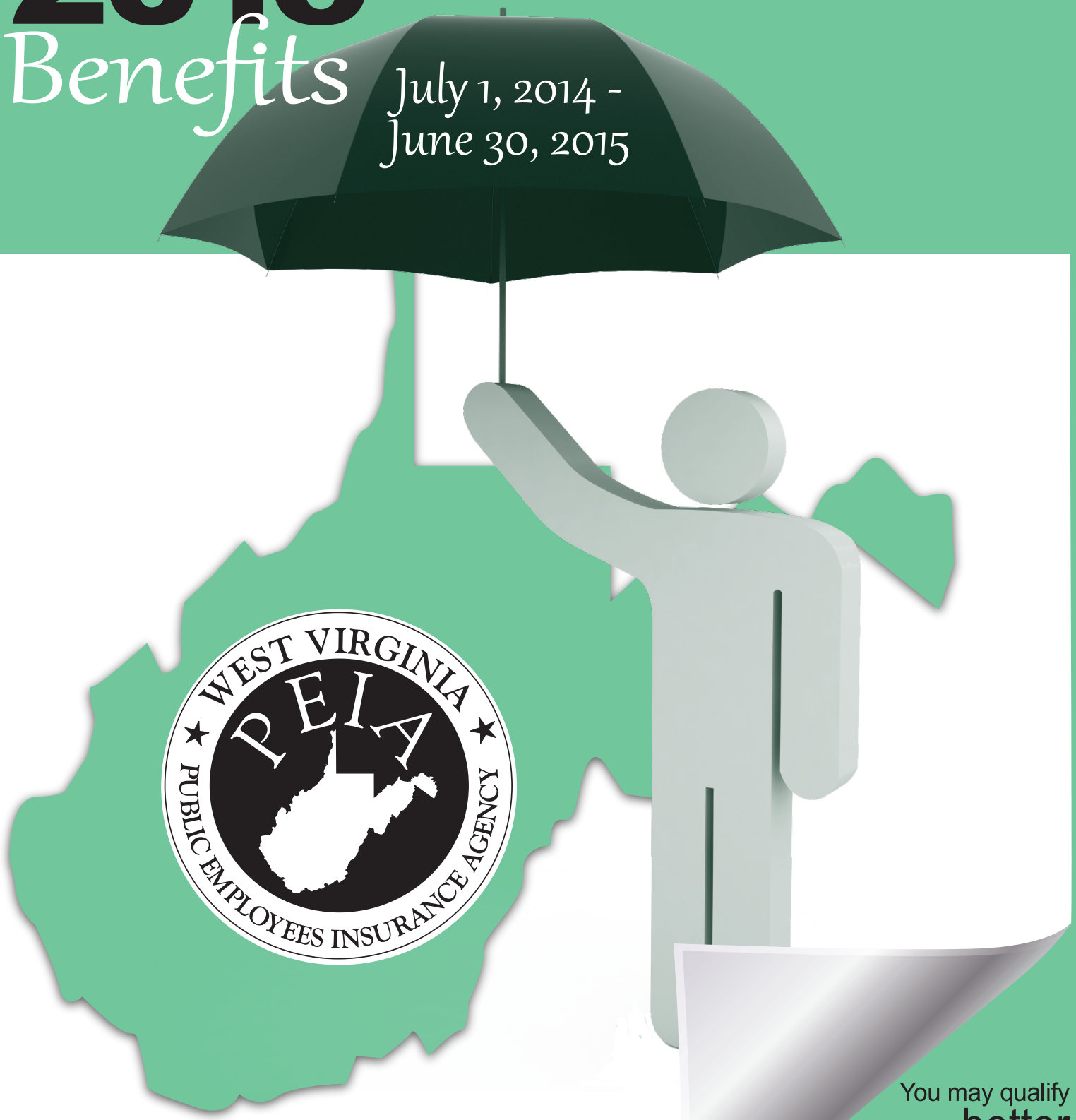
Plan Year 2015 Benefits

SHOPPER'S GUIDE

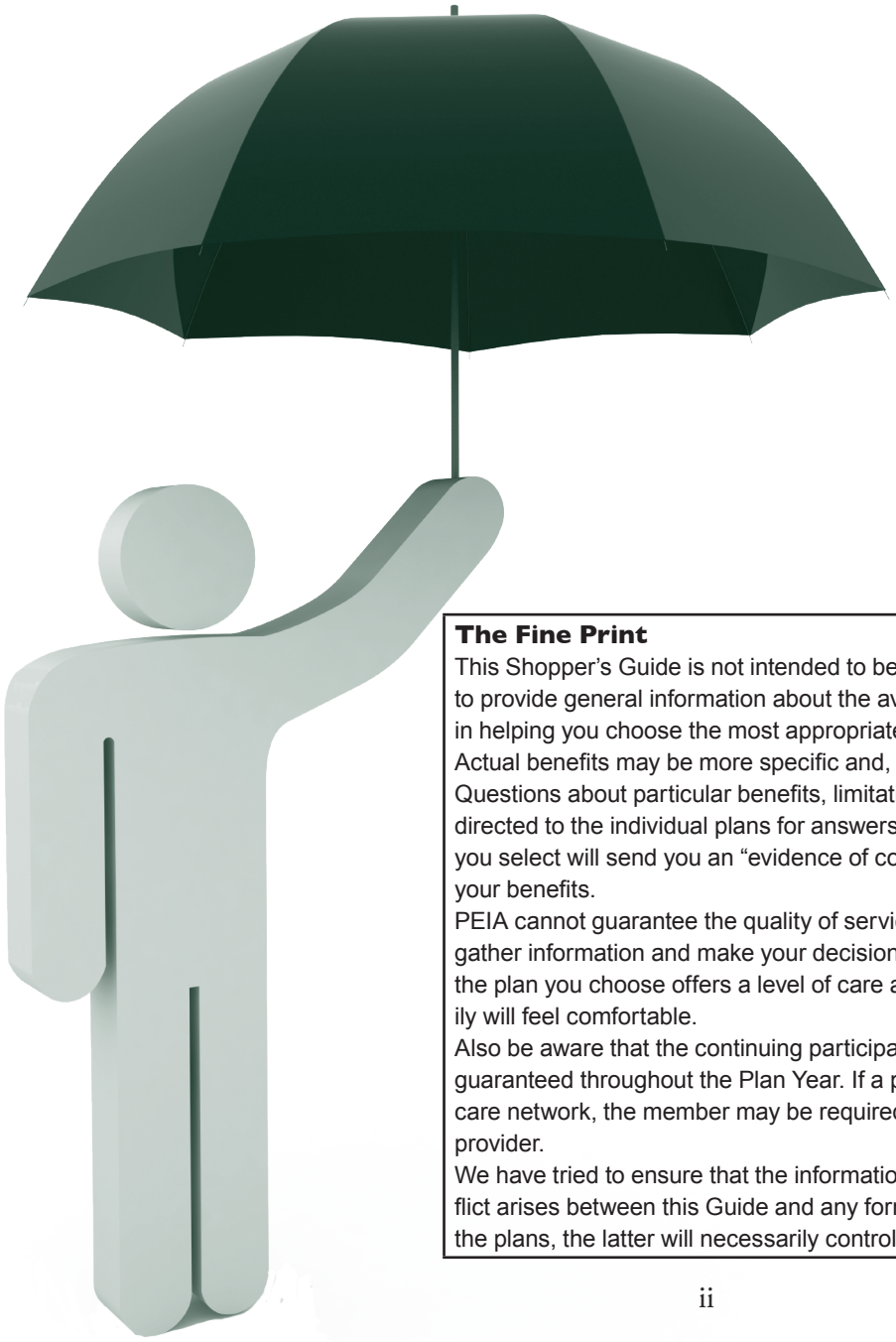
July 1, 2014 - June 30, 2015



JOIN PEIA!

You may qualify for even better benefits for your kids.

See page 1 for details!



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.

Exciting Benefit Opportunity

Your kids may be eligible for **CHIP** benefits! West Virginia has expanded coverage under the Children's Health Insurance Program (CHIP) to include children of public employees who otherwise meet CHIP eligibility guidelines. CHIP covers children in families up to 300% of the Federal Poverty Level (around $71,550 for a family of four).

CHIP offers similar benefits to PEIA's, with additional dental and vision benefits at no additional costs. There are very modest copays for some services. If your family income is above 211% of the FPL (around $50,324 for a family of four) you will pay a monthly premium of $35 for one child and $71 for two or more children. For families below 211% FPL, no premiums are paid. Your family's cost-share under CHIP is limited to 5% of your family's yearly income. You can see the family size and income guidelines at **http://www.chip.wv.gov/eligibility/Pages/default.aspx**.

The chart below shows the services for which CHIP charges a copay. You can see what you would pay with PEIA in the Benefits at a Glance charts starting on page 12. Remember CHIP has no deductibles. For covered services not listed here, CHIP pays 100%.

If your children qualify for CHIP, you can drop PEIA coverage on your children during PEIA's Open Enrollment. Your children's CHIP coverage will start on July 1. Please note: if there are two adults on your PEIA coverage, the PEIA premium will not decrease if your children move to CHIP, so you should consider this when making your decision. However, you may still save money by enrolling your child on CHIP due to premium savings for dental and vision coverage (purchased separately under PEIA) and lower out-of-pocket costs.

