

# PEBTF OPEN ENROLLMENT

## 2017 PEBTF Open Enrollment October 16 to November 3, 2017 For Non-Medicare Eligible Retiree Members and COBRA Members

It's open enrollment time – your annual opportunity to review your medical plan options. This newsletter provides additional information about the benefits of each option so that you can choose the plan that meets your and your family's needs. Open enrollment is also your opportunity to remove any dependents without a qualifying event, which is recommended only if your dependent has other coverage.

Any changes you make during this open enrollment will be effective January 1, 2018. While the medical plans being offered remain the same for 2018, there are some changes to the Basic PPO and Choice PPO deductibles and copays that you will need to review before you make a decision.

You may also visit the PEBTF website to view FAQs and to link to the medical plans' provider directories. **For more information:** You will also have an opportunity to attend an Open Enrollment webinar or view the presentation online at any time (see page 7 for more information).



### HELPFUL TIPS

#### For more information –

- **Log on:** Visit [www.pebtf.org](http://www.pebtf.org). Select the box "2017 Open Enrollment"
- **Call:** PEBTF at 1-800-522-7279
- **Email:** [openenrollment@pebtf.org](mailto:openenrollment@pebtf.org)

### What's Changing for Plan Year 2018?

- ✓ **PPO Annual Deductibles:** The annual deductibles for the Choice PPO and Basic PPO are increasing.
- ✓ **PPO Copays:** The PPO specialist and ER copayments are increasing.
- ✓ **PPO Lab Services:** There continues to be no charge if the blood test is done by Quest Diagnostics or LabCorp; there is a \$30 lab copayment elsewhere (see page 5 for more information).
- ✓ **Costs:** Costs for retirees hired on or after August 1, 2003, survivor spouses and COBRA members change each year. See page 9 and 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.
- ✓ **Autism Spectrum Disorder Cap:** The annual maximum benefit for autism spectrum disorder services is increasing to \$39,668.
- ✓ **Prescription Drug Copays:** The prescription drug copayments are increasing.

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# Your Options for 2018

## Make the Right Choice for You!

Throughout our lives, our situations change. We may marry or divorce. We may have children who grow up and go off to college. At any time, we could be diagnosed with a medical condition.

Because things change, open enrollment allows you the opportunity to evaluate your medical options each year to select the option that works best for you and your family. Here's a look at the three options and how three fictional members made their decisions.

### Choice PPO Option – offered by Aetna

Meet Eileen. Eileen retired from the commonwealth in 2012. She and her husband have three children, two of whom are attending state universities.

Eileen . . .

*“I value my REHP health benefits. We were fortunate to have these benefits when my husband was diagnosed with a benign brain tumor. With the PPO option we were able to get a second opinion at Johns Hopkins. Johns Hopkins agreed with the course of treatment that our doctor in Philadelphia recommended. His surgery, follow-up treatments and prescription drugs were covered by the REHP with very little out-of-pocket costs – we paid the annual Choice PPO deductible and some prescription drug copayments. I’m happy to report he is back to 100%. We chose the Choice PPO because of the low annual deductibles and the flexibility of being able to see both network and out-of-network providers. Two of my children are away from the area attending state universities. We need the flexibility so that they have coverage wherever they are.”*

For Eileen, the advantages of the Choice PPO are as follows:

- Lower deductible amounts than the Basic PPO.
- No referrals required for specialist visits.
- More flexibility – may visit an in-network or an out-of-network provider.



### HELPFUL TIPS

Non-Medicare eligible retirees hired on or after 8/1/03 pay a buy-up for the Choice PPO. The Basic PPO and REHP Custom HMO are offered with no buy-up.

### Basic PPO – offered by Highmark

Meet Jason. Jason just started his career with the commonwealth in late 2003. He had military service and was able to retire in 2016. In his spare time, he likes to visit

Pennsylvania state parks and other nature trails. So, his weekends are spent hitting the road with his Labrador Retriever, Lucky.



### HELPFUL TIPS

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



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Jason . . .

