

PLAN YEAR  
**2014**  
BENEFITS

# Medicare Retiree Shopper's Guide 2014



**Open Enrollment is October 1-31, 2013**

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## The Fine Print

This Shopper's Guide is not intended to be a formal statement of benefits. It is designed to provide general information about the available plans. It is intended to be a first step in helping you choose the most appropriate health benefit plan for you and your family.

Questions about particular benefits, limitations, costs, providers, or restrictions, should be directed to Humana for answers. When you enroll in a plan, Humana will send you an "evidence of coverage" booklet with more complete details of your benefits.

Before enrolling, assure yourself that the plan you choose offers a level of care and convenience with which you and your family will feel comfortable. **Once you have enrolled in a plan, Medicare will not allow you to make a change until the following plan year, so choose wisely.**

We have tried to ensure that the information in this booklet is accurate. If, however, a conflict arises between this Guide and any formal plan documents, laws or rules governing the plans, the latter will necessarily control.

### ATTENTION!

From time to time you may receive calls from PEIA or Humana regarding your benefits or programs for which you are eligible. Please understand that PEIA and Humana will NEVER ask you for your bank account, credit card, or other financial information. If you receive a call purporting to be PEIA or Humana and are asked for your bank account, credit card, or other financial information, hang up and disregard the call.

## What's Important for 2014?

1. You have a choice of a new plan this year. Humana is offering Humana/PEIA Plan 2. You have to complete a form to join Humana/PEIA Plan 2. You can enroll online at [www.wvpeia.com](http://www.wvpeia.com). Click on the green Manage My Benefits button. To get a form, call the Open Enrollment Helpline at 1-877-676-5573.
2. The current Humana plan will become Humana/PEIA Plan 1. If you do nothing during open enrollment, you will remain in Humana/PEIA Plan 1 for Plan Year 2014.
3. If you have anyone covered on your plan who is NOT Medicare-eligible, you **CANNOT** join Humana/PEIA Plan 2.
4. We're asking you to update your tobacco status this year. To update your status, you can go online to [www.wvpeia.com](http://www.wvpeia.com) and click on the green Manage My Benefits button, or you can call PEIA's Open Enrollment Helpline number, 1-877-676-5573, and follow the prompts on the telephone to report your status.

## How to Have a Successful Open Enrollment

1. Read through *What's Important for 2014*, the *Benefits At-A-Glance* chart, and the Premiums and Rates section to determine which plan is right for you and your family.
2. Review the side-by-side comparison of the plans in the *Benefits At-A-Glance* chart. You'll see plan names across the top of the chart, and health care services listed down the side. Just find a service you or your family members use, and read across the chart to see how much you'll have to pay for that service under each plan.
3. Check the premium table for the type of coverage you have (policyholder only, policyholder with Medicare dependents, policyholder with non-Medicare dependents), and your years of service to find the premium for the plan you want.
4. Premiums for health coverage and optional life insurance are based on your tobacco-use status. During this Open Enrollment we are asking you to update your tobacco status. All enrolled members must have been tobacco-free by July 1, 2013, to qualify for the premium discount. In the premium chart we've printed only the standard premium; if you are tobacco free, you must subtract \$25 for a single plan or \$50 for a family plan to get your correct premium. PEIA may review medical records to check tobacco use.
5. If you want to change plans or change your tobacco status, go to [www.wvpeia.com](http://www.wvpeia.com) and click on the Manage My Benefits button.
  - a. If you are already registered, just enter your username and password to enter the site. If you've forgotten your password, click on "Forgot Password?"
  - b. If you haven't used the site before, click on "Need to Register?" and follow the instructions. Make any changes or plan selections you wish and update your tobacco status. Remember, you must access the site and make your choices before midnight on October 31, 2013.
6. If you need to make a change and don't have internet access, call PEIA for a Transfer Form.

### REMEMBER:

The current Humana Plan will become Humana/PEIA Plan 1. If you do nothing during this Open Enrollment, you will remain in Humana/PEIA Plan 1 for the coming Plan Year. You only need to participate in the Open Enrollment if you want to change to Humana/PEIA Plan 2.

## Terms You Need To Know

**Annual Out-Of-Pocket Maximums:** Each plan has limits on what you are required to pay in out-of-pocket expenses for medical services and prescription drugs each year. You'll find details in the Benefits-At-A-Glance charts.

