WEST VIRGINIA PEIA PUBLIC EMPLOYEES INSURANCE AGENCY

PLAN YEAR
# 2013
BENEFITS

# SHOPPER'S GUIDE

**July 1, 2012 - June 30, 2013**

# 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. Actual benefits may be more specific and, on occasion, may change during the plan year.

Questions about particular benefits, limitations, costs, providers, or restrictions, should be directed to the individual plans for answers. If you enroll in a managed care plan, the plan you select will send you an "evidence of coverage" booklet with more complete details of your benefits.

PEIA cannot guarantee the quality of services offered by the various plans, so please gather information and make your decision carefully. 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.

Also be aware that the continuing participation of managed care network providers is not guaranteed throughout the Plan Year. If a provider chooses to withdraw from a managed care network, the member may be required to receive services from another participating provider.

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.

# NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families. Please note that there are currently no Federal funds available for this program.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

# Table of Contents


The Fine Print . . . 2
NOTICE ABOUT THE EARLY RETIREE REINSURANCE PROGRAM . . . 2
Five Tips for a Successful Open Enrollment . . . 4
What's Important for 2013? . . . 4
Terms You Need To Know . . . 6
Eligibility Rules . . . 7
Plan Year 2013 Benefit Fairs . . . 9
Managed Care Plan's Service Area . . . 9
Health Care Reform . . . 10
Benefits At a Glance . . . 12
PEIA PPB Plan C . . . 24
PEIA PPB Plan D . . . 24
Premium Discounts Available . . . 25
Monthly Premiums: Employee or Employee/Child . . . 28
Monthly Premiums: Family or Family/Employee Spouse . . . 29
Non-State Agencies: PEIA PPB Plans . . . 30
Elected Officials' Premiums . . . 30
Non-Medicare Retiree PPB Plan Premiums . . . 31
Non-Medicare Retiree Managed Care Premiums . . . 32
Deputy Sheriff's Early Retiree Premiums (ages 50-55) . . . 33
Retired Employee Assistance Programs . . . 33
Medicare Retiree Benefits . . . 34
Medicare Retiree Rates . . . 35
Medicare Part B and Part D Premiums for Higher Income Beneficiaries . . . 35
COBRA . . . 36
Active Employee's Optional Life and AD&D Insurance: TOBACCO-FREE . . . 38
Active Employee's Optional Life and AD&D Insurance: TOBACCO USER . . . 39
Retired Employee's Optional Life Insurance: TOBACCO-FREE . . . 40
Retired Employee's Optional Life Insurance: TOBACCO USER . . . 41
Other Life Insurance Rates: Actives and Retirees . . . 42
PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2013 . . . 44
Premium Conversion Plan Form / Plan Year 2013 . . . 47
STATE OF WEST VIRGINIA COMBINED MEDICAL POWER OF ATTORNEY AND LIVING WILL . . . 48

# Five Tips for a Successful Open Enrollment

1. Read through "What's Important for 2013" to get a quick overview of the changes for the coming Plan Year.
2. Review the side-by-side comparison of the plans in the "Benefits At-A-Glance" charts.
3. Check page 9 to be sure you're eligible to enroll in the plan you want. The PEIA PPB Plans A, B and C are available in all areas. PEIA PPB Plan D is open to WV residents only and covers only services provided in WV. Remember, you must live in one of the counties listed on page 9 to enroll in The Health Plan.
4. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and for the type of coverage you have (employee only, family, etc.) to find the premium for the plan you want.
5. If you want to change plans, change your tobacco status, complete your Advance Directive/Living Will affidavit or report your IYS engagement activity, you have two choices: go to www.wvpeia.com and click on the "Manage My Benefits" button and follow the instructions (remember, your deadline is midnight on April 30, 2012) or call PEIA for a Transfer Form at 1-877-676-5573. Make any changes or plan selections you wish and return it to your benefit coordinator no later than the close of business on April 30, 2012.

# What's Important for 2013?

## The Health Plan

- Effective July 1, 2012, there will be changes to both Plan A and Plan B
- Plan A will now have a $100 Individual Deductible/$200 Family Deductible; an Out of Pocket Maximum of $3500 Individual/$10,000 Family; and 15% coinsurance on Inpatient and Outpatient Services
- Plan B will have a $250 Individual Deductible/$500 Family Deductible and 20% coinsurance on Inpatient and Outpatient Services
- Both Plan A and Plan B Emergency Room Copay will be $100 (waived if admitted)
- Please call The Health Plan or visit a Benefits Fair to receive The Health Plan's complete listing of HMO benefits
- Temporomandibular Joint Dysfunction ("TMJ" otherwise known as "TMD") will no longer be a covered benefit
- ALL MedExpress Urgent Care Centers in WV now participate with The Health Plan!
- Attention All Current Health Plan Members Who Will Be Turning 65 During The Plan Year: If you have Medicare A & B and are retired, you will have the opportunity to enroll in a Medicare Advantage Plan with The Health Plan called Secure Choice PPO and stay with The Health Plan. For more information, contact the plan toll free at (877) 847-7915. Be sure to identify yourself as a PEIA retiree when calling.
- Please visit The Health Plan's website at: www.healthplan.org . You will find information about the services offered by The Health Plan and helpful links for better health. You can also contact The Health Plan toll free at (888) 847-7902 or (800) 624-6961.
- The Health Plan has a Commendable Accreditation with the National Committee for Quality Assurance (NCQA)

## PEIA PPB Plans

- The PEIA Finance Board adopted plan changes for Plan Year 2013 for active employees and non-Medicare retirees. The 2013 Plan:
    1. Eliminates coverage for acupuncture
    2. Adds a $10 per visit copay to outpatient physical, occupational, speech and massage therapy service and chiropractic for the first 20 visits in a plan year. This copay is in addition to deductible and 20% coinsurance. If further therapy is medically necessary and approved by ActiveHealth, visits beyond the first 20 require a $25 copay, plus deductible and coinsurance.

3. Keeps coverage for massage therapy, but requires massage therapists to carry $2 million malpractice insurance, and follow treatment guidelines of the American Massage Therapy Association.
4. Increases the Urgent Care copayment from $15/$20 to $25.
5. Increases the emergency room copay from $50 to $100. The copay will be waived if the patient is admitted to the hospital. If the visit is determined to be a medical emergency not requiring admission, the copayment will be reduced to $50; and
6. Adds a $500 copayment for medically necessary dental services and for bariatric surgery. These copayments are in addition to the deductible and 20% coinsurance

- The non-preferred (Tier 3) drug copayment increases from $50 to 75% coinsurance for all PEIA PPB Plans and the Special Medicare Plan. Plan pays 25%/member pays 75%. Also, PEIA has eliminated the maintenance medication discount for Tier 3 drugs.
- The Improve Your Score program expanded for Plan Year 2013. There are now two steps: 1) screening and 2) engagement. Members who received an overall score of Yellow or Red in their screening must report their engagement activity before April 30, 2012, to continue their premium discount for Plan Year 2013. See pages 25-27 for details.
- PEIA has added Plan D – the West Virginia ONLY plan. Members enrolling in this plan must be West Virginia residents, and all care provided under this plan must be provided in West Virginia. The only care allowed outside the State of West Virginia will be emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia. The benefits (copayments, coinsurance, deductible and out-of-pocket maximum) of Plan D will be identical to PEIA PPB Plan A, but there will be no out-of-state coverage.
- During Open Enrollment, you do not need a qualifying event to add dependents to or remove dependents from your coverage, but you must provide documentation substantiating the dependent (birth certificate, marriage license, guardianship papers, etc) before coverage can become effective.

# 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.

**Coinsurance:** The percentage of the allowed amount that you pay when you use certain benefits.

**COBRA:** Gives employees rights to continue health insurance coverage after employment terminates. See your Summary Plan Description for full details.

**Coordination of Benefits (COB):** Health plans use COB to determine which plan will pay benefits first, and to make sure that together they do not pay more than 100% of your bill. Be sure to ask the managed care plans about COB before you make your choice.

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

**Deductible:** The dollar amount you pay before a plan begins paying benefits. Not all services are subject to the deductible, so check the "Benefits-At-A-Glance" charts.

**Explanation of Benefits (EOB):** Forms issued by health plans when medical claims are paid. Most HMOs do not issue EOBs for in-network care. If you need an EOB, talk to the HMO to see how you can get the paperwork you need.

**Health Maintenance Organization (HMO):** HMOs manage health care by coordinating the use of health care services through PCPs. If you join an HMO, you'll pick your PCP from their list, and then you'll receive all of your non-emergency care from network providers. Ask the HMOs about their rules.

**Health Savings Account (HSA):** A health savings account (HSA) is a tax-exempt trust or custodial account that you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. No permission or authorization from the IRS is necessary to establish an HSA. When you set up an HSA, you will need to work with a trustee. A qualified HSA trustee can be a bank, an insurance company, or anyone already approved by the IRS to be a trustee of individual retirement arrangements (IRAs) or Archer MSAs. The HSA works in conjunction with a High Deductible Health Plan.

**High Deductible Health Plan (HDHP):** A High Deductible Health Plan (HDHP) is a plan that includes a higher annual deductible than typical health plans, and an out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses. The HDHP deductible includes both medical services and prescription drugs under a single deductible. Out-of-pocket expenses include copayments and other amounts, but do not include premiums..

**Medicare Advantage and Prescription Drug (MAPD) Plan:** Medicare retirees' benefits are administered through Humana, Inc.'s MAPD Plan. This plan includes prescription coverage through a Humana Medicare Part D plan.

**Medical Home:** PEIA offers a Medical Home program that focuses on patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes. Medical home office visits in PEIA PPB Plans A and B have a discounted copayment of $10 per visit.

**PEIA Preferred Provider Benefit Plans (PPB):** The self-insured PPO plans offered by PEIA that cover care based on where you live, and where you receive your care. To determine which out-of-state providers are PPO providers, call HealthSmart Benefit Solutions at 1-888-440-7342 or go online to www.aetna.com/docfind/custom/asa. For full details of the benefits, see your Summary Plan Description.

**Primary Care Physician (PCP):** A provider in a network who coordinates members' health care. PCPs are usually family doctors, general practice physicians, internists, or pediatricians. Some plans allow OB/GYNs to be PCPs for women in the plan. PCPs must provide coverage for their practices 24 hours-a-day, 7 days-a-week so you can reach them if you need care.

**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, and contracts with all of the managed care plans that are offered to public employees.

# Eligibility Rules

This section offers general information about eligibility that you may need during Open Enrollment. For complete details, please refer to your PEIA Summary Plan Description. It's on the web at www.wvpeia.com.

## Who is eligible to transfer or enroll?

**Current Members.** Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan for which they qualify during open enrollment in April of each year.

**Eligible Non-Members.** An employee or retiree who is eligible for benefits may enroll in any health plan for which they qualify during Open Enrollment in April of each year.

**Medicare.** PEIA offers Medicare coverage to retired employees through the Humana Medicare Advantage and Prescription Drug (MAPD) Plan or The Health Plan's Medicare Advantage plan. If you or your enrolled dependents become Medicare-primary while enrolled in The Health Plan you may continue with the Health Plan in their Medicare Advantage plan or return to the PEIA Medicare Advantage and Prescription Drug (MAPD) plan. For more information on the Humana Plan, see page 34. Current Health Plan members have the opportunity to remain in the Health Plan at the time of Medicare eligibility. Contact the Health Plan for more details.

**Eligible Dependents.** You and your enrolled dependents must all live in the service area of a plan (if the plan has a service area) to be eligible to enroll for that plan's benefits. The only exception to this rule is made for full-time students living out of the service area. You may enroll the following dependents:

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

Children ages 18 to 26 who have employer-sponsored insurance coverage available in which they could be covered as a policyholder are not eligible for PEIA coverage.

**Two Public Employees Who Are Married To Each Other, and who are both eligible for benefits under PEIA may elect to enroll as follows:**

1. as "Family with Employee Spouse" in any plan.
2. as "Employee Only" and "Employee and Child(ren)" in the same or different plans (remember, you'll have two out-of-pocket maximums and two deductibles if you enroll this way).
3. as "Employee Only" in the same or different plans if there are no children to cover (again, you'll have two out-of-pocket maximums and two deductibles if you enroll this way).

You may both be policyholders in the same plan, but only one may enroll the children. All children must be enrolled under the same policyholder. To qualify for the Family with Employee Spouse premium, both employees MUST have basic life insurance. The Family with Employee Spouse premium discount will not be granted unless both employees are basic life insurance policyholders in the plan.

**Retired or Retiring Deputy Sheriffs Under Age 55.** Premium rates for all plans are listed on page 33 of this guide.

**Retiring Employees:** If you are considering retiring during the plan year, your choice this open enrollment will be an important one. At the time of retirement you may drop dependents from your coverage (if you so choose), or you may drop health coverage completely, but you may not change plans during the plan year unless you move outside a managed care plan's service area or unless you'll be eligible for Medicare --age 65 or disabled — in which case you will be provided PEIA's Medicare benefit.

