



2018 2018 PEBTF Open Enrollment October 22, 2018 to November 9, 2018 For Medicare Eligible Retirees and COBRA Members

Open enrollment is your annual opportunity to review your medical plan options for the coming year. Take a look at the information contained in this newsletter. The good news is there are no copay changes for 2019. As a Retired Employees Health Program (REHP) Medicare-eligible member, you can choose either a Medicare HMO or a Medicare PPO. If you are happy with your current medical plan, there is no need to make a change. Plan changes will be effective January 1, 2019.

Helpful Tip: For more information:

- Review this newsletter
- Visit www.pebtf.org and click on “**2018 Open Enrollment**” to view the medical plan materials and search for network providers
- Call the PEBTF at 1-800-522-7279 with questions

What’s Staying the Same for Plan Year 2019?

- ✓ The same plans continue to be offered.
- ✓ There are no copay changes to your medical and prescription drug plans.
- ✓ You continue to pay the Medicare Part B premium.
- ✓ The Medicare plans continue to provide comprehensive benefits.

What’s Changing for Plan Year 2019?

- ✓ Aetna MedicareSM Plan (PPO) annual deductibles may change. The annual deductibles are based on the Medicare Part B deductible and are subject to change each year. As of the date of this mailing, Medicare has not released the deductible amounts for 2019.
- ✓ Rates for survivor spouses and billable members change each year. Survivor spouses and billable members should refer to the separate rate mailing they received.

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All Medicare-eligible members are receiving this newsletter. If you are turning 65 between now and April 30, 2019, you also are receiving this newsletter so that you can read about the medical plans offered to you as a Medicare-eligible member.

Open Enrollment Checklist

- ✓ Review this newsletter.
- ✓ See what plans are available in your county of residence (page 4).
- ✓ Visit www.pebtf.org, 2018 Open Enrollment, for more information and links to health plan websites.
- ✓ Consider your options if you want to make a plan change. You, your spouse and Medicare-eligible dependents do not have to be enrolled in the same option – you may each choose your own plan.
- ✓ Check that your doctors are in the network of the plan you are considering.
- ✓ Review monthly rates if you are a billable member, survivor spouse or COBRA member (PEBTF will send you a letter).
- ✓ Visit page 5 for instructions on how to change plans.
- ✓ Contact the PEBTF at 1-800-522-7279 with any questions.

How Do I Choose the Best Plan for Me?

If you are happy with your current Medicare PPO or HMO:	You don't have to do anything during this Open Enrollment. You will remain in your current plan.
If you want to save some money:	You may want to consider a Medicare HMO. There is no annual deductible and you only pay copayments for office visits, outpatient therapies, etc.
If you want flexibility:	You may want to consider the Medicare PPO. You have both a network and an out-of-network benefit with the Medicare PPO. If you see doctors that are not part of the plan's network, you still receive benefits, but at a higher out-of-pocket cost.
If some of your doctors are not in your current plan's network:	Take a look at the other plan available in your county of residence. You may contact the plan to request a provider directory or visit www.pebtf.org to link to the health plans' websites to view online directories. Click on " 2018 Open Enrollment. "

The above are suggestions. We are not providing any kind of counsel on which plan you should pick.



How Do the Medicare HMO and Medicare PPO Options Compare?

	Medicare HMO	Medicare PPO	
	Network Only	In-Network	Out-of-Network
Annual Deductible	None	Annual Medicare Part B deductible, which is subject to change each year	2 times the annual Medicare Part B deductible, which is subject to change each year
Annual Out-of-Pocket Maximum	\$2,500	\$2,500 per year – for all network and out-of-network costs (includes the deductible)	
Primary Care Physician Office Visits	\$20 copay	\$20 copay (after deductible)	80% plan payment* (after deductible)
Specialist Office Visit	\$30 copay	\$30 copay (after deductible)	80% plan payment* (after deductible)
Preventive Care (as outlined by Medicare)	Covered 100%	Covered 100%	80% plan payment* (after deductible)
Annual Physical	Covered 100%	Covered 100%	80% plan payment* (after deductible)
Hospitalization	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Surgery	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Outpatient Therapies (physical, occupational, cardiac, speech, pulmonary, chiropractic)	\$20 copay	\$20 copay	80% plan payment* (after deductible)
Mental Health Care	Covered 100%; outpatient visits - \$20 copay	Covered 100%; outpatient visits - \$20 copay (after deductible)	80% plan payment* (after deductible)
Home Health Care	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Skilled Nursing Facility Care	Covered 100% (100 days per benefit period)	Covered 100% (100 days per benefit period) (After deductible)	80% plan payment* (after deductible)
Urgent Care	Covered 100% after \$50 copay		
Emergency Care	Covered 100% after \$100 copay (waived if the visit leads to an inpatient admission to the hospital)		
Durable Medical Equipment/ Prosthetics	Covered 100%	Covered 100% (after deductible)	80% plan payment* (after deductible)
Diabetic Supplies	Covered 100% for test strips, lancets and glucometer	Covered 100% for test strips, lancets and glucometer	80% plan payment* (after deductible)
Fitness	Fitness club benefit (check with health plan for specific information)	Fitness club benefit (check with health plan for specific information)	Not covered
Lifetime Maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum

*Member pays 20%

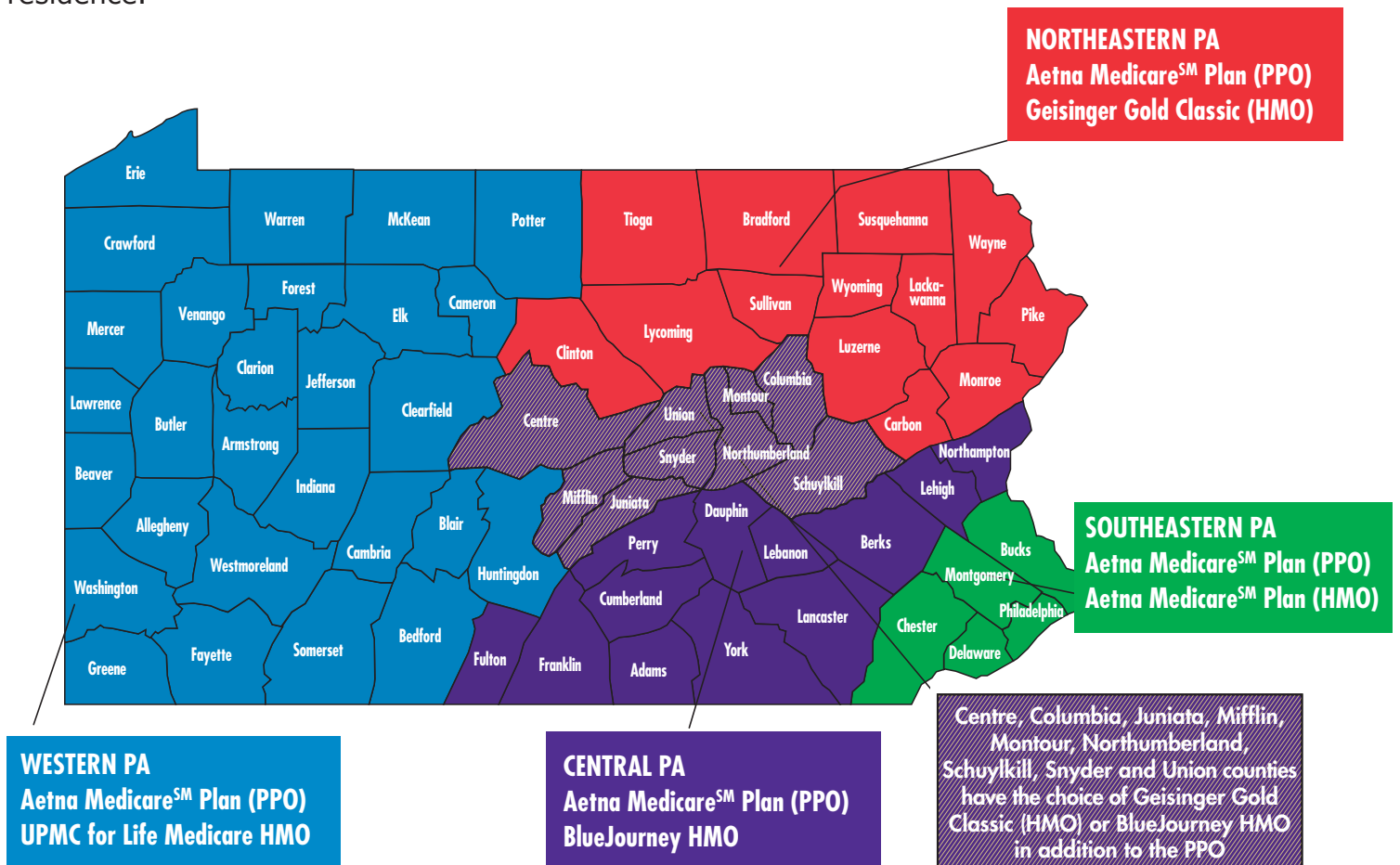
All benefits are limited to covered services that are determined by the plan to be medically necessary.

You continue to pay the Part B premium no matter which option you choose. Survivor spouses and billable members should refer to the rates that were mailed to them.

Summary only – for complete details, refer to your REHP Benefits Handbook.

What Plans Are Available in My County?

Contact the PEBTF to find what plans are available in your county of residence.



Medicare PPO available throughout Pennsylvania and nationally:

- **Aetna MedicareSM Plan (PPO) – 800-307-4830**
www.aetna.com

The Medicare HMO plans vary by region:

- **Aetna MedicareSM Plan (HMO) – 800-307-4830**
www.aetna.com
Available in Southeastern Pennsylvania region and in some areas outside Pennsylvania
- **BlueJourney HMO – 888-233-7064**
www.capbluecross.com/pebtfmedicare
Available in Southcentral Pennsylvania region
- **Geisinger Gold Classic (HMO) – 800-540-8653**
www.thehealthplan.com
Available in Northeastern Pennsylvania region
- **UPMC for Life Medicare HMO – 866-517-2803**
www.upmchealthplan.com
Available in Western Pennsylvania region

How Do I Change Medical Plans?