**Copayment:** A set dollar amount that you pay when you use services.

**Deductible:** The dollar amount you pay before a plan begins paying benefits.

**Dependent:** An eligible person, under PEIA guidelines, whom the policyholder has properly enrolled for coverage under the Plan. Dependents may be covered under the PEIA PPB Plan, the Special Medicare Plan or the Medicare Advantage Plan, depending on their age and Medicare status.

**Explanation of Benefits (EOB):** Forms issued by health plans when medical claims are paid.

**Humana, Inc:** The company with which PEIA has a contract to provide medical benefits to PEIA's Medicare-eligible retirees and Medicare-eligible dependents of retirees.

**Medicare:** The federal program of health benefits for retirees and other qualified individuals as established by Title XVII of the Social Security Act of 1965, as amended. Medicare consists of four parts, A, B, C and D. Parts A and B provide medical coverage to Medicare Beneficiaries. To be eligible for benefits from PEIA, the Medicare-eligible member is REQUIRED to enroll for both Medicare Parts A and B.

**Medicare Advantage and Prescription Drug Plan (MAPD):** An MAPD plan is a Medicare-approved health plan that provides benefits on behalf of Medicare. Humana's MAPD plan covers PEIA's Medicare retirees' medical and prescription benefits. Medicare and PEIA both have a contract with Humana, and Humana, in turn, pays benefits on behalf of both plans.

**Medicare Beneficiary:** Individual eligible for Medicare as established by Title XVII of the Social Security Act of 1965, as amended.

**Medicare Part D Plan:** A plan offered by Medicare to provide prescription drug coverage to Medicare beneficiaries. PEIA provides prescription drug coverage to members of the Humana Medicare Advantage Plan through Humana's Medicare Part D plan.

**Medicare Plan Year:** A 12-month period beginning January 1 and ending December 31.

**Member:** A policyholder or dependent enrolled in the Medicare Advantage Plan offered by PEIA.

**Policyholder:** The employee, retired employee, surviving dependent or COBRA participant in whose name the PEIA provides any health or life insurance coverage.

**Premium:** The payment required to keep coverage in force.

**Public Employees Insurance Agency (PEIA):** The State agency that arranges for health and life insurance benefits for West Virginia's public employees. PEIA administers the PEIA PPB Plans, the Special Medicare Plan and contracts with Humana to provide benefits for Medicare-eligible retirees and Medicare-eligible dependents of retirees.

## Eligibility Rules

This section offers general information about eligibility that you may need during Open Enrollment. For complete details, please refer to your Medicare Advantage Plan or Special Medicare Plan benefit booklet. Both booklets are on the web at [www.wvpeia.com](http://www.wvpeia.com).

### Who Is Eligible To Transfer Or Enroll?

**Current Members.** Current Medicare-eligible retirees in the Humana plan or the PEIA Special Medicare Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan, as long as all enrolled family members are Medicare-eligible.

**Medicare Retirees with non-Medicare Dependents.** This is the category that is often referred to as “split families” where one family member is in the Humana Plan and at least one other enrolled family member is in the PEIA PPB Plan. Insureds in this category may not join Humana/PEIA Plan 2. Once all members of the family are Medicare-eligible, you may make the choice for Humana/PEIA Plan 2.

**Premium and/or Benefit Assistance:** PEIA offers assistance to retired employees and surviving dependents whose household income is at or below 250% of the Federal Poverty Level. Members receiving premium and/or benefit assistance may not enroll in Humana/PEIA Plan 2. Assistance is based on the years of service and the Medicare or non-Medicare status of the policyholder. Here are the two components:

1. **Premium assistance:** reduces the monthly premium payment for the retiree or surviving dependent. Premium assistance is available to both Medicare and non-Medicare retirees with at least 5 years of service.
2. **Benefit assistance:** reduces the medical and prescription drug out-of-pocket costs for retirees with Medicare and at least 15 years of public service.

If you believe you may qualify for assistance, contact PEIA at 1-888-680-7342 for an application, or find it online at [www.wvpeia.com](http://www.wvpeia.com) – look under Forms and Downloads.

**Members Using Sick and/or Annual Leave or Years of Teaching Service to Extend Employer-Paid Coverage.** Members in this category may enroll in whichever Humana/PEIA plan they choose. Those who have been continuously covered since before July 1, 1988, (former employer is paying 100% of the premium) will not benefit from joining Humana/PEIA Plan 2, since it will raise their out-of-pocket costs and they won't reap any benefit from the premium reduction.

**Eligible Non-Members.** A retiree who is eligible for benefits may enroll in any plan for which they qualify during the Open Enrollment Period.