*“Because I was hired after August 1, 2003, I knew I would have to pay the plan buy-up if I chose the Choice PPO. I prefer not to have additional money taken out of my monthly pension and decided to take a look at the Basic PPO. This PPO offers the flexibility that I need because it has both a network and an out-of-network benefit. And, even though the deductible is higher than the Choice PPO, chances are I will not have to pay the deductible because I typically just have a few office visit copayments to pay each year. I know I can visit a network urgent care center if I get hurt or sick while hiking out of town.”*

For Jason, the advantages of the Basic PPO include the following:

- No plan buy-up for retirees who if, as an active employee, were hired on or after 8/1/03.
- More flexibility – may visit an in-network or out-of-network provider.
- No referral required for specialist visits.
- Can visit a network urgent care facility anywhere.



## HELPFUL TIPS

Preventive care is covered under all options at 100% at no cost to you. Visit [www.pebtf.org](http://www.pebtf.org) for a list of covered preventive care services.

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

Meet Karen. Karen retired from the commonwealth in 2010 so she could help take care of her grandchildren. She lives in the Harrisburg area and is planning on having knee replacement surgery in a few months.

Karen . . .

*“I took a look at the REHP Custom HMO because of the low copayments and no annual deductible. I realize the plan offers a limited network and not all of the providers in my area are in the network. The limited network allows the costs to remain low and that was a big plus to me. So, I visited the open enrollment section on the PEBTF website and looked at the Custom HMO network. My primary care doctor and dermatologist are in the network, as well as my orthopedic surgeon and hospital. I’m happy that I won’t have to pay a deductible for my knee surgery under the Custom HMO. I encourage anyone who is interested in this plan to do their homework before making a decision. You must look closely at the network of providers by visiting the PEBTF website.”*

For Karen, the advantages of the REHP Custom HMO include the following:

- No plan buy-up for retirees who if, as an active employee, were hired on or after 8/1/03.
- No deductible and low copayments.

**See page 4 for a comparison of the medical plan options.**



## HELPFUL TIPS

The REHP Custom HMO option has the lowest copays but a limited network of providers and hospitals. Visit [www.pebtf.org](http://www.pebtf.org) to link to the Custom HMO provider directory. Review the network of providers before making a decision. If you don’t visit a network provider, you have no coverage under the plan.

## 2018 Plan Options – At a Glance

	Choice PPO	Basic PPO	REHP Custom HMO
Monthly buy-up if you were hired on or after 8/1/03 • Single • Family	\$ 58.74 \$117.48	\$0 \$0	\$0 \$0
In-network deductible amount for certain services (annual)	\$350 single/ \$700 family (increase for 2018)	\$1,200 single/ \$2,400 family (increase for 2018)	No Deductible
Visit network providers only			✓
Limited provider network (visit <a href="http://www.pebtf.org">www.pebtf.org</a> to check the 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	\$45 (increase for 2018)	\$45 (increase for 2018)	\$10
Outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)	\$20	\$20	\$5 (Referral required)
ER copayment (waived if admitted)	\$200 (increase for 2018)	\$200 (increase for 2018)	\$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, \$30 lab copayment elsewhere	Covered 100% at Quest Diagnostics or Labcorp, \$30 lab copayment 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)	\$7,350 single/ \$14,700 family	\$7,350 single/ \$14,700 family	\$7,350 single/ \$14,700 family

## PPO Options – Annual In-Network Deductible

Applies to the following:	<b>DOES NOT</b> apply to the following:
<ul style="list-style-type: none"> <li>• Hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits)</li> <li>• Imaging</li> <li>• Skilled nursing facility care and home health care</li> </ul>	<ul style="list-style-type: none"> <li>• Preventive care</li> <li>• Office visits and outpatient therapy copayments</li> <li>• Emergency room and urgent care copayments</li> </ul>
<p>After your in-network annual deductible is met, the PPO will pay 100% after any copays for the remainder of the calendar year.</p>	

## Lab Services Under the PPO Options – Change for 2018

In 2017, we instituted changes to the PPO lab benefit. You paid \$0 if the lab test was done at Quest Diagnostics or LabCorp. If you had your lab test done at another facility, such as your doctor’s office, a hospital, or outpatient center, those costs were subject to your annual PPO deductible.

Beginning January 1, 2018, you will pay a \$30 lab copayment for any lab tests **not** performed by Quest Diagnostics or LabCorp. This change gives you more flexibility to go to any facility at relatively low cost and these costs won’t be subject to the deductible. To save money, you should use Quest Diagnostics or LabCorp at no cost to you. Here are some scenarios of what you will pay:



### HELPFUL TIPS

To save money, use Quest Diagnostics or LabCorp for your lab tests. Before having lab work done, call the plan first and provide the code(s) to confirm that a particular test is covered.

