Open Enrollment Changes Effective January 1, 2016

Any health plan change you made during the fall 2015 Open Enrollment went into effect on January 1, 2016.

- 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.
- For members who pay for their coverage, you were notified of the change in premium in the fall. You should have received monthly payment coupons. Please make sure you remit the correct monthly premium amount for 2016.
- For the prescription drug plan there may be some formulary changes for 2016, 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 the formulary. 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 diabetics supplies are provided by DMEnsion Benefit Management for all members except those enrolled in the CDHP. The telephone number for DMEnsion appears on your medical ID card. For more information, visit www.pebtf.org to view the REHP Benefits Handbook.

IMPORTANT INFORMATION FOR MEDICARE ELIGIBLE MEMBERS

For current Medicare enrollees, the 2016 Medicare Part B premium, usually deducted from your monthly Social Security benefit, remains at $104.90 for most retirees.

For those enrolling in Medicare Part B for the first time in 2016 and those not collecting Social Security benefits, you will pay a monthly Part B premium of $121.80.

If you make more than $85,000 (single) or $170,000 (joint tax return), your monthly premium will be higher.

Aetna Medicare PPO Members: Your plan’s deductible is based on the Medicare Part B deductible. For 2016, your annual in-network deductible will increase to $166. The annual out-of-network deductible will increase to $332. After you meet the annual deductible, you will pay low copayments.
Begin the New Year with a Fresh Start
Quit For Life Offered to Non-Medicare Eligible Members

This New Year, take a fresh approach to breaking free from tobacco with the Quit For Life® Program. When you enroll, a Quit Coach® staff member will help you create a quit plan that’s just right for you. One-on-one phone sessions with your coach will give you the tools, knowledge and confidence you need to quit tobacco — of any kind — and make a fresh new start. You may even qualify for free nicotine replacement patches or gum. The REHP Prescription Drug Plan also covers tobacco cessation and nicotine replacement drugs. Don’t wait! Enroll today to make 2016 tobacco-free!

1-866-QUIT-4-LIFE
(1-866-784-8454)
www.quitnow.net/pebtf

The Quit For Life Program is provided at no cost to you and your covered dependents (age 19 and older).

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

A Better You in the New Year
Non-Medicare Eligible Members – Health Plans Offer Discounts

You may be thinking about joining a health club in 2016. Don’t forget your health plan offers discounts to health clubs in your area. Many plans also offer discounts for weight loss programs. Visit www.pebtf.org for information about the discount programs. To find out more detailed information or to 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.

Medicare Eligible Members – Health Plans Offer Fitness Benefit

The REHP Medicare PPO and HMO plans offer members a fitness benefit which includes a free membership to the gyms and health clubs in your plan’s network. Contact your Medicare PPO or Medicare HMO for more information.

Benefits of Exercise at Any Age

Nowadays, health clubs are crowded with baby boomers and seniors. People in these age groups realize the importance of staying healthy and active well into their golden years. The reasons to exercise seem endless – from better weight control to stress reduction to helping to fight chronic health conditions. The New Year may be the best time to start or get serious about your exercise program. Many gyms and health clubs have programs or classes geared to older adults and these classes are typically offered in mid-morning. Take a look at what your facility has to offer. If you are joining a health club for the first time, take your time to visit and participate in classes before you make a commitment. Many health clubs offer passes so you can see what the facility has to offer.

Check with your doctor before starting an exercise program.
So, what types of exercises should you be doing?

1. **Cardiovascular exercise:** These are exercises that raise your heart rate and use large muscles. Experts recommend at least 150 minutes of moderate-intensity aerobic exercise each week. Start out slow and increase your cardiovascular exercise to most days of the week.
   
   Good exercises include:
   - Walking
   - Biking
   - Swimming
   - Jogging
   - Elliptical machine

2. **Muscle-strengthening activities:** These exercises include moderate activities that increase strength and endurance of all major muscle groups. Examples of strength training include weightlifting, weight machines and resistance training. Maintaining muscle mass helps to prevent loss of strength and injuries and helps prevent bone loss.