**Eligible Dependents.** You may enroll the following dependents:

- Your legal spouse (unless you are enrolled as a Surviving Dependent).
- Your biological or adopted children and stepchildren under age 26
- Other children for whom you are the court-appointed guardian to age 18

### Other Eligibility Details

**Medicare Parts A and B Required.** As a retired employee or a dependent of a retired employee, when you become an eligible Medicare beneficiary, you must enroll in Medicare Parts A and B. Medicare Part A is an entitlement program and is available without payment of a premium to most individuals. Part B is the supplementary medical insurance program that covers physician services, outpatient laboratory and x-ray tests, durable medical equipment and outpatient hospital care. Part B requires payment of a monthly premium, and PEIA requires that you enroll for Part B to be eligible for PEIA benefits.

**Medicare Part D.** If a member enrolled in a Humana Plan enrolls for a separate Medicare Part D plan, Medicare will disenroll the member from the Humana Plan. Disenrollment from the Humana Plan cancels all PEIA health and prescription drug benefits for that member. **If you are in a Humana Plan, DO NOT enroll in a separate Medicare Part D plan.**

**Members Who Reside Outside the U.S.** Medicare-eligible retirees who reside outside the United States have benefits through the PEIA PPB Plan A. Medical claims are processed by HealthSmart, and PEIA will pay only the amount we would have paid if Medicare had processed your claim and made a payment. Prescription drug claims are processed by Express Scripts. You will be responsible for any amounts not paid by PEIA. If you are planning to move outside the U.S., contact PEIA's customer service unit.

**Members Who Receive Veteran's Administration (VA) Benefits.** If you receive VA benefits, you must choose, for each prescription you fill, whether to submit the claim to the VA or to Humana for reimbursement. You should look carefully at what your cost will be under each benefit plan and make the decision that is best for you. If you receive VA benefits for medical services, you may submit any bills you receive from the VA to Humana for reimbursement of the "patient share" amount.

**Death:** If a death occurs in the middle of a plan year, to continue coverage, you must remain in the plan you were in at the time of the death or divorce for the balance of the plan year. You will be able to choose a different plan during the next Open Enrollment.

**Surviving Dependents.** Surviving dependents who are covered by the MAPD plan are automatically enrolled for coverage effective on the first of the month following the death of the policyholder. Surviving dependents are mailed a letter and disenrollment form upon notification of the policyholder's death. The letter includes the monthly premium for the surviving dependent health coverage, and instructions for the survivor. Coverage is automatically continued for one month. If the surviving dependent wishes to remain covered by PEIA, he or she must pay the monthly premium. If the policyholder wishes to cancel this coverage, he or she simply completes the form mailed by PEIA and submits it. Coverage will be cancelled at the end of the month following receipt of the cancellation form.

**Qualifying Events.** A qualifying event is a personal change in status which may allow you to change your benefit elections. Qualifying events which end eligibility for a dependent (such as divorce) must be reported immediately. All qualifying events require substantiating documentation as detailed in the chart on the following page.

<b>If you have questions about:</b>	<b>Call:</b>
<b>Benefits</b> (details of the benefits, how the plans differ)	Humana at 1-800-783-4599
<b>The Open Enrollment Process</b> (how to change plans, how to report your tobacco status)	PEIA at 1-877-676-5573

Qualifying Event	Documentation Required
Divorce	Copy of the divorce decree showing that the divorce is final
Marriage	Copy of valid marriage license or certificate
Birth of Child	Copy of child's birth certificate
Adoption	Copy of adoption papers
Adding coverage for a dependent child	Copy of child's birth certificate
Adding coverage for any other child who resides with policyholder	Copy of court-ordered guardianship papers
Open Enrollment under spouse's or dependent's employer's benefit plan	Copy of printed material showing open enrollment dates and the employer's name
Death of spouse or dependent	Copy of death certificate
Beginning of spouse's or dependent's employment	Letter from the employer stating the hire date, effective date, what coverage was added, and what dependents are covered
End of spouse's or dependent's employment	Letter from the employer stating the termination or retirement date, what coverage was lost, and dependents that were covered
Significant change in health coverage due to spouse's or dependent's employment	Letter from the insurance carrier indicating the change in insurance coverage, the effective date of that change and dependents covered
Unpaid leave of absence by employee, spouse or dependent	Letter from the employer stating the date the covered person went on unpaid leave or returned from unpaid leave
Change from full-time to part-time employment or visa versa for policyholder, spouse or dependent	Letter from the employer stating the previous hours worked and the new hours worked and the effective date of the change

If you experience a qualifying event, you have the month of the event and the two following calendar months to act upon that qualifying event and change your coverage. If you do not act within that timeframe, you cannot make the change until the next open enrollment. Qualifying events which end eligibility (such as divorce) must be reported immediately.

