West Virginia

Public Employees Insurance Agency

Shopper's Guide

Benefits for Plan Year 2007

July 1, 2006 - June 30, 2007

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The Fine Print

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

Questions about particular benefits, limitations, costs, providers, or restrictions, should be directed to 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.

How to Have a Successful Open Enrollment

1. Read through "What's Important for 2007" to get a quick overview of the changes for the coming Plan Year.

2. Review the side-by-side comparison of the plans. You'll see plan names across the top of the chart, and many health care services listed down the side. Just find a service you or your family members use, and read across the chart to see how much you'll have to pay for that service under each plan. In the Benefits At-A-Glance charts we let you know which benefits may have limits, and directed you to the plans for details.

3. Check the map on page 14 and chart on page 15 to be sure you're eligible to enroll in the plan you want. The PEIA PPB Plan is available in all areas. Remember, you must live in a county marked on the charts on page 15 to enroll in an HMO or PPO 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. Remember that Carelink and PEIA health coverage premiums and optional life insurance premiums will be based on your tobacco-use status as reported during this open enrollment. For family coverage, all enrolled family members must have been tobacco-free by January 1, 2006, to qualify for the discounted (Preferred) PEIA PPB Plan premium, and by March 1, 2006, to qualify for the discounted (Preferred) Carelink premium. The Preferred premium does not apply to The Health Plan's premiums. PEIA may review medical records to check tobacco use.

6. If you registered for online enrollment, go to www.wvpeia.com to reach the open enrollment website. Use the information we provided to access the Open Enrollment website. Complete your tobacco affidavit and make any demographic changes or plan selections you wish. Remember, you must access the site and make your choices before midnight on May 12, 2006.

7. If you did not register for online enrollment, complete and sign the Tobacco Affidavit and Transfer Form, then return it to your benefit coordinator during the open enrollment. The deadline for turning in your form is May 12, 2006.

Terms You Need To Know

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

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

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

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

Copayment — a set dollar amount that you pay when you use 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.

Lifetime Maximum Benefit — each plan has a maximum it will pay for a member in a lifetime. You'll find details in the Benefits At-A-Glance charts

Managed Care Plans — the plans that PEIA contracts with to provide care to members who choose to enroll. The managed care plans we currently have contracts with are Carelink and The Health Plan.

PEIA Preferred Provider Benefit Plans (PPB) — the two 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 Acordia at 1-888-440-7342. For full details of the benefits, see you Summary Plan Description.

Pre-Existing Condition Limitations — If you make a change during open enrollment, you and your covered dependents will face no limitations on pre-existing medical conditions, regardless of what plan you join. New employees who enroll in a managed care plan after the open enrollment period will have no pre-existing condition limitations if they enroll during the calendar month of or the two calendar months following employment. New employees who enroll in the PEIA PPB Plan during the calendar month of or the two calendar months following the date of employment will have no pre-existing condition limitations, as long as they had other comparable health coverage in the 62 days prior to the time they enroll for PEIA PPB Plan coverage.

Preferred Provider Organization (PPO) — a health care plan that uses a network of providers to provide care. To get the highest level of benefit, you must use network providers. PPOs offer members an out-of-network benefit which allows them to use their provider of choice, although the member will pay more of the cost if using a non-network provider without plan approval. Each PPO has a network of health care providers. PPOs do not require members to choose a PCP to coordinate their care.

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.

What's Important For 2007

Carelink

- For the first time, Carelink will offer a premium discount to tobacco-free plan members. The deadline for being tobacco-free to claim the discount was March 1, 2006. All enrolled family members must have been tobacco-free by the deadline to qualify for the discount.
- Carelink will offer members Coventry *WellBeing*, a wellness and health promotion program that includes an online health promotion tool called "My ePHIT."
- HMO Plans 1 & 2 had no significant benefit changes, although copayments and coinsurance were adjusted on a few benefits.
- Carelink's PPO Plan had an increase in the medical deductible, and the addition of a deductible for prescription drugs and changes in the prescription copays.

The Health Plan

- The Health Plan has made no significant benefit changes, and their premiums have held steady for the coming plan year.
- Not-for-Profit. The Health Plan is the only not-for-profit HMO in West Virginia. They are West Virginia's first and oldest HMO.
- NCQA Accreditation. The Health Plan maintains its Excellent Accreditation from the National Committee for Quality Assurance (NCQA).
- Over the Counter medications (OTC). Ask your plan representative or call The Health Plan or visit us on the web at www.healthplan.org regarding certain OTC medications. These OTC medications may be covered at a $0 copay or reduced costs!

PEIA

- There are no significant benefit changes in the PEIA PPB Plans for Plan Year 2007, although premiums have increased for all PEIA coverages.
- Common Specialty Medications: PEIA has implemented a separate benefit for Common Specialty Medications. Usually these are self-administered injections. CuraScript is the exclusive pharmacy for common specialty medications, and the drugs are mailed to either your home or physician's office. The copay is $50 for any medication in this class, after deductible. These drugs are not available in 90-day supplies. Please refer to the list of "Common Specialty Medications" in the SPD for details.
- Beginning this fall, the PEIA PPB Plans will offer members the opportunity to name a "Medical Home." Your medical home can be a general practice doctor, family practice doctor, internist, pediatrician, geriatrician, or for women in the plan, a gynecologist. When you use your medical home, you will pay a reduced office visit copayment. Other office copayments will increase.
  The intent of this program is to connect members with a physician who can oversee and coordinate all of their care. You WILL NOT be required to have a referral to see a specialist, and this plan will not limit your ability to see any network doctor you choose.
  We will send you more information about this program in late summer, and we expect to take the program live before the end of this calendar year. Watch for more information!

Life Insurance Carrier Change

- PEIA has awarded a new contract for life insurance to Minnesota Life. The contract is effective on July 1, 2006, so the premiums printed at the back of this guide are Minnesota Life's premiums, and they may differ slightly from what you were paying with the previous carrier. Your life insurance benefits will not change because of the change to Minnesota Life in July. The terms of the plan will remain the same. You will receive a new life insurance booklet in June, and we will hold Life Insurance Open Enrollment in the fall. You will get more details of the Life Insurance Open Enrollment as we get closer to that time.

Eligibility Rules

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

Who is eligible to transfer or enroll?

Current Members. Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan.

Eligible Non-members. An employee or retiree who is eligible for benefits may enroll in any plan for which they qualify during Open Enrollment Period.

Medicare. If you or any enrolled dependents have Medicare as your ***primary*** health coverage (or will at any time during the plan year) you may not join a managed care plan. Your only option for PEIA-sponsored Medicare supplement coverage is the PEIA PPB Plan. If either you or your enrolled dependents become Medicare-primary while enrolled in a managed care plan, you must notify PEIA and transfer to the PEIA PPB Plan. Generally, Medicare is primary when the policyholder is retired. If you have more questions about when Medicare is primary, call the Open Enrollment Helpline.

Eligible Dependents. You and your enrolled dependents must all live in the enrollment area of a plan 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 area. You may enroll the following dependents:

- Your legal spouse.
- Your unmarried biological or adopted children under age 19.
- Unmarried stepchildren who live with you, are under age 19, and have no other health insurance available.
- Unmarried children under age 19 who live with you and are fully dependent upon you for support and maintenance.
- Unmarried children or stepchildren who are incapacitated and cannot support themselves due to a mental or physical disability which began before age 19 (or age 25 if a full-time student).

Coverage for dependent children may be extended to age 25 if they are unmarried, full-time students. Families with unmarried full-time students under age 25 may choose a managed care plan, even if the student temporarily lives outside the plan's enrollment area while attending school. Coverage in these circumstances may be limited.

Married children are not eligible for coverage.

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

1. as "Family with Employee Spouse" in any plan;
2. as "Employee Only" and "Employee and Child(ren)" in the same or different plans (remember, you'll have two out-of-pocket maximums and two deductibles if you enroll this way); or
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.

Retired or Retiring Deputy Sheriffs under age 55. Premium rates for all plans are substantially higher than those listed in this guide. Contact PEIA or your benefit coordinator for details of the premium rates.

Eligibility Events

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 enrollment area or unless you'll be eligible for Medicare — age 65 or disabled — in which case you will be transferred to the PEIA PPB Plan.

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 enrollment area of the plan you're currently in. The PEIA PPB Plan doesn't have a limited enrollment area, so if you're in it, you'll stay in it for the entire year, regardless of where you are transferred. Transfer from a State agency to a non-State agency may permit a change in coverage.

Mid-Year Plan Changes: The only time you can change plans during the plan year is if you move out of the enrollment area of your plan so that accessing care is unreasonable. Since the PEIA PPB Plan has an unlimited enrollment area, you will not be permitted to transfer out of it during the plan year, even if you move.

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

Death or Divorce: If you are in a managed care plan and a death or divorce occurs in the middle of a plan year, to continue coverage, you must remain in the plan you were in at the time of the death or divorce for the balance of the plan year. You can only change plans during the plan year if the affected dependents move out of the enrollment 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 your 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. To request this special enrollment or obtain more information, contact your benefit coordinator or call Barbara Randolph at 1-888-680-7342.

