

New 2017 Medical Plan Options

Your new medical plan began on January 1. Present your new plan's medical ID card at the time you receive medical services.

Copayment Amounts

The copayment amounts are listed on your medical ID card. Copayments are paid at the time of service.

	PPO Option	PEBTF Custom HMO Option
PCP Office Visit	\$20	\$5
Specialist Office Visit	\$40	\$10
Urgent Care Visit	\$50	\$50
Emergency Room Visit (waived if admitted)	\$150	\$150



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The PEBTF Custom HMO

As a reminder, the Custom HMO offers a limited network of providers. This limited network allows the PEBTF to offer low HMO copayments and no deductible. Make sure you visit a provider who is in the Custom HMO network. The HMO does not pay for services at an out-of-network provider.

PPO Option – Annual Deductible

The PPO plans both include annual in-network deductibles. The deductible amounts differ by plan, as follows:

- Choice PPO: \$300 single/\$600 family
- Basic PPO: \$1,000 single/\$2,000 family

So, what is a deductible? It is the amount that you owe for health care services before the plan begins to pay. The PPO in-network deductible applies to all services except preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and blood tests done at a Quest Diagnostics or LabCorp.

You pay the deductible directly to the doctor or the facility. The deductible is applied to the PPO's discounted rate. Some providers may check with your plan ahead of time to see what deductible you owe and you may be asked to pay the deductible at the time of service. Other providers may bill you for any deductible amount once the services are submitted to your plan. After you met your annual deductible, services will be covered 100% for the remainder of the year. Of course, you will continue to pay any office visit copayments.

An example of when you would pay the PPO in-network deductible is with a surgical procedure. You are responsible for any costs up to your annual deductible amount. The plan will then pay 100% of the remaining medically-necessary covered services.

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Tips to get the most out of your Aetna health plan

This article focuses on the Aetna plans. See page 7 for an article on the Basic PPO. The Spring newsletter will feature tips on using the Custom HMO offered by Geisinger.

Custom HMO

It's a member-centered approach where you are the center of a care team that works to keep you healthy or improve your health, not just treat you when you're sick or injured.

Accessing care starts with your participating primary care physician (PCP). You choose your PCP from the Custom HMO network. Think of your PCP as the quarterback of your care team — keeping your care connected across other facilities and specialists.

Your primary doctor can:

- Make sense of various visits and tests
- Guide you on important health decisions
- See you for yearly wellness exams and screenings, not just when you're sick

Important reminders for the Custom HMO include:

- All care (with the exception of medical emergencies) must be provided within the Pennsylvania Custom HMO network. No out-of-network services are available.
- Be sure to check that all referrals are made within the Custom HMO network. Your PCP will work with you to coordinate referrals to the appropriate in network specialist.

Choice PPO

- The Choice PPO network offers nationwide access to participating providers.
- Care may be provided by an in or out-of-network provider. To save money, choose an in network PPO provider for lower out of pocket costs.
- If you use Quest or LabCorp for lab services, the deductible does not apply.
- You can estimate the cost of care in advance of your appointment by using the "Cost of Care" tool under "Coverage & Benefits" on Aetna Navigator (www.aetnavigators.com). Please note: First time users will be required to register for the Aetna Navigator secure member portal.

How to request ID cards or locate a participating Custom HMO or Choice PPO provider:

- To print additional ID cards go to www.aetnavigators.com and from the menu on the left hand side under "I want to..." click on View/Print an ID Card.
- It's easy to find a participating doctor — just visit: www.aetna.com/PEBTF
- Or you can call member services at 1-800-991-9222 (8:00 a.m. – 6:00 p.m. Monday through Friday). This number is located on the back of your ID card.

Source: Aetna

Get Lower Cost Lab Testing and More From One of Our Preferred Labs

If you are enrolled in one of the PPO plans your diagnostic testing done at a Quest Diagnostics or LabCorp is covered 100% and is not subject to a deductible.

Using Quest Diagnostics

Below are some tips on how to use Quest Diagnostics to save money.

As a preferred in-network lab for PEBTF members, Quest can help lower your out-of-pocket costs. When you visit your doctor, tell them you prefer Quest Diagnostics.

