

Your Preventive Care Benefits

Springtime is the time of year when many people take on cleaning projects and outdoor landscaping projects. It's also a great time to talk to your doctor about preventive care. The Retired Employees Health Program (REHP) includes coverage for preventive care at no cost to you. For a list of preventive health benefits, visit www.pebtf.org. You will find the list under Benefit Information under each Retiree Members section. Or, you may download a copy of the REHP Benefits Handbook from the home page of the PEBTF website.

Preventive care includes an annual physical, blood pressure, cholesterol and glucose test. There is also colorectal cancer screening for adults 50 and older, which includes a routine colonoscopy every 10 years.

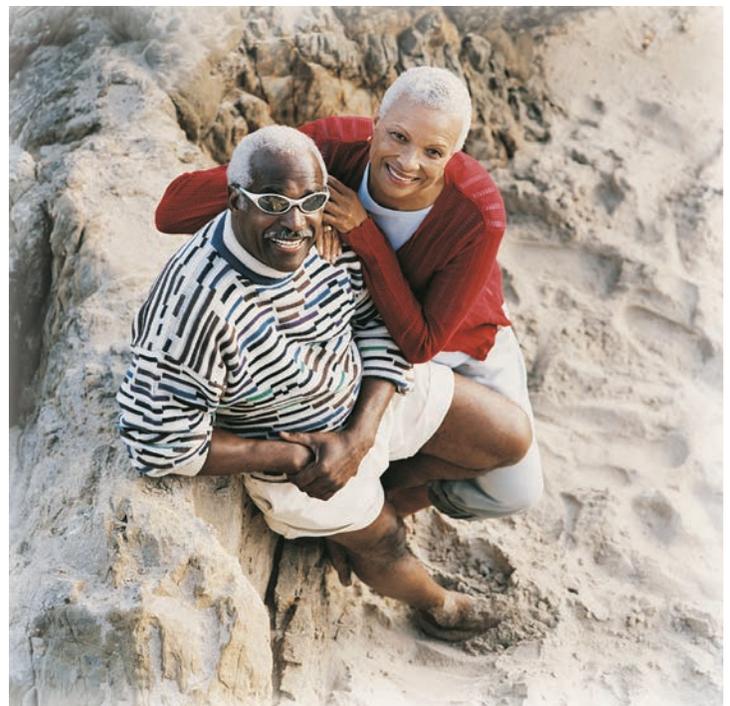
Preventive care also includes covered routine immunizations.

New for 2018! The new shingles (herpes zoster) vaccine called Shingrix is covered for members age 50 and older. The Zostavax shingles vaccine continues to be covered for members age 60 and older. **Non-Medicare eligible members**, coverage for the shingles vaccines is provided at your doctor's office or at a CVS Caremark Vaccine Network pharmacy. **Medicare eligible members**, the shingles vaccines are covered according to Medicare guidelines under your Prescription Drug Plan with a copay.

While you are working on your spring activities, take some time to get the important preventive care that you need.

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What the New Blood Pressure Guidelines Mean to You

In November 2017, the American Heart Association® updated the U.S. guidelines on high blood pressure detection and treatment.

What Changed?

Prior to the changes, there was an additional stage – prehypertension (where the systolic blood pressure fell between 120 and 139 and the diastolic blood pressure fell between 80 and 89). Prehypertension has been eliminated as a stage, leaving the five categories as shown on the graphic.

Why did This Change?

With the elimination of the prehypertension stage, high blood pressure is now defined as 130 or higher for systolic blood pressure and 80 or higher

for diastolic blood pressure. According to the American Heart Association, lowering the definition of high blood pressure gave way for the guidelines to recommend “earlier intervention to prevent further increases in blood pressure and the complications of hypertension.” Prior to the update, an estimated one-third of American adults had high blood pressure, but under the new guidelines, nearly 50% will have the condition. The aim is to help those with high blood pressure catch the condition early so it can be treated with lifestyle changes like diet and exercise, before medication is needed.

