## PEBTF OPEN ENROLLMEN

October 20 to November 7, 2014 For Active, Non-Medicare Eligible Retiree and COBRA Members in Western Pennsylvania

Open Enrollment is your annual opportunity to review vour medical plan choices for plan year 2015. If you are happy with your current plan, you do not need to do anything during this Open Enrollment. Take some time to review what is changing for 2015 before you make a decision.

#### What's Staying the Same for Plan Year 2015?

- No change in the benefits
- Copayments, deductibles and coinsurance remain the same
- Existing 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 continues to administer the mental health and substance abuse benefit
- DMEnsion continues to administer the durable medical equipment (DME), prosthetics, orthotics, medical and diabetic supply benefit, except for members enrolled in the Consumer Driven Health Plan (CDHP)

Visit www.pebtf.org. Select the box, 2014 Open Enrollment – Active and Non-Medicare Eligible **Retiree Members** for links to each medical plan's online provider directory. Call the PEBTF at 1-800-522-7279 with any guestions.

- **Costs:** Costs for employees/retirees hired on or after August 1, 2003, parttime employees, survivor spouses, and COBRA members change each year. See page 8 for cost information.
- Additional plans are offered to Western Pennsylvania members: Aetna PPO (Open Choice) and Aetna HMO West will be offered effective January 1, 2015, in addition to the Highmark PPO (PPO Blue) and Keystone Health Plan West HMO (Keystone Blue).
- New Bronze Plan offered to part-time employees who work an average of **30 hours a week:** Effective January 1, 2015, the PEBTF will offer a new health plan to nonpermanent or permanent parttime employees who work an average of 30 hours per week in accordance with the Affordable Care Act. The commonwealth will determine if you meet the requirements and are eligible to enroll in the new health plan effective January 1, 2015. Employees who qualify will receive a separate mailing in mid-October.

The Pennsylvania Employees Benefit Trust Fund (PEBTF) Active Employees Health Plan and the Retired Employees Health Program (REHP) are separate programs.

# Important Information for Western Pennsylvania Members

Many of you are aware of the situation between Highmark and UPMC. In June, Governor Tom Corbett and Attorney General Kathleen Kane announced that Highmark and UPMC had reached a comprehensive transition agreement that covers how and where patients can receive health care after the contract between the two organizations expires on December 31, 2014.

The transition agreement offers Highmark PPO (PPO Blue) and Keystone Health Plan West HMO (Keystone Blue) members continued access to some UPMC facilities (see page 4 for details).

The PEBTF and REHP are providing Western Pennsylvania members with choices for 2015:

Your Medical Plan Choices for 2015 – Western PA Counties Only		
PPO Options	HMO Options	CDHP Option
Highmark PPO (PPO Blue)	Keystone Health Plan West HMO (Keystone Blue)	UnitedHealthcare CDHP (Active employees and post-7/1/04 retirees only)
Aetna PPO (Open Choice) (new for 2015)	Aetna HMO West (new for 2015)	

*Note:* The Basic Option is only available for non-Medicare eligible retirees who retired prior to 7/1/04

The Aetna PPO (Open Choice) has the same plan of benefits as the Highmark PPO (PPO Blue). The Aetna HMO West has the same plan of benefits as the HMO plans offered by the PEBTF and the REHP. The medical policies of Highmark and Aetna may differ so it is possible that you will see some variations in how the plans administer certain benefits.

You must live in one of the Western Pennsylvania counties to be able to enroll in the Aetna PPO (Open Choice) or Aetna HMO West plans. See the map on page 12 for where these plans are available.



The following chart shows the UPMC hospitals that will be in network and out of network with the Western Pennsylvania medical plans for 2015.

