IMPORTANT REHP MEDICARE CHANGES FOR 2018

2017

2017 PEBTF Open Enrollment
October 23, 2017 to November 13, 2017
For Medicare Eligible Retirees and COBRA Members

It's open enrollment time – your annual opportunity to review your medical plan options. Retired Employees Health Program (REHP) Medicare-eligible members can choose either a Medicare PPO or Medicare HMO. Take some time to review this newsletter. If you are happy with your current medical plan, there is no need to make a change. Plan changes will be effective January 1, 2018.

What's Changing for Plan Year 2018?

✓ **Medical copays:** Copays for the Medicare PPO and HMO will increase in 2018:

- PCP office visit - $20
- Specialist office visit - $30
- Outpatient therapies - $20
- Outpatient mental health care - $20
- ER - $100

✓ **Geisinger Gold Classic (HMO):** Available in these additional counties: Juniata, Mifflin and Schuylkill (see page 6).

✓ **Prescription drug benefits:** Your prescription drug benefits continue under SilverScript, but there is a change in the copayment amounts. See page 8 for copay information.

(Continued on page 2)

Your Medical Plan Choices

- Review this newsletter
- Visit www.pebtf.org and click on the box ***"2017 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:

All Medicare eligible members are receiving this newsletter. If you are turning 65 between now and April 30, 2018, 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 Medicare℠ 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.
- ✓ **Diabetic Supplies:** You will obtain your diabetic supplies under your Medicare Advantage Plan and insulin, syringes and needles under the SilverScript Prescription Drug Plan (see page 9 for details).
- ✓ **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 2018?

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

Your Options for 2018

Make the Right Choice for You!

Throughout our lives, our situations change. We may marry, divorce or be widowed. We may have children who grow up and go off to college. At any time, we could be diagnosed with a medical condition.

Because things change, open enrollment allows you the opportunity to evaluate your medical options each year in order to select the option that works best for you and your family. Here's a look at the two Medicare options and how two fictional members made their decisions.

Medicare HMO Option (options vary by county)

Meet Jack. Jack retired from the commonwealth in 2007. He purchased a small farm when he retired so he stays close to home during most seasons.

Jack . . .

"I took a look at the Medicare HMO offered in my county because there is no annual deductible. While the PPO deductible is certainly reasonable, I try to save money wherever I can because of the costs with our small farming business and we are helping to pay for college for our two grandchildren. The HMO works great for my wife and I because the network of providers and hospitals are very good. And, I know urgent and emergency care is covered anywhere we may happen to travel in the U.S."

For Jack, the advantages of the Medicare HMO include the following:

- No deductible.
- Good network.

See page 5 for a comparison of the medical plan options.

(Continued on page 3)

(Continued from page 2)

Aetna Medicare℠ Plan (PPO)

Meet Eileen. Eileen retired from the Department of Revenue after 30 years of service. She and her husband live in the Philadelphia area and spend the winter months in Florida.

Eileen . . .

"I value my REHP health benefits. We were fortunate to have these benefits when my husband was diagnosed with a benign brain tumor. With the Aetna Medicare PPO option we were able to get a second opinion at Johns Hopkins. Johns Hopkins agreed with the course of treatment that our doctor in Philadelphia recommended. His surgery, follow-up treatments and prescription drugs were covered by the REHP with very little out-of-pocket costs – we paid the annual PPO deductible and some prescription drug copayments. I'm happy to report he is back to 100%. We chose the Aetna Medicare PPO because of the low annual deductible and the flexibility of being able to see both network and out-of-network providers. Also, Aetna has a national network of providers so we have doctors in Sarasota, Florida when we are there."

For Eileen, the advantages of the Medicare PPO are as follows:

- National network.
- No referrals to specialists.
- More flexibility – may visit a network or an out-of-network provider at higher out-of-pocket costs.

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.
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 an 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 "***2017 Open Enrollment***."

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)
$20 Copayment for Primary Care Physician (PCP) Office Visit	✓	✓
$30 Copayment for Specialist Office Visit	✓	✓
$20 Copayment for Outpatient Therapies (such as physical and occupational therapy, manipulation therapy, etc.)	✓	✓
$50 Copayment for Urgent Care	✓	✓
$100 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	✓	✓
You Continue to pay the Monthly Medicare Part B Premium	✓	✓
Prescription Drug Coverage Continues to be SilverScript® Insurance Company (no change)	✓	✓

Refer to page 5 to compare plans. Visit www.pebtf.org for more information.

How Do the Medicare HMO and Medicare PPO Options Compare?

