

Get Healthy Know Your Numbers **Get Healthy** LIVING WELL

Last year was the fourth year for the Get Healthy **Know Your Numbers** wellness screenings, with over 90 percent of employees completing a wellness screening last fall.

You Save Money by Completing a Wellness Screening

The chart below shows what you will be paying beginning July 1, 2017:

If you:	You will:
Completed a wellness screening in 2016	Pay 2.25 percent of bi-weekly gross base salary from July 1, 2017 – June 30, 2018*
Did not complete a wellness screening in 2016	Pay 2.25 percent of biweekly gross base salary PLUS \$62.19 surcharge biweekly for 2017 (surcharge amount may change in 2018)*

*Union-represented members should refer to relevant collective bargaining agreements or the Get Healthy letter you received in early April.

You Get Results on Important Health Measures

The wellness screenings provide valuable information about your health. Cholesterol (total and HDL), glucose (sugar), blood pressure and body mass index (BMI) are all part of the screening. We hope you

discussed your results with your doctor. To compare your results year to year, visit www.pebtf.org and click on the Get Healthy logo. Follow the directions to view your results on the Quest Diagnostics Health & Wellness site.

Health of the Population

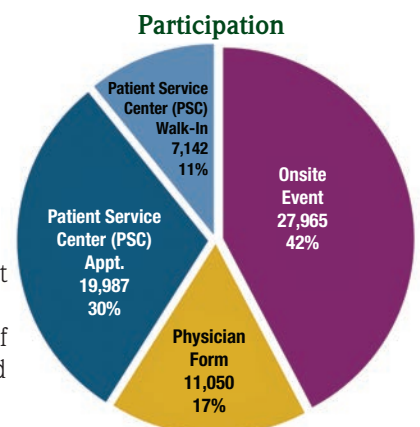
Quest Diagnostics reports aggregate data only – no individual results are available to the PEBTF or the commonwealth – and this allows us to focus on our membership as a whole. The PEBTF uses this aggregate data to develop programs that will help members improve their health.

How did we do? Let’s take a look at the results of the 2016 wellness screenings:

- Of the 73,256 eligible employees enrolled in PEBTF benefits, 66,144 or 90 percent completed a wellness screening. This compares to 60,959 or 83 percent of the employees who completed a wellness screening in 2015.
- In total, employees showed improvements in blood pressure and cholesterol HDL ratio.

Wellness Screenings

The PEBTF offers employees a variety of ways to complete a wellness screening. Onsite events continue to be popular, most likely, due to the convenience of being able to get screened right at the worksite. To the right is the breakdown of how employees screened in 2016.



Survey Comments about the Onsite Events:

- “Staff was excellent. Very convenient.”
- “Your screening staff helped me with my nervousness and were very professional. This is the best results I’ve had in years and I will lose weight the right way. Thanks again and see you next year!”
- “Well organized. The person who did my screening was efficient and very professional. Thank you.”

What’s Inside

Women’s Health & Cancer Rights Act	3
Tips on Using Geisinger Custom HMO	3
Understanding the PPO Deductible	4
Your DME Benefit	6
Helping to Keep you Healthy	
Spouse/Domestic Partner Attestation	7
Eating Right for a Healthy Weight	8

(continued on page 2)

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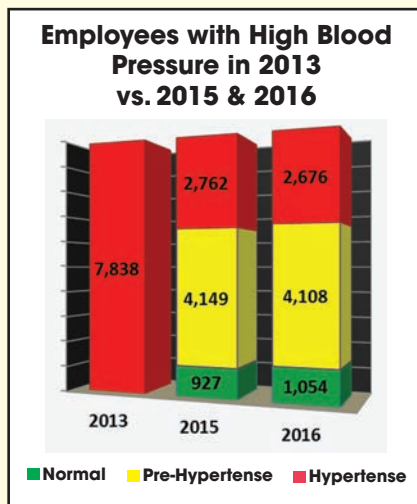
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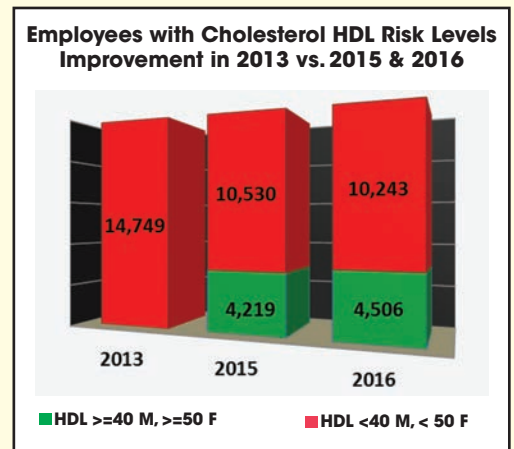
➤ Let's take a look at the comparison from 2013 versus 2015 and 2016 for employees:

- **Blood Pressure:** Blood pressure is one of several risk factors associated with cardiovascular disease, which is the number one killer of Americans. The chart below shows that 66 percent of the employees with high blood pressure in 2013 made significant positive progress in controlling their blood pressure.