### Lab Tests Under the PPO Options (Effective January 1, 2018)

Scenario	You pay:
<i>Doctor’s office draws blood and processes the lab results</i>	<ul style="list-style-type: none"> <li>• Office visit copayment (\$20 PCP; \$45 specialist)</li> <li>• \$30 lab copayment</li> </ul>
<i>Doctor’s office draws blood and sends it to a hospital outpatient/freestanding lab (not Quest Diagnostics/LabCorp)</i>	<ul style="list-style-type: none"> <li>• Office visit copayment (\$20 PCP; \$45 specialist)</li> <li>• \$30 lab copayment</li> </ul>
<i>Doctor’s office draws blood and sends it to Quest Diagnostics/LabCorp</i>	<ul style="list-style-type: none"> <li>• Office visit copayment (\$20 PCP; \$45 specialist)</li> </ul>
<i>Doctor writes a prescription for the lab work and you visit a Quest Diagnostics/LabCorp Patient Service Center</i>	<ul style="list-style-type: none"> <li>• \$0 cost to you</li> </ul>
<i>Outpatient hospital/facility draws blood and sends it to Quest Diagnostics/LabCorp</i>	<ul style="list-style-type: none"> <li>• \$0 cost to you</li> </ul>
<i>Outpatient hospital/facility draws blood and processes the lab results</i>	<ul style="list-style-type: none"> <li>• \$30 lab copayment</li> </ul>

# Prescription Drug Plan – Copay Changes

The Prescription Drug Plan uses a three-tier system, where drugs are categorized as generic, preferred brand-name, or non-preferred brand-name. The formulary summary is available at [www.pebtf.org](http://www.pebtf.org). The following chart details the copayments under your prescription drug plan and the copayment changes for 2018. The list of preferred brand-name drugs is available at [www.pebtf.org](http://www.pebtf.org) under Publications and Forms, Prescription Drug Plan (Active and Non-Medicare Eligible Retiree Members).



## HELPFUL TIPS

To save money ask your doctor to prescribe generic drugs.

	Your Copayment Today	Your Copayment Beginning January 1, 2018
<b>Prescription at a Network Pharmacy – Up to a 30 Day Supply</b>		
Tier 1: Generic drug	\$10	\$12
Tier 2: Preferred brand-name drug	\$20*	\$30*
Tier 3: Non-Preferred brand-name drug	\$40*	\$60*
<b>Mail Order or Retail Maintenance at a CVS Pharmacy – up to a 90 Day Supply</b>		
Tier 1: Generic drug	\$15	\$18
Tier 2: Preferred brand-name drug	\$30*	\$45*
Tier 3: Non-Preferred brand-name drug	\$60*	\$90*
<b>Retail Maintenance at a Rite Aid Pharmacy – up to 90 Day Supply</b>		
Tier 1: Generic drug	\$20 at Rite Aid	\$24 at Rite Aid
Tier 2: Preferred brand-name drug	\$40 at Rite Aid*	\$60 at Rite Aid*
Tier 3: Non-Preferred brand-name drug	\$80 at Rite Aid*	\$120 at Rite Aid*
*plus the cost difference between the brand and the generic, if one exists		

## Prescription Drug Plan to Offer Free Cholesterol-Lowering Medications\*

The following cholesterol-lowering medications (generics only), known as statins, will be covered, free of charge, under your Prescription Drug Plan beginning November 1, 2017:

- Atorvastatin 10mg, 20mg
- Fluvastatin 20mg, 40mg
- Fluvastatin ER 80mg
- Lovastatin 10mg, 20mg, 40mg
- Pravastatin 10mg, 20mg, 40mg, 80mg
- Rosuvastatin 5mg, 10mg
- Simvastatin 5mg, 10mg, 20mg, 40mg

\*Low to moderate dose statins, generics only, will be \$0 copay (no high dose or brand statins are included).

# How to Make the Right Decision

1. Choice PPO and Basic PPO are offered in all Pennsylvania counties and out-of-state. Check the state map on page 8 for the PEBTF Custom HMO available in your county (not available for employees who live 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](http://www.pebtf.org) and select the box “2017 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. Review the chart on page 4.