## Premium Discounts

PEIA offers two premium discounts to retired employees.

### 1. Tobacco-free Premium Discount.

PEIA offers a premium discount on the Special Medicare Plan, the Medicare Advantage and Prescription Drug (MAPD) plan, and optional life insurance to retired policyholders who verify through a tobacco affidavit that all enrolled family members are tobacco-free. Tobacco-free plan members subtract \$25 from the premium for policyholder only coverage or \$50 from the family premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2014, you and all enrolled family members must have been tobacco-free by July 1, 2013.

Tobacco status update requested: During Open Enrollment in October 2013, Medicare retirees are being asked to update their tobacco status and that of their dependent(s). To update your tobacco status, go to the website, [www.wvpeia.com](http://www.wvpeia.com), and log into Manage My Benefits or call PEIA at 1-877-676-5573.

If your doctor certifies on a form provided by the PEIA, that it is unreasonably difficult due to a medical condition for you to become tobacco-free or it is medically inadvisable for you to become tobacco free, PEIA will work with you for an alternative way to qualify for the tobacco-free discount. Send all such doctors' certifications and requests for alternative ways to receive the discount to: PEIA Discount Alternatives, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345

### 2. Advance Directive/Living Will.

PEIA is, once again, offering the Advance Directive/Living Will discount. If you are currently receiving this discount, you do not need to take any action to continue the discount for Plan Year 2014; it will continue automatically. The discount will be \$4 per month off of the 2014 standard health insurance premium for health policyholders in PEIA's Special Medicare Plan and the Humana Medicare Advantage and Prescription Drug (MAPD) plan who have completed a living will or an advance directive for healthcare. This discount is available to active and retired employees.

If you haven't taken advantage of this discount yet, you may claim the discount if you've completed one of these forms:

1. WV Living Will Form
2. WV Medical Power of Attorney form
3. WV Combined Living Will and Medical Power of Attorney form
4. Five Wishes form (Aging with Dignity for \$5 per copy call 1-888-594-7437)

The WV Combined Living Will and Medical Power of Attorney form is printed at the end of this *Shopper's Guide*. More information is available from the WV Center for End of Life Care at [www.wvendoflife.org](http://www.wvendoflife.org) or by calling the center at 1-877-209-8086. If you live outside WV, you may complete any advance directive document that is legal in your state of residence to claim the discount.

Once you've completed your advance directive/living will, go online to [www.wvpeia.com](http://www.wvpeia.com) and click on the green "Manage My Benefits" button to log in and complete your affidavit. All affidavits must be received no later than October 31, 2013, to receive the discount for all of Plan Year 2014. If you do not have Internet access, you may call the Open Enrollment Helpline at 1-877-676-5573 to order a copy of the affidavit.

Please remember, PEIA does not want a copy of your advance directive or living will. Please **DO NOT** mail or fax a copy of your actual advance directive document to us. All you must do to receive the discount is complete the affidavit – either online or on paper – **NOT BOTH, please.**

## Benefits at a Glance

The table below shows the differences among the plans offered by PEIA and Humana. You should look closely at the benefits, and consider how you use health care and how much health care you use. Also check out the premium charts on page 11 to see how much you'll pay for the plan you choose.

Humana/PEIA Plan 1 with Benefit Assistance is offered **ONLY** to low income retirees who have qualified for PEIA's Premium and Benefit Assistance program. Applications for this program are mailed in March each year. If you believe you may be eligible, and have not yet applied, you may get an application by calling PEIA's customer service unit at 1-888-680-7342 or you'll find it on the web at [www.wvpeia.com](http://www.wvpeia.com).