Benefits At-Glance

The charts on the following pages give you an overview of the benefits provided by the plans. When reading the charts, copayments are stated in flat dollar amounts, and are charged every time you use the service. When your cost share is listed as a percentage of the charge, it is coinsurance. When the deductible applies to a service, the chart says so. Many of the benefits have limitations. Be sure to review the detailed information from each plan before selecting a plan to assure that you understand the benefits and limitations.

Benefits At-A-Glance

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Carelink PPO		Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	None	$500/person	$500 single $1,000 family	$1,000 single $2,000 family	None	$100 single/ $200 family	$250 single / $500 family (Applies to in-network only)	$500 single / $1,000 family (Applies to out-of-network only)	Varies by salary and employer type. See premium charts.	Twice the in-network deductible
Annual out-of-pocket maximum	$2,000 single $4,000 (2 people) $6,000 (3+ people)	$3,000 single $6,000 (2 people) $9,000 (3+ people)	$1,500 single / $3,000 family	$3,000 single / $6,000 family	$2,000 single / $6,000 family	$3,500 single / $10,000 family	$1,500 single / $3,000 family	$3,000 single / $6,000 family	Varies by salary & employer type. See premium charts.	Twice the in-network out-of-pocket maximum
Lifetime Benefit Maximum	None	None	$2,000,000	$2,000,000	$1,000,000 for all HP/THP products	$1,000,000 for all HP/THP products	$1,000,000 for all HP/THP products	$1,000,000 for all HP/THP products	$1,000,000	$1,000,000
Physician Services										
Adult routine physical examinations	$10	$10	$15	Deductible + 40%	PCP-$15 OB/GYN-$20	PCP-$15 OB/GYN-$25	$15	Deductible + 40%	$10 co-pay for office visit	Deductible + 40%
Diagnostic x-ray, lab and testing	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Mammograms (screening)	Covered in full	Covered in full	Deductible + 20%	Deductible + 40%	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Deductible + 40%	Covered in full	Deductible + 40%
Physician inpatient visits	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Physician office visits – primary care	$10	$10	$15	Deductible + 40%	$15	$15	$15	Deductible + 40%	$15 co-pay office visit only	Deductible + 40%
Physician office visits – specialty care	$25	$30	$15	Deductible + 40%	$20	$25 *deductible waived initial visit only	$15	Deductible + 40%	$15 co-pay office visit only	Deductible + 40%
Prenatal care	$25 initial visit only; then covered at 100%	$30 initial visit only; then covered at 100%	$15 initial visit only; then covered at 100%	Deductible + 40%	$20 initial visit only; then covered at 100%	$25 initial visit only; then covered at 100%	$15 initial visit only; then covered at 100%	Deductible + 40%	Covered in full after deductible	Deductible + 40%

★ This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefits At-A-Glance

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Carelink PPO		Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Second surgical opinions	$25	$30	$15	Deductible + 40%	$20	$25	$15	Deductible + 40%	$15 co-pay office visit only	Deductible + 40% coinsurance office visit only
Voluntary sterilization	$150	Deductible + $150	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Well child exams	$10	$10	$15	Deductible + 40%	$15	$15	$15	Deductible + 40%	Covered in full	Covered in full
Well child immunizations (birth through 16)	Covered at 100% unless associated with an office visit	Covered at 100% unless associated with an office visit	Covered at 100% unless associated with an office visit	Covered at 100% unless with an office visit	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Deductible	Covered in full	Covered in full
Inpatient Services										
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	$250 and 10%	Deductible + $500 and 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	$500 + deductible and 40%
Inpatient occupational, physical, or speech therapy ★	$250 and 10%	Deductible + $500 + 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	$500 + deductible and 40%
Maternity care (delivery)	$250 and 10%	Deductible + $500 + 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	$500 + deductible + 40%
Rehabilitation ★	$250 and 10%	Deductible + $500 and 20%	Deductible + 20%	Deductible + 40%	Covered in full (days 1-30); 20% (days 31+)	Covered in full after deductible (days 1-30); 20% (days 31+)	Deductible + 20%	Deductible + 40%	Deductible + 20%	$500 + deductible + 40% \
Skilled nursing ★	50%	Deductible + 50%	Deductible + 20%	Deductible + 40%	$35 co-pay/day	Deductible + $35 co-pay/day	Deductible + 20%	Deductible + 40%	Deductible + 20% .	$500 + deductible + 40%
Hospital Outpatient Services										
Ambulatory/ outpatient surgery	$250 and 10%	Deductible + $500 and 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	$50 + deductible + 20%	$100 + deductible + 40%
Preadmission testing, diagnostic x-ray and lab, radiation and chemotherapy	10%; radiation and chemotherapy 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%

★ This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefits At-A-Glance

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Carelink PPO		Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health & Chemical Dependency Benefits										
Outpatient chemical dependency ★	$25	$30	20%	Deductible + 40%	$20	$20	$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Outpatient mental health ★	$25	$30	20%	Deductible + 40%	$20	$20	$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Inpatient chemical dependency (including partial hospitalization) ★	$250 and 10%	Deductible + $500 + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20% .	Deductible + 40%	Deductible + 20%	$500 + deductible and 40%
Inpatient detoxification	$250 and 10%	Deductible + $500 and 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	$500 + deductible and 40%
Inpatient mental health (including partial hospitalization) ★	$250 and 10%	Deductible + $500 + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20% .	Deductible + 40% .	Deductible + 20%	$500 + deductible and 40%
Outpatient Therapies										
Acupuncture ★	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Deductible + 20%	Deductible + 40% ;
Chiropractic ★	$25	$30	$15	Deductible + 40%	$20	$25	$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Occupational therapy ★	$25	$30	20%	Deductible + 40%	$20	Deductible + $25	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Physical therapy ★	$25	$30	20%	Deductible + 40%	$20	Deductible + $25	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Speech therapy ★	$25	$30	20%	Deductible + 40%	$20	Deductible + $25	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
All Other Medical Services										
Allergy testing and treatment ★	$25 testing; treatment covered at 100% unless with an office visit	$30 testing; treatment covered at 100% unless with an office visit	$15 + 20%	Deductible + 40%	$20 testing; treatment covered in full unless associated with an office visit	$25 testing; treatment covered in full unless associated with an office visit *deductible waived	$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Cardiac rehabilitation ★	$25	$30	$15	Deductible + 40%	$10	Deductible + $10	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Dental services – accident related ★	$25	$30	$15	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Dental services – other ★	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Impacted teeth only; deductible + 20%	Impacted teeth only; deductible + 40%
Diabetic supplies ★	Covered at 100%	Covered at 100%	Covered at 100%	Deductible + 40%	Certain supplies covered in full	Certain supplies covered in full	Certain supplies covered in full	Deductible + 40%	Covered under Prescription drug plan	Covered under Prescription drug plan

★ This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefits At-A-Glance

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Carelink PPO		Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment (DME) ★	50%	Deductible + 50%	Deductible + 20%	Deductible + 40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Emergency ambulance (medically necessary)	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	$50	Deductible + $50	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Emergency Room Treatment (Non-emergency)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	$50 + deductible+ 20%	$50 + deductible + 40%
Emergency services (including supplies) ★	$75 + 10% (co-pay waived if admitted)	Deductible + $75 + 20% (co-pay waived if admitted)	Deductible + $75 + 20% (co-pay waived if admitted)	Deductible + 40%	$75 (waived if admitted)	$75 (waived if admitted)	$75 (waived if admitted)	$75 (waived if admitted)	$25 + deductible + 20%	$25 + deductible + 40%
Growth hormone ★	Covered at 100%	Covered at 100%	Deductible + 20%	Deductible + 40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Covered under prescription drug plan	Covered under prescription drug plan
Hearing exam	Covered under well child benefit only; $10	Covered under well child benefit only; $10	Covered under well child benefit only; $15	Deductible + 40% ; Covered under well child benefit only	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Deductible + 40% .	Covered under well child benefit only	Covered under well child benefit only
Home health services ★	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20% .	Deductible + 40% .	Deductible + 20%	Deductible + 40%
Home health supplies ★	10%	20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Hospice ★	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20% .	Deductible + 40% .	Deductible + 20%	Deductible + 40%
Infertility services ★ ***NO prescription coverage.***	40%	Deductible + 40%	20% ; $300 annual co-pay	Deductible + 40% ; $300 annual co-pay.	30% ;	Deductible + 30% ;	Deductible + 20%	Deductible + 40% .	Deductible + 20%	Deductible + 40%
Medical supplies ★	10%	20%	Deductible + 20%	Deductible + 40%	30%	Deductible + 30%)	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Podiatry	$25	$30	$15	Deductible + 40%	$20	$25	$15	Deductible + 40% .	$15; surgery- 20%	Deductible + 40%
Prosthetics ★	30%	Deductible + 30% ;	Deductible + 20% ;	Deductible + 40% ;	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Deductible + 20% .	Deductible + 40%
Pulmonary rehabilitation ★	$25	$30	20%	Deductible + 40% ;	$10	Deductible + $10	Deductible + 20%	Deductible + 40% .	Deductible + 20%	Deductible + 40%
Radiation and chemotherapy	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%

