

What's Inside

Dependent Child Coverage to Age 26.....	1
High Cost of Imaging.....	2
Your Benefit Questions Answered.....	3
Your Appeal Rights.....	4
Open Enrollment.....	5
Documentation for Adding Dependents.....	6
Get Healthy.....	7
Sun Safety.....	8

PEBTF Covers Dependent Children to Age 26

President Obama signed health care reform legislation that mandates coverage for adult children on their parent's policy up to age 26. While the law does not become effective for PEBTF members until January 2011, the PEBTF Board of Trustees authorized to extend coverage for some young adults during 2010, while others will become eligible in January 2011.

Who can be covered in 2010?

Coverage continues for adult children who were on PEBTF coverage as of May 1, 2010, and who do not have access to employer-sponsored health care coverage.

For example, if your adult child who turns age 19 (or age 23 if a student) between May 1 and December 31 and does not have health care coverage through their employer, he or she will not be terminated from PEBTF coverage.

What do I need to do to continue coverage for my adult child?

You must complete an Attestation Form or the online attestation within 30 days. If your child remained on coverage as of May 1, you were mailed a form in late May. Attestation Forms will continue to be mailed to dependents turning age 19 (or age 23 if a student) between August 1 and December 31. The form will be mailed in advance of the dependent's birthday.

The online Attestation Process is fast and easy to use. Go to www.pebtf.org and click on the box on the lower left corner of the PEBTF home page.

My son is offered health care benefits through his employer. Is he eligible to enroll in my PEBTF benefits?

No, if your son is offered employer-group coverage through his own employer, he is not eligible to be covered on your PEBTF plan.

My daughter, age 21, has not been on PEBTF coverage for almost a year. She will be going back to college in September 2010. Can I add her to my coverage?

You may add your daughter effective the first day of school since this is a qualifying event. You must complete a Student Certification Form (PEBTF-7) and Employee Enrollment/Change Form (PEBTF-2). Your daughter must be a full-time student and must comply with all of the other requirements of student certification. Dependents over age 23 cannot be added to coverage at this time. They can be added during Open Enrollment for a January 2011 effective date.

The forms can be found on the PEBTF Web site, www.pebtf.org under the Resources section. Submit the completed forms to the HR Service Center or your local HR Office if your agency is not being serviced by the HR Service Center.

When can I add my dependent child who was not on my coverage on May 1, 2010?

You will be able to add your dependent child to age 26 during this fall's Open Enrollment period, effective January 1, 2011. The Active Open Enrollment will be held September 20 to October 29, 2010. Information will be mailed to your home in advance of Open Enrollment.

Continued on Page 7



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The High Cost of Medical Imaging

As consumers, we are demanding more medical services than ever before. And, the cost of these services is increasing. Often, health care consumers don't have a clear understanding of just how much medical services cost. Knowing what your plan is spending and keeping an eye on health care costs are important parts of keeping health care affordable for all of us.

Advanced Imaging Services

Advanced imaging services, or high-technology radiology services, are an important, yet expensive, enhancement in the diagnosis and treatment of many diseases. Their usage is expanding rapidly because of advancing technology, patient demand, defensive medicine (malpractice fears) and the abundance of imaging centers. High-technology radiology includes MRIs, MRAs, CT scans and PET scans. These services typically have to be preauthorized by your health plan and network physicians handle the authorization for you.

Did you know?

- CT (CAT) scans deliver a significant amount of radiation
- Chest CT scans deliver 100 times the radiation of a chest X-ray
- The frequency of CT scans in northeastern Pennsylvania is twice that of other parts of Pennsylvania and of the rest of the nation
- Advanced imaging is expensive, ranging anywhere from \$500 to \$2,500 contributing to the high cost of health insurance

What can you do to take a proactive approach to avoid unnecessary imaging?

Become informed consumers. Your doctor is your personal health care consultant. Don't be afraid to ask your doctor:

- Can conservative measures be tried first?
- How will the test results influence your treatment or outcome?



Be sure your doctor and radiologist are aware of any previous imaging studies you've had involving the same area. If you are going for a second opinion, be sure to hand-carry the actual films and/or obtain a computer disc where the images are stored. Copies can be obtained from the center where the study was done.

Source: BlueCross of Northeastern Pennsylvania, Benefits Bulletin and American College of Radiology

Your Benefit Questions Answered

Do you have a question about your PEBTF benefits that you would like to appear in the newsletter? Submit your question to Communications@pebtf.org, mail it to Communications, PEBTF, 150 S. 43rd Street, Harrisburg, PA 17111-5700 or fax it to Communications, 717-561-1696. Please include your full name, address, agency and daytime phone number. Only your first name will appear in print. If the PEBTF publishes your question in a future newsletter or in the FAQ section of the PEBTF Web site, you will receive a pedometer to help you walk your way to better health.



