

Top Ways Health Advocate Can Help You Save Money

In January 2018, the Retired Employees Health Program (REHP) introduced PEBTF Health Advocate. Health Advocate offers personalized support to help you navigate the health care system by providing one-on-one help. Here are some ways Health Advocate can help.

Finding in-network doctors, sorting out medical bills and finding ways to save on prescription drugs can be challenging and time-consuming, causing many people to overpay or skip care altogether.

Health Advocate can help

Health Advocate will make the calls, do the research and sort through the paperwork for you, leaving you free to focus on other important things in life.

Health Advocate experts can:

- ✓ Find in-network doctors, hospitals and urgent care centers
- ✓ Find generic equivalents for prescription drugs
- ✓ Help you sign up for convenient mail-order delivery and check your formulary before you get a prescription filled
- ✓ Review medical bills to spot any errors or duplicate charges and work to get them corrected

Health Advocate services are available at no cost to REHP-covered retirees, spouses, dependents, as well as members' parents and parents-in law (not available to COBRA members).

Contact Health Advocate at 855-855-4238;
www.HealthAdvocate.com/PEBTF



Up to 3 hours

Time it can take to research and find a qualified in-network provider



Over \$2,200

Average cost of ER visit vs. \$168 for urgent care



Up to 85% less

Cost of generic vs. brand name prescription drugs



8 out of 10

Number of hospital bills that contain overcharges or other errors

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Who to Contact When You Need Help

Contact the State Employees Retirement System (SERS) to...	Contact the PEBTF regarding ...	Contact PEBTF Health Advocate to...	Contact the health plan if you want to...
800-633-5461	800-522-7279 www.pebtf.org	855-855-4238 www.HealthAdvocate.com /PEBTF	
<ul style="list-style-type: none"> • ask questions about your retirement annuity • report an address change or phone number change • add or remove a dependent from coverage • report a retiree's death • voluntarily "opt out" of medical and/or prescription drug benefits 	<ul style="list-style-type: none"> • health coverage options, including copays and deductibles • your disabled dependents • qualifying life events and when you can change health plans outside of open enrollment • COBRA benefits • survivor spouse benefits • direct bills if you pay for your coverage 	<ul style="list-style-type: none"> • resolve insurance claims and billing issues • find and arrange appointments with the right doctors and specialists • locate and evaluate leading physicians and medical centers for second opinions • explain diagnosis and treatment options • coordinate care for complex medical issues • transfer medical records, lab results and x-rays 	<ul style="list-style-type: none"> • verify if health care professionals or medical facilities are in network • discuss the level of benefits or transition of care from one plan to another <p>Refer to the telephone number on your medical plan ID card</p>

Be Well, Save More

Know when urgent care is right for you

Feeling fluish? Have a pounding headache? Hurt your back carrying the groceries? Don't spend more time and money than needed at the emergency room (ER). Consider visiting an urgent care center instead to help you feel better sooner.

Protect your health and your wallet

ER vs. urgent care center: The savings add up
REHP members pay a copay to visit an urgent care center or the ER. You can save money by visiting a network urgent care. The ER copay for non-Medicare eligible members is \$150 for the Custom HMO and \$200 for the PPO options. The ER copay for Medicare eligible members is \$100. Also, your wait time is usually longer at an ER with the average wait time of 2.4 hours for non-emergencies versus just 15 to 45 minutes at an urgent care center.¹

Plenty of services

Urgent care centers can provide care for medical matters that are serious, but not life threatening. They also handle vaccinations and treat:

- Sprains and minor fractures
- Cuts that require stitches
- Bronchitis
- Lower back pain
- Headaches and more

Have a minor medical need?

Need care for a minor illness when your doctor's office is closed? You have plenty of options. The medical plans' networks also contract with retail, or walk-in, clinics to give you affordable alternatives to the ER to save both you and the REHP money.

