

PEBTF OPEN ENROLLMENT

2016 PEBTF Open Enrollment October 17 to November 4, 2016 For Non-Medicare Eligible Retiree Members

Your benefits are changing for 2017!

Open Enrollment is your annual opportunity to review your medical plan options and this year it is even more important that you review your options for 2017. Your benefits are changing and you will need to decide which option works best for you and your family. In addition to this newsletter, you may visit the PEBTF website to view FAQs and to link to the medical plans' provider directories. You will also have an opportunity to attend an Open Enrollment Benefit Fair or view the presentation online. You should contact the PEBTF with questions.

What's Changing for Plan Year 2017?

- ✓ **Plan Options:** There are three new plan options – Choice PPO, Basic PPO and REHP Custom HMO. Your current plan will not be offered.
- ✓ **Network Changes:** HMO networks are changing.
- ✓ **Benefit Design:** There are differences in copays between the PPO and REHP Custom HMO options. In addition, the PPO options include in-network and out-of-network deductibles on some services. Medical policies of each health insurance company may differ. For example, one plan may require preauthorization on a service and another plan may not.
- ✓ **Basic Option:** The Basic Option will no longer be offered.
- ✓ **Consumer Driven Health Plan (CDHP):** The CDHP will no longer be offered.



HELPFUL TIPS

For more information –

- **Logon:** Visit www.pebtf.org. Select the box, 2016 Open Enrollment
- **Call:** PEBTF at 1-800-522-7279 with any questions
- **Email:** openenrollment@pebtf.org

- ✓ **Costs:** Costs for retirees hired on or after August 1, 2003, survivor spouses and COBRA members change each year. See page 9 for cost information. COBRA members refer to the rates you received with this newsletter. Survivor spouses refer to the rates that were mailed to you.
- ✓ **Out-of-pocket Maximum:** Your annual in-network out-of-pocket maximum will be \$7,150 single and \$14,300 family in 2017 for all plan options. The out-of-pocket maximum includes deductibles, coinsurance, copayments and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This amount is set by the Affordable Care Act and changes every year. When the out-of-pocket maximum is reached, your plan pays at 100% until the end of the year. The out-of-pocket maximum for PPO out-of-network services will be \$7,150 single and \$14,300 family. This does not include balance billing amounts for non-network providers but it does include out-of-network cost sharing.
- ✓ **Autism Spectrum Disorder Cap:** The annual maximum benefit for autism spectrum disorder services increases to \$38,852, which is required by Pennsylvania law.

What's Inside

Your Options for 2017	2
Benefit Changes for Members who Retired Prior to 7/1/04	4
Health Plan Terminology	4
2017 Options – At a Glanc	5
Compare the Options	6
Prescription Drug Plan – Copay Changes	9
Important Cost Information for 2017	9
Plan Choices by Region	10
How to Make the Right Decision	11
Open Enrollment Benefit Fairs	12
Selecting a New Plan Option	14

(continued on page 2)

- ✓ **Prescription Drug Benefits:** Your prescription drug benefits continue under CVS Caremark but there is a change in the copay amounts. Prescription drug benefits are offered separately from the medical plan – see page 9 for copay information.

What's Staying the Same for Plan Year 2017?

- ✓ Optum continues to administer the mental health and substance abuse benefit.
- ✓ DMEnson continues to administer the durable medical equipment (DME), prosthetics, orthotics, medical and diabetic supply benefit.

Your Options for 2017

Choice PPO Option - offered by Aetna

- Retirees hired on or after 8/1/03 pay a plan buy-up of \$56.66 per month for single coverage or \$113.32 per month for family coverage.
- More flexibility – may visit a network or out-of-network provider, though you will have higher out-of-pocket costs and a separate deductible if you go out of network.
- Network copayments of \$20 for primary care physician (PCP) office visits; \$40 for specialist office visits.
- \$50 urgent care copayment; \$150 ER copayment (waived if admitted).
- Annual in-network deductible of \$300 single/\$600 family applies to all services **except** preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest Diagnostics or LabCorp.



HELPFUL TIPS

To save money, visit your PCP or urgent care provider instead of going to the ER for non-life threatening emergencies.

