Important REHP Medicare Open Enrollment Information

2014 PEBTF Open Enrollment
October 27, 2014 to November 14, 2014
For Medicare Eligible Retirees and COBRA Members

Open Enrollment is your annual opportunity to review your health plan choices. If you are happy with your current plan, you do not need to do anything during this Open Enrollment. If you decide to make a change, your new plan will be effective January 1, 2015. Take some time to review this newsletter – important benefit information appears on page 6.

What’s Staying the Same for Plan Year 2015?

✓ No change in the Plan of Benefits
✓ Copayments and coinsurance remain the same
✓ Medical plan offerings remain the same

What’s Changing for Plan Year 2015?

✓ Aetna Medicare℠ Plan (PPO) annual deductibles may change: The annual deductibles are based on the Medicare Part B deductible and are subject to change each year. As of the date of this mailing, Medicare has not released those deductible amounts.
✓ Rates: Rates for survivor spouses and billable members change each year. Survivor spouses and billable members should refer to the separate rate mailing they received.

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Your Medical Plan Choices

• Review this newsletter
• Visit www.pebtf.org and click on the box, **2014 Medicare Open Enrollment**, to view the medical plan materials and search for network providers
• Call the PEBTF at 1-800-522-7279 with any questions

All Medicare eligible members are receiving this newsletter. If you are turning 65 between now and April 30, 2015, you also are receiving this newsletter so that you can read about the medical plans offered to you as a Medicare-eligible member.
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 REHP 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 life event.

**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 State Employees’ Retirement System (SERS), if you receive a SERS pension. Otherwise, contact 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 while your dependent was not eligible for benefits.

**Your Retired Employees Health Program Medicare Plan Choices**

There are no changes to the Medicare PPO and HMO plans being offered. The same plans that are available to you today are available in 2015.

- **Aetna Medicare℠ Plan (PPO) – 800-307-4830; www.aetna.com**  
  Available throughout Pennsylvania and nationally

The Medicare HMO plans vary by region:

- **Aetna Medicare℠ Plan (HMO) – 800-307-4830; www.aetna.com**  
  Available in Southeastern Pennsylvania region and in some areas outside Pennsylvania.

- **Geisinger Gold Classic (HMO) – 800-540-8653; www.thehealthplan.com**  
  Available in Central and Northeastern Pennsylvania regions.

- **UPMC for Life Medicare HMO – 866-517-2803; www.upmchealthplan.com**  
  Available in Western Pennsylvania region.

Refer to page 8 for a list of the counties where each plan is offered.
## Your Medicare Benefit Options – At a Glance

<table>
<thead>
<tr>
<th></th>
<th>Medicare PPO</th>
<th>Medicare HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (based on the Medicare Part B Deductible)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Visit Network Providers Only</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>May Visit Non-Network Providers (at additional cost)</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>You Must Choose a Primary Care Physician (PCP) from the Plan’s Network</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Referrals Needed for Specialist Care</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>$10 Copayment for Primary Care Physician (PCP) Office Visit</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>$15 Copayment for Specialist Office Visit</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>$50 Copayment for Emergency Room Visit (waived if admitted as an inpatient)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>You may Obtain Urgent and Emergency Care Anywhere in the United States</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fitness Club Benefit</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>You Continue to pay the Monthly Medicare Part B Premium</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Prescription Drug Coverage Continues to be SilverScript® Insurance Company (no change)</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Refer to page 4 to compare plans. Visit [www.pebtf.org](http://www.pebtf.org) for more information. You may download or order a copy of the REHP Benefits Handbook.
### How Do the Medicare HMO and Medicare PPO Options Compare?