Visit **www.wvinroads.org** to apply. You should do this as soon as possible to see if your children are eligible for CHIP before the April 30 Open Enrollment deadline with PEIA. You can then decide whether to enroll your kids on CHIP or keep them on your PEIA coverage.

For new hires throughout the plan year, if you're interested in CHIP benefits for your children, visit www.wvinroads.org to apply. You should do this as soon as possible to see if your children are eligible for CHIP before the end of your initial enrollment period with PEIA. You have the month of hire and the two following months to make changes to your PEIA benefits.

If you have questions about CHIP eligibility, please contact your local WVDHHR office, or the WVCHIP HelpLine at **1-877-982-2447**.

Medical Services & Prescription Benefits	WVCHIP Gold	WVCHIP Blue	WVCHIP PREMIUM
Generic Prescriptions	No Copay	No Copay	No Copay
Listed Brand Prescriptions	$5	$10	$15
Non-listed Brand Prescriptions	Full Retail Cost	Full Retail Cost	Full Retail Cost
Multisource Prescriptions	No Copay	$10	$15
Medical Home Physician Visit	No Copay	No Copay	No Copay
Physician Visit (Non-medical home)	$5	$15	$20
Immunizations	No Copay	No Copay	No Copay
Hospital/Inpatient Services	No Copay	$25	$25
Outpatient Services (per procedure)	No Copay	$25	$25
Emergency Department (is waived if admitted)	No Copay	$35	$35
Vision Services	No Copay	No Copay	No Copay
Dental Benefit	No Copay	No Copay	*$25 Copay for some non-preventive services

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Five Tips for a Successful Open Enrollment

1. Read through "What's Important for 2015" 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 11 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. The Health Plan is available in all West Virginia counties. If you live out of state, remember you must live in one of the counties listed on page 11 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 or complete your Advance Directive/Living Will affidavit, 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, 2014) 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, 2014. If you would like to update your tobacco status, you may do so by using the options above or by calling 1-877-676-5573 and by following the prompts.

What's Important for 2015?

The Health Plan

There are no benefit or copay changes proposed for Plan Year 2015. However, all three Health Plan options (A, B & C) have a medical deductible which will now count toward the member's out-of-pocket medical maximum. To keep the administration the same, the out-of-pocket maximum will increase by the amount of the deductible for each plan option.

Plan A will have a medical deductible of $100 for individuals and $200 for families and an out-of-pocket maximum of $3,600 for individuals, $7,200 for two people and $10,200 for families. Plan B will have a medical deductible of $250 for individuals and $500 for families and an out-of-pocket maximum of $3,750 for individuals, $7,500 for two people and $10,500 for families. Plan C will have a medical deductible of $1,000 for individuals and $2,000 for families and an out-of-pocket maximum of $4,500 for individuals, $9,000 for two people and $12,000 for families.

PEIA PPB Plans

Join PEIA on Facebook and Twitter to get the latest information about your benefits. Just type PEIA.

Improve Your Score

PEIA has discontinued the Improve Your Score discount program for policyholders. As you may recall, when the program was implemented, all premiums were increased by $10 per month, and then those who participated in the program got a $10 per month discount. Standard premiums for all active employees will be reduced by $10 on July 1, 2014.

Pathways to Wellness

With the discontinuation of the Improve Your Score program, PEIA is working on new programs to help members improve their health, including fitness, nutrition and stress management services at worksites. PEIA will provide information about these programs as it becomes available.

Two programs designed to facilitate wellness are the Medical Home and Comprehensive Care programs. Both promote increased access to care, better coordination of care among health care providers and an enhanced relationship with your doctor. They also provide lower out-of-pocket costs for members. To learn more, see the Summary Plan Description.

Face-2-Face Diabetes Management

Members who either failed to comply or dropped out of the program will be given a second chance to participate in the Face-2-Face Diabetes Management Program. There is a 12-month waiting period after the first attempt. The waiting period begins on the date PEIA disenrolls you from the program. The Face-2-Face Program is available to active employees and non-Medicare retirees only.

Specialty Drug Benefits

The specialty drug program is now a two-tier benefit for specialty medications covered under the prescription benefit: $50 co-pay for preferred specialty drugs and $100 co-pay for non-preferred specialty drugs. Specialty drugs are the fastest growing portion of the plan. The average cost is $3,200 a month. The change applies to active employees and non-Medicare retirees only.

Out-of-State Co-pay for Certain Services

A $25 co-pay was added for the services below when received out-of-state. These services are widely available in all areas of the state. The copay applies only to PEIA-insured members living in West Virginia and the contiguous counties of surrounding states when care is received in a bordering county. The change applies to active employees and non-Medicare retirees only.

- Computerized tomography (CT) scans
- Dialysis (per treatment)
- Durable medical equipment purchases that exceed $100
- Magnetic resonance imaging (MRI)
- Magnetic resonance angiogram (MRA)
- All outpatient surgery

See the Benefits At-A-Glance pages for more information.

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.

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

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

Comprehensive Care Partnership (CCP) Program: The CCP was created to keep members well by promoting the use of primary care health services, identifying health problems early, and maintaining control of any chronic conditions. Any member who joins the CCP will choose to receive all of his or her primary care from one of the participating CCP providers, which is responsible for providing prevention services, routine sick care, and coordination of care with specialists when needed. Members who enroll in the CCP Program pay NO co-payments or coinsurance for services at their chosen CCP provider.

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): An IRS-qualified 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. PEIA PPB Plan C is the only HDHP offered during this open enrollment.

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 care 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, B and D 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 eligibility 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 during Open Enrollment?

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.

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.

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, and a child may not be enrolled for health coverage as both a policyholder (as a public employee in his or her own right) and as a dependent child. 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 40 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 you're in a HMO and your PCP withdraws from the 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 any time 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 1-877-676-5573.

Plan Year 2015 Benefit Fairs

Benefit fairs afford you the opportunity to chat with representatives of the plans, to ask questions, to gather information about your options, and to discuss your life insurance. Following are times, dates and locations of the 2015 benefit fairs.

DATE	CITY/TIME	LOCATION	ADDRESS
Tuesday 04/08/2014	Martinsburg / 3:00-7:00	Holiday Inn	301 Foxcroft Avenue
Wednesday 04/09/2014	Morgantown / 3:00-7:00	Ramada Inn, 20 Scott Ave.	20 Scott Ave.
Thursday 04/10/2014	Wheeling / 3:00-7:00	Northern Community College	Market St.
Monday 04/14/2014	South Charleston / 3:00-6:00	Holiday Inn	400 Second Ave.
Tuesday 04/15/2014	Parkersburg / 3:00-7:00	Comfort Suites of Parkersburg	167 Elizabeth Pke, Mineral Wells
Wednesday 04/16/2014	Beckley / 3:00-7:00	Tamarack Conference Center Board Room	One Tamarack Park

Managed Care Plan's Service Area

The PEIA PPB Plans and The Health Plan HMOs are available in all counties in West Virginia. The list below shows the Health Plan HMO's service area for Maryland, Ohio and Pennsylvania:

MARYLAND	OHIO		PENNSYLVANIA
Garrett	Belmont	Monroe	Beaver
	Columbiana	Muskingum	Fayette
	Guernsey	Noble Harrison	Greene
	Trumbull Jefferson	Washington	Washington

Benefits At-A-Glance

Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Annual deductible	$100 Individual Maximum; $200 Family Maximum; Goes toward out-of-pocket maximum	$250 Individual Maximum; $500 Family Maximum; Goes toward out-of-pocket maximum	$1,000 Individual Maximum; $2,000 Family Maximum; Goes toward out-of-pocket maximum	Varies by salary and employer type. See premium charts	Twice the in-network deductible.
Annual out-of-pocket maximum	Single - $3,600 Two person - $7,200 Family - $10,200	Single - $3,750 Two person - $7,500 Family - $10,500	Single - $4,500 Two person - $9,000 Family - $12,000	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.)	Twice the in-network out-of-pocket maximum
PHYSICIAN SERVICES					
Adult routine physical examination	Covered in full per health care reform	Covered in full per health care reform	Covered in full per health care reform	Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule
Diagnostic x-ray, lab and testing	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Mammograms, Pap smears, and prostate cancer screenings	Covered in full per health care reform	Covered in full per health care reform	Covered in full per health care reform	Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule
Physician inpatient visits	Covered in full after deductible	Covered in full after deductible	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Physician office visits - primary care	$15 copay/visit; deductible waived	$15 copay/visit; deductible waived	$15 copay/visit; deductible waived	$15 copay/visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule
Physician office visits - specialty care	$20 copay/visit; deductible waived	$25 copay/visit; deductible waived	$25 copay/visit; deductible waived	$25 copay/visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule
Prenatal care	Office visits covered in full per health care reform	Office visits covered in full per health care reform	Office visits covered in full per health care reform	Covered in full after deductible	Deductible + 40% + amounts that exceed PEIA's fee schedule
Second surgical	$20 copay/visit; deductible waived	$25 copay/visit; deductible waived	$25 copay/visit; deductible waived	$25 copay office visit only	Deductible + 40% + coinsurance (office visit only) + amounts that exceed PEIA's fee schedule

