

## Your REHP Benefits – Non-Medicare Eligible Members Effective July 1, 2014

The Patient Protection and Affordable Care Act (PPACA) requires plans to cover network preventive care services according to guidelines established by various sources such as the U.S. Preventive Services Task Force (USPSTF). While the Retired Employees Health Program (REHP) is not subject to these requirements, the commonwealth is adopting some of the changes for non-Medicare eligible members. The REHP already provides coverage for many of the preventive health benefits. Effective July 1, 2014, preventive care benefits will be covered in network at 100%.

Here are the highlights of your preventive benefits effective July 1, 2014 at no cost to you if you use a network provider. The full list may be found on [www.pebtf.org](http://www.pebtf.org), under the Retiree Members: Non-Medicare Eligible Members/Benefit Information section. In addition, the list may be found in the July 2014 Retired Employees Health Program (REHP) Benefits Handbook, also located on the PEBTF website.

### What's Inside

Preventive Care for Medicare Eligible Members.....	5
Retiree Contributions for REHP Benefits.....	6
Continuing Coverage When You Are No Longer Eligible for PEBTF Coverage .....	7
Have a Sun Safe Summer.....	8

### Preventive Benefits – Covered 100% In Network

Preventive Health Benefits Adults (age 19 and older)	Frequency/Comments
Adult routine physical exams and preventive care (age 19 and over)	One per calendar year
Blood pressure screening	One per calendar year
Cholesterol screening	One per calendar year
Colorectal cancer screening – for adults 50 years and older	Fecal occult blood testing – annually Sigmoidoscopy – every 5 years Screening colonoscopy – every 10 years
Depression screening	One per calendar year; any future treatment must be obtained under the mental health and substance abuse benefit
Medical nutritional counseling	Two visits per calendar year with diagnosis of obesity
Glucose screening	One per calendar year
Immunizations <ul style="list-style-type: none"> <li>• Hepatitis A (new for 7/1/14)</li> <li>• Hepatitis B</li> <li>• Herpes Zoster (shingles) – age 60 and older (new for 7/1/14)</li> <li>• Human Papillomavirus (HPV) – females &amp; males to age 26</li> <li>• Influenza (flu)</li> <li>• Measles, Mumps, Rubella (MMR)</li> <li>• Meningococcal (new for 7/1/14)</li> <li>• Pneumococcal (new for 7/1/14)</li> <li>• Tetanus, diphtheria, pertussis (Td/Tdap)</li> <li>• Varicella (chickenpox)</li> <li>• Immunizations that combine two or more component immunizations to the extent the component immunizations are covered under the Plan</li> </ul>	Doses, recommended ages and recommended populations vary. All recommended routine immunizations are covered at no cost to the member  Vaccines are recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP)
Tobacco cessation counseling and interventions	Prescription tobacco cessation products are covered under the prescription drug plan

#### Medicare Eligible Members

There are no changes to your Medicare coverage effective July 1, 2014. If there are any changes to your Medicare plan for 2015 we will communicate them to you in the fall Open Enrollment newsletter.

*Continued on Page 2*

<b>Preventive Benefits Women</b>	<b>Frequency/Comments</b>
Well Woman visits	Annual, though 2 OB/GYN and 2 physical exams may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs and other risk factors
Breast cancer mammography screenings	One per calendar year for women age 40 and older
Cervical cancer screenings	Cytology (pap smear) one per calendar year
Contraception methods counseling All Food and Drug Administration (FDA) approved contraceptive methods, sterilization procedures and patient education and counseling for all women with reproductive capacity	Counseling is included in physical exam  Prescription drugs and OTC products (sponges, spermicides) are covered under the prescription drug plan  All contraceptive products require a prescription
<b>Pregnant Women</b>	
Prenatal care	First visit to determine pregnancy
Anemia screening	
Breastfeeding support, supplies and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment  Certain breast pumps and supplies are covered for post-partum women	You must obtain the breast pumps under the Durable Medical Equipment benefit provided by DMEnson per the DME guidelines; CDHP members contact your medical plan
Gestational diabetes screening	
Hepatitis B screening	
Rh Incompatibility screening	
Urinary tract or other infection screening	At 12 to 16 weeks gestation or at first prenatal visit, if later

