

Open Enrollment Changes Effective January 1, 2014



Any health plan change you made during the fall 2013 Open Enrollment went into effect on January 1, 2014.

- ✓ If you made a plan change, please present your new medical plan ID card at your doctor's office. Destroy any old health plan ID cards.
- ✓ For retirees who pay for their coverage, you were notified of the change in the fall. You should have received the monthly coupons. Please make sure to remit the correct monthly premium amount for 2014.
- ✓ There are no changes to your prescription drug plan. As always, there may be some formulary changes for 2014, and some medications may have moved from preferred to non-preferred and could result in a higher cost to you. Visit www.pebtf.org to view the formulary of the most common medications. To

price a medication, you may visit www.pebtf.org and click on Links to find the prescription drug plan websites – CVS Caremark for non-Medicare eligible retirees and SilverScript for Medicare-eligible retirees.

- ✓ For non-Medicare eligible retirees: Durable medical equipment (DME), prosthetics, orthotics, medical supplies and diabetic supplies are provided by DMEnson Benefit Management for all members except those enrolled in the CDHP. The telephone number for DMEnson appears on your medical ID card. For more information, visit www.pebtf.org to view the REHP Benefits Handbook.

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Medicare Eligible Members

Medicare Information for 2014

- The Medicare Part B premium, usually deducted from your monthly Social Security benefit, is \$104.90 for most retirees. If you make more than \$85,000 (single), \$170,000 (joint) per year, your monthly premium is higher.
- Members Enrolled in Aetna MedicareSM Plan (PPO): The annual in-network deductible remains at \$147 per year. You must pay the first \$147 of costs before the plan pays for any medical services. For out-of-network care, your annual deductible is \$294 a year. After you meet the annual deductible, you will pay low copayments.
- Shingles vaccine (Zostavax) now covered under your prescription drug plan for all Medicare-eligible members, age 60 and older enrolled in a Medicare HMO or Medicare PPO.

Your Important Health Numbers

The Retired Employees Health Program (REHP) offers an annual physical benefit under all medical plans. The annual physical is an important preventive care benefit and you should be visiting your doctor for this screening.

There are some important numbers that you should know to help better maintain your health:

- Blood pressure
- Cholesterol
- Glucose
- Weight

Take a look at the following articles for information about each important screening tool. Discuss what tests you need with your doctor.



High Blood Pressure – The Silent Killer

High blood pressure (hypertension) is defined as a consistently elevated blood pressure exceeding 140/90 mm Hg.

Normal blood pressure is below 120/80; blood pressure between 120/80 and 139/89 is called "pre-hypertension," and a blood pressure of 140/90 or above is considered high.

The top number, which is the systolic blood pressure, corresponds to the pressure in the arteries as the heart contracts and pumps blood into the arteries. The bottom number, the diastolic pressure, represents the pressure in the arteries as the heart relaxes after the contraction. The diastolic pressure reflects the lowest pressure to which the arteries are exposed.

High blood pressure is called "the silent killer" because it often causes

no symptoms for many years, even decades, until it finally damages certain critical organs.

Poorly controlled high blood pressure ultimately can cause damage to blood vessels in the eye, thickening of the heart muscle and heart attacks, hardening of the arteries (arteriosclerosis), kidney failure and strokes.

If you have an elevated blood pressure, you should follow up with your doctor to discuss changes in your lifestyle and possible medication.

There are several classes of antihypertensive medications and your doctor will choose the best medication for you.

The goal of therapy for hypertension is to bring the blood pressure down below 140/85 in the general population and to even lower levels in diabetics, African Americans, and people with certain chronic kidney diseases.

Lifestyle adjustments in diet and exercise and compliance with medication regimes are important factors in determining the outcome for people with hypertension.

High salt intake, obesity, lack of regular exercise, excessive alcohol or coffee intake, and smoking may all adversely affect the outlook for the health of an individual with high blood pressure.

Source: www.onhealth.com

High Blood Pressure: The Silent Killer

- 2nd leading cause of death in the U.S.