If you want to change to the Aetna MedicareSM Plan (PPO): Call the PEBTF at 1-800-522-7279 and a Benefit Services Representative can take your enrollment information. You must call the PEBTF by **Friday, November 9, 2018**.

If you want to change to a Medicare HMO: Contact the Medicare HMO in your area to request an enrollment packet. The Medicare HMO telephone numbers appear on page 4. The enrollment form will be included in the packet. Complete the enrollment form and mail it to the Medicare HMO postmarked by **Friday, November 9, 2018**. The Medicare HMO also can take your enrollment information over the telephone.

You, your spouse and any Medicare eligible dependents should each complete a separate enrollment form if each person wants to change to a Medicare HMO. You, your spouse and Medicare eligible dependents do not have to be enrolled in the same option – you may each choose your own plan.

The Medicare HMO will notify the PEBTF and SERS of your enrollment.

If you have a family member enrolled in benefits who is not eligible for Medicare, you also should have received the Non-Medicare Eligible Retirees Open Enrollment Newsletter in early-October. That Open Enrollment is being held **October 15, 2018 to November 2, 2018** and your non-Medicare eligible dependent can make a plan change during that time.

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.

If you make a medical plan change during this open enrollment, you will receive a new medical plan ID card in late December.

Do not destroy your red, white and blue Medicare ID card. While you do not need to present this ID card for medical care, you should keep this card in case it is needed in the future.

How Do I Get Answers?

The following resources are available to you:

For More Information	
PEBTF Website	Visit www.pebtf.org > 2018 Open Enrollment for detailed information and to link to the health plan provider directories.
Contact the PEBTF	Call 1-800-522-7279 to speak to a Benefit Services representative or email openenrollment@pebtf.org . The representative can review coverage options, copays and deductibles.
Contact PEBTF Health Advocate	Health Advocate is another resource to help you and your family resolve health care and insurance-related issues and help locate network doctors and providers that are part of the network of the plan you are considering. Call 1-855-855-4238 or www.HealthAdvocate.com/PEBTF .

Benefit News

2019 Medicare HMO and PPO Plan Materials

You will be receiving 2019 information from your Medicare plan. The Centers for Medicare and Medicaid Services (CMS) require that information about your Medicare PPO or HMO plan be mailed to you each year. Keep these documents with your other important papers and dispose of any old materials when you receive the 2019 updates. The documents are for informational purposes only.

Medicare is Issuing New Cards

The Centers for Medicare & Medicaid Services (CMS) began mailing new Medicare cards in April 2018 and will continue to mail them through April 2019. The card includes a new Medicare number that is unique to you. Your Social Security number is no longer on your card.

When you receive your new Medicare card, destroy the old one. Because you are enrolled in a Medicare PPO or Medicare HMO, you do not have to present your Medicare card at the doctor's office; you will continue to use your ID card from the medical plan.

Make sure your mailing address is up to date with both Medicare and SERS. If your address needs to be corrected, contact Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778. You may contact SERS at 1-800-633-5461.

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 2017 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. Important points about the Part D IRMAA to keep in mind:

- If you owe an IRMAA, Social Security will send you a letter notifying you that the extra amount you owe will be added to your Medicare Part D premium. The REHP can only pay your Part D plan premiums. **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 Medicare, not to the REHP or the PEBTF or to your prescription drug plan.
- If you do not pay your IRMAA, you risk disenrollment from your Medicare Part D plan.
- **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

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 119 of the handbook. Go to www.pebtf.org and click on the box, **REHP Benefits Handbook for Retiree Members, April 2018**. 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.

- 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)

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 Y: 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).

فتاه مقر) 1-800-522-7279-1 مقرب لصرتا. ن اجم اب كل رفاوتت ةيوع لل ا دع اسم ل ا تامدخ ن اف، ةغلل رلذا ثدحتت تنك اذا: ةظوح لم مكلبال او مصلا) 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).

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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).

සුභනා: ඔබේ මව්: ශ්‍රී ලංකා භාෂා සහාය සේවාවලට මාරා මාදි ඉවහල් වූ ඔබ. දුර කථා 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 6 and
October 19, 2018.**

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 AND BENEFIT INFORMATION

Flu Season is Right Around the Corner and It's Time to Get Your Flu Shot

It's the time of year to get a flu shot. The REHP provides you with this important preventive care benefit as part of the benefits you receive from your Medicare health plan.

Visit your doctor for your flu shot. Some of the Medicare plans may offer alternatives, such as getting your flu shot at certain pharmacy chains. For more information, contact your medical plan by calling the number that appears on your medical ID card.



Other Covered Preventive Immunizations

Your Medicare HMO and PPO plans cover the following preventive immunizations. Visit your doctor for these vaccines.

- Pneumonia
- Hepatitis B

Your SilverScript Prescription Drug Plan covers the following preventive immunization according to Medicare guidelines. Present your prescription drug ID card at a network pharmacy and pay the copay.

- Shingles