

2016 2016 PEBTF Open Enrollment October 24, 2016 to November 11, 2016 For Medicare Eligible Retirees and COBRA Members

The Retired Employees Health Program (REHP) Open Enrollment for Medicare-eligible members is your annual opportunity to review your medical plan choices. Take some time to review this newsletter. All plan changes will be effective January 1, 2017.

What's Changing for Plan Year 2017?

- ✓ **Copayment changes:** Copayments for the Medicare PPO and Medicare HMO will increase in 2017:
 - PCP office visit - \$15
 - Specialist office visit - \$20
 - Outpatient therapies - \$15
- ✓ **HMO Change for Members in Southcentral Pennsylvania:** BlueJourney HMO (formerly SeniorBlue Medicare HMO), a Capital Blue Cross plan, will be offered in Southcentral Pennsylvania. It will replace the Geisinger Gold Classic (HMO) in certain counties. See page 3 for more information.
- ✓ **Prescription drug benefits:** Your prescription drug benefits continue under SilverScript but there is a change in the copayment amounts. See page 9 for copay information.

Your Medical Plan Choices

- Review this newsletter
- Visit www.pebtf.org and click on the box, **2016 Open Enrollment**, to view the medical plan materials and search for network providers
- Call the PEBTF at 1-800-522-7279 with any questions

What's Inside:

Open Enrollment Checklist	2
Copayment Changes	2
New for 2017	3
Your Medicare Plan Choices	4
Your Medicare Benefits at a Glance	5
How do the Options Compare	6
Evaluating your Choices	7
What Changes Can I Make	7
Making a Medical Plan Change	8
Prescription Drug Copay Changes	9
Important Benefit Information	10
Health Plans Across the State	11

(Continued on page 2)

All Medicare eligible members are receiving this newsletter. If you are turning 65 between now and April 30, 2017, you also are receiving this newsletter so that you can read about the medical plans offered to you as a Medicare-eligible member.

(Continued from page 1)

- ✓ **Aetna MedicareSM Plan (PPO) annual deductibles may change:** The annual deductibles are based on the Medicare Part B deductible and are subject to change each year. As of the date of this mailing, Medicare has not released those deductible amounts.
- ✓ **Rates:** Rates for survivor spouses and billable members change each year. Survivor spouses and billable members should refer to the separate rate mailing they received.

What's Staying the Same for Plan Year 2017?

- ✓ You continue to pay the Medicare Part B premium
- ✓ The Medicare plans continue to provide comprehensive benefits

Open Enrollment Checklist

- ✓ Review this newsletter
- ✓ Visit www.pebtf.org for more information and links to health plan websites
- ✓ Check if your doctors are in the plan's network
- ✓ If you pay for your coverage, review the monthly rates in the letter you will receive from the PEBTF
- ✓ If you live in Southcentral Pennsylvania and are enrolled in Geisinger Gold Classic (HMO), refer to the information on page 3 and in the letter you received
- ✓ You, your spouse and Medicare eligible dependents do not have to be enrolled in the same option – you may each choose your own plan
- ✓ If you have a non-Medicare eligible spouse/domestic partner, you will receive the Open Enrollment newsletter for non-Medicare eligible retirees. Please review that newsletter for any changes
- ✓ If you want to change plans, see instructions on page 8
- ✓ If you make a plan change, your new ID cards should arrive in mid to late December. Begin using the new ID card on January 1
- ✓ Contact the PEBTF at 1-800-522-7279 with any questions or visit www.pebtf.org

Copayment Changes for 2017

Effective January 1, 2017, the Commonwealth of Pennsylvania will implement changes to some of the benefit costs of the Retired Employees Health Program (REHP). The goal of these changes is to help to preserve the generous benefits for current retirees while reducing cost increases that challenge the fiscal stability of the program. In announcing these changes, it is important to stress that there are no changes to your retiree contribution.