★ This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefits At-A-Glance

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Carelink PPO		Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
TMJ ★	5%	5%	5%	40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40% .	Not covered	Not Covered
Transplants (non-experimental) ★	$250; then 10% ;	Deductible + $500; then 20%	Deductible + 20%	Not covered	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%; additional $10,000 deductible
Urgent Care	$30	$30	$35; 20%	Deductible + 40%	$50	$50	$35	Deductible + 40%	Deductible + 20%	Deductible + 40%
Vision services	Eye exam - $25; Corrective lenses up to $100	Eye exam - $30; Corrective lenses up to $100	Eye exam - $15; Corrective lenses up to $100	Routine eye exam not covered; Corrective lenses up to $100	Not covered	Not covered	Not covered	Not covered	Not covered	Not Covered

Prescription Drug Benefits

Benefit Description	Carelink HMO Plan 1	Carelink HMO Plan 2	Carelink PPO no out-of-network benefit	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO no out-of-network benefit	PEIA PPB Plan A		PEIA PPB Plan B	
			In-Network only			In-Network only	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	None	$150 individual/ $300 family	None	None	None	$75 individual/ $125 family	$75 individual / $125 family	$150 individual/ $300 family	$150 individual/ $300 family
Generic	$10	$10	$5	$10	$5	$10	$5	$5 + $3.00 out of network fee	$5	$5 + $3.00 out of network fee
Formulary brand	$20	$20	$25	50% **ONLY** covered if generic is NOT available.	Not covered	50% **ONLY** covered if generic is NOT available.	$15	$15 + $3.00 out of network fee	$20	$20 + $3.00 out of network fee
Non-Formulary Brand	$50	$50	$50	Not Covered	Not covered	Not covered	$30	$30 + $3.00 out of network fee	$50	$50 + $3.00 out of network fee
Brand Name drug if generic equivalent is available	If requested by patient, patient pays the appropriate brand copay plus full cost difference between the generic and brand drug. If requested by physician, $20 or $50 copay.	If requested by patient, patient pays the appropriate brand copay plus full cost difference between the generic and brand drug. If requested by physician, $20 or $50 copay.	If requested by patient, patient pays the appropriate brand copay plus full cost difference between the generic and brand drug. If requested by physician, $25 or $50 copay.	Not covered	Not Covered	Not covered	$5 + full cost difference between the generic and brand drug	$5 + $3.00 out of network fee + full cost difference between the generic and brand drug	$5 + full cost difference between the generic and brand drug	$5 + $3.00 out of network fee + full cost difference between the generic and brand drug
Maintenance Medication discount ★	90-day supply for one month's co-pay	90-day supply for one month's co-pay	90-day supply for one month's co-pay	Mail order	Mail order	Mail order	90-day supply for two months' co-pay	No discount	90-day supply for two months' co-pay	No discount
Annual benefit maximum (per member/year)	None	None	None	$5,000	$5,000	$5,000	None	None	None	None
Out-of-pocket maximum	None	None	None	None	None	None	$1,750 individual/ $3,500 family	$1,750 individual/ $3,500 family	$1,750 individual/$3,500 family	$1,750 individual/ $3,500 family

★ This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefit Fairs

Tuesday, April 18
Morgantown (9:00 – 1:30)
WVU Coliseum,
Jerry West Mountaineer Room

Tuesday, April 18
Morgantown (3:00 – 7:00)
Ramada Inn
I-79 & Exit 148 & I-68 Exit 1, US 119 North

Tuesday, April 18
Elkins (3:00 – 7:00)
Days Inn, 1200 Harrison Ave

Wednesday, April 19
Parkersburg (3:00 – 7:00)
Holiday Inn, US Rt 50 and I-77

Wednesday, April 19
Fairmont (9:00 – 2:00)
Fairmont State College
1201 Locust Ave.

Thursday, April 20
Charleston (9:00-2:00)
State Capitol Complex, Building 7,
Conference Center Corridor
1900 Kanawha Blvd E

Thursday, April 20
Charleston (3:00 - 7:00)
Charleston Civic Center
200 Civic Center Drive

Thursday, April 20
Beckley (3:00-7:00)
Tamarack Conference Center, Ballroom A
One Tamarack Park

Monday, April 24
Ripley (3:00 – 7:00)
Best Western-McCoy's Inn
701 West Main Street

Monday, April 24
Martinsburg (3:00 – 7:00)
Holiday Inn, 300 Foxcroft Ave.

Tuesday, April 25
Romney (3:00 – 7:00)
South Branch Inn, 1500 US Rt. 220 N

Tuesday, April 25
Huntington (9:00 - 1:30)
Marshall University Memorial Student Ctr.
1 John Marshall Drive

Tuesday, April 25
Huntington (3:00 – 7:00)
Big Sandy Superstore Arena
1 Civic Center Plaza

Wednesday, April 26
Wheeling (3:00 – 7:00)
Ramada Plaza City Center
1200 Market Street

Wednesday, April 26
Logan (3:00 – 7:00)
Earl Ray Tomblin Convention Center
US Route 119, Conference Ctr. Drive

Thursday, April 27
Weirton (3:00 – 7:00)
Holiday Inn
350 Three Springs Drive

Thursday, April 27
Charleston (9:00 – 3:00)
State Capitol Complex
Main Capitol, Lower Rotunda

Here are some questions you might want to ask the plan representatives at the Benefit Fairs (or call their toll free lines).

- May I have a copy of your provider directory?
- How do you define a medical emergency? How do I report it?
- If my PCP does not want to refer me to a specialist and I believe I need one, what are my options?
- May I have a copy of your drug formulary? Are there special restrictions I should know about?

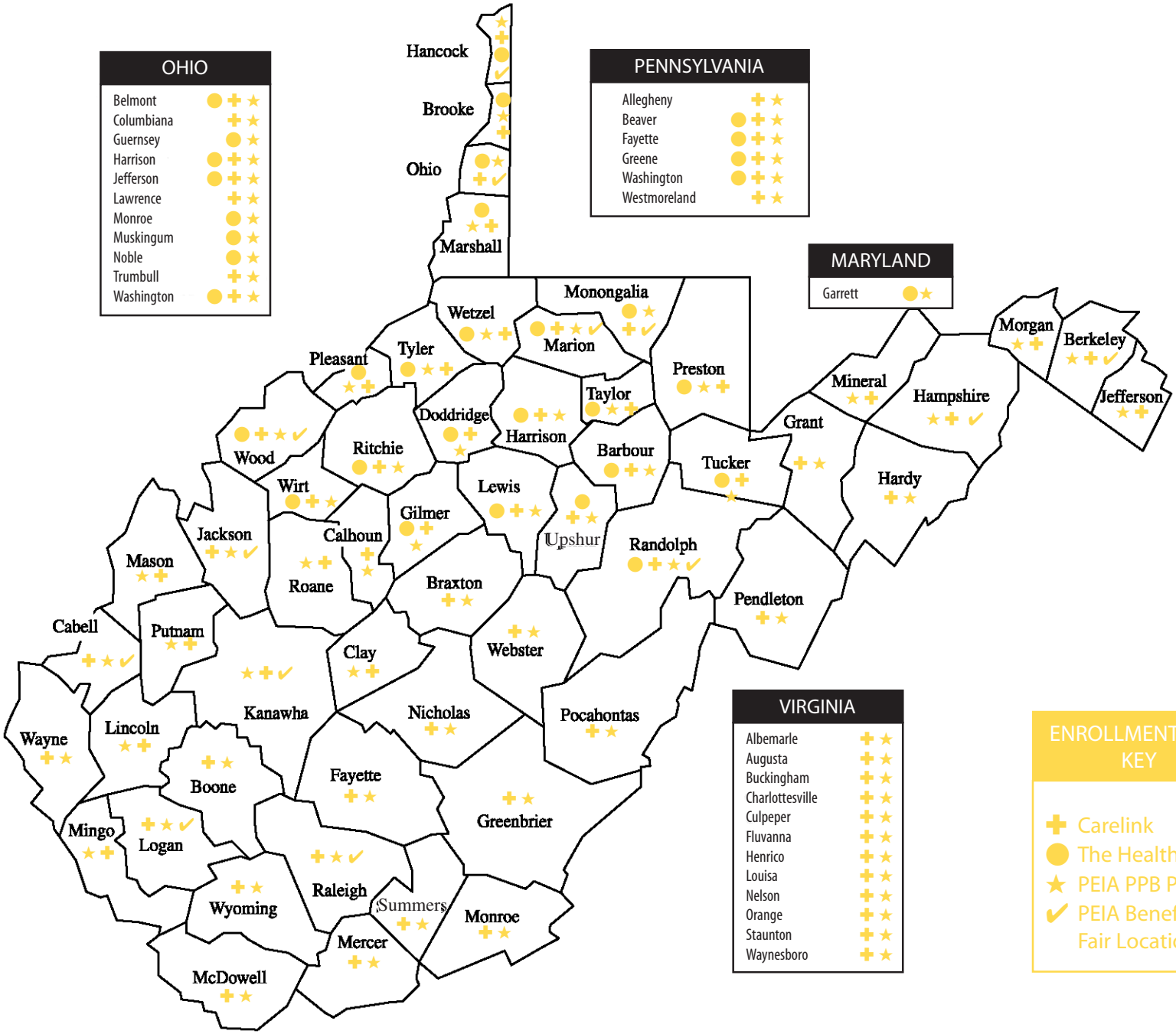
Enrollment Area Map For Plan Year 2007

This map shows the enrollment areas for the HMOs and PPOs. You must live within the enrollment area of a plan to be eligible to enroll in that plan.