Plan Element	Humana/PEIA Plan 1	Humana/PEIA Plan 1 with Benefit Assistance	Humana/PEIA Plan 2
<b>Medical Benefits</b>			
Medical Deductible	\$25	\$25	\$250
Medical Out-of-Pocket Maximum	\$750	\$300	\$1,500
Primary Care Copay	\$10	\$2	\$10
Specialist Copay	\$20	\$5	\$30
Inpatient Hospital Copay	\$100	\$100	\$150
Skilled Nursing Facility	\$0	\$0	\$0
Emergency Room	\$50	\$50	\$65
Ambulance	\$0	\$0	\$0
Outpatient/Office Surgery Copay	\$50	\$50	\$65
<b>Prescription Drug Benefits</b>			
Prescription Drug Deductible	\$75	\$75	\$150
Prescription Drug Out-of-Pocket Maximum	\$1,750	\$250	\$1,750
Generic Drug Copayment	\$5	\$3	\$5
Preferred Drug Copayment	\$15	\$10	\$20
Non-preferred Drug Copayment	\$50	\$50	\$85
Specialty Drug Copayment	\$50	\$50	\$85

**If you have a question about the benefits offered, call Humana at 1-800-783-4599.**

## Benefit Fairs

PEIA and Humana will conduct benefits fairs around the state to give you the chance to talk face-to-face with plan representatives, get additional information, and ask any questions you may have. The benefit fairs are scheduled as follows:

DATE	TIME	CITY	LOCATION
October 8, 2013	9:00 am -11:00 am	Beckley	Tamarack One Tamarack Park
October 8, 2013	1:30 pm -3:30 pm	Bluefield	Quality Hotel & Conference Ctr. 3350 Big Laurel Highway
October 9, 2013	9:00 am -11:00 am	Lewisburg	Greenbrier Co. Public Library 152 Robert W. McCormick Drive
October 14, 2013	9:00 am -11:00 am	Martinsburg	Holiday Inn 301 Foxcroft Avenue
October 14, 2013	1:30 pm – 3:30 pm	Romney	South Branch Inn Route 50 East
October 15, 2013	9:00 am -11:00 am	Morgantown	Ramada Inn 20 Scott Avenue
October 15, 2013	1:30 pm -3:30 pm	Clarksburg	Bridgeport Conference Ctr. 300 Conference Center Way
October 16, 2013	9:00 am -11:00 am	Parkersburg	Comfort Suites of Parkersburg 167 Elizabeth Pike Mineral Wells
October 17, 2013	9:00 am -11:00 am	Wheeling	McClure House 1200 Market Street
October 17, 2013	1:30 pm – 3:30 pm	Weirton	Holiday Inn 350 Three Springs Drive
October 21, 2013	9:00 am -11:00 am	Huntington	Big Sandy Arena One Civic Center Plaza
October 21, 2013	1:30 pm -3:30 pm	Logan	Chief Logan Lodge 1000 Conference Center Drive
October 22, 2013	9:00 am -11:00 am & 1:30 pm – 3:30 pm	South Charleston	South Charleston Public Library 312 4th Avenue
October 23, 2013	9:00 am -11:00 am	Flatwoods	Days Hotel 2000 Sutton Lane Sutton
October 23, 2013	1:30 pm -3:30 pm	Elkins	Holiday Inn Express 50 Martin Street

## Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the non-Medicare dependents covered by the Medicare policyholder will have the benefits through the PEIA PPB Plan.

	Medicare Policyholder Only		Medicare Policyholder with non-Medicare Dependents <sup>1</sup>	Medicare Policyholder with Medicare Dependents <sup>2</sup>	
	Humana/PEIA PLAN 1	Humana/PEIA PLAN 2	Humana/PEIA PLAN 1	Humana/PEIA PLAN 1	Humana/PEIA PLAN 2
Hired After July 1, 2010	\$437	\$407	\$1,464	\$900	\$846
5 to 9 years	\$398	\$366	\$1,331	\$819	\$762
10 to 14 years	\$293	\$267	\$1,002	\$592	\$545
15 to 19 years	\$188	\$169	\$672	\$365	\$333
20 to 24 years	\$126	\$112	\$474	\$228	\$204
25 or more years <sup>3</sup>	\$84	\$73	\$342	\$139	\$121

1. This rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.
2. This rate assumes two people on Medicare. If you have more than two, subtract \$22 for each additional Medicare Member.
3. These rates are also provided to all Medicare retirees who retired prior to July 1, 1997, to all Medicare surviving dependents and to all Medicare disability retirees.

\* Tobacco-free plan members subtract \$25 from the premium for employee only coverage or \$50 from the family premium. To qualify for the Tobacco-free Premium for all of Plan Year 2014, you and all enrolled family members must have been tobacco-free by July 1, 2013. We are asking you to update your tobacco status during this open enrollment. See page 8 for instructions. If your tobacco status has changed, you **MUST** report the change. See page 8.