**Transferring Employees:** If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the service area of the plan you're currently in. The PEIA PPB Plans A, B and C have an unlimited service area, so you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB Plan D is available only to WV residents, so if you are enrolled in Plan D and move out-of-state during a plan year, you will be required to change plans. Transfer from a State agency to a non-State agency may permit a change in coverage, which will be considered if you appeal in writing to the director of PEIA.

**Mid-Year Plan Changes:** The only time you can change plans during the plan year is if you move out of the service area of your plan so that accessing care is unreasonable. Since the PEIA PPB Plans A, B and C have an unlimited service area, you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB Plan D is available only to WV residents, so if you are enrolled in Plan D and move out-of-state during a plan year, you will be required to change plans.

**Physician Withdrawal From A Plan:** If your PCP withdraws from a plan you must choose another PCP. A physician's departure does not qualify you to change plans. Although most networks are stable, a physician can choose to withdraw from any plan at anytime with 60 days' notice, so you need to be aware of that possibility when you make your selection.

**Death or Divorce:** If a death or divorce occurs during 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 can only change plans during the plan year if the affected dependents move out of the service area of the plan so that accessing care is unreasonable.

**Terminated Coverage:** If your coverage terminates due to loss of employment or cancellation of coverage, you MUST cease using your medical ID card. Any claims incurred after the termination date will be the responsibility of the person incurring the claims, and may be considered fraud.

**Special Enrollment:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the month of or the two months following the date you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents.** However, you must request enrollment within the month of or the two months following the marriage, birth, adoption or placement for adoption by contacting your benefit coordinator or calling 1-888-680-7342.

# Plan Year 2013 Benefit Fairs

Following are times, dates and locations of the 2013 benefit fairs.

| Date | City/Time | Location | Address |
|---|---|---|---|
| Monday, 04/02/2012 | Charleston (3:00 – 6:00) | Charleston Civic Center Parlor A | 200 Civic Center Drive |
| Tuesday, 04/03/2012 | Parkersburg (3:00 -7:00) | Comfort Suites of Parkersburg South | 167 Elizabeth Pike, Mineral Wells |
| Wednesday, 04/04/2012 | Martinsburg (3:00 – 7:00) | Holiday Inn | 300 Foxcroft Avenue |
| Thursday, 04/05/2012 | Morgantown (3:00 – 7:00) | Ramada Inn | I-68 Exit 1, US 119 N. |
| Monday, 04/09/2012 | Wheeling (3:00 – 7:00) | Northern Community College | Market Street |
| Tuesday, 04/10/2012 | Beckley (3:00 – 7:00) | Tamarack Conference Center Board Room | One Tamarack Park |
| Thursday, 04/12/2012 | Huntington (3:00 – 7:00) | Holiday Inn Civic Arena | 800 Third Avenue |

# Managed Care Plan's Service Area

The Health Plan's Service area consists of the following counties in West Virginia, Maryland, Ohio and Pennsylvania:

| WEST VIRGINIA | | | | MARYLAND | OHIO | PENNSYLVANIA |
|---|---|---|---|---|---|---|
| Barbour | Hancock | Morgan | Tucker | Garrett | Belmont | Beaver |
| Berkeley | Harrison | Monroe | Tyler | | Columbiana | Fayette |
| Boone | Jackson | Nicholas | Upshur | | Guernsey | Greene |
| Braxton | Jefferson | Ohio | Wayne | | Harrison | Washington |
| Brooke | Kanawha | Pleasants | Webster | | Jefferson | |
| Cabell | Lewis | Pocahontas | Wetzel | | Monroe | |
| Calhoun | Lincoln | Preston | Wirt | | Muskingum | |
| Clay | Logan | Putnam | Wood | | Noble | |
| Dodd ridge | Marion | Raleigh | Wyoming | | Trumbull | |
| Fayette | Marshall | Randolph | | | Washington | |
| Gilmer | Mason | Ritchie | | | | |
| Greenbrier | Mercer | Roane | | | | |
| Hampshire | Monongalia | Taylor | | | | |

# Health Care Reform

All plans offered this year, including PEIA's plans and The Health Plan's plans are subject to the provisions of the Patient Protection and Affordable Care Act, and therefore, there are a number of new benefits available which are listed below. The Plans will also include an enhanced internal and external appeal procedure. Details of the new appeals procedure will be provided in the Summary Plan Description or Evidence of Coverage.

## Preventive Care:

The following preventive services will be covered with no deductible, coinsurance or copayment effective July 1, 2012:

**Abdominal Aortic Aneurysm** one-time screening for men aged 65 to 75 who have ever smoked

† **Blood Pressure** screening for all adults (included in Annual Physical benefit)

**Cholesterol** screening for men aged 35 and older and women aged 45 and older or others at higher risk

**Colorectal Cancer** screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years.

**Type 2 Diabetes** screening for adults with high blood pressure

**HIV** screening for all adults at higher risk

**Immunization** vaccines for adults--doses, recommended ages, and recommended populations vary:

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus, Diphtheria, Pertussis
- Varicella

† **Tobacco Use** screening for all adults and cessation interventions for tobacco users. This does not include tobacco cessation medications, which will continue as previously covered.

**Syphilis** screening for all adults at higher risk

### Covered Preventive Services for Women, Including Pregnant Women

**Anemia** screening on a routine basis for pregnant women

**Bacteriuria** urinary tract or other infection screening for pregnant women

**BRCA** counseling about genetic testing for women at higher risk

**Breast Cancer Mammography** screenings every 1 to 2 years for women over 40

**Cervical Cancer** screening for sexually active women

**Folic Acid** supplements for women who may become pregnant

**Hepatitis B** screening for pregnant women at their first prenatal visit

**Osteoporosis** screening for women over age 60 depending on risk factors

**Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk

† **Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users. This does not include tobacco cessation medications, which will continue as previously covered.

**Sexually Transmitted Disease Screenings** for Chlamydia, Gonorrhea and Syphilis for women at increased risk

Services marked with a "†" will be included in the annual physical benefit, and will not be paid separately.

## Covered Preventive Services for Children

† **Alcohol and Drug Use** assessments for adolescents
† **Autism** screening for children at 18 and 24 months
† **Behavioral** assessments for children of all ages
**Cervical Dysplasia** screening for sexually active females
**Congenital Hypothyroidism** screening for newborns
† **Developmental** screening for children under age 3, and surveillance throughout childhood
**Dyslipidemia** screening for children at higher risk of lipid disorders
**Fluoride Chemoprevention** supplements for children without fluoride in their water source
**Gonorrhea** preventive medication for the eyes of all newborns
**Hearing** screening for all newborns
† **Height, Weight and Body Mass Index** measurements for children
**Hematocrit or Hemoglobin** screening for children
**Hemoglobinopathies** or sickle cell screening for newborns
**HIV** screening for adolescents at higher risk
**Immunization** vaccines for children from birth to age 18 —doses, recommended ages, and recommended populations vary:

- Diphtheria, Tetanus, Pertussis
- Haemophilus influenzae type b
- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Varicella

**Iron supplements** for children ages 6 to 12 months at risk for anemia
**Lead** screening for children at risk of exposure
† **Medical History** for all children throughout development
† **Obesity** screening and counseling. This does not include the PEIA Weight Management Program, which will continue as previously covered.
† **Oral Health** risk assessment for young children
**Phenylketonuria (PKU)** screening for this genetic disorder in newborns
**Tuberculin** testing for children at higher risk of tuberculosis
† **Vision** screening for all children

An annual Routine Physical and Screening Exam will be covered for each person in the plan. The Routine Physical and/or Screening Examinations are examinations performed in the absence of illness for the periodic assessment of the general health of the patient. This benefit is available once per plan year. Additional exams are subject to the deductible, coinsurance and copayments – depending on plan design.

Services marked with a "†" will be included in the annual physical benefit, and will not be paid separately.

# Benefits At a Glance

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Annual deductible** | $100 Individual Maximum; $200 Family Maximum | $250 Individual Maximum; $500 Family Maximum | Varies by salary and employer type. See premium charts. | Plans A & B: Twice the in-network deductible. Plan D: No coverage outside WV. | $1,250 employee only $2,500 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription deductible). Services on the Preventive Care List covered without deductible. | $1,250 employee only $2,500 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription deductible). Services on the Preventive Care List covered without deductible. |
| **Annual out-of-pocket maximum** | Single - $3,500<br>Two-person - $7,000<br>Family - $10,000 | Single - $3,500<br>Two-person - $7,000<br>Family - $10,000 | Varies by salary, employer type, and coverage tier. For Plan A, the out of pocket maximum for employee and child(ren), family, or family with employee spouse is 150% of the employee only amount. See premium charts. | Plans A & B: Twice the in-network out-of-pocket maximum<br>Plan D: No coverage outside WV. | $2,500 employee only $5,000 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription out-of-pocket maximum) | None<br>You will always pay the 20% coinsurance.<br>There is no out-of-pocket maximum for out-of-network services |
| **Physician Services** | | | | | | |
| **Adult routine physical examinations** | PCP - $15 copay OB/GYN - $20 copay; deductible waived (including prostate and gynecological, with pap smear) | PCP - $15 copay OBGYN - $25 copay deductible waived (including prostate and gynecological, with pap smear) | Covered in full. | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Covered in full. | PEIA pays 100% of PEIA's fee schedule; you pay any amount that exceeds PEIA's fee schedule. |