The PEIA PPB Plan is available in all areas nationwide; it does not have a limited enrollment area, so although it has a symbol on this map, it is available in all other counties and states, too.

If your county is not shown or named on this map, then managed care plans (Carelink and the Health Plan) are not an option for you for Plan Year 2007.

You'll also see the locations of the benefit fairs marked on the map so you can find the one nearest you.



Managed Care Plans' Enrollment Areas

These charts list the counties in which the managed care plans may enroll members, and also provide you the Region information for each county, which you will need to determine the managed care plan premiums. You must LIVE in one of these counties to be eligible to join a managed care plan.

If your county is not listed in these charts, then managed care is not an option for you in Plan Year 2007. Counties not listed here are considered to be in Region 2 for premium purposes.

Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region
Barbour	X	X	1
Berkeley	X		2
Boone	X		2
Braxton	X		2
Brooke	X	X	1
Cabell	X		2
Calhoun	X		2
Clay	X		2
Doddridge	X	X	1
Fayette	X		2
Gilmer	X	X	1
Grant	X		2
Greenbrier	X		2
Hampshire	X		2
Hancock	X	X	1
Hardy	X		2
Harrison	X	X	1
Jackson	X		2
Jefferson	X		2
Kanawha	X		2
Lewis	X	X	1
Lincoln	X		2
Logan	X		2

Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region
Marion	X	X	1
Marshall	X	X	1
Mason	X		2
McDowell	X		2
Mercer	X		2
Mineral	X		2
Mingo	X		2
Monongalia	X	X	1
Monroe	X		2
Morgan	X		2
Nicholas	X		2
Ohio	X	X	1
Pendleton	X		2
Pleasants	X	X	1
Pocahontas	X		2
Preston	X	X	1
Putnam	X		2
Raleigh	X		2
Randolph	X	X	1
Ritchie	X	X	1
Roane	X		2
Summers	X		2
Taylor	X	X	1

Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region
Tucker	X	X	1
Tyler	X	X	1
Upshur	X	X	1
Wayne	X		2
Webster	X		2
Wetzel	X	X	1
Wirt	X	X	1
Wood	X	X	1
Wyoming	X		2
Garrett-MD		X	1
Belmont-OH	X	X	1
Columbiana-OH	X		1
Guernsey-OH		X	1
Harrison-OH	X	X	1
Jefferson-OH	X	X	1
Lawrence-OH	X		2
Monroe-OH		X	1
Muskingum-OH		X	1
Noble-OH		X	1
Trumbull-OH	X		1
Washington-OH	X	X	1

Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region
Allegheny-PA	X		1
Beaver-PA	X	X	1
Fayette-PA	X	X	1
Greene-PA	X	X	1
Washington-PA	X	X	1
Westmoreland-PA	X		1
Albemarle Co.-VA	X		2
Augusta Co.-VA	X		2
Buckingham Co.-VA	X		2
Charlottesville City-VA	X		2
Culpeper Co.-VA	X		2
Fluvanna Co.-VA	X		2
Henrico Co.-VA	X		2
Louisa Co.-VA	X		2
Nelson Co.-VA	X		2
Orange Co.-VA	X		2
Staunton City-VA	X		2
Waynesboro City-VA	X		2

NOTE: If your county is not listed in the charts above, then managed care is not available to you for Plan Year 2007.

Monthly Premiums For Region 1

PEIA has regional premiums for managed care plans, as shown in the charts on page 15. Counties not listed are considered to be in Region 2.

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.

Employee Only

Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Plan A	Plan B	PPO	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$62	$47	$21	$6	$52	$37	$40	$4	$18	$37	$22	$100	$800	$28	$13	$500	$2,000
20,001	30,000	$77	$62	$26	$11	$67	$52	$53	$6	$31	$52	$37	$150	$1,100	$35	$20	$500	$2,000
30,001	36,000	$84	$69	$32	$17	$74	$59	$58	$10	$37	$59	$44	$200	$1,250	$39	$24	$500	$2,000
36,001	42,000	$90	$75	$38	$23	$80	$65	$62	$14	$42	$65	$50	$225	$1,500	$41	$26	$500	$2,000
42,001	50,000	$104	$89	$53	$38	$94	$79	$75	$28	$55	$79	$64	$250	$1,750	$49	$34	$1,000	$2,000
50,001	62,500	$126	$111	$69	$54	$116	$101	$94	$46	$75	$101	$86	$375	$1,800	$61	$46	$1,000	$2,000
62,501	75,000	$139	$124	$82	$67	$129	$114	$106	$53	$87	$114	$99	$400	$1,850	$68	$53	$1,000	$2,000
75,001	100,000	$166	$151	$100	$85	$156	$141	$129	$72	$112	$141	$126	$425	$1,900	$83	$68	$1,000	$2,000
100,001	125,000	$207	$192	$136	$121	$197	$182	$167	$113	$149	$182	$167	$500	$2,000	$128	$113	$1,000	$2,000
125,001	+	$235	$220	$164	$149	$225	$210	$195	$141	$175	$210	$195	$600	$2,250	$156	$141	$1,000	$2,000

Employee and Children

Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Plan A	Plan B	PPO	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$200	$170	$112	$82	$141	$111	$85	$23	$65	$80	$50	$200	$800	$51	$21	$1,000	$4,000
20,001	30,000	$223	$193	$131	$101	$164	$134	$105	$41	$85	$103	$73	$300	$1,100	$63	$33	$1,000	$4,000
30,001	36,000	$232	$202	$135	$105	$173	$143	$111	$45	$93	$112	$82	$400	$1,250	$67	$37	$1,000	$4,000
36,001	42,000	$244	$214	$140	$110	$185	$155	$121	$55	$105	$124	$94	$450	$1,500	$72	$42	$1,000	$4,000
42,001	50,000	$276	$246	$167	$137	$217	$187	$149	$81	$137	$156	$126	$500	$1,750	$99	$69	$1,500	$4,000
50,001	62,500	$316	$286	$207	$177	$257	$227	$188	$117	$177	$196	$166	$750	$1,800	$139	$109	$1,500	$4,000
62,501	75,000	$347	$317	$232	$202	$288	$258	$219	$141	$208	$227	$197	$800	$1,850	$164	$134	$1,500	$4,000
75,001	100,000	$406	$376	$285	$255	$347	$317	$278	$190	$267	$286	$256	$850	$1,900	$217	$187	$1,500	$4,000
100,001	125,000	$466	$436	$350	$320	$407	$377	$338	$255	$327	$346	$316	$1,000	$2,000	$282	$252	$1,500	$4,000
125,001	+	$519	$489	$399	$369	$460	$430	$391	$304	$380	$399	$369	$1,200	$2,250	$331	$301	$1,500	$4,000

* If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Monthly Premiums For Region 1

Family																		
Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Plan A	Plan B	PPO	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$253	$223	$153	$123	$213	$183	$115	$50	$82	$120	$90	$200	$800	$93	$63	$1,000	$4,000
20,001	30,000	$299	$269	$205	$175	$265	$235	$155	$93	$124	$166	$136	$300	$1,100	$125	$95	$1,000	$4,000
30,001	36,000	$323	$293	$225	$195	$285	$255	$169	$105	$144	$190	$160	$400	$1,250	$142	$112	$1,000	$4,000
36,001	42,000	$350	$320	$250	$220	$310	$280	$189	$130	$166	$217	$187	$450	$1,500	$160	$130	$1,000	$4,000
42,001	50,000	$396	$366	$293	$263	$353	$323	$233	$171	$211	$263	$233	$500	$1,750	$198	$168	$1,500	$4,000
50,001	62,500	$457	$427	$349	$319	$409	$379	$294	$226	$266	$324	$294	$750	$1,800	$249	$219	$1,500	$4,000
62,501	75,000	$487	$457	$387	$357	$447	$417	$324	$254	$293	$354	$324	$800	$1,850	$277	$247	$1,500	$4,000
75,001	100,000	$565	$535	$472	$442	$532	$502	$402	$334	$364	$432	$402	$850	$1,900	$357	$327	$1,500	$4,000
100,001	125,000	$673	$643	$579	$549	$639	$609	$510	$436	$462	$540	$510	$1,000	$2,000	$459	$429	$1,500	$4,000
125,001	+	$764	$734	$660	$630	$720	$690	$601	$517	$537	$631	$601	$1,200	$2,250	$540	$510	$1,500	$4,000