- Annual out-of-network deductible – \$600 single/\$1,200 family. You must satisfy the deductible first and then the plan pays 70% of the plan allowance. If you visit an out-of-network provider, you are responsible for the deductible, coinsurance and all amounts in excess of the plan allowance.

Basic PPO Option - offered by Highmark

- No plan buy-up for the Basic PPO for retirees hired on or after 8/1/03.
- More flexibility – may visit a network or out-of-network provider, though you will have higher out-of-pocket costs and a separate deductible if you go out of network.
- Network copayments of \$20 for primary care physician (PCP) office visits; \$40 for specialist office visits.
- \$50 urgent care copayment; \$150 ER copayment (waived if admitted).
- Annual in-network deductible of \$1,000 single/\$2,000 family, applies to all services **except** preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest



HELPFUL TIPS

Preventive care is covered 100% at no cost to you. See the REHP Handbook for a list of covered preventive care services.

- Annual out-of-network deductible – \$2,000 single/\$4,000 family. You must satisfy the deductible first and then the plan pays 70% of the plan allowance. If you visit an out-of-network provider, you are responsible for the deductible, coinsurance and all amounts in excess of the plan allowance.



PPO Options

Annual in-network deductible applies to the following:

- Hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits)
- Imaging
- Skilled nursing facility care and home health care
- Diagnostic tests (labs) if **not** done at a Quest Diagnostics or LabCorp

Annual in-network deductible DOES NOT apply to the following:

- Preventive care
- Office visits and outpatient therapy copayments
- Emergency room and urgent care copayments
- Diagnostic tests (labs) done at a Quest Diagnostics or LabCorp

REHP Custom HMO Option (regional plans; offered to Pennsylvania residents only)

- No plan buy-up for retirees hired on or after 8/1/03.
- Limited network of providers and facilities. You must visit a network provider; no out-of-network services are available. If you seek services outside of the network, you are responsible for the full cost.
- You **must** choose an REHP Custom HMO network primary care physician (PCP) at time of enrollment. Your PCP must refer you for all network services. If you seek services without a referral or outside of the network, you are responsible for the full cost.
- Low network copayments (\$5 for primary care physician office visits; \$10 for specialist office visits).
- \$50 urgent care copayment; \$150 ER copayment (waived if admitted).
- Guest privileges are no longer offered – if you enroll a dependent who lives outside of the HMO's service area, he or she will only be covered for emergency/urgent care. Your dependent would have to come back to the plan's service area to get any other medical services.



HELPFUL TIPS

The REHP Custom HMO option has the lowest copays but a limited network of providers and hospitals. Review the network of providers before making a decision.

Benefit Changes for Members who Retired Prior to 7/1/04

In addition to the 2017 benefit changes for all non-Medicare retirees, there are some changes to the benefits for those who retired prior to 7/1/04. The reason for these changes is to bring the benefits consistent for all non-Medicare eligible retirees no matter when they retired.

Benefit Changes for Members who Retired Prior to 7/1/04

Medical Plan: Outpatient Therapies, which include physical and occupational therapy, speech therapy, cardiac rehab, pulmonary rehab, respiratory therapy	You will pay a copayment for each visit beginning 1/1/17 \$20 — Choice PPO or Basic PPO \$5— REHP Custom HMO
PPO Out-of-Network: Coinsurance percentages are the same for all non-Medicare eligible retirees	70% plan payment, member pays 30% All non-Medicare eligible will see changes in the deductible and maximum out-of-pocket maximum
Mental Health & Substance Abuse Services: Copayment for outpatient visits	\$20 — Choice PPO or Basic PPO \$5— REHP Custom HMO
Diabetic Supplies	All diabetic supplies, including syringes/needles, lancets and test strips will be covered under DMEnson, 1-888-732-6161, effective 1/1/17; insulin continues to be covered under the Prescription Drug Plan

