September 1 marks the start of the third annual Get Healthy Know Your Numbers Wellness Screenings. The Get Healthy brochure will be mailed to you in mid-July. It will explain how you and your covered spouse/domestic partner may obtain a wellness screening. Registration opens on Monday, August 3. At that time, you will be able to register for an onsite event or make an appointment at a Quest Diagnostics® Patient Service Center. Some helpful hints for completing this year’s wellness screening are:

Onsite Event: You may register online or by phone. Make your appointment for an onsite event early so that you get the location and time that is most convenient for you.

Patient Service Center (PSC): You must register online or by phone for a wellness screening at a Quest Diagnostics PSC. For the fastest service, it’s best to schedule an appointment time in advance. If you do not schedule an appointment in advance, you will have to wait if there are other patients at the PSC. You must complete your wellness screening at a PSC between September 1 and December 31, 2015.

Physician Results Form: If you have testing done at your doctor’s office between January 1 and December 31, 2015, you may submit a Physician Results Form to Quest Diagnostics after September 1, 2015. Make sure you and your doctor complete all of the required information. The form must be signed by both you and your doctor, the date the test was completed must be entered and all of the required testing results must be included. If the form is not completed in its entirety, Quest Diagnostics will send you a letter notifying you that it must be resubmitted with all of the information completed. Also, doctors’ offices are busy so it is best for you to fax the form and keep a copy of the fax cover sheet as your confirmation that the fax was successfully sent. Do not combine both the employee and the spouse/domestic partner’s forms in one fax. These should be faxed separately and each individual fax confirmation sheet retained. If you fail to submit a completed form or your physician does not fax the form on your behalf, you will not be eligible for the waiver. It is your responsibility to make sure that Quest Diagnostics receives a completed form by December 31, 2015.

Results are Ready: Register on the Quest Diagnostics system by providing your email address. Instructions will be provided in the Get Healthy brochure. You will receive an email when your results are ready. You will then be able to view your results on the Quest Diagnostics website. This is one way for you to be sure your wellness screening was processed by Quest Diagnostics. If you submit a Physician Results Form or complete a wellness screening at a Quest Diagnostics PSC, you will also receive a results report in the mail.

Deadline: You must complete your wellness screening by December 31, 2015. If you are submitting a Physician Results Form, you should obtain your blood test far enough in advance of the deadline so that your doctor has time to get the results, complete the form and have it received by Quest Diagnostics by December 31, 2015. Remember, anything faxed to Quest Diagnostics after December 31, 2015 will be denied for the waiver.

Member Success Story

Knowing My Numbers Saved My Life

Mark Mares, otherwise known as Sparky to his friends and PennDOT coworkers, was reluctant to participate in the Get Healthy Know Your Numbers wellness screenings in 2013. “I was one of those people who complained about having to do the screening,” commented Mark. “It was much easier to do one health coaching phone call like I did in the past and be done.”
Mark visited the Cranberry Township Quest Diagnostics PSC to get his wellness screening. “They told me my blood pressure was 160/140 and were asking me if I had chest pain,” said Mark. “The Quest Diagnostics phlebotomist told me that I should see my doctor right away or go to the ER.”

Mark saw his doctor that night. His doctor also asked if he was having chest pain.

“I did not have chest pain but I had headaches all the time which I thought was stress due to the job,” said Mark. “Little did I know that headaches may be a symptom of high blood pressure.”

My doctor told me my blood pressure was too high and he put me on medication that day. He also saw my Know Your Numbers cholesterol results and told me my cholesterol was too high and that I needed to lose weight. He wanted to put me on cholesterol-lowering medication but said I could try changing my diet to lower it.

Mark set out to make some lifestyle changes. He went from having a hoagie for lunch every day to having salads. He also made sure to exercise and took his three dogs on daily hour-long walks on the Rails to Trail.

“One year later I have lost 40 lbs., my blood pressure is 120/72 and I don’t have any headaches,” said Mark. “I have more stamina at work and for the activities that I like such as yardwork.”

“The Get Healthy Program literally saved my life!”

If you have a Success Story you would like to share, please contact PEBTF Communications at 1-800-522-7279.

