

# Weight Loss: Are you Ready to Get Serious?

Along with a healthful diet, regular exercise can help you make your health a top priority. Talk with your doctor before significantly increasing your exercise levels.

The best-kept weight-loss secret isn't a fad diet or a pill. It's a lifestyle – and a solid plan. If you've made up your mind to drop those extra pounds – for good – don't jump in without a course of action.

## Step 1: Let your doctor weigh in

A smart place to start is to talk with your doctor. He or she can help you set a healthy target weight – and suggest reliable ways to trim down.

Your doctor may also suggest you join a weight loss program such as Weight Watchers®. The cost to join a weight loss program or to see a nutritionist isn't covered under the REHP, but these weight loss companies may offer promotions or discounts at certain times of the year. Medicare members: Contact your Medicare HMO or Medicare PPO to find out if it offers any discounts.

Slow, steady weight loss – 1 to 2 pounds each week – is the best way to having lasting results.

## Step 2: Set the stage for success

**Get psyched.** Think about why shedding pounds matters to you. Do you want to feel your best? Play with your grandchildren without getting winded? Lower your blood pressure? Prevent future health problems?

**Stock up.** Fill your fridge and pantry with healthy foods. That way you'll have good choices on hand for meals and snacks.

**Think small.** Come up with a couple of modest – and doable – ways to begin. For example, "I'll have small treats for special occasions" is more realistic than "I'll give up desserts forever."



Using a smaller plate or bowl is a simple way to keep portions in check.

Sneak short, brisk walks into your day – aim for at least 10 minutes at a time. You'll burn extra calories. Medicare members: Contact your Medicare HMO or Medicare PPO about the fitness benefit offered to you.

**Put time on your side.** Don't let a busy schedule derail your efforts. Set aside specific times to plan nutritious, calorie-wise meals and snacks and to shop for the foods you'll need. Fit regular workouts into your day.

**Rally support.** Let others know about your goals and how they can help. Team up with your partner to find healthy recipes the whole family can enjoy. Ask a neighbor or co-worker to be your walking buddy.

## Step 3: Be in it for the long haul

Commit to these food and activity changes as a way of life – your new life. That's the true secret of maintaining a healthy weight. Give it time – and be proud of the trimmer, healthier new you.

Source: UnitedHealthcare January 2014 Wellness Online

### What's Inside

Monitoring Your Weight.....	2
<b>Non-Medicare Retirees</b>	
Basic Option & Preventive Care.....	3
Mental Health & Substance Benefit...	3
Coverage for Autism .....	4
April is Alcohol Awareness .....	4
<b>Medicare Retirees</b>	
Enrolling in Medicare .....	5
Highmark & UPMC .....	7
Women's Health and Cancer Rights ....	8

# What is BMI?

## What is BMI?

Body Mass Index, better known as BMI is an indication of body fat. It is calculated from weight and height measurements. Note, active people with a high muscle mass have a higher BMI than people with typical muscle mass.

There is a formula to calculate BMI. But an easier way is to use an online tool such as the one found on the National Institutes of Health website — [www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm](http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm)

Aim for a BMI less than 25.

BMI Ranges	
Normal	18.5 to 24.9
Overweight	25.0 to 29.9
Obese	greater than 29.9

**Waist Circumference**  
WOMEN – aim for a waist measurement of less than or equal to 35 inches  
MEN – aim for a waist measurement of less than or equal to 40 inches

## Waist-to-Hip Ratio

Another good number to know is your “Waist-to-Hip Ratio,” which you can do yourself. Results above the desirable range may reflect an increased risk of heart disease, vascular disease, high blood pressure or diabetes. You may have heard about “apple” or “pear” body shapes. Research shows that people with “apple-shaped” bodies (more weight around the waist) face more health risks than those with “pear-shaped” bodies who carry more weight around the hips.

**Step 1** – measure your waist at the narrowest point

**Step 2** – measure your hips and buttocks at the widest point

Divide Step 1 (waist measurement) by Step 2 (hip measurement) to see where your calculation falls on the chart below.



WAIST TO HIP RATIO		
Male	Female	Health Risk
0.95 or less	0.80 or less	Low
0.96 to 0.99	0.81 to 0.84	Moderate
1.0 or higher	0.85 or higher	High

## Important Benefit Information for **Non-Medicare Eligible Members**

### Basic Option and Preventive Care

The Winter issue of PEBTF Benefit News contained an article that stated an annual physical is a benefit under all REHP medical plans. While it is an option under all of the managed care plans (HMO, PPO and CDHP), it not a benefit for members enrolled in the Basic Option.