Family with Employee Spouse																		
Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Plan A	Plan B	PPO	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$221	$191	$113	$83	$152	$122	$86	$24	$54	$88	$58	$200	$800	$63	$33	$1,000	$4,000
20,001	30,000	$254	$224	$148	$118	$179	$149	$113	$54	$84	$121	$91	$300	$1,100	$83	$53	$1,000	$4,000
30,001	36,000	$276	$246	$175	$145	$197	$167	$131	$67	$104	$143	$113	$400	$1,250	$100	$70	$1,000	$4,000
36,001	42,000	$293	$263	$192	$162	$211	$181	$145	$79	$119	$160	$130	$450	$1,500	$112	$82	$1,000	$4,000
42,001	50,000	$331	$301	$222	$192	$244	$214	$178	$109	$154	$198	$168	$500	$1,750	$137	$107	$1,500	$4,000
50,001	62,500	$381	$351	$272	$242	$288	$258	$220	$158	$199	$248	$218	$750	$1,800	$177	$147	$1,500	$4,000
62,501	75,000	$418	$388	$318	$288	$325	$295	$255	$190	$233	$285	$255	$800	$1,850	$213	$183	$1,500	$4,000
75,001	100,000	$504	$474	$415	$385	$411	$381	$341	$277	$311	$371	$341	$850	$1,900	$300	$270	$1,500	$4,000
100,001	125,000	$612	$582	$543	$513	$519	$489	$449	$380	$409	$479	$449	$1,000	$2,000	$403	$373	$1,500	$4,000
125,001	+	$693	$663	$623	$593	$600	$570	$530	$460	$483	$560	$530	$1,200	$2,250	$483	$453	$1,500	$4,000

* If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Monthly Premiums For Region 2

PEIA has regional premiums for managed care plans, as shown in the charts on page 15. Counties not listed are considered to be in Region 2.

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.

Employee Only															
Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$60	$45	$22	$7	$49	$34	$37	$22	$100	$800	$28	$13	$500	$2,000
20,001	30,000	$75	$60	$33	$18	$64	$49	$52	$37	$150	$1,100	$35	$20	$500	$2,000
30,001	36,000	$82	$67	$40	$25	$71	$56	$59	$44	$200	$1,250	$39	$24	$500	$2,000
36,001	42,000	$88	$73	$44	$29	$77	$62	$65	$50	$225	$1,500	$41	$26	$500	$2,000
42,001	50,000	$102	$87	$64	$49	$91	$76	$79	$64	$250	$1,750	$49	$34	$1,000	$2,000
50,001	62,500	$124	$109	$76	$61	$113	$98	$101	$86	$375	$1,800	$61	$46	$1,000	$2,000
62,501	75,000	$137	$122	$85	$70	$126	$111	$114	$99	$400	$1,850	$68	$53	$1,000	$2,000
75,001	100,000	$164	$149	$106	$91	$153	$138	$141	$126	$425	$1,900	$83	$68	$1,000	$2,000
100,001	125,000	$205	$190	$143	$128	$194	$179	$182	$167	$500	$2,000	$128	$113	$1,000	$2,000
125,001	+	$233	$218	$171	$156	$222	$207	$210	$195	$600	$2,250	$156	$141	$1,000	$2,000

Employee and Children															
Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$195	$165	$121	$91	$129	$99	$80	$50	$200	$800	$51	$21	$1,000	$4,000
20,001	30,000	$218	$188	$143	$113	$150	$120	$103	$73	$300	$1,100	$63	$33	$1,000	$4,000
30,001	36,000	$227	$197	$147	$117	$158	$128	$112	$82	$400	$1,250	$67	$37	$1,000	$4,000
36,001	42,000	$239	$209	$152	$122	$169	$139	$124	$94	$450	$1,500	$72	$42	$1,000	$4,000
42,001	50,000	$271	$241	$179	$149	$199	$169	$156	$126	$500	$1,750	$99	$69	$1,500	$4,000
50,001	62,500	$311	$281	$219	$189	$239	$209	$196	$166	$750	$1,800	$139	$109	$1,500	$4,000
62,501	75,000	$342	$312	$244	$214	$264	$234	$227	$197	$800	$1,850	$164	$134	$1,500	$4,000
75,001	100,000	$401	$371	$297	$267	$319	$289	$286	$256	$850	$1,900	$217	$187	$1,500	$4,000
100,001	125,000	$461	$431	$362	$332	$374	$344	$346	$316	$1,000	$2,000	$282	$252	$1,500	$4,000
125,001	+	$514	$484	$411	$381	$424	$394	$399	$369	$1,200	$2,250	$331	$301	$1,500	$4,000

* If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Monthly Premiums For Region 2

Family															
Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$240	$210	$163	$133	$174	$144	$120	$90	$200	$800	$93	$63	$1,000	$4,000
20,001	30,000	$286	$256	$211	$181	$216	$186	$166	$136	$300	$1,100	$125	$95	$1,000	$4,000
30,001	36,000	$310	$280	$230	$200	$236	$206	$190	$160	$400	$1,250	$142	$112	$1,000	$4,000
36,001	42,000	$337	$307	$248	$218	$258	$228	$217	$187	$450	$1,500	$160	$130	$1,000	$4,000
42,001	50,000	$383	$353	$286	$256	$303	$273	$263	$233	$500	$1,750	$198	$168	$1,500	$4,000
50,001	62,500	$444	$414	$337	$307	$358	$328	$324	$294	$750	$1,800	$249	$219	$1,500	$4,000
62,501	75,000	$474	$444	$365	$335	$385	$355	$354	$324	$800	$1,850	$277	$247	$1,500	$4,000
75,001	100,000	$552	$522	$445	$415	$456	$426	$432	$402	$850	$1,900	$357	$327	$1,500	$4,000
100,001	125,000	$660	$630	$547	$517	$554	$524	$540	$510	$1,000	$2,000	$459	$429	$1,500	$4,000
125,001	+	$751	$721	$628	$598	$630	$600	$631	$601	$1,200	$2,250	$540	$510	$1,500	$4,000

Family with Employee Spouse															
Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Standard	Preferred	Annual Deductible	Out-of-pocket Max	Standard	Preferred	Annual Deductible	Out-of-pocket Max
$0	20,000	$209	$179	$121	$91	$144	$114	$88	$58	$200	$800	$63	$33	$1,000	$4,000
20,001	30,000	$242	$212	$151	$121	$174	$144	$121	$91	$300	$1,100	$83	$53	$1,000	$4,000
30,001	36,000	$264	$234	$173	$143	$194	$164	$143	$113	$400	$1,250	$100	$70	$1,000	$4,000
36,001	42,000	$281	$251	$195	$165	$209	$179	$160	$130	$450	$1,500	$112	$82	$1,000	$4,000
42,001	50,000	$319	$289	$225	$195	$244	$214	$198	$168	$500	$1,750	$137	$107	$1,500	$4,000
50,001	62,500	$369	$339	$275	$245	$289	$259	$248	$218	$750	$1,800	$177	$147	$1,500	$4,000
62,501	75,000	$406	$376	$323	$293	$323	$293	$285	$255	$800	$1,850	$213	$183	$1,500	$4,000
75,001	100,000	$492	$462	$413	$383	$401	$371	$371	$341	$850	$1,900	$300	$270	$1,500	$4,000
100,001	125,000	$600	$570	$516	$486	$499	$469	$479	$449	$1,000	$2,000	$403	$373	$1,500	$4,000
125,001	+	$681	$651	$596	$566	$573	$543	$560	$530	$1,200	$2,250	$483	$453	$1,500	$4,000

* If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Non-State Agency: PEIA PPB Plans

Non-State agencies are counties, cities, towns, and other government bodies and agencies who 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 or Plan B 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.

The charts below detail the premiums, deductibles and out-of-pocket maximums for the two PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximums are double the in-network amounts listed in the charts.

Premiums, Deductibles and Out-of-Pocket Maximums

	PEIA PPB Plan A				PEIA PPB Plan B			
	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Maximum	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Maximum
Employee Only	$410	$395	$225	$1,500	$374	$359	$500	$2,000
Employee and Child(ren)	$833	$803	$450	$1,500	$740	$710	$1,000	$4,000
Family	$833	$803	$450	$1,500	$740	$710	$1,000	$4,000

* If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Non-State Agency: Managed Care Plans

Be sure to read the information on the previous page!

To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the charts on page 15 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 15 are considered to be in Region 2 for premium purposes.

The Health Plan does not offer discounted premiums to tobacco-free members, but you can still get a discount on your optional life insurance premium if you're tobacco free by completingand submitting the Tobacco Affidavit.