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Diagnostic x-ray, lab and testing** | 20% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Mammograms, Pap smears, and prostate cancer screenings** | Covered in full unless associated with an office visit; deductible waived | Covered in full unless associated with an office visit; deductible waived | Covered in full | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Covered in full | PEIA pays 100% of PEIA's fee schedule; you pay any amount that exceeds PEIA's fee schedule. |
| **Physician inpatient visits** | Covered in full After deductible | Covered in full after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Physician office visits - primary care** | $15 copay/visit deductible waived | $15 copay/visit; deductible waived | $15 co-pay office visit only | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Physician office visits - specialty care** | $20 copay/visit deductible waived | $25 copay/visit; deductible waived | $25 co-pay office visit only | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Prenatal care** | $20 copay/initial visit only; deductible waived | $25 copay/initial visit only; deductible waived | Covered in full after deductible | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Second surgical opinions** | $20 copay/visit deductible waived | $25 copay/visit; deductible waived | $25 co-pay office visit only | Deductible + 40% coinsurance (office visit only) + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Voluntary sterilization** | 30% coinsurance after deductible | 30% coinsurance after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Well child exams** | $15 copay/visit; deductible waived | $15 copay/visit; deductible waived | Covered in full | Plans A & B: Covered in full Plan D: Not covered outside WV. | Covered in full | PEIA pays 100% of PEIA's fee schedule; you pay any amount that exceeds PEIA's fee schedule. |
| **Well child immunizations (birth through 16)** | Covered in full unless associated with an office visit; deductible waived | Covered in full unless associated with an office visit; deductible waived | Covered in full | Plans A & B: Covered in full Plan D: Not covered outside WV. | Covered in full | PEIA pays 100% of PEIA's fee schedule; you pay any amount that exceeds PEIA's fee schedule. |
| **Inpatient Services** | | | | | | |
| **Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care** | 15% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | $500 + deductible and 40% + amounts that exceed PEIA's fee schedule. Plan D: No out-of-WV coverage. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Inpatient occupational, physical, or speech therapy*** | 15% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | $500 + deductible and 40% + amounts that exceed PEIA's fee schedule. Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Maternity care (delivery)** | 15% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | $500 + Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Rehabilitation*** | Covered in full (days 1-30); 20% coinsurance (days 31+); after deductible | Covered in full (days 1-30) after deductible; 20% coinsurance (days 31+) | Deductible + 20% | $500 + Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Skilled nursing*** | $35 copay/day after deductible | $35 copay/day after deductible | Deductible + 20% . | $500 + Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Hospital Outpatient Services** | | | | | | |
| **Ambulatory/outpatient surgery** | 15% coinsurance after deductible | 20% coinsurance after deductible | $50 + deductible + 20% | $100 + Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Preadmission testing, diagnostic x-ray and lab** | 20% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Mental Health & Chemical Dependency Benefits** | | | | | | |
| **Outpatient chemical dependency*** | $15 copay/visit; deductible waived | $15 copay/visit; deductible waived | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Outpatient mental health*** | $15 copay/visit ; deductible waived | $15 copay/visit; deductible waived | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Inpatient chemical dependency (including partial hospitalization) *** | 15% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | $500 + deductible and 40% + amounts that exceed PEIA's fee schedule<br>Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Inpatient detoxification*** | 15% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | $500 + deductible and 40% + amounts that exceed PEIA's fee schedule<br>Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Inpatient mental health (including partial hospitalization) *** | 15% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | $500 + deductible and 40% + amounts that exceed PEIA's fee schedule<br>Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Outpatient Therapies** | | | | | | |
| **Acupuncture*** | Not covered | Not covered | Not Covered | Not covered | Not Covered | Not covered |
| **Chiropractic*** | $20 copay/visit; deductible waived | $25 copay/visit; deductible waived | First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance. | First 20 visits: $10 copay + deductible + 40%. Visits over 20, if precertified: $25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Massage Therapy*** | Not covered | Not covered | First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance. | First 20 visits: $10 copay + deductible + 40%. Visits over 20, if precertified: $25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Occupational therapy*** | Visits 1-20: $20 copay/ visit; visits 21+: 50% coinsurance; after deductible | Visits 1-20: $25 copay/ visit; visits 21+: 50% coinsurance; after deductible | First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance. | First 20 visits: $10 copay + deductible + 40%. Visits over 20, if precertified: $25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Physical therapy*** | Visits 1-20: $20 copay/ visit; visits 21+: 50% coinsurance; after deductible | Visits 1-20: $25 copay/ visit; visits 21+: 50% coinsurance; after deductible | First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance. | First 20 visits: $10 copay + deductible + 40%. Visits over 20, if precertified: $25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Speech therapy*** | $20 copay/visit; after deductible | $25 copay/visit; after deductible | First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance. | First 20 visits: $10 copay + deductible + 40%. Visits over 20, if precertified: $25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **All Other Medical Services** | | | | | | |
| **Allergy testing and treatment** | $20 copay/visit for evaluation; treatment covered in full unless associated with an office visit; deductible waived | $25 copay/visit for evaluation; treatment covered in full unless associated with an office visit; deductible waived | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Bariatric Surgery** | Not Covered | Not Covered | $500 copay + deductible + 20% coinsurance. | Plans A & B: $500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | $500 copay + deductible + 20% coinsurance. | $500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule |
| **Cardiac rehabilitation*** | $10 copay /visit after deductible | $10 copay /visit after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Dental services - accident related*** | $0 copay after deductible | $0 copay after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Dental services - other*** | Not covered | Not covered | Impacted teeth only; $500 copay + deductible + 20% | Impacted teeth only; Plans A & B: $500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Diabetic supplies*** | Certain supplies covered in full; deductible waived | Certain supplies covered in full; deductible waived | Covered under Prescription drug plan | Covered under Prescription drug plan | Covered under Prescription drug plan | Covered under Prescription drug plan |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Durable Medical Equipment (DME) *** | 30% coinsurance (including orthotics) after deductible | 30% coinsurance (including orthotics) after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Emergency ambulance (medically necessary)** | $50 copay/transport after deductible | $50 copay/transport after deductible | Deductible + 20% | Plans A, B & D: Deductible + 40% + amounts that exceed PEIA's fee schedule | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Emergency Room Treatment (Non-emergency)** | Not covered | Not covered | $100 copay + deductible+ 20% | Plans A & B: $100 copay+ deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Emergency services (including supplies) *** | $100 copay/visit (waived if admitted) deductible waived | $100 copay/visit (waived if admitted) deductible waived | $50 copay + deductible + 20% (copay waived if admitted) | Plans A, B & D: $50 copay+ Deductible + 40% + amounts that exceed PEIA's fee schedule. Copay waived if admitted. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Growth hormone*** | Rx benefit: 30% or $300 whichever is less per specialty drug | Rx benefit: 30% or $300 whichever is less per specialty drug | Covered under prescription drug plan | Covered under prescription drug plan | Covered under prescription drug plan | Covered under prescription drug plan |
| **Hearing exam** | $20 copay /visit deductible waived | $25 copay/visit; deductible waived | Covered under well child benefit only | Plans A & B: Covered under well child benefit only Plan D: Covered under well child benefit in WV only | Covered under well child benefit only | Covered under well child benefit only |
| **Home health services*** | Covered in full after deductible | Covered in full after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Home health supplies*** | Covered in full after deductible | Covered in full after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Hospice*** | Covered in full after deductible | Covered in full after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Infertility services* No Prescription Coverage under any plan.** | 30% coinsurance; (limited to basic healthcare) after deductible | 30% coinsurance; (limited to basic healthcares) after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Medical supplies*** | 30% coinsurance after deductible | 30% coinsurance after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Podiatry*** | $20 copay/visit deductible waived | $25 copay/visit deductible waived | $25 office visit copay; surgery- deductible +20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Prosthetics *** | 30% coinsurance after deductible | 30% coinsurance after deductible | Deductible + 20% . | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Pulmonary rehabilitation*** | $10 copay/visit after deductible | $10 copay/visit after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

| Benefit Description | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A, B & D In-Network | PEIA PPB Plans A, B & D Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|
| **Radiation and chemotherapy** | 20% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **TMJ*** | Not covered | Not covered | Not covered | Not Covered | Not covered | Not Covered |
| **Transplants (non-experimental) *** | 15% coinsurance after deductible | 20% coinsurance after deductible | Deductible + 20% | Plans A & B: Deductible + 40%; + amounts that exceed PEIA's fee schedule additional $10,000 deductible Plan D: Not covered out-of-network. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |
| **Urgent Care** | $50 copay/visit (waived if admitted) deductible waived | $50 copay/visit (waived if admitted) deductible waived | $25 | Plans A & B: Deductible + 40% + amounts that exceed PEIA's fee schedule Plan D: No coverage outside WV. | Deductible + 20% | Deductible + 20% + amounts that exceed PEIA's fee schedule |

*** At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.**

## Prescription Benefits

| Prescriptions | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A & D In-Network | PEIA PPB Plan A Out-of-Network* | PEIA PPB Plan B In-Network | PEIA PPB Plan B Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|---|---|
| **Deductible** | None | None | $75 individual/ $150 family | $75 individual/$150 family | $150 individual/ $300 family | $150 individual/ $300 family | $1,250 employee only $2,500 employee and child(ren), family, or family with employee spouse combined medical and prescription deductible Prescriptions on the Preventive Drug List covered without deductible. | $1,250 employee only $2,500 employee and child(ren), family, or family with employee spouse combined medical and prescription deductible Prescriptions on the Preventive Drug List covered without deductible. |
| **Annual out-of-pocket maximum** | None | None | $1,750 individual/ $3,500 family | $1,750 individual/ $3,500 family | $1,750 individual/ $3,500 family | $1,750 individual/ $3,500 family | $2,500 employee only $5,000 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription out-of-pocket maximum) | None. Member will always pay the prescription drug copayments. There is no out-of-pocket maximum for out-of-network services. |
| **Generic copayment** | $10 copayment | $5 copayment | $5 | $5 (see “other details” below) | $5 | $5 (see “other details” below) | $5 after deductible, unless on Preventive Drug List | $5 after deductible, unless on Preventive Drug List (see “other details” below) |
| **Formulary brand** | Not covered if generic is available. 50% coinsurance if generic is not available | Not covered | $15 | $15 (see “other details” below) | $20 | $20 (see “other details” below) | $20 after deductible, unless on Preventive Drug List | $20 after deductible, unless on Preventive Drug List(see “other details” below) |
| **Non-Formulary Brand** | Not covered | Not covered | 75% coinsurance | 75% coinsurance (see “other details” below) | 75% coinsurance | 75% coinsurance (see “other details” below) | 75% coinsurance after deductible, unless on Preventive Drug List | 75% coinsurance after deductible, unless on Preventive Drug List(see “other details” below) |

## Prescription Benefits

| Prescriptions | Health Plan Plan A | Health Plan Plan B | PEIA PPB Plans A & D In-Network | PEIA PPB Plan A Out-of-Network* | PEIA PPB Plan B In-Network | PEIA PPB Plan B Out-of-Network | PEIA PPB Plan C In-Network | PEIA PPB Plan C Out-of-Network |
|---|---|---|---|---|---|---|---|---|
| **Specialty Medications** | 30% or $300 whichever is less per specialty drugt | 30% or $300 whichever is less per specialty drugt | $50 Certain Case-Managed Specialty drugs are covered under the medical benefit plan and require payment of deductible and 20% coinsurance | Not covered | $50 Certain Case-Managed Specialty drugs are covered under the medical benefit plan and require payment of deductible and 20% coinsurance | Not covered | $50 after deductible, unless on Preventive Drug List Certain Case-Managed Specialty drugs are covered under the medical benefit plan and require payment of deductible and 20% coinsurance | Not covered |
| **Maintenance Medication discount program details** | 90-day supply $20 or 50% copayment | 90-day supply $10 copayment Generic ONLY | 90-day supply for two months' co-pay for generic and preferred brand drugs. No discount for non-preferred brand name drugs | No discount | 90-day supply for two months' co-pay for generic and preferred brand drugs. No discount for non-preferred brand name drugs | No discount | 90-day supply for two months' co-pay after deductible for generic and preferred brand drugs. No discount for non-preferred brand name drugs. No deductible for drugs on Preventive Drug List | No discount |
| **Annual benefit maximum (per member/year)** | None | None | None | None | None | None | None | None |
| **Other details** | Mandatory generics Formulary brand name drugs are not covered if generic is available Non-formulary drugs are not covered | Mandatory generics Brand name drugs are not covered | | PEIA will reimburse Express Scripts' allowed amount, less any member responsibility. | | PEIA will reimburse Express Scripts' allowed amount, less any member responsibility. | | PEIA will reimburse Express Scripts' allowed amount, less any member responsibility |

# PEIA PPB Plan C

Plan C is the IRS-qualified High Deductible Health Plan (HDHP) offered by PEIA to all eligible active employees. The plan offers lower premiums, but a high deductible that must be met before the plan begins to pay. The plan is designed to work with either a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). The policyholder is responsible for choosing and enrolling for an HSA or HRA.

The benefits of Plan C are shown in the Benefits At A Glance charts. With the HDHP, the medical and prescription drug deductibles are combined, and, for family coverage, the entire family deductible must be met before the plan begins to pay on any member of the family for either medical or prescription services. There are prescription drugs on the Preventive Drug List that are covered with a copayment before the deductible is met. For a copy of the Preventive Drug List, go to www.wvpeia.com, visit a benefit fair, or call 1-877-676-5573.

# PEIA PPB Plan D

PEIA PPB Plan D is the West Virginia ONLY plan. Members enrolling in this plan must be West Virginia residents, and all care provided under this plan must be provided in West Virginia. The only care allowed outside the State of West Virginia will be emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia. The benefits (copayments, coinsurance, deductible and out-of-pocket maximum) of Plan D will be identical to PEIA PPB Plan A, but there will be no out-of-network coverage.

For policyholders who are West Virginia residents but who have dependents who reside outside West Virginia (such as students attending college out-of-state), the West Virginia Only plan will cover those out-of-state dependents for emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia. All other services must be provided within West Virginia.

# Premium Discounts Available

**This year, PEIA is offering THREE premium discounts. The discounts are described in detail below:**

| Who Gets The Premium Discounts | | | |
|---|---|---|---|
| | Active Employees in PEIA PPB Plan A, B, C or D | Active Employees or Retirees in The Health Plan HMO | Retired Employees in PEIA PPB Plan A, the Special Medicare Plan or the Medicare Advantage and Prescription Drug (MAPD) Plan |
| Advance Directive/Living Will | Yes | Yes | Yes |
| Improve Your Score | Yes | No | No |
| Tobacco-free | Yes | Yes | Yes |

### 1. 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 2013; it will continue automatically. The discount will be $4 per month off of the 2013 standard health insurance premium for health policyholders in PEIA PPB Plans A, B, C and D, The Health Plan, PEIA's Special Medicare Plan or 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 or by calling the center at 1-877-209-8086. If you live outside West Virginia, 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 and click on the green "Manage My Benefits" button to log in and complete your affidavit. All affidavits must be received no later than April 30, 2012, to receive the discount for all of plan year 2013. If you do not have internet access, you may call the Open Enrollment Helpline 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.

### 2. Improve Your Score Discount.

PEIA offers a unique opportunity to understand your health risk factors and improve your health status by offering a $10 per month discount off the standard health premium to active policyholders in PEIA PPB Plans A, B, C or D who participate in the Improve Your Score program. Retired policyholders are not charged the $10 premium increase, and

are not eligible for the $10 Improve Your Score premium discount. The Improve Your Score program is a two-step process designed to make you and your doctor aware of individual health risks, including cholesterol, glucose or blood sugar, blood pressure and waist circumference, and then to act on your modifiable risk factors to attempt to improve them. Here's how the program works:

**Step One: Screening.** You must "know your numbers" and get your report card every 24 months by:

1. Attending a Pathways to Wellness worksite health screening at your worksite. You may also attend a screening at any other PEIA Pathways worksite with prior notice to the PEIA Pathways staff. Standard worksite screenings are offered at no charge to PEIA members. For those just beginning participation in the program, it may take up to 90 days following a screening for your premium discount to begin.
2. Reporting results of a screening by your physician. If you've already had this blood work done through your physician's office or another provider, you may download the Improve Your Score reporting form from www.wvpeia.com.Then, have your provider complete the necessary information and return the form to the address listed on the form. (Remember, you will be responsible for any applicable coinsurance or copayment if your physician performs the screening.)
   Participants in Improve Your Score screenings receive a color-coded report card from PEIA using the stop light system:
   green for healthy; yellow for moderate risk; and red for high risk.