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

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	PEIA PPB Plan D WV-Only Plan
Varies by salary and employer type (See premium charts.)	Twice the in-network deductible.	$1,250 employee only $2,500 employee and child(ren), family, or family with employee spouse (This is 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 combined medical and prescription deductible.); Services on the Preventive Care List covered without deductible	Varies by salary and employer type (See premium charts.)
Varies by salary, employer type, and coverage tier (See premium charts.)	Twice the in-network out-of-pocket maximum	$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. You will always pay 20% coinsurance. There is no out-of-pocket maximum for out-of-network services.	Varies by salary, employer type, and coverage tier (See premium charts.)
PHYSICIAN SERVICES				
Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
$15 co-pay office visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$15 co-pay office visit only
$25 co-pay office visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$25 co-pay office visit only
Covered in full after deductible	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Covered in full after deductible
$25 co-pay office visit only	Deductible + 40% coinsurance (office visit only) + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$25 co-pay office visit only

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Voluntary sterilization	Men 30% co-insurance after deductible; women covered in full per health care reform	Men 30% co-insurance after deductible; women covered in full per health care reform	Men 30% co-insurance after deductible; women covered in full per health care reform	Deductible + 20% for men; women covered in full per health care reform	Deductible + 40% amounts that exceed PEIA's fee schedule
Well child exams	Covered in full per health care reform	Covered in full per health care reform	Covered in full per health care reform	Covered in full	Covered in full
Well child immunizations (birth through 21)	Covered in full per health care reform	Covered in full per health care reform	Covered in full per health care reform	Covered in full	Covered in full
INPATIENT SERVICES					
Semi-private room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule
Inpatient occupational, physical, or speech therapy*	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule
Maternity care (delivery)	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20%	$500 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule
Rehabilitation*	Covered in full (days 1-30); 20% (days 31+) after deductible	Covered in full (days 1-30); 20% (days 31+) after deductible	Covered in full (days 1-30); 20% (days 31+) after deductible	Deductible + 20%	$500 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule
Skilled Nursing*	$35 copayment/day after deductible	$35 copayment/day after deductible	$35 copayment/day after deductible	Deductible + 20%	$500 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule
HOSPITAL OUTPATIENT SERVICES					
Ambulatory/ outpatient surgery	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	$50 + deductible + 20% [1]	$100 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule [1]
Pre-admission testing, diagnostic x-ray and lab	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + 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.

[1] Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 co-pay for each service if received outside of West Virginia.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

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	PEIA PPB Plan D WV-Only Plan
Deductible + 20% for men; women covered in full per health care reform	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20% for men; women covered in full per health care reform	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% for men; women covered in full per health care reform
Covered in full	Covered in full	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Covered in full	Covered in full	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
INPATIENT SERVICES				
Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	$500 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	$500 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	$500 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
HOSPITAL OUTPATIENT SERVICES				
$50 + deductible + 20% [1]	$100 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule [1]	Deductible + 20% [1]	Deductible + 20% + amounts that exceed PEIA's fee schedule [1]	$50 + deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

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Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
DIAGNOSTIC TESTING SERVICES					
CT Scans	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20% [2]	$100 + 40% + amounts that exceed PEIA's fee schedule [2]
Magnetic Resonance Anglogram (MRA)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20% [2]	$100 + 40% + amounts that exceed PEIA's fee schedule [2]
Magnetic Resonance Imaging (MRI)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20% [2]	$100 + 40% + amounts that exceed PEIA's fee schedule [2]
MENTAL HEALTH & CHEMICAL DEPENDENCY BENEFITS					
Outpatient chemical dependency*	$15 copay/visit; deductible waived	$15 copay/visit; deductible waived	$15 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Outpatient mental health*	$15 copay/visit; deductible waived	$15 copay/visit; deductible waived	$15 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Inpatient chemical dependency (including partial hospitalization)*	15% coinsurance/ admission after deductible	20% coinsurance/ admission after deductible	20% coinsurance/ admission after deductible	Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule
Inpatient detoxification*	15% coinsurance/ admission after deductible	20% coinsurance/ admission after deductible	20% coinsurance/ admission after deductible	Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule
Inpatient mental health (including partial hospitalization)*	15% coinsurance/ admission after deductible	20% coinsurance/ admission after deductible	20% coinsurance/ admission after deductible	Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule
OUTPATIENT THERAPIES					
Acupuncture	Not covered	Not covered	Not covered	Not covered	Not covered
Chiropractic*	$20 copay/visit; deductible waived	$25 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

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

[2] Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 co-pay for CT, MRA and MRI scans if received outside of West Virginia.

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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	PEIA PPB Plan D WV-Only Plan
DIAGNOSTIC TESTING SERVICES				
Deductible + 20% [2]	Deductible + 40% + amounts that exceed PEIA's fee schedule [2]	Deductible + 20% [2]	Deductible + 20% + amounts that exceed PEIA's fee schedule [2]	Deductible + 20%
Deductible + 20% [2]	Deductible + 40% + amounts that exceed PEIA's fee schedule [2]	Deductible + 20% [2]	Deductible + 20% + amounts that exceed PEIA's fee schedule [2]	Deductible + 20%
Deductible + 20% [2]	Deductible + 40% + amounts that exceed PEIA's fee schedule [2]	Deductible + 20% [2]	Deductible + 20% + amounts that exceed PEIA's fee schedule [2]	Deductible + 20%
MENTAL HEALTH & CHEMICAL DEPENDENCY BENEFITS				
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
OUTPATIENT THERAPIES				
Not covered	Not covered	Not covered	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	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance

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Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Massage therapy*	Not covered	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
Occupational therapy*	Visits 1-20: $20 copay/visit; visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: $25 copay/visit; visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: $25 copay/visit; visits 21+: 50% coinsurance/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
Physical therapy*	Visits 1-20: $20 copay/visit; visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: $25 copay/visit; visits 21+: 50% coinsurance/visit after deductible	Visits 1-20: $25 copay/visit; visits 21+: 50% coinsurance/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
Speech therapy*	$20 copay/visit after deductible	$25 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
ALL OTHER MEDICAL SERVICES					
Allergy testing and treatment	$20 copay/visit; deductible waived	$25 copay/visit; deductible waived	$25 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Bariatric surgery	Not covered	Not covered	Not covered	$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	$10 copay/visit deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Dental services - accident related*	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Dental services - other*	Not covered	Not covered	Not covered	Impacted teeth only; $500 copay + deductible + 20%	Impacted teeth only; $500 copay + deductible + 40% + 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.

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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	PEIA PPB Plan D WV-Only Plan
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	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance
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	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance
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	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance
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	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	First 20 visits: $10 copay + deductible + 20%. Visits over 20, if precertified: $25 copay + deductible + 20% coinsurance
ALL OTHER MEDICAL SERVICES				
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
$500 copay + deductible + 20% coinsurance	$500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule	$500 copay + deductible + 20% coinsurance	$500 copay + deductible + 20% + amounts that exceed PEIA's fee schedule	$500 copay + deductible + 20% coinsurance
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Impacted teeth only; $500 copay + deductible + 20%	Impacted teeth only; $500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Impacted teeth only; $500 copay + deductible + 20%

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Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Diabetic supplies*	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	Covered under Prescription drug plan	Covered under Prescription drug plan
Dialysis	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	Deductible + 20% [3]	Deductible + 40% + amounts that exceed PEIA's fee schedule [3]
Durable Medical Equipment (DME)*	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	Deductible + 20% [4]	Deductible + 40% + amounts that exceed PEIA's fee schedule [4]
Emergency ambulance (medically necessary)	$50 copay/ transport after deductible	$50 copay/ transport after deductible	$50 copay/ transport after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Emergency Room Treatment (Non- emergency)	Not covered	Not covered	Not covered	$100 copay + deductible + 20%	$100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule
Emergency services	$100 copay/visit (waived if admitted) deductible waived	$100 copay/visit (waived if admitted) deductible waived	$100 copay/visit (waived if admitted) deductible waived	$50 copay + deductible + 20% (copay waived if admitted)	$50 copay + deductible + 40% + amounts that exceed PEIA's fee schedule. Copay waived if admitted
Growth hormone*	Rx benefit: 30% or $300, whichever is less per specialty drug	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
Hearing exam	$20 copay/visit;	$25 copay/visit;	$25 copay/visit;	Covered under well child benefit only	Covered under well child benefit only
Home health services*	$0 copay after deductible	$0 copay after deductible	$0 copay after deducticble	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Home health supplies*	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Hospice*	$0 copay after deductible	$0 copay after deductible	$0 copay after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Infertility services* No prescription coverage under any plan	30% coinsurance/ visit (limited to basic healthcare) after deductible	30% coinsurance/ visit (limited to basic healthcare) after deductible	30% coinsurance/ visit (limited to basic healthcare) after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Medical supplies*	30% coinsurance (limits may apply) after deductible	30% coinsurance (limits may apply) after deductible	30% coinsurance (limits may apply) after deductible	Deductible + 20%	Deductible + 40% + 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.

