

## 2019 PEBTF Open Enrollment October 21 to November 8, 2019 For Active and COBRA Members

**No Health Care Contribution, Deductible or Copay Changes for 2020**



If you are happy with your current plan, you don't have to do anything during Open Enrollment. You will remain in your same plan for 2020

It's open enrollment time – your annual opportunity to review your medical plan options for the coming year.

The Choice PPO, Basic PPO and the Custom HMO options continue to be offered. The good news is that there are no changes in the health care contribution, annual deductible and copays. The health care contribution remains at 5 percent of your gross base pay. If you participate in the Get Healthy Program, you pay only 2.5 percent. Union members, refer to your collective bargaining agreement.

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, 2020.

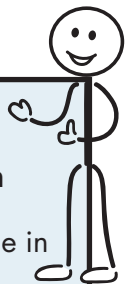
### Changes for 2020

- ✓ **The biweekly PPO buy-up changes to \$12.43 for single coverage and \$32.07 for family coverage** (for employees hired on or after 8/1/03 who enroll in the Choice PPO).
- ✓ **Costs for employees hired on or after August 1, 2003, part-time employees and COBRA members change each year.** See page 2 for cost information.
- ✓ **Autism spectrum disorder cap is increasing to \$41,271.**

### HELPFUL TIPS

#### For more information –

- Visit [www.pebtf.org](http://www.pebtf.org). Select the box **2019 Open Enrollment**. You may view the Open Enrollment webinar, plan design and compare plans available in your county of residence.
- Call PEBTF at 1-800-522-7279 or email [openenrollment@pebtf.org](mailto:openenrollment@pebtf.org).
- Call Health Advocate at 1-855-855-4238 to help locate network doctors.
- If you need help completing enrollment or questions about costs, call 1-866-377-2672 or visit [www.myWorkplace.state.pa.us](http://www.myWorkplace.state.pa.us).



## Cost of Benefits

### All Full-Time Employees

- You pay the health care contribution through payroll deductions. Union employees, refer to your collective bargaining agreement for details.
- You can save money if you participate in the Get Healthy Program.

### Full-Time Employees Hired on or After August 1, 2003:

- The Basic PPO and PEBTF Custom HMO options in your county of residence are offered at no additional cost to you (except when covering dependents during your first six months of employment).
- You may purchase, through payroll deductions, the Choice PPO for an additional biweekly plan buy-up cost indicated below. When covering dependents during your first six months of employment, you also pay a dependent buy-up.
- You may purchase, through payroll deductions, prescription drug coverage for the first six months.
- After six months of service, you may elect to enroll in prescription drug and/or supplemental benefits (package of dental, vision, and hearing aid plans) at no additional cost.

	Single Biweekly Cost	Family Biweekly Cost	If You Add Dependents During the First Six Months of Employment, You Pay the Buy-Up Cost Biweekly
Choice PPO Option	\$12.43	\$ 32.07	\$373.87
Basic PPO Option	\$ 0	\$ 0	\$341.80
PEBTF Custom HMO Option	\$ 0	\$ 0	\$356.02
Prescription Drug (first 6 months)	\$77.66	\$192.66	See Family Biweekly Cost

### All Part-Time Employees

- You pay the health care contribution through payroll deductions plus the cost reflected in the table below.
- You can save money if you participate in the Get Healthy Program.

#### Part-Time Employees – First Six Months of Employment

Cost of Single Coverage - Biweekly	
Choice PPO Option	\$120.59
Basic PPO Option	\$108.16
PEBTF Custom HMO Option	\$112.67
Prescription Drug	\$ 77.66

Cost of Family Coverage - Biweekly	
Choice PPO Option	\$482.03
Basic PPO Option	\$449.96
PEBTF Custom HMO Option	\$468.69
Prescription Drug	\$192.66

#### Part-Time Employees – After Six Months of Employment

Cost of Single Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO Option	\$120.59	\$150.46	\$126.00	\$155.87
Basic PPO Option	\$108.16	\$138.03	\$113.57	\$143.44
PEBTF Custom HMO Option	\$112.67	\$142.54	\$118.08	\$147.95
Prescription Drug Only	\$ 29.87			
Supplemental Only	\$ 5.41			

Cost of Family Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO Option	\$301.31	\$378.38	\$315.25	\$392.32
Basic PPO Option	\$279.06	\$356.13	\$293.00	\$370.07
PEBTF Custom HMO Option	\$290.68	\$367.75	\$304.62	\$381.69
Prescription Drug Only	\$ 77.07			
Supplemental Only	\$ 13.94			

### Questions About Costs?

Call the HR Service Center at 1-866-377-2672. Call your local HR office if your agency is not supported by the HR Service Center.

# 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](mailto: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 Deitsch (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).

(رقم هاتف الصم والبكم: 1-800-522-7279 ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 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).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નન:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-522-7279 (TTY: 711).

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).

ඉංග්‍රීසි: ඉංග්‍රීසි භාෂාවෙන් කතා කරන්නේ නම්, ඉංග්‍රීසි භාෂාවෙන් ආවේණික ආවේණික සේවාවන් ඔබට නොමිලේ ලබාදීමට සූදානම්ව ඇවිත් ඇත. 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 7 and  
October 19, 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.



## IMPORTANT OPEN ENROLLMENT INFORMATION

### Highmark – UPMC

#### Important Information for Basic PPO Members

Highmark and UPMC agreed to a 10-year contract that offers Highmark Basic PPO members full in-network access to UPMC hospitals in Pittsburgh and Erie. UPMC hospitals outside of the Pittsburgh area also continue to be in-network.

In addition, you continue to have in-network benefits at all Allegheny Health Network hospitals and other independent facilities.

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

#### Coming Soon

- ✓ Telemedicine
- ✓ Diabetes Prevention Programs

More information will be in the winter  
newsletter and on [www.pebtf.org](http://www.pebtf.org)