Source: Quest Diagnostics Health & Wellness

Blood Pressure Categories



BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

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heart.org/bplevels

Health Advocate is Here to Help

In the winter PEBTF Benefit News, we introduced a new service, Health Advocate, which is available to all members (not available to COBRA members).

Here's a quick guide to help you determine who to call about your REHP medical and prescription drug benefits.

Who to Contact

Contact the State Employees Retirement System (SERS) if you ...	Contact the PEBTF regarding ...	Contact PEBTF Health Advocate to...	Contact the health plan if you want to...
800-633-5461	800-522-7279 www.pebtf.org	855-855-4238 www.HealthAdvocate.com /PEBTF	
<ul style="list-style-type: none"> • have questions about your retirement annuity • to report an address change or phone number change • to add or remove a dependent from coverage • to report a retiree's death • to voluntarily "opt out" of medical and/or prescription drug benefits 	<ul style="list-style-type: none"> • health coverage options, including copays and deductibles • your disabled dependents • qualifying life events and when you can change health plans outside of open enrollment • COBRA benefits • survivor spouse benefits • direct bills if you pay for your coverage 	<ul style="list-style-type: none"> • resolve insurance claims and billing issues • find and arrange appointments with the right doctors and specialists • locate and evaluate leading physicians and medical centers for second opinions • explain diagnosis and treatment options • coordinate care for complex medical issues • transfer medical records, lab results and x-rays 	<ul style="list-style-type: none"> • verify if health care professionals or medical facilities are in network • discuss the level of benefits or transition of care from one plan to another <p>Refer to the telephone number on your medical plan ID card</p>

Tips on Using the Custom HMO Non-Medicare Eligible Members

The REHP Custom HMO offers a low-copayment plan with no deductibles, but you must visit network providers and facilities to have coverage under the plan. While the low costs are an advantage, you need to be aware of the limited Custom HMO network and the referral process.

Aetna Custom HMO is offered in Central, Western and Southeastern Pennsylvania; Geisinger Custom HMO is offered in the Northeast. Before you visit a provider, make sure they are part of the Custom HMO network. Visit www.pebtf.org. Select *Retiree Members: Non-Medicare Eligible* tab and then click on *Links*.

Helpful Tips for Aetna Custom HMO Member Referrals:

The Aetna Custom HMO requires referrals. Follow these steps when you receive a referral from your primary care physician (PCP) that does not name or designate a specific provider. You, as the member, are responsible to make sure the provider/specialist that you choose is participating in the REHP Custom HMO network. These steps will assist you in finding a participating provider:

- Check for participating providers by logging on to your Aetna Navigator site or by going to www.aetna.com/pebtf.
- Contact your PCP to coordinate referrals to the appropriate in network specialists.
- Call member services at 1-800-991-9222 (8:00 a.m. – 6:00 p.m. Monday through Friday). This number is also located on the back of your ID card.

If you go to an out-of-network provider, you will have to pay the entire cost.

Helpful Tips for Geisinger HMO Members:

You must have a Geisinger Custom HMO PCP. For day-to-day health care, you should see your PCP first. There are times where you may need to see a specialist. Geisinger Custom HMO does not require a referral to a specialist, but it is your responsibility to make sure that specialist is in-network. Visit <https://www.geisinger.org/pebtf> or you may call 1-844-863-6850 and a customer service representative will help locate providers. If you go to an out-of-network provider, you will have to pay the entire cost.

Turning 65

Are you or your spouse/domestic partner turning 65 this year? When you turn 65, you will be enrolled in one of the Medicare Advantage Plans offered by the REHP and the SilverScript Prescription Drug Plan. The SilverScript Prescription Drug Plan is a Medicare Part D plan offered by CVS Caremark. Your copayments are the same as the non-Medicare plan but there may be differences in the formulary.

The PEBTF website contains a special section on turning 65, which explains the plans that are offered by the REHP. In addition, we mail you a letter 120 days before you turn 65. A Benefit Services Representative follows up with a phone call to answer any questions.