**Step Two: Engagement.** Act on your report card and improve your health status:

**Green:** If your overall score is green, congratulations and keep up the great work! You will maintain your premium discount as long as you get screened at least every 24 months and maintain your green overall score. To see when your screening score expires, go to www.wvpeia.com and click on the green Manage My Benefits button. Once you've logged in, choose the Premium Discounts button to see your status.

**Yellow or Red:** If your overall score is yellow or red, you must take some action every twelve months to improve your modifiable risk factors. The following activities will count as "engagement" to maintain your discount:

- see your medical home or primary care physician;
- participate in PEIA's Face to Face Diabetes Program,
- participate in the PEIA Weight Management Program,
- participate in the Dr. Ornish Program for Reversing Heart Disease; or
- participate in the Ornish Spectrum education program.

To keep your discount starting July 1, 2012, you must report how you've engaged before the end of April 2012. To do this, go to www.wvpeia.com and click on the green Manage My Benefits button. Once you've logged in, choose the Premium Discounts button to see your status and click to report your engagement. You may also complete the affidavit that was mailed to your home. If you cannot locate your affidavit, please call 1-877-676-5573 to request a copy.

You must also get screened and receive a new report card at least every 24 months to continue participating in this discount program. If your overall score improves from yellow or red to green, then you follow the instructions for a "green" score above.

To qualify for the discount for the full plan year, by April 30 each year you must have been screened within the past 24 months, and if your score is yellow or red, you must have engaged in one of the activities listed above within the past 12 months. PEIA may offer alternative settings for screenings at times of peak demand, such as the annual open enrollment period. When these alternative settings become available, they will be listed on the wellness website at www.peiapathways.com.

### 3. Tobacco-free Premium Discount.

PEIA offers a premium discount on PEIA PPB Plans A, B, C and D, The Health Plan, the Special Medicare Plan, the Medicare Advantage and Prescription Drug (MAPD) plan, and optional life insurance to active and 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 employee only coverage or $50 from the employee/child, family or family with employee spouse premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2013, you and all enrolled family members must have been tobacco-free by January 1, 2012. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you

MUST submit a tobacco affidavit. 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

On the following pages you'll find the premium charts listing the standard premiums. Use the calculator below to find your premium. Here's an example:

| **Your standard monthly premium:** | | **Single Policyholder** | **Family Policyholder** |
|---|---|---|---|
| | | **$87** | **$243** |
| Tobacco free? If yes, | Subtract $25/single or $50/family | -$25 | -$50 |
| Submit an Advanced directive/living will affidavit? If yes, | Subtract $4 | -$4 | -$4 |
| Had an Improve Your Score screening in the last two plan years and engaged in an activity to improve your modifiable risk factors if your overall score was red or yellow? If yes, | Subtract $10 | -$10 | -$10 |
| Total monthly premium including discounts | | $48 | $179 |

Find your premium on the appropriate chart on the following pages. Plug it into the calculator below, subtract out any discounts that apply, and find your final monthly premium. The sample above may help.

| **Your standard monthly premium from table above:** | | |
|---|---|---|
| Tobacco free? If yes, | Subtract $25/single or $50/family | |
| Submit an Advanced directive/living will affidavit? If yes, | Subtract $4 | |
| Had an Improve Your Score screening? If yes, | Subtract $10 | |
| Total monthly premium including discounts | | |

# Monthly Premiums: Employee or Employee/Child

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. There are three (3) premium discounts available this year. Full details of the premiums discounts can be found on pages 25-27. Use the calculator on page 27 to determine your premium.

| | Health Plan | | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Employee Only** | **Plan A** | **Plan B** | **Premium** | **Annual Deductible** | **Out-of-Pocket Maximum** | **Premium** | **Annual Deductible** | **Out-of-Pocket Maximum** | **Premium** (not salary-based) | **Annual Deductible** | **Out-of-Pocket Maximum** | **Premium** | **Annual Deductible** | **Out-of-Pocket Maximum** |
| $0 - $20,000 | $81 | $46 | $63 | $100 | $800 | $54 | $500 | $2,000 | $92 | $1,250 | $2,500 | $60 | $100 | $800 |
| $20,001 - $30,000 | $98 | $53 | $80 | $150 | $1,100 | $61 | $500 | $2,000 | | | | $76 | $150 | $1,100 |
| $30,001 - $36,000 | $105 | $57 | $87 | $200 | $1,250 | $65 | $500 | $2,000 | | | | $83 | $200 | $1,250 |
| $36,001 - $42,000 | $111 | $59 | $93 | $225 | $1,500 | $67 | $500 | $2,000 | | | | $88 | $225 | $1,500 |
| $42,001 - $50,000 | $126 | $67 | $108 | $250 | $1,750 | $75 | $1,000 | $2,000 | | | | $103 | $250 | $1,750 |
| $50,001 - $62,500 | $149 | $79 | $131 | $375 | $1,800 | $87 | $1,000 | $2,000 | | | | $124 | $375 | $1,800 |
| $62,501 - $75,000 | $163 | $88 | $145 | $400 | $1,850 | $96 | $1,000 | $2,000 | | | | $138 | $400 | $1,850 |
| $75,001 - $100,000 | $192 | $103 | $174 | $425 | $1,900 | $111 | $1,000 | $2,000 | | | | $165 | $425 | $1,900 |
| $100,001 - $125,000 | $235 | $150 | $217 | $500 | $2,000 | $158 | $1,000 | $2,000 | | | | $206 | $500 | $2,000 |
| $125,001 + | $265 | $179 | $247 | $600 | $2,250 | $186 | $1,000 | $2,000 | | | | $235 | $600 | $2,250 |

| | Health Plan | | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Employee and Children** | **Plan A** | **Plan B** | **Premium** | **Annual Deductible** | **Out-of-Pocket Maximum** | **Premium** | **Annual Deductible** | **Out-of-Pocket Maximum** | **Premium** (not salary-based) | **Annual Deductible** | **Out-of-Pocket Maximum** | **Premium** | **Annual Deductible** | **Out-of-Pocket Maximum** |
| $0 - $20,000 | $164 | $76 | $120 | $200 | $1,200 | $86 | $1,000 | $4,000 | $192 | $2,500 | $5,000 | $114 | $200 | $1,200 |
| $20,001 - $30,000 | $188 | $88 | $144 | $300 | $1,650 | $98 | $1,000 | $4,000 | | | | $137 | $300 | $1,650 |
| $30,001 - $36,000 | $197 | $92 | $153 | $400 | $1,875 | $102 | $1,000 | $4,000 | | | | $145 | $400 | $1,875 |
| $36,001 - $42,000 | $210 | $98 | $166 | $450 | $2,250 | $107 | $1,000 | $4,000 | | | | $158 | $450 | $2,250 |
| $42,001 - $50,000 | $244 | $127 | $200 | $500 | $2,625 | $135 | $1,500 | $4,000 | | | | $190 | $500 | $2,625 |
| $50,001 - $62,500 | $286 | $168 | $242 | $750 | $2,700 | $176 | $1,500 | $4,000 | | | | $230 | $750 | $2,700 |
| $62,501 - $75,000 | $318 | $194 | $274 | $800 | $2,775 | $201 | $1,500 | $4,000 | | | | $260 | $800 | $2,775 |
| $75,001 - $100,000 | $381 | $250 | $337 | $850 | $2,850 | $254 | $1,500 | $4,000 | | | | $320 | $850 | $2,850 |
| $100,001 - $125,000 | $444 | $318 | $400 | $1,000 | $3,000 | $321 | $1,500 | $4,000 | | | | $380 | $1,000 | $3,000 |
| $125,001 + | $501 | $369 | $457 | $1,200 | $3,375 | $371 | $1,500 | $4,000 | | | | $434 | $1,200 | $3,375 |

# Monthly Premiums: Family or Family/Employee Spouse

Premium for employees of State agencies, colleges and universities and county board of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. There are three (3) premium discounts available this year. Full details of the premiums discounts can be found on pages 25-27. Use the calculator on page 27 to determine your premium.

| | Health Plan | | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Family | Plan A | Plan B | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium (not salary-based) | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum |
| $0 - $20,000 | $200 | $155 | $167 | $200 | $1,200 | $136 | $1,000 | $4,000 | $318 | $2,500 | $5,000 | $159 | $200 | $1,200 |
| $20,001 - $30,000 | $249 | $189 | $216 | $300 | $1,650 | $170 | $1,000 | $4,000 | | | | $205 | $300 | $1,650 |
| $30,001 - $36,000 | $276 | $206 | $243 | $400 | $1,875 | $187 | $1,000 | $4,000 | | | | $231 | $400 | $1,875 |
| $36,001 - $42,000 | $305 | $226 | $272 | $450 | $2,250 | $207 | $1,000 | $4,000 | | | | $258 | $450 | $2,250 |
| $42,001 - $50,000 | $355 | $267 | $322 | $500 | $2,625 | $248 | $1,500 | $4,000 | | | | $306 | $500 | $2,625 |
| $50,001 - $62,500 | $422 | $321 | $389 | $750 | $2,700 | $302 | $1,500 | $4,000 | | | | $370 | $750 | $2,700 |
| $62,501 - $75,000 | $455 | $351 | $422 | $800 | $2,775 | $332 | $1,500 | $4,000 | | | | $401 | $800 | $2,775 |
| $75,001 - $100,000 | $540 | $437 | $507 | $850 | $2,850 | $418 | $1,500 | $4,000 | | | | $482 | $850 | $2,850 |
| $100,001 - $125,000 | $657 | $546 | $624 | $1,000 | $3,000 | $527 | $1,500 | $4,000 | | | | $593 | $1,000 | $3,000 |
| $125,001 + | $757 | $632 | $724 | $1,200 | $3,375 | $613 | $1,500 | $4,000 | | | | $688 | $1,200 | $3,375 |

| | Health Plan | | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Family with Employee Spouse | Plan A | Plan B | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium (not salary-based) | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum |
| $0 - $20,000 | $159 | $117 | $131 | $200 | $1,200 | $103 | $1,000 | $4,000 | $267 | $2,500 | $5,000 | $124 | $200 | $1,200 |
| $20,001 - $30,000 | $196 | $138 | $168 | $300 | $1,650 | $124 | $1,000 | $4,000 | | | | $160 | $300 | $1,650 |
| $30,001 - $36,000 | $219 | $157 | $191 | $400 | $1,875 | $143 | $1,000 | $4,000 | | | | $181 | $400 | $1,875 |
| $36,001 - $42,000 | $238 | $169 | $210 | $450 | $2,250 | $155 | $1,000 | $4,000 | | | | $200 | $450 | $2,250 |
| $42,001 - $50,000 | $280 | $196 | $252 | $500 | $2,625 | $182 | $1,500 | $4,000 | | | | $239 | $500 | $2,625 |
| $50,001 - $62,500 | $334 | $239 | $306 | $750 | $2,700 | $225 | $1,500 | $4,000 | | | | $291 | $750 | $2,700 |
| $62,501 - $75,000 | $374 | $277 | $346 | $800 | $2,775 | $263 | $1,500 | $4,000 | | | | $329 | $800 | $2,775 |
| $75,001 - $100,000 | $468 | $371 | $440 | $850 | $2,850 | $357 | $1,500 | $4,000 | | | | $418 | $850 | $2,850 |
| $100,001 - $125,000 | $586 | $481 | $558 | $1,000 | $3,000 | $467 | $1,500 | $4,000 | | | | $530 | $1,000 | $3,000 |
| $125,001 + | $674 | $567 | $646 | $1,200 | $3,375 | $553 | $1,500 | $4,000 | | | | $614 | $1,200 | $3,375 |

# Non-State Agencies: PEIA PPB Plans

Non-State agencies are counties, cities, towns, and other government bodies and agencies that qualify for coverage under PEIA pursuant to the West Virginia Code. By law, these agencies determine how much of the total monthly PEIA premium will be paid by their active employees. Employees should check with their employer to determine what their monthly employee contribution will be for the various plans and coverage types.

PEIA has made it the employee's option to choose PEIA PPB Plan A, B, C or D or any of the managed care plans available in your area, although your employer may choose to limit the amount paid toward the premium. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen. To enroll in one of the managed care plans listed above, you must live in the plan's service area. Check the chart on page 9 to see if you qualify for the plan you're considering.

The PEIA PPB Plans A, B and C have an unlimited service area. PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV. The Health Plan does not participate in PEIA's Improve Your Score discount.

The chart below details the premiums, deductibles and out-of-pocket maximums for the PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts. There are three (3) premium discounts available this year. Full details of the premiums discounts can be found on pages 25-27. Use the calculator page 27 to determine your premium.

