

Open Enrollment Changes Effective January 1, 2015

Any health plan change you made during the fall 2014 Open Enrollment went into effect on January 1, 2015.

- ✓ If you made a plan change, please present your new medical plan ID card at your doctor's office. Destroy any old health plan ID cards.
- ✓ Non-Medicare eligible members who live in Western Pennsylvania, primarily the Greater Pittsburgh area, may have made a plan change to Aetna HMO or Aetna PPO because of the situation between Highmark and UPMC in that area. If you made a plan change, please begin using your Aetna medical ID card on January 1.
- ✓ For retirees who pay for their coverage, you were notified of the change in the premium in the fall. You should have received monthly payment coupons. Please make sure you remit the correct monthly premium amount for 2015.
- ✓ There are no changes to your prescription drug plan. As always, there may be some formulary changes for 2015, and some medications may have moved from preferred to non-preferred and could result in a higher cost to you. Visit www.pebtf.org to view copayments of any medications you take. To price a medication, you may visit www.pebtf.org and click on Links to find the prescription drug plan websites – CVS Caremark for non-Medicare eligible retirees and SilverScript for Medicare eligible retirees.

- ✓ For non-Medicare eligible retirees: Durable medical equipment (DME), prosthetics, orthotics, medical supplies and diabetic supplies are provided by DMEnson Benefit Management for all members except those enrolled in the CDHP. The telephone number for DMEnson appears on your medical ID card. For more information, visit www.pebtf.org to view the REHP Benefits Handbook.

Medicare Eligible Members Good News For Medicare Eligible Members

- The 2015 Medicare Part B premium, usually deducted from your monthly Social Security benefit, remains at \$104.90 for most retirees. If you make more than \$85,001 (single), \$170,001 (joint) per year, your monthly premium is higher.
- Members Enrolled in Aetna MedicareSM Plan (PPO): The 2015 annual in-network deductible remains at \$147 per year. You must pay the first \$147 of costs before the plan pays for any medical services. For out-of-network care, your annual deductible is \$294 a year. After you meet the annual deductible, you will pay low copayments.

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Importance of Good Health

New Year's resolutions often include making lifestyle changes to improve one's health. Diet and exercise are often top on the list. A New Year's resolution of preventive care is also important and the Retired Employees Health Program (REHP) makes getting those important preventive care tests easy by covering them at 100 percent. One of the covered benefits is an annual routine physical. Routine physicals typically include blood pressure screenings as well as certain blood tests for cholesterol and diabetes.

Take advantage of this important benefit and talk to your doctor about scheduling your annual physical for 2015.

The following articles highlight the importance of checking cholesterol and glucose levels as well as blood pressure and weight. Preventive care may help you catch a problem early so you can make some lifestyle changes to improve your health.

Cholesterol

A blood test that your doctor orders typically tests for total cholesterol and HDL, or "good" cholesterol. Cholesterol is a waxy substance that's found in the fats (lipids) in your blood. While your body needs cholesterol to continue building healthy cells, having high cholesterol can increase your risk of heart disease.

Total Cholesterol: A cholesterol result below 200 is desirable, 200 to 239 is borderline high and greater than 239 is high.

When you have high cholesterol, you may develop fatty deposits in your blood vessels. Eventually, these deposits make it difficult for enough blood to flow through your arteries. High cholesterol puts you at risk for heart disease or stroke.

High cholesterol can be inherited, but it's often the result of unhealthy lifestyle choices, and thus preventable and treatable. A healthy diet, regular exercise and sometimes medication can go a long way toward reducing high cholesterol.

High-density lipoprotein (HDL): HDL, or good cholesterol, is associated with decreased risk of heart disease.

Risk Factors: You're more likely to have high cholesterol that can lead to heart disease if you have any of these risk factors:

- **Smoking.** Cigarette smoking damages the walls of your blood vessels, making them likely to accumulate fatty deposits. Smoking may also lower your level of HDL cholesterol.
- **Obesity.** Having a body mass index (BMI) of 30 or greater puts you at risk of high cholesterol.
- **Poor diet.** Foods that are high in cholesterol, such as red meat and full-fat dairy products, will increase your total cholesterol. Eating saturated fat, found in animal products, and trans fats, found in some commercially baked cookies and crackers, also can raise your cholesterol level.
- **Lack of exercise.** Exercise helps boost your body's HDL cholesterol while lowering your LDL "bad" cholesterol. Not

getting enough exercise puts you at risk of high cholesterol.