Health Plan Terminology

- **Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage (for example, 30% of the allowed amount). The PPO in-network benefit has no coinsurance. The PPO out-of-network benefit has coinsurance. This is the same as the current benefit. You pay coinsurance plus any deductibles. Applies to health care services until the maximum out-of-pocket is reached.
- **Copayment (or copay):** A fixed amount you pay for a covered health care service, usually when you receive service.
- **Deductible:** The amount you owe for health care services under the PPO before the plan begins to pay. For the REHP PPO plans, the deductible applies to all services except preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest Diagnostics or LabCorp.
- **Maximum Out-of-Pocket:** The most you would pay in a year. After the maximum out-of-pocket is reached, the plan pays at 100% of the allowed amount. This includes both deductible and copays.
- **Network (In-Network):** The facilities, providers and suppliers your health plan has contracted with to provide health care services.
- **Out-of-Network (or Non-Network):** The facilities, providers and suppliers that do not contract with your health plan. For PPO members, you have an out-of-network benefit but it is subject to a deductible and coinsurance. REHP Custom HMO members, you have no coverage if you visit a provider who is not in the REHP Custom HMO's network.

2017 Plan Options – At a Glance

	Choice PPO	Basic PPO	REHP Custom HMO
Annual buy-up for retirees hired on or after 8/1/03 <ul style="list-style-type: none"> • Single • Family 	\$679.92 \$1,359.84	\$0 \$0	\$0 \$0
In-network deductible amount for certain services (annual)	\$300 single/ \$600 family	\$1,000 single/ \$2,000 family	No Deductible
Visit network providers only			✓
Limited provider network			✓
May visit out-of-network providers (at additional cost)	✓	✓	
Referrals needed for specialist care			✓
Copayment – Primary Care Physician (PCP) office visit	\$20	\$20	\$5
Copayment – Specialist office visit	\$40	\$40	\$10 (Referral required)
Outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)	\$20	\$20	\$5 (Referral required)
ER copayment (waived if admitted)	\$150	\$150	\$150
Urgent care copayment	\$50	\$50	\$50
Diagnostic tests (imaging – X-ray, MRI, etc.)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Diagnostic tests (lab)	Covered 100% at Quest Diagnostics or Labcorp, 100% after deductible elsewhere	Covered 100% at Quest Diagnostics or Labcorp, 100% after deductible elsewhere	100% (Referral required)
Hospital expenses (Inpatient & Outpatient)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Medical/surgical expenses – including physician expenses (except office visits)	Covered 100% after you pay the deductible	Covered 100% after you pay the deductible	100% (Referral required)
Out-of-pocket maximum (In Network)	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family	\$7,150 single/ \$14,300 family

Compare the Options

	Today, you pay		In 2017, you will pay	
	PPO/HMO	Choice PPO	Basic PPO	REHP Custom HMO
PCP Copay	\$15	\$20	\$20	\$5
Specialist Copay	\$25	\$40	\$40	\$10
Urgent Care	\$15 - \$50 (varies by plan)	\$50	\$50	\$50
Emergency Room	\$50 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)	\$150 (waived if admitted)
Deductible	\$0	\$300 single/ \$600 family	\$1,000 single/ \$2,000 family	\$0
Monthly PPO Buy-Up (post 8/1/03 employees)	\$37.66 single/ \$97.07 family	\$56.66 single/ \$113.32 family	\$0	\$0
		Annual in-network deductible must be paid first for the following services: Diagnostic tests (labs) if not done at a Quest Diagnostics or LabCorp, imaging, hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits), skilled nursing facility care and home health care.		

Let's compare the new options based on common medical conditions.

Kathy, age 52, believes in the saying, "an ounce of prevention is worth a pound of cure" so she is happy that the REHP covers important preventive benefits. Kathy tries to eat right, get enough sleep and exercise and it has been paying off. She visited her primary care physician just once for an ear infection. Let's look at what her costs would be under the 2017 plan options.

Preventive Care & Office Visits 2017 (Single Coverage)			
	Choice PPO (In network)	Basic PPO (In network)	REHP Custom HMO (In network)
Annual OB/GYN visit	\$0	\$0	\$0
Annual mammogram	\$0	\$0	\$0
Colonoscopy (routine)	\$0	\$0	\$0
PCP office visit	\$20	\$20	\$5
Total Out-of-Pocket Costs & Total Paid by Retirees Hired Prior 8/1/03	\$20	\$20	\$5
Annual Buy-Up (post 8/1/03 employees)	\$679.92 (single buy-up)	\$0	\$0
Total Paid by Retiree Hired on or After 8/1/03	\$699.92	\$20	\$5
No deductible paid because member did not utilize services that apply to the PPO annual deductible			

Greg played football in high school and has had problems with his knees for years. He knew it was a matter of time before he had to have knee replacement surgery. The following example shows the costs under all plan options and shows the single and family annual deductibles so you can compare options.