Tips for using Quest Diagnostics

- If your doctor will collect the specimen at his or her office, ask your doctor to send your test to Quest Diagnostics.
- Your doctor can either send your order electronically to Quest Diagnostics or give you a print order form.
- If your doctor doesn't have an account with Quest Diagnostics, they can call **1.866.MYQUEST (1.866.697.8378)** to set up an account.
- Quest Diagnostics can send a courier to pick up your sample from your doctor's office.
- To visit a Quest Diagnostics Patient Service Center:
 1. Obtain an order from your doctor.
 2. Find a Quest Diagnostics location near you. Go to **QuestDiagnostics.com/Appointment** or call **1.888.277.8772**.
 3. Minimize your wait time by scheduling an appointment*. Walk-ins are welcome.
 4. Bring the following to your visit:
 - If your doctor does not send your lab orders electronically, bring a print copy of your lab order from your doctor
 - Photo identification
 - Current health insurance information and your ID card

Using LabCorp

By choosing LabCorp you have the opportunity to maximize your laboratory testing benefits and lower your out-of-pocket costs.

Offering you convenient access for specimen collection

- If your doctor collects the specimen in his/her office, please ask your doctor to send the specimen to LabCorp for testing.
- LabCorp also operates a network of conveniently located patient service centers (PSCs) for specimen collection.
- Visit our website at www.labcorp.com to locate the PSC nearest you and make an appointment. Appointments are not required, and walk-ins are welcome.

TIPS to be prepared at a PSC:

Bring the following information with you:

- The LabCorp test request form from a health care professional requesting laboratory testing
- A current insurance identification card
- A photo ID (for example, a driver's license or employee identification badge)

You can also securely manage your test results 24/7 by enrolling in LabCorp Beacon: Patient.

Why join?

- Make an appointment with a lab 24 hours a day
- Receive lab results as easily as checking email
- Share your lab test results securely and privately
- Manage health information for the entire family

Prescription Drug Benefit

Prescription drug copayment changes were effective January 1, 2017. To save money, ask your doctor about generic drugs.

**Copayment
1/1/2017**

Prescriptions at a Network Pharmacy Up to a 30 Day Supply

Tier 1: Generic drug	\$10
Tier 2: Preferred brand-name drug	\$20*
Tier 3: Non-Preferred brand-name drug	\$40*

Mail Order or Retail Maintenance at a CVS Pharmacy Up to 90 Day Supply

Tier 1: Generic drug	\$15
Tier 2: Preferred brand-name drug	\$30*
Tier 3: Non-Preferred brand-name drug	\$60*

Retail Maintenance at a Rite Aid Pharmacy Up to 90 Day Supply

Tier 1: Generic drug	\$20
Tier 2: Preferred brand-name drug	\$40*
Tier 3: Non-Preferred brand-name drug	\$80*

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

There may be some formulary changes for 2017. Some medications may have moved from preferred to non-preferred which could result in a higher cost to you. Visit www.pebtf.org to view the formulary. The formulary may be found under Publications & Forms.



Other Benefits

Mental Health & Substance Abuse Benefit:

Optum continues to administer the mental health and substance abuse benefits. **PPO Members:** Your outpatient mental health office visit copay is \$20. Inpatient services are subject to the PPO medical deductible. You may visit out-of-network providers at higher out-of-pocket costs. **Custom HMO Members:** Your outpatient mental health office visit copay is \$5. You must visit an Optum network provider. If you go out-of-network, you will not have coverage.

Durable Medical Equipment (DME), Prosthetics, Orthotic, Medical and Diabetic Supplies:

DMension continues to administer the durable medical equipment (DME), prosthetics, orthotics, medical and diabetic supply benefit. There are no changes to this benefit. Members previously enrolled in the CDHP must now use DMension for these items.

Supplemental Benefits: Vision, dental and hearing aid benefits continue with no changes.

Coverage for Autism Spectrum Disorder

Annual Amount Increased Effective January 1, 2017

Effective January 1, 2017, coverage for Autism Spectrum Disorder is increased to **\$38,852** per year.

For more information, visit www.pebtf.org to view the Summary Plan Description (SPD).

New Year – New You

Know Your Numbers

The annual Get Healthy *Know Your Numbers* wellness screening period ended on December 31, 2016. We hope you took advantage of this benefit and completed your wellness screening and saw improvement in your numbers year over year.

