

PEBTF OPEN ENROLLMENT

2018 PEBTF Open Enrollment

October 15 to November 2, 2018

For Non-Medicare Eligible Retiree Members and COBRA Members

Open enrollment is your annual opportunity to review your medical plan options for the coming year. This newsletter highlights your options and important benefit information. Open enrollment is also your opportunity to remove any dependents without a qualifying event, which is recommended only if your dependent has other coverage.

Any changes you make during this open enrollment will be effective January 1, 2019.

If you are happy with your current plan, you don't have to do anything during Open Enrollment.

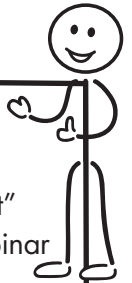
What's Changing for 2019?

- ✓ PPO annual deductibles are increasing.
- ✓ Prescription drug copays are increasing.
- ✓ Costs for retirees hired on or after August 1, 2003, survivor spouses and COBRA members change each year. See page 7 for cost information. COBRA members, refer to the rates you received with this newsletter.
- ✓ Autism spectrum disorder cap is increasing to \$40,501.

HELPFUL TIPS

For more information –

- **Log on:** Visit www.pebtf.org. Select the box "2018 Open Enrollment" You may view the Open Enrollment webinar (see page 7 for more info)
- **Call:** PEBTF at 1-800-522-7279
- **Email:** openenrollment@pebtf.org
- **Call:** Health Advocate at 1-855-855-4238 to help locate network doctors



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What Are My Options for 2019?

PPO Options Offered Statewide and Nationally

The Choice PPO Option, offered by Aetna and the Basic PPO, offered by Highmark, continue for 2019. Both plans include in-network and out-of-network deductibles and these deductibles increase for 2019.

About the PPO:

- Annual in-network deductible on certain services – see page 4 for examples
- Choice PPO and Basic PPO have different deductible amounts
- Retirees, who as an active employee were hired on or after 8/1/03, pay a buy-up for the Choice PPO in addition to the contribution rate; the Basic PPO is offered with no buy-up
- No referrals required for specialist visits
- More flexibility – may visit an in-network or an out-of-network provider

Custom HMO Offered Regionally

The Custom HMO continues to be offered. While this plan offers low copays and no annual deductibles, it includes a limited network of providers. To receive coverage under this plan, you must visit a Custom HMO network provider. Visit www.pebtf.org > 2018 Open Enrollment to view the Custom HMO's network.

About the Custom HMO:

- No annual deductible and low copayments
- Network benefit only – no coverage if you visit a provider that is not part of the Custom HMO network (visit www.pebtf.org > 2018 Open Enrollment)
- No plan buy-up
- Limited network – not all of the providers or hospitals in your area are in the network

See page 3 for a summary of the benefits.



2019 Plan Options – At a Glance

	Choice PPO (Aetna)	Basic PPO (Highmark)	PEBTF Custom HMO
Monthly buy-up if you were hired on or after 8/1/03 • Single • Family	\$46.32 \$92.64	\$0 \$0	\$0 \$0
In-network deductible amount for certain services (annual)	\$400 single/ \$800 family (increase for 2019)	\$1,500 single/ \$3,000 family (increase for 2019)	No Deductible
Visit network providers only			✓
Limited provider network (visit www.pebtf.org to check the network)			✓
May visit out-of-network providers (at additional cost)	✓	✓	
Referrals needed for specialist care			✓
Copayment – Primary Care Physician (PCP) office visit	\$20	\$20	\$5
Copayment – Specialist office visit	\$45	\$45	\$10 (Referral required)
Outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)	\$20	\$20	\$5 (Referral required)
ER copayment (waived if admitted)	\$200	\$200	\$150
Urgent care copayment	\$50	\$50	\$50
Diagnostic tests (imaging – X-ray, MRI, etc.)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Diagnostic tests (lab)	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	100% (Referral required)
Hospital expenses (Inpatient & Outpatient)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Medical/surgical expenses – including physician expenses (except office visits)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Out-of-pocket maximum (In Network)	\$7,900 single/ \$15,800 family	\$7,900 single/ \$15,800 family	\$7,900 single/ \$15,800 family

All benefits are limited to covered services that are determined by the plan to be medically necessary.