[3] Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 co-pay for each treatment if received outside of West Virginia.

[4] Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 co-pay for purchases over $100 if received outside of West Virginia.

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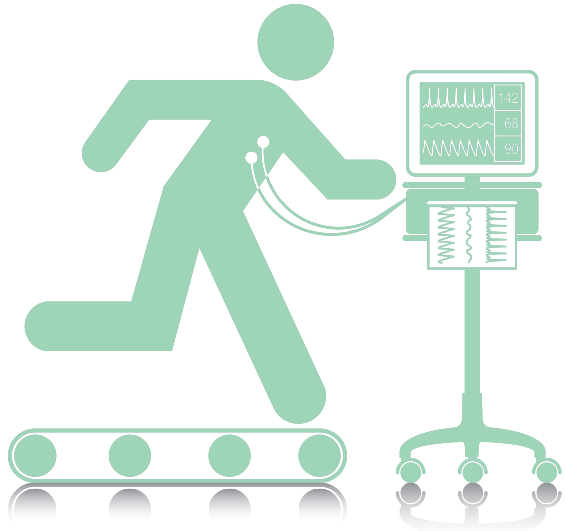
PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
Deductible + 20% [3]	Deductible + 40% + amounts that exceed PEIA's fee schedule [3]	Deductible + 20% [3]	Deductible + 20% + amounts that exceed PEIA's fee schedule [3]	Deductible + 20%
Deductible + 20% [4]	Deductible + 40% + amounts that exceed PEIA's fee schedule [4]	Deductible + 20% [4]	Deductible + 20% + amounts that exceed PEIA's fee schedule [4]	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% + Out-of-Network Benefit: Deductible + 40% + amounts that exceed PEIA's fee schedule
$100 copay + deductible + 20%	$100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
$50 copay + deductible + 20% (copay waived if admitted)	$50 copay + deductible + 40% amounts that exceeds PEIA's fee schedule (copay waived if admitted)	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$50 copay + deductible + 20% (copay waived if admitted) Out-of-Network Benefit: $50 copay + deductible + 40% + amounts that exceed PEIA's fee schedule (copay waived if admitted)
Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

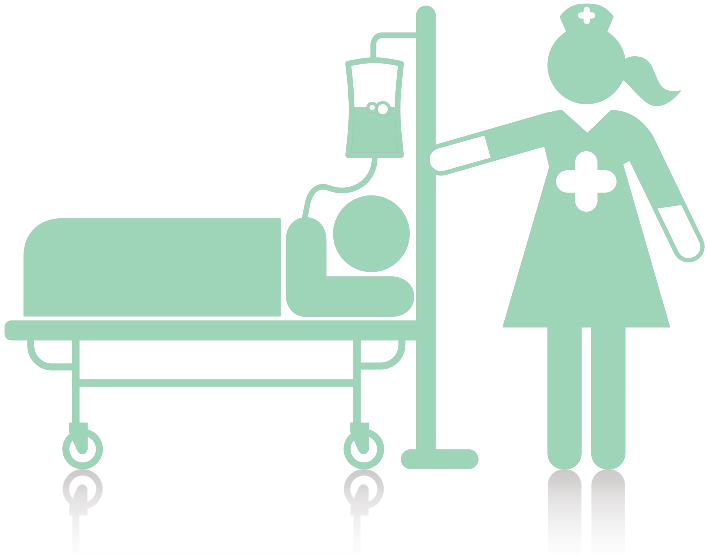
Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Podiatry*	$20 copay/visit deductible waived	$25 copay/visit deductible waived	$25 copay/visit deductible waived	$25 office visit copay; surgery - deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Prosthetics*	30% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Pulmonary rehabilitation*	$10 copay/visit deductible waived	$10 copay/visit deductible waived	$10 copay/visit deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Radiation and chemotherapy	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
TMJ*	Not covered	Not covered	Not covered	Not covered	Not covered
Transplants (non- experimental)*	15% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule additional $10,000 deductible
Urgent Care	$50 copay/incident deductible waived	$50 copay/incident deductible waived	$50 copay/incident deductible waived	$25	Deductible + 40% + 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.



You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

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	PEIA PPB Plan D WV-Only Plan
$25 office visit copay; Surgery - deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$25 office visit copay; Surgery - deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Not covered	Not covered	Not covered	Not covered	Not covered
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule additional $10,000 deductible	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
$25	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$25



Benefits At-A-Glance: Prescription Benefits

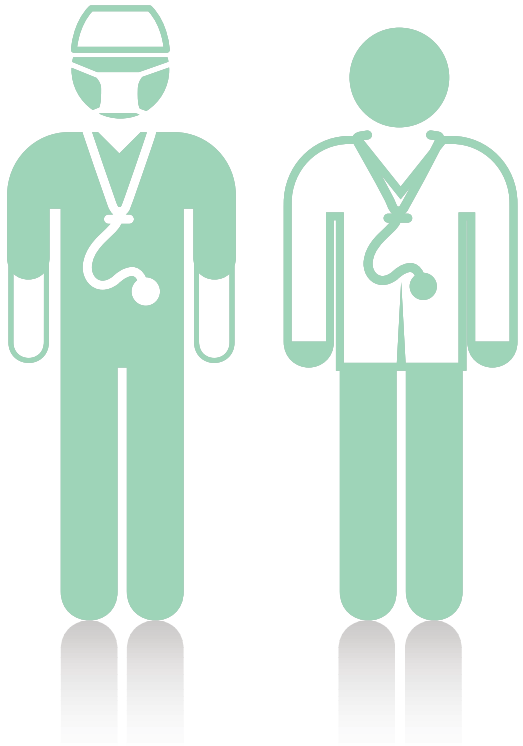
Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Deductible	None	None	None	$75 individual/ $150 family	$75 individual/ $150 family
Annual Out-of-Pocket Maximum	None	None	None	$1,750 individual/ $3,500 family	$1,750 individual/ $3,500 family
Generic Copayment	$10 copayment	$5 copayment	$10 copayment	$5	$5 (See "other details" below.)
Formulary Brand	Not covered if generic is available. 50% coinsurance if generic is not available.	Not covered	Not covered if generic is available. 50% coinsurance if generic is not available.	$15	$15 (See "other details" below.)
Non-Formulary	Not covered	Not covered	Not covered	75% coinsurance	75% coinsurance (See "other details" below.)
Specialty Medicines	30% or $300, whichever is less per specialty drug	30% or $300, whichever is less per generic specialty drug	30% or $300, whichever is less per specialty drug	$50 preferred; $100 non-preferred; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered
Maintenance Medication discount program details	90-day supply $20 or 50% coinsurance	90-day supply $10 copayment Generic ONLY	90-day supply $20 or 50% coinsurance	90-day supply for two months' copay for generic and preferred brand drugs. No discount for non- preferred brand name drugs	No discount

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

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	PEIA PPB Plan D WV-Only Plan
$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 Prescription 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 Prescription on the Preventive Drug List covered without deductible	$75 individual/ $150 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.	$1,750 individual/ $3,500 family
$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.)	$5
$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.)	$15
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.)	75% coinsurance
$50 preferred; $100 non-preferred; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered	$50 preferred; $100 non-preferred; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered	$50 preferred; $100 non-preferred; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.
90-day supply for two months’ copay for generic and preferred brand drugs. No discount for non- preferred brand name drugs	No discount	90-day supply for two months’ copay 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	90-day supply for two months’ copay for generic and preferred brand drugs. No discount for non-preferred brand name drugs

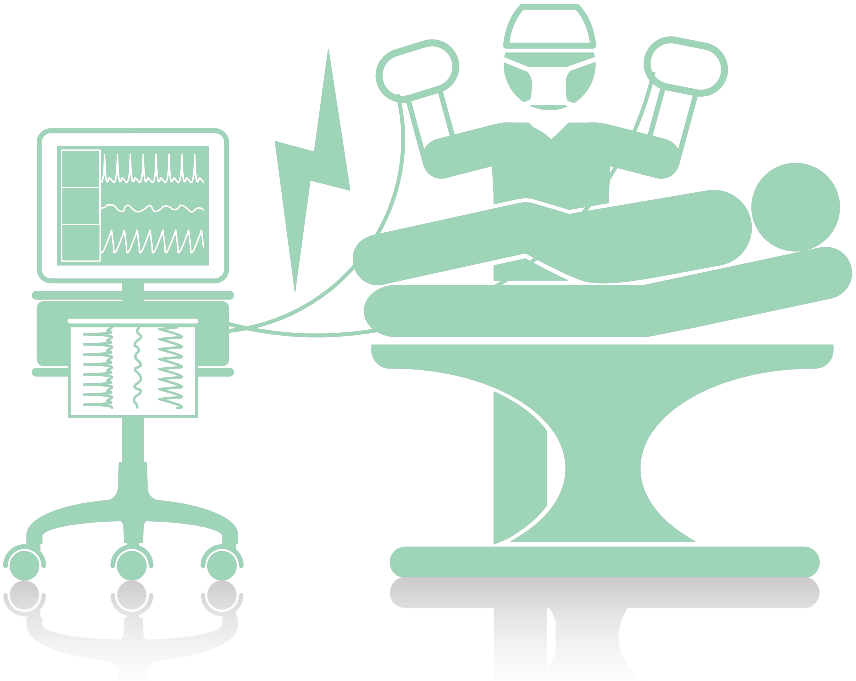
You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan Plan C	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Annual Benefit maxium (per member/year)	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.	Mandatory generics; Formulary brand name drugs are not covered if generic is available Non- formulary drugs are not covered.		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.
Family Planning	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – in full under prescription benefit per health care reform	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – in full under prescription benefit per health care reform	Contraceptive injections, IUD diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – in full under prescription benefit per health care reform	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full



You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573.

