2015 PEBTF Open Enrollment
October 19 to November 6, 2015
For Active and COBRA Members

It’s Open Enrollment time – your annual opportunity to review your medical plan choices for 2016. If you are happy with your current plan, you do not need to do anything during this Open Enrollment. Take some time to review this newsletter before you make a decision.

What’s Staying the Same for Plan Year 2016?

✓ No change in the benefits.
✓ Copayments, deductibles and coinsurance remain the same.
✓ Existing health plan offerings remain the same.
✓ 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).
✓ Bronze Plan continues to be offered to part-time employees who work an average of 30 hours a week. Employees who qualify for this plan will receive a separate mailing with more details in mid-October.

What’s Changing for Plan Year 2016?

✓ Costs: Costs for employees hired on or after August 1, 2003, part-time employees and COBRA members change each year. See pages 4 and 5 for cost information. COBRA members refer to the rates you received with this newsletter.
✓ Out-of-pocket maximum for in-network charges under all Active plan options will be $6,850 single and $13,700 family in 2016. When the out-of-pocket maximum is reached, your plan pays at 100% until the end of the year.
✓ Prescription drug benefits will be offered separately from the supplemental benefits of dental, vision and hearing aid benefits – see page 3 for more information.

For more information, visit www.pebtf.org. Select the Quick Link box on the left side, 2015 Open Enrollment – Active and Non-Medicare Eligible Retiree Members for detailed information, including links to each medical plan’s online provider directory, which may be found under Health Plan Information. Call the PEBTF at 1-800-522-7279 with any questions.
What Changes Can I Make?

During Open Enrollment – for an effective date of January 1, 2016:

- Enroll in coverage – See page 10 on how you can save money with the Get Healthy Program.
- Change coverage – You may select a different medical plan. Employees hired on or after August 1, 2003 should pay attention to the buy-up costs for the PPO. The costs are increasing for 2016.
- Add a dependent – including dependent children up to the age of 26.
- Remove a dependent – You may do so during Open Enrollment without a qualifying life event.
- Disenroll from coverage.

Any change you make at Open Enrollment will remain in effect from January 1, 2016 through December 31, 2016 unless you have a qualifying life event that allows a change to your coverage.

Throughout the year:

- Enroll in coverage – See page 10 on how you can save money with the Get Healthy Program.
- Add a dependent – You may add a dependent throughout the year, with or without a qualifying life event. The effective date of the enrollment cannot be more than 60 days retroactive, or earlier than the date of the qualifying life event, whichever is less. See cost information on pages 4 and 5, the addition may change your level of coverage.
- Remove a dependent – You may remove a dependent due to a qualifying life event and you must provide notice of a qualifying life event within 60 days of the event. Contact the HR Service Center or your HR office if your agency is not supported by the HR Service Center.
- Provide an address change. You may make an address change through Employee Self-Service (ESS). If you do not have access to ESS, you may contact the HR Service Center or your local HR Office if your agency is not supported by the HR Service Center.

Qualifying Life Events Include:

- Birth, adoption
- Marriage
- Divorce or termination of a domestic partnership
- Death of a spouse or child
- Your spouse’s or dependent’s loss of eligibility for other group health coverage
- Change of address makes you ineligible for your current plan

A complete list of qualifying life events may be found in the Summary Plan Description.

For active employees hired on or after August 1, 2003

Spouse/Domestic Partner Attestation

You were mailed a letter in early August explaining the spouse/domestic partner attestation process. If you did not complete the attestation and provide a completed Employer Benefit Verification Form (PEBTF-36) (if necessary) postmarked to the PEBTF by September 30, 2015, your spouse/domestic partner was terminated from PEBTF health coverage effective October 1, 2015. A spouse/domestic partner may be re-enrolled at any time by submitting all required forms/documentation. Contact the HR Service Center or your local HR office if your agency is not supported by the HR Service Center.
## PEBTF Medical Benefit Options

You must select a plan that is available in your county of residence. You may select from the following plan options: PPO, HMO or CDHP.

The PEBTF also offers 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 who meets the requirements and is eligible to enroll in the Bronze Plan effective January 1, 2016. Employees who qualify will receive a separate mailing in mid-October.

This summary provides a general overview of the types of plans available. Detailed information may be found at www.pebtf.org.