How Does the PPO Deductible Work?

If you enroll in one of the PPO plans, you will pay office visit copays. You may also have to pay the in-network deductible depending on the type of services you receive. The in-network deductible does not apply to all services, so the following chart highlights some examples of when you will and will not have to pay the annual deductible. It's important to remember that once you satisfy your annual deductible, future services will be covered 100% after any copays for the remainder of the year.

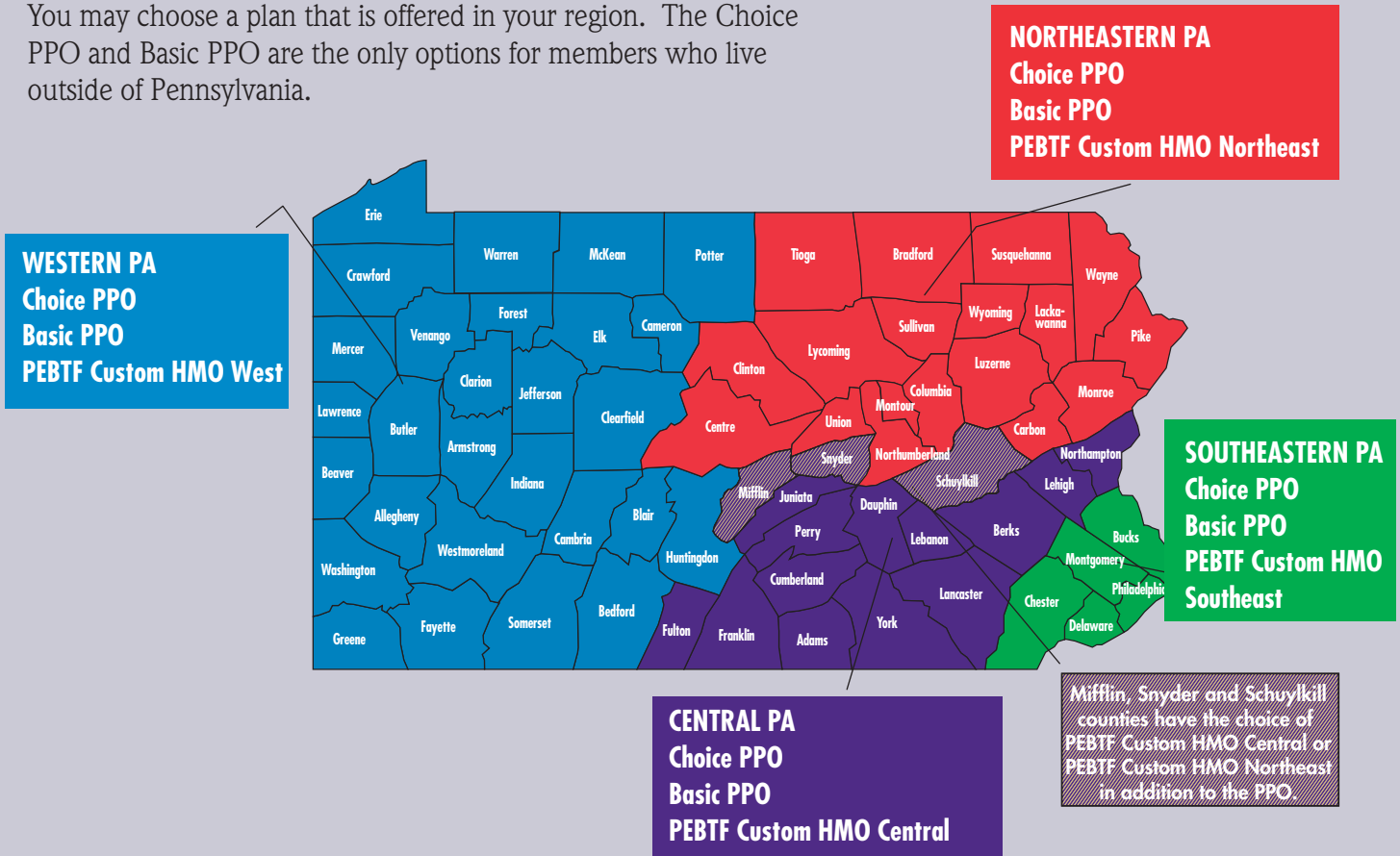
In-Network Providers

You have an outpatient surgery	You pay the deductible; then the PPO pays 100%
You visit your primary care physician (PCP) for your annual physical or any other covered preventive service	\$0 copay; no deductible
You go to the emergency room, are treated and released	\$200 copay; no deductible
You go to the emergency room and are admitted as an inpatient	You pay the deductible; then the PPO pays 100%
You get an MRI on your knee	You pay the deductible; then the PPO pays 100%
Your dermatologist removes a mole and has it biopsied for possible skin cancer	Both the surgical removal and the biopsy are subject to the deductible
You visit your PCP for bronchitis	\$20 copay
You go to physical therapy three times a week for your knee	\$20 copay each visit
You get a blood test	\$0 copay if at Quest Diagnostics or LabCorp; \$30 copay elsewhere
You get home health care	You pay the deductible; then the PPO pays 100%
You are admitted to a skilled nursing facility (maximum of 240 days per year)	You pay the deductible; then the PPO pays 100%



What Plans Are Available in My Region?

You may choose a plan that is offered in your region. The Choice PPO and Basic PPO are the only options for members who live outside of Pennsylvania.



PPO Options:

Choice PPO - Aetna 1-800-991-9222
Basic PPO – Highmark 1-888-301-9273

PEBTF Custom HMO:

West - Aetna 1-800-991-9222
Central - Aetna 1-800-991-9222
Southeast - Aetna 1-800-991-9222
Northeast - Geisinger 1-800-504-0443

Medicare Eligible Retirees Open Enrollment