Social Security Administration estimates that 10,000 Americans are turning 65 every day.

Livongo for Diabetes

REHP New Health Benefit at No Cost that Makes Living with Diabetes Easier

Non-Medicare Eligible Members

Members who qualify for the **Livongo for Diabetes Program** can expect to receive an introductory mailing on or about May 21.

Who can join:

REHP-covered retirees and their dependents with insulin-dependent diabetes or who are taking hypoglycemic drugs.

Here are some of the benefits of this program:

- **More Than a Standard Meter:** The Livongo connected meter provides real-time tips and uploads readings, making log books a thing of the past.
- **Unlimited Test Strips at No Cost to You:** Get as many strips and lancets as you need with no hidden costs or copays. When you are about to run out, Livongo ships more supplies, right to your door.
- **Coaching Anytime and Anywhere:** Your Livongo coach provides one-on-one support by phone, email, text, or mobile app to help you with questions about nutrition or lifestyle changes.

Get Healthy Webinars

The PEBTF's website offers webinars to help improve your health. You may access these Get Healthy recorded webinars anytime. Visit www.pebtf.org > Get Healthy for the list of webinars. Topics include: *Tobacco Free Living*, *Organic Food – What's the Hype* and *The Gift of Health* just to name a few.

Help to Quit Smoking

Quit For Life® Offered to Non-Medicare Eligible Members

There are so many good reasons to quit. What's Yours?

The Quit For Life® Program helps people learn to live without tobacco for all kinds of reasons. Your reason may be to improve health, to save money or to keep your family safe by avoiding second-hand smoke. Enroll in Quit For Life® now to receive:

Phone coaching: Having someone to talk to can really help you quit. The Quit Coach® team understands what you're going through. Best of all, they know what works. During a series of phone coaching sessions, they'll help you map out a quit plan and give you quit tips that really work.

Quit-smoking medications: Nicotine cravings and the urge to smoke make quitting hard. The Quit Coach® will talk with you about prescription and over-the-counter medications that can help reduce cravings and withdrawal symptoms.

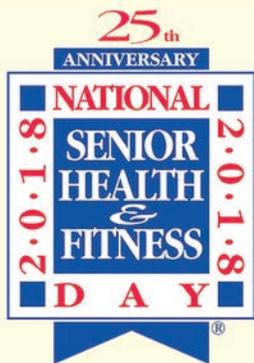
Quit tools: With the Quit For Life® Program, you will receive powerful print and online tools to help you live tobacco-free. Use the Quit Guide workbook to stay strong between calls. Get Text2QuitSM reminders and tips sent right to your mobile device.

The program is free to REHP members age 19 and older. Call 1-866-QUIT-4-LIFE (1-866-784-8454 or visit www.quitnow.net/pebtf.

Help to Quit Smoking for Medicare Eligible Members

Contact your Medicare PPO or HMO for information about smoking cessation programs.

National Senior Health & Fitness Day



Wednesday, May 30, is National Senior Health & Fitness Day, the nation's largest older adult health promotion event. Local organizations throughout your community may be hosting senior-related health and fitness events. Your health club may offer activities tailored to seniors.

Medicare-eligible members: Your REHP medical plans offer free health club memberships. Call the telephone number on your medical ID card to find out what health clubs participate.

Non-Medicare eligible members: You can take advantage of health club discounts through your medical plan. Visit www.pebtf.org > Get Healthy Discounts to see what your plan offers.



The New Food Label

Are you reading food labels? You should because they can help with a healthier diet. You may want to focus on limiting saturated fat or added sugars, others may want to increase fiber or limit sodium. Or, some people may be concerned with carbs and protein.

You will begin seeing new food labels that replace the current label which is more than 20 years old. The Food and Drug Administration (FDA) is requiring all food manufacturers move to the new food label over the next couple of years. Many companies have already adopted the new food labels so take a look at the products you purchase.

So what is changing?

Refreshed Design:

- Larger, bolder type for calories and serving size.

