org), under the Active Members/Benefit Information. In addition, it may be found in the July 2014 Summary Plan Description, also located on the PEBTF website.

### Preventive Benefits — Covered 100% in Network

Preventive Health Benefits Adults (age 19 and older)	Frequency/Comments
Adult routine physical exams and preventive care (age 19 and over)	One per calendar year
Blood pressure screening	One per calendar year
Cholesterol screening	One per calendar year
Colorectal cancer screening - for adults 50 years and older	Fecal occult blood testing - annually Sigmoidoscopy - every 5 years Screening colonoscopy - every 10 years
Depression screening	One per calendar year; any future treatment must be obtained under the mental health and substance abuse benefit
Medical nutritional counseling	Two visits per calendar year with diagnosis of obesity
Glucose screening	One per calendar year
Immunizations <ul style="list-style-type: none"> <li>• Hepatitis A (new for 7/1/14)</li> <li>• Hepatitis B</li> <li>• Herpes Zoster (shingles) - age 60 and older (new for 7/1/14)</li> <li>• Human Papillomavirus (HPV) - females &amp; males to age 26</li> <li>• Influenza (flu)</li> <li>• Measles, Mumps, Rubella (MMR)</li> <li>• Meningococcal (new for 7/1/14)</li> <li>• Pneumococcal (new for 7/1/14)</li> <li>• Tetanus, diphtheria, pertussis (Td/Tdap)</li> <li>• Varicella (chickenpox)</li> </ul> Immunizations that combine two or more component immunizations to the extent the component immunizations are covered under the Plan	Doses, recommended ages and recommended populations vary. All recommended routine immunizations are covered at no cost to the member  Vaccines are recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)
Tobacco cessation counseling and interventions	Prescription tobacco cessation products are covered under the prescription drug plan

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### Preventive Benefits

#### Women

#### Frequency/Comments

Well Woman visits	Annual, though 2 OB/GYN and 2 physical exams may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs and other risk factors
Breast cancer mammography screenings	One per calendar year for women age 40 and older
Cervical cancer screenings	Cytology (pap smear) one per calendar year
Contraception methods counseling All Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures and patient education and counseling for all women with reproductive capacity	Counseling is included in physical exam  Prescription drugs and OTC products (sponges, spermicides) are covered under the prescription drug plan  All contraceptive products require a prescription
<b>Pregnant Women</b>	
Prenatal care	First visit to determine pregnancy
Anemia screening	
Breastfeeding support, supplies and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment  Certain breast pumps and supplies are covered for post-partum women	You must obtain the breast pumps under the Durable Medical Equipment benefit provided by DMension per the DME guidelines; CDHP members contact your medical plan
Gestational diabetes screening	
Hepatitis B screening	
Rh Incompatibility screening	
Urinary tract or other infection screening	At 12 to 16 weeks gestation or at first prenatal visit, if later

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<b>Preventive Benefits Children (age 18 and younger)</b>	<b>Frequency/Comments</b>
Well child visits	One per calendar year for ages 18 years and younger
Blood pressure screening	One per calendar year
Cervical cancer screening	For sexually active females
Cholesterol screening	One per calendar year for children ages 2 through 18
Glucose screening	One per calendar year for children ages 2 through 18
Hearing screening	For all newborns
Immunizations (up to age 21): <ul style="list-style-type: none"> <li>• Diphtheria/Tetanus/Pertussis (DTaP), Tetanus/Diphtheria/Pertussis (Tdap) or Tetanus/Diphtheria (Td)</li> <li>• Haemophilus influenza type b (Hib)</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human Papillomavirus (HPV) – for females and males ages 9 to 21</li> <li>• Influenza (members age 18 and older may also receive the vaccine under the Prescription Drug Plan – see the Prescription Drug Plan section for more information)</li> <li>• Measles/Mumps/Rubella (MMR)</li> <li>• Meningococcal (MCV4)</li> <li>• Pneumococcal (PCV)</li> <li>• Polio (IVP)</li> <li>• Rotavirus</li> <li>• Varicella (Chickenpox)</li> <li>• Immunizations that combine two or more component immunizations to the extent the component immunizations are covered under the Plan</li> </ul>	Pediatric immunizations are covered for Members and Dependents up to age 21 at no cost  Vaccines are recommended by the Centers for Disease Control and Prevention (CDC)
Medical nutritional counseling	Two per calendar year with diagnosis of obesity
Tobacco cessation and intervention	For ages 7 to 18 years
Tuberculin test	
Vision screening	One per calendar year