3. **Flexibility:** Stretching is even more important as we get older. Doctors often suggest bending and stretching in daily activities but be sure to stretch only after a proper warm-up. Taking a yoga class may also help improve flexibility.

**Tips to Help You Stay on Track**

- **Start slowly:** You may need to start with 10 minutes of exercise at a time and gradually build up to your weekly goals.
- **Do something you enjoy:** You are more likely to stick with an exercise you enjoy doing. If you like to swim, join a gym that has a pool.
- **Find a convenient time and place:** Not all physical activity has to be done at the gym. Choose a time and place that is most convenient for you.
- **Get a workout buddy:** Exercise with a friend. It’s a lot harder to skip a workout if someone is counting on you.
- **Don’t overdo it:** Slowly increase workout time and intensity.

**The Importance of Preventive Care**

The New Year is a great time to think about the preventive care screenings that you may need for 2016. 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.

Both REHP non-Medicare and Medicare eligible members are offered preventive care benefits, covered at 100 percent as part of your health plan.

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.

Visit [www.pebtf.org](http://www.pebtf.org) for a list of all of the preventive screenings that are covered at 100 percent. Just click on the tab, **Retiree Members – Non-Medicare Eligible** or **Retiree Members – Medicare Eligible** to find Benefit Information. Medicare eligible members, you also receive information from your Medicare PPO or Medicare HMO each year that lists the preventive care services covered under your plan.

Source: UnitedHealthcare Heart Health
Coverage for Autism Spectrum Disorder Annual Amount
Increased Effective January 1, 2016
Non-Medicare Eligible Members

Effective January 1, 2016, coverage for Autism Spectrum Disorder is increased to $38,582 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).

(continued on next page)
The REHP provides coverage for the diagnostic assessment and treatment of autism spectrum disorder up to $38,582 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 REHP 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 $38,582 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 $38,582. You also may contact Optum at 1-800-924-0105 to check if you are close to the annual maximum.

Important Information Needed to File Your 2015 Federal Taxes

Non-Medicare Eligible Members

The Affordable Care Act (ACA) requires that the PEBTF provides you with an annual notice summarizing your and your dependents’ enrollment in the REHP health coverage. You will receive a Form 1095-B. The following FAQs should help to answer questions you may have.

Q. Why are we receiving an additional form to be used with our tax filing?
A. 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 retirees are enrolled in REHP health benefits and are not subject to this fee. This form is proof of your coverage.

Q. What can I expect to receive?
A. You will receive a Form 1095-B from the PEBTF. The Form 1095-B is the Health Coverage Form. It has information you will need to report on your federal tax return. The information shows whether or not you were enrolled in qualifying health insurance coverage in 2015. The IRS refers to this as Minimum Essential Coverage. If you did not have Minimum Essential Coverage, you may have to pay a penalty when you file your annual federal tax return. The Form 1095-B reports the type of coverage you had, the dependents that were covered by your insurance and the period of coverage for the 2015 calendar year. The Form 1095-B issued in 2016 is a report of your health insurance coverage for 2015. The PEBTF is working with ACA Managed Services who will mail the Form 1095-B to you. ACA Managed Services also will be able to answer questions you may have. ACA Managed Services is part of HR Best Practices, a health insurance services organization that has been working with employers and insurance organizations since 2001.

(continued on page 6)
Q. How do I include this information with my taxes?
A. Your tax preparer should be familiar with this form. Please refer to your IRS Form 1040 (2014) line 61 Healthcare individual responsibility. Within IRS Form 1040EZ (2014), see line 11. You may also want to refer to IRS Form 8962 Premium Tax Credit as well as Form 8965 Healthcare Exemptions.
If you have any questions about the 1095-B form, you may contact ACA Managed Services, the company that the PEBTF is using to mail the form to you, at 1-888-353-4944.

Important Information About Your Benefits

Did You Know?