*Continued on Page 3*

<b>Preventive Benefits Children (age 18 and younger)</b>	<b>Frequency/Comments</b>
Well child visits	One per calendar year for ages 18 years and younger
Blood pressure screening	One per calendar year
Cervical cancer screening	For sexually active females
Cholesterol screening	One per calendar year for children ages 2 through 18
Glucose screening	One per calendar year for children ages 2 through 18
Hearing screening	For all newborns
Immunizations (up to age 21): <ul style="list-style-type: none"> <li>• Diphtheria/Tetanus/Pertussis (DTaP), Tetanus/Diphtheria/Pertussis (Tdap) or Tetanus/Diphtheria (Td)</li> <li>• Haemophilus influenza type b (Hib)</li> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• Human Papillomavirus (HPV) – for females and males ages 9 to 21</li> <li>• Influenza (members age 18 and older may also receive the vaccine under the Prescription Drug Plan – see the Prescription Drug Plan section for more information)</li> <li>• Measles/Mumps/Rubella (MMR)</li> <li>• Meningococcal (MCV4)</li> <li>• Pneumococcal (PCV)</li> <li>• Polio (IVP)</li> <li>• Rotavirus</li> <li>• Varicella (Chickenpox)</li> <li>• Immunizations that combine two or more component immunizations to the extent the component immunizations are covered under the Plan</li> </ul>	Pediatric immunizations are covered for Members and Dependents up to age 21 at no cost  Vaccines are recommended by the Centers for Disease Control and Prevention (CDC)
Medical nutritional counseling	Two per calendar year with diagnosis of obesity
Tobacco cessation and intervention	For ages 7 to 18 years
Tuberculin test	
Vision screening	One per calendar year

*Continued on Page 4*

## Your REHP Benefits Effective July 1, 2014 *Continued from Page 3*

### Preventive Care Covered Medications under the Prescription Drug Plan

The following medications are covered at no cost under your prescription drug plan with a prescription from your doctor.

- Aspirin for the prevention of cardiovascular disease; limited to

men 45 to 79 years and women 55 to 79 years

- Contraceptives including emergency contraceptives and over-the-counter contraceptive products (sponges, spermicides) – prescription is required
- Folic acid daily supplement – quantity up to 250 every 6 months; for women only

- Iron deficiency anemia prevention – supplemental iron requires a prescription; for children age 6 to 12 months only
- Oral fluoride for children without fluoride in their water
- Tobacco cessation and nicotine replacement products – prescription drug coverage is for the generic form of Zyban or the generic form of Chantix (limited to a maximum of 168-day supply with a doctor's prescription)

### Coverage for Dependent Children to Age 26

Your children may continue to be enrolled in REHP benefits to age 26. Effective July 1, 2014, your dependent child's coverage will **end on the last day of the month** in which the child turns age 26 unless the child qualifies as a disabled dependent.



## New REHP Benefits Handbook Now Available

The Retired Employees Health Program (REHP) Benefits Handbook is a great resource that contains important information on your medical and prescription drug benefits. The July 2014 REHP Benefits Handbook has been updated and you can visit [www.pebtf.org](http://www.pebtf.org) to view, print or save a copy.

Click on the box titled ***REHP Benefits Handbook for Retiree Members, July 2014***, which is located on the left side of the PEBTF home page.

To order a copy of the REHP Benefits Handbook, call the PEBTF at 1-800-522-7279 or order via our website, [www.pebtf.org](http://www.pebtf.org). Select the box referenced above and follow the instructions.



## Medicare Eligible Members

# Preventive Care for Medicare Eligible Members

The REHP Medicare HMO or Medicare PPO plans offer preventive benefits covered in network at 100%. Take advantage of these benefits because they are meant to keep you healthy.

- Adult routine physical exam and preventive care – every 12 months
- Immunizations:
  - o Flu
  - o Pneumonia
  - o Shingles vaccine (Zostavax) covered according to Medicare guidelines under the Prescription Drug Plan
- Routine GYN visit and pap smear – every 24 months
- Annual routine mammogram (for women age 40 and older)
- Bone mass measurement (for people at risk for osteoporosis; every 24 months)
- Colorectal cancer screening (age 50 and older or at high risk for colorectal cancer)
- Prostate cancer screening (for men age 50 or older; every 12 months)
- Additional Medicare-covered preventive services\*



\*Additional Medicare-covered preventive services include: Ultrasound screening for abdominal aortic aneurysm, cardiovascular disease screening, diabetes screening tests, diabetes self-management training, medical nutrition therapy, glaucoma screening, smoking and tobacco use cessation counseling, HIV screening, screening and behavioral counseling interventions in primary care to reduce alcohol misuse, screening for depression, high intensity behavioral counseling to prevent sexually transmitted infections (STIs), intensive behavioral therapy for cardiovascular disease, intensive behavioral therapy for obesity and annual wellness visit.