<table>
<thead>
<tr>
<th>PEBTF Medical Benefit Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PPO Option</strong>&lt;br&gt;(Preferred Provider Organization)</td>
</tr>
<tr>
<td><strong>HMO Option</strong>&lt;br&gt;(Health Maintenance Organization)</td>
</tr>
<tr>
<td><strong>CDHP Option</strong>&lt;br&gt;(Consumer Driven Health Plan)</td>
</tr>
</tbody>
</table>
Important Cost Information for 2016

Full-Time Employees

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 (contributions are subject to change on July 1, 2016).

- There is no additional cost to you, no matter which plan you choose.

Full-Time Employee Hired Between August 1, 2003 and December 31, 2015:

- 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 (contributions are subject to change on July 1, 2016).

- 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).

- You may purchase, through payroll deductions, the PPO at an additional biweekly cost indicated below. This plan buy-up cost is increasing for 2016.

- After six months of service, you may elect to enroll in prescription drug and/or supplemental benefits.

<table>
<thead>
<tr>
<th></th>
<th>Single Biweekly Cost</th>
<th>Family Biweekly Cost</th>
<th>If You Add Dependents During the First Six Months of Employment, You Pay the Buy-Up Biweekly Cost (First Six Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Option</td>
<td>$37.66</td>
<td>$97.07</td>
<td>$297.32</td>
</tr>
<tr>
<td>HMO Option</td>
<td>$0</td>
<td>$0</td>
<td>$297.32</td>
</tr>
<tr>
<td>CDHP Option</td>
<td>$0</td>
<td>$0</td>
<td>$297.32</td>
</tr>
</tbody>
</table>
**Part-Time Employees**

- You pay the health care contribution through payroll deductions plus the cost reflected in the table below. Currently, the contribution is 5% of your gross base pay for the majority of employees. If you participate in the Get Healthy Program, you only contribute 2% of your gross base pay. Refer to your collective bargaining agreement for details (contributions are subject to change on July 1, 2016).

- You will be able to make the same selections as full-time employees with the same hire date.

### Part-Time Employees – First Six Months of Employment

<table>
<thead>
<tr>
<th></th>
<th>PPO Option</th>
<th>HMO Option</th>
<th>CDHP Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of Single Coverage - Biweekly</strong></td>
<td>$131.92</td>
<td>$94.26</td>
<td>$94.26</td>
</tr>
<tr>
<td><strong>Cost of Family Coverage - Biweekly</strong></td>
<td>$488.65</td>
<td>$391.58</td>
<td>$391.58</td>
</tr>
</tbody>
</table>

### Part-Time Employees – After Six Months of Employment

<table>
<thead>
<tr>
<th></th>
<th>PPO Option</th>
<th>HMO Option</th>
<th>CDHP Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost of Single Coverage - Biweekly</strong></td>
<td>$131.92</td>
<td>$94.26</td>
<td>$94.26</td>
</tr>
<tr>
<td><strong>Cost of Family Coverage - Biweekly</strong></td>
<td>$339.99</td>
<td>$242.92</td>
<td>$242.92</td>
</tr>
</tbody>
</table>

### 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.
Plan Choices by County

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.

Availability of Summary Health Information

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.
Selecting a New Plan Option

All Changes Must be Made by Friday, November 6, 2015

Refer to page 6 for a map of where each plan will be offered in 2016. 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 or CDHP – you must do the following:

**Active Members**

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 between 6:30 a.m. and 5:30 p.m. Monday – Friday during Open Enrollment to assist active members. You can call your local HR office 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 6.

**COBRA Members**

Complete the enclosed COBRA Member Enrollment Form and mail it to the PEBTF postmarked by Friday, November 6.

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 Optum, the mental health and substance abuse benefit and for DMEnsion, the administrator of the DME, prosthetics, orthotics, medical and diabetic supplies benefit for all members except those enrolled in the CDHP.

**Saving Money**

Here are some tips for saving money on your health care benefits:

1. Review your plan options each year and determine what plan is right for your current situation.
   - Review the PPO buy-up costs if you were hired on or after 8/1/03. The HMO or CDHP may be a lower cost option depending on your medical plan needs.
   - If you have a dependent living out of state (not temporarily while attending college) whom you want added to coverage, you must enroll in the PPO or CDHP option.

2. Participate in the Get Healthy Program by completing an annual *Know Your Numbers* wellness screening (employees and covered spouses/domestic partners). You will save money on your health care contribution.

