# PEBTF OPEN ENROLLMENT

**for Active Members**

## What's Inside



## 2025 PEBTF Open Enrollment

### October 13 to October 31, 2025
### For Active and COBRA Members

It's Open Enrollment time – your annual opportunity to review your medical plan options and select a plan that works best for you and your family. Any change you make will be effective January 1, 2026.

**In 2026, the Basic PPO, Choice PPO and Custom HMO will be provided by Aetna. More details included inside!**

**Highlights Of Your 2026 Benefits**

- Aetna will provide the Basic PPO, Choice PPO, and Custom HMO plans. Highmark and Geisinger will no longer be offered.
- No change in copays or the PPO deductibles.
- Preventive services remain covered at 100% – no copay and no deductible for these services.
- Visit the ***2026 Plan Changes and Open Enrollment Resources*** section of www.pebtf.org for links to the provider directories. Make sure your providers are in network before choosing a plan.

**Coming Soon! New PEBTF Website**

We're excited to announce that a brand new PEBTF website is on the way! It will have a fresh new look that will make finding benefit information even easier. And it's mobile friendly.

We hope to roll it out in the coming months. Stay tuned for updates and sneak peeks on www.pebtf.org.

- Aetna Custom HMO:
  - Will be a statewide plan – that means you can visit an Aetna Custom HMO network provider anywhere in the state, if necessary.
  - Will no longer require referrals from your primary care physician to see a specialist. Visit any Aetna Custom HMO network specialist that you need to see.
- The Basic PPO continues without a PPO biweekly buy-up.
- The Choice PPO additional biweekly buy-up cost (for employees hired on or after August 1, 2003) continues. **The biweekly PPO buy-up will be $23.99 for single coverage and $61.90 for family coverage.** Costs for part-time employees and COBRA members change each year. See page 6 for cost information.
- Visit the ***2026 Plan Changes and Open Enrollment Resources*** section of www.pebtf.org for links to the provider directories. Make sure your providers are in network before choosing a plan.
- Prescription Drug Plan remains the same, though the formulary may change throughout the year.
- Mental Health and Substance Use, Dental, Vision and Hearing Aid plans remain the same.

# Your Options for 2026
# Make the Right Choice for You!

Throughout our lives, our situations change. We may marry or divorce. Some may have little children at home or ones who are at college. At any time, we could be diagnosed with a medical condition and we will need our PEBTF health benefits even more.

Because our lives change, Open Enrollment is the time of year for you to evaluate your medical options to decide which plan works best for you and your family. Here's a look at the medical options and how three fictional members made their decision.

**Helpful Tip:** Preventive care is covered under all options at 100% at no cost to you. Visit www.pebtf.org for a list of covered preventive care services.

## Choice PPO – offered by Aetna

Meet Cindy. Cindy began her career with the Commonwealth in 1998. She and her husband have three children, with two of them attending state universities.

Cindy says. . .

*"I am thankful for my PEBTF health benefits. We were fortunate to have these benefits when my husband was diagnosed with cancer after a routine colonoscopy. With the Choice PPO option we were able to get a second opinion at Johns Hopkins in Baltimore. Johns Hopkins agreed with the course of treatment that our doctor in State College recommended. His surgery, follow-up treatments, and prescription drugs were covered by the PEBTF with very little out-of-pocket costs – we just paid the annual Choice PPO deductible, office visit copays, and some prescription drug copays. It was one less thing to worry about when we were going through this stressful time. I'm happy to report my husband is back to 100% and there is no sign of cancer.*

*We chose the Choice PPO because of the low annual deductibles and the flexibility of being able to see both network and out-of-network providers. Also, two of my children are away from the area attending state universities. We need the flexibility so that they have coverage beyond emergency services wherever they are."*

For Cindy, the advantages of the Choice PPO are:

- Lower deductible amounts than the Basic PPO
- No PPO buy-up because she was hired prior to 8/1/2003
- Flexibility – may visit an in-network or an out-of-network provider

## Basic PPO – offered by Aetna

Meet Michael. Michael just started his career with the Commonwealth in 2023. In his spare time, he likes to visit Pennsylvania state parks and other nature trails. His weekends are spent hitting the road with his Labrador Retriever, Riley.

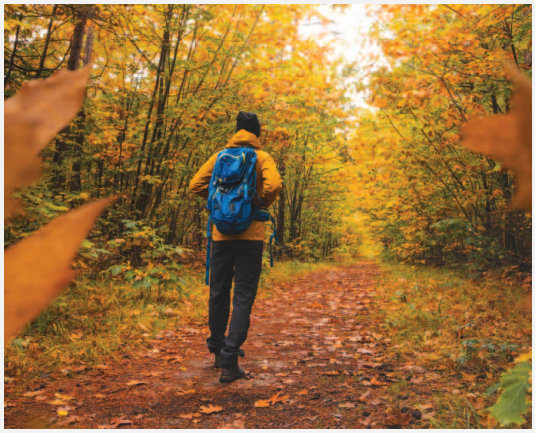
Michael says. . .