Knee Replacement Surgery in 2017					
	Choice PPO (In network)		Basic PPO (In network)		REHP Custom HMO (In network)
	Single	Family	Single	Family	
Specialist office visit	\$40	\$40	\$40	\$40	\$10
Annual deductible <small>In this example, the deductible would have to be paid prior to the MRI/Inpatient hospital and surgeon charges being covered at 100%</small>	\$300	\$600 <small>Each person satisfies his/her individual deductible. The most a family would have to satisfy are 2 deductibles or \$60</small>	\$1,000	\$2,000 <small>Each person satisfies his/her individual deductible. The most a family would have to satisfy are 2 deductibles or \$2,000</small>	\$0
MRI of the knee	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0
Inpatient hospital and surgeon charge (includes anesthesia and post-op services)	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0 after deductible	\$0
Outpatient physical therapy (12 sessions)	\$240	\$240	\$240	\$240	\$60
Total Out-of-Pocket Costs & Total Paid by Retirees Hired Prior 8/1/03	\$580	\$880	\$1,280	\$2,280	\$70
Annual Buy-Up (retirees hired on or after 8/1/03)	\$679.92	\$1,359.84	\$0	\$0	\$0
Total Paid by Retiree Hired on or After 8/1/03	\$1,259.92	\$2,239.84	\$1,280	\$2,280	\$70



Ann has Type 2 diabetes and has been doing great with managing her condition. She makes sure to visit her PCP and her endocrinologist throughout the year so they can help monitor her condition.

Managing Type 2 Diabetes in 2017(Single Coverage)			
	Choice PPO (In network)	Basic PPO (In network)	REHP Custom HMO (In network)
PCP office visits (4/year)	\$80	\$80	\$20
Specialist office visits (3/year)	\$120	\$120	\$30
Diabetes education	\$0	\$0	\$0
Laboratory tests (blood tests but not from a hospital) – Quest Diagnostics used	\$0 if you use Quest Diagnostics or LabCorp; 100% after deductible elsewhere	\$0 if you use Quest Diagnostics or LabCorp; 100% after deductible elsewhere	\$0
Brand-name insulin – no generic equivalent (at mail order) 4, 90 day refills/year	\$120	\$120	\$120
Total Out-of-Pocket Costs & Total Paid by Retirees Hired Prior to 8/1/03	\$320	\$320	\$170
Buy-Up (retirees hired on or after 8/1/03)	\$679.92	\$0	\$0
Total Paid by Retiree Hired on or After 8/1/03	\$999.92	\$320	\$170
No deductible paid because member did not utilize services that apply to the PPO annual deductible			

Prescription Drug Plan – Copay Changes

The Prescription Drug Plan continues to be administered by CVS Caremark. The plan uses a three-tier system, where CVS Caremark maintains a list of generic and brand-name drugs called a formulary. The formulary summary is available at www.pebtf.org. Drugs included on the formulary are called “preferred.” Drugs not on that list are called “non-preferred.” The following chart details the copayments under your Prescription Drug Plan and the copayment changes for 2017.



HELPFUL TIPS

To save money ask your doctor to prescribe generic drugs. The copay for generic drugs is not changing.

	Your Copayment Today	Your Copayment Effective January 1, 2017
Prescription at a Network Pharmacy Up to a 30 Day Supply		
Tier 1: Generic drug	\$10	\$10
Tier 2: Preferred brand-name drug	\$18*	\$20*
Tier 3: Non-Preferred brand-name drug	\$36*	\$40*
Mail Order or Retail Maintenance at a CVS up to a 90 Day Supply		
Tier 1: Generic drug	\$15	\$15
Tier 2: Preferred brand-name drug	\$27*	\$30*
Tier 3: Non-Preferred brand-name drug	\$54*	\$60*
Retail Maintenance at a Rite Aid Pharmacy up to 90 Day Supply		
Tier 1: Generic drug	\$20 Rite Aid	\$20 Rite Aid
Tier 2: Preferred brand-name drug	\$36 Rite Aid*	\$40 Rite Aid*
Tier 3: Non-Preferred brand-name drug	\$72 Rite Aid*	\$80 Rite Aid*
*plus the cost difference between the brand and the generic, if one exists		

