

Introducing PEBTF Health Advocate Help is Just a Phone Call Away **HealthAdvocateSM**

In December, you received an email introducing PEBTF Health Advocate, a new service that is available to all members – employees, spouses/domestic partners and dependents.

PEBTF Health Advocate offers personalized support to help you navigate the health care system by providing you and your family with confidential, one-on-one help. Their experts can answer all of your benefit questions and help with a wide range of health care and insurance-related issues – at no cost to you! Health Advocate is an added resource to you and your family, in addition to PEBTF Benefit Services, your health plan’s member services and the HR Service Center.

Simply call PEBTF Health Advocate toll-free at 855-855-4238 to get started.

In addition to calling Health Advocate, you may access the secure member website and app. The PEBTF website, www.pebtf.org, offers a link from the home page to Health Advocate. The PEBTF website also includes a video about the services that Health Advocate offers. Or, you may access the site directly at www.HealthAdvocate.com/PEBTF.

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Why log in to the website?

- ✓ Get personalized help improving your health and saving on health care costs
- ✓ Send and receive secure messages with your Personal Health Advocate
- ✓ Set your communication preference
- ✓ Submit a billing or claims issue

Select **Register Now** and complete some information. You will create a user name, password and answer a security question. Make sure you enter your name exactly as you are enrolled in PEBTF benefits – you can find that on your medical plan ID card.

PEBTF Health Advocate makes health care easier

When you call PEBTF Health Advocate, you will be connected to an experienced Personal Health Advocate who can:

- Find and arrange appointments with the right doctors and specialists
- Locate and evaluate leading physicians and medical centers for second opinions
- Explain diagnoses and treatment options
- Coordinate care for complex medical issues
- Transfer medical records, lab results and X-rays
- Resolve insurance claims and billing issues
- And much more!

Mobile app offers convenience

The PEBTF Health Advocate app makes it easy to get in touch with a Personal Health Advocate and get help handling a wide variety of health care and insurance issues no matter where you are.

How to download the free mobile app

1. Go to the app store on your mobile device.
2. Search for “Health Advocate.”
3. Tap INSTALL.

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Once you've downloaded the app, be sure to register!

- Tap the Health Advocate app icon on your phone to open the app.
- Tap the **Member Login** button.
- Type the name of your organization – **PEBTF** – select it from the drop-down box and click “Continue.”

HealthCost Estimator+

A feature of the website is the **HealthCost Estimator+**. You can compare costs for medical procedures and services by ZIP code. Key features:

- Helps you shop around for medical procedures and services in your area
- Estimates costs for doctors, hospitals and other facilities nationwide (PPO members may visit facilities not in their area)
- Includes quality indicators, safety scores and patient reviews
- See real-time benefits information and estimated out-of-pocket costs
- Has complete mobile functionality (smartphone, tablet, PC)

PPO members may find the **HealthCost Estimator+** useful for services that are subject to the annual deductible. For example, your doctor may be sending you for an X-ray and may recommend a few network facilities in your area. You will be able to see which facility has a lower cost for the X-ray so that your out-of-pocket cost is lower.

Of course, you must always check if the provider/facility is in-network with your plan (Custom HMO members also need referrals). Your network doctor would handle any preauthorizations.



One Member's Journey

Following a recent surgery, Steve needed help addressing an anesthesiology bill that should have been covered by his plan.

1. Steve called PEBTF Health Advocate.
2. His Advocate asked Steve to send copies of all the paperwork, including phone numbers for his doctor and the surgery center.
3. His Advocate contacted Steve's health plan and determined they had, in fact, paid the anesthesiologist according to Steve's benefits.
4. His Advocate contacted the provider's office and forwarded copies of the payment, requesting they send Steve a written confirmation that he no longer owed them money.
5. Steve's Advocate contacted him with the good news.

New Plan Year

January 1 marked the beginning of a new plan year. Some members chose to continue with the same medical plan they had last year, while others opted to make a plan change.

You should have received a new medical plan ID card in late December. All of the plans' ID cards include the 2018 copays and the phone number for PEBTF Health Advocate. Present your medical ID card at the time you receive medical services.

As a reminder, both PPO options have changes to the annual deductibles and specialist and ER copays for 2018.

