Benefit Changes for 2020

Non-Medicare Eligible Members

There are no copay changes and no changes to the PPO annual deductibles.

Medical Plan:

✓ A Diabetes Prevention Program and telemedicine are now available. See inside for more information
✓ Autism spectrum disorder cap increases to $41,271 for 2020

PPO Buy-Up for the Choice PPO:

✓ The monthly PPO buy-up increases to $54.92 for single coverage and $109.84 for family coverage (for retirees who, as active employees, were hired on or after 8/1/03).

ID Cards
You should have received a new medical ID card if you made a plan change for 2020. Make sure you present your new card at your doctor’s office.

(continued on page 2)
Medicare Eligible Members

Medicare Open Access PPO began January 1, 2020:

✓ You were automatically enrolled in the Medicare Open Access PPO offered by Aetna.
✓ You may continue to see your doctors, as long as they are eligible to receive Medicare payment and accept the plan. All of the Pennsylvania hospitals accept the plan.
✓ Your copays remain the same – $20 copay for your primary care physician visit and $30 copay for a specialist visit; urgent care visit is $50 and emergency room visit is $100 (waived if the visit leads to an inpatient admission to the hospital).
✓ Your extra benefits include:

  • **SilverSneakers**: Free fitness program. For more information call 1-888-423-4632.
  • **Meal Delivery**: When you return home after an inpatient hospital stay, your Aetna nurse will coordinate with GA Foods for delivery of up to 14 nutritious meals.
  • **Transportation**: Sometimes you may need a ride to a doctor’s appointment. Aetna offers non-emergency transportation that gets you there and back. You get 24 one-way trips per year with 60 miles allowed per trip. To reserve a ride, contact 1-855-814-1699.
  • **Resources for Living**: Resources for Living can help you locate services in your area, such as help at home, caregiver support and more. Keep in mind, you have to pay the cost of any services you decide to use. For more information on Resources for Living call 1-866-370-4842.

Medicare Part B Premium:

✓ For 2020, the Medicare Part B premium is $144.60 for most members, which is an increase of $9.10 over the 2019 premium.

Medicare Open Access PPO Deductible:

✓ The Medicare Open Access PPO deductible is based on the Medicare Part B deductible. For 2020, it is $198, an increase of $13 over the 2019 deductible.
✓ After you meet the annual deductible, you will just pay your copayments.
✓ For members who were enrolled in a Medicare HMO plan in 2019, the annual deductible is waived for 2020. You will be responsible for the annual deductible in 2021.

All Retirees

Domestic Partner Eligibility:

✓ No new domestic partners and children of domestic partners may be added as of January 1, 2020.
✓ Coverage for current domestic partners and children of domestic partners continues for 2020.
✓ On January 1, 2021, coverage for domestic partners and children of your domestic partners will be terminated from REHP benefits; they will have to obtain other coverage.
✓ Contact the State Employees’ Retirement System (SERS) if your domestic partner obtains other coverage or if your marital status changes.
ALL RETIREES

Survivor Spouse Coverage

When a retiree dies, the spouse may continue to receive Retired Employees Health Program (REHP) benefits as a survivor spouse on a self-pay basis. The survivor spouse must elect the coverage type and plan in place at the time of the retiree’s death, but may change plans during the annual Open Enrollment time period.

If the deceased retiree elected a survivor retirement annuity, the cost of the health coverage will be deducted each month from the survivor’s annuity. If the monthly cost of the health coverage is greater than the monthly survivor annuity, the PEBTF will bill the survivor spouse the full amount of the premium.

Here are some frequently asked questions about survivor spouse coverage:

Q. Who should the spouse contact when the retiree passes away to continue the REHP benefits?
A. For retirees who have a pension through the SERS, the spouse should contact SERS at 1-800-633-5461. All others should contact the PEBTF at 1-800-522-7279.

Q. How soon should the spouse contact SERS or the PEBTF after the death of the retiree?
A. It is recommended that SERS or the PEBTF be contacted within 7 to 10 business days after the death of the retiree. Waiting more than 60 days could result in a gap in coverage. The spouse would be responsible for any medical and prescription drug benefits that are received during the gap in coverage.

Q. What will happen after I contact SERS or the PEBTF?
A. You will receive a letter from the PEBTF that explains how the spouse can enroll in survivor spouse benefits.