Important Cost Information for 2017

Non-Medicare Eligible Retiree Members

If, as an Active employee, you were hired on or after August 1, 2003:

- You pay a retiree contribution through monthly pension deductions. The contribution is based on a percentage of final annual gross salary or final average salary only, depending on your retirement date.
- The Basic PPO and REHP Custom HMO are the least expensive options and are offered at no additional cost.
- You may purchase, through monthly pension deductions, the Choice PPO at an additional monthly cost indicated below:

	Single Monthly Cost	Family Monthly Cost
Choice PPO	\$56.66	\$113.32
Basic PPO	\$0	\$0
REHP Custom HMO	\$0	\$0

If, as an active employee, you were hired prior to August 1, 2003 and you retired after July 1, 2005:

You pay a retiree contribution based on a percentage of final annual gross salary or final average salary only, depending on your retirement date. There is no additional cost to you, no matter which plan you choose.

Questions About Costs?

Contact the PEBTF at 1-800-522-7279.

Plan Choices by Region

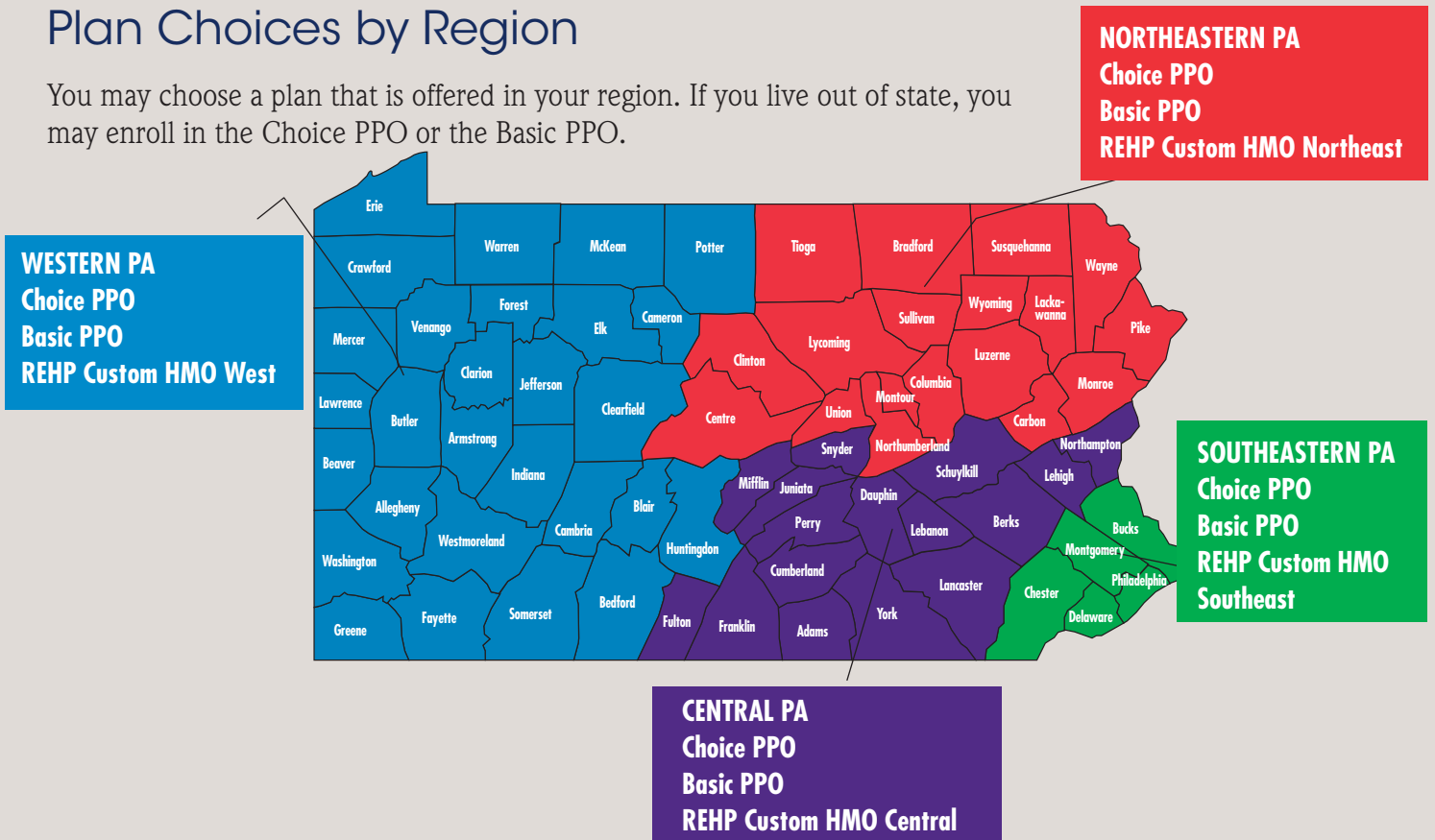
Choice PPO – Aetna 1-800-991-9222
 Basic PPO – Highmark 1-888-301-9273

