

Plan Changes for 2019

Non-Medicare Eligible Members

January 1 marked the beginning of a new plan year. While you may not have made a plan change during open enrollment, there are still some plan updates that you need to know.

Choice PPO (Aetna)	Annual deductible changes: \$400 single/\$800 family (in-network); and \$800 single/\$1,600 family (out-of-network). If you were hired on or after 8/1/03, you pay \$46.32 per month for single coverage or \$92.64 per month for family coverage
Basic PPO (Highmark)	Annual deductible changes: \$1,500 single/\$3,000 family (in-network) \$3,000 single/\$6,000 (out-of-network)
Autism Spectrum Disorder Cap	\$40,501
Prescription Drug Plan	<p>Copay changes:</p> <p>Network Pharmacy – up to a 30-day supply: Generic - \$15, Preferred Brand Name Drug - \$40*, Non-Preferred Brand Name Drug - \$80*</p> <p>Mail Order or Retail Maintenance at a CVS Pharmacy – up to a 90-day supply: Generic - \$22.50, Preferred Brand Name Drug - \$60*, Non-Preferred Brand Name Drug - \$120*</p> <p>Retail Maintenance at a Rite Aid Pharmacy – up to a 90-day supply: Generic - \$30, Preferred Brand Name Drug - \$80*, Non-Preferred Brand Name Drug - \$160* *plus the cost difference between the brand and generic, if one exists</p>

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Medicare Eligible Members

There are no Medicare PPO or Medicare HMO copay changes for 2019. Also, there are no prescription drug copay changes.

Medicare Part B Premium

For 2019, the Medicare Part B premium will be \$135.50 per month for most members.

Aetna Medicare PPO Deductible

The Aetna Medicare PPO deductible is based on the Medicare Part B deductible. For 2019, your annual deductible is \$185, an increase of \$2 over 2018. The annual out-of-network deductible is \$370. After you meet the annual deductible, you pay your copayments.

ALL MEMBERS

Health Advocate Helping to Make Health Care Easier

Last January, we introduced PEBTF Health Advocate, a new service offered at no cost to all PEBTF members – employees, spouses/domestic partners and dependents. Since that time, Health Advocate has taken over 14,000 PEBTF member calls.

PEBTF Health Advocate provides confidential support to help you make sense of health care and take control of your health.

Help with Medical Care

- ✓ Learn more about your diagnosis and treatment
- ✓ Get answers to your questions about medical conditions
- ✓ Find out the latest research and most advanced approaches to care
- ✓ Connect with the right in-network doctors and specialists, obtain second opinions

Help with Administrative Issues

- ✓ Get answers to benefits and coverage questions
- ✓ Navigate through deductibles and copays
- ✓ Get assistance transferring medical records
- ✓ Untangle medical bills and resolve claims and billing issues

Help on the Go

- ✓ Download the Health Advocate app to access all of your Health Advocate benefits
- ✓ Get informed with health and wellness articles and more
- ✓ View personalized advice based on your health needs and goals
- ✓ Check the status of your Health Advocate cases, upload documents
- ✓ View your case history to access the information you need

Call Health Advocate at 1-855-855-4238. The number also appears on your medical plan ID card for easy reference.

Download the app today!

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.

The 2019 Retired Employees Health Program (REHP) Benefits Handbook is now available and may be found on www.pebtf.org.

Are You Receiving Social Security Disability Benefits?

If you are receiving Social Security Disability benefits, normally you will get Medicare coverage after you've received disability benefits for two years. However, in some cases, Medicare will give you an "option" to pay retroactive Medicare premiums in order to have a retroactive Part B date. This is not an option under the REHP. Regardless of whether you are the retiree or the dependent, you **MUST** accept the offer to pay the retroactive premiums and enroll in Part B retroactively. Failure to do so will result in the loss of REHP eligibility for the time period in which you could have been enrolled in Part B. In addition, the retiree will be responsible for any REHP benefits utilized during the time period when not enrolled in the REHP.

Thinking About Starting a Fitness Program in 2019 . . .

Non-Medicare Eligible Members

The medical plans offer discounts to health clubs in your area as well as discounts to weight-loss programs and other health-related items. For information on discounts offered by your medical plan, visit www.pebtf.org and click on Get Healthy Discount Programs on the lower right.

Medicare Eligible Members

When you enroll in a Medicare PPO or Medicare HMO, you get the added benefit of a free health club membership. Aetna Medicare PPO and HMO and UPMC *for Life* Medicare HMO offer SilverSneakers. Capital Blue Cross BlueJourney offers Silver & Fit and Geisinger Medicare HMO provides a \$90 allowance every three months.