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	PEIA PPB Plan D WV-Only Plan
None	None	None	None	None
	PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.	
Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full



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 are identical to PEIA PPB Plan A, but there is no out-of-state 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.

Find a Medical Home!

PEIA's Medical Home program helps you save money and receive better medical care at the same time. If you choose a Medical Home from PEIA's Medical Home Physician Directory, most of your medical care will be provided by that Medical Home provider, and your copayment for office visits with that provider drops from $15 to $10. In addition, having one physician see you for most issues helps the physician better understand you and your medical needs and provide better care.

To find a physician in PEIA's Medical Home program, go to www.wvpeia.com and click "Find a Form" in the middle of the home page. The Medical Home Physician Directory is under Documents.

Premium Discounts Available

PEIA offers TWO premium discounts. The discounts are described in detail below:

Who Gets The Premium Discounts			
	Active Employees in PEIA PPB Plan A, B, C and D	Active Employees or Retirees in The Health Plan HMO	Retired Employees in the PEIA PPB Plans, the Special Medicare Plan or the Medicare Advantage and Prescription Drug (MAPD) Plan
Tobacco-free	Yes	Yes	Yes
Advance Directive/Living Will	Yes	Yes	Yes

1. 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 2015, you and all enrolled family members must have been tobacco-free by January 1, 2014.

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

2. Advance Directive/Living Will.

PEIA is, once again, offering the Advance Directive/Living Will discount for policyholders. If you are currently receiving this discount, you do not need to take any action to continue the discount for Plan Year 2015; it will continue automatically. The discount will be $4 per month off of the 2015 standard health insurance premium for health policyholders in PEIA PPB Plans, The Health Plan, PEIA's Special Medicare Plan or the 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. Be sure to provide a copy of your advance directive/living will to your physician.

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, 2014, to receive the discount for all of plan year 2015. 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.

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
Total monthly premium including discounts		$58	$189

Find your premium on the appropriate chart on the following pages. Plug it into the calculator below, subtract 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	
Total monthly premium including discounts		

Don't play games with your future

Protect your family's standard of living

Did you know that three in ten American households (35 million) are uninsured and half say they need more life insurance?[1]

Group Term Life insurance provides a base level of protection that can be enhanced by personal savings, individual life insurance and Social Security benefits. This affordable coverage helps protect your family against the unexpected loss of your life and income during your working years.

Everyone's situation is unique and only you can determine the exact amount of life insurance you need.

Our Insurance Needs Calculator – at **LifeBenefits.com/insuranceneeds** – can help you estimate the amount of insurance your family would need to meet financial obligations if something were to happen to you.

Contact our Charleston Branch Office at **1-800-203-9515** if you have questions.

[1]Fact sheet, Life insurance consumer studies, LIMRA, September 2012

MINNESOTA LIFE

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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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 two (2) premium discounts available this year. Full details of the premiums discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium.

Employee Only	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	Plan C	Premium	Annual Deductible	Out-of-Pocket Maximum
$0 - $20,000	$88	$37	$49	$53	$100	$800
$20,001 - $30,000	$105	$42	$54	$70	$150	$1,100
$30,001 - $36,000	$112	$45	$57	$77	$200	$1,250
$36,001 - $42,000	$118	$47	$59	$83	$225	$1,500
$42,001 - $50,000	$133	$53	$65	$98	$250	$1,750
$50,001 - $62,500	$156	$63	$75	$121	$375	$1,800
$62,501 - $75,000	$170	$70	$82	$135	$400	$1,850
$75,001 - $100,000	$199	$82	$94	$164	$425	$1,900
$100,001 - $125,000	$242	$120	$132	$207	$500	$2,000
$125,001 +	$272	$142	$154	$237	$600	$2,250

Employee and Children	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	Plan C	Premium	Annual Deductible	Out-of-Pocket Maximum
$0 - $20,000	$174	$63	$76	$110	$200	$1,200
$20,001 - $30,000	$198	$73	$86	$134	$300	$1,650
$30,001 - $36,000	$207	$76	$89	$143	$400	$1,875
$36,001 - $42,000	$220	$80	$93	$156	$450	$2,250
$42,001 - $50,000	$254	$102	$115	$190	$500	$2,625
$50,001 - $62,500	$296	$135	$148	$232	$750	$2,700
$62,501 - $75,000	$328	$155	$168	$264	$800	$2,775
$75,001 - $100,000	$391	$198	$211	$327	$850	$2,850
$100,001 - $125,000	$454	$251	$264	$390	$1,000	$3,000
$125,001 +	$511	$291	$304	$447	$1,200	$3,375

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
$33	$500	$2,000	$77	$1,250	$2,500	$44	$100	$800
$39	$500	$2,000				$58	$150	$1,100
$42	$500	$2,000				$65	$200	$1,250
$44	$500	$2,000				$69	$225	$1,500
$50	$1,000	$2,000				$83	$250	$1,750
$60	$1,000	$2,000				$102	$375	$1,800
$67	$1,000	$2,000				$114	$400	$1,850
$79	$1,000	$2,000				$139	$425	$1,900
$116	$1,000	$2,000				$175	$500	$2,000
$139	$1,000	$2,000				$202	$600	$2,250

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
$59	$1,000	$4,000	$172	$2,500	$5,000	$93	$200	$1,200
$68	$1,000	$4,000				$113	$300	$1,650
$72	$1,000	$4,000				$121	$400	$1,875
$76	$1,000	$4,000				$132	$450	$2,250
$98	$1,500	$4,000				$161	$500	$2,625
$131	$1,500	$4,000				$197	$750	$2,700
$151	$1,500	$4,000				$224	$800	$2,775
$193	$1,500	$4,000				$278	$850	$2,850
$247	$1,500	$4,000				$332	$1,000	$3,000
$287	$1,500	$4,000				$381	$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 two (2) discounts available this year. Full details of the premiums discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium.

Family	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	Plan C	Premium	Annual Deductible	Out-of-Pocket Maximum
$0 - $20,000	$221	$137	$156	$157	$200	$1,200
$20,001 - $30,000	$270	$164	$183	$206	$300	$1,650
$30,001 - $36,000	$297	$178	$197	$233	$400	$1,875
$36,001 - $42,000	$326	$194	$213	$262	$450	$2,250
$42,001 - $50,000	$376	$227	$246	$312	$500	$2,625
$50,001 - $62,500	$443	$270	$289	$379	$750	$2,700
$62,501 - $75,000	$476	$294	$313	$412	$800	$2,775
$75,001 - $100,000	$561	$363	$382	$497	$850	$2,850
$100,001 - $125,000	$678	$450	$469	$614	$1,000	$3,000
$125,001 +	$778	$519	$538	$714	$1,200	$3,375

Family with Employee Spouse	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	Plan C	Premium	Annual Deductible	Out-of-Pocket Maximum
$0 - $20,000	$180	$101	$115	$121	$200	$1,200
$20,001 - $30,000	$217	$118	$132	$158	$300	$1,650
$30,001 - $36,000	$240	$133	$147	$181	$400	$1,875
$36,001 - $42,000	$259	$142	$156	$200	$450	$2,250
$42,001 - $50,000	$301	$164	$178	$242	$500	$2,625
$50,001 - $62,500	$355	$198	$212	$296	$750	$2,700
$62,501 - $75,000	$395	$229	$243	$336	$800	$2,775
$75,001 - $100,000	$489	$304	$318	$430	$850	$2,850
$100,001 - $125,000	$607	$392	$406	$548	$1,000	$3,000
$125,001 +	$695	$461	$475	$636	$1,200	$3,375

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
$99	$1,000	$4,000	$292	$2,500	$5,000	$133	$200	$1,200
$126	$1,000	$4,000				$175	$300	$1,650
$140	$1,000	$4,000				$198	$400	$1,875
$156	$1,000	$4,000				$222	$450	$2,250
$188	$1,500	$4,000				$265	$500	$2,625
$232	$1,500	$4,000				$323	$750	$2,700
$256	$1,500	$4,000				$351	$800	$2,775
$324	$1,500	$4,000				$424	$850	$2,850
$412	$1,500	$4,000				$524	$1,000	$3,000
$480	$1,500	$4,000				$609	$1,200	$3,375

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
$72	$1,000	$4,000	$244	$2,500	$5,000	$102	$200	$1,200
$89	$1,000	$4,000				$134	$300	$1,650
$104	$1,000	$4,000				$153	$400	$1,875
$114	$1,000	$4,000				$170	$450	$2,250
$136	$1,500	$4,000				$205	$500	$2,625
$170	$1,500	$4,000				$252	$750	$2,700
$200	$1,500	$4,000				$286	$800	$2,775
$276	$1,500	$4,000				$366	$850	$2,850
$364	$1,500	$4,000				$467	$1,000	$3,000
$432	$1,500	$4,000				$543	$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 11 to see if you qualify for the plan you're considering.