5. To save money, you may want to consider the REHP Custom HMO option (for Pennsylvania residents only). 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.** Visit [www.pebtf.org](http://www.pebtf.org) to look at the plan's network of providers and hospitals and also select a network PCP at the time of enrollment. If you are selecting a new network PCP, call the plan to confirm it will accept you as a new patient. 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.

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.



## 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.

### Online Informational Webinar

#### Live Webinar:

**Tuesday, October 17, 2017**  
**2 p.m. to 3 p.m.**

Registration is on a first come, first serve basis and will be limited to 500. You will be able to ask questions at the end of the presentation.

#### Recorded Webinar:

**Available October 2, 2017**

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

To register or view the recorded webinar:

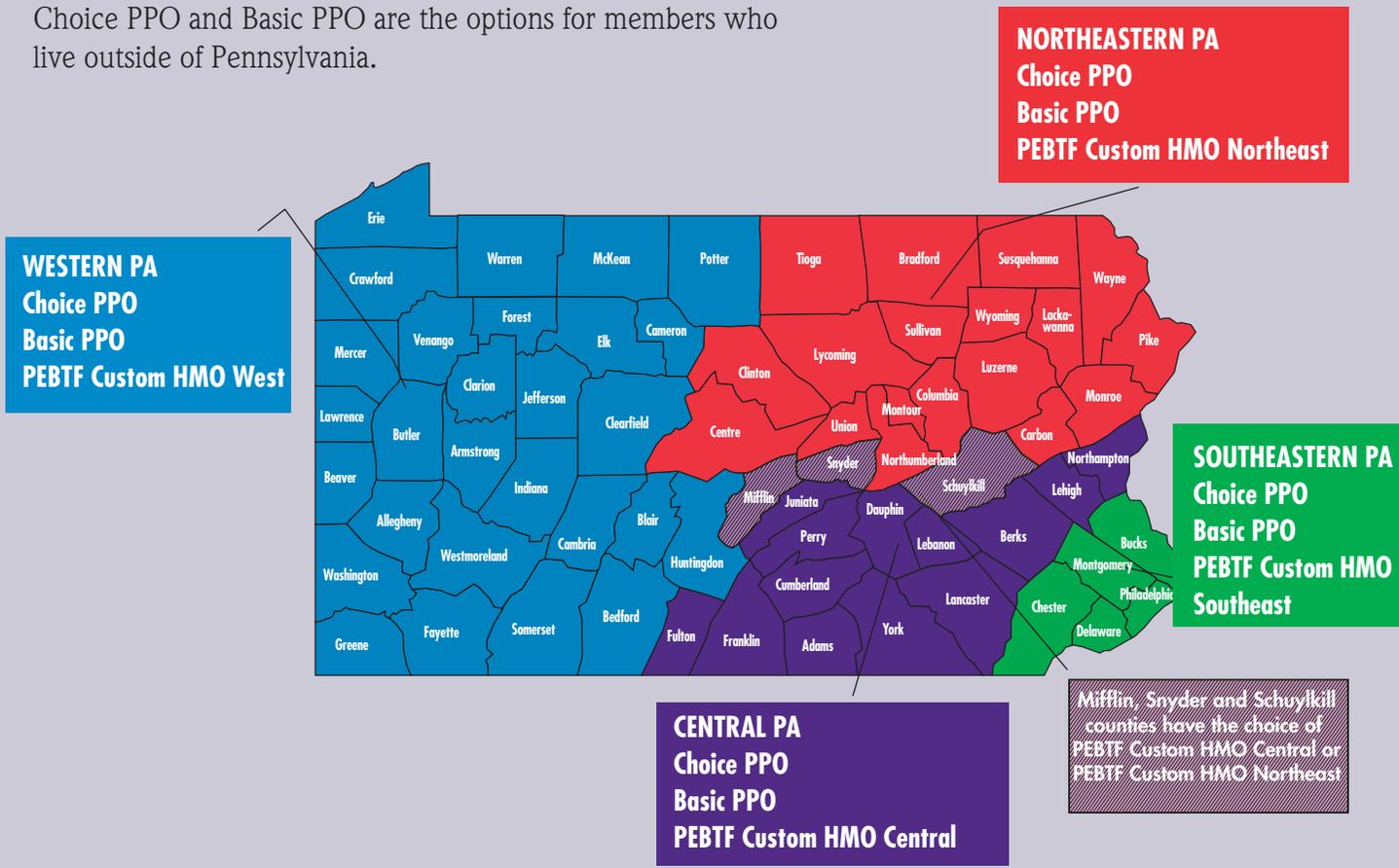
1. Go to [www.pebtf.org](http://www.pebtf.org)
2. Click on the 2017 Open Enrollment to get started