The *Know Your Numbers* wellness screening tests for factors that contribute to metabolic syndrome. Metabolic syndrome is a group of high risk factors – high blood pressure, high blood sugar, high cholesterol and abdominal fat. When all of these factors are combined, they set the stage for serious problems. These risk factors can double your risk for heart attack and strokes and increase your risk of diabetes by five times. According to the American Heart Association, 47 million Americans have metabolic syndrome– that’s one out of every six people.

Completing a wellness screening makes you more aware of your important numbers and risk factors. Hopefully, you can take some steps to make lifestyle changes to improve your numbers each year.

View your Get Healthy results online and see your results for all of the years that you participated. Visit www.pebtf.org, click on the Get Healthy logo and follow the instructions for viewing your results.

Source: WebMD

Ready to Get Healthy?

- 1. Think about losing some weight.**
Weight loss helps reduce all the risk factors for metabolic syndrome.
- 2. Focus on being more active.**
Regular exercise can help keep your heart and lungs healthy.
- 3. Consider eating a heart-healthy diet.**
Eat plenty of fruits and veggies, whole grains, fat-free or low-fat dairy and protein foods.
- 4. Try to quit smoking.**
Smoking can increase your risk for heart disease and stroke by 2 to 4 times (see page 7 for the Quit For Life program)
- 5. Talk with your doctor.**
If lifestyle changes aren’t enough, your doctor may prescribe medicines that can help.

Source: ActiveHealth Management



Incentive

Over 90 percent of employees completed a wellness screening in fall 2016 and will be paying a health care contribution of only 2.25 percent of their base pay beginning July 1, 2017.

If you did not complete a wellness screening, you will pay the contribution of 2.25% of your base pay **PLUS** a surcharge of \$62.19 biweekly.

Important Information Needed to File Your 2016 Federal Taxes

Watch your mail for important tax information. The Affordable Care Act (ACA) requires that the PEBTF provides you with an annual notice summarizing your and your dependents’ enrollment in the PEBTF health coverage.

You will receive a Form 1095-B from the PEBTF and a Form 1095-C from the commonwealth. If you qualified for benefits through another employer in 2016, you can expect to receive the applicable forms from that employer.

Your tax preparer should be familiar with these forms. Please refer to your IRS Form 1040 (2016) line 61 Healthcare: individual responsibility. Within IRS Form 1040EZ (2016), see line 11. You may also want to refer to IRS Form 8962 Premium Tax Credit as well as Form 8965 Healthcare Exemptions.

Helping to Keep You Healthy

At the beginning of a New Year, many of us make resolutions to improve our health. While it's up to you to take the necessary steps, the PEBTF offers a variety of resources to help you along your way. Consider participating in these programs in 2017.

MyActiveHealth Website

You want to live well and feel good, but where do you start? One place is MyActiveHealth, your link to better health.

MyActiveHealth is offered free of charge to PEBTF members (employees and covered spouses/domestic partners). It offers:

- ✓ Action Trackers
- ✓ Healthy Recipes
- ✓ Helpful Videos
- ✓ Health Library

It's easy to sign up!

1. Go to www.pebtf.org
2. Click on the Get Healthy logo
3. Select "MyActiveHealth"
4. Click "Create an Account" and follow the instructions to create a user name and password

MyActiveHealth is the same site that you use to participate in Active Challenges. If you participated in one of the Active Challenges, you already have a username and password. Check out all the site has to offer throughout the year.

Active Challenges

The PEBTF has offered three active challenges. Many of your coworkers have participated in these virtual challenges in the past and have enjoyed the friendly competition. These challenges consist of tracking your steps and activities on the MyActiveHealth website. The program also automatically syncs with popular activity trackers. The challenges are a great way to increase your activity while following a virtual path via your computer.

European Expedition:

The European Expedition Challenge was held in fall 2016. A total of 412 teams and 2,793 participants signed up for the challenge with 76 percent finishing by tracking all 8 weeks. The participants walked 1.4 million steps or almost 700,000 miles. The average steps per day per participant was 8,949 steps (an improvement over 8,569 average steps per day for the Appalachian Trail Challenge). The PEBTF awarded 221 prizes. To see the teams who won prizes, visit www.pebtf.org and click on the Get Healthy button.