- You can add an eligible dependent to your benefits at any time throughout the year. You will be required to present certain information such as a marriage certificate when adding a spouse or birth certificate when adding a dependent. You will also have to provide information/documentation on other insurance for which your spouse is eligible.
- You may add a domestic partner to your benefits with proper documentation. You will also have to provide information/documentation on other insurance for which your domestic partner is eligible.
- You may remove a dependent from your benefits only within 60 days of a qualifying event.
- Your dependent child may remain on your benefits to age 26.
- Your adult dependent children, age 26 to age 30 may continue coverage on a self-paid basis if certain criteria are met.
- You must add your newborn to benefits by completing a PEBTF-9 Form within 60 days of his or her birth. You will then have six months to provide an original birth certificate (or adoption certificate) and Social Security number. We recommend that you submit a completed PEBTF-9 Form as soon as possible after the baby’s birth.
- You must report a divorce as soon as it is final. If you neglect to report the divorce and your former spouse obtains medical services, you will be financially responsible for all charges.
- You will have to provide information on other coverage your spouse/domestic partner or dependent has. Your health plan may also ask you for this information before it pays any claims.

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.
State Employee Assistance Program HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (HIPAA) requires that individuals covered by a health plan receive notice of the availability of the health plan’s Notice of Privacy Practices (NPP). The NPP for the Office of Administration’s State Employee Assistance Program Office (OA-SEAP) outlines the privacy practices that OA-SEAP will follow to maintain the privacy of your medical information and other personal information in our possession, otherwise known as “protected health information” (PHI). The NPP describes how OA-SEAP may use or disclose your PHI, with whom this information may be shared, and the safeguards that OA-SEAP has in place to protect your PHI.

The only PHI that OA-SEAP receives is for individuals who file a complaint about SEAP services. If an individual accesses SEAP voluntarily, or never accesses SEAP, OA-SEAP does not receive any information about the individual unless the individual self-discloses the information, or if the individual is an imminent risk to themselves or someone else. This is because the SEAP program is confidential.

If you have any questions about the NPP or would like to obtain a copy, contact the SEAP Privacy Officer, Donna Hoskins-Helm, at 717.787.8575, or by e-mail at ra-workplacesupportservices@pa.gov.

February is American Heart Month

We all know that a low-saturated fat, low-cholesterol and high-fiber diet is good for our health and may help to reduce our chances of heart disease while helping to lose a few pounds. Here are some tips:

- **Get 25 percent to 35 percent of your calories from fat:** Focus on healthy sources such as olive and canola oils, fatty fish such as salmon, nuts, seeds and avocado.

- **Keep saturated fat intake to no more than 7 percent of total calories:** Limit meats like beef, bacon and sausage. Keep high-fat milk and cheese to a minimum. Avoid trans fats, which can raise LDL (bad cholesterol) levels.

- **Make carbs 50 percent to 60 percent of total calories:** Eat whole grains, beans, fruits and vegetables. Limit white flour and foods high in sugar such as pastries, muffins and doughnuts.

- **Get 10 to 25 grams of soluble fiber:** Eat more oatmeal, oat bran, beans and legumes. Increase intake of fruit and vegetables – apples, pears, peas, broccoli and brussels sprouts are some good choices.

- **Get about 15 percent of your calories from protein:** Choose lean sources such as turkey, fish, chicken and low-fat cottage cheese. Vegetarian sources of protein include nuts, beans, grains and vegetables.

- **Keep sodium to less than 2,400 mg a day:** Avoid canned products with excess salt and choose low-sodium soups.

- **Keep calories in check:** Balance calories to maintain desirable body weight and prevent weight gain. Include burning at least 200 calories a day through exercise.

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


HIPAA Notice of Privacy Practices

The HIPAA Notice of Privacy Practices is included in the REHP Benefits Handbook. The Notice of Privacy Practices lists your rights under HIPAA and it applies to records maintained by the REHP regardless of the source of the information. The notice tells you about the ways in which the REHP may use and disclose your Protected Health Information (PHI). It also describes your rights and certain obligations the REHP has regarding the use and disclosure of PHI.

To view a copy of the HIPAA Notice of Privacy Practices, go to www.pebtf.org and click on the box, REHP Benefits Handbook for Retiree Members. You will find the Notice at the end of the book before the Glossary.