	Medicare HMO	Medicare PPO	
	Network Only	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	$20 copay	$20 copay (after deductible)	80% plan payment* (after deductible)
Specialist Office Visit	$30 copay	$30 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, chiropractic)	$20 copay	$20 copay	80% plan payment* (after deductible)
Mental Health Care	Covered 100%; outpatient visits - $20 copay	Covered 100%; outpatient visits - $20 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 $100 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

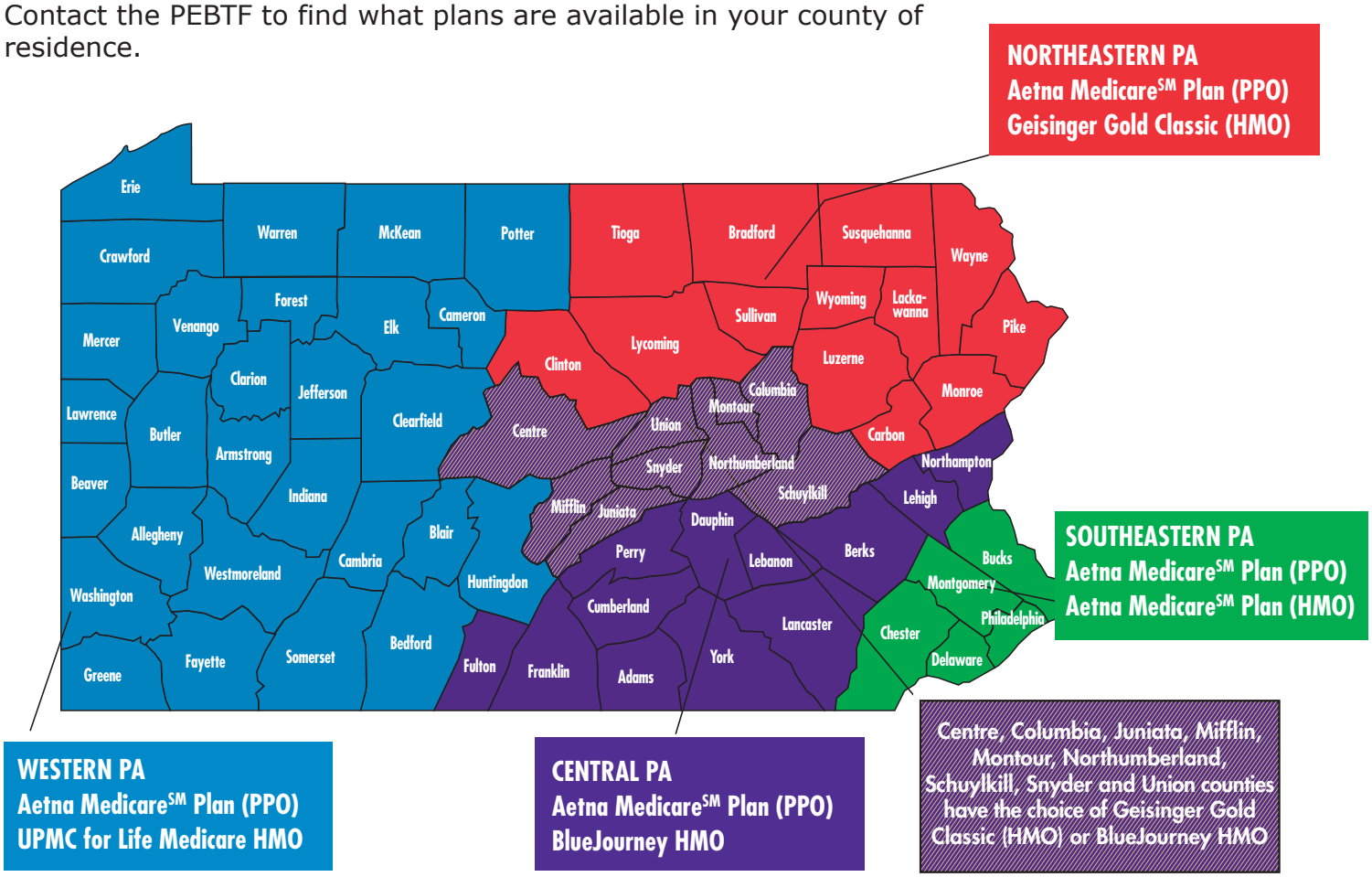
*Member pays 20%

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.

Plan Choices by County

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



New for 2018!
Geisinger Gold Classic (HMO) now offered in Juniata, Mifflin and Schuylkill Counties in addition to BlueJourney HMO.

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

The Medicare HMO plans vary by region:

- **Aetna Medicare℠ Plan (HMO) – 800-307-4830; www.aetna.com**
  Available in Southeastern Pennsylvania region and in some areas outside Pennsylvania.
- **BlueJourney 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.

Making a Medical Plan Change

If you want to change to the Aetna Medicare℠ 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 13, 2017**.

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 6. The enrollment form will be included in the packet. Complete the enrollment form and mail it to the Medicare HMO postmarked by **Monday, November 13, 2017**. The Medicare HMO also can take your enrollment information over the telephone.

If you have a family member enrolled in benefits who is not eligible for Medicare, you also should have received the Active Employees/Non-Medicare Eligible Retirees Open Enrollment Newsletter in early-October. That Open Enrollment is being held **October 16, 2017 to November 3, 2017** 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.