Seven Great Reasons to Consider Urgent Care

1. **No appointment needed.** Just walk right in.
2. **Convenient hours.** Some centers are open seven days a week, with extended evening, weekend and holiday hours.
3. **Lower prices.** Lower copays and out-of-pocket costs compared to ER visits.**
4. **Less waiting.** The average ER wait time is 2.4 hours, while urgent care visits are generally 15 to 45 minutes.¹
5. **Many locations.** With approximately 3,400 centers nationwide (and growing), it's easy to find one near you.
6. **Fully staffed by doctors.** Urgent care centers are overseen by doctors.
7. **Connections with local ERs.** If you need more extensive care, you'll be referred to the closest ER.

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The sites are staffed with nurse practitioners and physician assistants. They handle ear infections, routine allergies and other minor medical needs. Just like urgent care centers, evening and weekend hours are available, with no appointments needed. If you're experiencing chest pain, trouble breathing, bad bleeding or other symptoms that are serious or put your life at risk — you should go to your local ER.

Finding care near you is easy

Get familiar with the urgent care centers and walk-in clinics in your area before you need them.

For Non-Medicare Aetna Choice PPO or Custom HMO, here's how you can find network providers:

1. Log in or register at **aetna.com**.
2. Click on "Find Care."

3. Select "Urgent Care."

4. Scroll down and select "Urgent Care Facilities."

For Highmark Basic PPO or Geisinger Custom HMO members or Medicare PPO and Medicare HMO members, visit your plan's website to search for urgent care.

¹Urgent Care Locations, LLC. Urgent care center vs. emergency room. Available at: www.urgentcarelocations.com/urgent-care-101/faq/urgent-care-center-vs-emergency-room. Accessed April 4, 2018.

** Member responsibility may vary based on plan design; for some plans, copays apply. Emergency room copays are typically higher than urgent care clinic copays.

Source: Aetna

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

This information is general in nature and is not a substitute for professional health care. It is not meant to replace the advice of health care professionals. If you have specific health care needs, or for complete health information, please see a doctor or other health care provider.

Discussing Your Health With Your Doctor is Important **Schedule your annual wellness visit today!**

Your annual wellness visit gives you the quality time you need with your primary care physician (PCP). Having open communication with your doctor can help you be at your best health. Your doctor can do a better job of spotting issues and recommending treatments for you when you discuss your health together.

What happens at an annual wellness visit?

You and your doctor will discuss your health and develop a personalized care plan. This is your opportunity to ask questions and voice any health concerns. Your doctor may also:

- Assess your height, weight, blood pressure and other routine measurements
- Update your health record. Your doctor will ask you a series of questions about your current health status, medical history and other topics
- Discuss preventive care screenings you should be getting. You may even be able to get them during your visit
- Give you additional resources. This could include information on nutrition, exercise, counseling and more

On page 5 you will see a list of important topics you should be discussing with your doctor. Take this list with you to your next appointment. Remember, when you see an in-network provider for your annual wellness visit, you will have a \$0 copay.

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Here are some questions to ask your doctor at your next appointment.

Questions	Notes
Can we review my current prescribed medications and/or treatment plan?	
What foods are good for my health?	
How much exercise should I be getting? Are there any exercises that can make me stronger?	
How can I prevent falls?	
How can I prevent getting sick?	
How can I prevent diabetes?	
How can I prevent high blood pressure?	
Do I need to get the flu, pneumonia or shingles vaccines?	
Do I need to get tested for osteoporosis (if applicable)?	

Talk to your doctor about the preventive care that is right for you.

Here is a checklist of screenings that your doctor may recommend for you. Make sure to ask your doctor which preventive care you should receive.

Recommended Care	Completed: Yes/No/NA	Date Due	Date of Appointment
Mammogram			
Colorectal cancer screening			
Diabetes testing			
Diabetic retinal eye exam			
Hemoglobin A1C screening			

Source: UPMC *for Life* Caring for Life, Issue 1 2019



Turning 65

When you turn 65, you will be enrolled in one of the Medicare Advantage Plans offered by the REHP and the SilverScript Prescription Drug Plan. The SilverScript Prescription Drug Plan is a Medicare Part D plan offered by CVS Caremark. Your copayments are less than the non-Medicare plan and there may be differences in the formulary.