If you enrolled in: Choice PPO (Aetna)

Your costs for in-network care are:

- \$20 copay for your primary care physician (PCP) office visit
- \$45 copay for a network specialist office visit
- \$20 copay visit for outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)
- \$50 copay for urgent care visit
- \$200 ER copay (waived if admitted)

Certain services are subject to the annual in-network deductible of \$350 per year for single coverage/\$700 for family coverage and then the plan pays 100% of the service:

- Hospital expenses (inpatient and outpatient)
- Imaging such as X-rays, MRIs, CT scans
- Skilled nursing facility care and home health care

If you were hired on or after 8/1/03, you pay \$8.85 per pay for single coverage or \$23.08 for family coverage per pay.

If you enrolled in: Basic PPO (Highmark)

Your costs for in-network care are:

- \$20 copay for your primary care physician (PCP) office visit
- \$45 copay for a network specialist office visit
- \$20 copay visit for outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc.)
- \$50 copay for urgent care visit
- \$200 ER copay (waived if admitted)

Certain services are subject to the annual in-network deductible of \$1,200 per year for single coverage/\$2,400 for family coverage and then the plan pays 100% of the service:

- Hospital expenses (inpatient and outpatient)
- Imaging such as X-rays, MRIs, CT scans
- Skilled nursing facility care and home health care

Blood Work Under the PPO Option

If you use Quest Diagnostics or LabCorp, you pay \$0 for covered tests.

New for 2018, if you go to another facility, such as a hospital outpatient center, you pay a \$30 lab copayment.

If you enrolled in: Custom HMO (Aetna or Geisinger – depending on region where you live)

Your costs for in-network care are:

- \$5 copay for your primary care physician (PCP) office visit
- \$10 copay for a network specialist office visit (referral required)
- \$5 copay visit for outpatient therapies (such as physical and occupational therapy, manipulation therapy, etc. – referral required)
- \$50 copay for urgent care visit
- \$150 ER copay (waived if admitted)

You **must** visit a provider/facility that is part of the Custom HMO network – if you don't, the service will not be covered under your plan and you will pay the entire charge

Changes to Your Prescription Drug Copays

Copay
1/1/2018

Prescriptions at a Network Pharmacy Up to a 30 Day Supply

Tier 1: Generic drug	\$12
Tier 2: Preferred brand-name drug	\$30*
Tier 3: Non-Preferred brand-name drug	\$60*

Mail Order or Retail Maintenance at a CVS Pharmacy Up to 90 Day Supply

Tier 1: Generic drug	\$18
Tier 2: Preferred brand-name drug	\$45*
Tier 3: Non-Preferred brand-name drug	\$90*

Retail Maintenance at a Rite Aid Pharmacy Up to 90 Day Supply

Tier 1: Generic drug	\$24
Tier 2: Preferred brand-name drug	\$60*
Tier 3: Non-Preferred brand-name drug	\$120*

*plus the cost difference between the brand and the generic, if one exists

There may be some formulary changes for 2018. Some medications may have moved from preferred to non-preferred, which would result in a higher cost to you. Visit www.pebtf.org > Publications & Forms to view the formulary.

Coverage for Autism Spectrum Disorder Annual Amount Increased to \$39,668 per year Effective January 1, 2018

For more information, visit www.pebtf.org to view the Summary Plan Description (SPD).

Additional Benefits

Mental Health & Substance Abuse Benefit: Optum continues to administer the mental health and substance abuse benefits.

PPO Members: Your outpatient mental health office visit copay is \$20. Inpatient services are subject to the PPO medical deductible. You may visit out-of-network providers at higher out-of-pocket costs.

Custom HMO Members: Your outpatient mental health office visit copay is \$5. You must visit an Optum network provider. If you go out-of-network, you will not have coverage.

Durable Medical Equipment (DME), Prosthetics, Orthotic, Medical and Diabetic Supplies:

DMension continues to administer the durable medical equipment (DME), prosthetics, orthotics, medical and diabetic supply benefit. There are no changes to this benefit.

Supplemental Benefits: Vision, dental and hearing aid benefits continue with no changes. You should have received a new dental ID card from United Concordia. The new ID card has a unique identification number. Please present that ID card to your dentist.