*"Because I am a recent new hire, I knew I would have to pay the plan buy-up if I chose the Choice PPO. I prefer not to have additional money taken out of my biweekly pay and decided to take a look at the Basic PPO. This PPO offers the flexibility that I need because it has both an in-network and an out-of-network benefit. Even though the deductible is higher than the Choice PPO, chances are I will not have to pay the deductible because I typically just have a few office visit copays to pay each year. I know I can always visit a network urgent care center if I get hurt or sick while hiking out of town."*

For Michael, the advantages of the Basic PPO include:

- No plan buy-up
- Flexibility – may visit an in-network or out-of-network provider

**Helpful Tip:** Employees hired on or after 8/1/03 pay a buy-up for the Choice PPO. The Basic PPO and PEBTF Custom HMO are offered with no buy-up.



## Custom HMO – offered by Aetna (Pennsylvania residents only)

Meet Janine. Janine joined the Commonwealth in 2015. She lives in the Danville area and is planning on having knee replacement surgery in 2026.

Janine says . . .

*"I have to admit I was skeptical when I saw that the Geisinger Custom HMO wasn't going to be offered in 2026. I was afraid I would lose my doctors and the hospital in my area.*

*I was pleasantly surprised when I took a look at the Aetna Custom HMO network. All of my doctors and the area hospitals are in the Aetna Custom HMO network. And I found out I will no longer need a referral to see a specialist!*

*I also found out that the Aetna Custom HMO network for 2026 is statewide and not regional like it was with Geisinger. I will need to have knee replacement surgery and now I can decide if I want to get the surgery in Philadelphia where my daughter lives. It would be nice to be able to stay with her and her family for a few weeks while I'm recovering.*

*The Custom HMO still offers low copayments and no annual deductible – so I'm happy with my selection. I realize the Custom HMO offers a limited network and not all of the providers in my area are in the network but there are enough providers from which to choose. The limited network allows the copays to remain low and that was a big plus to me."*

For Janine, the advantages of the Custom HMO include:

- No plan buy-up
- No deductible and low copayments
- For 2026, no longer need a referral and can visit an Aetna Custom HMO network provider anywhere in the state, if necessary

**See page 5 for a comparison of the medical plan options or visit www.pebtf.org for a more detailed plan comparison tool**

**Helpful Tip:** The Custom HMO option has the lowest copays but a limited network of providers and hospitals. Visit the **2026 Plan Changes and Open Enrollment Resources** section of www.pebtf.org to link to the Custom HMO provider directory. Review the network of providers before making a decision. **If you don't visit a network provider, you have no coverage under the plan.**

## How Do I Decide Which Medical Option Is Right for Me?

Visit www.pebtf.org > ***2026 Plan Changes and Open Enrollment Resources.***

1. Review the copays and any deductibles. Summary information is on page 5, or use the Plan Comparison Tool on www.pebtf.org.
2. Check the plan's network of providers. The Custom HMO has a limited network of providers. Check the network before you enroll. Select a network primary care physician (PCP) for you and each of your family members at the time of enrollment.
3. Determine if you want to be able to see out-of-network providers. If you do, then you would want to consider one of the PPO plans.
4. Consider any payroll deductions. See page 5.
5. If you are already enrolled in the Aetna Choice PPO or the Aetna Custom HMO and you are happy with your selection, you don't have to do a thing – you'll remain in your current plan for 2026.
   - **If you are a Highmark Basic PPO member and you do not elect another medical plan during Open Enrollment:** You (and any eligible dependents currently on your coverage) will automatically be enrolled in the Aetna Basic PPO effective January 1, 2026.
   - **If you are a Geisinger Custom HMO member and you do not elect another medical plan during Open Enrollment:** You (and any eligible dependents currently on your coverage) will automatically be enrolled in the Aetna Custom HMO, effective January 1, 2026. And, in most cases you will be assigned the same PCP you have today. If your PCP is not participating, you will be contacted to remind you to make a PCP selection during Open Enrollment.
6. **To make a plan change:** Visit Employee Self Service at www.myworkplace.pa.gov to complete your enrollment between October 13 and October 31, 2025. Contact your local HR office if your agency is not supported by the HR Service Center. Information will be included in the Open Enrollment materials.

### Open Enrollment Changes are Effective January 1, 2026

- If you want to make a change, you must do so by **Friday, October 31** (see below for details on automatic enrollment for current Highmark Basic PPO and Geisinger Custom HMO members).
- During Open Enrollment, you may remove any dependents without a qualifying life event, which is recommended only if your dependent has other coverage.
- You will receive a new medical ID card in mid-December even if you do not make a plan change. Provide the new ID card to your providers after January 1, 2026.