### Premiums, Deductibles and Out-of-Pocket Maximums

| | Health Plan HMO Plan A | Health Plan HMO Plan B | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Premium | Premium | Premium | Annual Deductible | Out-of-pocket Maximum | Premium | Annual Deductible | Out-of-pocket Maximum | Premium | Annual Deductible | Out-of-pocket Maximum | Premium | Annual Deductible | Out-of-pocket Maximum |
| Employee Only | $551 | $350 | $521 | $225 | $2,250 | $475 | $500 | $2,000 | $334 | $1,250 | $2,500 | $495 | $225 | $2,250 |
| Employee and Children | $774 | $532 | $972 | $450 | $3,375 | $859 | $1,000 | $4,000 | $498 | $2,500 | $5,000 | $923 | $450 | $3,375 |
| Family | $1,278 | $857 | $1,063 | $450 | $3,375 | $943 | $1,000 | $4,000 | $659 | $2,500 | $5,000 | $1,010 | $450 | $3,375 |

# Elected Officials' Premiums

| | Health Plan HMO Plan A | Health Plan HMO Plan B | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Premium | Premium | Premium | Annual Deductible | Out-of-pocket Maximum | Premium | Annual Deductible | Out-of-pocket Maximum | Premium | Annual Deductible | Out-of-pocket Maximum | Premium | Annual Deductible | Out-of-pocket Maximum |
| Employee Only | $507 | $455 | $489 | $225 | $2,250 | $463 | $500 | $2,000 | $488 | $1,250 | $2,500 | $484 | $225 | $2,250 |
| Employee and Children | $707 | $595 | $663 | $450 | $3,375 | $604 | $1,000 | $4,000 | $689 | $2,500 | $5,000 | $655 | $450 | $3,375 |
| Family | $1,114 | $1,035 | $1,081 | $450 | $3,375 | $1,016 | $1,000 | $4,000 | $1,127 | $2,500 | $5,000 | $1,067 | $450 | $3,375 |
| Family with Employee Spouse | $1,047 | $978 | $1,019 | $450 | $3,375 | $964 | $1,000 | $4,000 | $1,076 | $2,500 | $5,000 | $1,009 | $450 | $3,375 |

# Non-Medicare Retiree PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. There are two (2) premium discounts available to retirees this year. Full details of the premiums discounts can be found on pages 25-27. Use the calculator on page 27 to determine your premium. If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

## Premiums, Deductibles and Out-of-Pocket Maximums

| Years of Service | Non-Medicare Retired Policyholder Only | | | Non-Medicare Retired Policyholder with non-Medicare Dependents | | | Non-Medicare Retired Policyholder with Medicare Dependents[1] | | |
|---|---|---|---|---|---|---|---|---|---|
| | Monthly Premium | Deductible | Out-of-Pocket Maximum | Monthly Premium | Deductible | Out-of-Pocket Maximum | Monthly Premium | Deductible | Out-of-Pocket Maximum |
| Unsubsidized Premium[3] | $1,055 | $400 | $1,500 | $2,510 | $800 | $1,500 | $1,759 | $425 | $1,000 |
| 5 to 9 years | $845 | $400 | $1,500 | $2,009 | $800 | $1,500 | $1,408 | $425 | $1,000 |
| 10 to 14 years | $651 | $400 | $1,500 | $1,514 | $800 | $1,500 | $1,048 | $425 | $1,000 |
| 15 to 19 years | $456 | $400 | $1,500 | $1,022 | $800 | $1,500 | $691 | $425 | $1,000 |
| 20 to 24 years | $341 | $400 | $1,500 | $726 | $800 | $1,500 | $478 | $425 | $1,000 |
| 25 or more years[2] | $264 | $400 | $1,500 | $529 | $800 | $1,500 | $334 | $425 | $1,000 |

1 This rate assumes one person on Medicare. If you have more than one, subtract $22 for each additional Medicare Member.

2 These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees.

3 This premium rate is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

**Enroll online! It's fast, free and easy! Go to www.wvpeia.com and click on the Green "Manage My Benefits" button to get started!**

## Special Notice for Non-Medicare Retirees with Medicare Dependents:

PEIA has contracted with other vendors to provide medical and prescription drug benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize "family" plans, this change presents some unique challenges for PEIA when a family has both non-Medicare and Medicare members. In these cases, the non-Medicare family members will continue their coverage with PEIA, and the Medicare beneficiary(ies) will receive benefits from the Humana Medicare Advantage and Prescription Drug (MAPD) plan. For details of the Medicare beneficiary's plan design, see page 34.

If you are a non-Medicare retiree with Medicare dependents, then the non-Medicare beneficiary will have essentially the same benefits as before, but the Medicare beneficiary will have a $25 deductible and the $750 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart on page 34. Remember, for non-Medicare family members, the family deductible is $800, but as always, no individual in the family can meet more than half of the family deductible. For more information on how the medical deductible works, please consult your Summary Plan Description.

# Non-Medicare Retiree Managed Care Premiums

To enroll in The Health Plan, you must live in the plan's service area. Check the chart on page 9. The PEIA PPB Plan A's service area is unlimited, so you will not find it on the chart.

| Years of Service | Health Plan Plan A | | Health Plan Plan B | |
|---|---|---|---|---|
| | Single | Family | Single | Family |
| Hired after July 1, 2010[2] | $821 | $1,571 | $604 | $1,149 |
| 5-9 Years | $557 | $1,065 | $412 | $784 |
| 10-14 Years | $503 | $961 | $374 | $709 |
| 15-19 Years | $474 | $908 | $352 | $669 |
| 20-24 Years | $446 | $849 | $332 | $628 |
| 25+ Years[1] | $399 | $761 | $297 | $565 |

1 These rates are also provided to all non-Medicare retirees who retired prior to July 1,1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees.

2. This premium rate is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

**Enroll online! It's fast, free and easy! Go to www.wvpeia.com and click on the Green "Manage My Benefits" button to get started!**

# Deputy Sheriff's Early Retiree Premiums (ages 50-55)

| | 2013 Premium | | |
|---|---|---|---|
| 50 to 55 years of age | THE HEALTH PLAN PLAN A | THE HEALTH PLAN PLAN B | PEIA PPB PLAN PLAN A Standard |
| Employee Only | $ 858 | $ 614 | $ 494 |
| Employee and Dependent(s) | $ 1,700 | $ 1,128 | $ 1,200 |

# Retired Employee Assistance Programs

Retired employees whose total annual income is less than 250% of the federal poverty level (FPL) may receive assistance in paying a portion of their PEIA monthly health premium based on years of active service, through a grant provided by the PEIA called the Retired Employee Premium Assistance program. Applicants must be enrolled in the PEIA PPB Plan, the Special Medicare Plan or Humana's Medicare Advantage and Prescription Drug (MAPD) plan.

Managed care plan members are not eligible for this program. Retired employees using accrued sick and/or annual leave to pay their premiums are not eligible for this program until their accrued leave is exhausted. Applications are mailed to all eligible retired employees each spring.

Medicare-eligible retirees with 15 or more years of service who qualify for Premium Assistance may also qualify for Benefit Assistance. Benefit Assistance reduces the medical and prescription out of pocket maximums and most copayments. It is described in detail in the Evidence of Coverage provided by Humana. For additional detail or for a copy of the application, call PEIA's customer service unit.

# Medicare Retiree Benefits

PEIA has contracted Humana to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. Humana, Inc. provides benefits through its Medicare Advantage and Prescription Drug (MAPD) plan. Reach them at 1-800-783-4599.

These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize "family" plans, this change presents some unique challenges for PEIA when a family has both Medicare and non-Medicare members. In these cases, the Medicare beneficiary will receive benefits from the contracted MAPD plan and the non-Medicare family members will be covered by the PEIA PPB Plan.

## Benefits for Medicare Beneficiaries

Humana provides MUCH more information to Medicare retirees, but here is a general overview of how the medical benefits work for each Medicare beneficiary.

| Service Description | Medicare Retiree Plan Year 2012 Benefit |
|---|---|
| Annual Deductible | $25 |
| Primary Care Office Visit | $10 |
| Specialty Office Visit | $20 |
| Emergency Room | $50 |
| Hospital Inpatient care | $100 per admission |
| Outpatient and Office Surgery | $50 |
| Other services (testing, etc) | $0 |
| Medical Out-Of-Pocket Maximum (includes $25 medical deductible) | $775 |
| Prescription Drug Deductible | $75 |
| Generic Drugs Copayment | $ 5 |
| Preferred Drug Copayment | $15 |
| Non-preferred Drug Copayment | $50 |
| Specialty Drug Copayment | $50 |
| Prescription Drug Out-of-Pocket Maximum | $1750 |

So, when the Medicare beneficiary uses medical services, there will be a $25 deductible, and then there will be copayments for some services. The Medicare beneficiary's copayments will add up to a maximum of $750 per plan year. The Plan Year still runs from July 1 to June 30. Any provider that accepts Medicare may be used by those enrolled in the Humana plan. The Medicare retiree's non-Medicare dependents will have the benefits provided under PEIA PPB Plan A. See the Benefits At-A-Glance charts on pages 12-21 for details.

# Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will have a $25 deductible and the $750 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart on the previous page. The non-Medicare dependents covered by the Medicare policyholder will have the same deductible and out-of-pocket maximum as a non-Medicare retiree (see chart on page 31), and the benefits described in the Benefits At-A-Glance charts. There are two (2) premium discounts available to retirees this year. Full details of the premiums discounts can be found on pages 25-27. Use the calculator on page 27 to determine your premium.

## PEIA PPB Medicare Retiree Rates

| Years of Service | Medicare Retired Policyholder Only | Medicare Retired Policyholder with non Medicare Dependents[1] | Medicare Retired Policyholder with Medicare Dependents[2] |
|---|---|---|---|
| Unsubsidized Premium[4] | $ 437 | $ 1,464 | $ 900 |
| 5 to 9 years | $ 398 | $ 1,331 | $ 819 |
| 10 to 14 years | $ 293 | $ 1,002 | $ 592 |
| 15 to 19 years | $ 188 | $ 672 | $ 365 |
| 20 to 24 years | $ 126 | $ 474 | $ 228 |
| 25 or more years[3] | $ 84 | $ 342 | $ 139 |

1 This premium rate assumes one person on Medicare. If you have more than one, subtract $22 for each additional Medicare Member.
2 This premium rate assumes two people on Medicare. If you have more than two, subtract $22 for each additional Medicare Member.
3 These premium 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.
4 This premium rate is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

**Enroll online! It's fast, free and easy! Go to www.wvpeia.com and click on the Green "Manage My Benefits" button to get started!**

# Medicare Part B and Part D Premiums for Higher Income Beneficiaries

Changes in federal law affect how Medicare calculates monthly Medicare Part B (medical insurance) and Medicare Part D (prescription drug) premiums if you have a higher income. Higher-income beneficiaries will pay higher premiums for Part B and prescription drug coverage.

The change will affect only a very small percentage of Medicare beneficiaries. To determine if you will pay higher premiums, Social Security will use your most recent federal tax return information. If you must pay higher premiums, they will use a sliding scale to make the adjustments. They will base the sliding scale on your modified adjusted gross income (MAGI). Your MAGI is the total of your adjusted gross income and tax-exempt interest income.

Social Security will notify you if you have to pay more than the standard premium. Whether you pay the standard premium or a higher premium can change each year depending on your income. If you have to pay a higher amount for your Part B premium and you disagree (even if you get RRB benefits), call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also view the fact sheet "Medicare Part B Premiums: Rules For Beneficiaries With Higher Incomes" by visiting www.socialsecurity.gov/pubs/10161.pdf.

PEIA is bringing this to your attention because it may affect the premium you pay for PEIA's Medicare Advantage and Prescription Drug (MAPD) Plan, which includes a premium for your Medicare Part D (prescription drug) coverage.

# COBRA

COBRA entitles employees, retired employees, and covered dependent(s) to continue medical coverage, for 18 or 36 months, in certain cases when coverage would otherwise terminate, provided the employee, retired employee, and/or dependent(s) pays the full premium. The premiums for COBRA coverage are set by Federal law. HealthSmart Benefit Solutions handles COBRA enrollment for all plans and will contact you if you become eligible.

During Open Enrollment you have the right to choose any plan for which you are eligible for the next plan year. To enroll in one of the managed care plans listed above, you must live in the plan's service area (see page 9). PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV.

There are three (3) premium discounts available this year. Full details of the premiums discounts and a premium calculator can be found on page 25-27. The Health Plan does not participate in PEIA's Improve Your Score discount.

HealthSmart Benefit Solutions will mail transfer forms to all enrolled COBRA members. If you want to change plans, you must complete and return the transfer form to: HealthSmart Benefit Solutions COBRA Dept., P.O. Box 2981. Charleston, WV 25332 before April 30, 2012.