Updated Nutrition Information

- Vitamin D, calcium, iron and potassium amounts and percent Daily Value must be listed. Companies can voluntarily include the gram amount for other vitamins and minerals.
- A big change is the addition of “added sugars.” These are sugars that are added during processing. The American Heart Association recommends limiting the amount of added sugars to 24 grams/day or 6 teaspoons (women); 36 grams/day (men), which is 9 teaspoons. To put that in perspective, a 12 ounce can of Coke has 39 grams or 10 teaspoons of sugar. On average, Americans get about 13 percent of their total calories from added sugars, with the major sources being sugar-sweetened beverages and snacks and sweets.

Serving Sizes

- Serving sizes must be based on amounts of foods and beverages that people are actually eating, not what they should be eating. For example, the reference amount used for a serving of ice cream is changing from ½ cup to 2/3 cup. A serving of soda is changing from 8 ounces to 12 ounces.
- Package size affects what people eat. For packages that are between one and two servings, such as a 20-ounce soda or a

15-ounce can of soup, the calories and other nutrients will be labeled as one serving because people typically consume it in one sitting.

- While continuing to require “Total Fat,” “Saturated Fat” and “Trans Fat” on the label, “Calories from Fat” is being removed because research shows the type of fat is more important than the amount and you should limit saturated fat.

Source: www.fda.gov

Better Choices:

- Check total calories per serving (and the actual serving size).
- Limit the amounts of saturated fat and sodium you eat and avoid trans fats.
- Get enough of beneficial nutrients such as dietary fiber, protein, calcium and iron.
- Information presented is based on 2,000 calories. You may need to consume more or less than 2,000 calories depending upon your age, gender, activity level and whether you are trying to lose, gain or maintain your weight.

Source: American Heart Association

SIDE-BY-SIDE COMPARISON

Original Label

Nutrition Facts	
Serving Size 2/3 cup (55g)	
Servings Per Container About 8	
Amount Per Serving	
Calories 230	Calories from Fat 72
% Daily Value*	
Total Fat 8g	12%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	12%
Dietary Fiber 4g	16%
Sugars 1g	
Protein 3g	
Vitamin A	10%
Vitamin C	8%
Calcium	20%
Iron	45%
* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.	
	Calories: 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

New Label

Nutrition Facts	
8 servings per container	
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

Note: The images above are meant for illustrative purposes to show how the new Nutrition Facts label might look compared to the old label. Both labels represent fictional products. When the original hypothetical label was developed in 2014 (the image on the left-hand side), added sugars was not yet proposed so the “original” label shows 1g of sugar as an example. The image created for the “new” label (shown on the right-hand side) lists 12g total sugar and 10g added sugar to give an example of how added sugars would be broken out with a % Daily Value.

Local: 717-561-4750
Toll Free: 800-522-7279

PEBTF telephone hours:
8 a.m. – 5 p.m. Tuesday - Friday
8 a.m. – 6 p.m. Monday (or 1st day
following a holiday weekend)

PEBTF Benefit News is available in
an alternative format. Please contact
the PEBTF to discuss your needs.



IMPORTANT BENEFIT INFORMATION

This newsletter may contain a general description of the Plan. It is provided for informational purposes only and should not be viewed as a contract, offer of coverage, confirmation of eligibility or investment, tax, medical or other advice. In the event of a conflict between this newsletter and the official plan document, the official plan document will control however, to the extent expressly stated, an article may modify the provisions of the REHP Benefits Handbook. The commonwealth reserves the right to amend, modify or terminate the terms of the Plan, including any options available under the Plan, at any time and for any reason, with or without prior notice.

REHP May Cancel Your Coverage for Fraud or Intentional Misrepresentation

IMPORTANT: If you intentionally provide false or misleading information about eligibility for coverage under the REHP Plan (or about a claim) or you fail to make a required contribution on time, your coverage may be terminated retroactively. This may occur, for example, if you file a false claim, fail to notify us promptly of a divorce or fail to submit timely proof of birth or adoption that verifies your relationship with a new child whom you have added as a dependent.