Premiums, Deductibles and Out-of-Pocket Maximums

	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan HMO Plan C	PEIA PPB Plan A		
	Premium	Premium	Premium	Premium	Deductible	Out-of-Pocket Maximum
Employee Only	$616	$386	$393	$511	$225	$1,500
Employee and Children	$864	$566	$591	$962	$450	$2,250
Family	$1,429	$944	$953	$1,053	$450	$2,250

State-Funded Elected Officials' Premiums

	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan HMO Plan C	PEIA PPB Plan A		
	Premium	Premium	Premium	Premium	Deductible	Out-of-Pocket Maximum
Employee Only	$518	$447	$459	$483	$225	$1,500
Employee and Children	$722	$582	$595	$658	$450	$2,250
Family	$1,143	$1,011	$1,030	$1,079	$450	$2,250
Family with Employee Spouse	$1,076	$959	$973	$1,017	$450	$2,250

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 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 two (2) premium discounts available this year. Full details of the premiums discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum
$465	$500	$2,000	$324	$1,250	$2,500	$485	$225	$1,500
$849	$1,000	$4,000	$488	$2,500	$5,000	$913	$450	$2,250
$933	$1,000	$4,000	$649	$2,500	$5,000	$1,000	$450	$2,250

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum
$361	$500	$2,000	$394	$1,250	$2,500	$425	$225	$1,500
$474	$1,000	$4,000	$570	$2,500	$5,000	$579	$450	$2,250
$803	$1,000	$4,000	$939	$2,500	$5,000	$950	$450	$2,250
$761	$1,000	$4,000	$891	$2,500	$5,000	$898	$450	$2,250

Non-Medicare PEIA 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 premium discounts can be found on pages 29-30. Use the calculator on page 30 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

	Non-Medicare Retired Policyholder Only (Plan A)			Non-Medicare Retired Policyholder Only (Plan B)		
	Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum
Unsubsidized Premium[3]	$1,055	$400	$1,500	$981	$800	$3,000
5-9 years	$845	$400	$1,500	$786	$800	$3,000
10-14 years	$651	$400	$1,500	$606	$800	$3,000
15-19 years	$456	$400	$1,500	$424	$800	$3,000
20-24 years	$341	$400	$1,500	$317	$800	$3,000
25+ years [2]	$264	$400	$1,500	$246	$800	$3,000

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 or after July 1, 2010, will not be required to pay the unsubsidized rate: a) 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 b) 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.

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 Medicare Advantage and Prescription Drug (MAPD) plan. For details of the Medicare beneficiary's plan design, see page 42.

Please note that there are no Plan B premiums for Non-Medicare retiree with Medicare dependents because this coverage is not available.

Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan A)			Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan B)			Non-Medicare Retired Policyholder with Medicare Dependents (Plan A)[1]		
Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum
$2,510	$800	$1,500	$2,334	$1,600	$3,000	$1,759	$425	$1,000
$2,009	$800	$1,500	$1,868	$1,600	$3,000	$1,408	$425	$1,000
$1,514	$800	$1,500	$1,408	$1,600	$3,000	$1,048	$425	$1,000
$1,022	$800	$1,500	$951	$1,600	$3,000	$691	$425	$1,000
$726	$800	$1,500	$676	$1,600	$3,000	$478	$425	$1,000
$529	$800	$1,500	$492	$1,600	$3,000	$334	$425	$1,000

Enroll online! It's fast, free and easy!
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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 the Medicare Retiree Benefit Design described on page 42. 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 11. The PEIA PPB Plan A's service area is unlimited, so you will not find it on the chart.

Years of Service	The Health Plan Plan A		The Health Plan Plan B		The Health Plan Plan C	
	Single	Family	Single	Family	Single	Family
Hired after July 1, 2010[2]	$1,083	$2,050	$821	$1,528	$868	$1,602
5-9 Years	$782	$1,480	$595	$1,107	$628	$1,160
10-14 Years	$684	$1,294	$521	$970	$550	$1,016
15-19 Years	$575	$1,087	$439	$817	$463	$856
20-24 Years	$484	$915	$371	$690	$391	$722
25+ Years[1]	$399	$754	$307	$571	$323	$597

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.

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

Deputy Sheriff early retirees are not eligible for extended employer-paid insurance upon retirement. These premiums are paid in full by the retiree.

2015 Premiums					
50 to 55 years of age	The Health Plan Plan A	The Health Plan Plan B	The Health Plan Plan C	PEIA PPB Plan A	PEIA PPB Plan B
Employee only	$ 866	$ 615	$669	$ 524	$487
Employee and dependent(s)	$ 1,713	$ 1,168	$1,258	$ 1,273	$1,184

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 the 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 the Medicare Advantage and Prescription Drug (MAPD) plan. 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.

Reminder: This spring Open Enrollment is for active employees and non-Medicare retirees only. The plan year for Medicare retirees now runs from January 1 to December 31 each year. Medicare Retiree open enrollment occurs each October for making necessary changes like adding or removing dependents.

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 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 2015 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	$750
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	$1,750

So, when the Medicare beneficiary uses medical services, there will be a $25 deductible, and then there will be copayments for some services. 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 12-27 for details.

Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will use 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 pages 38-39), 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 29-30. Use the calculator on page 30 to determine your premium.

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 fromactive employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: a) 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 b) 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.

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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.

Your Group Life Insurance Program offers these services

No additional premium or enrollment is required.

As part of your Group Life Insurance program, you and your spouse and dependent children can access the following services:

✔ Beneficiary Financial Counseling

Beneficiaries who receive at least $25,000 in policy benefits may choose to use independent beneficiary counseling services from PricewaterhouseCoopers LLP.

✔ Legal Services

Ceridian provides employees and their dependents telephone access to a national network of 22,000+ accredited attorneys for consultation on simple wills, estate planning documents and other legal issues. Contact Ceridian at **1-877-849-6034** or visit **LifeWorks.com** (user name: *will* password: *preparation*).

✔ Legacy Planning Services

Active and retired employees, spouses and dependents can access resources designed to help individuals and families work through end-of-life issues when dealing with the loss of a loved one or planning for their own passing. These resources are available at **LegacyPlanningServices.com**.

✔ Travel Assistance Services

Global Rescue provides travel assistance services to all active U.S. employees covered under the group life insurance program and their spouses and dependents. For more information, including program terms and conditions, visit **LifeBenefits.com/travel** or call **1-855-516-5433** in the U.S. and Canada.

Services provided by Ceridian, Global Rescue LLC, and PricewaterhouseCoopers LLP are their sole responsibility. The services are not affiliated with Minnesota Life or its group contracts and may be discontinued at any time. Certain terms, conditions and restrictions may apply when utilizing the services.

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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 11). PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV.

COBRA Rates for State Agencies, Colleges, Universities and County Board of Education

COBRA	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	Plan C	Premium	Annual Deductible	Out-of-Pocket Maximum
Employee Only	$528	$456	$468	$493	$225	$1,500
Employee and Children	$736	$594	$607	$671	$450	$2,250
Family	$1,166	$1,031	$1,051	$1,101	$450	$2,250
DISABILITY						
Employee Only	$777	$671	$689	$725	$225	$1,500
Employee and Children	$1,083	$873	$893	$987	$450	$2,250
Family	$1,715	$1,517	$1,545	$1,619	$450	$2,250

COBRA Rates for Non-State Agencies

COBRA	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	Plan C	Premium	Annual Deductible	Out-of-Pocket Maximum
Employee Only	$628	$393	$400	$521	$225	$1,500
Employee and Children	$880	$576	$602	$981	$450	$2,250
Family	$1457	$962	$971	$1,074	$450	$2,250
DISABILITY						
Employee Only	$910	$565	$575	$767	$225	$1,500
Employee and Children	$1269	$822	$860	$1,443	$450	$2,250
Family	$2,117	$1,389	$1,403	$1,580	$450	$2,250

There are two (2) premium discounts available this year. Full details of the premiums discounts and a premium calculator can be found on pages 29-30.

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, 2014.

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
$368	$500	$2,000	$402	$1,250	$2,500	$434	$225	$1,500
$483	$1,000	$4,000	$581	$2,500	$5,000	$591	$450	$2,250
$819	$1,000	$4,000	$958	$2,500	$5,000	$969	$450	$2,250
DISABILITY								
$542	$500	$2,000	$591	$1,250	$2,500	$638	$225	$1,500
$711	$1,000	$4,000	$855	$2,500	$5,000	$869	$450	$2,250
$1,205	$1,000	$4,000	$1,409	$2,500	$5,000	$1,425	$450	$2,250

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
$474	$500	$2,000	330	$1,250	$2,500	495	$225	$1,500
$866	$1,000	$4,000	498	$2,500	$5,000	931	$450	$2,250
$952	$1,000	$4,000	662	$2,500	$5,000	1,020	$450	$2,250
DISABILITY								
$698	$500	$2,000	486	$1,250	$2,500	728	$225	$1,500
$1,274	$1,000	$4,000	732	$2,500	$5,000	1,370	$450	$2,250
$1,400	$1,000	$4,000	974	$2,500	$5,000	1,500	$450	$2,250

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.