	Highmark PPO (PPO Blue)		Keystone Health Plan West HMO (Keystone Blue)		Aetna PPO (Open Choice) and Aetna HMO West New for 2015	United Healthcare CDHP
	In Network	Out of Network (Deductibles and Coinsurance will apply)*	In Network	Out of Network No Coverage	In Network	In Network
In the Greater Pittsburgh Area	a:					
Children's Hospital of Pittsburgh of UPMC	X		X		X	Х
Hillman Cancer Center	X		X		X	Х
UPMC Mercy	X		X		X	Х
Western Psychiatric Institute and Clinic	X		X		X	X
Magee - Womens Hospital of UPMC		X		X	Х	X
UPMC East		X		X	X	X
UPMC McKeesport		X		X	X	X
UPMC St. Margaret		X		X	X	X
UPMC Passavant		X		Х	X	X
UPMC Presbyterian -		X		X	X	X
Shadyside						
In other counties in Western	Pennsylvania:					
UPMC Altoona	X		Х		X	X
UPMC Bedford	Х		Х		X	X
UPMC Hamot and its	Х		Х		X	X
affiliate Kane Community Hospital						
UPMC Horizon	Х		Х		X	X
UPMC Northwest	Х		X		Х	X

<sup>\*</sup>If you visit an out-of-network UPMC hospital:

- **Highmark PPO (PPO Blue)** members will be out-of-network and will be responsible for paying the annual out-of-network deductible, coinsurance and will be balance billed for any charges in excess of Highmark's plan allowance. UPMC can only balance bill the difference between Highmark's payment amount and 60 percent of the actual charge.
- **Keystone Health Plan West HMO (Keystone Blue)** members will have no coverage, except the coverage which is outlined in the transition agreement on page 4.

# Transition of Services for Highmark PPO and Keystone Health Plan West HMO Members

The transition agreement addressed key areas of concern for patients and consumers, with special focus on the patient-physician relationship. In 2015, Highmark members will be subject to the following:

**Emergency Services:** You will receive care at any UPMC emergency room at the in-network rate. The care includes not only the emergency room visit but also any immediate inpatient admissions and continuity of care. You may be transferred to an in-network facility once you are stabilized.

**Cancer Coverage:** You will have ongoing access to all UPMC providers, facilities and joint ventures for oncology care on an in-network basis if your treating physician makes that determination. Treatment may include any illnesses/complications resulting from cancer treatment, including but not limited to, endocrinology, orthopedics and cardiology. You will work with your doctor to determine the best provider to treat your condition.

**Continuity of Care:** If you are in the midst of a continuing course of treatment with a UPMC provider, no matter what the diagnosis, you can continue to see that provider on an in-network basis at in-network rates for as long as you and your doctor deem necessary.

**Safety Net:** If you don't have any specific health problems and visited a UPMC physician in 2014, you will have time to find another physician. If you are unable to find an alternative provider in your area, you can continue to receive care from your UPMC physician throughout 2015. Effective January 1, 2016, you will need to change providers to receive in-network care. Most likely, there will be a non-UPMC physician in your area that could treat you and you may be moved to that non-UPMC physician for your care.

**Physicians:** You will continue to have in-network access to all UPMC physicians located outside the five-county Greater Pittsburgh area (Allegheny, Beaver, Butler, Washington and Westmoreland Counties).

You will continue to have in-network access to all UPMC physicians when they are practicing at any of the Allegheny County hospitals that continue to participate with Highmark or are practicing at community hospitals; and all UPMC oncology providers, UPMC pediatricians and UPMC behavioral health providers.

#### Considering Your Plan Choices

As always, Open Enrollment is your annual opportunity to take a look at the medical plans offered and how each plan option will work for your individual situation. For plan year 2015, Open Enrollment is even more important to the members in Western Pennsylvania. So, how should you go about evaluating your choices:

1. **Look at the Plan's Network:** Visit <a href="www.pebtf.org">www.pebtf.org</a> and click on the box, <a href="2014">2014 Open Enrollment – Active and Non-Medicare Eligible Members</a>. You will find a special Western Pennsylvania section that includes specific information unique to your area, such as a list of the hospitals that are in the Highmark and Aetna networks. To search for all providers, use the plan's online provider directory. Instructions on using each plan's provider search tool will be included on the website.