**Note:** You can do your enrollment online at any time October 1-31, just go to [www.wvpeia.com](http://www.wvpeia.com) and click on the green "Manage My Benefits" button. If you haven't used the site before, click on "Need to Register?" and follow the instructions. If you don't remember your username or password, choose "Forgot Password?"

<b>If you have questions about:</b>	<b>Call:</b>
<b>Benefits</b> (details of the benefits, how the plans differ)	Humana at 1-800-783-4599
<b>The Open Enrollment Process</b> (how to change plans, how to report your tobacco status)	PEIA at 1-877-676-5573

## Retired Employee's Optional Life Insurance: TOBACCO-FREE

This is not an open enrollment for life insurance. You may decrease or cancel your coverage, but you may not increase coverage. To decrease or cancel coverage, go to [www.wvpeia.com](http://www.wvpeia.com) and click on the green Manage My Benefits button, or call 1-877-676-5573 for the correct form.

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium								
Under 30	\$5,000	\$0.40	\$10,000	\$0.80	\$15,000	\$1.20	\$20,000	\$1.60	\$30,000	\$2.40
30-34	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
35-39	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
40-44	\$5,000	\$0.80	\$10,000	\$1.60	\$15,000	\$2.40	\$20,000	\$3.20	\$30,000	\$4.80
45-49	\$5,000	\$1.10	\$10,000	\$2.20	\$15,000	\$3.30	\$20,000	\$4.40	\$30,000	\$6.60
50-54	\$5,000	\$1.80	\$10,000	\$3.60	\$15,000	\$5.40	\$20,000	\$7.20	\$30,000	\$10.80
55-59	\$5,000	\$3.10	\$10,000	\$6.20	\$15,000	\$9.30	\$20,000	\$12.40	\$30,000	\$18.60
60-64	\$5,000	\$4.40	\$10,000	\$8.80	\$15,000	\$13.20	\$20,000	\$17.60	\$30,000	\$26.40
65-69	\$3,250	\$5.20	\$6,500	\$10.40	\$9,750	\$15.60	\$13,000	\$20.80	\$19,500	\$31.20
70 & over	\$2,500	\$11.20	\$5,000	\$22.40	\$7,500	\$33.60	\$10,000	\$44.80	\$15,000	\$67.20
Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium								
Under 30	\$40,000	\$3.20	\$50,000	\$4.00	\$75,000	\$6.00	\$100,000	\$8.00	\$150,000	\$12.00
30-34	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
35-39	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
40-44	\$40,000	\$6.40	\$50,000	\$8.00	\$75,000	\$12.00	\$100,000	\$16.00	\$150,000	\$24.00
45-49	\$40,000	\$8.80	\$50,000	\$11.00	\$75,000	\$16.50	\$100,000	\$22.00	\$150,000	\$33.00
50-54	\$40,000	\$14.40	\$50,000	\$18.00	\$75,000	\$27.00	\$100,000	\$36.00	\$150,000	\$54.00
55-59	\$40,000	\$24.80	\$50,000	\$31.00	\$75,000	\$46.50	\$100,000	\$62.00	\$150,000	\$93.00
60-64	\$40,000	\$35.20	\$50,000	\$44.00	\$75,000	\$66.00	\$100,000	\$88.00	\$150,000	\$132.00
65-69	\$26,000	\$41.60	\$32,500	\$52.00	\$48,750	\$78.00	\$65,000	\$104.00	\$97,500	\$156.00
70 & over	\$20,000	\$89.60	\$25,000	\$112.00	\$37,500	\$168.00	\$50,000	\$224.00	\$75,000	\$336.00

The Tobacco-Free rates are charged to those who have submitted an affidavit stating that the policyholder does not use tobacco. To qualify for the Tobacco-free Premium for all of Plan Year 2014, you and all enrolled family members must have been tobacco-free by July 1, 2013. We are asking you to update your tobacco status during this open enrollment. See page 8 for instructions. If your tobacco status has changed, you **MUST** report the change. See page 8.

**The deadline for any changes is October 31, 2013.**

## Retired Employee's Optional Life Insurance: TOBACCO USER

This is not an open enrollment for life insurance. You may decrease or cancel your coverage, but you may not increase coverage. To decrease or cancel coverage, go to [www.wvpeia.com](http://www.wvpeia.com) and click on the green Manage My Benefits button, or call 1-877-676-5573 for the correct form.

