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PEIA News is published by the West Virginia  
Public Employees Insurance Agency for  
active members and participating retirees.  
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# PEIA News



## Benefit Fairs Set for Open Enrollment

You can make changes to your PEIA insurance during Open Enrollment April 1 through April 30. If you have questions or want information about your options, please attend one of the PEIA benefit fairs below.

April 8 - Martinsburg 3 - 7 p.m.  
Holiday Inn on Foxcroft Ave.

April 15 - Wheeling 3 - 7 p.m.  
Northern Comm. College

April 9 - Parkersburg 3 - 7 p.m.  
Comfort Suites in Mineral Wells

April 16 - Beckley 3 - 7 p.m.  
Tamarack Conference Room

April 10 - Charleston 3 - 6 p.m.  
Charleston Civic Center, Parlor A

April 18 - Huntington 3 - 7 p.m.  
Big Sandy Superstore Arena

April 11 - Morgantown 3 - 7 p.m.  
Ramada Inn at I-68 Exit 1

*Stop by and get answers to your questions  
before you make your changes!*

## Changes for 2014 Plan Year

Some changes are being made to plans, premiums, and options for PEIA's new Plan Year, which **begins July 1**. Here are the highlights of those changes:

**Tobacco Status** updates should be reported to PEIA during **April 2013**. If you are tobacco-free, you will need to report your tobacco status during the month of April in order to continue receiving your tobacco-free discount after July 1. See additional information inside this issue.

**PPB Health insurance premiums will not increase for active employees this year!** For employees of non-state agencies (such as county commissions, libraries, public service departments, and similar agencies), there will be no premium changes for 2014; the rates for PEIA PPB Plans A, B, C, and D will be the same. For employees of state agencies, county boards of education, colleges, and universities, there will be a decrease in the premiums for PPB Plans B, C, and D. PPB Plan A premiums will remain at the current level through this next plan year.

The **Health Plan** will offer a third option for Plan Year 2014. The Health Plan's new Plan C will offer the same benefits as The Health Plan Plan B, but with a \$1,000 individual deductible and \$2,000 family deductible. Plan C will also have a \$10 generic co-pay for prescriptions, and a 50% co-pay on prescriptions for which a generic is not available. See your new Shopper's Guide for additional information.

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# Changes for 2014 Plan Year

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**Non-Medicare retirees** also will not have any premium adjustments. And, for non-Medicare retirees who do not have Medicare dependents, PPB Plan B will be available beginning July 1. Non-Medicare retirees who have Medicare dependents, however, must be in Plan A, and their Medicare dependents will be in either the Special Medicare Plan or the Humana Plan.

**Medicare retirees** will be changed to Medicare's calendar year plan year in January 2014, pending legislative approval. This means there will be a 6-month plan year from July 1 to December 31. The out-of-pocket maximums for this period will be reduced to \$400 for medical and \$900 for prescription drugs. Because of the plan year change, Medicare retirees will have a special open enrollment period in October 2013. An additional plan will be offered by Humana. More information will be provided to Medicare retirees regarding these choices in the coming months.

The Life Insurance Plan underwritten by **Minnesota Life** will have reduced rates this year in addition to several plan enhancements. A fifth dependent life option will be offered. Accidental death and dismemberment benefits are enhanced, and the accelerated death benefit increases from 50% to 100%. There is also the addition of Legacy Planning Services. See your new Shopper's Guide for more information on these improvements.

**Improve Your Score Program** participants who receive a yellow or red score based on their screening can, beginning July 1, engage by: 1) receiving workplace lifestyle and/or fitness coaching with a regional Health Promotion Consultant, 2) participating in a Fitness Assessment through the Pathways Work It Out program, 3) attending certain classes through WVU Extension Service, 4) participating in a cardiac rehabilitation program (subject to referral, deductibles, and co-pays), or 5) participating in Weight Watchers (paid by the member). These engagement options are in addition to those currently available.

**Weight Management Program** participants who did not complete the 2-year program will be allowed a second attempt beginning in Plan Year 2014. (Restrictions apply.) See the 2014 Shopper's Guide for details.

**Face-to-Face Diabetes Management Program** participants will no longer receive waived co-payments for third-tier (non-preferred ) brand name diabetes medications. Copays will still be waived for participants on generic and preferred brand diabetes medications.

## Minnesota Life Beneficiary Update Continues

Minnesota Life has partnered with PEIA to update life insurance beneficiary designations for active and retired participants. The project, which started in 2011, encourages policyholders to go online to PEIA's Manage My Benefits website and update their beneficiary information.

Life-changing events like marriage, divorce, or birth of a child can affect how you want your life insurance benefits paid. By naming your beneficiaries online, the designations are available for you to review and change at any time.

As the second part of this project, Minnesota Life has begun mailing letters to those who have not yet electronically designated their beneficiaries. Those policyholders can go online to Manage My Benefits to designate and update their information. Or they can complete and return the designation form that is included with the letter. Please remember, the more current the information you provide is, the faster the beneficiary can be paid!