## COBRA Rates For State Agencies, Colleges, Universities and County Boards of Education

| | Health Plan | Health Plan | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COBRA | Plan A | Plan B | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum |
| Employee Only | $517 | $464 | $483 | $225 | $1,000 | $457 | $500 | $2,000 | $482 | $1,250 | $2,500 | $494 | $225 | $1,000 |
| Employee and Children | $721 | $607 | $657 | $450 | $1,500 | $597 | $1,000 | $4,000 | $683 | $2,500 | $5,000 | $668 | $450 | $1,500 |
| Family | $1,136 | $1,056 | $1,071 | $450 | $1,500 | $1,005 | $1,000 | $4,000 | $1,118 | $2,500 | $5,000 | $1,088 | $450 | $1,500 |
| | | | | | | | | | | | | | | |
| **Disability** | | | | | | | | | | | | | | |
| Employee Only | $761 | $683 | $711 | $225 | $1,000 | $672 | $500 | $2,000 | $710 | $1,250 | $2,500 | $726 | $225 | $1,000 |
| Employee and Children | $1,061 | $893 | $966 | $450 | $1,500 | $878 | $1,000 | $4,000 | $1,005 | $2,500 | $5,000 | $983 | $450 | $1,500 |
| Family | $1,671 | $1,553 | $1,575 | $450 | $1,500 | $1,478 | $1,000 | $4,000 | $1,644 | $2,500 | $5,000 | $1,601 | $450 | $1,500 |

## COBRA Rates For Non-State Agencies

| | Health Plan | Health Plan | PEIA PPB Plan A | | | PEIA PPB Plan B | | | PEIA PPB Plan C | | | PEIA PPB Plan D | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COBRA | Plan A | Plan B | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum | Premium | Annual Deductible | Out-of-Pocket Maximum |
| Employee Only | $561 | $356 | $531 | $225 | $1,000 | $485 | $500 | $2,000 | $341 | $1,250 | $2,500 | $505 | $225 | $1,000 |
| Employee and Children | $788 | $542 | $991 | $450 | $1,500 | $876 | $1,000 | $4,000 | $508 | $2,500 | $5,000 | $941 | $450 | $1,500 |
| Family | $1,302 | $873 | $1,084 | $450 | $1,500 | $962 | $1,000 | $4,000 | $672 | $2,500 | $5,000 | $1,030 | $450 | $1,500 |
| | | | | | | | | | | | | | | |
| **Disability** | | | | | | | | | | | | | | |
| Employee Only | $812 | $511 | $782 | $225 | $1,000 | $713 | $500 | $2,000 | $501 | $1,250 | $5,000 | $743 | $225 | $1,000 |
| Employee and Children | $1,134 | $771 | $1,458 | $450 | $1,500 | $1,289 | $1,000 | $4,000 | $747 | $2,500 | $5,000 | $1,385 | $450 | $1,500 |
| Family | $1,890 | $1,259 | $1,595 | $450 | $1,500 | $1,415 | $1,000 | $4,000 | $989 | $2,500 | $5,000 | $1,515 | $450 | $1,500 |

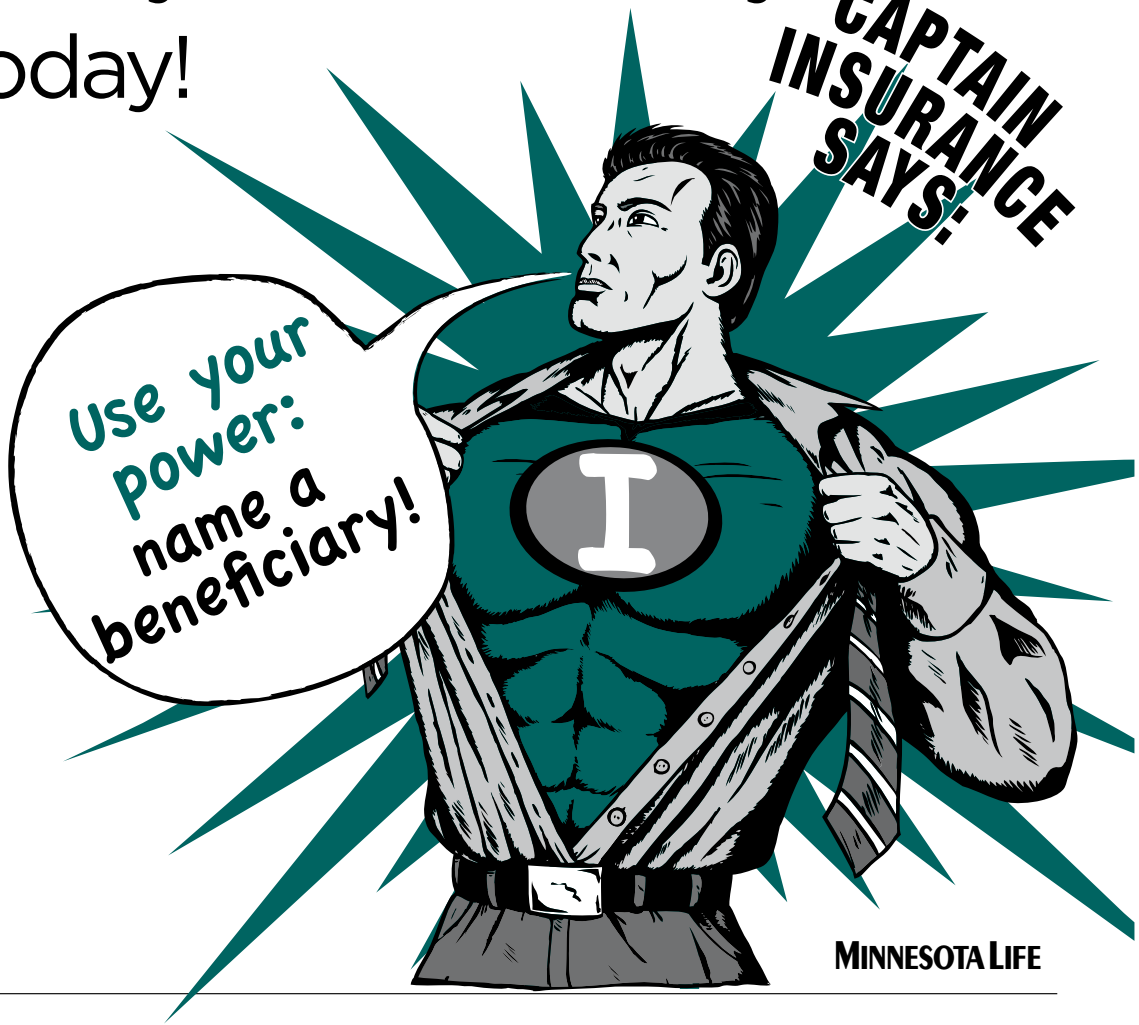
# Name or update your beneficiary information today!

## Not a moment to lose!

Designating a beneficiary can help ensure that your life insurance benefit is paid according to your wishes.

Events such as marriage, birth/adoption of children, divorce, or death may change how you want your life insurance benefit paid. Make sure your designations are up to date!

Make designations or update your beneficiaries at **www.peia.wv.gov**.




**Minnesota Life Insurance Company**
A Securian Company

**Group Insurance – Charleston Office**
400 Tracy Way, Suite 100, Charleston, WV 25311 • 1-800-203-9515 • 304-344-1221 Fax • www.LifeBenefits.com
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# Active Employee's Optional Life and AD&D Insurance: TOBACCO-FREE

The Tobacco-Free rates are charged to those who have submitted an affidavit stating that the policyholder does not use tobacco. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed.

| Age | Plan 1 | | Plan 2 | | Plan 3 | | Plan 4 | | Plan 5 | | Plan 6 | | Plan 7 | | Plan 8 | | Plan 9 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium |
| Under 30 | $5,000 | $0.30 | $10,000 | $0.60 | $20,000 | $1.20 | $30,000 | $1.80 | $40,000 | $2.40 | $50,000 | $3.00 | $60,000 | $3.60 | $75,000 | $4.50 | $80,000 | $4.80 |
| 30-34 | $5,000 | $0.30 | $10,000 | $0.60 | $20,000 | $1.20 | $30,000 | $1.80 | $40,000 | $2.40 | $50,000 | $3.00 | $60,000 | $3.60 | $75,000 | $4.50 | $80,000 | $4.80 |
| 35-39 | $5,000 | $0.40 | $10,000 | $0.80 | $20,000 | $1.60 | $30,000 | $2.40 | $40,000 | $3.20 | $50,000 | $4.00 | $60,000 | $4.80 | $75,000 | $6.00 | $80,000 | $6.40 |
| 40-44 | $5,000 | $0.40 | $10,000 | $0.80 | $20,000 | $1.60 | $30,000 | $2.40 | $40,000 | $3.20 | $50,000 | $4.00 | $60,000 | $4.80 | $75,000 | $6.00 | $80,000 | $6.40 |
| 45-49 | $5,000 | $0.60 | $10,000 | $1.20 | $20,000 | $2.40 | $30,000 | $3.60 | $40,000 | $4.80 | $50,000 | $6.00 | $60,000 | $7.20 | $75,000 | $9.00 | $80,000 | $9.60 |
| 50-54 | $5,000 | $0.80 | $10,000 | $1.60 | $20,000 | $3.20 | $30,000 | $4.80 | $40,000 | $6.40 | $50,000 | $8.00 | $60,000 | $9.60 | $75,000 | $12.00 | $80,000 | $12.80 |
| 55-59 | $5,000 | $1.50 | $10,000 | $3.00 | $20,000 | $6.00 | $30,000 | $9.00 | $40,000 | $12.00 | $50,000 | $15.00 | $60,000 | $18.00 | $75,000 | $22.50 | $80,000 | $24.00 |
| 60-64 | $5,000 | $2.30 | $10,000 | $4.60 | $20,000 | $9.20 | $30,000 | $13.80 | $40,000 | $18.40 | $50,000 | $23.00 | $60,000 | $27.60 | $75,000 | $34.50 | $80,000 | $36.80 |
| 65-69 | $3,250 | $2.60 | $6,500 | $5.20 | $13,000 | $10.40 | $19,500 | $15.60 | $26,000 | $20.80 | $32,500 | $26.00 | $39,000 | $31.20 | $48,750 | $39.00 | $52,000 | $41.60 |
| 70 & Over | $2,250 | $3.06 | $4,500 | $6.12 | $9,000 | $12.24 | $13,500 | $18.36 | $18,000 | $24.48 | $22,500 | $30.60 | $27,000 | $36.72 | $33,750 | $45.90 | $36,000 | $48.96 |

| Age | Plan 10 | | Plan 11 | | Plan 12 | | Plan 13 | | Plan 14 | | Plan 15 | | Plan 16 | | Plan 17 | | Plan 18 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium |
| Under 30 | $100,000 | $6.00 | $150,000 | $9.00 | $200,000 | $12.00 | $250,000 | $15.00 | $300,000 | $18.00 | $350,000 | $21.00 | $400,000 | $24.00 | $450,000 | $27.00 | $500,000 | $30.00 |
| 30-34 | $100,000 | $6.00 | $150,000 | $9.00 | $200,000 | $12.00 | $250,000 | $15.00 | $300,000 | $18.00 | $350,000 | $21.00 | $400,000 | $24.00 | $450,000 | $27.00 | $500,000 | $30.00 |
| 35-39 | $100,000 | $8.00 | $150,000 | $12.00 | $200,000 | $16.00 | $250,000 | $20.00 | $300,000 | $24.00 | $350,000 | $28.00 | $400,000 | $32.00 | $450,000 | $36.00 | $500,000 | $40.00 |
| 40-44 | $100,000 | $8.00 | $150,000 | $12.00 | $200,000 | $16.00 | $250,000 | $20.00 | $300,000 | $24.00 | $350,000 | $28.00 | $400,000 | $32.00 | $450,000 | $36.00 | $500,000 | $40.00 |
| 45-49 | $100,000 | $12.00 | $150,000 | $18.00 | $200,000 | $24.00 | $250,000 | $30.00 | $300,000 | $36.00 | $350,000 | $42.00 | $400,000 | $48.00 | $450,000 | $54.00 | $500,000 | $60.00 |
| 50-54 | $100,000 | $16.00 | $150,000 | $24.00 | $200,000 | $32.00 | $250,000 | $40.00 | $300,000 | $48.00 | $350,000 | $56.00 | $400,000 | $64.00 | $450,000 | $72.00 | $500,000 | $80.00 |
| 55-59 | $100,000 | $30.00 | $150,000 | $45.00 | $200,000 | $60.00 | $250,000 | $75.00 | $300,000 | $90.00 | $350,000 | $105.00 | $400,000 | $120.00 | $450,000 | $135.00 | $500,000 | $150.00 |
| 60-64 | $100,000 | $46.00 | $150,000 | $69.00 | $200,000 | $92.00 | $250,000 | $115.00 | $300,000 | $138.00 | $350,000 | $161.00 | $400,000 | $184.00 | $450,000 | $207.00 | $500,000 | $230.00 |
| 65-69 | $65,000 | $52.00 | $97,500 | $78.00 | $130,000 | $104.00 | $162,500 | $130.00 | $195,000 | $156.00 | $227,500 | $182.00 | $260,000 | $208.00 | $292,500 | $234.00 | $325,000 | $260.00 |
| 70 & Over | $45,000 | $61.20 | $67,500 | $91.80 | $90,000 | $122.40 | $112,500 | $153.00 | $135,000 | $183.60 | $157,500 | $214.20 | $180,000 | $244.80 | $202,500 | $275.40 | $225,000 | $306.00 |

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2012, you and all enrolled family members must have been tobacco-free by January 1, 2012. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit.