- **High blood pressure.** Increased pressure on your artery walls damages your arteries, which can speed the accumulation of fatty deposits.
- **Diabetes.** High blood sugar can increase cholesterol. High blood sugar also damages the lining of your arteries.
- **Family history of heart disease.** If a parent or sibling developed heart disease before age 55, high cholesterol levels place you at a greater than average risk of developing heart disease.

Source: www.mayoclinic.com; Quest Diagnostics Blueprint for Wellness®

Glucose Screening for Pre-Diabetes and Diabetes

According to the Centers for Disease Control and Prevention (CDC) 2014 National Diabetes Statistics Report, 29.1 million people in the United States or 9.3

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percent of the population have diabetes. In 2012, 1.7 million new cases of diabetes were diagnosed in adults 20 years or older and 37 percent of U.S. adults age 20 or older are pre-diabetic. Because of the prevalence of diabetes, glucose screening is typically a part of a routine blood test.

Glucose is the chief source of energy for all cells in the body and a blood test can check for any problems with the way your body processes sugar. A fasting glucose level above the desired range can suggest the possibility of diabetes and requires follow-up with your doctor. Optimal fasting glucose reading is 65 – 99 (mg/dL); 100 to 125 (mg/dL) may suggest an increased risk of diabetes or prediabetes.

If you have an elevated glucose reading, please work with your doctor to discuss lifestyle changes and any medication. Losing weight and exercise help to lower your risk for developing diabetes. Just 30 minutes a day of brisk walking, five days a week will help. If you can't get to an ideal body weight, losing even 10 to 15 pounds may make a difference.

Source: www.diabetes.org and www.cdc.gov

High Blood Pressure – The Silent Killer

High blood pressure is called “the silent killer” because it often causes no symptoms for many years, even decades, until it finally damages certain critical organs.

Normal blood pressure is below 120/80. Blood pressure between 120/80 and 139/89 is called pre-hypertension. High blood pressure (hypertension) is defined as a consistently elevated blood pressure exceeding 140/90.

Poorly controlled high blood pressure ultimately can cause damage to blood vessels in the eye, thickening of the heart muscle, heart attacks, hardening of the arteries (arteriosclerosis), kidney failure and strokes.

If you had an elevated blood pressure reading, you should follow up with your doctor to discuss changes in your lifestyle and possible medication. Lifestyle adjustments in diet and exercise and compliance with medication are important factors in determining the outcome for people with hypertension.

High salt intake, obesity, lack of regular exercise, excessive alcohol or coffee intake, and smoking may all adversely affect the outlook for the health of an individual with high blood pressure.

Source: www.heart.org

If you have high blood pressure, you are:

- 3X more likely to have a heart attack
- 5X more likely to develop heart failure
- 8X more likely to suffer a stroke

Source: Aetna

Losing Weight

Body Mass Index (BMI) is an indication of body fat and is calculated from weight and height measurements. Normal BMI is between 18.5 and 24.9, overweight is between 25.0 and 29.9 and obese is greater than 30. High blood pressure, high cholesterol and diabetes may all be improved if you lose weight.

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25 TOP Heart Healthy Foods

February is American Heart Health Month. WebMD, the Cleveland Clinic and the American Dietetic Association put together a list of the “best of the best” heart-healthy foods.

The foods listed here are all top-performers in protecting your heart and blood vessels so choose a diet rich in these top 25.

1. Salmon
2. Flaxseed (ground)
3. Oatmeal
4. Black or Kidney Beans
5. Almonds
6. Walnuts
7. Red wine
8. Tuna
9. Tofu
10. Brown rice
11. Soy milk
12. Blueberries
13. Carrots
14. Spinach
15. Broccoli
16. Sweet potato
17. Red bell peppers
18. Asparagus
19. Oranges
20. Tomatoes
21. Acorn squash
22. Cantaloupe
23. Papaya
24. Dark chocolate
25. Tea

Source: WebMD

Importance of Good Health *Continued from Page 3*

We all know that to lose weight, we have to use more calories than we take in each day. One pound equals 3,500 calories. To successfully and healthfully lose weight and keep it off, most of us need to subtract 500 calories per day from our diet to lose about one pound per week. You can accomplish that through diet and exercise – cut 250 calories a day and exercise to burn 250 calories a day.