Non-Medicare eligible members enrolled in the Basic Option do not have coverage for an annual adult routine

physical exam. Other preventive services are covered under the plan – please refer to the Basic Option section of the REHP Benefits Handbook for a list of covered preventive services.

We apologize for the error. Whenever you have questions about your benefits, please do not hesitate to contact a PEBTF Benefit Services representative at 1-800-522-7279.

## Your Mental Health and Substance Abuse Benefit

### Obtaining Mental Health & Substance Abuse Services

When you need mental health and substance abuse services, contact Optum, formerly known as United Behavioral Health, and a trained counselor will gather basic information to understand your situation and needs. Based on the information you provide, the counselor will refer you to a qualified mental health or substance abuse professional located near your home. You will be able to get an in-person appointment, normally within 72 hours, sooner if your condition warrants. In-network, outpatient mental health services for PPO, HMO and Basic Option members are provided at 100% after a \$10 copay (retired prior to 7/1/04) or a \$15 copay (retired on or after 7/1/04). In-network outpatient substance abuse services for PPO, HMO and Basic Option members are provided at 100% with no copay. CDHP members: Your in-network mental health and substance abuse services benefit works the same as other network services, which is 100% after your deductible.

If you decide after your initial appointment that you would like to see a different mental health or substance abuse professional, you should inform Optum of your desire for a new referral.

Your mental health and substance abuse plan also provides a non-network benefit but you will have

higher out-of-pocket costs if you visit a non-network provider.

### First Visit – Coverage Under Your Medical Plan

You have been experiencing decreased energy, insomnia and loss of appetite for several months. You are not sure if it is due to a medical condition so you visit your primary care physician. According to the National Institutes of Mental Health, the symptoms described above could also be due to depression. Depression is a mental health diagnosis and is covered under your mental health and substance abuse program provided by Optum.

Because you visited a medical doctor instead of a mental health provider, your first visit to a non-mental health professional will be covered under your medical plan. **Please be aware that this applies to the first visit only (one visit per lifetime)** and you will not continue to receive coverage for a mental health diagnosis under the medical plan. Any subsequent visits for depression or any other mental health illness must be coordinated through Optum.

Optum's toll-free telephone number is 1-800-924-0105 and it also appears on your medical ID card.

# Coverage for Autism Spectrum Disorder Annual Amount Increased Effective January 1, 2014

Effective January 1, 2014, coverage for Autism Spectrum Disorder is increased to \$37,710 per year. Coverage is provided for dependent children and young adults to age 21 who have a diagnosis of autism spectrum disorder. The coverage is in accordance with Pennsylvania's Autism Insurance Act. Autistic disorders include: Asperger's Syndrome, Rett Syndrome, Childhood Disintegration Disorder and Pervasive Development Disorder (Not Otherwise Specified).

The REHP provides coverage for the diagnostic assessment and treatment of autism spectrum disorder up to \$37,710 per year, which includes:

- Prescription drugs and blood level tests;
- Services of a psychiatrist and/or psychologist (direct or consultation);
- Applied behavioral analysis; and
- Other rehabilitative care and therapies, such as speech therapy, occupational therapy and physical therapy.

Coverage is provided by the REHP medical plans, the Mental Health and Substance Abuse Program provided by Optum and the prescription drug plan. Coverage will not exceed \$37,710 per year under all benefits.

Please keep copies of your EOBs



and prescription drug receipts that pertain to the treatment of an autism spectrum disorder so you will know if you are getting close to the annual maximum of \$37,710. You also may contact Optum at 1-800-924-0105 to check if you are close to the annual maximum. Optum tracks the total of all benefits paid for the autism diagnosis.

## April is Alcohol Awareness Month

Having a drink at a social occasion is a great way to connect with friends. But, drinking too much alcohol increases the risk of health-related problems like injuries, violence, liver disease and some types of cancer. This April, during Alcohol Awareness Month, we encourage you to take this time to educate yourself and your loved ones about the dangers of drinking too much.