Q. What benefits are available through survivor spouse benefits?
A. Benefits include the same medical and prescription drug benefits that are offered to retirees.

Q. What does it cost to enroll in survivor spouse benefits?
A. In 2020, non-Medicare survivor spouse benefits will cost approximately $1,100 - $1,200 a month. For Medicare-eligible members, it is approximately $163 a month. The cost is subject to change each year.

Q. How long do survivor spouse benefits last?
A. Benefits will continue as long as the premiums are paid.

Q. Who should I contact if I have questions concerning survivor spouse benefits?
A. Contact the PEBTF at 1-800-522-7279.
Teledoc is offered to both Aetna and Highmark members:

**Aetna:**
Teledoc – teledoc.com/Aetna
1-855-TELADOC (835-2362)

**Highmark:**
Teladoc – www.teladoc/enter
1-800-TELADOC (835-2362)

Geisinger does not have telemedicine at this time.

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### Telemedicine For Aetna & Highmark Members

It’s 7:30 p.m., and you have been feeling progressively worse throughout the day. You have a feeling it’s a sinus infection, but you are in Western Pennsylvania at your daughter’s home far from your family physician in Philadelphia.

You are on a bus trip in Nashville and will be boarding the bus in a couple days to come back home. No time to be sick while on vacation, but you feel awful. You have been coughing non-stop and have a slight fever and you think it may be bronchitis.

While you have the option to visit a network urgent care center when your doctor’s office is closed or when you are outside of the area, telemedicine may be a better option.

You can visit a doctor when it’s convenient for you even if it’s after hours. And no more sitting in waiting rooms with other sick people.

- Telemedicine is available 24/7, 365 days a year no matter when you need it.
- It’s easy and can be accessed by web, phone or mobile app in minutes.
- You can request a visit with a doctor immediately, or if you happen to busy at the time, just schedule an appointment when it’s more convenient.
- If medically-necessary, the doctor will even send a prescription to your pharmacy or help you find a pharmacy near you if you are traveling. Please note that these doctors cannot write a prescription for a controlled substance such as codeine or oxycodone.

So, how does it work?

- Both Aetna and Highmark offer Teladoc to REHP members.
- Visit the Teladoc’s website – links appear above and also on the PEBTF’s website.
- Create a username and password and provide the insurance information that is on your health plan’s ID card (you can even set this up ahead of time before you need it). Provide a credit card because you will be charged a copay. PPO members – $20 copay; Custom HMO members – $10 copay.
- Choose a board-certified physician and discuss your medical symptoms using secure and HIPAA compliant technology.
- Visit with the doctor via the mobile app, website or even by phone; no extra cost for after hours or weekends.

### When You Should Use Telemedicine vs Other Medical Providers

**Teladoc**

- Use anytime, anywhere in the U.S. for non-emergency conditions like cold and flu, bronchitis, allergies, rashes and more.

**Doctor Visit**

- Your primary care physician (PCP) is ideal for annual exams and ongoing medical conditions needing regular monitoring.

**Urgent Care**

- Use an urgent care clinic when you need an in-person visit for conditions like earaches, sprains or minor cuts.

**Go to the ER if you need emergency medical care for severe conditions like chest pain, head injury, burns or broken bones.**
Your Mental Health Benefit Offers Choices to Accessing Providers

Optum provides mental health and substance use benefits to non-Medicare eligible members and offers a variety of ways for you to get the care you need:

- In-person office visits
- Virtual visits
- Text or video services offered by Talkspace

No matter how you like to receive care, Optum has an option for you.

Start by finding a provider for an in-person office visit or a virtual visit by going to liveandworkwell.com and clicking on the search box. Sign in or enter using the access code, Pennsylvania. From the search box, you can search by location and other criteria such as type of provider, area of expertise, etc. You can decide on the type of visit you would like:

**In Person Office Visits**

Make an appointment with a mental health provider in your area. At the time of your visit, pay a $20 copay (Choice PPO or Basic PPO members) or a $5 copay (Custom HMO members).

**Virtual Visits**

Talk with 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. Click on “Find a virtual visit provider” in the Behavioral Health Care Search box. Add your location and find a provider. You will pay your office visit copay for each virtual visit.