- **Glucose (sugar):** Glucose is the chief source of energy for all cells in the body. A high glucose level suggests the possibility of diabetes. Glucose levels improved for 2016, which is a reflection of Quest Diagnostics capturing this data on a non-fasting basis. The PEBTF does not require fasting for the wellness screenings because some screenings may be scheduled later in the day. For non-fasting, normal glucose is 140 or less and 93 percent of our employees were in that range. If your glucose level was high, follow up with your doctor so additional testing may be done.

- **Cholesterol:** HDL stands for high density lipoprotein and is commonly called “good” cholesterol because it can aid in the removal of excess cholesterol in body tissues and help prevent the accumulation of LDL cholesterol (“bad” cholesterol) in the arteries. Higher levels of HDL cholesterol are desirable and are associated with a decreased risk of heart disease. HDL should be ≥ 40 for men and ≥ 50 for women. Our data shows that 31 percent of employees with HDL in the risk level in 2013 were able to bring that measurement into the normal range by 2016 and this chart shows the improvement from low levels. Again, this is one test where higher numbers are better.

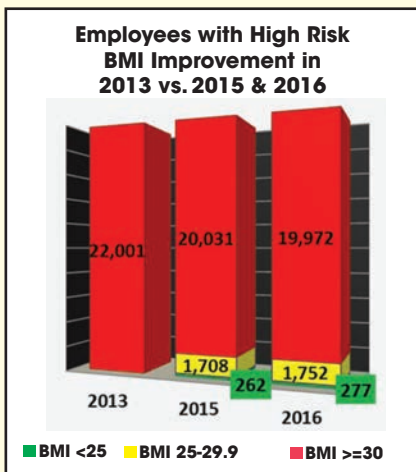


- **Body Mass Index:** Body mass index (BMI) is an indication of body size, and by association, body fat. The good news is that 9 percent of employees with BMI in the high risk level in 2013 brought that value within moderate or low risk by 2016. Improvements in BMI take some time. Weight plays an important role in managing risk for heart

(continued on page 3)

(continued from page 2)

disease. Cholesterol and glucose have been shown to be significantly impacted by weight (American Heart, 2008).



Visit page 6 for programs offered to help improve your health and wellness screening results.

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
- Prostheses 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.

Tips on Using the Geisinger Custom HMO

If you selected coverage under the Geisinger Custom HMO, here are some tips to help you get the most out of your coverage this year.

Register online

Information about your Geisinger Health Plan (GHP) benefits is at your fingertips at <https://www.thehealthplan.com/pebtf>. Signing up is simple with your member ID card. Follow these steps:

- Go to TheHealthPlan.com
- Hover over Sign in to my account
- Select Create an account
- Choose Member
- Complete the form using your member ID card

Requesting a new ID card

Your member ID card is your key to accessing benefits. If you misplace your card and need a replacement, visit

<https://www.thehealthplan.com/pebtf>. Employees can also call the dedicated PEBTF customer service number at 1-844-863-6850.

Finding a provider

GHP provides access to the highest quality providers. The network has changed for 2017. Before you see a doctor, check the online provider search tool at <https://www.thehealthplan.com/pebtf> to make sure your doctor participates in the PEBTF plan.

Choosing where to go for care

You have a lot of options when you need care and we want to help you get the right care in the right place. When you have a life-threatening issue, you should go directly to an emergency room or call 911. For day-to-day healthcare, you should see your primary care physician (PCP) first. If your doctor isn't available, consider convenient and urgent care facilities that are in-network. Going to your PCP or urgent care facilities can save you money.

Source: Geisinger

Understanding the PPO Deductible

The PEBTF offers two PPO plans for 2017. Both PPO plans have an in-network and an out-of-network deductible:

Choice PPO, offered by Aetna:

Annual in-network deductible - \$300 single/\$600 family; annual out-of-network deductible - \$600 single/\$1,200 family

Basic PPO, offered by Highmark:

Annual in-network deductible - \$1,000 single/\$2,000 family; annual out-of-network deductible - \$2,000 single/\$4,000 family

Because the in-network deductible is new for 2017, we want to answer some common questions about the how the deductible works.

Q. What is a deductible?

A. It is the amount that you owe for health care services before the plan begins to pay. It is separate from copays for doctor's visits and other services.

Q. How do I pay the deductible?

A. You pay the deductible directly to the doctor or the medical facility. The deductible is applied to the PPO's in-network discounted rate. On the Explanation of Benefits (EOB) that you receive from your plan, you will see there is a charge from the doctor or facility as well as a discounted amount the plan pays for the service. The deductible applies to that discounted amount, which is usually less than the charge.