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### Preventive Care Covered Medications under the Prescription Drug Plan

The following medications are covered at no cost under your prescription drug plan with a prescription from your doctor.

- Aspirin for the prevention of cardiovascular disease; limited to men 45 to 79 years and women 55 to 79 years
- Contraceptives including emergency contraceptives and over-the-counter contraceptive products (sponges, spermicides) – prescription is required
- Folic acid daily supplement – quantity up to 250 every 6 months; for women only
- Iron deficiency anemia prevention – supplemental iron requires a prescription; for children age 6 to 12 months only
- Oral fluoride for children without fluoride in their water
- Tobacco cessation and nicotine replacement products – prescription drug coverage is for the generic form of Zyban or the generic form of Chantix (limited to a maximum of 168-day supply with a doctor's prescription)

### Hospice

The PEBTF offers a Hospice care benefit which is a coordinated program of home care and inpatient respite care for a terminally ill member and the member's family. Currently, there is a maximum lifetime limit of \$7,500. Effective July 1, 2014, there will be

no maximum lifetime limit for Hospice benefits.

### Maximum Out-of-Pocket

Beginning July 1, 2014, all in-network member cost-sharing, including copayments, must accumulate to the plan's out-of-pocket maximum before the plan pays at 100%. All medical, mental health and substance abuse services and prescription drug costs will be considered in this maximum.

For 2014, the out-of-pocket maximum is \$6,350 for single coverage and \$12,700 for family coverage. For 2014 only, the prescription drug costs will not be included in these totals.

Beginning January 1, 2015, the out-of-pocket maximum will be \$6,600 for single coverage and \$13,200 for family coverage for all medical, mental health and substance abuse services and prescription drug costs combined.

Most PEBTF members will not reach the out-of-pocket maximum because the PEBTF plans have low in-network copayments. These out-of-pocket maximums are in place for members who have high medical expenses so they are aware of the maximum amount they could possibly pay during a calendar year before the plan pays at 100%.

### Clinical Trials

The PEBTF will provide benefit coverage for certain routine patient costs for qualified individuals who participate in an approved clinical trial. Approved clinical trials are conducted in relation to the prevention, diagnosis or treatment of cancer and other life-threatening diseases or conditions. The

trial for which the coverage is required under the PPACA must be approved or sponsored by one of a number of federal agencies, including the National Institutes of Health, the Centers for Medicare and Medicaid Services and the Food and Drug Administration, to name a few.

All medically necessary charges associated with the clinical trial, such as physician charges, labs, X-rays, professional fees and other routine medical costs will be covered. The PEBTF will not cover the actual device, equipment or drug that is typically given to patients free of charge by the medical device or pharmaceutical company sponsoring the trial.

### Coverage for Dependent Children to Age 26

Your children may continue to be enrolled in PEBTF benefits to age 26. Effective July 1, 2014, your dependent child's coverage will **end on the last day of the month** in which the child turns age 26 unless the child qualifies as a disabled dependent.

### Appeals

You have the right to appeal a denied claim. You must first appeal to the medical plan or supplemental benefits plan (prescription drug, vision, dental or hearing aid). The timeframe for you to appeal will be increased from 60 days to 180 days from the date of the denial of your claim. Your written request for appeal must be postmarked or actually received (if sent by other than U.S. Mail first class) within 180 days from the date of the denial.