What changes can I make during Open Enrollment?

— Joe

Open Enrollment is your annual opportunity to select a new health plan. It is held in the fall of each year. It's a good time to compare the benefits under all plan options to decide what plan works best for you. If you were hired on or after August 1, 2003, or you are a part-time employee, you should pay attention to the costs of the options, which change each year. The HMO and CDHP are the least expensive options. COBRA members also should review the costs. In addition to making a health plan change, you may add or remove dependents during Open Enrollment. During the 2010 Open Enrollment, you will be able to add a dependent child to age 26 who is not already on PEBTF coverage. Watch for more information this Fall.

Benefits Terminology

Deductible: Amount you pay each plan year before the plan pays any benefits. You will find deductibles in the following PEBTF options:

PPO Option – Annual non-network deductible of \$400 per person

CDHP Option – Annual network deductible and non-network deductible of \$1,500 per person and \$3,000 family

Mental Health & Substance Abuse Program – Annual non-network deductible of \$200 per person

Dental PPO – Annual \$50 deductible for all basic/major restorative services

Attention All Members

If you or a covered spouse/domestic partner or dependent are under 65 and enrolled in Medicare, contact the PEBTF with this important information.

Fall 2010

Commonwealth Employee Seasonal Flu Vaccine Program

The PEBTF and the Office of Administration, in cooperation with the Department of Health, will again be offering seasonal flu vaccinations to interested commonwealth employees at no cost. Vaccinations will be available this coming fall. Watch for details from your agency flu vaccine coordinator.

PEBTF Open Enrollment

September 20 – October 29, 2010

Information will be mailed to your home in early September

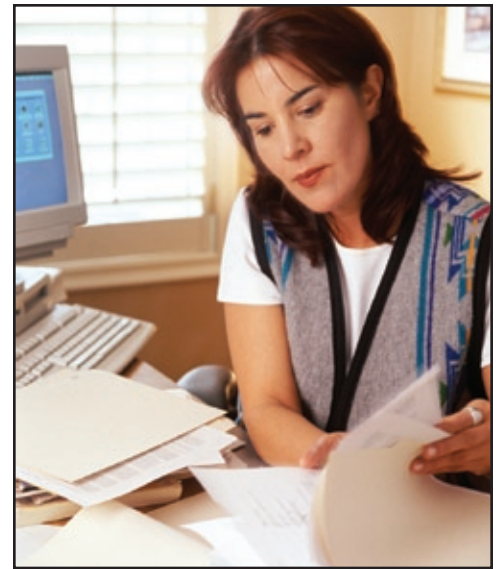
Your Appeal Rights

The health plans provide benefits to members according to the PEBTF's Plan of Benefits. The Plan defines covered benefits, copayments, deductibles, plan exclusions, etc. You may have received a claim denial that you feel should have been covered by the health plan and the PEBTF. If your claim for benefits is denied, you have the right to appeal to the specific health plan with final appeal rights to the PEBTF's Board of Trustees.

So, how do you go about filing an appeal?

Filing an Appeal with Your PPO, HMO, CDHP or Other Claims Payor

- You must follow the written appeal procedures established by your health plan [the health plan's Explanation of Benefits (EOB) includes information for filing an appeal]
- Your appeal must be filed in writing
- Your appeal must be mailed to the health plan within 60 days after you receive notice of the denial. The Mental Health and Substance Abuse Program offered by United Behavioral Health (UBH) has different timeframes for filing appeals – contact UBH with questions



The health plan will review your appeal and will advise you of its decision, including if you have the right to a second-level appeal or if the plan's decision was final.

Final Appeal to the PEBTF

If you are not satisfied with the health plan's decision on appeal, you have the right to a final appeal to the PEBTF's Board of Trustees, as follows:

- Appeal must be filed in writing
- Appeal should contain all pertinent information and supporting documents – include a letter that details your appeal along with EOBs, appeal denials from the health plan, information from your physician or other medical provider, etc.
- Appeal must be mailed to the PEBTF, Mailstop: APAED, 150 S. 43rd Street, Harrisburg, PA 17111 within 30 days of the health plan's final decision

The PEBTF's Board of Trustees will review your appeal and will notify you of its decision. All decisions of the PEBTF's Board of Trustees are final and binding.