- 2. **Consider out-of-pocket costs.** For lower out-of-pocket costs, choose the plan that includes your physicians and hospitals. Remember, the HMO option is a network benefit only. You must visit a network physician or hospital for coverage under the plan. PPO and HMO copayments remain the same no matter which plan you choose.
- 3. **Review the PPO buy-up costs.** Active and non-Medicare eligible retiree members hired on or after August 1, 2003 pay the plan buy-up amount for either PPO option in addition to the health care contribution. And, if you are in your first six months of employment and want to enroll dependents, you also pay a dependent buy-up. See page 8 for the costs for the PPO option. To save money, you may want to enroll in the HMO or CDHP option.
- 4. **Attend an Open Enrollment meeting:** Informational meetings will be held in the Greater Pittsburgh area. The list of meeting locations is below.
- 5. **Take action during Open Enrollment:** If you want to change medical plans, you must do so between October 20 to November 7, 2014. See page 10 for more information on how you make a plan change.
- 6. If you have any questions about your Western Pennsylvania options, contact the PEBTF at 717-561-4750 or 1-800-522-7279.

#### **Open Enrollment Informational Meetings**

Attend an Open Enrollment Informational Meeting to find out more about your medical plan choices in the Western Pennsylvania area. PEBTF and health plan representatives will be available at each location from 9 a.m. to 2 p.m. You will be able to ask questions, visit one-on-one with representatives from the various plans and check for network providers. You can stay for the presentation or just stop by to visit with the plan representatives.

Presentations will be held:

9:00 a.m. to 10:00 a.m. • 10:30 a.m. to 11:30 a.m. • 12:30 p.m. to 1:30 p.m.

#### Monday, October 20

Hilton Garden Inn Pittsburgh/Southpointe 1000 Corporate Drive Canonsburg

#### Tuesday, October 21

DoubleTree by Hilton Pittsburgh Airport 8402 University Blvd. Moon Township

#### Wednesday, October 22

Days Inn Conference Center 139 Pittsburgh Road Butler

#### Thursday, October 23

Wyndham Grand Pittsburgh Downtown 600 Commonwealth Place Pittsburgh

#### Friday, October 24

DoubleTree by Hilton Pittsburgh-Monroeville 101 Mall Blvd. Monroeville

Subject to operational requirements, employees will be given two hours off from work plus necessary travel time to attend one of the Open Enrollment meetings in Western Pennsylvania.

## What can I do during Open Enrollment?

**Change coverage:** You may elect a new medical plan that will be effective January 1, 2015. Review the following pages for more information.

Add a Dependent: In addition to making a medical plan change, you may add a dependent, including dependent children between the ages of 19 and 26, to PEBTF coverage with a January 1, 2015 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 or earlier than the date of the qualifying event. See cost information on page 8.

**Remove a Dependent:** You may remove a dependent from coverage effective January 1, 2015 during Open Enrollment without a qualifying life

event. Remember, throughout the year if you need to remove a dependent, it must be due to a qualifying life event and you must report it at the time of the qualifying life event. 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 mid-October. Medicare Open Enrollment is being held **Monday, October 27, 2014 to Friday, November 14, 2014.** Please take the time to review the Medicare Open Enrollment newsletter. If your family member does 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.



#### **Health Plan Choices**

To find out more information about the health plans offered in your area, visit www.pebtf.org, and select the box, 2014 Open Enrollment – Active & Non-Medicare Eligible Retiree Members.

You will find information about the plan and will be able to search for network doctors and hospitals.

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

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

## 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.

Effective January 1, 2015, the PEBTF will offer a new health plan, the Bronze Plan, to nonpermanent or permanent part-time employees who work an average of 30 hours per week in accordance with the Affordable Care Act. The commonwealth will determine if you meet the requirements and are eligible to enroll in the new health plan effective January 1, 2015. Employees who qualify will receive a separate mailing in mid-October.