## Get Healthy Program Changes for 2014



Almost 60,000 employees, or 80% of enrolled employees, completed a **Know Your Numbers** wellness screening between September 2013 and January 31, 2014. By successfully completing the wellness screening, these employees will pay 2% of their gross base pay towards benefit coverage instead of the 5% of gross pay paid by employees who did not complete a wellness screening. These contribution amounts above are paid by most employees. Refer to your collective bargaining agreement for details about your contribution.

Many of you found value in knowing your numbers and we hope you have discussed the results with your doctor.

**New for the 2014 Wellness Screening period:** Employees and covered spouses/domestic partners must complete a wellness screening for the employee to qualify for the health care contribution waiver that begins July 1, 2015. Wellness screenings will be offered between September 1, 2014 and December 31, 2014 and you will continue to have three ways to get a screening – onsite event, Quest Diagnostics Patient Service Center (PSC) and fax submission of a Physician Results Form to Quest Diagnostics by the deadline.

In mid-July, you will receive a Get Healthy brochure at your mailing address. The brochure will give detailed instructions for how you and your spouse/domestic partner can obtain **Know Your Numbers** wellness screenings this fall. Don't ignore this important mailing.

Wellness Screenings for employees and spouses/domestic partners will begin September 1, 2014. Watch your mail for more info!

### New Summary Plan Description (SPD) Now Available

The PEBTF Summary Plan Description (SPD) is a great resource that contains important information on your medical and supplemental benefits. The SPD has been updated and you can visit [www.pebtf.org](http://www.pebtf.org) to view, print or save a copy of the July 2014 SPD.

Click on the box titled **Summary Plan Description (SPD) for Active Members, July 2014**, which is located on the left side of the PEBTF home page.

To order a copy of the SPD, call the PEBTF at 1-800-522-7279 or order via our website, [www.pebtf.org](http://www.pebtf.org). Select the box referenced above and follow the instructions.

### 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.



# Continuing Coverage When You Are No Longer Eligible for PEBTF Coverage

There may be times when you or your dependents need continued coverage because benefits end under the PEBTF.

As provided by the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), you and your eligible dependents have the right to continue benefits under the PEBTF if coverage ends for certain specified reasons which are referred to as “qualifying events.”

COBRA is available if coverage ends due to:

- Termination of employment (for reasons other than gross misconduct)
- Reduction in work hours
- Death of the employee
- Divorce/termination of domestic partnership or legal separation (in states that recognize legal separation)
- Dependent child no longer meets the eligibility requirements (for example turns age 26)

You must notify the HR Service Center (or your HR office if your agency is not supported by the HR Service Center) within 60 days of the qualifying event in order to qualify for COBRA coverage. You must then continue to pay the monthly premium to the PEBTF to continue coverage.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage ends because of the qualifying events listed above. You can also have the same special enrollment right at the end of the continuation coverage if you get continuation coverage for the maximum time available to you.



There may be other coverage options for you and your family. While the COBRA coverage you receive under the PEBTF is the same as the coverage you have as an employee, you’ll also be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. For more information about health insurance options available through a Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

If faced with this decision, you should compare the level of benefits and the costs for each type of coverage and determine what will work best for you and your family.