When do I Pay Toward the Deductible?	Yes	No
Primary Care Physician (PCP) Office Visit		✓
Specialist Office Visit		✓
Immunizations (Preventive)		✓
Annual Physical/Well Visit		✓
Inpatient Facility/Surgical	✓	
Outpatient Facility/Surgical	✓	
Diagnostic Imaging (X-ray, MRI, CT Scan, PET Scan)	✓	
Lab Tests	✓	
Lab Tests – Quest Diagnostics or LabCorp		✓

Q. Do I pay the deductible at the time of service?

A. Some providers may check with your PPO plan ahead of time to see what deductible you owe, and you may be asked to pay the deductible at the time of service. Other providers may bill you for any deductible amount once the services are submitted to your plan. After you meet your annual deductible, services will be covered 100% for the remainder of the year. Of course, you will continue to pay office visit copayments.

Q. If I pay the entire deductible for a surgery in April, for example, do I owe anything for services I have the remainder of the year?

A. Once you fulfill your annual deductible, the plan will pay at 100% for any medically-necessary covered services. You are still responsible for any copayments. You will not pay more than a \$300 single deductible for the Choice PPO or a \$1,000 single deductible for the Basic PPO in a year.

Q. How does the family deductible work?

A. Each individual is responsible for his/her single deductible but the family deductible is the most a family would have to pay in deductibles.

Q. Do I pay a deductible if I have a blood test?

A. A blood test done at Quest Diagnostics or LabCorp is not subject to the annual deductible. If your doctor orders a blood test, your doctor can draw the blood* and send it to Quest Diagnostics or LabCorp or your doctor can give you a prescription for the test and you may go to a Quest Diagnostics or LabCorp Patient Service Center. If you do not use Quest Diagnostics or LabCorp and have your blood test done at a hospital, for example, the cost of that blood test is subject to your deductible. *You will be responsible for the cost of the blood draw.



(continued on page 5)

(continued from page 4)

Let's look at some examples to help you better understand the deductible. All amounts that you owe toward the deductible are based on the plan's discounted amount. All of these examples are for in-network providers and services.

Service	What you will pay
Office visit at Primary Care Physician (PCP) – sore throat	\$20 PCP office visit copay. Throat culture is done because doctor suspects strep throat – cost of test applies to your annual in-network deductible
Office visit at Primary Care Physician (PCP) – possible pneumonia	\$20 PCP office visit copay. Cost of X-ray is subject to annual in-network deductible
Office visit at PCP – blood test and urinalysis	\$20 PCP office visit copay. Blood test and urinalysis are subject to your annual in-network deductible. However, if you have the test done at a Quest Diagnostics or LabCorp, the tests are not subject to the deductible
Blood test done at local hospital	Blood test is subject to the annual deductible because you did not use Quest Diagnostics or LabCorp
Visit orthopedic surgeon for knee sprain	\$40 copayment for office visit. The doctor dispenses a knee brace, which is billed to your medical plan. The brace is subject to the annual in-network deductible (see page 6 for more information about your DME benefit)
Office visit with dermatologist	\$40 specialist office visit copay
Office visit with dermatologist and suspicious mole is removed	\$40 specialist office visit copay. Surgery to remove the mole is subject to your annual in-network deductible
MRI ordered by your orthopedic surgeon	MRI and all charges for the radiologist to read the MRI are subject to your annual in-network deductible
Knee replacement surgery	Surgery is subject to your annual in-network deductible. Assuming you haven't paid toward the deductible, you will most likely pay the entire deductible because knee surgery would be more than the annual PPO deductible

(continued on page 6)

(continued from page 5)

Office visit at an Ob-Gyn and an ultrasound is done

\$40 specialist office visit copay. Ultrasound is subject to your annual in-network deductible

Visit to urgent care facility for sprained ankle

\$50 urgent care copay (includes X-ray and any other services)

Visit to emergency room for sprained ankle (treated and released)

\$150 ER copay (includes X-ray and any other services)

Your DME Benefit

Durable medical equipment (DME) includes medically-necessary items such as wheelchairs, oxygen, hospital beds, walkers, crutches and braces, which are ordered by your health care provider.

The PEBTF's benefit also includes coverage for prosthetics, orthotics, diabetic and medical supplies. The benefit is administered by DMEnson Benefit Management. If your provider gives you a prescription for an item, you should choose a DMEnson network supplier. DMEnson's phone number is on your medical ID card.

- ✓ If you use a DMEnson network provider – You pay \$0 cost
- ✓ If you use a non-network provider – You pay 30% of the allowable amount of the item plus the difference between the actual amount billed and the DMEnson allowed amount

To find a network provider: Contact DMEnson at 1-888-732-6161 or log on to www.dimension.net.