### Attend an Aetna-hosted webinar or conference call where you can ask questions.

**Webinars:**

**Thurs., Oct. 9, 10 a.m.** **Wed., Oct. 22, 10 a.m.**

**Go to https://aet.na/pebtfbenefits or click on the QR code to attend.**

**Conference Call:**

**Tues., Oct. 14, 2 p.m.**

**Call 1-800-348-8581**

## Your Plan Choices – at a Glance

| | Choice PPO (Aetna) | Basic PPO (Aetna) | Custom HMO (Aetna) |
|---|---|---|---|
| **Cost of Benefits Full-time Employees** | You pay the health care contribution through payroll deduction, which is 5.5% of your base pay or 2.75% of your base pay if you complete a Get Healthy wellness screening. Effective July 1, 2026, the contribution increases to 6% of your base pay or 3% of your base pay if you participate in Get Healthy.** | | |
| **Biweekly buy-up**<br>▪ **Single**<br>▪ **Family**<br>*Does not apply to employees hired prior to 8/1/03 | $ 23.99 *<br>$ 61.90 * | $0<br>$0 | $0<br>$0 |
| **Annual Network Deductible (no changes)**<br>Must be paid first for (other than preventive care and gene therapy): Hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits), imaging, skilled nursing facility care and home health care. | $400 single<br>$800 family | $1,500 single<br>$3,000 family | $0 |
| **Copays (no changes)** | $20 PCP<br>$45 specialist<br>$50 urgent care<br>$200 ER (waived if admitted) | $20 PCP<br>$45 specialist<br>$50 urgent care<br>$200 ER (waived if admitted) | $5 PCP<br>$10 specialist<br>$50 urgent care<br>$150 ER (waived if admitted) |
| **Visit network providers only** | | | ✓ |
| **Limited provider network** | | | ✓ |
| **May visit out-of-network providers (at additional cost)** | ✓ | ✓ | |

**All benefits are limited to covered services that are determined by the plan to be medically necessary. For more detailed information visit www.pebtf.org.**

** For details, refer to your applicable collective bargaining agreement/memorandum of understanding.

## For More Information

**PEBTF Website**

**Visit www.pebtf.org > 2026 Plan Changes and Open Enrollment Resources.** View the plan benefits, check out the plans' provider directories, and compare plans in your county of residence.

Learn more about your benefits by viewing the PEBTF webinar. Feel free to view it anytime.

**Ask Aetna**

*Attend an Aetna-hosted webinar or conference call where you can ask questions. See page 4 for details!*

Non-Aetna members may reach out to Aetna at 1-833-770-1102 for any questions such as covered services, medical policies, network providers, transition of care, prior authorizations, etc.

***Transition of Care:*** Highmark and Geisinger members who are currently undergoing treatment for cancer or maternity care may reach out to Aetna at 1-833-770-1102.

***Prior Authorizations:*** Prior authorizations from Highmark and Geisinger that were approved and will still be active after 1/1/26, will be honored by Aetna.

Current Aetna members, call the phone number on the back of your Aetna ID card.

**Contact the PEBTF**

**By Phone:** Call 1-800-522-7279 or email openenrollment@pebtf.org.

**In Person:** You can visit the PEBTF office at 150 S. 43rd St., Harrisburg. Appointments are available the last Thursday of each month (except on holidays). Please call the PEBTF to schedule. Appointments must be scheduled in advance. Unscheduled walk-ins are not accepted.

**Contact the HR Service Center (or your local HR office if your agency is not supported by the HR Service Center)**

**By Phone:** Call Call 1-866-377-2672

Visit www.employeeresourcecenter.oa.pa.gov for benefit-related information and enrollment guidance.

Visit Employee Self Service at www.myworkplace.pa.gov to complete your enrollment beginning October 13. All online transactions must be completed, and all forms must be postmarked by **Friday, October 31.**

## Cost of Benefits

### *Full-Time Employees*

- You pay the health care contribution through payroll deductions. Save money by participating in the Get Healthy Program.
- The Basic PPO and Custom HMO options are offered at no additional cost to you.
- You may purchase, through payroll deductions, the Choice PPO for an additional biweekly plan buy-up cost (employees hired on or after August 1, 2003 only). The biweekly PPO buy-up will be $23.99 for single coverage and $61.90 for family coverage.