Other Benefits: As a commonwealth employee, there are even more benefits available to you, in addition to those offered through the PEBTF. A few examples include life insurance, disability insurance, the family care account program, and public service loan forgiveness. Most employees can find out more through ESS at www.myWorkplace.state.pa.us. If your agency doesn't use ESS, contact your agency HR office to find out more!

Let us Know About our Service

We randomly select members who have spoken to a PEBTF Benefit Services Representative to participate in a customer service survey. If you are selected, you will receive a letter with instructions on completing the survey. You can even access the survey via our website.

We hope you will consider completing the survey. Your comments are important to us and will help us to continue to improve our member services.

Help for Diabetics Coming in Spring 2018

The PEBTF will offer the ***Livongo for Diabetes Program***, which makes living with diabetes easier by providing you with a connected meter, personalized tips and coaching.

Who is eligible for this program?

All PEBTF-covered members with insulin-dependent diabetes or who are taking hypoglycemic drugs will be able to enroll in this free program.

How does it work?

You will be provided a connected meter and as many strips and lancets as you need shipped to your door with no hidden costs or copays. Your readings are automatically sent to Livongo via the connected meter you will receive. When your readings are out of range (either high or low), the meter will ask questions to help troubleshoot why the

reading would be out of range. If your reading is severely out of range, a Diabetes Response Specialist will call or text you within minutes, 24/7. You will also be able to share your blood sugar readings with your family and physicians to alert them when you are out of range.

Additional Support

Diabetes Educators are standing by to advise you on nutrition, lifestyle and diabetes management anytime you have questions.

If you qualify for the ***Livongo for Diabetes Program***, you will receive additional information in the coming months. We hope you consider taking advantage of this added benefit – having a support system to help you manage your condition is invaluable.

Get Healthy New Year – New You

Know Your Numbers

We hope you participated in the annual Get Healthy ***Know Your***

Numbers wellness screening period that ended on December 31, 2017.

The wellness screening is a great way to check your results year after year and we hope you saw improvement in your numbers.

The ***Know Your Numbers*** wellness screening tests for factors that contribute to metabolic syndrome. Metabolic syndrome is a group of high risk factors – high blood pressure, high blood sugar, high cholesterol and abdominal fat. When all of these factors are combined, they set the stage for serious problems. These risk factors can double your risk for heart attack and strokes and increase your risk of diabetes by five times.

Completing a wellness screening makes you more aware of your important numbers and risk factors. Hopefully, you can take some steps to make lifestyle changes to improve your numbers each year.

View your Get Healthy results online and see your results for all of the years that you participated. Visit www.pebtf.org, click on the Get Healthy logo and follow the instructions for viewing your results.

Source: WebMD



Will you have an extra \$63.62 in your pocket every two weeks?

That's exactly what over 90% of employees who completed the 2017 annual ***Know Your Numbers*** wellness screening will save.*

If you completed the annual wellness screening, you will pay only 2.5% of your gross base pay beginning July 1, 2018.

If you did not complete a wellness screening, you will pay the contribution of 2.5% of your gross base pay PLUS a surcharge of \$63.62 biweekly.*

As a reminder, new PEBTF enrollees have 45 days from the date of their PEBTF letter to complete a screening and start saving money!

*Union-represented members should refer to the relevant collective bargaining agreement for details.

February is American Heart Month

February is American Heart Month and the testing that you had done as part of the **Know Your Numbers** wellness screenings directly correlates with the risk for heart disease.



Heart disease is the leading cause of death for American women and men, accounting for 1 in 4 deaths in the United States. Nearly half of Americans have at least one risk factor for heart disease, such as high blood pressure, high cholesterol, obesity, physical inactivity or an unhealthy diet. Risk also increases with age.

Some of the risk factors for heart disease cannot be controlled, such as your age or family history. But you can take steps to lower your risk by changing the factors you **can** control.

