In July, you received a letter from the Commonwealth’s Office of Administration introducing the new Medicare Open Access PPO offered by Aetna. You will be disenrolled from your current retiree health plan and automatically enrolled in this new plan effective January 1, 2020. Prescription drug coverage will continue. Over the coming months, you will receive mailings from Aetna, which will include more information about your new plan. Please take the time to read these materials. To help you with this transition, you will have an opportunity to attend an informational meeting, participate in a live conference call or view an on-demand video presentation online. At any time, you may contact the PEBTF or Aetna with questions.

All Medicare-eligible members are receiving this newsletter. If you are turning 65 between now and April 30, 2020, you also are receiving this newsletter so that you can read about the medical plan that will be offered to you as a Medicare-eligible member.

Medicare Open Access PPO
For years, the REHP has offered a Medicare Advantage PPO. Over 78 percent of REHP Medicare-eligible members are already enrolled in the Aetna Medicare PPO plan. The remaining members are enrolled in regional Medicare HMOs.

With the new Medicare Open Access PPO, you will:

- Receive the same benefits that you have today plus new enhanced services such as meal delivery and transportation at no extra cost (Aetna will send you more information on these enhanced services).
- Continue to see your current providers and have the freedom to see any doctor or hospital as long as they accept original Medicare and accept your plan (99.79 percent of providers used by REHP members already accept the plan). You no longer have to choose a network provider.
- Pay an annual deductible. See page 2 for how the deductible works.

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All Medicare-eligible members will be transitioned to the new Medicare Open Access PPO on January 1, 2020.
How Does the Annual Deductible Work?

A deductible is what you pay before your plan begins to pay. The PPO deductible for 2019 is currently $185. The annual deductible is set by the Centers for Medicaid and Medicare Services (CMS) each year.

Current Medicare PPO members are familiar with the annual deductible. Medicare HMO members may not be familiar with a deductible because the HMO option did not have one (see page 3 for information about the 2020 deductible for members currently enrolled in an HMO).

To illustrate how your annual deductible works:
- You visit your primary care physician on January 15th and the charge is $75, you pay $75 for the office visit.
- On March 1st, you visit your cardiologist and the visit is $110, so you pay that full amount.
- In this example, these two office visits fulfilled your annual deductible of $185. For the remainder of the year, you will only pay copays for doctor visits.
- All preventive care covered by the Medicare Open Access PPO is covered at 100 percent so you don’t have to pay a deductible or copay on these services.

### Medicare Open Access PPO Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Any Provider Who Accepts Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive care such as routine physical exams, routine mammograms, etc.</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Primary Care Physician visits</td>
<td>$20 copay after deductible</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>$30 copay after deductible</td>
</tr>
<tr>
<td>Outpatient diagnostic lab services</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50 copay</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$100 copay</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Covered 100% after deductible</td>
</tr>
<tr>
<td>Diabetic supplies</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Fitness membership</td>
<td>SilverSneakers® program</td>
</tr>
</tbody>
</table>

Aetna will send you a detailed summary of benefits. Please refer to the information you receive in the coming months.

Non-Medicare eligible members will receive an Open Enrollment Newsletter in early-October. That Open Enrollment is being held October 21, 2019 to November 8, 2019 and non-Medicare eligible members can make a plan change during that time. There are no changes for non-Medicare eligible members.

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.
What Do I Need to Do?

Watch for mailings from Aetna. To help you recognize the information that pertains to your REHP benefits, just look for this red bar and the PA Keystone logo on all mailings:

![Important REHP Medicare Health Care Changes]

**Enrolling in the Medicare Open Access PPO**

You don’t have to take any action to be enrolled in the Medicare Open Access PPO. You will be enrolled automatically effective January 1, 2020 and will receive a new Aetna ID card in late December.

**We advise you to remain enrolled in the REHP medical and prescription drug plan coverage.**

If you want to opt out of the new plan, you will need to do so by November 8, 2019. Just call the PEBTF at 1-800-522-7279, Tuesday through Friday, 8 a.m. to 5 p.m. or 8 a.m. to 6 p.m. on Monday (or the first day following a holiday weekend).

**Keep in mind:** If you opt out, you and any covered dependents will be terminated from REHP medical and prescription drug benefits. You’ll need to enroll in other medical and prescription drug coverage outside of the REHP. In addition, you are only allowed one opportunity to re-enroll in benefits once you’ve opted out.

**Current Medicare HMO Members Important Information for Plan Year 2020**

You will be disenrolled from your current HMO plan. You will receive a termination notice from the REHP and confirmation of disenrollment from your HMO. This is required by the Centers for Medicare and Medicaid Services (CMS), it does not mean you have lost your REHP coverage. You will automatically be enrolled in the Medicare Open Access PPO effective January 1, 2020. You will notice minimal changes with the new Medicare Open Access PPO. You have more flexibility with this new plan.

To assist you in the transition from a Medicare HMO to the new Medicare Open Access PPO, the commonwealth will waive the Medicare deductible for 2020 only. All members enrolled in one of the REHP Medicare HMO plans as of December 1, 2019 will receive this one-year waiver. Remember, this is for plan year 2020 only. During 2020, you will not have to pay the annual deductible. Beginning January 1, 2021, you will be subject to the annual deductible.
Your SilverScript Prescription Drug Plan

All Medicare eligible members will continue to have the SilverScript Prescription Drug Plan. There are no copay changes for 2020.

For Information About Help with Paying for Your Health Insurance Coverage

The Retired Employees Health Program (REHP) Benefits Handbook includes information about help with paying for your health insurance coverage. It may be found on page 120 of the handbook. Go to www.pebtf.org and click on the box, REHP Benefits Handbook for Retiree Members. 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.

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)


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


Postmaster, please deliver between September 14 and September 24, 2019.

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.