# Active Employee's Optional Life and AD&D Insurance: TOBACCO USER

| Age | Plan 1 | | Plan 2 | | Plan 3 | | Plan 4 | | Plan 5 | | Plan 6 | | Plan 7 | | Plan 8 | | Plan 9 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium |
| Under 30 | $5,000 | $0.40 | $10,000 | $0.80 | $20,000 | $1.60 | $30,000 | $2.40 | $40,000 | $3.20 | $50,000 | $4.00 | $60,000 | $4.80 | $75,000 | $6.00 | $80,000 | $6.40 |
| 30-34 | $5,000 | $0.50 | $10,000 | $1.00 | $20,000 | $2.00 | $30,000 | $3.00 | $40,000 | $4.00 | $50,000 | $5.00 | $60,000 | $6.00 | $75,000 | $7.50 | $80,000 | $8.00 |
| 35-39 | $5,000 | $0.60 | $10,000 | $1.20 | $20,000 | $2.40 | $30,000 | $3.60 | $40,000 | $4.80 | $50,000 | $6.00 | $60,000 | $7.20 | $75,000 | $9.00 | $80,000 | $9.60 |
| 40-44 | $5,000 | $0.60 | $10,000 | $1.20 | $20,000 | $2.40 | $30,000 | $3.60 | $40,000 | $4.80 | $50,000 | $6.00 | $60,000 | $7.20 | $75,000 | $9.00 | $80,000 | $9.60 |
| 45-49 | $5,000 | $0.90 | $10,000 | $1.80 | $20,000 | $3.60 | $30,000 | $5.40 | $40,000 | $7.20 | $50,000 | $9.00 | $60,000 | $10.80 | $75,000 | $13.50 | $80,000 | $14.40 |
| 50-54 | $5,000 | $1.60 | $10,000 | $3.20 | $20,000 | $6.40 | $30,000 | $9.60 | $40,000 | $12.80 | $50,000 | $16.00 | $60,000 | $19.20 | $75,000 | $24.00 | $80,000 | $25.60 |
| 55-59 | $5,000 | $2.30 | $10,000 | $4.60 | $20,000 | $9.20 | $30,000 | $13.80 | $40,000 | $18.40 | $50,000 | $23.00 | $60,000 | $27.60 | $75,000 | $34.50 | $80,000 | $36.80 |
| 60-64 | $5,000 | $3.40 | $10,000 | $6.80 | $20,000 | $13.60 | $30,000 | $20.40 | $40,000 | $27.20 | $50,000 | $34.00 | $60,000 | $40.80 | $75,000 | $51.00 | $80,000 | $54.40 |
| 65-69 | $3,250 | $4.42 | $6,500 | $8.84 | $13,000 | $17.68 | $19,500 | $26.52 | $26,000 | $35.36 | $32,500 | $44.20 | $39,000 | $53.04 | $48,750 | $66.30 | $52,000 | $70.72 |
| 70 & Over | $2,250 | $6.12 | $4,500 | $12.24 | $9,000 | $24.48 | $13,500 | $36.72 | $18,000 | $48.96 | $22,500 | $61.20 | $27,000 | $73.44 | $33,750 | $91.80 | $36,000 | $97.92 |

| Age | Plan 10 | | Plan 11 | | Plan 12 | | Plan 13 | | Plan 14 | | Plan 15 | | Plan 16 | | Plan 17 | | Plan 18 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium |
| Under 30 | $100,000 | $8.00 | $150,000 | $12.00 | $200,000 | $16.00 | $250,000 | $20.00 | $300,000 | $24.00 | $350,000 | $28.00 | $400,000 | $32.00 | $450,000 | $36.00 | $500,000 | $40.00 |
| 30-34 | $100,000 | $10.00 | $150,000 | $15.00 | $200,000 | $20.00 | $250,000 | $25.00 | $300,000 | $30.00 | $350,000 | $35.00 | $400,000 | $40.00 | $450,000 | $45.00 | $500,000 | $50.00 |
| 35-39 | $100,000 | $12.00 | $150,000 | $18.00 | $200,000 | $24.00 | $250,000 | $30.00 | $300,000 | $36.00 | $350,000 | $42.00 | $400,000 | $48.00 | $450,000 | $54.00 | $500,000 | $60.00 |
| 40-44 | $100,000 | $12.00 | $150,000 | $18.00 | $200,000 | $24.00 | $250,000 | $30.00 | $300,000 | $36.00 | $350,000 | $42.00 | $400,000 | $48.00 | $450,000 | $54.00 | $500,000 | $60.00 |
| 45-49 | $100,000 | $18.00 | $150,000 | $27.00 | $200,000 | $36.00 | $250,000 | $45.00 | $300,000 | $54.00 | $350,000 | $63.00 | $400,000 | $72.00 | $450,000 | $81.00 | $500,000 | $90.00 |
| 50-54 | $100,000 | $32.00 | $150,000 | $48.00 | $200,000 | $64.00 | $250,000 | $80.00 | $300,000 | $96.00 | $350,000 | $112.00 | $400,000 | $128.00 | $450,000 | $144.00 | $500,000 | $160.00 |
| 55-59 | $100,000 | $46.00 | $150,000 | $69.00 | $200,000 | $92.00 | $250,000 | $115.00 | $300,000 | $138.00 | $350,000 | $161.00 | $400,000 | $184.00 | $450,000 | $207.00 | $500,000 | $230.00 |
| 60-64 | $100,000 | $68.00 | $150,000 | $102.00 | $200,000 | $136.00 | $250,000 | $170.00 | $300,000 | $204.00 | $350,000 | $238.00 | $400,000 | $272.00 | $450,000 | $306.00 | $500,000 | $340.00 |
| 65-69 | $65,000 | $88.40 | $97,500 | $132.60 | $130,000 | $176.80 | $162,500 | $221.00 | $195,000 | $265.20 | $227,500 | $309.40 | $260,000 | $353.60 | $292,500 | $397.80 | $325,000 | $442.00 |
| 70 & Over | $45,000 | $122.40 | $67,500 | $183.60 | $90,000 | $244.80 | $112,500 | $306.00 | $135,000 | $367.20 | $157,500 | $428.40 | $180,000 | $489.60 | $202,500 | $550.80 | $225,000 | $612.00 |

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

The Tobacco-Free rates are charged to those who have previously submitted an affidavit stating that the policyholder does not use tobacco. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year.

| Age | Plan 1 | | Plan 2 | | Plan 3 | | Plan 4 | | Plan 5 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free 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 | $0.90 | $10,000 | $1.80 | $15,000 | $2.70 | $20,000 | $3.60 | $30,000 | $5.40 |
| 45-49 | $5,000 | $1.20 | $10,000 | $2.40 | $15,000 | $3.60 | $20,000 | $4.80 | $30,000 | $7.20 |
| 50-54 | $5,000 | $2.00 | $10,000 | $4.00 | $15,000 | $6.00 | $20,000 | $8.00 | $30,000 | $12.00 |
| 55-59 | $5,000 | $3.30 | $10,000 | $6.60 | $15,000 | $9.90 | $20,000 | $13.20 | $30,000 | $19.80 |
| 60-64 | $5,000 | $4.80 | $10,000 | $9.60 | $15,000 | $14.40 | $20,000 | $19.20 | $30,000 | $28.80 |
| 65-69 | $3,250 | $5.46 | $6,500 | $10.92 | $9,750 | $16.38 | $13,000 | $21.84 | $19,500 | $32.76 |
| 70 & Over | $2,500 | $11.70 | $5,000 | $23.40 | $7,500 | $35.10 | $10,000 | $46.80 | $15,000 | $70.20 |

| Age | Plan 6 | | Plan 7 | | Plan 8 | | Plan 9 | | Plan 10 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free Monthly Premium | Amount of Coverage | Tobacco Free 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 | $7.20 | $50,000 | $9.00 | $75,000 | $13.50 | $100,000 | $18.00 | $150,000 | $27.00 |
| 45-49 | $40,000 | $9.60 | $50,000 | $12.00 | $75,000 | $18.00 | $100,000 | $24.00 | $150,000 | $36.00 |
| 50-54 | $40,000 | $16.00 | $50,000 | $20.00 | $75,000 | $30.00 | $100,000 | $40.00 | $150,000 | $60.00 |
| 55-59 | $40,000 | $26.40 | $50,000 | $33.00 | $75,000 | $49.50 | $100,000 | $66.00 | $150,000 | $99.00 |
| 60-64 | $40,000 | $38.40 | $50,000 | $48.00 | $75,000 | $72.00 | $100,000 | $96.00 | $150,000 | $144.00 |
| 65-69 | $26,000 | $43.68 | $32,500 | $54.60 | $48,750 | $81.90 | $65,000 | $109.20 | $97,500 | $163.80 |
| 70 & Over | $20,000 | $93.60 | $25,000 | $117.00 | $37,500 | $175.50 | $50,000 | $234.00 | $75,000 | $351.00 |

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2012, you and all enrolled family members must have been tobacco-free by January 1, 2012. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit.

# Retired Employee's Optional Life Insurance: TOBACCO USER

| Age | Plan 1 | | Plan 2 | | Plan 3 | | Plan 4 | | Plan 5 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User 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 | $1.40 | $10,000 | $2.80 | $15,000 | $4.20 | $20,000 | $5.60 | $30,000 | $8.40 |
| 45-49 | $5,000 | $2.10 | $10,000 | $4.20 | $15,000 | $6.30 | $20,000 | $8.40 | $30,000 | $12.60 |
| 50-54 | $5,000 | $3.60 | $10,000 | $7.20 | $15,000 | $10.80 | $20,000 | $14.40 | $30,000 | $21.60 |
| 55-59 | $5,000 | $5.60 | $10,000 | $11.20 | $15,000 | $16.80 | $20,000 | $22.40 | $30,000 | $33.60 |
| 60-64 | $5,000 | $7.50 | $10,000 | $15.00 | $15,000 | $22.50 | $20,000 | $30.00 | $30,000 | $45.00 |
| 65-69 | $3,250 | $7.80 | $6,500 | $15.60 | $9,750 | $23.40 | $13,000 | $31.20 | $19,500 | $46.80 |
| 70 & Over | $2,500 | $17.20 | $5,000 | $34.40 | $7,500 | $51.60 | $10,000 | $68.80 | $15,000 | $103.20 |

| Age | Plan 6 | | Plan 7 | | Plan 8 | | Plan 9 | | Plan 10 | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User Monthly Premium | Amount of Coverage | Tobacco User 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 | $11.20 | $50,000 | $14.00 | $75,000 | $21.00 | $100,000 | $28.00 | $150,000 | $42.00 |
| 45-49 | $40,000 | $16.80 | $50,000 | $21.00 | $75,000 | $31.50 | $100,000 | $42.00 | $150,000 | $63.00 |
| 50-54 | $40,000 | $28.80 | $50,000 | $36.00 | $75,000 | $54.00 | $100,000 | $72.00 | $150,000 | $108.00 |
| 55-59 | $40,000 | $44.80 | $50,000 | $56.00 | $75,000 | $84.00 | $100,000 | $112.00 | $150,000 | $168.00 |
| 60-64 | $40,000 | $60.00 | $50,000 | $75.00 | $75,000 | $112.50 | $100,000 | $150.00 | $150,000 | $225.00 |
| 65-69 | $26,000 | $62.40 | $32,500 | $78.00 | $48,750 | $117.00 | $65,000 | $156.00 | $97,500 | $234.00 |
| 70 & Over | $20,000 | $137.60 | $25,000 | $172.00 | $37,500 | $258.00 | $50,000 | $344.00 | $75,000 | $516.00 |

# Other Life Insurance Rates: Actives and Retirees

PEIA offers basic decreasing term life insurance, optional life insurance and dependent life insurance. This is not open enrollment for life insurance. If you want to make changes in your life insurance, check your Summary Plan Description and Life Insurance Booklet for details of your rights, then contact your benefit coordinator for the appropriate forms.

Basic life insurance premiums for active employees are paid by the employer. Retirees pay the monthly premium listed below for their basic life insurance. We've provided these rates for informational purposes only.

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

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.

