

PEBTF OPEN ENROLLMENT

for Active Members

2023 PEBTF Open Enrollment October 16 to November 3, 2023 For Active and COBRA Members No Deductible or Copay Changes for 2024

Open Enrollment is your annual opportunity to review your medical plan options and select a plan that works best for you and your family. Any change you make will be effective January 1, 2024.

Before making a choice, you should:

- Consider the options – Choice PPO, Basic PPO and Custom HMO.
- Check if your doctors and hospitals are part of the network of the plan you are considering. Visit www.pebtf.org > 2023 Open Enrollment > Health Plan Information to check the plan's directory. The Custom HMO has a limited network of providers. It is important that you check that plan's provider network before enrolling.
- Review the copays and deductible for each plan.
- Remember there is an additional biweekly buy-up cost for the Choice PPO (for employees hired on or after August 1, 2003). **The biweekly PPO buy-up will be \$20.42 for single coverage and \$52.65 for family coverage.** Costs for part-time employees and COBRA members change each year. See page 5 for cost information.

Open Enrollment Changes are Effective January 1, 2024

- If you want to make a change, you must do so by **Friday, November 3**.
- During Open Enrollment, you may remove any dependents without a qualifying life event, which is recommended only if your dependent has other coverage
- If you are happy with your current plan, you don't have to do anything during Open Enrollment. You will keep your current medical plan for 2024.



PEBTF Custom HMO

The PEBTF Custom HMO is available to members who live in Pennsylvania. It is offered by Aetna or Geisinger (depending on where you live). If you live in Northeastern PA, the Custom HMO is provided by Geisinger. Aetna provides the Custom HMO in all other counties. See www.pebtf.org > Health Plan Choices by County to check what is available in your county.

- You **must** get a referral from your primary care physician (PCP) before you can see any other network provider (except in an emergency).
- Following an emergency room (ER) or urgent care visit, you **must** contact your PCP for a referral before visiting a specialist or you will not have coverage under the HMO. Also, it's always a good idea to let your PCP know if you had an ER or urgent care visit so they can update your records. For example, if the ER sets your broken ankle and tells you to make an appointment with an orthopedic surgeon, you will need a referral to see the surgeon.



The PEBTF is here to help . . .



By Phone: Call 1-800-522-7279. Benefit Services Representatives are available 8 a.m. to 5 p.m. Monday through Friday.



In Person: If you prefer to speak to someone in person, you can visit the PEBTF office at 150 S. 43rd St., Harrisburg. Appointments are available the last Thursday of each month (except on holidays). Please call the PEBTF to schedule. Appointments must be scheduled in advance. Unscheduled walk-ins are not accepted.



Secure Dropbox: For your convenience a locked drop-box is located just inside the main doors of the PEBTF offices. You may drop off a check payment or other paperwork during business hours, Monday through Friday, 8 a.m. to 5 p.m. Please include your name, date of birth, address and contact information.

The PEBTF complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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)。

Your Plan Choices – at a Glance

	Choice PPO (Aetna)	Basic PPO (Highmark)	PEBTF Custom HMO
Biweekly buy-up • Single • Family * Does not apply to employees hired prior to 8/1/03	\$ 20.42* \$ 52.65*	\$0 \$0	\$0 \$0
Annual Network Deductible Must be paid first for: Hospital expenses (inpatient and outpatient) and medical/surgical expenses including physician services (except office visits), imaging, skilled nursing facility care and home health care.	\$400 single \$800 family	\$1,500 single \$3,000 family	\$0
Copays	\$20 PCP \$45 specialist \$50 urgent care \$200 ER (waived if admitted)	\$20 PCP \$45 specialist \$50 urgent care \$200 ER (waived if admitted)	\$5 PCP \$10 specialist \$50 urgent care \$150 ER (waived if admitted)
Visit network providers only			✓
Limited provider network (visit www.pebtf.org to check the network)			✓
May visit out-of-network providers (at additional cost)	✓	✓	
Referrals needed for specialist care			✓
Diagnostic tests (lab) – see page 7 for information about QuestSelect	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	Covered 100% at Quest Diagnostics or LabCorp, \$30 lab copay elsewhere	100% (Referral required)

All benefits are limited to covered services that are determined by the plan to be medically necessary. For more detailed information visit www.pebtf.org.

For More Information

PEBTF Website	Visit www.pebtf.org > 2023 Open Enrollment. View the webinar, plan benefits and compare plans in your county of residence. The Summaries of Benefits & Coverage are also available on the website.
Contact the PEBTF	Call 1-800-522-7279 or email openenrollment@pebtf.org .
Contact PEBTF Health Advocate	Call 1-855-855-4238 to help locate network health care providers.