If you have high blood pressure, you are:

- 3X more likely to have a heart attack
- 5X more likely to develop heart failure
- 8X more likely to suffer a stroke

Source: Aetna

High Cholesterol

We have all seen information on food packaging that touts the product is cholesterol free. Or, we've seen the pharmaceutical companies' commercials on medications that lower cholesterol. So, what is cholesterol? Cholesterol is a waxy substance that's found in the fats (lipids) in your blood. While your body needs cholesterol to continue building healthy cells, having high cholesterol can increase your risk of heart disease.

When you have high cholesterol, you may develop fatty deposits in your blood vessels. Eventually, these deposits make it difficult for enough blood to flow through your arteries. Your heart may not get as much oxygen-rich blood as it needs, which increases the risk of a heart attack. Decreased blood flow to your brain can cause a stroke.

High cholesterol can be inherited, but it's often the result of unhealthy lifestyle choices, and thus preventable and treatable. A healthy diet, regular exercise and sometimes medication can go a long way toward reducing high cholesterol.

Total Cholesterol: A cholesterol result below 200 is desirable, 200 to 239 is borderline high and greater than 239 is high.

Cholesterol is carried through your blood, attached to proteins. This combination of proteins and cholesterol is called a lipoprotein. You may have heard of different types of cholesterol, based on what type of cholesterol the lipoprotein carries. They are:

High-density lipoprotein (HDL): HDL, or "good," cholesterol picks up excess cholesterol and takes it back to your liver. HDL is associated with decreased risk of coronary heart disease. Decreased risk factor is an HDL greater than or equal to 60.

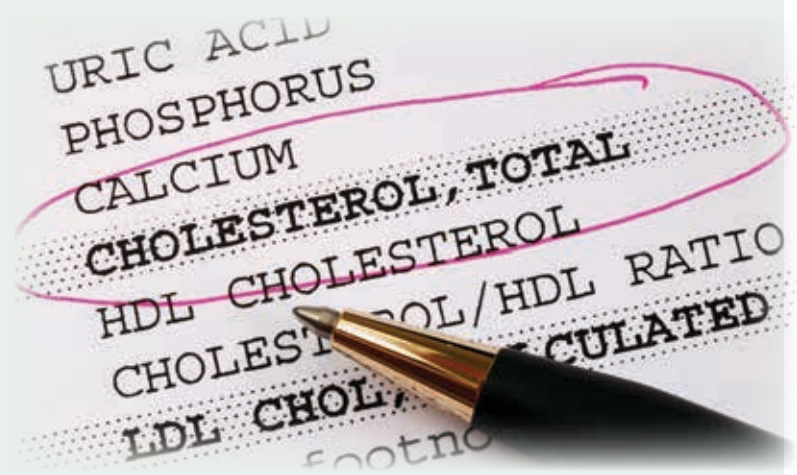
Low-density lipoprotein (LDL): LDL, or "bad," cholesterol transports cholesterol particles throughout your body. LDL cholesterol builds up in the walls of your arteries, making them hard and narrow.

Factors within your control — such as inactivity, obesity and an unhealthy diet — contribute to high LDL cholesterol and low HDL cholesterol. Factors beyond your control may play a role, too. For example, your genetic makeup may keep cells from removing LDL cholesterol from your blood efficiently or cause your liver to produce too much cholesterol.

You're more likely to have high cholesterol that can lead to heart disease if you have any of these risk factors:

- **Smoking.** Cigarette smoking damages the walls of your blood vessels, making them likely to accumulate fatty deposits. Smoking may also lower your level of HDL, or "good," cholesterol.
- **Obesity.** Having a body mass index (BMI) of 30 or greater puts you at risk of high cholesterol.
- **Poor diet.** Foods that are high in cholesterol, such as red meat and full-fat dairy products, will increase your total cholesterol. Eating saturated fat, found in animal products, and trans fats, found in some commercially baked cookies and crackers, also can raise your cholesterol level.
- **Lack of exercise.** Exercise helps boost your body's HDL "good" cholesterol while lowering your LDL "bad" cholesterol. Not getting enough exercise puts you at risk of high cholesterol.
- **High blood pressure.** Increased pressure on your artery walls damages your arteries, which can speed the accumulation of fatty deposits.
- **Diabetes.** High blood sugar contributes to higher LDL cholesterol and lower HDL cholesterol. High blood sugar also damages the lining of your arteries.
- **Family history of heart disease.** If a parent or sibling developed heart disease before age 55, high cholesterol levels place you at a greater than average risk of developing heart disease.

