

Understanding Your Benefits

The 2016 Open Enrollment introduced changes to the Retired Employees Health Program (REHP) non-Medicare eligible Retirees benefits – new PPO annual deductibles, limited Custom HMO networks and copayment changes. Medicare eligible members had some minor copayment changes.

Prescription drug copayment changes for 2017 were also introduced in Open Enrollment materials.

So, where can you go for more information about your health benefits?

PEBTF. Your first point of contact is the PEBTF. Our Benefit Services representatives can help answer any questions you may have. Contact the PEBTF at 717-561-4750 or toll free 1-800-522-7279; Monday through Friday, 8 a.m. to 5 p.m. (until 6 p.m. on Monday or the first day following a holiday weekend).

There are also materials that are mailed to you and/or may be found on www.pebtf.org. All of these are good sources of benefit information.

PEBTF Benefit News. The newsletter is mailed to you quarterly and contains important benefit information. You may also view issues on www.pebtf.org under “Publications & Forms.”

Open Enrollment Newsletter/Materials. Open Enrollment is your annual opportunity to select a new medical plan. Each fall, you receive an Open Enrollment newsletter that explains any benefit or plan changes. It is important that you pay attention to this newsletter and also any targeted letters you may receive at that time. Open Enrollment information is also found on www.pebtf.org.

REHP Benefits Handbook (revised January 2017). The handbook includes information and summaries on all of the medical benefits offered to both non-Medicare eligible and Medicare eligible retirees.

Prescription Drug Plan Information. The Prescription Drug Plan formularies are found under “Publications & Forms” on the PEBTF website. These formularies are updated throughout the year. You will also find other prescription drug information in that area of the website.

Provider Networks. You will find links to the plans’ provider directories under the tabs across the top of the PEBTF website. For example, there is a tab titled “Retiree Members – Non-Medicare Eligible.”

Turning 65. The PEBTF website contains a special section on turning 65, which explains the Medicare plans offered by the REHP. In addition, we mail a letter to you 120 days before you turn 65 and a Benefit Services representative follows up with a phone call to answer your questions.

Medicare Plan Materials. Each year, the Medicare PPO and HMO plans mail information to you, such as Evidence of Coverage and Summary of Benefits. Keep that information if you need to reference it.

Explanation of Benefits (EOBs). The medical plans provide EOBs when you have medical services. The EOBs show what your cost is – such as a copayment or deductible and what the plan reimbursed to the provider. Many of the plans allow you to sign up on their websites to receive electronic EOBs. Visit your medical plan’s website to see what options it offers.

What’s Inside

Tips on Using Geisinger Custom HMO – Non-Medicare Eligible Retirees	2
Understanding the PPO Deductible – Non-Medicare Eligible Retirees	3
Understanding the Aetna Medicare PPO Deductible – Medicare Eligible Retirees	5
Your DME Benefit	6
Women’s Health & Cancer Rights Act.....	6
Eating Right for Older Adults	7

Non-Medicare Eligible Retirees

Tips on Using the Geisinger Custom HMO

If you selected coverage under the Geisinger Custom HMO, here are some tips to help you get the most out of your coverage this year.

Register online

Information about your Geisinger Health Plan (GHP) benefits is at your fingertips at <https://www.thehealthplan.com/pebtf>. Signing up is simple with your member ID card. Follow these steps:

- Go to [TheHealthPlan.com](https://www.thehealthplan.com)
- Hover over *Sign in to my account*
- Select *Create an account*
- Choose *Member*
- Complete the form using your member ID card

Requesting a new ID card

Your member ID card is your key to accessing benefits. If you misplace your card and need a replacement, visit

<https://www.thehealthplan.com/pebtf> or call the dedicated PEBTF customer service number at 1-844-863-6850.

Finding a provider

GHP provides access to the highest quality providers. The network has changed for 2017. Before you see a doctor, check the online provider search tool at

<https://www.thehealthplan.com/pebtf> to make sure your doctor participates in the PEBTF plan.

Choosing where to go for care

You have a lot of options when you need care and we want to help you get the right care in the right place. When you have a life-threatening issue, you should go directly to an emergency room or call 911. For day-to-day healthcare, you should see your primary care physician (PCP) first. If your doctor isn't available, consider convenient and urgent care facilities that are in-network. Going to your PCP or urgent care facilities can save you money.

Source: Geisinger



Understanding the PPO Deductible Non-Medicare Eligible Retirees

The PEBTF offers two non-Medicare PPO plans for 2017. Both PPO plans have an in-network and an out-of-network deductible:

Choice PPO, offered by Aetna:

Annual in-network deductible - \$300 single/\$600 family; annual out-of-network deductible - \$600 single/\$1,200 family

Basic PPO, offered by Highmark:

Annual in-network deductible - \$1,000 single/\$2,000 family; annual out-of-network deductible - \$2,000 single/\$4,000 family

Because the in-network deductible is new for 2017, we want to answer some common questions about the how the deductible works.

