

Pennsylvania Employees Benefit Trust Fund

2010 Open Enrollment

FREQUENTLY ASKED QUESTIONS

as of June 10, 2010

What changes are being made for 2011?

All Active employees and Non-Medicare eligible retirees will be offered the following health plans for 2011:

Statewide PPO (also offered to members who reside outside of PA)

- Highmark PPO (previously Capital Blue Cross PPO)

Regional HMO Plans (PA areas):

- Western Region: Keystone Health Plan West HMO
Central Region: Keystone Health Plan Central HMO and Geisinger HMO (offered only in select counties near Geisinger facilities)
- Northeast Region: Geisinger HMO
- Southeast Region: Aetna HMO

A list of the plan offerings by county appears on the PEBTF web site. Click on the link, *2011 Health Plan Changes for Active & Non-Medicare Eligible Retirees*. Additional information will be mailed to members in advance of Open Enrollment, which is being held October 1 to November 1, 2010. Open Enrollment information will be posted to the PEBTF web site this fall. Statewide meetings will be held in October.

There are no changes to the PEBTF's Plan of Benefits. Copayments remain the same.

There are no changes to prescription drug, dental, vision and hearing aid benefits nor are there any changes to the carriers.

Why are changes being made to the Pennsylvania Employees Benefit Trust Fund (PEBTF) health plan offerings for 2011?

The PEBTF's Board of Trustees went through an extensive competitive bid process to select health plans that could provide the highest level of benefits, provider networks, customer service, financial stability and competitive pricing.

Are the new health plans offered nationwide?

As was previously provided by Capital Blue Cross PPO, the Highmark PPO plan is offered to members who reside outside of Pennsylvania. It uses the national BlueCard network of providers and facilities. Some of the HMO plans may also be offered in contiguous counties in states that border Pennsylvania. Also, some HMOs may offer guest memberships to members who have dependents who live outside of the HMO's service area. Additional information will be provided at Open Enrollment.

Emergency and urgent care is always covered, no matter where you are or which plan you choose.

Who is affected by these changes?

All Active employees and Non-Medicare eligible retirees and dependents covered by the PEBTF.

I am currently enrolled in the Capital Blue Cross PPO Option. If I want to enroll in the Highmark PPO for 2011, do I have to complete an enrollment form or make the change in SAP?

No, if you want to remain in the PPO, you will be automatically enrolled in the Highmark PPO, effective January 1, 2011.

I am currently in an HMO that isn't offered for 2011. Will I have to choose a new plan?

Yes. You will be able to choose the Highmark PPO or the HMO that is offered in your county of residence. There are five counties in Northcentral Pennsylvania that have two HMOs from which you can choose.

If you are currently in an HMO and you do not make a health plan selection during Open Enrollment, you will be automatically enrolled in the HMO offered in your county of residence.

Again, information will be mailed to your home and posted to the PEBTF web site prior to Open Enrollment this fall.

Will I have to change plans every year?

No. Changing plans is up to you. The PEBTF offers an annual Open Enrollment for you to evaluate the health plan offerings each year.

Will the plans being offered change every year?

No. The PEBTF entered into multi-year contracts with the health plans that are being offered in 2011.

Will members' PEBTF coverage be interrupted?

No. Members will have no break in health coverage nor will your current benefits change. All claims for covered services incurred through December 31, 2010 will be paid by your current health plan. New plans will take effect January 1, 2011.

When is Open Enrollment? When will members get the Open Enrollment mailings and other details?

The 2010 Active Employees and Non-Medicare eligible Retiree Open Enrollment will be held October 1 to November 1, 2010. Information will be mailed to your home in advance of Open Enrollment. Information will be available on the PEBTF web site. Statewide meetings also will be held.

Can an Active employee or non-Medicare eligible retiree and their spouse choose different plans?

No. The only exception is for families where one or more members may be Medicare eligible. The Medicare eligible member would choose one of the Medicare Advantage Plans offered by the Retired Employees Health Program (REHP). All non-Medicare eligible members would have to be enrolled in the same plan.

Seeking Coverage Under a New Plan

Is a member covered fully if there is an existing medical condition?

Yes. Whether you are an Active member or a non-Medicare eligible retiree under the REHP, you will not be denied coverage based on pre-existing conditions. You may enroll in the plan of your choice regardless of current medical status.

Networks

Do the new health plans have networks of doctors and hospitals from which to choose?

Yes. The PPO and HMO plans have networks of doctors and hospitals from which to choose. The Highmark PPO network is essentially the same as the current Capital Blue Cross PPO network. You should check if your providers participate in the plan that you are considering. Network information will be provided during Open Enrollment.

What if a member's doctor doesn't participate in the selected plans?

Since the inception of health insurance, providers have been able to choose whether or not to participate. No one can guarantee that any specific provider will continue to participate with any particular insurance company.

If you learn that your provider is not in the network of the health plan that you choose, please contact the health plan. The plan will reach out to your provider and encourage them to join the network.

My physician is outside of the Highmark PPO network. What happens if I enroll in this plan and continue to obtain services from this physician?

You will be responsible for the out-of-network deductible, co-insurance, and the difference between the UCR and what the physician charges.

What will happen if I get sick out of the country?

Emergency and urgent care is covered under both the PPO and HMO plans, regardless of where you receive treatment. Services must be considered medically necessary to be covered. You may have to pay for the service and then submit a claim to the PPO or HMO for reimbursement.

In the PPO, how much would I pay for out-of-network services?

The out-of-network deductible will be the same in 2011 as it is in 2010.

What if I enroll in the HMO in my region, and then move to a location where this HMO is not available?

You will be permitted to enroll in the PPO or the HMO that covers your new residence. You should contact the HR Service Center or your local HR Office if you work for an agency not serviced by the Service Center at the time of your move.

Other

Does the HMO offer an out-of-network benefit?

No. Only the Highmark PPO has an out-of-network benefit.

Supplemental Benefits

What changes are being made to the PEBTF Supplemental Benefits?

There are no changes to the prescription drug, dental, vision and hearing aid benefits for 2011 nor are there any changes to the carriers.

Costs

Full-time employees who were hired on or after August 1, 2003, may enroll in the HMO or CDHP at no additional cost. Is there an additional cost for the PPO?

Yes, there will continue to be an additional cost for the PPO. Employee bi-weekly cost information will be provided at Open Enrollment.

You will be responsible for any employee contribution required by an applicable collective bargaining agreement, regardless of whether you enroll in a PPO, HMO, or CDHP plan.

If a member chooses to go out-of-network under the Highmark PPO, will they be responsible for the difference between the Usual, Customary and Reasonable (UCR) Charge and the provider's bill?

Yes.

Seeking Care Under the New Coverage

What insurance card should I present to my doctor, specialist or hospital?

Beginning January 1, 2011, you should show your new Highmark PPO ID card, or your new HMO ID card, if you changed HMO plans.

When will I receive my new insurance cards?

Your new insurance cards should arrive in late December 2010.

Survivor Spouse Costs

As a non-Medicare eligible survivor spouse, will my rates change under the new selected health plans?

Survivor spouses pay 100% of the premium for the health plan they select. These rates are subject to change on an annual basis. Survivor spouses will receive information on the 2011 rates in late September.

*Additional information will be provided at Open Enrollment time
October 1 through November 1, 2010.*