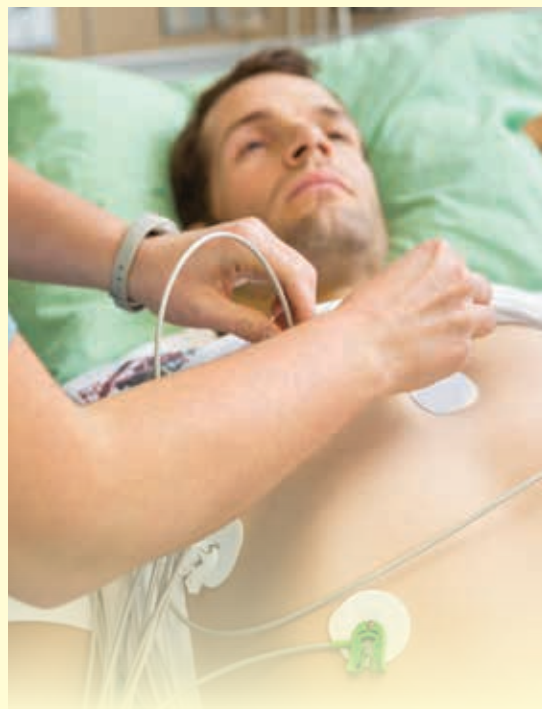
The PEBTF is pleased to offer the Quit For Life Program, which is brought to you by the American Cancer Society® and Alere Wellbeing. The two organizations have 35 years of combined experience in tobacco cessation coaching and have helped more than 1 million tobacco users. The program integrates free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

Call **1-866-QUIT-4-LIFE (1-866-784-8454)** today, or visit [www.quitnow.net/PEBTF](http://www.quitnow.net/PEBTF).

# Specialist Referrals for Members Enrolled in Keystone Health Plan Central HMO

The Spring issue of PEBTF Benefit News included information on HMO referrals for specialist care. Keystone Health Plan Central HMO originally provided information that was not all inclusive. Below is the corrected information:

- Standard referrals are valid for 90 days after the anticipated date of the specialist appointment
- In addition, Keystone Health Plan Central offers Standing Referrals that are valid for one year for limited reasons. HMO members with life-threatening, degenerative or disabling diseases or conditions may obtain a standing referral to a participating specialty provider for up to one year for services related to the diagnosis. Network specialty care providers who may be given a Standing Referral include but, are not limited to, the following specialty providers:
  - allergist/immunologist
  - cardiologist
  - endocrinologist
  - hematologist
  - nephrologist
  - neurologist
  - oncologist
  - physiatrist
  - rheumatologist



## Did You Schedule Your Mammogram for 2014?

Mammograms have helped reduce breast cancer mortality in the United States by nearly one-third since 1990. And, 75% of women diagnosed with breast cancer have no family history of the disease and are not considered high risk.



The American Cancer Society recommends an annual mammogram for women starting at age 40 even if a woman has no symptoms or family history of breast cancer. An annual mammogram:

- ✓ Can detect cancer early when most treatable
- ✓ Can show changes in the breast up to two years before a patient or physician can feel them
- ✓ Can prevent the need for extensive treatment for advanced cancers

Schedule your mammogram today – it's an important preventive benefit offered to female PEBTF members age 40 and older.

Source: [www.mammographysaveslives.org](http://www.mammographysaveslives.org)

# PEBTF

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## Your Important Health Benefits

### Have a Sun Safe Summer

We need to be safe when it comes to the sun. More than 1 million people are diagnosed with skin cancer each year making it the most common of all cancers.

About 1 in 5 Americans will develop skin cancer during their lifetime. There are three types of skin cancer – basal cell, squamous cell and melanoma. Melanoma is the most dangerous skin cancer – it is responsible for about 75% of all skin cancer deaths.

#### **Skin Cancer Prevention Tips:**

**Do not burn.** Overexposure to the sun is the most preventable risk factor for skin cancer.

**Avoid sun tanning and tanning beds.** UV light causes skin cancer and wrinkling.

**Use sunscreen.** Use sunscreen with an SPF

of 15 or higher. Reapply at least every two hours and after swimming or sweating.

**Cover up.** Wear protective clothing, a wide-brimmed hat and sunglasses with a 99-100% UVA/UVB protection, when possible.

**Seek shade.** Seek shade when the sun's UV rays are most intense between 10 a.m. and 4 p.m.

**Watch for the UV index.** Pay attention to the UV index when planning outdoor activities to prevent overexposure to the sun.

Source:  
[www.cdc.gov/cancer/skin](http://www.cdc.gov/cancer/skin)