Age	Plan 1		Plan 2		Plan 3		Plan 4	
	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
30-34	$5,000	$0.30	$10,000	$0.60	$20,000	$1.20	$30,000	$1.80
35-39	$5,000	$0.40	$10,000	$0.80	$20,000	$1.60	$30,000	$2.40
40-44	$5,000	$0.40	$10,000	$0.80	$20,000	$1.60	$30,000	$2.40
45-49	$5,000	$0.60	$10,000	$1.20	$20,000	$2.40	$30,000	$3.60
50-54	$5,000	$0.80	$10,000	$1.60	$20,000	$3.20	$30,000	$4.80
55-59	$5,000	$1.40	$10,000	$2.80	$20,000	$5.60	$30,000	$8.40
60-64	$5,000	$2.20	$10,000	$4.40	$20,000	$8.80	$30,000	$13.20
65-69	$3,250	$2.34	$6,500	$4.68	$13,000	$9.36	$19,500	$14.04
70 & Over	$2,250	$2.88	$4,500	$5.76	$9,000	$11.52	$13,500	$17.28
Age	**Plan 10**		**Plan 11**		**Plan 12**		**Plan 13**	
	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
30-34	$100,000	$6.00	$150,000	$9.00	$200,000	$12.00	$250,000	$15.00
35-39	$100,000	$8.00	$150,000	$12.00	$200,000	$16.00	$250,000	$20.00
40-44	$100,000	$8.00	$150,000	$12.00	$200,000	$16.00	$250,000	$20.00
45-49	$100,000	$12.00	$150,000	$18.00	$200,000	$24.00	$250,000	$30.00
50-54	$100,000	$16.00	$150,000	$24.00	$200,000	$32.00	$250,000	$40.00
55-59	$100,000	$28.00	$150,000	$42.00	$200,000	$56.00	$250,000	$70.00
60-64	$100,000	$44.00	$150,000	$66.00	$200,000	$88.00	$250,000	$110.00
65-69	$65,000	$46.80	$97,500	$70.20	$130,000	$93.60	$162,500	$117.00
70 & Over	$45,000	$57.60	$67,500	$86.40	$90,000	$115.20	$112,500	$144.00

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2015, you and all enrolled family members must have been tobacco-free by January 1, 2014.

To update your tobacco status, go to the Web site, www.wvpeia.com, and log into Manage My Benefits or call PEIA at 1-877-676-5573.

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
$40,000	$2.40	$50,000	$3.00	$60,000	$3.60	$75,000	$4.50	$80,000	$4.80
$40,000	$2.40	$50,000	$3.00	$60,000	$3.60	$75,000	$4.50	$80,000	$4.80
$40,000	$3.20	$50,000	$4.00	$60,000	$4.80	$75,000	$6.00	$80,000	$6.40
$40,000	$3.20	$50,000	$4.00	$60,000	$4.80	$75,000	$6.00	$80,000	$6.40
$40,000	$4.80	$50,000	$6.00	$60,000	$7.20	$75,000	$9.00	$80,000	$9.60
$40,000	$6.40	$50,000	$8.00	$60,000	$9.60	$75,000	$12.00	$80,000	$12.80
$40,000	$11.20	$50,000	$14.00	$60,000	$16.80	$75,000	$21.00	$80,000	$22.40
$40,000	$17.60	$50,000	$22.00	$60,000	$26.40	$75,000	$33.00	$80,000	$35.20
$26,000	$18.72	$32,500	$23.40	$39,000	$28.08	$48,750	$35.10	$52,000	$37.44
$18,000	$23.04	$22,500	$28.80	$27,000	$34.56	$33,750	$43.20	$36,000	$46.08

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
$300,000	$18.00	$350,000	$21.00	$400,000	$24.00	$450,000	$27.00	$500,000	$30.00
$300,000	$18.00	$350,000	$21.00	$400,000	$24.00	$450,000	$27.00	$500,000	$30.00
$300,000	$24.00	$350,000	$28.00	$400,000	$32.00	$450,000	$36.00	$500,000	$40.00
$300,000	$24.00	$350,000	$28.00	$400,000	$32.00	$450,000	$36.00	$500,000	$40.00
$300,000	$36.00	$350,000	$42.00	$400,000	$48.00	$450,000	$54.00	$500,000	$60.00
$300,000	$48.00	$350,000	$56.00	$400,000	$64.00	$450,000	$72.00	$500,000	$80.00
$300,000	$84.00	$350,000	$98.00	$400,000	$112.00	$450,000	$126.00	$500,000	$140.00
$300,000	$132.00	$350,000	$154.00	$400,000	$176.00	$450,000	$198.00	$500,000	$220.00
$195,000	$140.40	$227,500	$163.80	$260,000	$187.20	$292,500	$210.60	$325,000	$234.00
$135,000	$172.80	$157,500	$201.60	$180,000	$230.40	$202,500	$259.20	$225,000	$288.00

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

Age	Plan 1		Plan 2		Plan 3		Plan 4	
	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
30-34	$5,000	$0.50	$10,000	$1.00	$20,000	$2.00	$30,000	$3.00
35-39	$5,000	$0.50	$10,000	$1.00	$20,000	$2.00	$30,000	$3.00
40-44	$5,000	$0.60	$10,000	$1.20	$20,000	$2.40	$30,000	$3.60
45-49	$5,000	$0.80	$10,000	$1.60	$20,000	$3.20	$30,000	$4.80
50-54	$5,000	$1.20	$10,000	$2.40	$20,000	$4.80	$30,000	$7.20
55-59	$5,000	$2.20	$10,000	$4.40	$20,000	$8.80	$30,000	$13.20
60-64	$5,000	$3.40	$10,000	$6.80	$20,000	$13.60	$30,000	$20.40
65-69	$3,250	$4.16	$6,500	$8.32	$13,000	$16.64	$19,500	$24.96
70 & Over	$2,250	$4.68	$4,500	$9.36	$9,000	$18.72	$13,500	$28.08

Age	Plan 10		Plan 11		Plan 12		Plan 13	
	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
30-34	$100,000	$10.00	$150,000	$15.00	$200,000	$20.00	$250,000	$25.00
35-39	$100,000	$10.00	$150,000	$15.00	$200,000	$20.00	$250,000	$25.00
40-44	$100,000	$12.00	$150,000	$18.00	$200,000	$24.00	$250,000	$30.00
45-49	$100,000	$16.00	$150,000	$24.00	$200,000	$32.00	$250,000	$40.00
50-54	$100,000	$24.00	$150,000	$36.00	$200,000	$48.00	$250,000	$60.00
55-59	$100,000	$44.00	$150,000	$66.00	$200,000	$88.00	$250,000	$110.00
60-64	$100,000	$68.00	$150,000	$102.00	$200,000	$136.00	$250,000	$170.00
65-69	$65,000	$83.20	$97,500	$124.80	$130,000	$166.40	$162,500	$208.00
70 & Over	$45,000	$93.60	$67,500	$140.40	$90,000	$187.20	$112,500	$234.00

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
$40,000	$3.20	$50,000	$4.00	$60,000	$4.80	$75,000	$6.00	$80,000	$6.40
$40,000	$4.00	$50,000	$5.00	$60,000	$6.00	$75,000	$7.50	$80,000	$8.00
$40,000	$4.00	$50,000	$5.00	$60,000	$6.00	$75,000	$7.50	$80,000	$8.00
$40,000	$4.80	$50,000	$6.00	$60,000	$7.20	$75,000	$9.00	$80,000	$9.60
$40,000	$6.40	$50,000	$8.00	$60,000	$9.60	$75,000	$12.00	$80,000	$12.80
$40,000	$9.60	$50,000	$12.00	$60,000	$14.40	$75,000	$18.00	$80,000	$19.20
$40,000	$17.60	$50,000	$22.00	$60,000	$26.40	$75,000	$33.00	$80,000	$35.20
$40,000	$27.20	$50,000	$34.00	$60,000	$40.80	$75,000	$51.00	$80,000	$54.40
$26,000	$33.28	$32,500	$41.60	$39,000	$49.92	$48,750	$62.40	$52,000	$66.56
$18,000	$37.44	$22,500	$46.80	$27,000	$56.16	$33,750	$70.20	$36,000	$74.88

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
$300,000	$24.00	$350,000	$28.00	$400,000	$32.00	$450,000	$36.00	$500,000	$40.00
$300,000	$30.00	$350,000	$35.00	$400,000	$40.00	$450,000	$45.00	$500,000	$50.00
$300,000	$30.00	$350,000	$35.00	$400,000	$40.00	$450,000	$45.00	$500,000	$50.00
$300,000	$36.00	$350,000	$42.00	$400,000	$48.00	$450,000	$54.00	$500,000	$60.00
$300,000	$48.00	$350,000	$56.00	$400,000	$64.00	$450,000	$72.00	$500,000	$80.00
$300,000	$72.00	$350,000	$84.00	$400,000	$96.00	$450,000	$108.00	$500,000	$120.00
$300,000	$132.00	$350,000	$154.00	$400,000	$176.00	$450,000	$198.00	$500,000	$220.00
$300,000	$204.00	$350,000	$238.00	$400,000	$272.00	$450,000	$306.00	$500,000	$340.00
$195,000	$249.60	$227,500	$291.20	$260,000	$332.80	$292,500	$374.40	$325,000	$416.00
$135,000	$280.80	$157,500	$327.60	$180,000	$374.40	$202,500	$421.20	$225,000	$468.00

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.