Source: www.mayoclinic.com; Quest Diagnostics Blueprint for Wellness®



Pre-Diabetes and Diabetes

This part of a blood test screens for problems with the way your body processes sugar. A fasting glucose level above the desired range can suggest the possibility of diabetes and requires follow-up with your doctor. Optimal fasting glucose reading is 65 – 99 (mg/dL); an impaired reading is 100 to 125 (mg/dL).

In the United States, 25.8 million children and adults, or 8.3 percent of the population, have diabetes (January 2011 statistics). Of these 25.8 million, 7 million are undiagnosed. As many as 79 million are pre-diabetic.

Types of Diabetes:

Gestational diabetes: This type of diabetes occurs during pregnancy. If you have had gestational diabetes, you are at higher risk of having it with future pregnancies and of developing Type 2 diabetes later in life.

Type 1 diabetes is usually diagnosed in children and young adults and only 5 percent of the population with diabetes has this form.

Type 2 diabetes is the most common form of diabetes. With this type, the body does not use insulin properly. Some people manage their diabetes with healthy eating and exercise. Others may be prescribed an oral medication and/or insulin to help meet their target glucose levels.

Lowering your risk for Type 2 Diabetes:

Losing Weight: Lower your risk of Type 2 diabetes by 58 percent by just losing 7 percent of your body weight (15 pounds if you weigh 200 pounds).

Exercising: Just 30 minutes a day of brisk walking, 5 days a week. If you can't get to an ideal body weight, losing even 10 to 15 pounds may make a difference.



Common Symptoms of Diabetes:

- Urinating often
- Feeling very thirsty
- Feeling very hungry - even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Weight loss - even though you are eating more (Type 1)
- Tingling, pain, or numbness in the hands/feet (Type 2)

Complications of Diabetes:

If you do have diabetes, it is important that you follow your doctor's advice to control your diabetes. Complications of diabetes include the following:

- Heart disease and stroke
- High blood pressure
- Blindness
- Kidney disease
- Neuropathy
- Amputation of lower limb

Source: www.diabetes.org

Losing Weight

Body Mass Index (BMI) is an indication of body fat and is calculated from weight and height measurements. Normal BMI is between 18.5 and 24.9, overweight is between 25.0 and 29.9 and obese is greater than 29.9. The previously listed chronic illnesses may all be improved if you lose weight.

We all know that to lose weight, we have to use more calories than we take in each day. One pound equals 3,500 calories. To successfully and healthfully lose weight, and keep it off, most of us need to subtract 500 calories per day from our diet to lose about one pound per week. You can accomplish that through diet and exercise – cut 250 calories a day

and exercise to burn 250 calories a day.

Below is a chart that shows the approximate calories spent per hour for a particular activity:

Tips to Help You Lose Weight

- Use smaller plates
- Load your plate with vegetables
- Eat dessert only once a week
- Keep a food and exercise diary
- Walk more

If you have a smartphone, there are online apps to help track your food intake, calories and exercise.

Or consider investing in a device that tracks your steps/activity and calories.



Activity	100 lb	150 lb	200 lb
Bicycling, 6 mph	160	240	312
Bicycling, 12 mph	270	410	534
Jogging, 7 mph	610	920	1,230
Jumping rope	500	750	1,000
Running 5.5 mph	440	660	962
Running, 10 mph	850	1,280	1,664
Swimming, 25 yds/min	185	275	358
Swimming, 50 yds/min	325	500	650
Tennis, singles	265	400	535
Walking, 2 mph	160	240	312
Walking, 3 mph	210	320	416
Walking, 4.5 mph	295	440	572

Source: www.heart.org

Stop Smoking - Quit For Life® Can Help Benefit for Non-Medicare Eligible Members

Every year, you repeat the same cycle – make a resolution, quit, start again. This year, change the way you approach quitting. Every year, “quit smoking” emerges as one of the most popular New Year’s resolutions.¹ Perhaps you are one of the people who plans to quit the day you hang up your new calendar. Quitting with the start of a new year can bring a feeling of starting afresh, but if you resolve year after year, only to start again, it may be time for the Quit For Life® Program. This year, don’t resolve to quit for 2014, resolve to extinguish tobacco for the last time.