Celebrating Women’s and Men’s Health

Mother’s Day and Father’s Day are the perfect times of the year to focus on the health of both genders in order to empower women and men to make their health a priority.

So, what can women and men do to improve their health?

• Get an annual physical: Women are 100 percent more likely to visit the doctor for annual examinations and preventive services than men. The PEBTF benefits provide for an annual physical with your primary care doctor and other preventive care screenings and immunizations at certain ages.

• Get active: We have all heard it before, but it is so important for both women and men to be active each day of the week. Even a simple 30 minute walk helps. According to a 2012 study by the National Institutes of Health, structured exercise can extend life expectancy by 4.5 years. Regular physical activity can lower risk of:

  – Heart disease and stroke
  – High blood pressure
  – Type 2 diabetes
  – High cholesterol
  – Weight gain
  – Colon and breast cancer
  – Depression

(Continued on Page 3)
Spouse/Domestic Partner Attestation
For Employees Hired on or After August 1, 2003

Newly Enrolled Spouse/Domestic Partner
Beginning with enrollments effective June 1, 2015, if you are enrolling your spouse/domestic partner for PEBTF benefits, you will be required to provide additional information, including other coverage the spouse/domestic partner may have available through his or her employer by completing the PEBTF-11 Form.

Annual Attestation Begins in August
If you were hired on or after August 1, 2003 and you have a spouse/domestic partner enrolled for PEBTF benefits, you will receive a letter from the PEBTF in early August. The letter will explain how to complete the attestation process. All required documentation must be completed and postmarked to the PEBTF, or completed online, by September 30, 2015 to continue health benefits for your spouse/domestic partner. If you do not complete the required documentation, your spouse/domestic partner will be terminated from PEBTF benefits effective October 1, 2015. Any services incurred on or after this date will be your financial responsibility.

Employees hired on or after August 1, 2003 are subject to the following rules:

- If your spouse/domestic partner is eligible for medical or supplemental benefit (prescription drug, vision, dental or hearing aid) coverage through his or her employer, your spouse/domestic partner must take his or her employer’s coverage as primary coverage regardless of any employee contribution your spouse/domestic partner must pay and regardless of whether your spouse/domestic partner had been offered an incentive to decline such coverage.
- PEBTF coverage for your spouse/domestic partner is limited to secondary coverage.
- This rule does not apply if your spouse/domestic partner is self-employed.

Health Plan Discounts
The PEBTF medical plans provide important preventive benefits and coverage when you are facing an illness or surgery. What you may not know is that the medical plans provide discounts to wellness services such as health clubs and gyms, diet programs and complementary health care. Diet and exercise can help to improve your health and you can save money by taking advantage of the programs the plans have to offer.

Visit www.pebtf.org for information about the discount programs. To find out more detailed information or register for a discount program, you will need to go to your medical plan’s website and create a login and password if you haven’t already done so.

Eat healthy: Eat plenty of fruits and vegetables and choose whole-grains such as whole wheat, oatmeal and brown rice. Choose low-fat dairy products, lean meats, fish, beans, eggs and nuts. Limit processed foods, foods high in sodium, saturated fat, trans fats and sugars.

Pay attention to mental health: This includes getting enough sleep and limiting stress.

Avoid unhealthy behaviors: Quit smoking, wear seatbelts and bicycle helmets and do not text while driving.

Source: www.womenshealth.gov and www.menshealthmonth.org

(Continued from Page 2)
The Value of Your Benefits

This is the second in the series of articles that takes a look at the costs of medical care and the out-of-pocket costs for our members. This scenario is not a real PEBTF member but the costs represented are typical of what members would see in Pennsylvania.

Charles

Charles has over 30 years of service with the commonwealth and is in his early 60s. He had been experiencing some chest pain and shortness of breath and decided to get it checked out. His test results revealed blockages in two arteries and as a result he had cardiac bypass surgery in April 2014. The surgery and cardiac rehab went well and he has taken steps to improve his health. He modified his diet, lost 20 pounds and is now working out at a local health club.