When Should You Appeal to the PEBTF

- You disagree with the health plan's claims denial (you must first appeal to the health plan with final appeal to the PEBTF)
- You or your dependent is denied coverage
- You received a collection or suspension notice from the PEBTF and you disagree with the notice
- You disagree with the denial of the Get Healthy waiver

When Should You Not Appeal to the PEBTF

- You cannot file an appeal after the timeframe specified by the health plan and the PEBTF
- You cannot appeal preauthorizations or if the plan renders determinations related to medical necessity denials related to their experimental/investigational policy

2010 Open Enrollment - September 20 - October 29

As a commonwealth employee, you have always enjoyed a wide selection of health plans from which to choose to suit your family's health and financial needs. The coverage provided by each of these plans has always been set by the Pennsylvania Employees Benefit Trust Fund (PEBTF) and you have been able to select from among a preferred provider organization (PPO); several health maintenance organizations (HMOs); and a consumer driven health plan (CDHP).

A few things are changing for your 2011 coverage. Coverages provided will still be set by the PEBTF and you will still be able to choose from among a PPO, an HMO, and a CDHP. However, the number of plans and specific plans you have to choose from will be different.

This year's Open Enrollment will give you more time than usual to review your options and select the plan that best serves your family's needs. This article is meant to provide you with a simple introduction to the changes; detailed information will be sent to your home prior to the Open Enrollment period.

What's Changing for 2011?

PPO Coverage

Highmark will provide a statewide and nationwide PPO, replacing the existing Capital Blue Cross PPO. Highmark's network is the same as the Capital Blue Cross PPO and there is no change in the PEBTF Plan of Benefits.

HMO Coverage

BlueCare HMO, HealthAmerica HMO, Keystone Health Plan East HMO and UPMC HMO will not be offered. As a general rule, one HMO will be offered in each region of Pennsylvania and in some out-of-state counties that border the commonwealth. There is no change in the PEBTF Plan of Benefits between the previous HMOs and the new HMOs, which include:

- Aetna HMO - Southeastern PA
- Geisinger Health Plan HMO - Northeastern PA
- Keystone Health Plan Central HMO - Central PA
- Keystone Health Plan West HMO - Western PA

The exception to the one-per-region rule is that employees who live in Centre, Columbia, Montour, Northumberland and Union counties will be able to choose between Geisinger Health Plan and the Keystone Health Plan Central for their HMO coverage.

If you currently belong to an HMO and would like to keep this kind of coverage, you are strongly encouraged to review the network of providers and hospitals for the plan offered in your area. It is very likely that your current providers will be included in the plan. More detailed information about networks will be shared with you during Open Enrollment.

Coverage for Dependent Children to Age 26

You will be able to enroll your dependent children who are under age 26 for coverage beginning January 1, 2011. Additional information will be provided during Open Enrollment and can be found on the first page of this newsletter.

What's Staying the Same in 2011?

- The PEBTF Plan of Benefits is not changing—copayments under the PPO and HMO plans remain the same, PPO out-of-network deductibles and coinsurance provisions also remain the same.
- Most employees' contribution rates to cover health plan premiums will increase from 2% of pay to 3% in October, as agreed to and scheduled in the master collective bargaining agreements. The Get Healthy Program which allows you to cut your contribution rate in half remains the same.
- The CDHP remains the same.
- Supplemental benefits—prescription drug, dental, vision and hearing aid—remain the same.
- Mental health and substance abuse benefits provided by United Behavioral Health remain the same.
- Durable medical equipment, prosthetics, orthotics, medical and diabetic supplies benefits provided by DMension remain the same, including the exclusion for those enrolled in the CDHP.

Again, this year's Open Enrollment will take place from September 20 through October 29 to give you more time than usual to review your options and select the plan that best serves your family's needs. ***Detailed information will be mailed to your home in advance of Open Enrollment. It is important - please take time to review it thoroughly.***

Required Documentation for Adding Dependents

The Spring 2010 **PEBTF Benefit News** included an article on making enrollment changes within 60 days of the qualifying life event.

The following chart highlights the documentation required for adding dependents to PEBTF coverage. Contact the HR Service Center at 1-866-377-2672 or contact your local HR Office if your agency is not being serviced by the HR Service Center to complete the necessary forms.