Q. What is a deductible?

A. It is the amount that you owe for health care services before the plan begins to pay.

Q. How do I pay the deductible?

A. You pay the deductible directly to the doctor or the medical facility. The deductible is applied to the PPO's in-network discounted rate. On the Explanation of Benefits (EOB) that you receive from your plan, you will see there is a charge that the doctor or facility bills as well as a discounted amount the plan pays for the service. The deductible applies to that discounted amount, which is usually less than the charge.

Q. Do I pay the deductible at the time of service?

A. Some providers may check with your PPO 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 meet your annual deductible, services will be covered 100% for the remainder of the year. Of course, you will continue to pay office visit copayments.

Q. If I pay the entire deductible for a surgery in April, for example, do I owe anything for services I have the remainder of the year?

A. Once you fulfill your annual deductible, the plan will pay at 100% for any medically-necessary covered services. You are still responsible for any copayments. You will not pay more than a \$300 single deductible for the Choice PPO or a \$1,000 single deductible for the Basic PPO in a year.

Q. How does the family deductible work?

A. Each individual is responsible for his/her single deductible but the family deductible is the most a family would have to pay in deductibles.

Q. Do I pay a deductible if I have a blood test?

A. A blood test done at Quest Diagnostics or LabCorp is not subject to the annual deductible. If your doctor orders a blood test, your doctor can draw the blood* and send it to Quest Diagnostics or LabCorp or your doctor can give you a prescription for the test and you may go to a Quest Diagnostics or LabCorp Patient Service Center. If you do not use Quest Diagnostics or LabCorp and have your blood test done at a hospital, for example, the cost of that blood test is subject to your deductible. *You will be responsible for the cost of the blood draw.

(continued on page 4)

When do I Pay Toward the In-Network Deductible?	Yes	No
Primary Care Physician (PCP) Office Visit		✓
Specialist Office Visit		✓
Immunizations (Preventive)		✓
Annual Physical/Well Visit		✓
Inpatient Facility/Surgical	✓	
Outpatient Facility/Surgical	✓	
Diagnostic Imaging (X-ray, MRI, CT Scan, PET Scan)	✓	
Lab Tests	✓	
Lab Tests – Quest Diagnostics or LabCorp		✓

(continued from page 3)

Let's look at some examples to help you better understand the deductible. All amounts that you owe toward the deductible are based on the plan's discounted amount. All of these examples are for in-network providers and services.

Service	What you will pay
Office visit at Primary Care Physician (PCP) – sore throat	\$20 PCP office visit copay. Throat culture is done because doctor suspects strep throat – cost of test applies to your annual in-network deductible
Office visit at Primary Care Physician (PCP) – possible pneumonia	\$20 PCP office visit copay. Cost of X-ray is subject to annual in-network deductible
Office visit at PCP – urinary tract infection	\$20 PCP office visit copay. Urinalysis is done and the cost is subject to your annual in-network deductible. However, if you have the urinalysis done at a Quest Diagnostics or LabCorp, the test is not subject to the deductible
Office visit at PCP – rash	\$20 PCP office visit copay
Office visit at PCP – possible anemia	\$20 PCP office visit copay. Blood test is done by the doctor and submitted to Quest Diagnostics which is covered 100%; the cost of the blood draw is subject to your annual in-network deductible
Blood test done at local hospital	Blood test is subject to the annual deductible because you did not use Quest Diagnostics or LabCorp
Office visit with dermatologist	\$40 specialist office visit copay
Office visit with dermatologist and suspicious mole is removed	\$40 specialist office visit copay. Surgery to remove the mole is subject to your annual in-network deductible
MRI ordered by your orthopedic surgeon	MRI is subject to your annual in-network deductible
Knee replacement surgery	Surgery is subject to your annual in-network deductible. Assuming you haven't paid toward the deductible, you will most likely pay the entire deductible because knee surgery would be more than the annual PPO deductible

(continued from page 4)

Visit orthopedic surgeon for knee sprain

\$40 copayment for office visit. Dr. dispenses a knee brace, which is billed to your medical plan. The brace is subject to the annual in-network deductible (see page 6 for more information about your DME benefit)

Visit to urgent care facility for sprained ankle

\$50 urgent care copay (includes X-ray and any other services)

Visit to emergency room for sprained ankle (treated and released)

\$150 ER copay (includes X-ray and any other services)

Understanding the Aetna Medicare PPO Annual Deductible – Medicare Eligible Members

The Aetna Medicare PPO plan has an annual deductible that is based on the Medicare Part B deductible. For 2017, you must pay for the first \$183 of eligible covered in-network medical services. The out-of-network deductible is \$366, but most of our members go to in-network providers so there are lower out-of-pocket costs.

After you have satisfied the deductible, you will only pay office visit copayments. Other services, such as preventive care, X-rays and blood tests, outpatient and inpatient hospital care, are covered 100% after your deductible.

Below are some examples of how you may fulfill the annual Aetna Medicare PPO annual deductible.