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium								
Under 30	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
30-34	\$5,000	\$0.70	\$10,000	\$1.40	\$15,000	\$2.10	\$20,000	\$2.80	\$30,000	\$4.20
35-39	\$5,000	\$0.90	\$10,000	\$1.80	\$15,000	\$2.70	\$20,000	\$3.60	\$30,000	\$5.40
40-44	\$5,000	\$1.30	\$10,000	\$2.60	\$15,000	\$3.90	\$20,000	\$5.20	\$30,000	\$7.80
45-49	\$5,000	\$2.00	\$10,000	\$4.00	\$15,000	\$6.00	\$20,000	\$8.00	\$30,000	\$12.00
50-54	\$5,000	\$3.40	\$10,000	\$6.80	\$15,000	\$10.20	\$20,000	\$13.60	\$30,000	\$20.40
55-59	\$5,000	\$5.40	\$10,000	\$10.80	\$15,000	\$16.20	\$20,000	\$21.60	\$30,000	\$32.40
60-64	\$5,000	\$7.10	\$10,000	\$14.20	\$15,000	\$21.30	\$20,000	\$28.40	\$30,000	\$42.60
65-69	\$3,250	\$7.54	\$6,500	\$15.08	\$9,750	\$22.62	\$13,000	\$30.16	\$19,500	\$45.24
70 & over	\$2,500	\$16.70	\$5,000	\$33.40	\$7,500	\$50.10	\$10,000	\$66.80	\$15,000	\$100.20
Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium								
Under 30	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
30-34	\$40,000	\$5.60	\$50,000	\$7.00	\$75,000	\$10.50	\$100,000	\$14.00	\$150,000	\$21.00
35-39	\$40,000	\$7.20	\$50,000	\$9.00	\$75,000	\$13.50	\$100,000	\$18.00	\$150,000	\$27.00
40-44	\$40,000	\$10.40	\$50,000	\$13.00	\$75,000	\$19.50	\$100,000	\$26.00	\$150,000	\$39.00
45-49	\$40,000	\$16.00	\$50,000	\$20.00	\$75,000	\$30.00	\$100,000	\$40.00	\$150,000	\$60.00
50-54	\$40,000	\$27.20	\$50,000	\$34.00	\$75,000	\$51.00	\$100,000	\$68.00	\$150,000	\$102.00
55-59	\$40,000	\$43.20	\$50,000	\$54.00	\$75,000	\$81.00	\$100,000	\$108.00	\$150,000	\$162.00
60-64	\$40,000	\$56.80	\$50,000	\$71.00	\$75,000	\$106.50	\$100,000	\$142.00	\$150,000	\$213.00
65-69	\$26,000	\$60.32	\$32,500	\$75.40	\$48,750	\$113.10	\$65,000	\$150.80	\$97,500	\$226.20
70 & over	\$20,000	\$133.60	\$25,000	\$167.00	\$37,500	\$250.50	\$50,000	\$334.00	\$75,000	\$501.00

*Disclosure: Policies have exclusions and limitations which may affect any benefits payable.*

## Other Life Insurance Rates

PEIA offers basic decreasing term life insurance, optional life insurance and dependent life insurance. This is not open enrollment for life insurance. As a retiree you can decrease your life insurance, but you cannot increase it. If you want to make changes in your life insurance, check your "Life Insurance Booklet" for details of your rights, then contact PEIA for the appropriate forms or go online to [www.wvpeia.com](http://www.wvpeia.com), click on the green Manage My Benefits button and follow the prompts.

### Basic Life Insurance

Retirees pay the monthly premium listed below for their basic life insurance. We've provided these rates for informational purposes only.

Retired Employee's Basic Life Monthly Premium	
Under age 67 (\$5,000)	\$11.60
Age 67 and over (\$2,500)	\$5.80

### Dependent Life Insurance

Dependent life insurance premiums are paid by the retired policyholder. The rates are listed below for your information.

Retiree Dependents Life Insurance Rates 2014	
Plan 1 (\$5,000 Spouse/\$2,000 child)	\$7.32
Plan 2 (\$10,000 Spouse/\$4,000 child)	\$14.62
Plan 3 (\$15,000 Spouse/\$7,500 child)	\$21.98
Plan 4 (\$20,000 Spouse/\$10,000 child)	\$29.30
Plan 5 (\$40,000 Spouse/\$15,000 child)	\$58.60

Optional life insurance premiums are paid by the active or retired policyholder. The rates are listed on the preceding pages.

For a complete description of the life insurance benefits, please see the "Life Insurance Booklet."