REHP Custom HMO:

West – Aetna 1-800-991-9222
 Central – Aetna 1-800-991-9222
 Southeast – Aetna 1-800-991-9222
 Northeast – Geisinger 1-800-504-0443

Plan Choices by Region

You may choose a plan that is offered in your region. If you live out of state, you may enroll in the Choice PPO or the Basic PPO.



How to Make the Right Decision

1. Check the state map on page 10 for plan options available in your region. Choice PPO and Basic PPO are offered in all Pennsylvania counties and out-of-state.
2. Next, check the plan's network of providers and facilities to see if your doctors are part of the network. Visit www.pebtf.org, select the box **2016 Open Enrollment** to link to each plan's online provider directory, which may be found under Health Plan Information.
3. Determine if you would like to have an out-of-network benefit. Both PPO plans have an out-of-network benefit that allows you to obtain services from providers not in the plan's network, but you will pay more out-of-pocket.
4. Both PPOs have annual deductibles. You will pay the PPO deductible before the plan begins to pay for some services. The deductible applies to all services **except** preventive care, office visits and outpatient therapy copayments, emergency room and urgent care copayments and labs done at a Quest Diagnostics or LabCorp.
5. To save money, you may want to consider the REHP Custom HMO option (for Pennsylvania residents only).



HELPFUL TIPS

If you want to visit providers that are not in the health plan's network, consider one of the PPO plans. You will have higher out-of-pocket costs if you go out-of-network.

The REHP Custom HMO option has low copayments and no deductible but it offers a limited network – not all of the doctors and hospitals in your area are in the network. There are new networks in 2017. You need to carefully take a look at the plan's network of providers and hospitals and also select a network PCP at the time of enrollment. Your PCP must refer you for all network services. If you seek services without a referral or outside of the HMO network, you are responsible for the full cost. If you were previously enrolled in an HMO, you need to check to make sure your providers and hospitals are participating.

6. Consider costs for retirees hired on or after August 1, 2003, COBRA members and survivor spouses. Refer to the cost information in this newsletter and the information you received.



Open Enrollment Benefit Fairs

Open Enrollment Benefit Fairs will be held in select areas. The presentation is available online so you can view it from your computer instead of attending a benefit fair. If you have individual questions, you may contact the PEBTF at 1-800-522-7279 or by email at openenrollment@pebtf.org and a Benefit Services Representative will help you.

October 2016						
Sun 16	Mon 17	Tues 18	Wed 19	Thu 20	Fri 21	Sat 22
	Open Enrollment Begins	Erie	Pittsburgh AND Monroeville	Altoona	Harrisburg	
23	24	25	26	27	28	29
	Wyomissing	Norristown	Philadelphia	Harrisburg	Camp Hill	
30	31					
	Selinsgrove					
November 2016						
		1	2	3	4	5
		Scranton	Wilkes-Barre		Open Enrollment Ends	

Online Open Enrollment Webinar Recording

You may view the Open Enrollment presentation online at your convenience.

