2015 PEBTF Open Enrollment
October 19 to November 6, 2015
For Non-Medicare Eligible Retiree 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).

What’s Changing for Plan Year 2016?

✓ Costs: Costs for retirees hired on or after August 1, 2003, survivor spouses and COBRA members change each year. See page 4 for cost information. COBRA members refer to the rates you received with this newsletter. Survivor Spouses refer to the rates that were mailed to you.

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.

• Change coverage – You may select a different medical plan. Retirees if, as an Active employee, you were hired on or after August 1, 2003 you should pay attention to the buy-up costs for the PPO.

• 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.

• 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 page 4, 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 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

• Provide an address change – Contact SERS or the PEBTF.

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 Retired Employees Health Program Benefits Handbook.

Medicare Eligible Retirees Open Enrollment

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 October 26, 2015 to November 13, 2015. 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.
Retired Employees Health Program (REHP) 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, 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.

<table>
<thead>
<tr>
<th>PEFT Medical Benefit Options</th>
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<tbody>
<tr>
<td><strong>PPO Option</strong> (Preferred Provider Organization)</td>
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<tr>
<td>- Retirees hired on or after 8/1/03 pay a plan buy-up for the PPO. See page 4 for cost information</td>
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<tr>
<td>- More flexibility – may visit a network or non-network provider</td>
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<tr>
<td>- Low network copayments ($15 for primary care physician office visits; $25 for specialist office visits)</td>
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<td>- Out-of-network services subject to an annual deductible and coinsurance. In addition, you are responsible for the difference between the provider’s charge and the plan allowance</td>
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<tr>
<td><strong>HMO Option</strong> (Health Maintenance Organization)</td>
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<tr>
<td>- No buy-up for retirees hired on or after 8/1/03</td>
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<tr>
<td>- You must visit a network provider; no out-of-network services are available</td>
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<tr>
<td>- Some HMOs require a referral for specialist care</td>
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<tr>
<td>- Low network copayments ($15 for primary care physician office visits; $25 for specialist office visits)</td>
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<tr>
<td>- Except for emergencies, care is covered by the HMO only when arranged by the primary care physician. If you seek services outside the network, you are typically responsible for the full cost</td>
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<tr>
<td><strong>CDHP Option</strong> (Consumer Driven Health Plan) (For post 7/1/04 non-Medicare eligible retirees)</td>
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<tr>
<td>- No buy-up for retirees hired on or after 8/1/03</td>
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<tr>
<td>- Combines a high-deductible medical benefit plan with a Health Reimbursement Account</td>
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<td>- Annual deductibles – $1,500 for single coverage; $3,000 for family coverage</td>
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<tr>
<td>- Health Reimbursement Account is funded by the REHP and is replenished annually – $1,000 for single coverage; $2,000 for family coverage</td>
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<tr>
<td>- 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%</td>
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<tr>
<td>- 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</td>
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<tr>
<td>- Out-of-network benefit, subject to annual deductible and coinsurance. In addition, you are responsible for the difference between the provider’s charge and the plan allowance</td>
</tr>
<tr>
<td><strong>Basic Option</strong> (For pre-7/1/04 non-Medicare eligible retirees only)</td>
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<tr>
<td>- Offers both a medical/surgical benefit and a Major Medical component</td>
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<tr>
<td>- Medically-necessary visits or admissions to participating facilities are covered at 100%</td>
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<tr>
<td>- 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</td>
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<tr>
<td>- Major medical expenses may be submitted to Capital Blue Cross</td>
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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, depending on your retirement date.
- The HMO and CDHP options are the least expensive plans and are offered at no additional cost.

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, depending on your retirement date. There is no additional cost to you, no matter which plan you choose.

You may purchase, through monthly pension deductions, the PPO at an additional monthly cost indicated below:

<table>
<thead>
<tr>
<th></th>
<th>Single Monthly Cost</th>
<th>Family Monthly Cost</th>
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<tbody>
<tr>
<td>PPO Option</td>
<td>$53.60</td>
<td>$149.94</td>
</tr>
<tr>
<td>HMO Option</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CDHP Option</td>
<td>$0</td>
<td>$0</td>
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Questions About Costs?
Contact the PEBTF at 1-800-522-7279.

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.
Selecting a New Plan Option

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

Refer to page 4 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, CDHP or the Basic Option (for retirees who retired prior to July 1, 2004) – you must do the following:

**Non-Medicare Retiree Members**

Complete a [PEBTF Open Enrollment Form for REHP Members](#) and mail it to the PEBTF postmarked by **Friday, November 6**.

You may download the form from [www.pebtf.org](http://www.pebtf.org). Click on 2015 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 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

**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.

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, as an Active employee, 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 (or Basic Option for those who retired prior to 7/1/04).

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

3. Stay healthy by exercising and eating a balanced diet with lots of fruits and vegetables. A daily 30-minute walk will help. As always, consult with your physician before beginning any exercise program.

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 REHP 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 REHP coverage as secondary.

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

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 non-Medicare eligible retirees are enrolled in REHP health benefits and are not subject to this fee.

Starting in January 2016, the ACA requires that the PEBTF provides you with an annual notice summarizing your and your dependents’ enrollment in coverage. The notice is known as the Form 1095-B. The form will be mailed to you in early 2016 and you will need it 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 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.
Flu Season Is Right Around the Corner and It’s Time to Get Your Flu Shot

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.

Shingles & Pneumonia Vaccine

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

Preventive Care

Don’t forget to schedule preventive care screenings or immunizations that you may need – see the REHP Benefits Handbook and PEBTF website for a list of covered services.

- Schedule your annual physical if you haven’t had one this year.
- Talk to your doctor about immunizations you may need – if it’s been over 10 years since you had your last Tetanus shot, now is the time to get one.
- Ladies, October is Breast Cancer Awareness Month. Now is the time to schedule your mammogram if you haven’t already had the important screening this year.

According to the CDC, if everyone in the United States received recommended clinical preventive care, we could save **100,000** lives each year.

For Information About Help in Paying for Your Health Insurance Coverage:

See the Additional Information section of Retired Employees Health Program (REHP) Benefits Handbook, which is available at www.pebtf.org
IMPORTANT OPEN ENROLLMENT AND BENEFIT INFORMATION

PEBTF Offers Secure Website Area

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 retiree's contract.

The secure area is also used for completing member surveys—members who contact PEBTF Benefit Services may be randomly selected to complete an online survey.

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.