About SilverSneakers

(for Aetna and UPMC Members)

SilverSneakers offers a variety of free programs: SilverSneakers Steps, SilverSneakers FLEX classes and the SilverSneakers program offered at fitness locations.

- **SilverSneakers Steps is a first step into the SilverSneakers fitness program** if you are recovering from an injury or illness or don't have reasonable access to a fitness location. SilverSneakers Steps may be a good starting point if you:
 - Are recovering from injury or illness
 - Have difficulty getting to a SilverSneakers location or have no SilverSneakers location within a reasonable distance
 - Are just starting your fitness journey and believe you would be more comfortable exercising at home

Members may choose one of four Steps kits*.

- Walking Kit (includes a pedometer for tracking daily steps)
- Strength Kit (includes resistance band and an over-the-door attachment)
- Stress Relief Kit (includes a meditation DVD and stretching band)
- Yoga Kit (includes a yoga DVD and mat to help improve balance and flexibility)

Once you feel comfortable using the SilverSneakers Steps kit at home, you should visit your nearest SilverSneakers participating location to take your fitness to the next level.

- **The goal is to “graduate” from SilverSneakers Steps** into activity at a SilverSneakers fitness location or SilverSneakers FLEX classes so you can take full advantage of all the program classes. FLEX fitness classes are held at parks, community centers and other local venues. Enter your zip code on the SilverSneakers website to find these classes.
- **You will gain the most benefits by attending a SilverSneakers location or SilverSneakers FLEX classes** where certified instructors can monitor and guide your workouts and you can interact with other members. Check SilverSneakers.com/locations regularly as Tivity Health continually adds new locations.

Visit silversneakers.com or call 1-888-423-4632.

*Contents of kits may change without notice.

Source: SilverSneakers by Tivity Health

Non-Medicare Eligible Members

Lab Services Under the PPO

If you are enrolled in the Choice PPO or Basic PPO, you can save money by using Quest Diagnostics or LabCorp for your covered lab tests. If you do NOT use Quest Diagnostics or LabCorp, you pay a \$30 lab copay. You may be able to visit your doctor for the blood draw. If your doctor uses Quest Diagnostics or LabCorp to process your blood test results, you won't have to pay the \$30 lab copay. Your office visit copay will still apply.



Using Quest Diagnostics

To visit a Quest Diagnostics Patient Service Center (PSC):

- Find a Quest Diagnostics location near you. Go to <https://appointment.questdiagnostics.com/patient/confirmation>. Minimize your wait time by scheduling an appointment. Walk-ins are welcome.

Quest Diagnostics recently added these locations:

- 5519 Carlisle Pike, Mechanicsburg
- 235 Northland Center, State College
- 1866 Bethlehem Pike #54, Flourtown
- 400 W. Allegheny Ave., Philadelphia
- *Coming soon* – Ellwood City

Using LabCorp

- LabCorp operates a network of conveniently located patient service centers (PSCs) for specimen collection with flexible hours and online appointment scheduling.
- Visit www.labcorp.com to locate the PSC nearest you and make an appointment. Appointments are not required, and walk-ins are welcome.

LabCorp recently added these locations:

- 1156 Walnut Bottom Rd., Carlisle
- 1845 Center St., Camp Hill
- 50 N. 12th St., Ste 2, Lemoyne
- 4386 Sturbridge Dr., Harrisburg

Tips to be prepared at a PSC:

Bring the following information with you:

- Order form from your doctor or the LabCorp test request form from your doctor requesting laboratory testing
- A current insurance identification card
- A photo ID (for example, a driver's license or employee identification badge)
- A credit card or debit card

Custom HMO members: You must use a lab facility that is part of your Custom HMO network and you do not have a copay. If you visit a lab facility that is not part of the network, you have no coverage. Contact your plan if you have any questions.

Optum Mental Health & Substance Abuse Benefit

Behavioral Health Virtual Visits

You are now able to talk to and see a mental health provider online, in the privacy and comfort of your own home. Virtual visits are a convenient option for members who have busy schedules, have difficulty getting to appointments or do not live near a provider.

So how does the virtual visit work? Log on to **liveandworkwell.com**, 24/7 with your computer (Smart phone or tablet functionality will be available in the spring). For step-by-step instructions visit www.pebtf.org and click on Benefit Information under the Retiree Members: Non-Medicare Eligible tab and then select the Mental Health and Substance Abuse benefit.

Getting Help from the Substance Use Disorder Helpline and Web-Based Live Chat

Substance use disorders often go untreated, with only about one in 10 people receiving treatment.¹ Many are fearful to pursue care due to potential stigmatization from family, friends, colleagues or even themselves. Others are unable to find or access treatment that meets their needs.