## FBMC Changes Service Center Number

Beginning March 4, 2013, FBMC (your Mountaineer Flexible Benefits provider) has a new Service Center telephone number. The easy-to-remember toll-free number is **855-5MY-FBMC**. When you have a question or need assistance with your Mountaineer Flexible Benefits through FBMC, simply call their service center toll-free at 855-5MY-FBMC (or 855-569-3262).

# New APS Decision Points Service

When your doctor suggests or orders a medicine, surgery, test, or other kind of care for you, do you ask why you need it, and what would happen if you waited? What are the pros and cons of the care? Most medicines can have side effects. Medical tests can give false results that lead to the wrong care. Surgery almost always has risks. And anytime you get care, there is a chance of error.

In addition to talking to your doctor, you can now get assistance with your health care decisions through a new service available to PEIA participants. APS Healthcare, PEIA's wellness provider, has introduced Decision Points, which you can access through PEIA's website. Decision Points combines medical information with your personal values to help you decide what medical tests, medicines, surgeries, and other treatment may be needed. It takes into account the benefits, risks, and costs of each option as well as your personal needs and desired outcomes.

Too much care can be just as bad as, or worse than, too little. Every treatment choice has its pros and cons. It's up to you to know what they are. Decision Points can help! Try this free service today by visiting the Health Care Decision Support link on the main PEIA webpage under Health Information.

## Powers of Attorney

PEIA takes its responsibilities for protecting the confidentiality, privacy, and security of your personal information very seriously. Part of that responsibility is in educating you, as our member, on the need to plan ahead for the handling of your affairs should you become incapacitated. PEIA polices, along with applicable state and federal laws, will only allow the member or "authorized agent" to make changes to your insurance(s).

The most common means of having an authorized agent is through the Power of Attorney process. A Power of Attorney form is a document that you sign to give someone else the power or authority to handle your personal affairs. You decide what powers you want to give your power of attorney representative(s).

There are several different types of Powers of Attorney. A simple power of attorney is valid only as long as you have the capacity to handle your own affairs. A durable power of attorney gives broad power to your representative(s). It is written so that they share authority while you are capable, but can continue to make decisions even after you have become mentally or physically incapacitated. A "springing" power of attorney is one that does not confer any power to the representative(s) until you become incapacitated or disabled. A medical power of attorney allows you to appoint someone to make medical decisions for you in the event you cannot make them for yourself. It is important to note that a medical power of attorney form typically does not allow the agent(s) to handle insurance matters or financial matters – they generally only apply to medical care and/or treatment decisions, not finances. A financial power of attorney, often referred to as a "General Power of Attorney," allows you to appoint someone who can have access to your money and financial records and handle your money for you when you cannot. You may appoint the same person to be both your medical and financial power of attorney representative, or you may appoint different persons.

This information is provided for your general knowledge and should not be considered legal advice. For additional information regarding your Power of Attorney options, please contact an attorney.

## Report Your Tobacco Status in April

It is time to update your tobacco status. Report your tobacco status **during the month of April** to qualify for tobacco-free discounts after July 1. You can report your tobacco status online by visiting [www.wvpeia.com](http://www.wvpeia.com) and logging in to **Manage My Benefits**. Select the Open Enrollment option and follow the prompts to report your tobacco status. Or you can call the Open Enrollment Helpline at **877-676-5573**.

# Medical Home Program and Comprehensive Care Partnerships

PEIA PPB Plan A, B, and D members can choose a West Virginia physician from the **Medical Home** directory to serve as their primary medical provider. Your medical home can be a general or family practice doctor, internist, pediatrician, geriatrician, or, for women in the plan, an OB/GYN. You may name a medical home during open enrollment, and you may make one change during the plan year if you wish.

The intent of this program is to connect members with a physician who can oversee and coordinate all of their care. You are not required to have a referral to see a specialist, and this plan does not limit your ability to see any network doctor you choose.

If you choose a medical home provider, your office visit copayment for each visit to that designated provider is reduced from \$15 to \$10. Office visits to other providers eligible to be (but not designated as) your medical home (general practice, family practice, internists, pediatricians, geriatricians and OB/GYNs) for illness or injury will continue to have a \$15 copay. Specialist office visits will have a \$25 copay per visit.

PEIA also offers a **Comprehensive Care Partnership (CCP) Program** in certain areas. The goal is to promote the use of primary care services, identify health problems early, and maintain control of chronic conditions. If you choose to join a CCP, you will receive your care from the CCP, which is responsible for providing prevention services, routine sick care, and coordination of care with specialists when needed. Members who enroll in the CCP Program agree to use their CCP for all available health care in exchange for no co-payments or co-insurance for services provided by the CCP. Contact PEIA Customer Service for more information on CCP Programs available.

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