## Actives

| Active Employee's Basic Life and AD&D Insurance Rates | | |
|---|---|---|
| **Age** | **Amount of coverage** | **Monthly premium** |
| Under age 65 | $10,000 | $3.00 |
| Ages 65-69 | $6,500 | $1.96 |
| Age 70 and above | $5,000 | $1.50 |

| Active Employee Dependent Life and AD&D Insurance Premiums | |
|---|---|
| **Active Employee Dependent Life Insurance Rates for 2013** | |
| Plan 1 ($5,000 Spouse/$2,000 child) | $2.48 |
| Plan 2 ($10,000 Spouse/$4,000 child) | $4.98 |
| Plan 3 ($15,000 Spouse/$7,500 child) | $7.46 |
| Plan 4 ($20,000 Spouse/$10,000 child) | $9.94 |

## Retirees

| Retired Employee's Basic Life Insurance Rates | |
|---|---|
| **Retired Employee's Basic Life Monthly Premium** | |
| Under age 67 -- $5,000 | $12.40 |
| Age 67 and over -- $2,500 | $6.20 |

| Retiree Dependent Life Insurance Premiums | |
|---|---|
| **Retiree Dependents Life Insurance Rates 2013** | |
| 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 |

# You have the power to use legal services!

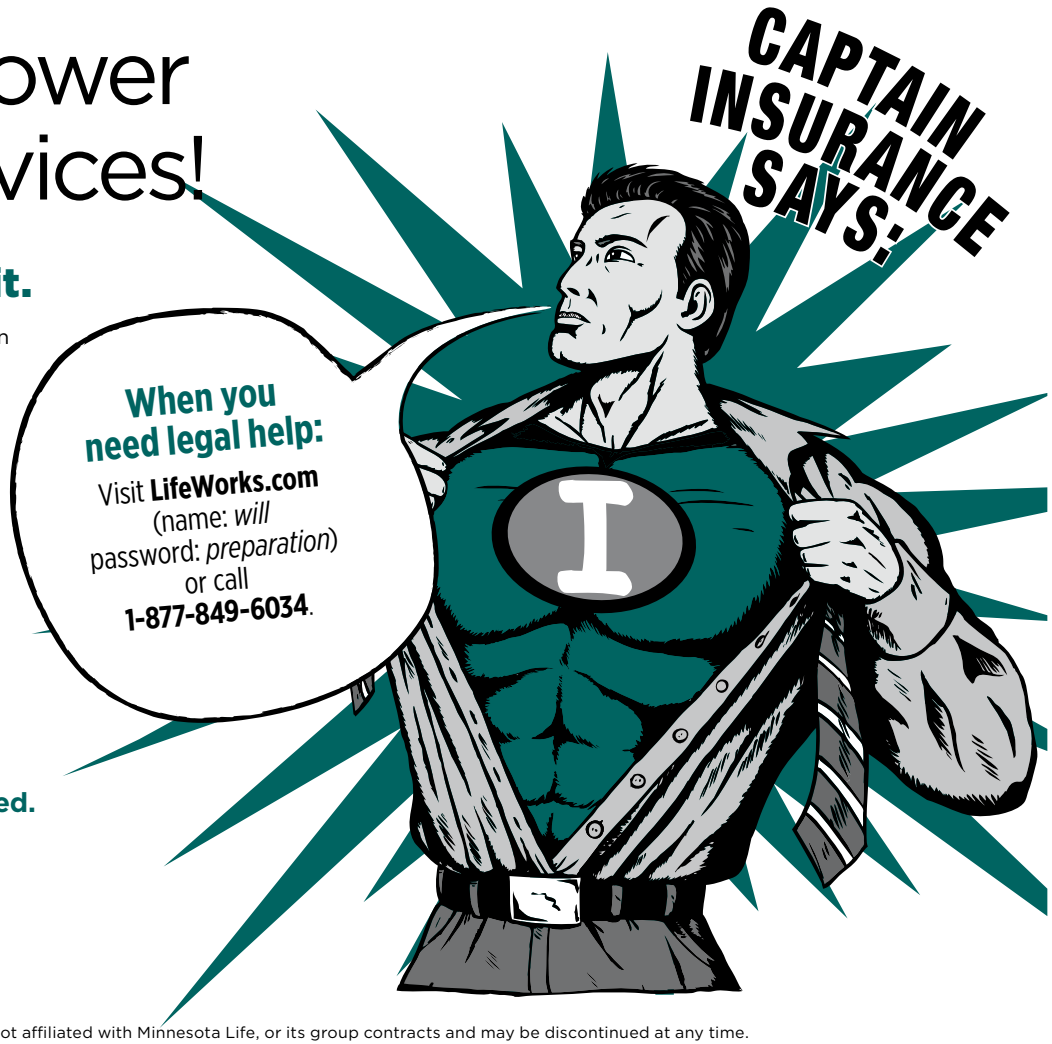
## Legal support when you need it.

You, your spouse and dependent children have a place to turn when faced with legal questions or issues.

Access a national network of 22,000+ accredited attorneys through Ceridian* for:

- Will preparation
- Power of attorney services
- Review of legal documents
- Referrals to local attorneys and mediators
- Unlimited telephonic general legal information
- Free 30-minute telephonic or face-to-face consultation for each unique legal issue

**No additional premium or enrollment is required.**

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# PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2013

It's open enrollment time for PEIA's Section 125 Premium Conversion Plan, an IRS-approved plan which allows eligible public employees to pay health and life insurance premiums with pre-tax dollars. Through this plan your premiums for health coverage and life insurance are deducted from your pay before taxes are calculated, so your taxable income is lower, and you pay less tax.

Each year at this time we hold an Open Enrollment period to allow you to make changes in your coverage or to get in or out of the Premium Conversion Plan.

This section answers Commonly Asked Questions about the Premium Conversion Plan and will serve to guide you through the enrollment process.

## Commonly Asked Questions

### Who participates in the Premium Conversion Plan?

If you are an active employee of a State Agency, college, or university (except WVU) or one of the county boards of education that participates in PEIA's Premium Conversion plan, and you pay premiums for health or life insurance, those premiums are deducted before taxes are calculated, unless you signed a form waiving your participation in this plan. You may have been in the program for several years without realizing it. To determine if you are paying your premiums before or after tax, check your pay stub or contact your payroll office.

### When is Open Enrollment?

Open Enrollment is from April 1-30, 2012 for Plan Year 2013 (July 1, 2012 - June 30, 2013).

### Are there rules I have to follow?

Yes. The IRS sets limits on the program, and says that if you agree to participate in the plan, you can only change the amount of pre-tax premium you pay during Open Enrollment. Under the IRS rules, you must pay the same amount of premium each month during the year, unless you have a qualifying event and the consistency rule is satisfied. Documentation of these events is required.

Qualifying events are:

- marriage or divorce of the employee;
- death of the employee's spouse or dependent;
- birth, placement for adoption, or adoption of the employee's child;
- commencement or termination of employment of the employee's spouse or dependent;
- a change from full-time to part-time employment status, or vice versa, by the employee or his or her spouse, or dependent;
- commencement of or return to work from an unpaid leave of absence taken by the employee or spouse;
- a significant change in the health coverage of the employee or spouse attributable to the spouse's employment;
- annulment;
- change in the residence or work site of the employer, spouse, or dependent;
- loss of legal responsibility to provide health coverage for a child or foster child who is a dependent;
- a dependent loses eligibility due to availability of their own employer-sponsored insurance coverage in which they could be covered as a policyholder
- a dependent loses eligibility due to age; or
- employment change due to strike or lock-out.

Consistency Rule: The change in benefit elections must be on account of, and consistent with, a change in status that affects eligibility for coverage under the cafeteria plan.

### Open Enrollment Under Other Employer's Plan

You may make a change in your plan when your spouse or dependent changes coverage during his or her plan's open enrollment if:

- the other employer's plan permits mid-year changes under this event, and
- the other employer's plan year is different from PEIA's.

You may not make a change in your coverage until the next Open Enrollment period unless you have a qualifying event. To make a change in your coverage, go to www.wvpeia.com and click on the "Manage My Benefits" button or get a Change-in-Status form from your benefit coordinator.

## What should I do if I want to get in or out of the Premium Conversion Plan?

You have four choices:

3. If you opted out of the Premium Conversion Plan previously, and you want to stay out, you don't have to do anything. You will remain out of the Premium Conversion Plan for the coming year.
4. If you opted out of the Premium Conversion Plan previously, and want back in, complete the form on page 47, sign, date and return it to your payroll clerk by April 30, 2012.
5. If you are in the Premium Conversion Plan, and want to stay in, you don't need to do anything. You will remain in the Premium Conversion Plan for the coming year.
6. If you are in the Premium Conversion Plan and you want to opt out and pay taxes on your premiums, complete the form on page 47, and return it to your benefit coordinator by April 30, 2012.

## Can I make changes in my coverage now?

Yes. During Open Enrollment you can add or drop dependents for any reason. Go to www.wvpeia.com and click on the "Manage My Benefits" button or call PEIA for an Open Enrollment Transfer Form, and get it to your benefit coordinator by April 30, 2012.

## Can I make changes during the plan year?

You may not make a change in the middle of plan year unless you have a qualifying Status Change Event listed in the chart below. You will have to provide documentation of the Status Change Event.

## Will I have to pay taxes on the premiums later?

Because this is an IRS-approved program, you never have to pay taxes on the money you save through the Premium Conversion Plan.

## Why would I want to opt out of the plan?

If you are fewer than ten years from retirement, you may want to opt out. Since your Social Security tax is assessed after your premiums are deducted under the Premium Conversion Plan, you contribute less to Social Security, and it could lower your benefits upon retirement. Generally, the amount you save through premium conversion outweighs the amount you lose in Social Security. If you have questions, consult your tax advisor.

## What if I have more questions?

If you have questions about the Premium Conversion Plan, please consult your tax advisor.

## What do I do if I have a qualifying event during the plan year?

Go to www.wvpeia.com and click on the "Manage My Benefits" button, or contact your benefit coordinator for a Change-In-Status form, complete, sign, and return it to your benefit coordinator during the month of the family status change event or the following two calendar months. You will need to include documentation of the Status change as indicated in the chart below.

| Status Change Event | Documentation Required |
|---|---|
| **Divorce** | Provide a copy of the divorce decree showing that the divorce is final. Coverage for the ex-spouse will be terminated at the end of the month in which the divorce became 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 child who resides with the policyholder and for whom the policyholder is 100% financially responsible** | Court-ordered guardianship papers. |
| **Open Enrollment under spouse's employer's benefit plan** | A copy of printed material showing open enrollment dates and the employer's name. |
| **Death of spouse or dependent** | A copy of the death certificate. |
| **Beginning of spouse's employment** | A letter from the spouse's employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered. |
| **End of spouse's employment** | A letter from the spouse's employer stating the termination or retirement date, what coverage was lost, and dependents that were covered. |
| **Unpaid leave of absence by employee or spouse** | A letter from your or your spouse's personnel office stating the date that you or your spouse went on unpaid leave or returned from unpaid leave. |
| **Significant Change in Health Coverage Attributable to Spouse's Employment** | A letter from the spouse's insurance carrier indicating the change in insurance coverage, the effective date of that change and dependents covered. |
| **Ineligibility of dependent child due to age** | Copy of the dependent's birth certificate |
| **Change from full-time to part-time employment or vice versa for employee or spouse** | A letter from your or your spouse's employer stating the previous hours worked and the new hours worked and the effective date of the change. |
| **Ineligibility of dependent child due to availability of their own employer-sponsored insurance coverage in which they could be covered as a policyholder** | A letter from the dependent's employer stating that coverage is available. |

## Should I have two plans?

If you have two insurance plans, you may want to consider whether it makes sense to keep them both. If both you and your spouse work outside the home and have group health coverage through your employers, you need to look carefully at the plans you have to be sure you are getting value for the premiums you are paying. The two issues you need to deal with relate to Coordination of Benefits. You need to determine: (1) which plan is primary and which is secondary; and (2) how the plans pay as secondary payers.

## Coordination of Benefits (COB)

Coordination of Benefits is the process used by insurance companies to determine which plan will pay first, and how much it will pay. The kind of COB you have depends on the kind of plan you're in.

By law, the PEIA PPB Plan coordinates benefits with all other insurance plans— even medical payments made under an automobile policy, or other individual policy. The only plans we don't coordinate benefits with are individual policies which make per diem payments of less than $100 and have limited benefits. PEIA uses the "carveout" method for coordinating benefits as the secondary plan, which means that if the other plan pays as much as PEIA would have paid, then we pay nothing.

The HMOs offered by PEIA use "traditional" Coordination of Benefits, which means that they may pay up to 100% for services, but you will have to follow their rules to receive benefits.

### Why bring up COB now?

We know that most people who encounter problems with the Premium Conversion Plan want to make changes because they didn't understand how the PEIA PPB Plan works as a secondary payer. Often they want to drop the PEIA PPB Plan as a secondary coverage, but this is not considered a qualifying event, so we can't allow it during the plan year.

During Open Enrollment (April 1-30, 2012), you can make any changes, even if they're not the result of qualifying events.

### Where can I learn more about COB?

If you're in the PEIA PPB Plan, read your Summary Plan Description for details of PEIA's Coordination of Benefits policy. If you're in a managed care plan, read your certificate of coverage or check with your plan for more details.

## Premium Conversion Plan Form / Plan Year 2013

I, _____, wish to make the following change in my Premium Conversion Plan participation:

- ☐ Opt INTO the Plan. I understand that by participating in this plan, I will reduce my tax liability, but I may be limiting my ability to make changes in my coverage throughout the plan year.

- ☐ Opt OUT of the Plan. I understand that by opting out of the plan, I am agreeing to pay my premiums on a post-tax basis, thereby increasing my tax liability. This election may not be changed until the next open enrollment.

_____

Employee's Signature Date

**Please return to your Benefit Coordinator. DO NOT mail it to PEIA!!!**

# 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)

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 the 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

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 _____

**Notary:**

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**

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Charleston, WV 25304-2345

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