<table>
<thead>
<tr>
<th>2014 Medical Costs HMO Plan Example Medical expenses:</th>
<th>Actual Cost</th>
<th>Member Cost (out-of-pocket)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four visits to primary care physician</td>
<td>$480</td>
<td>$60</td>
</tr>
<tr>
<td>Flu shot</td>
<td>$55</td>
<td>$0</td>
</tr>
<tr>
<td>Shingles vaccine</td>
<td>$220</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive colonoscopy</td>
<td>$1,200</td>
<td>$0</td>
</tr>
<tr>
<td>Visits to cardiologist (3 visits)</td>
<td>$720</td>
<td>$75</td>
</tr>
<tr>
<td>Cardiac stress test, cardiac ultrasound with contrast</td>
<td>$980</td>
<td>$0</td>
</tr>
<tr>
<td>Bypass surgery &amp; 5-day hospital stay</td>
<td>$65,100</td>
<td>$0</td>
</tr>
<tr>
<td>Cardiac rehab (18 visits) – $15 copay per visit</td>
<td>$2,160</td>
<td>$270</td>
</tr>
<tr>
<td>Prescription drugs – eight, 90-day refills – blood thinner, beta blocker, statin, ACE inhibitor (generic medications)</td>
<td>$600</td>
<td>$120</td>
</tr>
<tr>
<td>Two dental visits – six-month exam, cleanings and X-rays ($125 to $183 each visit depending if X-rays were taken)</td>
<td>$308</td>
<td>$0</td>
</tr>
<tr>
<td>One dental crown ($50 annual deductible must be paid; plan pays 60% of maximum allowable charge)</td>
<td>$900</td>
<td>$230</td>
</tr>
<tr>
<td>Vision exam and new bifocal lenses and frames</td>
<td>$600</td>
<td>$170</td>
</tr>
<tr>
<td>Total medical expenses</td>
<td>$73,323</td>
<td>$925</td>
</tr>
</tbody>
</table>

Reminder: Referrals for specialist care are needed if you are enrolled in:
- Aetna HMO
- Keystone Health Plan Central HMO

Charles paid only $925 for medical care. He also paid the reduced health care contribution of $1,360 or 2 percent of his $68,000 salary for benefits because he participates in the Get Healthy Program ($52.31 per biweekly pay). His total spent on health care in 2014 was $2,285.

Source: Highmark Care Cost Estimator, EOBs
The Affordable Care Act and Taxes

Since 2010, it seems that every day there is news about the Affordable Care Act. As a commonwealth employee, you may have thought it doesn’t affect you. However, there are many important provisions in the Affordable Care Act that do impact you and your dependents. Let’s review a couple of the key terms and what they mean to you as a commonwealth employee:

**Minimum Essential Coverage** – Effective January 1, 2015, the Affordable Care Act required that all employers provide Minimum Essential Coverage to any employee who works an average of at least 30 hours per week. “Minimum Essential Coverage” means that the member’s out-of-pocket expense for medical and prescription services (such as copayments, deductibles and coinsurance) should be no more than 40 percent of the cost of services. In essence, your health plan should pay 60 percent or more of the cost. On average, the PEBTF’s PPO, HMO, and CDHP plans cover more than 90 percent of the cost of coverage. The Bronze Plan covers at least 65 percent of the cost of coverage. The PEBTF’s plan of benefits meets the requirements of the Affordable Care Act for all of its members.

**Employer Share Responsibility** – Under the Affordable Care Act, the employee cost (commonly known as “premium”) for single coverage in the least expensive plan cannot exceed 9.5 percent of your household income. This requirement applies to employees who work an average of at least 30 hours per week. Under the PEBTF, employee cost for single coverage in the least expensive plan (the HMO, CDHP or Bronze Plan) is 2 percent or 5 percent of your biweekly gross base pay. Again, the PEBTF meets the requirement of the Affordable Care Act for all of its members. The PEBTF does provide health benefits to employees who work at least 50 percent of full-time hours, but less than 30 hours per week. For these employees, the cost of coverage can exceed 9.5 percent of their household income.