1. Go to www.pebtf.org
2. Click on the 2016 Open Enrollment box to get started

The presentation will begin immediately. Your computer should be equipped with speakers so you can hear the audio portion.

Central Pennsylvania

Harrisburg | Fri, Oct 21

Forum Auditorium
500 Walnut St

Wyomissing | Mon, Oct 24

Crowne Plaza Reading
1741 Paper Mill Rd

Harrisburg | Thur, Oct 27

Farm Show Keystone Conference Cntr
2300 N Cameron St (Maclay St entr.)

Camp Hill | Fri, Oct 28

Radisson Penn Harris
1150 Camp Hill Bypass

Northeastern Pennsylvania

Selinsgrove | Mon, Oct 31

Selinsgrove Cntr Central Bldg
1000 Rt 522

Scranton | Tues, Nov 1

Hilton Scranton & Conference Cntr
100 Adams Ave

Wilkes-Barre | Wed, Nov 2

The Woodlands Inn
1073 Highway 315

Southeastern Pennsylvania

Norristown | Tues, Oct 25

Norristown State Hospital
1001 Sterigere St, Bldg 33

Philadelphia | Wed, Oct 26

Philadelphia Marriott Downtown
1201 Market St

Western Pennsylvania

Erie | Tues, Oct 18

Bayfront Convention Center
1 Sassafras Pier

Pittsburgh | Wed, Oct 19

Wyndham Grand Pitt Downtown
600 Commonwealth Place

Monroeville | Wed, Oct 19

Monroeville Convention Cntr
209 Mall Blvd

Altoona | Thurs, Oct 20

Blair County Convention Cntr
One Convention Cntr Drive

Meetings will be held at 9 a.m. – 10 a.m. at each location.

You will hear an overview of each option. And, there will be an opportunity to ask questions.

The PEBTF and health plan representatives will be available at each location. You may visit one-on-one with the various plans, pick up plan materials and ask questions.

You can choose which is best for you – attend the presentation or just stop by the health plan tables to gather information and ask one-on-one questions.

If you need interpreter services, contact the PEBTF at 1-800-522-7279 at least one week prior to the meeting.



Selecting a New Plan Option

All Changes Must be Made by Friday, November 4, 2016

Refer to page 10 for a map of where each plan will be offered in 2017. Visit www.pebtf.org for more information on your health plan choices.

You must make a selection because the current plans will not be offered.



HELPFUL TIPS

You will receive a new medical plan ID card in the mail before January 1.

For Retirees Who Were Hired Prior to 8/1/2003: You do not have to complete an enrollment form by November 4, 2016 if you want to be enrolled in the Choice PPO effective January 1, 2017. The PEBTF will automatically enroll you in the Choice PPO. If you would like to enroll in the Basic PPO or the REHP Custom HMO, please complete your enrollment by November 4, 2016.

For Retirees Who Were Hired on or After 8/1/2003: We advise you to complete your enrollment by November 4, 2016. If you do not do that, the PEBTF will automatically enroll you in a plan option effective January 1, 2017. The chart to the right shows what plan you will be enrolled in based on your current plan option. If you do not select a plan during Open Enrollment, you will be enrolled as follows:

For Retirees Who Were Hired on or After 8/1/2003 If No Action Taken	
In 2016, you are currently enrolled in:	You will be Enrolled in the following plan for 2017:
PPO Option	Choice PPO
HMO Option	Basic PPO
CDHP Option	Basic PPO

Non-Medicare Retiree Members

Visit www.pebtf.org to complete enrollment information between **Monday, October 17 and Friday, November 4.**

There are two ways to enroll:

Online Enrollment:

- Click on **2016 Open Enrollment** button on the left side of the home page.
- Select **Retiree Member Non-Medicare Eligible.**
- Select the **Enrollment Instructions** button to begin. You will need to create a username and password if you have not already registered on the PEBTF website.

Paper Enrollment Form:

If you are unable to complete the online enrollment, you may complete the PEBTF Open Enrollment Form for REHP Members.