Medicare-eligible members: You have a fitness benefit as part of your Medicare HMO or Medicare PPO plan. Contact your plan for more information.

Source: www.heart.org

Tips to Help You Lose Weight

- ✓ Use smaller plates
- ✓ Load your plates with vegetables
- ✓ Eat dessert only once a week
- ✓ Keep a food and exercise diary
- ✓ Walk more – walking at just 3 mph burns 240 calories an hour for a person weighing 150 pounds
- ✓ Find exercises you like to do

New Registration Process on the PEBTF Website

The PEBTF website, www.pebtf.org, has a secure area that allows you to check eligibility and the benefits in which you are enrolled. It also contains links to other secure documents. Retirees are able to see their own information as well as any dependent children under age 21. Covered spouses/domestic partners are able to see their own information as well as any dependent children under age 21 who are on the employee’s contract.

The registration process will change sometime during the first quarter. To register for this secure area, you will be asked to set up a new username and password, provide an email address and answer three security questions. After you register, you will use the unique username and password that you created each time you return to the site. The new process also includes self-service capabilities to change or reset your password.



Clearing the Smoke Around Joint Replacement

By: Dr. John R. Frankeny, F.A.C.S,
Orthopedic Institute of Pennsylvania

Did you know the risks of complications after a total joint replacement are increased for smokers?

- The infection rate is six times higher in smokers than in non-smokers.
- The rate of blood clots and wound complications is significantly higher in smokers.

However, if you are able to stop smoking at least four weeks before surgery, you can reduce your risks of post-operative complications significantly. If you stop smoking four weeks before joint replacement surgery, you can reduce your risk of complications by 41%. On average, each week you are able to avoid tobacco, your risk of complications goes down by 19%. If you eliminate nicotine, the blood flow to your skin returns to normal in two weeks, allowing more normal surgical wound healing.

If you are also able to avoid smoking for two weeks after surgery, your wound healing complications are significantly reduced. In addition, some prostheses are not cemented into place. For long-lasting success, they require your own bone to grow into the prostheses. That would require at least six months of smoking cessation after surgery to optimize your chance of a successful joint replacement.

If you decide that stopping smoking is the right thing for you to do, up to 22 percent of people who stop in order to undergo a joint replacement never go back to smoking.

So if you are considering a joint replacement surgery, please seriously consider stopping smoking four weeks before surgery and do not smoke at least two weeks after surgery. You can consult with your orthopedic surgeon and your primary care provider for ideas and options for smoking cessation.

Is Your New Year's Resolution to Quit Smoking? Quit For Life® Can Help

Benefit for Non-Medicare Eligible Members

The Quit For Life® Program is here to help you stop smoking. And it's offered free to PEBTF members. Upon enrollment, you will have access to unlimited calls with your trained Quit Coach®, an exclusive online support community, and even nicotine patches or gum or prescription drugs to help you quit. Make 2015 the year you put down those cigarettes for good! Enroll today.

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



Medicare Eligible Members: Contact your Medicare HMO or Medicare PPO for information about smoking cessation programs.

Obtaining Specialty Drugs Under Your Prescription Drug Plan

Your prescription drug plan includes a benefit for members who are prescribed a specialty medication. Specialty medications are used to treat complex conditions and usually require injection, special handling and monitoring. Specialty medications are used for chronic conditions such as rheumatoid arthritis, multiple sclerosis, Hepatitis C, cystic fibrosis and other complex conditions. Specialty drugs are typically expensive, many times costing \$1,000 or more per dose.

In 2014, the REHP paid \$75 million for specialty medications filled by retiree members, which was an increase of 46 percent over the previous year. More specialty medications to treat complex conditions are being introduced each year and these new drugs are costly.

Obtaining Specialty Medications through the CVS Caremark Specialty Pharmacy

Because of the special handling required, members must obtain specialty medications through the CVS Caremark specialty pharmacy, CVS pharmacy or Rite Aid. If you use a different pharmacy to purchase specialty medications, you will be responsible for the full cost of each prescription.

The specialty care pharmacy is a mail order service that offers:

- Access to an on-call pharmacist 24 hours a day, seven days a week
- Coordinated care with you and your doctor
- Convenient delivery directly to you or your doctor's office
- Medicine and disease education and counseling
- Online support through [www](http://www.CVSCaremarkSpecialtyRX.com).

