Plan Changes for 2019

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.

<table>
<thead>
<tr>
<th>Health Care Contribution/Get Healthy Waiver</th>
<th>You will pay 5% of your biweekly gross base salary for the health care contribution if you do not participate in Get Healthy. You will pay 2.5% of your biweekly gross base salary for the health care contribution if you participate in Get Healthy. Biweekly surcharge is no longer in effect. Union-represented members should refer to the relevant collective bargaining agreement for details.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice PPO (Aetna)</td>
<td>Annual deductible changes: $400 single/$800 family (in-network); $800 single/$1,600 family (out-of-network). If you were hired on or after 8/1/03, you pay the buy-up of $11.87 per pay for single coverage or $30.64 per pay for family coverage.</td>
</tr>
<tr>
<td>Basic PPO (Highmark)</td>
<td>Annual deductible changes: $1,500 single/$3,000 family (in-network); $3,000 single/$6,000 (out-of-network)</td>
</tr>
<tr>
<td>Autism Spectrum Disorder Cap</td>
<td>$40,501</td>
</tr>
</tbody>
</table>
| Prescription Drug Plan | Copay changes: **Network Pharmacy – up to a 30-day supply:** Generic - $15, Preferred Brand Name Drug - $40*, Non-Preferred Brand Name Drug - $80*  
**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*  
**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 |

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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 in radiology authorization services from NIA to eviCore. Present your new ID card to your provider.
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 will 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:
  o Order from your doctor or the LabCorp test request form from your doctor requesting laboratory testing
  o A current insurance identification card
  o A photo ID (for example, a driver’s license or employee identification badge)
  o 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 health plan if you have any questions.
Know Your Numbers

Over 91 percent of employees completed a Get Healthy **Know Your Numbers** wellness screening by December 31, 2018.

By now, you should have reviewed your results. The **Know Your Numbers** wellness screening tests for factors that contribute to metabolic syndrome. Metabolic syndrome is a group of high risk factors – high blood pressure, high blood sugar, high cholesterol and abdominal fat. When all of these factors are combined, they set the stage for serious problems. These risk factors can double your risk for heart attack and stroke and increase your risk of diabetes by five times.

New for 2018 was the addition of the A1C test. This common blood test is used to diagnose Type 1 and Type 2 diabetes and then to gauge how well you’re managing your diabetes. The test result reflects your average blood sugar for the past two to three months. The higher your A1C levels, the poorer your blood sugar control and the higher risk of diabetes complications.

Please share your wellness screening results with your doctor. Here are some tips for lowering your A1C. These tips may also help improve your other results and your BMI.

**1. Move More**
Try to get at least 30 minutes of exercise, five days a week. Check with your doctor before starting an exercise program.

**2. Eat a Balanced Diet and Watch Portion Sizes**
Choose whole foods instead of processed foods. Fruits and vegetables contain fiber, which help you feel full longer. Swap out your large dinner plate for a smaller salad plate to help control portions.

**3. Get Enough Sleep**
A 2013 study found that short or long periods of sleep were associated with higher A1C levels regardless of physical activity, diet or obesity. The findings suggest that people who get either more or less than 6.5 to 7.4 hours of sleep per night may be at increased risk for high blood glucose levels.

**4. Monitor Your Health**
If you are diabetic, work with your doctor and follow your treatment plan. Check your blood sugar as directed and keep a log. If you signed up for the Livongo Program, offered by the PEBTF, your connected meter automatically uploads your results so you don’t have to keep a paper logbook.

*Source:* www.everyday.health

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**Get Healthy Savings Effective July 2019**

If you completed a wellness screening by 12/31/18: You will only pay the employee contribution (amount not known at this time).

If you did NOT complete a wellness screening by 12/31/18: You will pay a higher employee contribution percentage (amount not known at this time).

Employees hired on or after 8/1/03 also pay a buy-up if enrolled in the Choice PPO.

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**Help With Reaching Your Goals**

Do you want help with reaching your health goals? Our ActiveHealth health coach is here to help with monthly webinars and Lunch ‘n Learns at select commonwealth worksites. Webinar topics for 2019 include **Healthy Eating; Tips to Quit Tobacco; Get Up, Get Active and Shop Smart and Meal Plan.** Watch your email and bulletin boards for upcoming webinar and Lunch ‘n Learn topics. Visit https://www.pebtf.org/wellness/ to register for the next monthly webinar or Lunch ‘n Learn or to view recorded webinars.
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!

Optum Mental Health & Substance Abuse Benefit

Behavioral Health Virtual Visits

You are now able to talk 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 where it may be a distance to visit 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 Active Members 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. 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.

By Phone:

Call 1-855-780-5955

The substance use recovery advocate will:

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.

Live Chat Feature:

Go to [liveandworkwell.com](http://liveandworkwell.com)

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.

- Select Mind & Body > Substance Use Disorder/Addiction > Drugs
- Scroll down to the blue box - Need Help? Chat Now

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Source: Optum
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.

**Note:** Sharecare is offered by Highmark and is not part of the Get Healthy Program.

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**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.
Infusion Therapy Locations

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.

<table>
<thead>
<tr>
<th>Doctor's Office (not affiliated with a hospital)</th>
<th>Home (not affiliated with a hospital)</th>
<th>Infusion Center (not affiliated with a hospital)</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may choose the stability of your physician’s office, which offers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Experience and clinical quality provided by your physician and his/her team</td>
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<tr>
<td>• Administration provided in surroundings familiar to you</td>
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<tr>
<td>You may choose the privacy and comfort of your own home, which offers:</td>
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<tr>
<td>• A team of skilled health professionals</td>
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<tr>
<td>• Care that is coordinated with your physician</td>
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<td></td>
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<tr>
<td>• Limited exposure to infection and illness</td>
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<tr>
<td>• No travel required</td>
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<tr>
<td>You may choose a welcoming, comfortable independent infusion therapy center, which offers:</td>
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<td></td>
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<tr>
<td>• A team of skilled health professionals</td>
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<tr>
<td>• Care that is coordinated with your physician</td>
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<td></td>
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<tr>
<td>• Separate infusion suites</td>
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<tr>
<td>• Flexible hours</td>
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</tbody>
</table>

Watch for information on Aetna and Geisinger in future newsletters.

Important Information Needed to File Your 2018 Federal Taxes

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 PEBTF health coverage.

You will receive a Form 1095-B from the PEBTF and a Form 1095-C from the commonwealth. 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.

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 Summary Plan Description (SPD) is now available and may be found on www.pebtf.org.
Pennsylvania Employees Benefit Trust Fund
150 South 43rd St., Suite 1
Harrisburg, PA 17111-5700

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 of Benefits (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 Summary Plan Description. The PEBTF 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.

Your Important Health Benefits

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 PEBTF 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.