If you have a family member enrolled in your benefits who is eligible for Medicare, you will also receive a Medicare Open Enrollment Newsletter at your home in mid-October. Medicare Open Enrollment is being held **October 22, 2018 to November 9, 2018**. Please take the time to review the Medicare Open Enrollment Newsletter. If your family member does not receive a Medicare Open Enrollment Newsletter, please visit the PEBTF website, www.pebtf.org or contact the PEBTF at 1-800-522-7279.

What Do I Pay for a Prescription Drug?

The 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 Publications and Forms. The following chart details the copays under your Prescription Drug Plan and the copay changes for 2019.

HELPFUL TIPS

To save money, ask your doctor to prescribe generic drugs.



	Your Copay Today	Your Copay Beginning January 1, 2019
Prescriptions at a Network Pharmacy - up to a 30 Day Supply		
Tier 1: Generic drug	\$12	\$15
Tier 2: Preferred brand-name drug	\$30*	\$40*
Tier 3: Non-Preferred brand-name drug	\$60*	\$80*
Mail Order or Retail Maintenance at a CVS Pharmacy - up to a 90 Day Supply		
Tier 1: Generic drug	\$18	\$22.50
Tier 2: Preferred brand-name drug	\$45*	\$60*
Tier 3: Non-Preferred brand-name drug	\$90*	\$120*
Retail Maintenance at a Rite Aid Pharmacy - up to 90 Day Supply		
Tier 1: Generic drug	\$24	\$30
Tier 2: Preferred brand-name drug	\$60*	\$80*
Tier 3: Non-Preferred brand-name drug	\$120*	\$160*
*plus the cost difference between the brand and the generic, if one exists		



What Do I Pay For My Benefits?

Non-Medicare Eligible Retiree Members

If, as an active employee, you were hired prior to August 1, 2003 and you retired after July 1, 2005:
You pay a retiree contribution through monthly pension deductions. There is no additional cost to you, no matter which plan you choose.

If, as an active employee, you were hired on or after August 1, 2003:

- You pay a retiree contribution through monthly pension deductions.
- The Basic PPO and REHP Custom HMO are the least expensive options and are offered at no additional cost.
- You may purchase, through monthly pension deductions, the Choice PPO for an additional monthly cost indicated below:

	Single Monthly Cost	Family Monthly Cost
Choice PPO	\$ 46.32	\$ 92.64
Basic PPO	\$ 0	\$ 0
REHP Custom HMO	\$ 0	\$ 0



Questions About Costs?

Contact the PEBTF at 1-800-522-7279.