Items Dispensed at Your Doctor's Office Are Subject to Your Plan Deductible

There may be instances where your doctor dispenses a DME item to you. If the item is billed by the provider and not by a DME supplier, it will be paid by your medical plan subject to any unmet medical plan deductible.

For more information on this benefit, see Section 2 of the Summary Plan Description available at www.pebtf.org.

Helping to Keep You Healthy



Monthly Webinars

Get Healthy has teamed up with ActiveHealth Management to offer monthly lunchtime webinars. The webinars are 30 minutes in length and may be viewed on the computer right in your office. The webinars are advertised at worksites, on the commonwealth's bulletin board and on the PEBTF's Facebook page. You may register by visiting www.pebtf.org/wellness. Here is the list of what will be offered in 2017:

2017 Get Healthy Webinar Topics

May	Healthy Mind Healthy Body
June	Blood Sugar Blues
July	Sounder Sleep
August	Age Gracefully
September	Immunizations
October	Tips to Quit Tobacco
November	Resilience
December	Gift of Health

(continued from page 6)

Get Healthy With Webinars On Demand

Visit www.pebtf.org to view past webinars at your convenience **any time**. Visit www.pebtf.org, click on the Get Healthy logo and select **Get Healthy Webinars**.

Lunch 'n Learns

Lunch 'n Learn programs and activity tables are held at select commonwealth worksites throughout the state. They are an easy way for you to get valuable health information that you can use in your everyday life – and they are convenient, held right in your office. Topics for 2017 include *Weight Loss, Portion Control, Fall in Love with Veggies, Transform Your Exercise Routine* and many more. Information on Lunch 'n Learns and activity tables will be emailed to you and posted on bulletin boards at your worksite.*

*All Lunch 'n Learns and activity table materials are posted on www.pebtf.org, click on the Get Healthy logo and select **Get Healthy Resources** so you can take a look at the materials even if Lunch 'n Learns aren't held at your worksite. These resources are available anytime!

American Adventure Challenge

The **American Adventure Challenge** began April 10. We hope you and your team are enjoying the friendly competition and increasing your steps each day. This virtual challenge takes you across the United States from New York City to Hollywood – you'll learn about America's history and traditions along the way.

Don't forget to log your steps each week until the challenge ends on June 4th!

The fall challenge, **Walk the Wonders**, starts September 25.



Spouse/Domestic Partner Attestation

For Employees Hired on or After 8/1/2003

The annual attestation period will be held from June 1 through July 31, 2017 for employees hired on or after August 1, 2003 who have a spouse/domestic partner enrolled for PEBTF benefits.

Please follow the instructions for completing the attestation and please do so by the due date. If you do not complete the annual attestation, your spouse/domestic partner will be terminated from PEBTF health benefits. Instructions will be included in the letter you receive.

Watch your mail in mid to late May for information on the attestation process.

Eligibility rules for employees hired on or after August 1, 2003

If your spouse/domestic partner is eligible for medical, prescription drug or supplemental benefits (vision, dental or hearing aid) coverage through his or her own employer, your spouse/domestic partner must take his or her employer's coverage as primary coverage **regardless of any employee contribution** your spouse/domestic partner **must pay** and **regardless of whether your spouse/domestic partner had been offered an incentive** to decline such coverage. This rule does not apply if your spouse/domestic partner is self-employed. PEBTF coverage for your spouse/domestic partner is limited to secondary coverage.

PEBTF May Cancel Your Coverage for Fraud or Intentional Misrepresentation

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

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 form at. Please contact
the PEBTF to discuss your needs.



Your Important Health Benefits

Eating Right for a Healthy Weight

Are you ready to make changes in your lifestyle and move toward a healthier weight? Here are some tips to get you started.

Start with a plan for lifelong goals. Not just short-term weight goals.

Set healthy, realistic goals. Start with one or two specific small changes at a time.

Get a personalized eating plan. Go to www.ChooseMyPlate.gov to see the amounts of each food group you need daily.

Eat at least three meals a day and plan your meals ahead of time.

Balance your plate with a variety of foods. Half your plate should be filled with fruits and vegetables. Visit www.ChooseMyPlate.gov.

Focus on your food. Sit down and eat at home and switch from a large plate to a smaller one to help you reduce portions.

Get plenty of fiber from fruits, vegetables, beans and whole grains. Fiber can help you feel full longer and lower your risk for heart disease and type 2 diabetes.

Snack smart.

Find your balance between food and physical activity. Aim for a total of 2 hours, 30 minutes or more each week of moderate activity such as brisk walking.

Source: Academy of Nutrition and Dietetics

This newsletter may contain a general description of the Plan of Benefits (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 Summary Plan Description. The PEBTF 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.