(Continued on page 3)

(Continued from page 2)

All of the REHP Medicare HMO plans and the Aetna MedicareSM Plan (PPO) plan will have copayment changes effective January 1, 2017:

Copayment Changes		
	2016	2017
Primary Care Physician	\$10	\$15
Specialist	\$15	\$20
Outpatient/inpatient therapies (change for HMO only)	\$10	\$15

PPO Deductible: In addition to the copayment costs, the annual deductible amount for the Aetna MedicareSM Plan (PPO) is subject to change each year. This deductible amount is based on the Medicare Part B deductible and Medicare has not released that amount for 2017. In 2016, the Aetna MedicareSM Plan (PPO) in-network deductible is \$166. The deductible must be met

prior to benefits being paid. Certain in-network services such as preventive care, are not subject to the deductible. You may refer to the plan summary, which is found on www.pebtf.org. Click on **2016 Open Enrollment** and follow the prompts to view health plan information.

New for 2017!

BlueJourney HMO (formerly SeniorBlue Medicare HMO) Offered in Southcentral Pennsylvania

For all Southcentral Pennsylvania Medicare eligible members: Many of you may have been enrolled in SeniorBlue Medicare HMO when it was previously offered by the REHP. In 2017, Capital Blue Cross will change the name of the plan to BlueJourney HMO. If you live in one of the counties listed below, you may want to take a look at the BlueJourney HMO and its network of providers. Geisinger Gold Classic (HMO) remains the HMO option in Northeast Pennsylvania. Visit www.pebtf.org and click on the box, **2016 Open Enrollment**, to view the medical plan materials and search for network providers.

For current Geisinger Gold Classic (HMO):

BlueJourney HMO replaces Geisinger Gold Classic (HMO) for members in the following counties: Beginning January 1, 2017, BlueJourney HMO will be the Medicare HMO that is available in the following counties:

Adams	Juniata	Perry
Berks	Lancaster	Schuylkill
Cumberland	Lebanon	Snyder
Dauphin	Lehigh	York
Franklin	Mifflin	
Fulton	Northampton	

If you are currently enrolled in Geisinger Gold Classic (HMO), live in one of the counties listed on page 3 and want the BlueJourney HMO offered by Capital Blue Cross: The PEBTF will automatically enroll you in the BlueJourney HMO effective January 1, 2017. There is nothing you need to do.

If you want to change to the Aetna MedicareSM Plan (PPO): Call the PEBTF at 1-800-522-7279 and a Benefit Services Representative can take your enrollment information. You must call the PEBTF by **Monday, November 14, 2016.**

BlueJourney HMO is an option for members in the following counties: If you live in one of the following counties, you have two HMO options – Geisinger Gold Classic (HMO) or the new BlueJourney HMO, as well as the Aetna MedicareSM Plan (PPO).

Centre
Columbia
Montour
Northumberland
Union

If you are currently enrolled in Geisinger Gold Classic (HMO), live in one of the counties listed above and want to remain in the Geisinger Gold Classic (HMO): There is nothing you need to do. You will remain in the Geisinger Gold Classic (HMO) for 2017.

If you want to enroll in the BlueJourney HMO offered by Capital Blue Cross: Call the PEBTF at 1-800-522-7279 and a Benefit Services Representative can take your enrollment information. You must call the PEBTF by **Monday, November 14, 2016.**

Your REHP Medicare Plan Choices

- **Aetna MedicareSM Plan (PPO) – 800-307-4830; www.aetna.com**
Available throughout Pennsylvania and nationally

The Medicare HMO plans vary by region:

- **Aetna MedicareSM Plan (HMO) – 800-307-4830; www.aetna.com**
Available in Southeastern Pennsylvania region and in some areas outside Pennsylvania.
- **BlueJourney HMO (formerly SeniorBlue Medicare HMO) – 888-233-7064; www.capbluecross.com/pebtfmedicare**
Available in Southcentral Pennsylvania region.
- **Geisinger Gold Classic (HMO) – 800-540-8653; www.thehealthplan.com**
Available in Northeastern Pennsylvania region.
- **UPMC for Life Medicare HMO – 866-517-2803; www.upmchealthplan.com**
Available in Western Pennsylvania region.

Refer to page 11 for a map of the Pennsylvania counties where each plan is offered.