Regions 1 & 2 Managed Care Plan Premiums

Managed Care Plans

REGION 1

	Carelink HMO Plan 1		Carelink HMO Plan 2		Carelink PPO		The Health Plan		
	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Plan A	Plan B	PPO
Employee Only	$475	$460	$358	$343	$386	$371	$430	$307	$387
Employee and Child(ren)	$722	$692	$547	$517	$584	$554	$595	$478	$536
Family	$1,144	$1,114	$887	$857	$926	$896	$982	$783	$878

REGION 2

	Carelink HMO Plan 1		Carelink HMO Plan 2		Carelink PPO	
	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)
Employee Only	$479	$464	$369	$354	$373	$358
Employee and Child(ren)	$727	$697	$564	$534	$558	$528
Family	$1,148	$1,118	$893	$863	$883	$853

* If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Non-Medicare Retiree Premiums

These premiums offered to retired policyholders who are not yet eligible for Medicare. To enroll in one of the managed care plans listed here, you must live in the plan's enrollment area. Check the charts on page 15 to see if you qualify for the plan you're considering. The PEIA PPB Plan's enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts are in Region 2 for premium purposes.

The Health Plan does not offer discounted premiums to tobacco-free members, but you can still get a discount on your optional life insurance premium if you're tobacco free.

If you are using accrued leave, 100% or 50% of these premiums are being paid by your former employer.

Managed Care Plans

REGION 1

Carelink

	Policyholder Only						Policyholder and Family					
	HMO Plan 1		HMO Plan 2		PPO		HMO Plan 1		HMO Plan 2		PPO	
Years of service	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)
0-4	$586	$571	$447	$432	$441	$426	$1,016	$986	$775	$745	$765	$735
5-9	$505	$490	$385	$370	$380	$365	$876	$846	$668	$638	$659	$629
10-14	$478	$463	$364	$349	$360	$345	$829	$799	$632	$602	$624	$594
15-19	$451	$436	$344	$329	$340	$325	$782	$752	$596	$566	$589	$559
20-24	$424	$409	$323	$308	$319	$304	$735	$705	$561	$531	$553	$523
25+	$406	$391	$309	$294	$306	$291	$704	$674	$537	$507	$530	$500

The Health Plan

	Policyholder Only			Policyholder and Family		
Years of service	HMO Plan A	HMO Plan B	PPO	HMO Plan A	HMO Plan B	PPO
0-4	$421	$359	$410	$803	$683	$783
5-9	$363	$309	$354	$692	$588	$675
10-14	$343	$293	$335	$655	$557	$638
15-19	$324	$276	$316	$618	$525	$602
20-24	$304	$260	$297	$581	$494	$566
25+	$291	$249	$284	$556	$473	$542

^ 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.

Non-Medicare Retiree Premiums

REGION 2												
Carelink												
	Policyholder Only						Policyholder and Family					
	HMO Plan 1		HMO Plan 2		PPO		HMO Plan 1		HMO Plan 2		PPO	
Years of Service	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)	Standard (tobacco user)	Preferred (tobacco-free)
0-4	$577	$562	$440	$425	$434	$419	$1,002	$972	$764	$734	$755	$725
5-9	$492	$477	$379	$364	$374	$359	$864	$834	$659	$629	$650	$620
10-14	$463	$448	$359	$344	$354	$339	$817	$787	$623	$593	$615	$585
15-19	$435	$420	$338	$323	$334	$319	$771	$741	$588	$558	$581	$551
20-24	$406	$391	$318	$303	$314	$299	$725	$695	$553	$523	$546	$516
25+	$386	$371	$305	$290	$301	$286	$694	$664	$529	$499	$523	$493

PEIA PPB Plan A premiums, deductibles and out-of-pocket maximums are shown in the charts below.

Non-Medicare Retiree Benefits												
PEIA PPB Plan A												
	Policyholder Only				Policyholder with non-Medicare Dependents				Policyholder with Dependents on Medicare			
Years of service	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Maximum	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Maximum	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Maximum
0-4	$919	$904	$375	$1,500	$2,214	$2,184	$750	$1,500	$1,576	$1,546	$750	$1,500
5-9	$744	$729	$375	$1,500	$1,772	$1,742	$750	$1,500	$1,256	$1,226	$750	$1,500
10-14	$570	$555	$375	$1,500	$1,329	$1,299	$750	$1,500	$934	$904	$750	$1,500
15-19	$395	$380	$375	$1,500	$888	$858	$750	$1,500	$615	$585	$750	$1,500
20-24	$292	$277	$375	$1,500	$623	$593	$750	$1,500	$422	$392	$750	$1,500
25+	$223	$208	$375	$1,500	$446	$416	$750	$1,500	$293	$263	$750	$1,500

Medicare Retiree Premiums

The chart below shows the monthly premiums for retired policyholders who have Medicare as their primary insurance. When Medicare is primary, PEIA generally pays what Medicare does not pay for covered medical services after you meet your PEIA deductibles.

Remember, you do not need to choose a Medicare Part D plan in addition to your PEIA coverage, since PEIA provides your prescription drug benefits. In most cases, a Medicare Part D plan will be of little or no value to you, and you will have to pay additional premiums for that coverage.

If you are using accrued leave to pay your premiums, 100% or 50% of the premiums listed below is being paid by your former employer.

Medicare Retiree Benefits												
	Policyholder Only				Policyholder with non-Medicare Dependents				Policyholder with Dependents on Medicare			
Years of Service	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Max	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Max	Standard (tobacco user)	Preferred (tobacco-free)	Annual Deductible	Annual Out-of-Pocket Max
0-4	$ 453	$ 438	$150	$1,000	$ 1,472	$ 1,442	$300	$1,000	$ 945	$915	$300	$1,000
5-9	$361	$ 346	$150	$1,000	$ 1,178	$ 1,148	$300	$1,000	$ 746	$716	$300	$1,000
10-14	$268	$ 253	$150	$1,000	$ 886	$ 856	$300	$1,000	$ 545	$515	$300	$1,000
15-19	$175	$ 160	$150	$1,000	$ 594	$ 564	$300	$1,000	$ 345	$315	$300	$1,000
20-24	$120	$ 105	$150	$1,000	$ 418	$ 388	$300	$1,000	$ 222	$192	$300	$1,000
25+*	$ 83	$ 68	$150	$1,000	$ 301	$ 271	$300	$1,000	$ 143	$113	$300	$1,000

* These premiums, deductibles and out-of-pocket maximums also apply to those to retired prior to July 1, 1997, and to surviving dependents and disabled retirees who have Medicare.

Cost-Sharing

In addition to monthly premiums, all plan members pay a portion of the cost of care. This includes medical and prescription deductibles, copayments for office visits, and coinsurance. As you pay coinsurance, PEIA tracks what you pay. Those coinsurance amounts add up to your annual out-of-pocket maximum; that's the most you'll pay in coinsurance in one plan year.

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

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. Acordia handles COBRA enrollment for all plans and will contact you if you become eligible.

The charts below show the monthly premiums for COBRA enrollees. 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 below, you must live in the plan's enrollment area. Check the charts on page 15 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 15 are considered to be in Region 2 for premium purposes.

The Health Plan does not offer discounted premiums to tobacco-free members. If you want to change plans, please complete the Tobacco Affidavit and Transfer Form and return it to Acordia National in the envelope they provided you by May 12, 2006.

COBRA for State Agencies, Colleges, Universities and County Boards of Education

Region 1

	Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
	Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Plan A	Plan B	PPO	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum
Employee Only	$444	$429	$391	$376	$434	$419	$415	$366	$395	$418	$403	$225	$1,500	$394	$379	$500	$2,000
Employee and Children	$691	$661	$584	$554	$630	$600	$565	$498	$549	$568	$538	$450	$1,500	$515	$485	$1,000	$4,000
Family	$1,076	$1,046	$974	$944	$1,035	$1,005	$912	$852	$866	$940	$910	$450	$1,500	$882	$852	$1,000	$4,000
COBRA Disability Rates																	
Employee Only	$653	$638	$575	$560	$638	$623	$611	$539	$581	$615	$600	$225	$1,500	$579	$549	$500	$2,000
Employee and Children	$1,016	$986	$860	$830	$927	$897	$831	$732	$807	$836	$806	$450	$1,500	$758	$728	$1,000	$4,000
Family	$1,583	$1,553	$1,433	$1,403	$1,523	$1,493	$1,341	$1,253	$1,274	$1,383	$1,353	$450	$1,500	$1,298	$1,268	$1,000	$4,000

Region 2

	Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
	Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum
Employee Only	$442	$427	$397	$382	$430	$415	$418	$403	$225	$1,500	$394	$379	$500	$2,000
Employee and Children	$685	$655	$597	$567	$614	$584	$568	$538	$450	$1,500	$515	$485	$1,000	$4,000
Family	$1,063	$1,033	$972	$942	$982	$952	$940	$910	$450	$1,500	$882	$852	$1,000	$4,000
COBRA Disability Rates														
Employee Only	$650	$635	$584	$569	$633	$618	$615	$600	$225	$1,500	$579	$549	$500	$2,000
Employee and Children	$1,008	$978	$878	$848	$903	$873	$836	$806	$450	$1,500	$758	$728	$1,000	$4,000
Family	$1,563	$1,533	$1,430	$1,400	$1,445	$1,415	$1,383	$1,353	$450	$1,500	$1,298	$1,268	$1,000	$4,000

*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

COBRA Rates For Non-State Agencies

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. Acordia handles COBRA enrollment for all plans and will contact you if you become eligible.