- Click on **2016 Open Enrollment** button on the left side of the home page.
- Select **Retiree Member Non-Medicare Eligible.**

Print the form, complete it and mail it to:
Non-Medicare Eligible Open Enrollment
Pennsylvania Employees Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111

You may also call the PEBTF at 1-800-522-7279 to request a form. Make sure you give yourself plenty of time to receive, complete and return the form to the PEBTF. The deadline for all enrollments is **Friday, November 4.**

(Continued on page 15)

(Continued from page 14)

COBRA Members

Complete the enclosed COBRA Member Enrollment Form and mail it to the PEBTF postmarked by Friday, November 4.

Open Enrollment – COBRA
Pennsylvania Employees Benefit Trust Fund
150 S. 43rd Street
Harrisburg, PA 17111-5700

You will receive a new medical plan ID card. Watch your mail in late December. The new ID card will contain the toll-free telephone number for your medical plan as well as Optum, the mental health and substance abuse benefit and DMension, the administrator of the DME, prosthetics, orthotics, medical and diabetic supplies benefit.

Medicare Eligible Retirees Open Enrollment

If you have a family member enrolled in your benefits who is eligible for Medicare, you will also receive a Medicare Open Enrollment Newsletter at your home in mid-October. Medicare Open Enrollment is being held October 24, 2016 to November 11, 2016. All Medicare enrollments must be completed by Monday, November 14, 2016 because Friday, November 11, 2016 is a holiday. Please take the time to review the Medicare Open Enrollment newsletter. If your family member does not receive a Medicare Open Enrollment Newsletter, please visit the PEBTF website, www.pebtf.org or contact the PEBTF at 1-800-522-7279. Medicare Open Enrollment information may be found on the PEBTF website beginning mid-October.

Benefit News

Important Information For Spouses/Domestic Partners Enrolled in Their Employer's Health Savings Account

More and more companies are offering high-deductible health plans with a Health Savings Account (HSA). Enrollment in these plans most often does not allow the member to be enrolled in another health plan as secondary coverage. If your spouse/domestic partner has HSA coverage through his/her employer and is enrolled in REHP benefits as secondary coverage, he or she will be subject to tax penalties.

We encourage spouses/domestic partners to check with their employers to ensure that they can be enrolled in REHP coverage as secondary.

If your spouse/domestic partner has HSA coverage through his/her employer, you may remove him/her from REHP coverage at any time throughout the year to avoid any tax penalties.



For Information About Help in Paying for Your Health Insurance Coverage: See the Additional Information section of the Retired Employees Health Program (REHP) Benefits Handbook, which is available at www.pebtf.org

Postmaster, please deliver
between October 4 and
October 12, 2016.

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 INFORMATION ABOUT YOUR 2017 BENEFIT CHANGES

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

Vaccination is the best way to protect against the flu and this is the time of year when you should think about protecting your family by getting a flu shot. You can get a flu shot as follows:

1. **At your doctor's office:** Present your medical plan ID card. There is no cost for the immunization but your doctor may choose to charge an office visit copay, if applicable.
2. **At a CVS Caremark Flu Shot network pharmacy:** For members age 9 and older – present your prescription drug ID card. There is no cost for the flu shot.

You can go to any pharmacy that participates in the CVS Caremark Vaccination Network to receive your shot. The Vaccination Network has over 2,700 pharmacies in Pennsylvania and includes most chain pharmacies such as Acme, Giant, Giant Eagle, Weis Markets and Rite Aid, in addition to CVS pharmacies and many independent pharmacies. Call or stop by your local pharmacy to make sure they have the flu shot in stock, and that they participate in the CVS Caremark Vaccination Network. You may also use the Pharmacy Locator on www.caremark.com to find pharmacies in your area. The Pharmacy Locator is under the Order Prescriptions tab after you log in to the website with your username and password. Search by zip code and look for the flu shot syringe icon under the Plan Benefits category.

You may call CVS Caremark at 1-888-321-3261 if you have any questions.

Shingles & Pneumonia Vaccine

You may also obtain the shingles vaccine and the pneumonia vaccine at your doctor's office or at a CVS Caremark Vaccine Network pharmacy. Coverage is provided for the shingles vaccine for members age 60 and older. Coverage for the pneumonia vaccine (doses and ages) is recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). You may check with your doctor to see if you meet the requirements and are eligible for this vaccine.