## 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.



## All Retirees

# Retiree Contributions for REHP Benefits

Retirees who retired after July 1, 2005 pay a contribution for their health care and it differs depending on retirement date as follows:

### Retirement Date on or After 7/1/05 but Before 7/1/07

- While some differences may exist, most retiring employees must contribute 1% of their final annual gross salary as an employee toward the cost of REHP coverage.
- Households with two commonwealth retirees must both pay the 1% contribution unless one retiree enrolls as a dependent of another retiree. The retiree who has coverage as a dependent of another commonwealth employee or retiree will not have to pay the 1%. Retirees will not have to pay the 1% contribution until they elect coverage under their own contract.

### Retirement Date on or After 7/1/07

- While some differences may exist, most employees who retired on or after July 1, 2007 through June 30, 2011 must contribute a percentage of either their final annual gross salary or their final average salary as an employee, whichever is less, toward the cost of REHP coverage.
- For employees who retired on or after July 1, 2011, the retiree contribution will only be based on the employee's final average salary.
- For the majority of non-Medicare eligible retirees, the contribution rate shall be 3% of their final annual gross salary or their final average salary, whichever applies.
- For Medicare eligible retirees the contribution rate will be reduced from 3% to 1.5%. However, retirees who currently have a contribution rate of less than 3% will not be eligible for a reduction upon enrolling in Medicare. For employees in unions that have not agreed to this provision, the current collective bargaining agreement language for that union will apply until such time as new agreements are reached.
- If, as an active employee, you were hired on or after August 1, 2003, you pay the retiree contribution, as stated above. For non-Medicare retirees the HMO and CDHP (post 7/1/04 retirees only) options are the least expensive plans (LEP) in your county of residence and are offered at no additional costs. Or, you may purchase, through monthly pension deductions, the PPO. Medicare retirees are not subject to the PPO buy up, unless non-Medicare eligible dependents are on the contract. A single rate buy up applies when one household member is enrolled in a non-Medicare PPO. The family rate buy up would apply if two or more household members are enrolled in a non-Medicare PPO plan.



**When the retiree becomes Medicare eligible, the contribution is cut in half – from 3% to 1.5%**

## All Retirees

# Continuing Coverage When You Are No Longer Eligible for REHP Coverage

There may be times when you or your dependents need continued coverage because benefits end under the REHP.

As provided by the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), your eligible dependents have the right to continue benefits under the REHP if coverage ends for certain specified reasons which are referred to as “qualifying events.”

COBRA is available if coverage ends due to:

- Your death; in the event of your death, your dependents should

report the death to SERS. SERS will report it automatically to the PEBTF

- Divorce/termination of domestic partnership or legal separation (in states that recognize legal separation) – the PEBTF must be notified within 60 days of the date of divorce/termination of domestic partnership in order to issue a COBRA election notice
- Dependent child no longer meets the eligibility requirements (for example turns age 26)

You, or your dependents, must notify SERS within 60 days of the qualifying event in order to qualify for COBRA coverage. You must then continue to pay the monthly premium to the PEBTF to continue coverage.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group

health plan for which you are otherwise eligible (such as a plan sponsored by your spouse’s employer) within 30 days after your group health coverage ends because of the qualifying events listed above. You can also have the same special enrollment right at the end of the continuation coverage if you get continuation coverage for the maximum time available to you.

There may be other coverage options for you and your family. While the COBRA coverage you receive under the REHP is the same as the coverage you have as a retiree, you’ll also be able to buy coverage through the Health Insurance Marketplace. In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. For more information about health insurance options available through a Health Insurance Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

If faced with this decision, you should compare the level of benefits and the costs for each type of coverage and determine what will work best for you.



# 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

### Have a Sun Safe Summer

We need to be safe when it comes to the sun. More than 1 million people are diagnosed with skin cancer each year making it the most common of all cancers.

About 1 in 5 Americans will develop skin cancer during their lifetime. There are three types of skin cancer – basal cell, squamous cell and melanoma. Melanoma is the most dangerous skin cancer – it is responsible for about 75% of all skin cancer deaths.

#### **Skin Cancer Prevention Tips:**

**Do not burn.** Overexposure to the sun is the most preventable risk factor for skin cancer.

**Avoid sun tanning and tanning beds.** UV light causes skin cancer and wrinkling.

**Use sunscreen.** Use sunscreen with an SPF

of 15 or higher. Reapply at least every two hours and after swimming or sweating.

**Cover up.** Wear protective clothing, a wide-brimmed hat and sunglasses with a 99-100% UVA/UVB protection, when possible.

**Seek shade.** Seek shade when the sun's UV rays are most intense between 10 a.m. and 4 p.m.

**Watch for the UV index.** Pay attention to the UV index when planning outdoor activities to prevent overexposure to the sun.

Source:  
[www.cdc.gov/cancer/skin](http://www.cdc.gov/cancer/skin)



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.