It’s not surprising that quitting is a common resolution. A reported 75% of smokers say they would like to give up smoking. However, the average smoker has made 4.1 quit attempts.² Maybe you have the motivation to quit, but you’re not ready. Maybe you want to quit for your family, for your health, or to save money. Rather than trying to quit by yourself again, make this year the year you reach out for individualized support that works.

When you enroll in the Quit For Life® Program, an experienced Quit Coach® will help you create a detailed plan that works, helping you realize your goal of quitting in 2014. The program includes unlimited calls with Quit Coaches, online community support, and you might even qualify for nicotine replacement therapy, such as patches or gum. Call today to get started with your everlasting quit.



Call 1-866-QUIT-4-LIFE
(1-866-784-8454),
or log on to
www.quitnow.net/PEBTF
for details or to enroll.

Medicare eligible members:
Contact your Medicare HMO or
Medicare PPO for information about
smoking cessations programs.

¹ <http://www.usa.gov/Citizen/Topics/New-Years-Resolutions.shtml>

² <http://www.gallup.com/poll/23791/smoking-habits-stable-most-would-like-quit.aspx>



REHP May Cancel Your Coverage for Fraud or Intentional Misrepresentation

IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the REHP 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.

Your Benefit Questions Answered

Do you have a question about your REHP benefits that you would like to appear in the newsletter? Submit your question to Communications@pebtf.org, mail it to Communications, PEBTF, 150 S. 43rd Street, Harrisburg, PA 17111-5700 or fax it to Communications, 717-561-1696. Please include your full name, address, and daytime phone number. Only your first name will appear in print. If the PEBTF publishes your question in a future newsletter or in the FAQ section of the PEBTF website, you will receive a pedometer to help you walk your way to better health.



What is preauthorization? My doctor's office mentioned this when he ordered an MRI for my back.

— Jack

Preauthorization is required by the health plans. It is an advance review of your proposed treatment to ensure it is medically necessary. If you visit a network provider, that provider usually handles the preauthorization for you. Preauthorization is typically required for all elective inpatient admissions, outpatient rehabilitation therapies, home health care and high technology radiology services such as MRI. The preauthorization requirements may vary by plan. Your provider should be aware of the requirements of the plan. The preauthorization telephone number appears on your ID card.

Preauthorization is not a guarantee of payment. The medically-necessary service that is being authorized must be a covered benefit under the PEBTF.

Certificate of Coverage

The PEBTF issues Certificates of Creditable Coverage to all members (employees, spouses/domestic partners and dependents) whose coverage with the PEBTF is terminated. The Certificate provides evidence of prior coverage that may be used to offset pre-existing medical conditions in new medical coverage. The Certificate will be mailed to an active employee who retires because the employee is being terminated from the PEBTF's active medical coverage and being enrolled in the Retired Employees Health Program (REHP) as a retiree.

For Information About Help in Paying for Your Health Insurance Coverage

See the *Additional Information* section of Retired Employees Health Program (REHP) Benefits Handbook. In Pennsylvania, you may contact Medical Assistance (Medicaid) Premium Assistance, <http://www.dpw.state.pa.us>, 1-800-644-7730.

Reminder: Dependent Attestation No Longer Needed

If you have a dependent under the age of 26 on your REHP coverage, you no longer need to complete an annual attestation. Dependents are now able to remain on REHP coverage even if they are eligible for other employer coverage.

PEBTF

**Pennsylvania Employees
Benefit Trust Fund
150 South 43rd St., Suite 1
Harrisburg, PA 17111-5700**

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)

PEBTF Benefit News is available in
an alternative format. Please contact
the PEBTF to discuss your needs.



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IMPORTANT BENEFIT INFORMATION

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 Benefits 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.

February is American Heart Month

Heart disease is the leading cause of death for both men and women. You can make healthy changes to lower your risk of developing heart disease. Controlling and preventing risk factors is also important for people who already have heart disease. To lower your risk:

- Watch your weight
- Quit smoking and stay away from secondhand smoke
- Control your cholesterol and blood pressure
- If you drink alcohol, drink only in moderation
- Get active and eat healthy

Source: www.healthfinder.gov