**If you have questions about your life insurance,  
call Minnesota Life at 1-800-203-9515.**

**STATE OF WEST VIRGINIA  
COMBINED MEDICAL POWER OF ATTORNEY  
AND LIVING WILL**



# STATE OF WEST VIRGINIA COMBINED MEDICAL POWER OF ATTORNEY AND LIVING WILL

The Person I Want to Make Health Care Decisions For Me When I Can't Make Them for Myself And The Kind of Medical Treatment I Want and Don't Want If I Have a Terminal Condition or Am In a Persistent Vegetative State

Dated: \_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_, hereby  
*(Insert your name and address)*

appoint as my representative to act on my behalf to give, withhold or withdraw informed consent to health care decisions in the event that I am not able to do so myself.

**The person I choose as my representative is:**

\_\_\_\_\_  
*(Insert the name, address, area code and telephone number of the person you wish to designate as your representative)*

**The person I choose as my successor representative is:**

If my representative is unable, unwilling or disqualified to serve, then I appoint

\_\_\_\_\_  
*(Insert the name, address, area code and telephone number of the person you wish to designate as your successor representative)*

Principal Name \_\_\_\_\_  
*(person for whom form is being completed)*

This appointment shall extend to, but not be limited to, health care decisions relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, care and treatment in a nursing home or other facility, and home health care. The representative appointed by this document is specifically authorized to be granted access to my medical records and other health information and to act on my behalf to consent to, refuse or withdraw any and all medical treatment or diagnostic procedures, or autopsy if my representative determines that I, if able to do so, would consent to, refuse or withdraw such treatment or procedures. Such authority shall include, but not be limited to, decisions regarding the withholding or withdrawal of life-prolonging interventions.

I appoint this representative because I believe this person understands my wishes and values and will act to carry into effect the health care decisions that I would make if I were able to do so, and because I also believe that this person will act in my best interest when my wishes are unknown. It is my intent that my family, my physician and all legal authorities be bound by the decisions that are made by the representative appointed by this document, and it is my intent that these decisions should not be the subject of review by any health care provider or administrative or judicial agency.

It is my intent that this document be legally binding and effective and that this document be taken as a formal statement of my desire concerning the method by which any health care decisions should be made on my behalf during any period when I am unable to make such decisions.

In exercising the authority under this medical power of attorney, my representative shall act consistently with my special directives or limitations as stated below.

I am giving the following SPECIAL DIRECTIVES OR LIMITATIONS ON THIS POWER: (Comments about tube feedings, breathing machines, cardiopulmonary resuscitation, dialysis, mental health treatment, funeral arrangements, autopsy, and organ donation may be placed here. My failure to provide special directives or limitations does not mean that I want or refuse certain treatments).

1. If I am very sick and not able to communicate my wishes for myself and I am certified by one physician who has personally examined me, to have a terminal condition or to be in a persistent vegetative state (I am unconscious) and am neither aware of my environment nor able to interact with others,) I direct that life-prolonging medical intervention that would serve solely to prolong them dying process or maintain me in a persistent vegetative state be withheld or withdrawn. I want to be allowed to die naturally and only be given medications or other medical procedures necessary to keep me comfortable. I want to receive as much medication as is necessary to alleviate my pain.

2. Other directives

\_\_\_\_\_  
\_\_\_\_\_

THIS MEDICAL POWER OF ATTORNEY SHALL BECOME EFFECTIVE ONLY UPON MY INCAPACITY TO GIVE, WITHHOLD OR WITHDRAW INFORMED CONSENT TO MY OWN MEDICAL CARE.

\_\_\_\_\_  
Signature of the Principal DATE \_\_\_\_\_

I did not sign the principal's signature above. I am at least eighteen years of age and am not related to the principal by blood or marriage. I am not entitled to any portion of the estate of the principal or to the best of my knowledge under any will of the principal or codicil thereto, or legally responsible for the costs of the principal's medical or other care. I am not the principal's attending physician, nor am I the representative or successor representative of the principal.

Witness \_\_\_\_\_ DATE \_\_\_\_\_

Witness \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of said County, do certify that \_\_\_\_\_, as principal,  
and \_\_\_\_\_ and \_\_\_\_\_, as witnesses, whose names are signed to the  
writing above bearing date on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, have this day acknowledged the same before me.

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public







# Public Employees Insurance Agency

601 57th Street, SE / Suite 2  
Charleston, West Virginia 25304-2345

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