   Also participate in any fitness challenges offered by Get Healthy – they may help you to improve your health and lose weight, which could mean fewer out-of-pocket expenses such as copays. Participation in the fitness challenges does not count towards the requirements to earn the Get Healthy waiver.

3. Take advantage of preventive care services and immunizations offered by the PEBTF. Early detection may help to prevent a more serious illness/medical condition. For a list of covered services, visit www.pebtf.org.

4. Use generic medications when available.
Benefit News

Important Information For Spouses/Domestic Partners Enrolled in Their Employer’s Health Savings Account

More and more companies are offering high-deductible health plans with a Health Savings Account (HSA). Enrollment in these plans most often does not allow the member to be enrolled in another health plan as secondary coverage. If your spouse/domestic partner has HSA coverage through his/her employer and is enrolled in PEBTF benefits as secondary coverage, he or she will be subject to tax penalties.

We encourage spouses/domestic partners to check with their employers to ensure that they can be enrolled in PEBTF coverage as secondary.

If your spouse/domestic partner has HSA coverage through his/her employer, you may remove him/her from PEBTF coverage at any time throughout the year to avoid any tax penalties.

Attention Western PA Members Enrolled in Keystone Health Plan West HMO

Highmark’s Keystone Health Plan West HMO changed its name to Highmark Choice Company Keystone Blue HMO in fall 2015. You received a new ID card with the new name. There are no changes to your Plan of Benefits; it was just a name change. As a reminder, the medical plans can make changes to its medical policies at any time which could possibly affect how a benefit was previously covered.

The Affordable Care Act and Open Enrollment

Open Enrollment is the time to review your health coverage and make sure you are meeting the requirements of the Affordable Care Act (ACA).

The ACA requires everyone to have health coverage, whether through their job, Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), a spouse, or other sources. If you do not have health insurance, you will be required to pay a fee with your federal income tax return. The majority of commonwealth employees are enrolled in PEBTF health benefits and are not subject to this fee.

Starting in January 2016, the ACA 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 each year thereafter.

The Marketplace is available to help people without health coverage find and enroll in a health 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. 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.

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Vaccination 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. You can get a flu shot as follows:

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 9 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 Vaccination Network to receive your shot. The Vaccination Network has over 2,700 pharmacies in Pennsylvania and 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 in the CVS Caremark Vaccination Network. You may also use the Pharmacy Locator on www.caremark.com to find pharmacies in your area. The Pharmacy Locator is under the Order Prescriptions tab after you log in to the website with your username and password. Search by zip code and look for the flu shot syringe icon under the Plan Benefits category.

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

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If you are a non-permanent or part-time employee who works less than 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.

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.

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**Flu Season Is Right Around the Corner and It’s Time to Get Your Flu Shot**

You may also obtain the shingles vaccine and the pneumonia vaccine at your doctor’s office or at a CVS Caremark Vaccine Network pharmacy.

**Shingles & Pneumonia Vaccine**

Coverage is provided for the shingles vaccine for members age 60 and older. Coverage for the pneumonia vaccine (doses and ages) is recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). You may check with your doctor to see if you meet the requirements and are eligible for this vaccine.
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 any office visit copay. Your doctor must complete a Physician Results Form and it must be faxed to Quest Diagnostics by December 31, 2015. Visit www.pebtf.org and click on the Get Healthy logo to obtain the form. Your online report will be available within 10 days of the date you faxed it and a printed report will be mailed to you within three weeks. This is a great way to check if your form was processed by Quest Diagnostics.

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 process also includes self-service capabilities to change or reset your password.

Get Healthy – for Newly Enrolled Employees

When you enroll in PEBTF benefits for the first time, you will be given 45 days from the date of the PEBTF letter you receive to complete a Know Your Numbers wellness screening. If you complete the wellness screening you will earn the Get Healthy waiver effective the date you enrolled in benefits. If you enroll in benefits during this Open Enrollment period, watch your mail for the Get Healthy letter, which explains how to complete a wellness screening. The Know Your Numbers wellness screening is a great way to save money and find important health measurements that could save your life.

Get Healthy Program Annual Wellness Screening Reminder – Employees and Covered Spouses/Domestic Partners

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 any office visit copay. Your doctor must complete a Physician Results Form and it must be faxed to Quest Diagnostics by December 31, 2015. Visit www.pebtf.org and click on the Get Healthy logo to obtain the form. Your online report will be available within 10 days of the date you faxed it and a printed report will be mailed to you within three weeks. This is a great way to check if your form was processed by Quest Diagnostics.