Your Medicare Benefit Options – At a Glance

	Medicare PPO	Medicare HMO
Annual Deductible (based on the Medicare Part B Deductible)	✓	
Visit Network Providers Only		✓
May Visit Non-Network Providers (at additional cost)	✓	
You Must Choose a Primary Care Physician (PCP) from the Plan's Network		✓
Referrals Needed for Specialist Care		✓ (some HMOs may not require; see comparison chart on www.pebtf.org)
\$15 Copayment for Primary Care Physician (PCP) Office Visit	✓	✓
\$20 Copayment for Specialist Office Visit	✓	✓
\$15 Copayment for Outpatient Therapies (such as physical and occupational therapy, manipulation therapy, etc.)	✓	✓
\$50 Copayment for Urgent Care	✓	✓
\$50 Copayment for Emergency Room Visit (waived if admitted as an inpatient)	✓	✓
You may Obtain Urgent and Emergency Care Anywhere in the United States	✓	✓
Fitness Club Benefit	✓	✓
Prescription Drug Coverage Continues to be SilverScript® Insurance Company (no change)	✓	✓

Refer to page 6 to compare plans. Visit www.pebtf.org for more information.

How Do the Medicare HMO and Medicare PPO Options Compare?

	Medicare HMO Network Only	Medicare PPO	
		In-Network	Out-of-Network
Annual Deductible	None	Annual Medicare Part B deductible, which is subject to change each year	2 times the annual Medicare Part B deductible, which is subject to change each year
Annual Out-of-Pocket Maximum	\$2,500	\$2,500 per year – for all network and out-of-network costs (includes the deductible)	
Primary Care Physician Office Visits	\$15 copay	\$15 copay (after deductible)	80% plan payment* (after deductible)
Specialist Office Visit	\$20 copay	\$20 copay (after deductible)	80% plan payment* (after deductible)
Preventive Care (as outlined by Medicare)	Covered 100%	Covered 100%	80% plan payment* (after deductible)
Annual Physical	Covered 100%	Covered 100%	80% plan payment* (after deductible)
Hospitalization	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Surgery	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Outpatient Therapies (physical, occupational, cardiac, speech, pulmonary)	\$15 copay (Medicare covered visit)	\$15 copay (Medicare covered visit)	80% plan payment* (after deductible)
Mental Health Care	Covered 100%; outpatient visits - \$15 copay	Covered 100%; outpatient visits - \$15 copay (after deductible)	80% plan payment* (after deductible)
Home Health Care	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Skilled Nursing Facility Care	Covered 100% (100 days per benefit period)	Covered 100% (100 days per benefit period) (after deductible)	80% plan payment* (after deductible)
Urgent Care	Covered 100% after \$50 copay		
Emergency Care	Covered 100% after \$50 copay (waived if the visit leads to an inpatient admission to the hospital)		
Durable Medical Equipment/ Prosthetics	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Diabetic Supplies	Covered 100% for test strips, lancets and glucometer	Covered 100% for test strips, lancets and glucometer	80% plan payment* (after deductible)
Fitness	Fitness club benefit (check with health plan for specific information)	Fitness club benefit (check with health plan for specific information)	Not covered
Lifetime Maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum

*Member pays 20%

You continue to pay the Part B premium no matter which option you choose. Survivor spouses and billable members should refer to the rates that were mailed to them.

Summary only – for complete details, refer to your REHP Benefits Handbook.

Evaluating Your Medical Plan Choices

If you are happy with your current Medicare PPO or HMO:	You don't have to do anything during this Open Enrollment. You will remain in your current plan. Southcentral PA members: See page 3
If you want to save some money:	You may want to consider a Medicare HMO. You do not have an annual deductible to satisfy. You only pay copayments for office visits, outpatient therapies, etc.
If you want flexibility:	You may want to consider the Medicare PPO. You have both a network and out-of-network benefit with the Medicare PPO. If you see doctors that are not part of the plan's network, you still receive benefits but at a higher out-of-pocket cost.
If some of your doctors are not in your current plan's network:	Take a look at the other plan available in your county of residence. You may contact the plan to request a provider directory or visit www.pebtf.org to link to the health plans' websites to view online directories. Click on 2016 Open Enrollment .