Your lifestyle choices can increase your risk for heart disease and heart attack. To reduce your risk, your doctor may recommend changes to your lifestyle. The good news is that healthy behaviors can lower your risk for heart disease:

- Limit or avoid foods high in saturated fats, trans fat, and cholesterol. Also, too much salt (sodium) in the diet can raise blood pressure levels.
- Increase regular physical activity to lower your risk for heart disease and other chronic conditions.
- Take steps to lose weight. Obesity is linked to higher “bad” cholesterol and triglyceride levels and to lower “good” cholesterol levels. In addition to heart disease, obesity can also lead to high blood pressure and diabetes. Talk to your health care team about a plan to reduce your weight to a healthy level.
- Limit alcohol. Drinking too much alcohol can raise blood pressure levels and the risk for heart disease. It also increases levels of triglycerides, a form of cholesterol, which can harden your arteries. Women should have no more than one drink a day; men should have no more than two drinks a day.
- Stop smoking. Tobacco use increases the risk for heart disease and heart attack. Cigarette smoking can damage the heart and blood vessels, which increases your risk for heart conditions such as atherosclerosis and heart attack. Also, nicotine raises blood pressure and carbon monoxide reduces the amount of oxygen that your blood can carry. Exposure to secondhand smoke can increase the risk for heart disease even for nonsmokers.

Source: Centers for Disease and Prevention

Feedback About the Get Healthy *Know Your Numbers* Wellness Screenings

“Staff was excellent at my onsite event. Very convenient.”

“Your screening staff helped me with my nervousness and were very professional. These are the best readings I’ve had in years with this program and I will lose weight the right way. Thanks again and see you next year!”

“I chose to submit a Physician Results Form because I get testing done at my doctor’s office. Talk about fast! I uploaded it to the Quest site at 8 a.m., received an email at 12:40 p.m. telling me my results were ready to view on the Quest site. My paper report came in the mail in 5 days.”

“Love visiting the Quest website so I can see my results from each year. Very convenient to see it all in one place.”

Get Healthy Resources Offered by the PEBTF

New Year's resolutions – many of us make them and many of us break them. Perhaps 2018 is the year that you commit to getting healthy. The PEBTF's Get Healthy Program is here to help with a variety of resources. Visit www.pebtf.org and click on the Get Healthy logo on the left-side of the home page. There you will be able to access:



- **MyActiveHealth Website:** Check out the site, which is offered free of charge. You will find various health resources, healthy recipes, helpful videos and more! Click on “Create an Account” and follow the instructions to create a user name and password.
- **Help to Quit Smoking:** Quit For Life® can help and you can find more information on the PEBTF website. Call 1-866-QUIT-4-LIFE (1-866-784-8454) today or visit www.quitnow.net/PEBTF to enroll or find more information.
- **Get Healthy Webinars:** View past webinars or register for an upcoming live webinar offered by our ActiveHealth Health Coach. Webinars are 30 minutes in length.
- **Lunch ‘n Learns:** View slides from past sessions or sign up for one offered at select commonwealth worksites.
- **Health Websites:** Find links to reputable health websites all in one place.
- **Discount Programs:** See what your medical plan offers in the way of gym discounts and other services.
- **Active Challenges:** Throughout the year, we offer active challenges which are a great way for you and your team to get moving and engage in a little friendly competition. Challenges are offered in the spring and fall – more information will be posted at the worksites.

Important Information Needed to File Your 2017 Federal Taxes

Watch your mail for important tax information. The Affordable Care Act (ACA) requires the PEBTF to provide you with an annual notice summarizing your and your dependents' enrollment in the PEBTF health coverage.

You will receive a Form 1095-B from the PEBTF and a Form 1095-C from the commonwealth. If you qualified for benefits through another employer in 2017, you can expect to receive the applicable forms from that employer.

Your tax preparer should be familiar with these forms. Please refer to your IRS Form 1040 (2017) line 61 Healthcare: individual responsibility. On IRS Form 1040EZ (2017), see line 11. You may also want to refer to IRS Form 8962 Premium Tax Credit as well as Form 8965 Healthcare Exemptions.

Reminder – Notify HR of a Divorce

If you get a divorce, you **MUST** remove your spouse from your PEBTF benefits. Your spouse will be terminated from benefits effective the date of divorce. You will be responsible for any claims incurred after the date of divorce. Don't delay!

Contact the HR Service Center at 866-377-2672 or your local HR office immediately at the time of divorce to complete the necessary paper work.



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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

Nondiscrimination Statement

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 2018 Summary Plan Description (SPD) is now available and may be found on www.pebtf.org.

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.

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.