**Marketplace** – The Marketplace helps people without health coverage find and enroll in a plan. This program is designed for people who don’t have coverage through their job, Medicare, Medicaid, the Children’s Health Insurance Program (CHIP) or other sources, although almost everyone is eligible for health coverage through the Marketplace. If you are a permanent, full-time employee or a part-time employee that works an average of 30 hours per week, you may choose to enroll through the Marketplace, but you may not qualify for the premium tax credits that lower the cost of coverage. If you are a non-permanent or part-time employee who works less than an average of 30 hours per week, you may choose to enroll through the Marketplace and you may qualify for the premium tax credits. If you are a part-time employee and have questions about whether or not you work an average of 30 hours per week, please contact the HR Service Center or your local HR office if you are in an agency not supported by the HR Service Center. If you have any questions regarding the Marketplace, please go to www.healthcare.gov.

Effective in 2014, everyone was required to have health coverage, whether through their job, Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), or other sources. When you filed your taxes for the 2014 calendar year, you may have been asked to provide additional information about your health coverage. If you did not have health insurance, you were required to pay a fee with your federal income tax return. The majority of commonwealth employees were enrolled in the PEBTF and were not subject to this fee.

Effective January 2016, the Affordable Care Act requires that the commonwealth provide you with an annual notice regarding your eligibility for health insurance and the cost of that coverage. In addition, if you are enrolled in the PEBTF for any period of time in the previous tax year, the PEBTF is also required to provide you with an annual notice summarizing your and your dependents enrollment in coverage. The employee notices are known as the 1095 forms. Both of these notices will be mailed to you in early 2016 and you will need them when you file your taxes for the 2015 tax year and thereafter.

Also, the commonwealth and the PEBTF will be reporting the same information in the 1095 forms to the IRS. If you do not have health insurance coverage in 2015 as required by the ACA, you may be assessed a fee by the IRS when you file your taxes. If you (or your dependents) enrolled in the Marketplace and received a premium tax credit, you may be required to refund those monies to the IRS.

The PEBTF and the commonwealth cannot provide tax advice, and you should contact your accountant or tax advisor with any questions on how your taxes may be affected. You can find more information on health coverage and your federal income taxes at www.healthcare.gov.
Open Enrollment

The PEBTF Open Enrollment period will be held October 19 through November 6, 2015. Open Enrollment is your annual opportunity to enroll in a different medical plan. It is also the time of year that you may make changes without a qualifying event, such as removing dependents, or canceling your coverage. An Open Enrollment newsletter will be mailed to you in early October.

Maternity Programs
Some PEBTF Medical Plans Offer Individual Support to Mothers

Expectant mothers who live a healthy lifestyle are more likely to have a healthy baby. The following PEBTF medical plans have free programs to help expectant mothers during this important time.

Highmark
For PPO & Keystone Health Plan West HMO Members
The Baby Blueprints Maternity Education and Support Program helps expectant families better understand every stage of pregnancy and make more informed care and lifestyle-related decisions. Baby Blueprints also gives participants access to individualized support from a nurse Health Coach. Enrolling in Baby Blueprints is easy. Expectant mothers may call 1-866-918-5267 to enroll.

Aetna PPO & HMO
Aetna offers the Beginning Right Maternity Program to learn more about having a healthy pregnancy and baby. If you are thinking about becoming or are already pregnant, call 1-800-CRADLE-1 (1-800-272-3531) or log into Aetna Navigator at www.aetna.com to enroll. Some women have health conditions or risk factors and can work with a nurse case manager to help lower their risks.

Keystone Health Plan Central HMO Members
The Capital BlueCross Precious Baby Prints Program is designed to support the mother during pregnancy, birth and follow-up care. Mothers identified as having a pregnancy with special needs also get the added support of a Maternity Case Manager who will keep in touch by phone throughout the pregnancy. For more information, call 1-888-320-2583; www.capbluecross.com/preciousbabyprints.

UnitedHealthcare CDHP
UnitedHealthcare’s Healthy Pregnancy Program was created to ensure that mothers have a smooth pregnancy, delivery and a healthy baby. A care coordinator will consult with enrollees in the program, via telephone, to help determine what, if any, risks or complications could arise during the mother’s pregnancy. To enroll, call 1-800-411-7984. For more information, visit: www.healthy-pregnancy.com.