[CVSCaremarkSpecialtyRX.com](http://www.CVSCaremarkSpecialtyRX.com), including disease-specific information and interactive areas to submit questions to pharmacists and nurses

Step Therapy

We are also instituting a step therapy process for all new specialty medication prescriptions. Specialty



medications continue to be prior authorized by your doctor and members may be required to try one medication before advancing to another drug.

The specialty drug list appears on www.pebtf.org under the Publications and Forms section.

Members who have any questions about their specialty medications may contact the Specialty Customer Care area of CVS Caremark at 1-800-237-2767.

Your Prescription Drug Costs

Visit www.pebtf.org and go to Publications and Forms to view the 2015 **Prescription Drug Formulary**. You will see a section for Non-Medicare eligible members and one for Medicare eligible members. The formulary contains the most commonly prescribed drugs that are available at lower costs under your plan. To save money, you should ask your doctor to prescribe generic medications or those that appear on the formulary.

To price a medication, visit www.pebtf.org and click on Links to go to Caremark (non-Medicare eligible members) or SilverScript (Medicare eligible members). You will need to create a username and password if you haven't registered in the past.

Non-Medicare Eligible Members

Coverage for Autism Spectrum Disorder Annual Amount Increased Effective January 1, 2015

Effective January 1, 2015, coverage for Autism Spectrum Disorder is increased to **\$38,276** per year. Coverage is provided for dependent children and young adults to age 21 who have a diagnosis of autism spectrum disorder. The coverage is in accordance with Pennsylvania's Autism Insurance Act. Autistic disorders include: Asperger's Syndrome, Rett Syndrome, Childhood Disintegration Disorder and Pervasive Development Disorder (Not Otherwise Specified).

The PEBTF provides coverage for the diagnostic assessment and treatment of autism spectrum disorder up to \$38,276 per year, which includes:

- Prescription drugs and blood level tests;
- Services of a psychiatrist and/or psychologist (direct or consultation);

- Applied behavioral analysis; and
- Other rehabilitative care and therapies, such as speech therapy, occupational therapy and physical therapy.

Coverage is provided by the PEBTF medical plans, the Mental Health and Substance Abuse Program provided by Optum (formerly United Behavioral Health) and the Prescription Drug Plan. Coverage will not exceed \$38,276 per year under all benefits.

Please keep copies of your EOBs and prescription drug receipts that pertain to the treatment of an autism spectrum disorder so you will know if you are getting close to the annual maximum of \$38,276. You also may contact Optum at 1-800-924-0105 to check if you are close to the annual maximum.

The Importance of Preventive Care

Benjamin Franklin once said, "an ounce of prevention is worth a pound of cure." The REHP's preventive care benefits are offered to help you catch something early before it can become a more serious illness. The REHP's preventive care benefits are offered free of charge if you visit an in-network physician.

Preventive care includes services such as an annual physical exam, certain screenings and immunizations and these can vary based on age and gender. For children, well child visits, screenings and immunizations are covered at certain intervals. There are also preventive screenings specifically tailored for women and for pregnant women.

One age-specific preventive care testing is for colon cancer beginning at age 50. Your non-Medicare eligible coverage provides for a screening colonoscopy every 10 years, a fecal occult blood test every year or a sigmoidoscopy every five years. If you visit a network doctor and have your testing done at a network facility, you will not have to pay anything for these important tests – they are covered 100 percent under your plan. And, these preventive care tests can help detect any problems early before they turn into cancer. Medicare-eligible members also have coverage for the important tests. Contact your plan for more information.

Visit www.pebtf.org for a list of all of the preventive screenings that are covered at 100%. Just click on the tab, **Retiree Members – Non-Medicare Eligible or Retiree Members – Medicare Eligible** to find Benefit Information.

For Information About Help in Paying for Your Health Insurance Coverage

See the *Additional Information* section of Retired Employees Health Program (REHP) Benefits Handbook. In Pennsylvania, you may contact Medical Assistance (Medicaid) Premium Assistance, <http://www.dhs.state.pa.us>, 1-800-644-7730.

PEBTF

**Pennsylvania Employees
Benefit Trust Fund**
150 South 43rd St., Suite 1
Harrisburg, PA 17111-5700

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)

PEBTF Benefit News is available in
an alternative format. Please contact
the PEBTF to discuss your needs.



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IMPORTANT BENEFIT INFORMATION

This newsletter may contain a general description of the 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 REHP Benefits Handbook. The commonwealth 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.

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.