Contact the HR Service Center (or your local HR office if your agency is not supported by the HR Service Center)

Visit Employee Self Service at www.myworkplace.pa.gov to complete your enrollment. For questions about cost, visit the Employee Resource Center at www.employeeresourcecenter.oa.pa.gov.

Open Enrollment is more than just selecting a health plan.

Here are some important things to consider this time of year:

- **Are all your dependents/beneficiaries up-to-date?** Consider your life insurance policy, pension and other benefits where you have beneficiaries listed.
- **Is your address up-to-date?** If you've moved this year, make sure that your agency has your correct address. This can have an impact on benefits and taxes.
- **Are your benefits up-to-date?** It's your annual opportunity to consider additional benefits that offer discounts, cash payments or even tax-saving opportunities for your existing coverages. For the majority of employees, watch for information in your email or at www.employeeresourcecenter.oa.pa.gov. For employees in PHEAA, Treasury, Thaddeus Stevens College of Technology and PA Public School Building Authority, watch for information from your agency throughout the year on benefits and programs that may be important to you.



Cost of Benefits

All Full-Time Employees

- You pay the health care contribution through payroll deductions plus the cost reflected in the table on page 5. You can save money if you participate in the Get Healthy Program.

Full-Time Employees Hired on or After August 1, 2003:

- The Basic PPO and PEBTF Custom HMO options in your county of residence are offered at no additional cost to you (except when covering dependents during your first 90 days of employment).
- You may purchase, through payroll deductions, the Choice PPO for an additional biweekly plan buy-up cost indicated on page 5. If you add dependents during your first 90 days of employment, you also pay a dependent buy-up
- You may purchase, through payroll deductions, prescription drug coverage for the first 90 days.
- After 90 days of service, you may elect to enroll in prescription drug and/or supplemental benefits (package of dental, vision and hearing aid plans) at no additional cost.

	Single Biweekly Cost	Family Biweekly Cost	If You Add Dependents During the First 90 Days of Employment, You Pay the Buy-Up Cost Biweekly
Choice PPO	\$ 20.42	\$ 52.65	\$462.35
Basic PPO	\$ 0	\$ 0	\$409.70
PEBTF Custom HMO	\$ 0	\$ 0	\$435.28
Prescription Drug (first 90 days)	\$103.86	\$257.67	See Family Biweekly Cost

All Part-Time Employees

- You pay the health care contribution through payroll deductions plus the cost reflected in the table below. You can save money if you participate in the Get Healthy Program.

Part-Time Employees - First 90 Days of Employment

Cost of Single Coverage - Biweekly		Cost of Family Coverage - Biweekly	
	Medical Only		Medical Only
Choice PPO	\$ 150.06	Choice PPO	\$ 591.99
Basic PPO	\$ 129.64	Basic PPO	\$ 539.34
PEBTF Custom HMO	\$ 137.74	PEBTF Custom HMO	\$ 573.02
Prescription Drug	\$ 103.86	Prescription Drug	\$ 257.67

Part-Time Employees - After 90 Days of Employment

Cost of Single Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO	\$ 150.06	\$ 190.01	\$ 156.49	\$ 196.44
Basic PPO	\$ 129.64	\$ 169.59	\$ 136.07	\$ 176.02
PEBTF Custom HMO	\$ 137.74	\$ 177.69	\$ 144.17	\$ 184.12
Prescription Drug Only	\$ 39.95			
Supplemental Only	\$ 6.43			

Cost of Family Coverage Biweekly				
	Medical Only	Medical + Prescription Drug	Medical + Supplemental	Medical+ Prescription Drug+ Supplemental
Choice PPO	\$ 371.03	\$ 474.10	\$ 387.60	\$ 490.67
Basic PPO	\$ 334.49	\$ 437.56	\$ 351.06	\$ 454.13
PEBTF Custom HMO	\$ 355.38	\$ 458.45	\$ 371.95	\$ 475.02
Prescription Drug Only	\$ 103.07			
Supplemental Only	\$ 16.57			

Questions About Costs?

Call the HR Service Center at 1-866-377-2672. Call your local HR office if your agency is not supported by the HR Service Center.

Benefit News

Flu Shot: Now is the time to schedule your flu shot at your doctor's office or a CVS Caremark Flu Shot network pharmacy. To schedule a flu shot at a CVS Pharmacy, make an appointment through the CVSpharmacy app. You may call CVS Caremark at 1-888-321-3261 with questions. The phone number also appears on your prescription drug ID card.