### *Part-Time Employees*

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

**Part-Time Employees**
**Cost of Single Coverage Biweekly**

| | Medical Only | Medical + Prescription Drug | Medical + Supplemental | Medical + Prescription Drug + Supplemental |
|---|---|---|---|---|
| **Choice PPO** | $176.38 | $ 221.93 | $ 184.37 | $ 229.92 |
| **Basic PPO** | $152.39 | $ 197.94 | $ 160.38 | $ 205.93 |
| **Custom HMO** | $161.81 | $ 207.36 | $ 169.80 | $ 215.35 |
| **Prescription Drug Only** | $ 45.55 | | | |
| **Supplemental Only** | $ 7.99 | | | |

**Part-Time Employees**
**Cost of Family Coverage Biweekly**

| | Medical Only | Medical + Prescription Drug | Medical + Supplemental | Medical + Prescription Drug + Supplemental |
|---|---|---|---|---|
| **Choice PPO** | $ 436.11 | $ 553.64 | $ 456.69 | $ 574.22 |
| **Basic PPO** | $ 393.16 | $ 510.69 | $ 413.74 | $ 531.27 |
| **Custom HMO** | $ 417.47 | $ 535.00 | $ 438.05 | $ 555.58 |
| **Prescription Drug Only** | $ 117.53 | | | |
| **Supplemental Only** | $ 20.58 | | | |

**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.

**Open Enrollment is more than just selecting a health plan. Here are some important things to consider this time of year:**

- **Are all your dependents/beneficiaries up to date?** Consider your life insurance policy, pension, and other benefits where you have beneficiaries listed.
- **Is your address up to date?** If you've moved this year, make sure that your agency has your correct address. This can have an impact on benefits and taxes.
- **Voluntary Benefits:** Some voluntary benefits, such as the Health Care Flexible Spending Account and the Dependent Care Account Program, require you to re-enroll every year.
- **Are your benefits up to date?** It's your annual opportunity to consider additional benefits that offer discounts, cash payments, or even tax-saving opportunities for your existing coverages.
  - If your agency is supported by the HR Service Center or you are in the Liquor Control Board, watch for information in your email or visit www.employeeresourcecenter.oa.pa.gov.
  - For agencies not supported by the HR Service Center, look for information from your agency throughout the year on benefits and programs that may be important to you.

## Get Healthy *Know Your Numbers*

### *Reminder*

Complete your wellness screening by December 31, 2025, and save money beginning July 1, 2026. The Commonwealth's health care contribution* increases to 6% of your gross biweekly pay on July 1, 2026, but pay just 3% by completing a wellness screening. For a salary of $68,000, that's a savings of $2,040 a year.

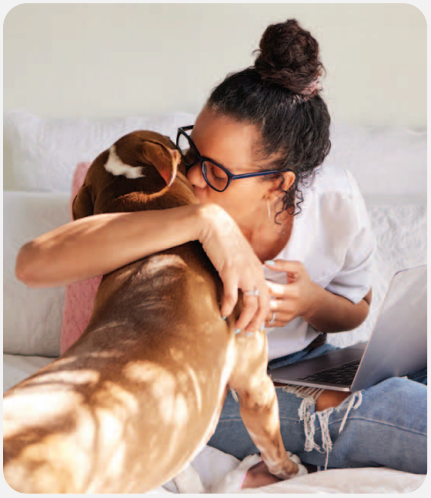
To get started, visit www.pebtf.org and click on the Get Healthy logo and follow the instructions to go to the Quest Diagnostics website. You will find FAQs, helpful tips, and a comparison chart, too.

**To Learn More About Your Benefits, Visit www.pebtf.org**

**Summary of Benefits & Coverage (SBC):** SBCs include standard information to help you understand and compare your medical plan options. View it online at www.pebtf.org or request a copy be mailed to your home. You may also call the PEBTF to request a copy.

**Summary Plan Description (SPD)**: SPD includes detailed information about your benefits.

**Benefit News:** Watch for future newsletters or other benefit communications, which will include any benefit updates.



*For details, refer to your applicable collective bargaining agreement/memorandum of understanding.

## Annual Notification

### Important Information about the Women's Health and Cancer Rights Act of 1998

On October 21, 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. The PEBTF health plans already comply with this important legislation, requiring health plans to cover:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Coverage will be provided in a manner determined in consultation with the attending physician and the patient. Coverage may be subject to deductibles and coinsurance, as detailed in your specific plan option.

## 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.

PEBTF
Pennsylvania Employees
Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111-5700

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**Postmaster, please deliver between October 1 and October 10, 2025.**

Local: 717-561-4750
Toll Free: 800-522-7279

PEBTF telephone hours:
8 a.m. to 5 p.m.

This newsletter is available in an alternative format. Please contact the PEBTF to discuss your needs.

Find us on Facebook, PEBTF, for wellness and benefit information.

# IMPORTANT OPEN ENROLLMENT INFORMATION

**Visit www.pebtf.org, *2026 Plan Changes and Open Enrollment Resources.***
**If you want to make a change, do so by Friday, October 31, 2025.**

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.

The PEBTF complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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).).