In 2012, 10,322 people in the United States died in drunk driving accidents. \* Every 51 minutes on average, someone is killed in a drunk driving accident.\*\* In Pennsylvania alone, there were 408 deaths due to drunk driving in 2012, which is 31% of all traffic deaths that year.

If you are drinking too much, you can improve your health by cutting back or quitting. Here are some strategies to help you cut back or stop drinking:

- Limit your drinking to no more than one drink a day for women and no more than two drinks a day for men
- Keep track of how much you drink

- Don't drink when you are upset
- Avoid places where people drink too much
- Make a list of reasons not to drink

If you feel you need help with a drinking problem, contact the PEBTF's mental health and substance abuse provider, Optum, formerly known as United Behavioral Health, for a referral to a mental health or substance abuse professional. Optum's toll-free telephone number is 1-800-924-0105 and it also appears on your medical ID card.

\*National Highway Traffic Safety Administration FARS data  
\*\* MADD.org

### Did you know that 1 drink equals:

5 oz. of wine, 12 oz. bottle of beer,  
or 1.5 oz. shot

In Pennsylvania, the legal limit is  
.08 blood alcohol content.



## Important Benefit Information for **Medicare Eligible Members**

### Enrolling in Medicare Part A & B

The REHP provides medical and prescription drug coverage for retirees and their dependents. As a Medicare-eligible retiree, you have the option of a:

- 1) Medicare PPO, or
- 2) Medicare HMO (Medicare HMOs vary by region of the state and is based on your county of residence)

You are also enrolled in the SilverScript Prescription Drug Plan, which is a Medicare Part D plan.

You don't pay a premium for Medicare Part A. There is a monthly premium for Medicare Part B coverage, and the **REHP requires Medicare-eligible retirees and dependents to enroll in both Medicare Part A and Part B effective on the earliest Medicare eligibility date to receive coverage under the REHP.** For most people, your Medicare enrollment begins the first of the month in which you turn 65. Failure to enroll on the

earliest Medicare eligibility date will result in you and your dependents being ineligible for REHP medical and prescription drug coverage.

The Medicare Part B premium is \$104.90 in 2014.

Retirees with single income above \$85,000 (joint income above \$170,000) pay a higher Part B premium plus an additional Part D premium.

### Retroactive Medicare Eligibility

In addition, please note the following special circumstances if you receive notice from Medicare that you have been awarded an earlier retroactive Medicare

eligibility date. In this case, Medicare gives you an "option" of paying retroactive Medicare premiums to enroll in Medicare Part B retroactively. Because the REHP requires Medicare enrollment on the earliest Medicare eligibility date, you must pay these retroactive Medicare premiums. Failure to do so will result in the loss of REHP medical and prescription drug coverage for you and your dependents for the time period in which you could have had Part B.

### Medicare Due to Disability

You may have qualified for disability retirement through the State Employees' Retirement System (SERS). Following your retirement, you may have applied for federal Social Security Disability benefits. Persons enrolled in federal Social Security Disability for 24 months automatically qualify for Medicare Part A and Part B and are enrolled beginning the 25th of the month of disability benefit entitlement. Enrollment in Part B is automatic unless you refuse that coverage. Again, you must pay your monthly Medicare Part B premium.

For information about your REHP medical and prescription drug coverage, contact the PEBTF at 1-800-522-7279. For information on how to enroll in Medicare Part B, please contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. For more information about Medicare Parts A and B please contact Medicare at 1-800-MEDICARE (633-4227). You can learn more by visiting the Medicare website at [www.Medicare.gov](http://www.Medicare.gov).



### 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](mailto: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.



**I am enrolled in an HMO. Does my primary care doctor need to send a referral to my specialist for every appointment?**  
— Kim

Some of the HMOs offered by the REHP do not require a referral for specialist care. The following chart shows the referral requirements of the REHP HMOs:

## REHP Non-Medicare and Medicare HMO Plans - Referrals for Specialist Care

<p>Aetna HMO &amp; Aetna Medicare<sup>SM</sup> Plan (HMO) (offered in Southeast PA)</p>	<p>Referral Needed</p> <ul style="list-style-type: none"> <li>Your primary care physician (PCP) will specify how many appointments the referral will cover</li> <li>Referrals are valid for one year from issue date, but the first visit must occur within 90 days</li> <li>A specialist can only provide services authorized by the referral. If additional services are necessary, you or the specialist must contact the PCP for a new referral</li> </ul>
<p>Geisinger HMO (offered in Northeast PA)</p>	<p>No Referral</p>
<p>Geisinger Gold Classic (HMO) For Medicare members (offered in Northeast and Central PA)</p>	<p>Referral Needed</p> <ul style="list-style-type: none"> <li>Referrals to specialists last for 18 months</li> </ul>
<p>Keystone Health Plan Central (offered in Southcentral PA)</p>	<p>Referral Needed</p> <ul style="list-style-type: none"> <li>Your PCP will issue the referral to a network specialist</li> <li>Referral is valid for 365 days or until the end of the benefit period, whichever comes first</li> </ul>
<p>Keystone Health Plan West (offered in Western PA)</p>	<p>No Referral</p>
<p>UPMC <i>for Life</i> Medicare HMO (offered in Western PA)</p>	<p>No Referral</p>

**Note for all HMOs:** Women may self-refer for their annual ob/gyn preventive care visit.

# Highmark and UPMC in Western Pennsylvania

## Important Information for Non-Medicare Eligible Retirees

If you live in Western Pennsylvania, most likely, you have seen news articles and advertisements concerning the negotiations between Highmark and University of Pittsburgh Medical Center (UPMC). Highmark's PPO plan and Keystone Health Plan West HMO are offered to Retired Employees Health Program (REHP) non-Medicare eligible members. If the two companies do not reach an agreement, Highmark's contract with UPMC facilities and providers will terminate on December 31, 2014. The Commonwealth's Office of Administration is monitoring the contract negotiations between Highmark and UPMC.

PEBTF Medicare-Eligible Members are not affected. UPMC continues to accept all Medicare plans.

This situation affects all REHP non-Medicare eligible members enrolled in a Highmark health plan who use UPMC facilities and providers. It does not impact Medicare-Eligible members enrolled in Aetna's Medicare PPO or UPMC *for Life* Medicare HMO.

The commonwealth understands your concerns and will consider, if necessary, making health plan changes so you will not be without a coverage option that includes your current facilities and providers after December 31, 2014.

Any updates will be posted to the News section of [www.pebtf.org](http://www.pebtf.org) and included in the quarterly issues of *PEBTF Benefit News*.

### FAQs About Highmark and UPMC for non-Medicare members

#### Are UPMC facilities and providers accepting Highmark insurance at this time?

Yes, if you are enrolled in the Highmark PPO or the Keystone Health Plan West HMO, you are able to obtain services at UPMC facilities and providers currently contracted with Highmark. Highmark PPO members who use UPMC facilities are considered in-network and will pay any applicable in-network copayments.

#### What if the Highmark/UPMC contract expires on December 31, 2014?

If the Highmark/UPMC contract expires on December 31, 2014, and you are enrolled in Highmark PPO or Keystone Health Plan West HMO, you will continue to have in-network access to:

- Children's Hospital of Pittsburgh of UPMC
- UPMC Bedford Memorial
- UPMC Northwest
- Western Psychiatric Institute and Clinic (your mental health and substance benefits are provided separate from your medical benefits by Optum, formerly United Behavior Health, and Optum has its own network of facilities and providers)
- UPMC Altoona
- Certain limited oncology services determined by UPMC on a case-by-case basis

#### Will I have out-of-network benefits at UPMC hospitals and providers if Highmark and UPMC do not reach agreement?

Even though the REHP Highmark PPO plan for non-Medicare eligible members has an out-of-network benefit, UPMC facilities and providers will be considered non-participating with Highmark. If you receive services from a UPMC facility or provider after January 1, 2015, Highmark will reimburse you the plan allowance amount. The plan allowance is typically significantly lower than the billed amount. Therefore, you would be responsible for all charges in excess of the plan allowance.

If you are enrolled in the Highmark Keystone Health Plan West HMO, you will not have out-of-network benefits and will be responsible for all charges. Keystone Health Plan West HMO will not pay any portion of the bill.

#### Will the Commonwealth offer other health plan choices?

The Commonwealth is currently monitoring the situation between Highmark and UPMC and will make decisions about any additional health plan options for non-Medicare eligible members later this year.

# 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.



Presorted Standard  
U.S. Postage  
**PAID**  
Kennedy Printing Co.

## IMPORTANT BENEFIT INFORMATION

### 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
- Prosthesis 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.



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.