Other Immunizations: Just like the flu shot, you may get your COVID-19 vaccine or booster and other covered vaccines at a CVS network pharmacy or your doctor.

Get Healthy Know Your Numbers: Have you scheduled or completed your annual wellness screening? Complete your wellness screening by December 31, 2023 to get valuable health information and save money beginning July 1, 2024. To get started, visit www.pebtf.org and click on the Get Healthy logo on the left side of the home page and follow the instructions to go to the Quest Diagnostics website. You will find FAQs, helpful tips and a comparison chart, too.

Medical Plan Changes

Bariatric Surgery: Effective August 1, 2023, the diagnosis of diabetes is no longer a requirement for bariatric surgery under the PEBTF plan. There are specific criteria you must meet to qualify for coverage for this surgery. Visit www.pebtf.org to view or download the Summary Plan Description. You will find information in Section 7 - Services Excluded From all Medical Plan Options.

ID Cards: You will receive a new medical ID card in mid-December even if you do not make a plan change. Provide the new ID card to your providers after January 1, 2024.

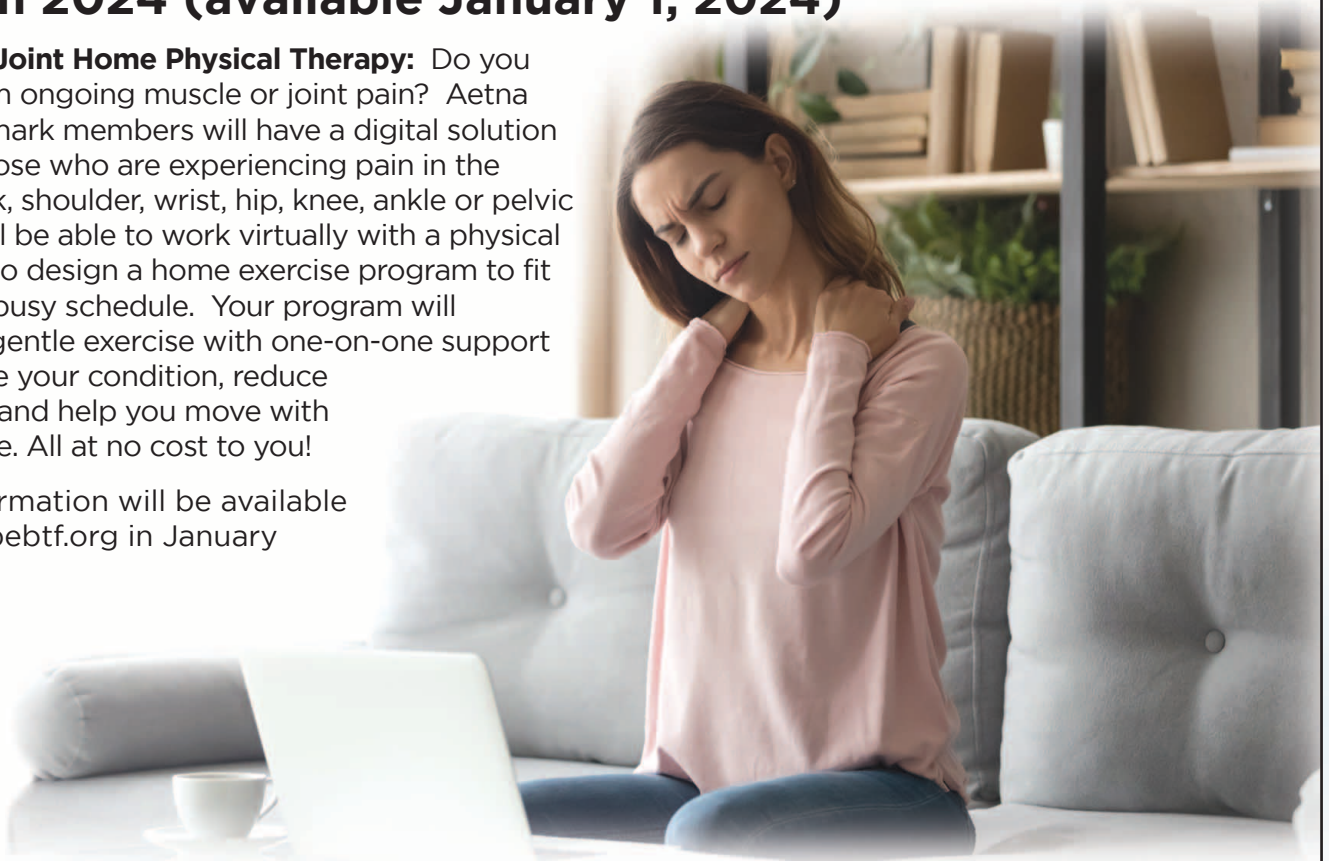
For More Information: The 2024 Summary Plan Description (SPD) will be available the end of December. You may view, download or order a copy by visiting www.pebtf.org and selecting the box at the bottom of the home page.