Annual Notification
Important Information About the Women’s Health and Cancer Rights Act of 1998

On October 21, 1998, Congress enacted the Women’s Health and Cancer Rights Act of 1998. The PEBTF health plans already comply with this important legislation requiring health plans to cover:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Coverage will be provided in a manner determined in consultation with the attending physician and the patient. Coverage may be subject to deductibles and coinsurance, as detailed in your specific plan option.

www.pebtf.org
CT Scans and Your Health

You may have heard the term CT scan or CAT scan. You or a family member may have had such a scan done in the past. CT scans can produce cross-sectional and three-dimensional images that can help your doctor make an accurate diagnosis. CT scans of internal organs, bones, soft tissue and blood vessels typically provide greater detail than a traditional X-ray, especially of soft tissues and blood vessels.

Your doctor may order a CT scan of the abdomen if you are experiencing terrible stomach pain. A CT scan may be used to examine someone who suffered injuries from an automobile accident. A CT scan is often used for detecting cancers such as lymphoma and cancers of the lung, liver, kidney, ovary and pancreas because it allows a doctor to confirm the presence of a tumor, measure its size, identify its precise location and determine the extent of its involvement with other nearby tissue.

CT scans are a costly diagnostic test and their use has increased over the years. According to the December 2014 issue of Health magazine, in 1980, only about 3 million CT scans were performed in the United States. By 2013, that number had skyrocketed to 76 million. While no one can argue a CT scan’s effectiveness, there may be other more cost-effective tests that would produce similar results. An X-ray, ultrasound or MRI may be an alternative.

PEBTF Members

In 2014, PEBTF members incurred $8.4 million in CT scan charges. Coverage for medically-necessary high-tech radiology is covered by the PEBTF at 100 percent with no member copayment in-network under the PPO and HMO options. CT scans are covered under the CDHP Plan and Bronze Plan and are subject to the annual deductible and out-of-pocket maximums. These high-tech imaging tests typically need to be pre-authorized and your network doctor will take care of authorizing the test with your health plan.

Radiation Exposure

CT scans emit higher doses of radiation than traditional X-rays or other imaging tests like mammograms, so you need to keep that in mind if you get repeated CT scans over your lifetime.

We are exposed to radiation from natural sources all the time. According to the website, www.radiologyinfo.org, the average person in the U.S. receives a dose of about 3 mSV per year from naturally occurring radioactive materials. Of course, these totals vary and people who live in higher elevations, such as in Colorado, receive higher levels of radiation. To put these diagnostic tests in perspective:

- One chest X-ray is equivalent to the amount of radiation exposure you experience from natural surroundings in 10 days.
- A mammogram is equivalent to the amount of radiation exposure from natural surroundings in seven weeks.
- A CT scan of the abdomen and pelvis, repeated with and without contrast, exposes you to the same amount of radiation you would receive naturally in seven years.

Talk to Your Doctor

While the CT scan is a valuable diagnostic test, ask your doctor these questions before you proceed with the test:

- Is the CT needed at this time?
- Are there other tests such as X-ray or ultrasound that could be done?

Sources: www.radiologyinfo.org

To read the entire article in Health magazine, go to http://www.health.com/health/article/0,,20871394,00.html.

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 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.
This newsletter may contain a general description of the Plan of Benefits (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 Summary Plan Description. The PEBTF 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.

Your Important Health Benefits

Interesting Facts

115 males are conceived for every 100 females but by the age of 100, women outnumber men eight to one.

Source: Men’s Health Facts, www.menshealthmonth.org

There are 53,364 centenarians (age 100 or above) in the U.S. according to the latest Census Bureau figures. Structured exercise can extend life expectancy by 4.5 years!

Source: National Institutes of Health

There are more skin cancer cases due to indoor tanning than lung cancer cases due to smoking.

Source: Fox News, 1/31/14

There are the top countries for average daily consumption are:

- Austria: 3,784
- Turkey: 3,680
- United States: 3,639
- Egypt: 3,557
- Germany & Italy: 3,539

To put these numbers in context, women should eat about 1,600 – 2,000 calories per day and men about 2,000 – 2,400 calories, depending on age and activity level.

Source: Medscape.com

Sleeping less than seven hours each night reduces your life expectancy.

Source: www.medicalnewstoday.com