Your Optum mental health and substance abuse benefit is here to help. Specialized substance use recovery advocates are available 24/7 via a toll-free helpline or live web-based chat.

Substance use disorders have reached epidemic proportions in the U.S. – nearly 21 million Americans are struggling. Many millions more misuse alcohol or prescription medications or use illicit drugs each year, putting them at risk for addiction.

By Phone:	Live Chat Feature:
<p>Call 1-855-780-5955</p> <p>The substance use recovery advocate will:</p> <ol style="list-style-type: none">1. Take the time to fully understand your situation and guide you to the next steps most helpful to you.2. Provide expert decision support so you can better understand treatment options and provider types.3. Arrange a face-to-face evaluation with a trusted, licensed substance use provider, typically within 24 hours.	<p>Go to liveandworkwell.com</p> <p>The live chat feature allows those who prefer to not speak with someone over the phone to connect with a specialized substance use recovery advocate.</p> <ul style="list-style-type: none">• Select Mind & Body > Substance Use Disorder/Addiction > Drugs• Scroll down to the blue box - Need Help? Chat Now

¹U.S. Department of Health and Human Services (HHS) Office of the Surgeon General, Facing Addiction in America. Source: Optum

Non-Medicare Eligible Members

Highmark Basic PPO Members Meet the Healthier YOU in 2019!

Highmark offers you a personalized health and wellness platform called **Sharecare** that empowers you with information that can help you stay healthy and meet your wellness goals. Here are the enhanced features you will receive with Sharecare as a Highmark member:

Learn more:

- Discover your RealAge by answering a few questions (it only takes minutes)
- Monitor your sleep, stress levels, fitness and more – in real time.
- Track your health habits and get personalized recommendations to lower your RealAge.
- Get personalized news, articles, videos and more based on your RealAge results, where you are on your health journey and topics or conditions you care about.

Get started:

- Download the app or go online. Visit Mycare.Sharecare.com
- Sign in or sign up!
- ***New to Sharecare?*** Follow the prompts to set up a new account. Unlock your personalized experience by entering your information exactly as it appears on your Highmark member ID card.
- ***Already have an existing Sharecare account?*** Sign in with your existing Sharecare username and password, then be sure to complete the “get started” steps to unlock your personalized experience.

RealAge Test

The RealAge test is a unique, proprietary, next generation health risk assessment of a variety of behaviors and existing conditions to show you the true age of the body you're living in. This is the first step toward optimizing your health – empowering you with information on how your lifestyle choices help you stay younger – or make you age faster – than your calendar age.



Important Information Needed to File Your 2018 Federal Taxes

Non-Medicare eligible members, watch your mail for important tax information. The Affordable Care Act (ACA) requires the PEBTF to provide you with an annual notice summarizing your and your dependents' enrollment in the REHP health coverage.

You will receive a Form 1095-B from the PEBTF. If you qualified for benefits through another employer in 2018, 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 (2018) line 61 Healthcare: individual responsibility. On IRS Form 1040EZ (2018), see line 11. You may also want to refer to IRS Form 8962 Premium Tax Credit as well as Form 8965 Healthcare Exemptions.

Infusion Therapy Locations for Highmark Basic PPO Members

Highmark offers access to several locations where you can receive drug infusion therapy. Due to the higher cost of these infusion medications, Highmark helps to ensure appropriate use of the drugs through medical policy and a prior authorization requirement. You may be able to receive them at the following locations, which offer you value, comfort, privacy and personalized service.

Doctor's Office (not affiliated with a hospital)	Home (not affiliated with a hospital)	Infusion Center (not affiliated with a hospital)
<p>You may choose the stability of your physician's office, which offers:</p> <ul style="list-style-type: none"> • Experience and clinical quality provided by your physician and his/her team • Administration provided in surroundings familiar to you 	<p>You may choose the privacy and comfort of your own home, which offers:</p> <ul style="list-style-type: none"> • A team of skilled health professionals • Care that is coordinated with your physician • Limited exposure to infection and illness • No travel required 	<p>You may choose a welcoming, comfortable independent infusion therapy center, which offers:</p> <ul style="list-style-type: none"> • A team of skilled health professionals • Care that is coordinated with your physician • Separate infusion suites • Flexible hours

Watch for information on the other medical plans in future newsletters.

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.

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 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.

ID Cards

You should have received a new medical ID card if you made a plan change for 2019. Also, Highmark Basic PPO members were sent a new medical ID card because of a change from NIA to eviCore for radiology authorization services. Present your new ID card to your provider.