Your Health Benefits: It is important that you watch for future newsletters or other benefit communications. We will let you know about any updates to your benefits.

New in 2024 (available January 1, 2024)

Muscle & Joint Home Physical Therapy: Do you suffer from ongoing muscle or joint pain? Aetna and Highmark members will have a digital solution to help those who are experiencing pain in the back, neck, shoulder, wrist, hip, knee, ankle or pelvic area. You'll be able to work virtually with a physical therapist to design a home exercise program to fit into your busy schedule. Your program will combine gentle exercise with one-on-one support to improve your condition, reduce your pain and help you move with confidence. All at no cost to you!

More information will be available on www.pebtf.org in January 2024.



QuestSelect™ (for PPO & Bronze Plan Members): If you are enrolled in the PPO option, in-network lab tests are covered 100% at Quest Diagnostics or LabCorp. If the testing is done elsewhere, you pay a \$30 lab copay. If you prefer to go to your doctor's office, or there are no Quest Diagnostics or LabCorp Patient Service Centers in your area, you will be able to use QuestSelect to help save money.

Here's how it works:

- **Medical Plan ID Card:** Your medical plan ID card will include the phone number for the QuestSelect Lab Line. Watch your mail for your new ID card in mid-December.
- **At the doctor's office:** If you have your lab test done at your doctor, ask the doctor to send the lab work to Quest.
- **If your doctor's office doesn't use Quest:** You can ask them to call the QuestSelect Lab Line to pick up the sample or you can request a written order from your doctor (basically a prescription) to have your lab work done at an approved Quest location.
- **After the appointment:** If the specimen did NOT go to Quest for processing, you can call the QuestSelect Lab Line for help. QuestSelect will contact the physician about getting future tests sent to Quest.
- **Get direct access to results:** You can access results anytime, anywhere through MyQuest™ – plus schedule appointments, track health history, find Patient Service Centers and more.
- Bronze Plan members may save money by using QuestSelect
- If you are enrolled in the Custom HMO, QuestSelect is not available to you as an option. You must use your plan's network of providers.

More information will be available on www.pebtf.org in January 2024.

Breast Cancer Preventive Screenings: If you are at high lifetime risk for breast cancer, you will be able to get an annual screening with either MRI or ultrasound when there is no abnormality seen or suspected at no out-of-pocket cost. This supplemental screening is in addition to your preventive mammogram. Also, there will be no out-of-pocket cost for genetic testing of the BRCA1 and BRCA2 gene if you are determined to be at an increased risk. Effective January 1, 2024.



Prescription Drug Plan Savings: We are fortunate to have a prescription drug plan that has low generic copays. You may be able to save even more! CVS Caremark® is offering Caremark® Cost Saver™ to help lower pharmacy out-of-pocket drug costs. You will have automatic access to GoodRX's prescription drug pricing to allow you to pay lower prices, when available, on many common generic medications right at the pharmacy counter. You only need to use your CVS Caremark ID card at a network pharmacy. No action is required – any savings will automatically apply.

If you have any questions, please contact the PEBTF

**Postmaster, please deliver
between October 7 and
October 14, 2023.**

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

PEBTF telephone hours:
8 a.m. – 5 p.m.

This newsletter is available in an
alternative format. Please contact the
PEBTF to discuss your needs.



IMPORTANT OPEN ENROLLMENT INFORMATION

Visit www.pebtf.org, 2023 Open Enrollment for more information.

If you want to make a change, do so by Friday, November 3, 2023.

If you have questions about
your medical plan options,
coverage for services, etc.
please contact the PEBTF
at 1-800-522-7279.

When you are ready to
select a medical plan, you
can use Employee Self
Service at
www.myworkplace.pa.gov
beginning October 16, 2023
or contact the
commonwealth's HR
Service Center. You can call
your local HR office if your
agency is not supported by
the HR Service Center.

All online transactions must
be completed, and all forms
must be postmarked by
Friday, November 3.