**Talkspace**

Communicate with a licensed therapist via text, voice and video message from your phone or computer by using Talkspace, an online therapy service. It’s private, confidential and convenient. **This service is currently not covered by your four free SEAP visits.** The office visit copay will apply. One week of texting equals one office visit copay; one video session equals one office visit copay.

Here’s how Talkspace can fit your life:

- Message a licensed therapist, 24/7.
- Find a therapist with an online matching tool.
- Start therapy within hours of choosing your therapist.
- Receive a response from your therapist daily, five days a week.
- Schedule live video sessions, when needed.
- Download the Talkspace app on your mobile phone or computer.

**To access Talkspace:**

- Scroll down to Popular Tools on the liveandworkwell site and go to the box, Introducing Talkspace.
- Pick a time for a free 10-minute video session orientation with your therapist.
- Create a username and password and begin messaging the therapist and download the Talkspace app. You can set a password on your phone so no one can get into this messaging area.
- See the text messages as they come in and keep them for later review. You can also schedule video sessions when it’s convenient.
Finding a mental health provider who’s the right fit for you can make all the difference. It’s an important relationship and you’re sharing personal challenges, worries and life stories. The newly designed guided provider search tool on Liveandworkwell.com helps make sure you find the best match possible so you get the kind of care and support you need, when you need it. Scroll down to Popular Tools. You can find a provider based on your unique needs and specific preferences. You’ll be able to answer a few quick questions and the search tool will find providers who most closely match what you’re looking for.

Let’s find your match
Have a minute? Answer some questions to find providers who meet your needs.

Diabetes Prevention Programs (DPPs)

Non-Medicare Plans
One in three American adults has prediabetes and most don’t know they have it! Prediabetes can lead to diabetes. But prediabetes can be reversed with the right lifestyle changes and a DPP can help you learn health habits that can last a lifetime.

The REHP’s medical plans now offer free DPPs to members who are identified as having prediabetes or score as high risk for developing type 2 diabetes.

A DPP is a year-long program consisting of 16 weekly lessons, followed by monthly sessions for the rest of the year. The lifestyle change program is designed to help you lose weight, adopt healthy habits and reduce your risk for developing Type 2 diabetes.

To see if you qualify and to register for a program:

- **Aetna Choice PPO and Aetna Custom HMO Members:** Aetna partners with Solera Health to administer its DPP. Visit solera4me.com/petbf to take a one-minute quiz to see if you qualify. If you qualify, you can enroll right from the website or call 1-888-913-4508. You can enroll in an online program or a local community program.

- **Highmark Basic PPO Members:** Highmark members have two DPP options - online/mobile app program offered by RetrofitSM or an in-person program offered by the YMCA. Log on to the Highmark member website found on the back of your member ID card (website link is also on www.pebtf.org). Click on Diabetes Prevention. Select either Retrofit or YMCA link.

- **Geisinger Custom HMO:** REHP members are able to attend any of Geisinger’s DPP classes at various community locations, free of charge. Call Geisinger Health and Wellness toll-free at 866-415-7138.
SilverScript Prescription Drug Plan Members

What is the Medicare Part D IRMAA?

The Income-Related Monthly Adjustment amount or “IRMAA” applies to Medicare beneficiaries with high incomes. For example, if your 2019 reported yearly income as a single taxpayer is greater than $85,000 (greater than $170,000 filing jointly), you will be responsible for paying a Part D premium. This is in addition to your monthly Medicare premium. The IRMAA will be further adjusted as income levels increase.

Here are some important points to keep in mind about the Part D IRMAA:

• If you owe an IRMAA, Social Security will send you a letter notifying you of the extra amount you owe. **You have to pay the Part D IRMAA to Medicare** in order to keep your REHP prescription drug coverage. The Part D IRMAA is billed directly by the Centers for Medicare and Medicaid Services (CMS). You pay your Part D IRMAA payment to CMS, not to the REHP or the PEBTF or to your prescription drug plan.

• If you do not pay your Part D IRMAA, you risk disenrollment from your Medicare Part D plan and then you would no longer have REHP benefits.

• **If you have questions about your Part D IRMAA bill**, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Source: www.silverscript.com

Beat Wintertime Tiredness

Step away that cold weather-induced fatigue! According to one study, people who walked more felt less fatigued.
Welcome to the new design of Benefit News. You’ll find benefit info inside.

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 Benefit 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.