<table>
<thead>
<tr>
<th></th>
<th>Medicare HMO Network Only</th>
<th>Medicare PPO In-Network</th>
<th>Medicare PPO Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
<td>Annual Medicare Part B deductible, which is subject to change each year</td>
<td>2 times the annual Medicare Part B deductible, which is subject to change each year</td>
</tr>
<tr>
<td><strong>Annual Out-of-Pocket Maximum</strong></td>
<td>$2,500</td>
<td>$2,500 per year – for all network and out-of-network costs (includes the deductible)</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Care Physician Office Visits</strong></td>
<td>$10 copay</td>
<td>$10 copay (after deductible)</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Specialist Office Visit</strong></td>
<td>$15 copay</td>
<td>$15 copay (after deductible)</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Preventive Care (as outlined by Medicare)</strong></td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Annual Physical</strong></td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Mental Health Care</strong></td>
<td>Covered 100%; outpatient visits - $15 copay</td>
<td>Covered 100%; outpatient visits - $15 copay (after deductible)</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Home Health Care</strong></td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility Care</strong></td>
<td>Covered 100% (100 days per benefit period)</td>
<td>Covered 100% (100 days per benefit period) (after deductible)</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>Covered 100% after $50 copay (waived if the visit leads to an inpatient admission to the hospital)</td>
<td>Covered 100% after $50 copay (waived if the visit leads to an inpatient admission to the hospital)</td>
<td></td>
</tr>
<tr>
<td><strong>Durable Medical Equipment/ Prosthetics</strong></td>
<td>Covered 100%</td>
<td>Covered 100% (after deductible)</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Diabetic Supplies</strong></td>
<td>Covered 100% for test strips, lancets and glucometer</td>
<td>Covered 100% for test strips, lancets and glucometer</td>
<td>80% plan payment* (after deductible)</td>
</tr>
<tr>
<td><strong>Fitness</strong></td>
<td>Fitness club benefit (check with health plan for specific information)</td>
<td>Fitness club benefit (check with health plan for specific information)</td>
<td>Not covered</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>No lifetime maximum</td>
<td>No lifetime maximum</td>
<td>No lifetime maximum</td>
</tr>
</tbody>
</table>

*Member pays 20%*

You continue to pay the Part B premium no matter which option you choose. Survivor spouses and billable members should refer to the rates that were mailed to them.

Summary only – for complete details, refer to your REHP Benefits Handbook.
Evaluating Your Medical Plan Choices

✓ **If you are happy with your current Medicare PPO or HMO:** You don’t have to do anything during this Open Enrollment. You will remain in your current plan.

✓ **If you want to save some money:** You may want to consider a Medicare HMO. You do not have an annual deductible to satisfy. You only pay copayments for office visits, outpatient therapies, etc.

✓ **If you want flexibility:** You may want to consider the Medicare PPO. You have both a network and out-of-network benefit with the Medicare PPO. If you see doctors that are not part of the plan’s network, you still receive benefits but at a higher out-of-pocket cost.

✓ **If some of your doctors are not in your current plan’s network:** Take a look at the other plan available in your county of residence. You may contact the plan to request a provider directory or visit www.pebtf.org to link to the health plans’ websites to view online directories. Click on **2014 Medicare Open Enrollment**.

Making a Medical Plan Change

**If you are happy with your current Medicare PPO or HMO:** You don’t have to do anything during this Open Enrollment. You will remain in your current plan.

**If you want to change to the Aetna Medicare℠ Plan (PPO):** Call the PEBTF at 1-800-522-7279 and a Benefit Services Representative can take your enrollment information. You must call the PEBTF by **Friday, November 14, 2014**.

**If you want to change to a Medicare HMO:** Contact the Medicare HMO in your area to request an enrollment packet. The Medicare HMO telephone numbers appear on page 2. The enrollment form will be included in the packet. Complete the enrollment form and mail it to the Medicare HMO postmarked by **Friday, November 14, 2014**. The Medicare HMO also can take your enrollment information over the telephone.

You, your spouse and any Medicare eligible dependents should each complete a separate enrollment form if each person wants to change to a Medicare HMO. You, your spouse and Medicare eligible dependents do not have to be enrolled in the same option – you may each choose your own plan.

The Medicare HMO will notify the PEBTF and SERS on your enrollment.

**If you change plans:** You will receive your new medical ID card in late December. Present your new ID card to your physician after January 1, 2015.

*Do not destroy your red, white and blue Medicare ID card. While you do not need to present this ID card for medical care, you should keep this card in case it is needed in the future.*
Important Benefit Information

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

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 REHP provides you with this important preventive care benefit as part of the benefits you receive from your Medicare health plan.

You are able to get your flu shot from your doctor. Some of the Medicare plans may offer other alternatives such as getting your flu shot at certain pharmacy chains. For more information, contact your medical plan by calling the number that appears on your medical ID card.