What Changes Can I Make?

During Open Enrollment – for an effective date of January 1, 2017:

- **Change coverage:** The new plan will be effective January 1, 2017.
- **Add a dependent:** You may add a dependent, including dependent children up to the age of 26, to REHP coverage effective January 1, 2017. Or, you may add a dependent at any time throughout the year. If you add a dependent throughout the year, the effective date of the enrollment cannot be more than 60 days retroactive or earlier than the date of the qualifying life event.
- **Remove a dependent:** You may remove a dependent from coverage effective January 1, 2017 during Open Enrollment without a qualifying life event. Remember, throughout the year if you need to remove a dependent, it **must** be due to a qualifying life event and you **must** report it at the time of the qualifying life event. You must provide notice of a qualifying life event within 60 days of the event to the State Employees' Retirement System (SERS), if you receive a SERS pension. Otherwise, contact 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 while your dependent was not eligible for benefits.*

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 REHP Benefits Handbook.

Making a Medical Plan Change

If you want to change to the Aetna MedicareSM Plan (PPO): Call the PEBTF at 1-800-522-7279 and a Benefit Services Representative can take your enrollment information. You must call the PEBTF by **Monday, November 14, 2016** because Friday, November 11, 2016 is a holiday.

If you want to change to a Medicare HMO: Contact the Medicare HMO in your area to request an enrollment packet. The Medicare HMO telephone numbers appear on page 4. The enrollment form will be included in the packet. Complete the enrollment form and mail it to the Medicare HMO postmarked by **Monday, November 14, 2016** because Friday, November 11, 2016 is a holiday. The Medicare HMO also can take your enrollment information over the telephone. Current Geisinger Gold Classic (HMO) members that live in Southcentral Pennsylvania – see page 3 or refer to the letter you received.

You, your spouse and any Medicare eligible dependents should each complete a separate enrollment form if each person wants to change to a Medicare HMO. You, your spouse and Medicare eligible dependents do not have to be enrolled in the same option – you may each choose your own plan.

The Medicare HMO will notify the PEBTF and SERS on your enrollment.

If you are a Geisinger Gold Classic (HMO) member and you live in Southcentral Pennsylvania: See page 3 or refer to the letter you received.

If you change plans: You will receive your new medical ID card in late December. Present your new ID card to your physician after January 1, 2017.

Do not destroy your red, white and blue Medicare ID card. While you do not need to present this ID card for medical care, you should keep this card in case it is needed in the future.

If you have a family member enrolled in benefits who is not eligible for Medicare, you also should have received the Non-Medicare Eligible Retirees Open Enrollment Newsletter in early-October. That Open Enrollment is being held **October 17, 2016 to November 4, 2016** and your non-Medicare eligible dependent can make a plan change during that time.

You may visit the PEBTF website, www.pebtf.org or contact the PEBTF at 1-800-522-7279 with any questions about the non-Medicare eligible benefits.



Prescription Drug Plan – Copay Changes

The Medicare Part D Prescription Drug Plan continues to be administered by SilverScript. The plan uses a three-tier system, where SilverScript maintains a list of generic and brand-name drugs called a formulary. The formulary summary is available at www.pebtf.org. Drugs included on the formulary are called “preferred.” Drugs not on that list are called “non-preferred.” The following chart details the copayments under your Prescription Drug Plan and the copayment changes for 2017.



HELPFUL TIPS

To save money ask your doctor to prescribe generic drugs. The copay for generic drugs is not changing.