- You will receive a letter from the PEBTF 120 days prior to the month you turn 65.
- You will receive packets of information from the Aetna MedicareSM Plan PPO and the Medicare HMO that is offered in your Pennsylvania county of residence. The Aetna MedicareSM Plan HMO is offered in select areas nationally.
- You will receive a telephone call from a PEBTF Benefit Services Representative to follow up on any questions you may have.
- You **must** enroll in both Medicare Part A and Medicare Part B to continue medical and prescription drug coverage under the Retired Employees Health Program (REHP). Contact the Social Security Administration at 1-800-772-1213 three months before your birthday if you are not yet getting Social Security retirement benefits.

Enrolling in an REHP Medicare Plan

- If you want to enroll in the Medicare HMO available in your county of residence, complete the HMO's enrollment form and mail it to the Medicare HMO. The HMO plan must receive your enrollment form before the 10th of the month prior to the month you become eligible for Medicare. For example, if you turn 65 on November 7th, you must enroll in the Medicare HMO by October 10.
 - If you do not enroll in a Medicare HMO, you will automatically be enrolled in the Medicare PPO.
 - You will automatically be enrolled in the SilverScript prescription drug plan.
- If you already get retirement or disability income benefits from Social Security or the Railroad Retirement Board, your Medicare card will be mailed to you about three months prior to your 65th birthday.
 - Medicare Part B is automatic when you enroll in Medicare Part A. Do not decline Part B coverage at any time or you will lose REHP medical and prescription drug coverage. You must pay the monthly Part B premium, which is typically deducted from your Social Security check.

Non-Medicare Eligible Members

Help to Quit Tobacco for Non-Medicare Eligible Members
Quit For Life® Program Will Help You Take the First Step Toward Quitting Today

Quitting is hard because tobacco use is more than just a physical addiction; it's psychological and behavioral too. Maybe you associate tobacco use with your morning cup of coffee. Medications, like gum and the patch, might help fight the cravings but for most people that's not enough. Wouldn't it be helpful if you could learn new

skills so you could think differently about tobacco?

Since spring 2013, the Quit For Life program has helped over 4,300 PEBTF and REHP members.

Quit For Life will help you create an easy-to-follow

**Quit For Life is offered
free of charge.**

To sign up, call

1-866-QUIT-4-LIFE

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Quitting Plan that will show you how to get ready, take action and live the rest of your life as a nonsmoker. Your Quitting Plan will include:

- ✓ **Quit Coach®** – You will have expert phone support and assistance whenever you need it.
- ✓ **Quitting Aids** – They will help you decide which type, dose and duration of nicotine substitute or medication is right for you and teach you how to use it properly.
- ✓ **Quit Guide** – You will get an easy-to-use printed workbook to reference in any situation to help you stick with your Quitting Plan.
- ✓ **Web Coach®** – You will get access to a private, online community where you can complete activities, watch videos, track your

progress and join in discussions with others in the program.

- ✓ **Text2Quit®** – In addition to calls with your Quit Coach, you will receive supportive text messages on your mobile phone to help you prepare to quit, use medications correctly, manage urges and avoid relapse.

The Quit For Life Program is provided at no cost to non-Medicare eligible retirees and your covered dependents (age 19 and older) to help you become tobacco free.

It's free. It's confidential. It works.

Medicare Eligible Members: Contact your Medicare PPO or HMO for information about smoking cessation programs.

Optum Mental Health & Substance Abuse Benefit Non-Medicare Eligible Members

Behavioral Health

In the Winter issue of *PEBTF Benefit News for Retiree Members*, we introduced virtual visits where you can talk to and see a mental health provider online in the privacy and comfort of your own home. At that time, you could access virtual visits via your desktop computer. Now, virtual visits are also available on your smart phone or tablet. Log on to **Liveandworkwell.com**, 24/7. 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.

Updated Provider Search

Liveandworkwell.com has a new provider search homepage. The new search feature:

- Allows you to search by provider name, condition, procedure or specialty
- Identifies your location and will populate search results based on the identified locations (also includes the ability to change your location)
- Includes an option to view the provider's office on a Google connected map
- Gives you the opportunity to refine results based on filter options tailored specifically to your feedback and provider priority
- Enables you to select from a list of providers and save favorites

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.

