

WVCHIP-PEIA Benefit Comparison

Medical Services & Prescription Benefits	WVCHIP Gold	WVCHIP Blue	WVCHIP PREMIUM	PEIA PPB Plan A	PEIA PPB Plan B	PEIA PPB Plan D
Generic Prescriptions	No Copay	No Copay	No Copay	\$5 per 30-day supply after \$75 deductible	\$5 per 30-day supply after \$150 deductible	\$5 per 30-day supply after \$75 deductible
Listed Brand Prescriptions	\$5	\$10	\$15	\$15 per 30-day supply after \$75 deductible	\$20 per 30-day supply after \$150 deductible	\$15 per 30-day supply after \$75 deductible
Non-listed Brand Prescriptions	Full Retail Cost	Full Retail Cost	Full Retail Cost	75% coinsurance after \$75 deductible	75% coinsurance after \$150 deductible	75% coinsurance after \$75 deductible
Multisource Prescriptions	No Copay	\$10	\$15	75% coinsurance after \$75 deductible	75% coinsurance after \$150 deductible	75% coinsurance after \$75 deductible
Medical Home Physician Visit	No Copay	No Copay	No Copay	\$10	\$10	\$10
Physician Visit (Non-medical home)	\$5	\$15	\$20	\$15	\$15	\$15
Immunizations	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Hospital/Inpatient Services	No Copay	\$25	\$25	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Services (per procedure)	No Copay	\$25	\$25	\$50 copay + deductible + 20% coinsurance	\$50 copay + deductible + 20% coinsurance	\$50 copay + deductible + 20% coinsurance
Emergency Department (is waived if admitted)	No Copay	\$35	\$35	Emergent: \$50 copay + deductible + 20% coins Non-emergent: \$100 copay + deductible + 20%	Emergent: \$50 copay + deductible + 20% Non-emergent: \$100 copay + deductible + 20%	Emergent: \$50 copay + deductible + 20% Non-emergent: \$100 copay + deductible + 20%
Vision Services	No Copay	No Copay	No Copay	Not covered	Not covered	Not covered
Dental Benefit	No Copay	No Copay	*\$25 Copay for some non-preventive services	Not covered	Not covered	Not covered