How Do I Get Answers?

You have the following resources available to you:

For More Information	
Live Informational Webinar	Tuesday, October 16, 2 p.m. to 3 p.m. This live webinar will review the 2019 benefits and you will be able to ask questions at the end. To register, go to www.pebtf.org > 2018 Open Enrollment to get started.
Recorded Webinar	Visit www.pebtf.org > 2018 Open Enrollment to view the recorded webinar at any time beginning October 19
PEBTF Website	Visit www.pebtf.org > 2018 Open Enrollment for detailed information and to link to the health plan provider directories.
Contact the PEBTF	Call 1-800-522-7279 to speak to a Benefit Services representative or email at openenrollment@pebtf.org . The representative can review coverage options, copays and deductibles.
Contact PEBTF Health Advocate	Health Advocate is another resource to help locate network doctors and providers that are part of the plan's network you are considering. Call 1-855-855-4238 or www.HealthAdvocate.com/PEBTF .

How Do I Change Medical Plans?

If you want to change plans for January 1, 2019:

1. Refer to the map on page 5 to see what plans are available in your county of residence.
2. Visit www.pebtf.org > 2018 Open Enrollment for more information. A benefit comparison tool is available so you can compare plans in your county of residence.
3. Check the plan's network of providers and facilities to see if your doctors are part of the network. This may be found under "Health Plan Information" under the 2018 Open Enrollment section. It is especially important that you review the providers if you are considering the Custom HMO because it is a limited network.
4. If you have questions about your medical plan options, coverage for services, etc., contact the PEBTF at 1-800-522-7279.
5. There are two ways to enroll:

- **Online Enrollment**

1. Click on **2018 Open Enrollment** button on the left side of the home page.
2. Select **Retiree Member Non-Medicare Eligible**.
3. Select **Enrollment Instructions** button to begin. You will need to create a username and password if you have not already registered on the PEBTF website.

- **Paper Enrollment Form (use if you want to add dependents)**

1. Click on **2018 Open Enrollment** button on the left side of the home page.
2. Select **Retiree Member Non-Medicare Eligible**.
3. Click on **Enrollment Instructions**, print the form, complete it and mail it to:
Non-Medicare Eligible Retiree Open Enrollment
Pennsylvania Employees Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111

You may also call the PEBTF at 1-800-522-7279 to request a form. Make sure to allow plenty of time to receive, complete and return the form to the PEBTF.

The deadline for all enrollments is postmarked by **Friday, November 2**.

COBRA Members

Complete the enclosed COBRA Member Enrollment Form and mail it to the PEBTF postmarked by **Friday, November 2**.

Open Enrollment – COBRA
Pennsylvania Employees Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111-5700



HELPFUL TIPS

All plan changes must be made by Friday, November 2. If you have no changes, you don't have to do anything. You will continue in your current plan.

If you make a medical plan change during this open enrollment, you will receive a new medical plan ID card. Watch your mail in late December.

HMO Members: If your PCP is not listed on the card, immediately contact your HMO.



Benefit News

Highmark – UPMC

Important Information for Basic PPO Members

Many of you may have seen recent news articles on Highmark and UPMC. In 2019, the Consent Decree that allowed limited and temporary access to UPMC in certain circumstances will end and some UPMC facilities will be impacted. **These UPMC hospitals will be out-of-network as of July 1, 2019:**

- Magee-Women’s Hospital of UPMC
- UPMC East
- UPMC McKeesport
- UPMC Mercy
- UPMC Montefiore
- UPMC Passavant
- UPMC Presbyterian-Shadyside (including the Hillman Cancer Center)
- UPMC St. Margaret
- UPMC Hamot in Erie

You continue to have in-network benefits at all Allegheny Health Network hospitals and other independent facilities. If you receive services at the above-listed UPMC hospitals, you would be subject to the out-of-network deductible and coinsurance, and you may be billed for amounts in excess of the plan allowance.

Because it is open enrollment and you are considering your plan choices for 2019, we wanted to update you on the UPMC hospitals that will continue to be **in-network** with Highmark PPO.