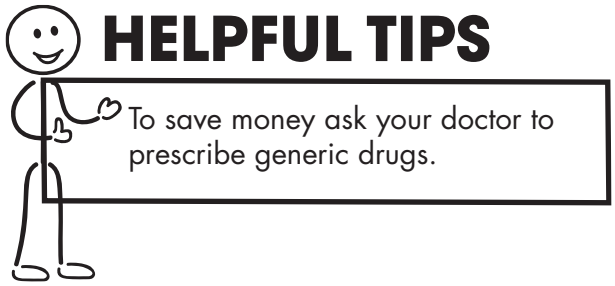
You, your spouse and any Medicare eligible dependents should each complete a separate enrollment form if each person wants to change to a Medicare HMO. You, your spouse and Medicare eligible dependents do not have to be enrolled in the same option – you may each choose your own plan.

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

New Medical ID Cards: You copays change for 2018 so you will receive a new medical ID card in late December. Present your new ID card to your physician after January 1, 2018. *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.*

Prescription Drug Plan – Copay Changes

The Medicare Part D Prescription Drug Plan uses a three-tier system, where drugs are categorized as generic, preferred brand-name, or non-preferred brand-name. The formulary summary is available at www.pebtf.org. The following chart details the copayments under your prescription drug plan and the copayment changes for 2018. The list of preferred brand-name drugs is available at www.pebtf.org.



	Your Copayment Today	Your Copayment Beginning 1/1/18
Prescriptions at a Network Pharmacy – up to a 30 Day Supply		
Tier 1: Generic drug	$10	$12
Tier 2: Preferred brand-name drug	$20*	$30*
Tier 3: Non-Preferred brand-name drug	$40*	$60*
Mail Order or Retail Maintenance at a CVS Pharmacy –up to a 90 Day Supply		
Tier 1: Generic drug	$15	$18
Tier 2: Preferred brand-name drug	$30*	$45*
Tier 3: Non-Preferred brand-name drug	$60*	$90*
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	$18 Preferred Pharmacy/ $24 Non-Preferred Pharmacy
Tier 2: Preferred brand-name drug	$30 Preferred Pharmacy*/ $40 Non-Preferred Pharmacy*	$45 Preferred Pharmacy*/ $60 Non-Preferred Pharmacy*
Tier 3: Non-Preferred brand-name drug	$60 Preferred Pharmacy*/ $80 Non-Preferred Pharmacy*	$90 Preferred Pharmacy*/ $120 Non-Preferred Pharmacy*

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

Important Benefit Information

Obtaining Diabetic Supplies

Effective, January 1, 2018, you will obtain diabetic supplies as shown on the chart below. If you currently obtain diabetic supplies, you should have received a letter from the PEBTF with instructions for obtaining your supplies under your specific medical plan.

Diabetic Supplies for Medicare HMO & PPO Members Effective January 1, 2018	
Insulin Syringes/needles	SilverScript Prescription Drug Plan (with copay)
Supplies: Pump Glucometer Lancets Test strips	Contact your medical plan

2018 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 2018 updates. The documents are for informational purposes only.

Coming in 2018

New Medicare cards with new numbers. Starting April 2018, the Centers for Medicare & Medicaid Services (CMS) will begin mailing new Medicare cards that include a new Medicare Number. Your Social Security Number will no longer be on your card. More information about the new cards will be included in the Winter newsletter and on the PEBTF website.

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.

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 2017 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 Medicare 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

For Information About Help in Paying for Your Health Insurance Coverage

The Retired Employees Health Program (REHP) Benefits Handbook includes information about help for paying for your health insurance coverage. It may be found on page 116 of the handbook. Go to www.pebtf.org and click on the box, ***REHP Benefits Handbook for Retiree Members, January 2017***. You may contact the PEBTF to order a paper copy if you don't have access to a computer.

Discrimination is Against the Law

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. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

(Continued on page 11)

(Continued from page 10)

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PEBTF, Mailstop: CRAC,150 S. 43rd Street, Harrisburg, PA 17111, 1-800-522-7279, TTY number—711, Fax: 717-307-3372, Email: CivilRightsCoordinator@pebtf.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-522-7279 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-522-7279 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-522-7279 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-522-7279 (TTY: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-522-7279 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-522-7279 (TTY: 711). 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-522-7279 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-522-7279 (رقم هاتف الصم والبكم: 1-800-522-7279). TTY: 711)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-522-7279 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-522-7279 (TTY: 711).

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-522-7279 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-522-7279 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-522-7279 (TTY: 711).

ប្រយ័ត្ននៈ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-522-7279 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-522-7279 (TTY: 711).

PEBTF
Pennsylvania Employees
Benefit Trust Fund
150 South 43rd St., Suite 1
Harrisburg, PA 17111-5700

Presorted Standard
U.S. Postage
PAID
Kennedy
Printing Co.

Postmaster, please deliver between October 10 and October 20, 2017.

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.

93

IMPORTANT OPEN ENROLLMENT AND 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