	Your Copayment Today	Your Copayment Beginning 1/1/17
Prescriptions at a Network Pharmacy – up to a 30 Day Supply		
Tier 1: Generic drug	\$10	\$10
Tier 2: Preferred brand-name drug	\$18*	\$20*
Tier 3: Non-Preferred brand-name drug	\$36*	\$40*
Mail Order – up to a 90 Day Supply		
Tier 1: Generic drug	\$15	\$15
Tier 2: Preferred brand-name drug	\$27*	\$30*
Tier 3: Non-Preferred brand-name drug	\$54*	\$60*
Retail Maintenance at a Preferred or Non-Preferred Network Retail Pharmacy Up to 90 Day Supply		
Tier 1: Generic drug	\$15 Preferred Pharmacy/ \$20 Non-Preferred Pharmacy	\$15 Preferred Pharmacy/ \$20 Non-Preferred Pharmacy
Tier 2: Preferred brand-name drug	\$27 Preferred Pharmacy*/ \$36 Non-Preferred Pharmacy*	\$30 Preferred Pharmacy*/ \$40 Non-Preferred Pharmacy*
Tier 3: Non-Preferred brand-name drug	\$54 Preferred Pharmacy*/ \$72 Non-Preferred Pharmacy*	\$60 Preferred Pharmacy*/ \$80 Non-Preferred Pharmacy*

*plus the cost difference between the brand and the generic, if one exists

Important Benefit Information

Flu Season is Right Around the Corner and it's Time to Get Your Flu Shot

The fall season is the time of year to get a flu shot. The REHP provides you with this important preventive care benefit as part of the benefits you receive from your Medicare health plan.

You are able to get your flu shot from your doctor. Some of the Medicare plans may offer other alternatives such as getting your flu shot at certain pharmacy chains. For more information, contact your medical plan by calling the number that appears on your medical ID card.

Other Covered Preventive Immunizations

Your Medicare HMO and PPO plans cover the following preventive immunizations. Visit your doctor for these vaccines.

- Pneumonia
- Hepatitis B

Your SilverScript Prescription Drug Plan covers the following preventive immunization according to Medicare guidelines. Present your prescription drug ID card at a network pharmacy and pay the copay.

- Shingles

2017 Medicare HMO and PPO Plan Materials

The Centers for Medicare and Medicaid Services (CMS) requires that information about your Medicare PPO or HMO plan be mailed to you each year. You may keep these documents with your important papers and dispose of any old materials when you receive the 2017 updates. The documents are for informational purposes only.

SilverScript Prescription Drug Plan Members What is the Medicare Part D IRMAA?

The Income-Related Monthly Adjustment amount or "IRMAA" applies to Medicare beneficiaries with high incomes. For example, if your 2016 reported yearly income as a single taxpayer is greater than \$85,000 (greater than \$170,000 filing jointly), you will be responsible for paying an additional \$12.70. This is in addition to your monthly premium. The IRMAA will be further adjusted as income levels increase. Important points about the Part D IRMAA to keep in mind:

- If you owe an IRMAA, Social Security will send you a letter notifying you that the extra amount you owe will be added to your Medicare Part D premium. The REHP can only pay your Part D plan premiums. **You have to pay the Part D-IRMAA to Medicare** in order to keep your REHP prescription drug coverage. The Part D IRMAA is billed directly by the Centers for Medicare and Medicaid Services (CMS). You pay your Part D IRMAA payment to Medicare, not to the REHP or the PEBTF or to your prescription drug plan.
- If you do not pay your IRMAA, you risk disenrollment from your Medicare Part D plan.
- **If you have questions about your Part D-IRMAA bill**, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Source: www.silverscript.com