**Non-Medicare Eligible Retiree Members:** You may select from the following plan options: PPO, HMO, CDHP (if you retired on or after July 1, 2004) or Basic Option (if you 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 Medic	al Benefit Options
PPO Option (Preferred Provider Organization)	<ul> <li>Employees and retirees hired on or after 8/1/03 pay a plan buy-up for the PPO. See page 8 for cost information</li> <li>More flexibility – may visit a network or non-network provider</li> <li>Low network copayments (\$15 for primary care physician office visits; \$25 for specialist office visits)</li> <li>Out-of-network services are subject to an annual deductible and coinsurance. In addition, you are responsible for the difference between the provider's charge and the plan allowance</li> </ul>
HMO Option (Health Maintenance Organization)	<ul> <li>No buy-up for employees and retirees hired on or after 8/1/03</li> <li>You must visit a network provider; no out-of-network services are available</li> <li>Some HMOs require a referral for specialist care</li> <li>Low network copayments (\$15 for primary care physician office visits; \$25 for specialist office visits)</li> <li>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</li> </ul>
CDHP Option (Consumer Driven Health Plan) (For active employees & post 7/1/04 non-Medicare eligible retirees)	<ul> <li>No buy-up for employees and retirees hired on or after 8/1/03</li> <li>Combines a high-deductible medical benefit plan with a Health Reimbursement Account</li> <li>Annual deductibles – \$1,500 for single coverage; \$3,000 for family coverage</li> <li>Health Reimbursement Account is funded by the PEBTF and is replenished annually – \$1,000 for single coverage; \$2,000 for family coverage</li> <li>You are responsible for costs that exceed the amount in the account up to the deductible. However, after the deductible is met, costs are paid at 100%</li> <li>Any Health Reimbursement Account funds that remain at the end of the year can be used in future years for expenses such as prescription drug copayments, laser eye surgery or weight loss programs</li> <li>Out-of-network services are subject to annual deductible and coinsurance. In addition, you are responsible for the difference between the provider's charge and the plan allowance</li> </ul>
Basic Option (For pre-7/1/04 non-Medicare eligible retirees only)	<ul> <li>Offers both a medical/surgical benefit and a Major Medical component</li> <li>Medically-necessary visits or admissions to participating facilities are covered at 100%</li> <li>Physician fees (not including office visit charges), surgeon's fees, preventive care, diagnostic testing, X-rays, lab tests and anesthesiologist fees are covered in full at participating providers</li> <li>Major Medical expenses may be submitted to Capital Blue Cross</li> </ul>

## Important Cost Int

#### 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 5% of your gross base pay for the majority of employees. If you participate in the Get Healthy Program, you pay 2% of your gross base pay. Refer to your collective bargaining agreement for details.
- 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 5% of your gross base

pay for the majority of employees. If you participate in the Get Healthy Program, you pay 2% of your gross base pay. Refer to your collective bargaining agreement for details.

 The HMO and the CDHP Options in your county of residence are offered at no additional cost to you (except when covering dependents during your first six months of employment).

	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	\$34.83	\$89.77	\$297.32
HMO Option	\$0	\$0	\$297.32
CDHP Option	\$0	\$0	\$297.32

• You may purchase, through payroll deductions, the PPO at an additional biweekly cost indicated above. This plan buy-up cost is increasing for 2015.

#### Part-Time Employee Hired on or After August 1, 2003

• You pay the health care contribution through payroll deductions plus the following cost. Currently, the contribution is 5% of your gross base pay for the majority of employees. If you participate in the Get Healthy Program, you pay 2% of your gross base pay. Refer to your collective bargaining agreement for details.

Part-Time Employees – Hired on or After 8/1/03
First Six Months, No Supplemental Benefits

	Single Biweekly Cost	Family Biweekly Cost
PPO Option	\$129.09	\$481.35
HMO Option	\$ 94.26	\$391.58
CDHP Option	\$ 94.26	\$391.58

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

	Single Biweekly Cost	Family Biweekly Cost
PPO Option	\$157.86	\$406.83
HMO Option	\$123.03	\$317.06
CDHP Option	\$123.03	\$317.06

### formation for 2015

#### Part-time Employee Hired Before August 1, 2003:

• You pay the health care contribution through payroll deductions plus the following cost. Currently, the contribution is 5% of your gross base pay for the majority of employees. If you participate in the Get Healthy Program, you pay 2% of your gross base pay. Refer to your collective bargaining agreement for details.