The charts below show the monthly premiums for COBRA enrollees. 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 below, you must live in the plan's enrollment area. Check the charts on page 15 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 15 are considered to be in Region 2 for premium purposes.

The Health Plan does not offer discounted premiums to tobacco-free members. If you want to change plans, please complete the Tobacco Affidavit and Transfer Form and return it to Acordia National in the envelope they provided you by May 12, 2006.

COBRA for Non-State Agencies

Region 1

	Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
	Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Plan A	Plan B	PPO	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum
Employee Only	$485	$470	$365	$350	$394	$379	$439	$313	$395	$418	$403	$225	$1,500	$381	$366	$500	$2,000
Employee and Children	$736	$706	$558	$528	$596	$566	$607	$488	$547	$850	$820	$450	$1,500	$755	$725	$1,000	$4,000
Family	$1,167	$1,137	$905	$875	$945	$915	$1,002	$799	$896	$850	$820	$450	$1,500	$755	$725	$1,000	$4,000
COBRA Disability Rates																	
Employee Only	$713	$698	$537	$522	$579	$564	$645	$461	$581	$615	$600	$225	$1,500	$561	$546	$500	$2,000
Employee and Children	$1,083	$1,053	$821	$791	$876	$846	$893	$717	$804	$1,250	$1,220	$450	$1,500	$1,110	$1,080	$1,000	$4,000
Family	$1,716	$1,686	$1,331	$1,301	$1,389	$1,359	$1,473	$1,175	$1,317	$1,250	$1,220	$450	$1,500	$1,110	$1,080	$1,000	$4,000

Region 2

	Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
	Plan 1 Standard	Plan 1 Preferred	Plan 2 Standard	Plan 2 Preferred	PPO Standard	PPO Preferred	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum
Employee Only	$489	$474	$376	$361	$380	$365	$418	$403	$225	$1,500	$381	$366	$500	$2,000
Employee and Children	$742	$712	$575	$545	$569	$539	$850	$820	$450	$1,500	$755	$725	$1,000	$4,000
Family	$1,171	$1,141	$911	$881	$901	$871	$850	$820	$450	$1,500	$755	$725	$1,000	$4,000
COBRA Disability Rates														
Employee Only	$719	$704	$554	$539	$560	$545	$615	$600	$225	$1,500	$561	$546	$500	$2,000
Employee and Children	$1,091	$1,061	$846	$816	$837	$807	$1,250	$1,220	$450	$1,500	$1,110	$1,080	$1,000	$4,000
Family	$1,722	$1,692	$1,340	$1,310	$1,325	$1,295	$1,250	$1,220	$450	$1,500	$1,110	$1,080	$1,000	$4,000

*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Active Employee's Optional Life Insurance: TOBACCO-FREE

Optional life insurance rates for all coverages are changing effective July 1, 2006, when the coverage moves to the new carrier, Minnesota Life. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Active Employees' Optional Life Insurance Premiums – Tobacco-Free

	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX	
Employee's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
Under 30	**$5,000**	$0.30	**$10,000**	$0.60	**$20,000**	$1.20	**$30,000**	$1.80	**$40,000**	$2.40	**$50,000**	$3.00	**$60,000**	$3.60	**$75,000**	$4.50	**$80,000**	$4.80
30-34	**$5,000**	$0.35	**$10,000**	$0.70	**$20,000**	$1.40	**$30,000**	$2.10	**$40,000**	$2.80	**$50,000**	$3.50	**$60,000**	$4.20	**$75,000**	$5.25	**$80,000**	$5.60
35-39	**$5,000**	$0.45	**$10,000**	$0.90	**$20,000**	$1.80	**$30,000**	$2.70	**$40,000**	$3.60	**$50,000**	$4.50	**$60,000**	$5.40	**$75,000**	$6.75	**$80,000**	$7.20
40-44	**$5,000**	$0.60	**$10,000**	$1.20	**$20,000**	$2.40	**$30,000**	$3.60	**$40,000**	$4.80	**$50,000**	$6.00	**$60,000**	$7.20	**$75,000**	$9.00	**$80,000**	$9.60
45-49	**$5,000**	$0.85	**$10,000**	$1.70	**$20,000**	$3.40	**$30,000**	$5.10	**$40,000**	$6.80	**$50,000**	$8.50	**$60,000**	$10.20	**$75,000**	$12.75	**$80,000**	$13.60
50-54	**$5,000**	$1.25	**$10,000**	$2.50	**$20,000**	$5.00	**$30,000**	$7.50	**$40,000**	$10.00	**$50,000**	$12.50	**$60,000**	$15.00	**$75,000**	$18.75	**$80,000**	$20.00
55-59	**$5,000**	$2.25	**$10,000**	$4.50	**$20,000**	$9.00	**$30,000**	$13.50	**$40,000**	$18.00	**$50,000**	$22.50	**$60,000**	$27.00	**$75,000**	$33.75	**$80,000**	$36.00
60-64	**$5,000**	$3.30	**$10,000**	$6.60	**$20,000**	$13.20	**$30,000**	$19.80	**$40,000**	$26.40	**$50,000**	$33.00	**$60,000**	$39.60	**$75,000**	$49.50	**$80,000**	$52.80
65-69	**$3,250**	$4.10	**$6,500**	$8.19	**$13,000**	$16.38	**$19,500**	$24.57	**$26,000**	$32.76	**$32,500**	$40.95	**$39,000**	$49.14	**$48,750**	$61.43	**$52,000**	$65.52
70 & Above	**$2,250**	$4.68	**$4,500**	$9.36	**$9,000**	$18.72	**$13,500**	$28.08	**$18,000**	$37.44	**$22,500**	$46.80	**$27,000**	$56.16	**$33,750**	$70.20	**$36,000**	$74.88

Active Employees' Optional Life Insurance Premiums – Tobacco-Free

	Plan X		Plan XI		Plan XII		Plan XIII		Plan XIV		Plan XV		Plan XVI		Plan XVII		Plan XVIII	
Employee's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
Under 30	**$100,000**	$6.00	**$150,000**	$9.00	**$200,000**	$12.00	**$250,000**	$15.00	**$300,000**	$18.00	**$350,000**	$21.00	**$400,000**	$24.00	**$450,000**	$27.00	**$500,000**	$30.00
30-34	**$100,000**	$7.00	**$150,000**	$10.50	**$200,000**	$14.00	**$250,000**	$17.50	**$300,000**	$21.00	**$350,000**	$24.50	**$400,000**	$28.00	**$450,000**	$31.50	**$500,000**	$35.00
35-39	**$100,000**	$9.00	**$150,000**	$13.50	**$200,000**	$18.00	**$250,000**	$22.50	**$300,000**	$27.00	**$350,000**	$31.50	**$400,000**	$36.00	**$450,000**	$40.50	**$500,000**	$45.00
40-44	**$100,000**	$12.00	**$150,000**	$18.00	**$200,000**	$24.00	**$250,000**	$30.00	**$300,000**	$36.00	**$350,000**	$42.00	**$400,000**	$48.00	**$450,000**	$54.00	**$500,000**	$60.00
45-49	**$100,000**	$17.00	**$150,000**	$25.50	**$200,000**	$34.00	**$250,000**	$42.50	**$300,000**	$51.00	**$350,000**	$59.50	**$400,000**	$68.00	**$450,000**	$76.50	**$500,000**	$85.00
50-54	**$100,000**	$25.00	**$150,000**	$37.50	**$200,000**	$50.00	**$250,000**	$62.50	**$300,000**	$75.00	**$350,000**	$87.50	**$400,000**	$100.00	**$450,000**	$112.50	**$500,000**	$125.00
55-59	**$100,000**	$45.00	**$150,000**	$67.50	**$200,000**	$90.00	**$250,000**	$112.50	**$300,000**	$135.00	**$350,000**	$157.50	**$400,000**	$180.00	**$450,000**	$202.50	**$500,000**	$225.00
60-64	**$100,000**	$66.00	**$150,000**	$99.00	**$200,000**	$132.00	**$250,000**	$165.00	**$300,000**	$198.00	**$350,000**	$231.00	**$400,000**	$264.00	**$450,000**	$297.00	**$500,000**	$330.00
65-69	**$65,000**	$81.90	**$97,500**	$122.85	**$130,000**	$163.80	**$162,500**	$204.75	**$195,000**	$245.70	**$227,500**	$286.65	**$260,000**	$327.60	**$292,500**	$368.55	**$325,000**	$409.50
70 & Above	**$45,000**	$93.60	**$67,500**	$140.40	**$90,000**	$187.20	**$112,500**	$234.00	**$135,000**	$280.80	**$157,500**	$327.60	**$180,000**	$374.40	**$202,500**	$421.20	**$225,000**	$468.00

* To qualify for these rates, the policyholder must have been tobacco-free as of the deadline. If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Active Employee's Optional Life Insurance: TOBACCO USER

Optional life insurance rates for all coverages are changing effective July 1, 2006, when the coverage moves to the new carrier, Minnesota Life. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Active Employees' Optional Life Insurance Premiums -- Tobacco User