Service	Date	What you will pay
Office visit at Primary Care Physician (PCP) – sore throat	January 28	Because this is your first visit of the year, you will pay the entire cost of the doctor’s office visit – \$40 The cost is based on Aetna’s discounted rate
Annual physical at your PCP	February 8	\$0 cost; plan pays 100% (Preventive care covered 100%)
Office visit at cardiologist	March 10	You will pay the entire cost of the specialist’s office visit – \$75
Office visit at dermatologist	April 7	You will pay the remaining \$68 of your deductible to equal \$183 annual deductible
Office visit at PCP	April 11	You pay \$15 copayment
Hospitalized for pneumonia	April 12 – 14	\$0; plan pays 100% for an inpatient hospitalization at a network hospital

Your DME Benefit Non-Medicare Eligible Retirees

Durable medical equipment (DME) includes medically-necessary items such as wheelchairs, oxygen, hospital beds, walkers, crutches and braces, which are ordered by your health care provider.

The PEBTF's benefit also includes coverage for prosthetics, orthotics, diabetic and medical supplies. The benefit is administered by DMEnson Benefit Management. If your provider gives you a prescription for an item, you should choose a DMEnson network supplier. DMEnson's phone number is on your medical ID card.

- ✓ If you use a DMEnson network provider – you pay \$0 cost

- ✓ If you use a non-network provider – you pay 30% of the allowable amount of the item plus the difference between the actual amount billed and the DMEnson allowed amount

To find a network provider: Contact DMEnson at 1-888-732-6161 or log on to www.dimension.net.

Medicare Eligible Retirees

You obtain your DME items, prosthetics, orthotics, diabetic and medical supplies through your medical plan at \$0 cost from a network provider. Authorization may be required.

Annual Notification Important Information about the Women's Health and Cancer Rights Act of 1998

On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. The REHP health plans already comply with this important legislation requiring health plans to cover:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Coverage will be provided in a manner determined in consultation with the attending physician and the patient. Coverage may be subject to deductibles and coinsurance, as detailed in your specific plan option.



Verification Procedures at the PEBTF

Most of you have heard about HIPAA – you have received information from the PEBTF in the past and may have been presented with information at your doctor’s office.

The PEBTF takes the privacy of our members very seriously and works hard to protect that privacy.

When you call the PEBTF, a representative will ask you for your social security number, date of birth and possibly, your address. This ensures that we are giving your protected information to only you. Please be ready with this information when you call.

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.

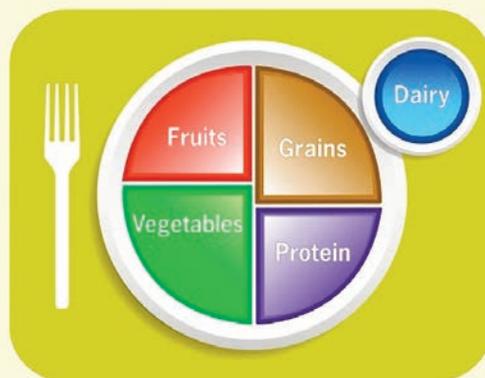
Eating Right for Older Adults

Eating right doesn’t have to be complicated. Before you eat, think about what goes on your plate or in your bowl. Choose foods that provide the nutrients you need without too many calories. Build your healthy plate with foods like vegetables, fruits, whole grains, low-fat dairy and lean protein foods. Try these eating right tips:

Make half your plate fruits and vegetables. Eat a variety of vegetables, especially dark-green, red and orange vegetables plus beans and peas. Fresh, frozen and canned vegetables all count. Choose “reduced sodium” or “no-salt added” canned vegetables.

Make at least half of your grains whole grains. Choose 100% whole-grain breads, cereals, crackers, pasta and brown rice. Also, look for fiber-rich cereals to help stay regular.

Switch to fat-free or low-fat milk, yogurt and cheese. Older adults need more calcium and vitamin D to help keep bones healthy. Include three servings of fat-free or low-fat milk, yogurt or cheese each day. If you are lactose intolerant, try lactose-free milk.



Eat a variety of protein choices. Eat a variety of protein each week. Choose from seafood, nuts and beans and peas, as well as lean meat, poultry and eggs.

Cut back on sodium and empty calories from solid fats and added sugars. Check the salt (sodium) content on food labels. Add spices or herbs to season food without adding salt.

Eat the following saturated fat foods occasionally, not every day choices. Desserts, pizza, cheese, sausages and hot dogs. *(continued on page 8)*

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 format. Please contact
the PEBTF to discuss your needs.



This newsletter may contain a general description of the 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 REHP Benefits Handbook. The commonwealth 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.

IMPORTANT BENEFIT INFORMATION

(continued from page 7)

Enjoy your food but eat less. Most older adults need fewer calories than in younger years. Avoid oversized portions. Try using a smaller plate, bowl and glass.

Cook more often at home where you are in control of what's in your food. When eating out, choose lower calorie menu options. When portions are large, share a meal or take half home for later.

Be physically active your way. Pick activities that you like and start by doing what you can. Every bit adds up and health benefits increase as you spend more time being active. If you are currently inactive, start with a few minutes of activity such as walking. Gradually increase the minutes as you become stronger. Of course, consult with your doctor before beginning any exercise program.

Source: Academy of Nutrition and Dietetics

