

Your REHP Prescription Drug Plan

Retired Employees Health Program (REHP) members receive medical and prescription drug benefits. Non-Medicare eligible members are enrolled in the CVS Caremark prescription drug plan and Medicare eligible members are enrolled in the SilverScript prescription drug plan, which is a Medicare Part D plan. The benefits and copayments are similar under both plans but the formularies may vary slightly.

- You may obtain prescriptions up to a 30-day supply at a network pharmacy.
- You may obtain prescriptions up to a 90-day supply.
 - **Non-Medicare eligible members:** You have three ways to obtain 90-day supplies – mail order, CVS pharmacy or Rite Aid pharmacy.
 - **Medicare-eligible members:** You may use mail order, CVS Pharmacy or any pharmacy that agrees to be part of the Medicare Part D prescription drug plan’s network, at slightly higher copays than you pay at mail order or CVS pharmacy.



HELPFUL TIPS

To save money – use generic medications. If you take a medication on a long-term basis, have your doctor write for a 90-day supply.

- You have a three-tier copayment plan. You may obtain a brand-name drug, but if an FDA-approved generic is available, you will pay a higher copayment and the cost difference between the brand and the generic drug.
- You may register on the CVS Caremark website (non-Medicare eligible members) or the SilverScript website (Medicare eligible members) by entering the ID number from your prescription drug card and creating a username and password. The websites offer the following:
 - **Refill prescriptions.** Refill your mail order prescriptions and receive notifications by email or text. Notifications may include when it’s time to refill your prescription and when your prescription has shipped.
 - **Check drug cost.** Enter a drug name and dosage and see what you will pay. It also shows the lower-cost generic, if available.
 - **View RX history.** Print the list of your medications to take to any new doctors you may be seeing.
 - **View current usage.** Find out how much you spent on prescription drugs this year.
 - **Locate network pharmacies.**
 - **Link to the formulary.** View a list of prescription drugs covered under the plan.
 - **Find health resources.** Read the drug information and interactions.
 - **Email a pharmacist.** Email any questions about your medications.

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What does it mean to be a part of the Aetna PEBTF Custom HMO network?

Non-Medicare Eligible Retiree Members

The Custom HMO plan is a limited network of providers and facilities, usually with low network copayments. The PEBTF Custom HMO network lets you have access to a special network of primary care physicians (PCPs), specialists and hospitals focused on you.

Important reminders when using the Custom HMO plan:

- Always select and use a PEBTF Custom HMO network PCP.
- The PEBTF Custom HMO requires referrals from your PCP to specialists that participate in the PEBTF Custom HMO network.
- Make sure you ask your PCP to refer to other PEBTF Custom HMO network doctors for care.
- This plan does not offer coverage and benefits if you see a doctor who is not part of the PEBTF Custom HMO network. Emergencies are always covered.
 - If you seek services without a referral or outside of the network, you are responsible for the full cost.
 - Your ID card will have the PEBTF logo on it, so you can tell your doctor you need to be referred in the PEBTF Custom HMO network.

How to find a provider in the PEBTF Custom HMO network

If you need to find a provider in the PEBTF Custom HMO network, it's easy — just visit aetna.com/dse/custom/pebtf. Under “Common Searches” click on provider type and enter in the zip code or city and state. Then pick a doctor from your search results.

Source: Aetna

Understanding the PPO Deductible

Non-Medicare Eligible Retiree Members

The Spring 2017 newsletter included an article to help you better understand what medical services are subject to the deductible. Deductibles are a common feature in most health plans, as well as other types of insurance like auto coverage.

For in-network services in both PPO plans, you pay copayments for office visits – these are not subject to the deductible. The annual in-network deductible must be paid first for the following services: Diagnostic tests (labs) if not done at a Quest Diagnostics or LabCorp, imaging, hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits), skilled nursing facility care and home health care.

As a reminder, once you fulfill the annual in-network deductible, your PPO will pay 100% for any in-network covered medically-necessary services for the remainder of the year. Of course, you are still responsible for any copayments.

Let's take a look at an example of how you could meet the deductible.

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Service	Provider Charge	Member Discounted Rate	Amount Owed Toward Deductible
X-ray for knee pain	\$175	\$100	\$100
Cortisone injection in knee	\$150	\$100	\$100
MRI on your knee at a cost of \$2,200	\$2,200	\$1,500	\$100 <i>(Aetna Choice PPO)</i>
			\$800 <i>(Highmark Basic PPO) Plan pays the remainder</i>
Knee surgery (arthroscopic)	\$5,000	\$3,000	\$0 <i>(you already fulfilled your deductible with the 3 services listed above)</i>
Annual in-network deductible for the Aetna Choice PPO = \$300 per person/\$600 family			
Annual in-network deductible for the Highmark Basic PPO = \$1,000 per person/\$2,000 family			

Preventive Health Benefits Update Non-Medicare Eligible Retiree Members

The following are changes to the preventive health benefits offered by the REHP.