### For Information About Help in Paying for Your Health Insurance Coverage:

See the *Additional Information* section of Retired Employees Health Program (REHP) Benefits Handbook, which is available at [www.pebtf.org](http://www.pebtf.org)

## Plan Choices by Region

You may choose a plan that is offered in your region. The Choice PPO and Basic PPO are the options for members who live outside of Pennsylvania.



### PPO Options:

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

## 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 23, 2017 to November 10, 2017**. All Medicare enrollments must be completed by Monday, November 13, 2017 because Friday, November 10, 2017 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](http://www.pebtf.org) or contact the PEBTF at 1-800-522-7279.

# Important Cost Information for 2018

## 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 for an additional monthly cost indicated below:

	Single Monthly Cost	Family Monthly Cost
Choice PPO	\$58.74	\$117.48
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.

## Selecting a New Plan Option

### All Changes Must be Made by Friday, November 3, 2017

Refer to page 8 for a map of where each plan will be offered in 2018. Visit [www.pebtf.org](http://www.pebtf.org) for more information on your health plan choices.

If you want to change plans for January 1, 2018:

Visit [www.pebtf.org](http://www.pebtf.org) to complete enrollment information between **Monday, October 16 and Friday, November 3.**

**There are two ways to enroll:**

#### Online Enrollment

1. Click on **2017 Open Enrollment** button on the left side of the home page.
2. Select **Retiree Member Non-Medicare Eligible.**
3. 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.

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## Paper Enrollment Form

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

1. Click on **2017 Open Enrollment** button on the left side of the home page.
2. Select **Retiree Member Non-Medicare Eligible**.

Click on Enrollment Instructions, 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 to allow plenty of time to receive, complete and return the form to the PEBTF.

The deadline for all enrollments is postmarked by **Friday, November 3**.

### **COBRA Members**

Complete the enclosed *COBRA Member Enrollment* Form and mail it to the PEBTF postmarked by **Friday, November 3**.

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

### **Aetna Custom HMO Members**

You will receive a new gold Aetna Custom HMO ID card. The difference in color is to make the Custom HMO network members easier to identify in the provider's office. This will help providers distinguish Custom HMO vs PPO members and help them manage members' care by choosing the appropriate in-network providers.

If you make a medical plan change during this open enrollment, you will receive a new medical plan ID card. Also, PPO members and Aetna Custom HMO members will receive new ID cards. 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 durable medical equipment (DME), prosthetics, orthotics, medical and diabetic supplies benefit.

**HMO Members:** If your PCP is not listed on the card, immediately contact the PEBTF at 1-800-522-7279.

## Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, PEBTF, Mailstop: CRAC, 150 S. 43rd Street, Harrisburg, PA 17111, 1-800-522-7279, TTY number—711, Fax: 717-307-3372, Email: CivilRightsCoordinator@pebtf.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-522-7279 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-522-7279 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-522-7279 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-522-7279 (TTY: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-522-7279 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-522-7279 (TTY: 711). 번  
으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-522-7279 (TTY: 711).

مقرب لصتا. ن اجم اب لكل رفاوتت ةيوع لل قدع اسم ا تامدخ نإف، ةغلل ركذا شدحتت تنك اذا: ةظوح لم  
(مقرب 1-800-522-7279). TTY: 711

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-522-7279 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer:  
1-800-522-7279 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-522-7279 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-522-7279 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-522-7279 (TTY: 711).

ចូរអំពូន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្លូវភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរទូរស័ព្ទ  
1-800-522-7279 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-522-7279 (TTY: 711).

Postmaster, please deliver  
between September 27 and  
October 11, 2017.

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 2018 BENEFIT CHANGES

### 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.