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

	Single Biweekly Cost	Family Biweekly Cost
PPO Option	\$140.45	\$361.95
HMO Option	\$123.03	\$317.06
CDHP Option	\$123.03	\$317.06

## 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 Monthly Cost	Family Monthly Cost
PPO Option	\$73.10	\$190.73
HMO Option	\$0	\$0
CDHP Option	\$0	\$0

#### 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 for each option is available at: www.pebtf.org. A paper copy is also available, free of charge, by calling 1-800-522-7279.

#### **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.

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.

# Selecting a New Plan Option All Changes Must be Made by Friday, November 7, 2014

Refer to page 12 for a map of where each plan will be offered in 2015. Visit www.pebtf.org for more information on your health plan choices.

If you are satisfied 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
<b>Members</b>

Detailed instructions will be provided closer to Open Enrollment but, in general, 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.

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. You can call your local HR if your agency is not supported by the commonwealth's HR Service Center.

All online transactions must be completed and all forms must be postmarked by **Friday**, **November 7**.

#### Non-Medicare Retiree Members

Complete a PEBTF Open Enrollment Form for REHP Members and mail it to the PEBTF postmarked by **Friday, November 7**.

You may download the form from www.pebtf.org. Click on 2014 Open Enrollment – Active & Non-Medicare Retiree Members. 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, November 7**.

#### COBRA Members

Complete the enclosed COBRA Member Enrollment Form and mail it to the PEBTF postmarked by **Friday, November 7**.

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.

#### **Benefit News**

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

A flu shot is the best way to protect against the flu and this is the time of year when you should think about protecting your family by getting a flu shot. The PEBTF provides you with this important preventive care benefit and two convenient ways to get your flu shot.

- 1. *At your doctor's office:* Present your medical plan ID card. There is no cost for the immunization but your doctor may choose to charge an office visit copay, if applicable.
- 2. At a CVS Caremark Flu Shot network pharmacy: For members age 18 and older present your prescription drug ID card. There is no cost for the flu shot.

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 shot in stock, and that they participate with CVS Caremark Flu Shot Program for insurance.

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

## Important Information about the Shingles Vaccine

Coverage is provided for the shingles vaccine for members age 60 and older. The process is similar to obtaining your flu shot and can be received:

- 1. At a CVS Caremark network pharmacy using your prescription drug ID card.
- 2. At your doctor's office using your medical benefit.

## 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, which are found at www.pebtf.org

## Get Healthy Program Reminder - Active Members Only Get Healthy

Have you scheduled or completed your Get Healthy *Know Your Numbers* Wellness Screening yet? There are three convenient ways to get a screening:

- 1. **Onsite:** Wellness screenings are offered onsite at various commonwealth worksites.
- 2. **Patient Service Center:** You can make an appointment at a Quest Diagnostics® Patient Service Center.
- 3. **Your Doctor's Office:** If you cannot attend an onsite screening or a Patient Service Center, you may visit your doctor. You will have to pay an office visit copay. Your doctor must complete a Physician Results Form and it must be faxed to Quest Diagnostics by **December 31, 2014.** Visit www.pebtf.org and click on Get Healthy to obtain the form.

To register for a screening, visit www.pebtf.org and click on the Get Healthy logo. Follow the instructions to register for a wellness screening.

Employees AND Covered Spouses/Domestic Partners Must Complete a Wellness Screening by December 31, 2014 to Earn the Health Care Contribution Waiver



#### PEBTF

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

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Postmaster, please deliver between October 3 and October 10, 2014.

Local: 717-561-4750 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 INFORMATION FOR WESTERN PA MEMBERS**

You may choose a plan that is offered in your county of residence. Contact the PEBTF to discuss your options if you live out of state.