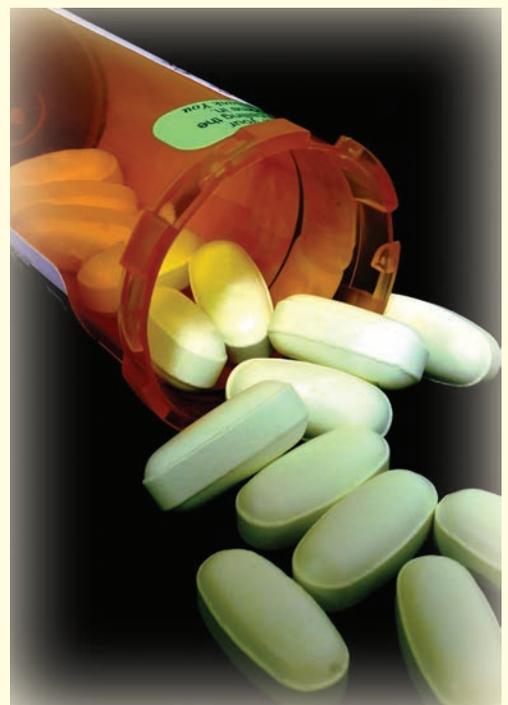
Medical Plan – Adults

Added: Latent tuberculosis infection (LTBI) screening in adults at increased risk (age 18 and older)
One screening per calendar year (effective 7/1/17)

Prescription Drug Plan

Change: Aspirin for the prevention of cardiovascular disease
Age range changed to age 50 to 59

For more information on your preventive benefits which are offered at no cost to you, visit www.pebtf.org to view the REHP Handbook



Choosing the Right Care Center

Americans seek a large amount of non-emergency care in emergency rooms (ER), where there are typically long wait times. The Centers for Disease Control (CDC) reports that there are 130.4 million visits to the ER annually, with only 29 percent requiring actual emergency care. The ER is not always the best choice. Here is a quick guide to help you determine where to go when you need medical care.

Care Center – In Network	Type of Care	Your Cost and Wait Times
<p>Doctor’s Office (primary care) <i>Your doctor knows your health history, which is an advantage</i></p>	<ul style="list-style-type: none"> • Treatment for non-life threatening conditions including treatment for items listed below under Convenience Care Clinics and Urgent Care Centers • Preventive services • PCPs manage your general health – chronic and acute conditions 	<ul style="list-style-type: none"> • Saves money – lowest copay • Non-Medicare members: \$20 copay – PPO option \$5 copay – HMO option • Medicare members: \$15 copay • Normally requires an appointment • Little wait time with scheduled appointment
<p>Convenience Care Clinic <i>Located in retail stores, supermarkets or pharmacies</i> (HMO members may need a referral to a network clinic – check with your plan)</p>	<ul style="list-style-type: none"> • Common infections (e.g., strep throat, sinus infection) • Minor skin conditions (e.g.: poison ivy) • Flu shots • Minor cuts • Earaches 	<ul style="list-style-type: none"> • \$50 copay – PPO and HMO options (may be less under some plans) • Walk-in patients welcome but wait times can vary
<p>Urgent Care Center (HMO members may need a referral to a network urgent care center – check with your plan)</p>	<ul style="list-style-type: none"> • Respiratory disorders • Strains, sprains • Minor broken bones (e.g.: finger) • Minor infections • Minor burns • X-rays 	<ul style="list-style-type: none"> • \$50 copay – PPO and HMO options • Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first
<p>Emergency Room <i>Use for more serious medical conditions</i></p>	<ul style="list-style-type: none"> • Heavy bleeding • Large open wounds • Sudden change in vision • Chest pain • Sudden weakness or trouble talking • Major burns • Spinal injuries • Severe head injury • Difficulty breathing • Major broken bones • Poisoning • Drug or alcohol overdose 	<ul style="list-style-type: none"> • Non-Medicare members: \$150 copayment (waived if admitted as an inpatient) – HMO and PPO options • Medicare members: \$50 copayment (waived if admitted as an inpatient) • If admitted, the inpatient stay is subject to the PPO deductible • Open 24/7, but waiting times may be longer because patients with life-threatening emergencies will be treated first

Source: Spring 2012 newsletter, www.cdc.gov; www.beckerhospitalreview.com

Most Appropriate Care Location Quiz

Test yourself on where your family should go for care.

1. You wake up in the middle of the night with chest pains, shortness of breath and nausea or vomiting.
2. You have a cough that hasn't gone away for 5 days.
3. You twisted your ankle while jogging.
4. Your child woke up this morning with an earache and fever.
5. You fell, hit your head and lost consciousness for a few minutes.
6. Your child's eye is red and you suspect pink eye.
7. Your husband was out pulling weeds and developed a bad case of poison ivy.
8. Your mother suddenly is having trouble talking and has arm weakness which could be a stroke.
9. Your wife broke her finger.
10. Your dad is having trouble breathing.

Answers: 1, 5, 8, 10 – go to the ER; 2, 4, 6, 7 – try your PCP first but can also go to urgent care or convenience care center; 3, 9 – urgent care center

Even though you can go to an urgent care center for many non-life threatening situations, it's always best to try to see your primary care doctor. Urgent care centers are a good choice on evenings and weekends when your doctor does not have office hours.

HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act (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.



August is Immunization Awareness Month

The REHP provides coverage for preventive immunizations. Visit www.pebtf.org to see what immunizations are covered for non-Medicare eligible members and Medicare eligible members. Here are some common questions about immunizations:

What vaccines do adults need? How often and when do they need them?

The vaccines a person needs are based on their age, medical conditions, occupation, vaccines they have received in the past, and other factors. Taking the Centers for Disease Control and Prevention (CDC) adult vaccine quiz (www2.cdc.gov/nip/adultimmsched/) is one way to find out which vaccines you might need. Make sure you review the list of REHP covered immunizations to see if a vaccine is covered by the REHP.

Where can I get more information?

- Visit www.pebtf.org for a list of covered immunizations or contact the PEBTF.
- Talk with your doctor or other health care professional about which vaccines are right for you.
- Visit CDC's website on adult vaccination: www.cdc.gov/vaccines/adults/index.html

Source: NIAM Toolkit, National Public Health Information Coalition

Prescription Drug Costs Continue to Rise *Specialty Drugs Helping to Fuel the Increase*

Your prescription drug plan is an important part of your REHP benefits. According to a July 14, 2016 article in *Money* magazine, drug prices increased an average of nearly 10 percent over the 12-month period ending May 2016, at a time when the overall inflation rate was just 1 percent in the U.S.

One of the areas where we are seeing increasing costs is with specialty medications. Specialty medications are high-cost drugs used to treat complex, chronic conditions, such as cancer, rheumatoid arthritis and multiple sclerosis. Specialty drugs often require special handling (refrigeration during shipping) and administration (such as injection or infusion). Specialty drug pricing alone is far outpacing the Consumer Price

Index and specialty drugs are expected to increase to 44 percent of overall drug spend in 2017.¹

Your prescription drug plan includes a benefit for specialty medications and the REHP pays the majority of the cost of the drug. You only pay a copayment under the prescription drug plan. Specialty medications that are administered via IV infusion and covered under your medical plan would be subject to the annual PPO plans' deductible (the HMO plans do not have a deductible).

New specialty drugs can cost as much as \$1,000 per day with annual costs ranging from \$14,000 to \$750,000. As more and more specialty medications hit the market, we will continue to see increasing costs in the REHP prescription drug plan while continuing to keep member copayments low.

¹ The Facts About Rising Prescription Drug Costs, the Campaign for Sustainable RX Pricing

Ways to Enjoy More Fruits and Vegetables

Take advantage of the locally-grown fresh fruits and vegetables at this time of year with these ideas:

- Top pizza with broccoli, spinach, green peppers, mushrooms and zucchini.
- Mix up a breakfast smoothie made with low-fat milk, almond milk or yogurt, frozen strawberries and a banana.
- Make a veggie wrap with roasted vegetables and low-fat cheese rolled in a whole-wheat tortilla.
- Try crunchy vegetables instead of chips with your favorite low-fat salad dressing for dipping.
- Grill colorful vegetable kabobs packed with tomatoes, green and red peppers, mushrooms and onions.
- Add color to salads with baby carrots, grape tomatoes, spinach leaves or mandarin oranges.
- Keep cut vegetables handy for mid-afternoon snacks and side dishes. Ready-to-eat favorites include red, green or yellow peppers, broccoli, cauliflower, carrots, celery sticks, cucumbers, snap peas or whole radishes.
- Place colorful fruit where everyone can easily grab something for a snack-on-the-run.
- Stuff an omelet with vegetables and add low-fat sharp cheddar cheese.
- Wake up with fruit. Make a habit of adding fruit to your morning oatmeal, ready-to-eat cereal, yogurt or toaster waffle.
- Top a baked potato with beans and salsa or broccoli and low-fat cheese.
- Stock your freezer with frozen vegetables to steam or stir-fry for a quick side dish.

Roasted Vegetables

Heat oven to 450 degrees; roast for 40 minutes, stirring every 15-20 minutes.

Use a combination of any vegetables you like. Some ideas:

Potatoes	Beets
Onion	Brussels sprouts
Zucchini	Red or green pepper
Squash	Cauliflower
Carrots	Mushrooms

Stir vegetables with a little bit of olive oil and add salt and pepper. You can add balsamic vinegar, thyme, dried basil, garlic or any other seasonings. Top with parmesan cheese if you like.

- Make fruit your dessert. Slice a banana lengthwise and top with a scoop of low-fat frozen yogurt. Sprinkle with a tablespoon of chopped nuts.
- Make your main dish a salad of dark, leafy greens and other colorful vegetables. Add chickpeas or edamame (soybeans). Top with low-fat dressing.
- Try fruit on the grill. Make kabobs with pineapple, peaches and banana. Grill on low heat until fruit is hot and slightly golden.
- Dip whole wheat pita wedges in hummus, baked tortilla chips in salsa, strawberries or apple slices in low-fat yogurt or graham crackers in applesauce.

Source: Academy of Nutrition and Dietetics



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.



IMPORTANT BENEFIT INFORMATION

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.

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.