UPMC Hospitals In Highmark’s PPO Network	
Greater Pittsburgh Area:	Central PA:
Western Psychiatric Institute and Clinic	UPMC Pinnacle Carlisle
UPMC Children’s Hospital of Pittsburgh	UPMC Pinnacle Lancaster
	UPMC Pinnacle Lititz
Western PA outside of the Greater Pittsburgh area:	UPMC Pinnacle Memorial
UPMC Altoona	UPMC Pinnacle Hanover
UPMC Bedford Memorial	UPMC Pinnacle Harrisburg
UPMC Cole	UPMC Pinnacle Community Osteopathic
UPMC Horizon	UPMC Pinnacle West Shore
UPMC Jameson	
UPMC Kane Hospital	
UPMC Northwest	
	Northeastern PA:
	UPMC Susquehanna Williamsport Regional Medical Center
	UPMC Susquehanna Divine Providence Hospital
	UPMC Susquehanna Muncy Valley Hospital
	UPMC Susquehanna Soldier & Sailors Memorial Hospital
	UPMC Susquehanna Sunbury
	UPMC Susquehanna Lock Haven

Source: <https://faqs.discoverhighmark.com>

What are My Other Benefits?

In addition to your medical and prescription drug benefits highlighted on previous pages, the REHP also offers the following:

- Mental health and substance abuse benefits – provided by Optum
- Durable medical equipment (DME), prosthetics, orthotics, diabetic and medical supplies benefit – provided by DMEnson
- Quit For Life® Program – free smoking cessation program for members age 19 and older
- Health Advocate – access to advocates who can help to resolve insurance claims and billing issues, locate a network provider, explain diagnosis and treatment options, coordinate care and more
- Livongo – free benefit for members with insulin-dependent diabetes or who are taking hypoglycemic drugs that offers a connected meter, unlimited test strips and coaching
- Discounts – offered by your health plan – includes gym memberships and diet programs

Visit www.pebtf.org for information about these benefits or call the PEBTF with questions.



Important Information for Spouses/Domestic Partners Enrolled in Their Employer's Health Savings Account

More and more companies are offering high-deductible health plans with a Health Savings Account (HSA). Enrollment in these plans most often does not allow the member to be enrolled in another health plan as secondary coverage. If your spouse/domestic partner has HSA coverage through his/her employer and is enrolled in REHP benefits as secondary coverage, he or she will be subject to tax penalties.

We encourage spouses/domestic partners to check with their employers to ensure that they can be enrolled in REHP coverage as secondary.

If your spouse/domestic partner has HSA coverage through his/her employer, you may remove him/her from REHP coverage at any time throughout the year to avoid any tax penalties.

For Information About Help in Paying for Your Health Insurance Coverage:

See the Additional Information section of Summary Plan Description (SPD), which is available at www.pebtf.org

Flu Shot Reminder

Protect yourself and your family from the flu. Flu shots are covered at your doctor's office or at a CVS Caremark Flu Shot network pharmacy (members age 9 and older).

Discrimination is Against the Law

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.

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 Deutsch (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).

فتاه مقر) 1-800-522-7279 مقر ل لصرتا. ن ا ج م ا ب كل ر ف ا و ت ت ة ي و غ ل ل ا د ع ا س م ل ا ت ا م د خ ن ا ف ، ة غ ل ل ل ر ك ذ ا ث د ح ت ت ن ك ا ذ ا : ة ظ و ح ل م (م ك ب ل ا و م ص ل ل ا : 1-1-800-522-7279). 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).

සුඛනා: ශ්‍රී ලංකා ගුණානාදී ඔබගේ භාෂාවේ සේවාවලට නොමිලට සහභාගී වීමට ඔබට අවස්ථාවක් ඇත. දුරකථන අංකය 1-800-522-7279 (TTY: 711) වෙත දුරකථන කරන්න.

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).

ប្រសិនបើ លោកអ្នកនិយាយភាសាខ្មែរ ឬ ភាសាស្រីលង្ការ យើងមានសេវាជំនួយភាសាឥតគិតថ្លៃសម្រាប់លោកអ្នក។ ត្រូវទូរស័ព្ទ 1-800-522-7279 (TTY: 711) ។

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

Postmaster, please deliver
between October 1 and
October 12, 2018.

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 INFORMATION ABOUT YOUR 2019 BENEFIT CHANGES