Challenges for 2017:

American Adventure – Explore the United States in this team walking challenge. You and your teammates will have eight weeks to track your steps from New York City to Hollywood. Along the way, discover peculiar sites and American pastimes. The bigger the team, the better the chance of completing all 2,000 miles. A team of 10 should average about 7,100 steps a day to reach

Hollywood. Plus, for those high-achieving teams, there are two hidden destinations to unlock even after the team reaches Hollywood. **Enrollment begins March 15; Challenge runs from April 10 to June 4, 2017.**

Walk the Wonders – This adventure begins in Lisbon, Portugal where teams set off to walk 2,000 miles to their final destination Machu Picchu, Peru. On this eight-week journey, you will visit the seven historical sites proclaimed to be the new Wonders of the World. When the final destination is reached, there will be two bonus destinations to keep finishers engaged throughout the entire eight weeks. **Enrollment begins September 13; Challenge runs from September 25 to November 19.**

Information on the challenges will be posted at worksites and emailed to you in spring and fall. The challenges are offered free of charge to all PEBTF employee members and covered spouses/domestic partners. We partner with ActiveHealth Management to bring you these active challenges.



Member Testimonials – European Expedition

"I lost 10 pounds. My productivity at work increased."

"I fought and won my fight with breast cancer this year. I remember being so tired from my chemo treatments that I couldn't even push a shopping cart. Being able to participate in this challenge has been a blessing to me and a motivation to continue to make progress."

"I started walking on the Appalachian Trail Challenge which was offered in the spring and tried to get 20,000 steps every weekday. I have continued to walk every day, even after the challenge was over and lost over 30 pounds, without too many other changes. I am older and am not too interested in other very physical activities so this has been an inspiration to me! I am very competitive and am trying to beat everyone on my team and in my office."

"I signed up for the challenge at a time when I felt very isolated. I watched my coworkers rally to create two teams for the challenge. It was very encouraging. We went from 8 people on one team for the Appalachian Trail Challenge to 19 people on two teams for the European Expedition. The more challenges we try, the more involved I become with each challenge."

"I enjoyed reaching each destination and learning facts about them. It gave me an incentive to increase my steps."

"Probably what was most valuable was that this motivated me to move more, especially to take my breaks at work (I've often worked through them in the past). Also, having spent some time in Europe 30 years ago, I really enjoyed "revisiting" some cities and learning about others that I'd like to visit someday."

Quit For Life

If 2017 is your year to quit smoking, you have help with the Quit For Life® Program. The PEBTF offers the program, free of charge to PEBTF employee members, covered spouses/domestic partners and covered dependents (age 19 and older). Enrolling is easy! Call 1-866-QUIT-4-LIFE (1-866-784-8454) or register at www.quitnow.net/pebtf.

Medical Plans Offer Discounts

Your medical plan offers discounts on gym memberships, nutrition counseling, alternative medicines and other services. Visit www.pebtf.org and click on Get Healthy Discount Programs. Then select your medical plan for more information. It's a great way to save money!!

Tips on Using the Basic PPO offered by Highmark

The Basic PPO offers both a network and an out-of-network benefit. Here are some tips to getting the most out of your plan:

- Use network providers when possible. You will save money! Visit www.highmarkblueshield.com and click on "Find a Doctor" at the top to search for providers. Select PPOBlue or BCBSPPPO for the plan or enter OPB for the first 3 letters of your member ID card.
- The Basic PPO offers a nationwide network of providers through the BlueCard® program. If you are outside of the area, call the number on your medical plan ID card to find a network provider.
- Use Quest Diagnostics or LabCorp for blood work; the deductible does not apply.
- If you are in need of urgent/emergent care, try using an Urgent Care provider (\$50 copay) instead of the Emergency Room (\$150 copay).
- Create an online account at www.highmarkblueshield.com on your computer or smartphone to gain access to electronic EOBs, member discounts, printable ID Cards and much, much more!
- Traveling out of the country, no problem! Care can be coordinated through Blue Cross BlueShield Global Core. More information at www.bcbsglobalcore.com

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)

PEBTF Benefit News is available in
an alternative form at. Please contact
the PEBTF to discuss your needs.



Your Important Health Benefits

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.

Nondiscrimination Statement

The Plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

2017 SPD Available

The 2017 Summary Plan Description may be found on www.pebtf.org.



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.