Important Information About Highmark & UPMC in Western Pennsylvania

Many of you are aware of the situation between Highmark and UPMC in Western Pennsylvania. The contract between Highmark and UPMC expires on December 31, 2014. This has no effect on Medicare-eligible members. You may continue to use UPMC hospitals and providers.

After January 1, 2015, many of the UPMC hospitals and providers will not participate with the Highmark PPO (PPO Blue) and Keystone Health Plan West HMO (Keystone Blue) plans for non-Medicare eligible members. If you have non-Medicare eligible dependents enrolled on your benefits, please review the Open Enrollment Newsletter for Active and Non-Medicare Members Eligible Members that you received in early October. Information may be found on www.pebtf.org, 2014 Open Enrollment – Active and Non-Medicare Eligible Members.

Or, you may call the PEBTF with questions.

Other Covered Preventive Immunizations

Your Medicare HMO and PPO plans cover the following preventive immunizations. Visit your doctor for these vaccines.

- Pneumonia
- Hepatitis B

Your SilverScript Prescription Drug Plan covers the following preventive immunization according to Medicare guidelines. Present your prescription drug ID card at a network pharmacy.

- Shingles

New REHP Benefits Handbook Now Available

The Retired Employees Health Program (REHP) Benefits Handbook is a great resource that contains important information on your medical and prescription drug benefits. The July 2014 REHP Benefits Handbook has been updated and you can visit www.pebtf.org to view, print or save a copy.

Click on the box titled REHP Benefits Handbook for Retiree Members, July 2014, which is located on the left side of the PEBTF home page.

To order a copy of the REHP Benefits Handbook, call the PEBTF at 1-800-522-7279 or order via our website, www.pebtf.org. Select the box referenced above and follow the instructions.

2015 Medicare HMO and PPO Plan Materials

The Centers for Medicare and Medicaid Services (CMS) requires that information about your Medicare PPO or HMO plan be mailed to you each year. You may keep these documents with your important papers and dispose of any old materials when you receive the 2015 updates. The documents are for informational purposes only.
SilverScript Prescription Drug Plan Members
What is the Medicare Part D IRMAA?
The Income-Related Monthly Adjustment amount or “IRMAA” applies to Medicare beneficiaries with high incomes. For example, if your 2014 reported yearly income as a single taxpayer is greater than $85,000 (greater than $170,000 filing jointly), you will be responsible for paying an additional $12.10. This is in addition to your monthly premium. The IRMAA will be further adjusted as income levels increase. Important points about the Part D IRMAA to keep in mind:

- If you owe an IRMAA, Social Security will send you a letter notifying you that the extra amount you owe will be added to your Medicare Part D premium. The REHP can only pay your Part D plan premiums. **You have to pay the Part D-IRMAA to Medicare** in order to keep your REHP prescription drug coverage. The Part D IRMAA is billed directly by the Centers for Medicare and Medicaid Services (CMS). You pay your Part D IRMAA payment to Medicare, not to the REHP or the PEBTF or to your prescription drug plan.

- If you do not pay your IRMAA, you risk disenrollment from your Medicare Part D plan.


Source: www.silverscript.com

REHP May Cancel Your Coverage for Fraud or Intentional Misrepresentation

**IMPORTANT:** If you intentionally provide false or misleading information about eligibility for coverage under the REHP Plan (or about a claim) or you fail to make a required contribution on time, your coverage may be terminated retroactively. This may occur, for example, if you file a false claim, fail to notify us promptly of a divorce or fail to submit timely proof of birth or adoption that verifies your relationship with a new child whom you have added as a dependent.

For More Information About Help in Paying for Your Health Insurance Coverage Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

The Retired Employees Health Program (REHP) Benefits handbook includes information about help in paying for your health insurance coverage. It may be found on page 143 of the Handbook. Go to www.pebtf.org and click on the box, **REHP Benefits Handbook for Retiree Members, July 2014**. You may contact the PEBTF to order a paper copy if you don’t have access to a computer.
Health Plans Across the State
To be eligible for a plan: You must reside in the county in which the plan is offered

Aetna Medicare℠ Plan (HMO) also is offered in select areas nationally. Please contact the PEBTF at 1-800-522-7279 for more information on the availability of this plan.