ADDING CHILDREN:	REQUIRED DOCUMENTATION
Biological child	<ul style="list-style-type: none"> Employee Enrollment/Change Form (PEBTF-2); and PEBTF-7 if student dependent between age 19 and 23 and PEBTF-2A Original birth certificate* (not hospital certificate) – presented within 6 months Newborn’s social security number must be submitted within 6 months
Legally adopted or pending adoption	<ul style="list-style-type: none"> Employee Enrollment/Change Form (PEBTF-2) and PEBTF-2A Court adoption papers or a new birth certificate – presented within 6 months (documentation is required during the probationary period)
Employee has legal guardianship	<ul style="list-style-type: none"> Employee Enrollment/Change Form (PEBTF-2) and PEBTF-2A Court order
Foster child, age 18, who lives with the employee and is solely supported by the employee, if the employee was the foster parent prior to the child’s 18th birthday	<ul style="list-style-type: none"> Employee Enrollment/Change Form (PEBTF-2) and PEBTF-2A Other Dependent Certification (PEBTF-4) Documentation from Social Services
Stepchild (must live with the employee – 50% residency or greater is required)	<ul style="list-style-type: none"> Employee Enrollment/Change Form (PEBTF-2) and PEBTF-2A Other Dependent Certification (PEBTF-4) Proof that the dependent is claimed on the federal income tax return Original marriage certificate or documentation of domestic partnership, if the spouse/domestic partner is not already on PEBTF coverage Original birth certificate* indicating spouse/domestic partner is parent of the child
Child for whom the employee is required to provide benefits by a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN)	<ul style="list-style-type: none"> QMCSO or NMSN (directly from the courts) and PEBTF-2A Employee Enrollment/Change Form (PEBTF-2) IS NOT required
ADDING A SPOUSE OR DOMESTIC PARTNER	REQUIRED DOCUMENTATION
Spouse	<ul style="list-style-type: none"> Employee Enrollment/Change Form (PEBTF-2) Coordination of Benefits Form (PEBTF-2A) Original marriage certificate*
Domestic Partner	<ul style="list-style-type: none"> Employee Enrollment/Change Form (PEBTF-2) Coordination of Benefits Form (PEBTF-2A) Declaration of Spouse Health Coverage (PEBTF-11) Domestic Partnership Verification Form (PEBTF-12) Three documents (as required by the PEBTF-12)*

* Verified as original with a PEBTF-33 for employees serviced by the HR Service Center



Watch your mail for upcoming Get Healthy information:

Get Healthy Waiver Letter

- Mailed to all employees
- Notifies the employee if they successfully earned the waiver or did not earn the waiver (successful participation includes the completion of an annual Health Assessment and participation in an appropriate Get Healthy Program for members categorized as At Risk or Chronic)

Health care contribution waiver increases to 1½% of the employee's base pay for the period October 1, 2010 through June 30, 2011 for most employees – see your Collective Bargaining Agreement for additional information

Mailed in mid July

Mailed to the employee at his or her home address

Get Healthy Health Status Letter

- Mailed to all members who are participating in the Get Healthy Program (employee, spouse/domestic partner and child that is diagnosed with a chronic condition managed by the Get Healthy Program)
- Notifies you of your health status – Healthy, At Risk or Chronic – and the program participation rules to earn a future waiver

Mailed in early to mid September

Mailed to all members at their home address

It is important that you read everything that you receive from Get Healthy. The Get Healthy Program will:

- Notify you if you have a change in your health status
- Contact you by mail if the wellness coach or nurse has not been able to reach you by telephone (letter will instruct you to call Get Healthy)
- Remind you if you have not fulfilled the program requirements (letters are mailed in early 2011)

PEBTF Covers Dependent Children to Age 26 *Continued from Page 1*

Will my dependent have to participate in the Get Healthy Program?

Dependent children are not required to take an annual Health Assessment. Dependent children classified as having a chronic condition managed by the Get Healthy Program must participate in a telephonic Get Healthy Program. Participation is a requirement for the waiver.

Is there any coverage for my dependent over age 26?

COBRA coverage is offered when your dependent is terminated due to age. Also, adult dependent coverage is available to eligible dependents between the ages of 26 and 30. You or your dependent must pay a monthly premium for both types of coverage.

Visit www.pebtf.org for *Frequently Asked Questions for Continuing Dependent Coverage*. The link appears on the lower left side of the home page. Do not hesitate to contact the PEBTF at 1-800-522-7279.

PEBTF

Pennsylvania Employees
Benefit Trust Fund
150 South 43rd St., Suite 1
Harrisburg, PA 17111-5700



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.

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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 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.

IMPORTANT BENEFIT INFORMATION

Sun Safety

Do Not Burn – Sunburns significantly increase your risk of developing skin cancer.

Avoid Sun Tanning and Tanning Beds

Generously Apply Sunscreen – Use an SPF of at least 15 that provides broad-spectrum protection from both UVA and UVB rays. Reapply every two hours and after swimming or sweating. Don't forget to apply sunscreen to your lips and ears.

Wear Protective Clothing

Seek Shade – The sun's UV rays are strongest between 10 a.m. and 4 p.m. Remember the shadow rule when in the sun: Watch Your Shadow. Short Shadow, Seek Shade.

Use Extra Caution Near Water, Snow and Sand – All reflect damaging rays of the sun, which can increase your chance of sunburn.

Check the UV Index – The UV Index forecast is issued each afternoon by the National Weather Service and the EPA.

Get Vitamin D Safely – Get vitamin D through a diet that includes vitamin supplements and foods fortified with Vitamin D.

Source: www.EPA.gov