REHP May Cancel Your Coverage for Fraud or Intentional Misrepresentation

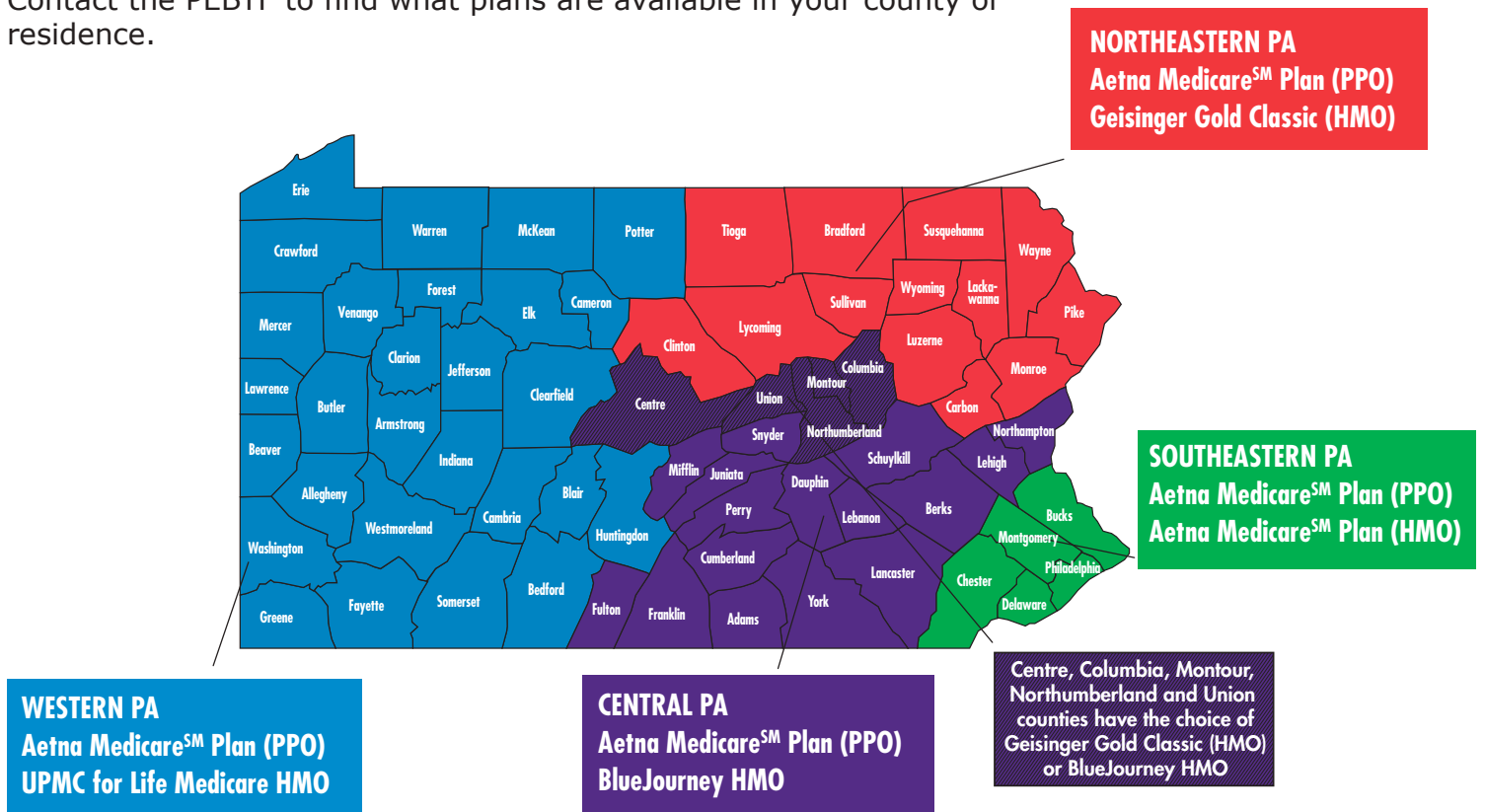
IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the REHP Plan (or about a claim) or you fail to make a required contribution on time, your coverage may be terminated retroactively. This may occur, for example, if you file a false claim, fail 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.

For More Information About Help in Paying for Your Health Insurance Coverage Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

The Retired Employees Health Program (REHP) Benefits Handbook includes information about help in paying for your health insurance coverage. It may be found on page 141 of the Handbook. Go to www.pebtf.org and click on the box, **REHP Benefits Handbook for Retiree Members, March 2016**. You may contact the PEBTF to order a paper copy if you don't have access to a computer.

Plan Choices by County

Contact the PEBTF to find what plans are available in your county of residence.



Aetna MedicareSM Plan (HMO) is offered in select areas nationally. Please contact the PEBTF at 1-800-522-7279 for more information on the availability of this plan.



Presorted Standard
U.S. Postage
P ID
Kennedy
Printing Co.

**Postmaster, please deliver
between October 10 and
October 20, 2016.**

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)

This newsletter is available in an alternative format.
Please contact the PEBTF to discuss your needs.



IMPORTANT OPEN ENROLLMENT AND BENEFIT INFORMATION