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium
Under 30	$5,000	$0.40	$10,000	$0.80	$15,000	$1.20	$20,000	$1.60	$30,000	$2.40
30-34	$5,000	$0.50	$10,000	$1.00	$15,000	$1.50	$20,000	$2.00	$30,000	$3.00
35-39	$5,000	$0.50	$10,000	$1.00	$15,000	$1.50	$20,000	$2.00	$30,000	$3.00
40-44	$5,000	$0.80	$10,000	$1.60	$15,000	$2.40	$20,000	$3.20	$30,000	$4.80
45-49	$5,000	$1.10	$10,000	$2.20	$15,000	$3.30	$20,000	$4.40	$30,000	$6.60
50-54	$5,000	$1.80	$10,000	$3.60	$15,000	$5.40	$20,000	$7.20	$30,000	$10.80
55-59	$5,000	$3.10	$10,000	$6.20	$15,000	$9.30	$20,000	$12.40	$30,000	$18.60
60-64	$5,000	$4.40	$10,000	$8.80	$15,000	$13.20	$20,000	$17.60	$30,000	$26.40
65-69	$3,250	$5.20	$6,500	$10.40	$9,750	$15.60	$13,000	$20.80	$19,500	$31.20
70 & over	$2,500	$11.20	$5,000	$22.40	$7,500	$33.60	$10,000	$44.80	$15,000	$67.20

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium
Under 30	$40,000	$3.20	$50,000	$4.00	$75,000	$6.00	$100,000	$8.00	$150,000	$12.00
30-34	$40,000	$4.00	$50,000	$5.00	$75,000	$7.50	$100,000	$10.00	$150,000	$15.00
35-39	$40,000	$4.00	$50,000	$5.00	$75,000	$7.50	$100,000	$10.00	$150,000	$15.00
40-44	$40,000	$6.40	$50,000	$8.00	$75,000	$12.00	$100,000	$16.00	$150,000	$24.00
45-49	$40,000	$8.80	$50,000	$11.00	$75,000	$16.50	$100,000	$22.00	$150,000	$33.00
50-54	$40,000	$14.40	$50,000	$18.00	$75,000	$27.00	$100,000	$36.00	$150,000	$54.00
55-59	$40,000	$24.80	$50,000	$31.00	$75,000	$46.50	$100,000	$62.00	$150,000	$93.00
60-64	$40,000	$35.20	$50,000	$44.00	$75,000	$66.00	$100,000	$88.00	$150,000	$132.00
65-69	$26,000	$41.60	$32,500	$52.00	$48,750	$78.00	$65,000	$104.00	$97,500	$156.00
70 & over	$20,000	$89.60	$25,000	$112.00	$37,500	$168.00	$50,000	$224.00	$75,000	$336.00

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2015, you and all enrolled family members must have been tobacco-free by January 1, 2014.

Retired Employee's Optional Life Insurance: TOBACCO USER

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium
Under 30	$5,000	$0.50	$10,000	$1.00	$15,000	$1.50	$20,000	$2.00	$30,000	$3.00
30-34	$5,000	$0.70	$10,000	$1.40	$15,000	$2.10	$20,000	$2.80	$30,000	$4.20
35-39	$5,000	$0.90	$10,000	$1.80	$15,000	$2.70	$20,000	$3.60	$30,000	$5.40
40-44	$5,000	$1.30	$10,000	$2.60	$15,000	$3.90	$20,000	$5.20	$30,000	$7.80
45-49	$5,000	$2.00	$10,000	$4.00	$15,000	$6.00	$20,000	$8.00	$30,000	$12.00
50-54	$5,000	$3.40	$10,000	$6.80	$15,000	$10.20	$20,000	$13.60	$30,000	$20.40
55-59	$5,000	$5.40	$10,000	$10.80	$15,000	$16.20	$20,000	$21.60	$30,000	$32.40
60-64	$5,000	$7.10	$10,000	$14.20	$15,000	$21.30	$20,000	$28.40	$30,000	$42.60
65-69	$3,250	$7.54	$6,500	$15.08	$9,750	$22.62	$13,000	$30.16	$19,500	$45.24
70 & over	$2,500	$16.70	$5,000	$33.40	$7,500	$50.10	$10,000	$66.80	$15,000	$100.20

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium	Amount of Monthly Coverage	Premium
Under 30	$40,000	$4.00	$50,000	$5.00	$75,000	$7.50	$100,000	$10.00	$150,000	$15.00
30-34	$40,000	$5.60	$50,000	$7.00	$75,000	$10.50	$100,000	$14.00	$150,000	$21.00
35-39	$40,000	$7.20	$50,000	$9.00	$75,000	$13.50	$100,000	$18.00	$150,000	$27.00
40-44	$40,000	$10.40	$50,000	$13.00	$75,000	$19.50	$100,000	$26.00	$150,000	$39.00
45-49	$40,000	$16.00	$50,000	$20.00	$75,000	$30.00	$100,000	$40.00	$150,000	$60.00
50-54	$40,000	$27.20	$50,000	$34.00	$75,000	$51.00	$100,000	$68.00	$150,000	$102.00
55-59	$40,000	$43.20	$50,000	$54.00	$75,000	$81.00	$100,000	$108.00	$150,000	$162.00
60-64	$40,000	$56.80	$50,000	$71.00	$75,000	$106.50	$100,000	$142.00	$150,000	$213.00
65-69	$26,000	$60.32	$32,500	$75.40	$48,750	$113.10	$65,000	$150.80	$97,500	$226.20
70 & over	$20,000	$133.60	$25,000	$167.00	$37,500	$250.50	$50,000	$334.00	$75,000	$501.00

Other Life Insurance Rates: Actives and Retirees

PEIA offers basic and optional decreasing term 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. If you wish to increase your plan, you will need to apply for the coverage, complete the Statement of Health, and be approved by Minnesota Life for an increase in your dependent life coverage. Go to www.wvpeia.com and log in to "Manage My Benefits" and follow the instructions on the screen to apply.

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.

Active Employee's Basic Life and AD&D Insurance Rates

Age	Amount of coverage	Monthly premium
Under age 65	$10,000	$2.00
Ages 65-69	$6,500	$1.30
Age 70 and above	$5,000	$1.00

Active Employee's Dependent Life and AD&D Insurance Premiums
Active Employee's Dependent Life Insurance Rates

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
Plan 5 ($40,000 Spouse/$15,000 child)	$19.86

Retired Employee's Basic Life Insurance Rates
Retired Employee's Basic Life Monthly Premium

Under age 67 ($5,000)	$11.60
Age 67 and over ($2,500)	$5.80

Retired Employee's Life Insurance Rates
Retired Employee's Dependent Life Monthly Premium

Plan 1 ($5,000 Spouse/$2,000 child)	$7.32
Plan 2 ($10,000 Spouse/$4,000 child)	$14.62
Plan 3 ($15,000 Spouse/$7,500 child)	$21.98
Plan 4 ($20,000 Spouse/$10,000 child)	$29.30
Plan 5 ($40,000 Spouse/$15,000 child)	$58.60

PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2015

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, 2014, for Plan Year 2015 (July 1, 2014 - June 30, 2015).

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 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:

1. 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.
2. If you opted out of the Premium Conversion Plan previously, and want back in, complete the form on page 58, sign, date and return it to your payroll clerk by April 30, 2014.
3. 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.
4. 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 58, and return it to your benefit coordinator by April 30, 2014.

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, 2014.

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 on the next page.

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 "carve-out" 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, 2014), 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.

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

Premium Conversion Plan Form / Plan Year 2015

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!!!**

Opt In ☐ INITIAL box if you agress to have this advance directive submitted to the WV e-Directive Registry, and released to treating health care providers. Complete information to RIGHT. **WV E-DIRECTIVE REGISTRY FAX: 304-293-7442**	Last Name/First/Middle _____ Address _____ City/State/Zip _____ Date of Birth (mm/dd/yyyy) ____ / _____ / _____ Last 4 SSN _____ Gender M ____ F ____

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

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

Dated: _____ , 20____

I, _____ , hereby
(Insert your name and address)

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

The person I choose as my representative is:

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

The person I choose as my successor representative is:

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

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

Principal Name _____
(person for whom form is being completed)

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

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

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

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

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

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

2. Other directives

_____

_____

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

_____ DATE _____

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 _____

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

Be sure to give a copy of this completed form to your doctor.

Also, if you wish to have your document added to the e-Directive Registry, complete the boxes at the top of the first page.

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Public Employees Insurance Agency
601 57th Street, SE / Suite 2
Charleston, WV 25304-2345

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