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. You may also call Quest Diagnostics at 1-855-623-9355 to register Monday – Friday, 8 a.m. – 9:30 p.m. EST and Saturday 8:30 a.m. – 5 p.m. EST.
Ready, Set, Go: For those of you who are participating in the Ready, Set, Go Challenge, we hope you are enjoying the challenge and are logging your steps, exercise minutes and/or weight each week. Perhaps you even have a little friendly competition going among your team members or with other teams in the commonwealth. The autumn season is a great time to get outdoors and exercise or add a new exercise you haven’t tried before. The challenge runs through November 8, so get moving! If you haven’t signed up for this challenge, we will be offering other challenges in the future.

MyActiveHealth: MyActiveHealth is a great website to help you lead a healthier lifestyle. The website is offered free of charge to employees and spouses/domestic partners enrolled in PEBTF benefits. It offers a variety of health topics, healthy recipes, videos and short quizzes. Visit www.pebtf.org and click on the Get Healthy link to access MyActiveHealth.

The Get Healthy Program offers the MyActiveHealth website and challenges as an added benefit, free of charge. Taking part in the challenge or visiting the website does not count towards the requirements to earn the Get Healthy waiver.

Get Healthy Tip – Stay Hydrated
Make sure you stay hydrated by drinking enough water throughout the day. Drink at least eight, 8 oz. glasses a day and you may need more if you are exercising.

Tips:
• Start your day by drinking two, 8 oz. glasses before you even leave the house in the morning
• Add lemon or experiment with other fruits/vegetables to infuse flavor but not sugar into your water
• Always have water at your work station so you can sip it throughout the day
• Drink water before, during and after exercise

NVA Offers Members the EyeEssentialSM Plan
Your National Vision Administrators (NVA) vision benefit includes coverage for an annual eye exam. Reimbursement for lenses and frames or contact lenses is provided every two years.

There may be times when you would like to purchase another pair of glasses, or you may have lost your glasses and you are not yet eligible for another pair under the Vision Plan. This is where the EyeEssential Plan offered by NVA can help.

After you have exhausted your vision benefits, you are eligible to access the EyeEssential Plan discount on additional purchases. The plan includes significant discounts on materials through participating NVA network providers. With the EyeEssential Plan, you may receive lens discounts of approximately 40%.

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**IMPORTANT OPEN ENROLLMENT AND BENEFIT INFORMATION**

The following table shows more detail regarding NVA's EyeEssential Plan:

<table>
<thead>
<tr>
<th>Service</th>
<th>Participating Provider</th>
<th>Lens Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lens Evaluation/Fitting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses:</td>
<td>Member Cost:</td>
<td>Member Cost:</td>
</tr>
<tr>
<td>Single Vision</td>
<td>Retail less $10</td>
<td>$12 Solid Tint/ Gradient Tint</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Retail less 10%</td>
<td>$50 Standard Progressive Lenses</td>
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<tr>
<td>Trifocal or Lenticular</td>
<td>Glass or Plastic</td>
<td>$75 Polarized Lenses</td>
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<tr>
<td>Frame:</td>
<td>$35.00</td>
<td>$65 Transitions Single Vision</td>
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<tr>
<td></td>
<td>$55.00</td>
<td>Standard</td>
</tr>
<tr>
<td></td>
<td>$70.00</td>
<td>$70 Transitions Multi-Focal</td>
</tr>
<tr>
<td>Contact Lenses*:</td>
<td>Retail less 35%</td>
<td>$15 Standard Scratch Coating</td>
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<tr>
<td>Conventional</td>
<td></td>
<td>$12 UV Coating</td>
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<tr>
<td>Disposable</td>
<td></td>
<td>$35 Polycarbonate (Single vision</td>
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<tr>
<td></td>
<td></td>
<td>or multi focal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$45 Standard Anti-Reflective</td>
</tr>
</tbody>
</table>

*Discount is not applicable to mail order; however, you may get even better pricing on contact lenses through Contact Fill.

Lens options purchased from a participating NVA provider will be provided to the member at the amounts listed in the fixed option price list above. Options not listed will be priced by NVA providers at their reasonable & customary retail price less 20%.

Any questions, please contact NVA at 1-800-672-7723.