	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX	
Employee's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
Under 30	**$5,000**	$0.45	**$10,000**	$0.90	**$20,000**	$1.80	**$30,000**	$2.70	**$40,000**	$3.60	**$50,000**	$4.50	**$60,000**	$5.40	**$75,000**	$6.75	**$80,000**	$7.20
30-34	**$5,000**	$0.50	**$10,000**	$1.00	**$20,000**	$2.00	**$30,000**	$3.00	**$40,000**	$4.00	**$50,000**	$5.00	**$60,000**	$6.00	**$75,000**	$7.50	**$80,000**	$8.00
35-39	**$5,000**	$0.65	**$10,000**	$1.30	**$20,000**	$2.60	**$30,000**	$3.90	**$40,000**	$5.20	**$50,000**	$6.50	**$60,000**	$7.80	**$75,000**	$9.75	**$80,000**	$10.40
40-44	**$5,000**	$1.10	**$10,000**	$2.20	**$20,000**	$4.40	**$30,000**	$6.60	**$40,000**	$8.80	**$50,000**	$11.00	**$60,000**	$13.20	**$75,000**	$16.50	**$80,000**	$17.60
45-49	**$5,000**	$1.40	**$10,000**	$2.80	**$20,000**	$5.60	**$30,000**	$8.40	**$40,000**	$11.20	**$50,000**	$14.00	**$60,000**	$16.80	**$75,000**	$21.00	**$80,000**	$22.40
50-54	**$5,000**	$2.35	**$10,000**	$4.70	**$20,000**	$9.40	**$30,000**	$14.10	**$40,000**	$18.80	**$50,000**	$23.50	**$60,000**	$28.20	**$75,000**	$35.25	**$80,000**	$37.60
55-59	**$5,000**	$3.60	**$10,000**	$7.20	**$20,000**	$14.40	**$30,000**	$21.60	**$40,000**	$28.80	**$50,000**	$36.00	**$60,000**	$43.20	**$75,000**	$54.00	**$80,000**	$57.60
60-64	**$5,000**	$4.80	**$10,000**	$9.60	**$20,000**	$19.20	**$30,000**	$28.80	**$40,000**	$38.40	**$50,000**	$48.00	**$60,000**	$57.60	**$75,000**	$72.00	**$80,000**	$76.80
65-69	**$3,250**	$4.78	**$6,500**	$9.56	**$13,000**	$19.11	**$19,500**	$28.67	**$26,000**	$38.22	**$32,500**	$47.78	**$39,000**	$57.33	**$48,750**	$71.66	**$52,000**	$76.44
70 & Above	**$2,250**	$9.70	**$4,500**	$19.40	**$9,000**	$38.79	**$13,500**	$58.19	**$18,000**	$77.58	**$22,500**	$96.98	**$27,000**	$116.37	**$33,750**	$145.46	**$36,000**	$155.16

Active Employees' Optional Life Insurance Premiums -- Tobacco User

	Plan X		Plan XI		Plan XII		Plan XIII		Plan XIV		Plan XV		Plan XVI		Plan XVII		Plan XVIII	
Employee's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
Under 30	**$100,000**	$9.00	**$150,000**	$13.50	**$200,000**	$18.00	**$250,000**	$22.50	**$300,000**	$27.00	**$350,000**	$31.50	**$400,000**	$36.00	**$450,000**	$40.50	**$500,000**	$45.00
30-34	**$100,000**	$10.00	**$150,000**	$15.00	**$200,000**	$20.00	**$250,000**	$25.00	**$300,000**	$30.00	**$350,000**	$35.00	**$400,000**	$40.00	**$450,000**	$45.00	**$500,000**	$50.00
35-39	**$100,000**	$13.00	**$150,000**	$19.50	**$200,000**	$26.00	**$250,000**	$32.50	**$300,000**	$39.00	**$350,000**	$45.50	**$400,000**	$52.00	**$450,000**	$58.50	**$500,000**	$65.00
40-44	**$100,000**	$22.00	**$150,000**	$33.00	**$200,000**	$44.00	**$250,000**	$55.00	**$300,000**	$66.00	**$350,000**	$77.00	**$400,000**	$88.00	**$450,000**	$99.00	**$500,000**	$110.00
45-49	**$100,000**	$28.00	**$150,000**	$42.00	**$200,000**	$56.00	**$250,000**	$70.00	**$300,000**	$84.00	**$350,000**	$98.00	**$400,000**	$112.00	**$450,000**	$126.00	**$500,000**	$140.00
50-54	**$100,000**	$47.00	**$150,000**	$70.50	**$200,000**	$94.00	**$250,000**	$117.50	**$300,000**	$141.00	**$350,000**	$164.50	**$400,000**	$188.00	**$450,000**	$211.50	**$500,000**	$235.00
55-59	**$100,000**	$72.00	**$150,000**	$108.00	**$200,000**	$144.00	**$250,000**	$180.00	**$300,000**	$216.00	**$350,000**	$252.00	**$400,000**	$288.00	**$450,000**	$324.00	**$500,000**	$360.00
60-64	**$100,000**	$96.00	**$150,000**	$144.00	**$200,000**	$192.00	**$250,000**	$240.00	**$300,000**	$288.00	**$350,000**	$336.00	**$400,000**	$384.00	**$450,000**	$432.00	**$500,000**	$480.00
65-69	**$65,000**	$95.55	**$97,500**	$143.33	**$130,000**	$191.10	**$162,500**	$238.88	**$195,000**	$286.65	**$227,500**	$334.43	**$260,000**	$382.20	**$292,500**	$429.98	**$325,000**	$477.75
70 & Above	**$45,000**	$193.95	**$67,500**	$290.92	**$90,000**	$387.90	**$112,500**	$484.88	**$135,000**	$581.85	**$157,500**	$678.83	**$180,000**	$775.80	**$202,500**	$872.78	**$225,000**	$969.75

Retired Employee's Optional Life Insurance: TOBACCO-FREE

Optional life insurance rates for all coverages are changing effective July 1, 2006, when the coverage moves to the new carrier, Minnesota Life. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

	Plan I		**Plan II**		**Plan III**		**Plan IV**		**Plan V**	
Option Code	**100**		**200**		**250**		**300**		**400**	
Retiree's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
under 30	**$5,000**	$0.30	**$10,000**	$0.60	**$15,000**	$0.90	**$20,000**	$1.20	**$30,000**	$1.80
30 - 34	**$5,000**	$0.40	**$10,000**	$0.80	**$15,000**	$1.20	**$20,000**	$1.60	**$30,000**	$2.40
35 - 39	**$5,000**	$0.45	**$10,000**	$0.90	**$15,000**	$1.35	**$20,000**	$1.80	**$30,000**	$2.70
40 - 44	**$5,000**	$0.65	**$10,000**	$1.30	**$15,000**	$1.95	**$20,000**	$2.60	**$30,000**	$3.90
45 - 49	**$5,000**	$0.95	**$10,000**	$1.90	**$15,000**	$2.85	**$20,000**	$3.80	**$30,000**	$5.70
50 - 54	**$5,000**	$1.60	**$10,000**	$3.20	**$15,000**	$4.80	**$20,000**	$6.40	**$30,000**	$9.60
55 - 59	**$5,000**	$2.60	**$10,000**	$5.20	**$15,000**	$7.80	**$20,000**	$10.40	**$30,000**	$15.60
60 - 64	**$5,000**	$3.80	**$10,000**	$7.60	**$15,000**	$11.40	**$20,000**	$15.20	**$30,000**	$22.80
65 - 69	**$3,250**	$4.26	**$6,500**	$8.52	**$9,750**	$12.77	**$13,000**	$17.03	**$19,500**	$25.55
70 & above	**$2,500**	$9.13	**$5,000**	$18.25	**$7,500**	$27.38	**$10,000**	$36.50	**$15,000**	$54.75

	Plan VI		**Plan VII**		**Plan VIII**		**Plan IX**		**Plan X**	
Option Code	**500**		**600**		**700**		**800**		**900**	
Retiree's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
under 30	**$40,000**	$2.40	**$50,000**	$3.00	**$75,000**	$4.50	**$100,000**	$6.00	**$150,000**	$9.00
30 - 34	**$40,000**	$3.20	**$50,000**	$4.00	**$75,000**	$6.00	**$100,000**	$8.00	**$150,000**	$12.00
35 - 39	**$40,000**	$3.60	**$50,000**	$4.50	**$75,000**	$6.75	**$100,000**	$9.00	**$150,000**	$13.50
40 - 44	**$40,000**	$5.20	**$50,000**	$6.50	**$75,000**	$9.75	**$100,000**	$13.00	**$150,000**	$19.50
45 - 49	**$40,000**	$7.60	**$50,000**	$9.50	**$75,000**	$14.25	**$100,000**	$19.00	**$150,000**	$28.50
50 - 54	**$40,000**	$12.80	**$50,000**	$16.00	**$75,000**	$24.00	**$100,000**	$32.00	**$150,000**	$48.00
55 - 59	**$40,000**	$20.80	**$50,000**	$26.00	**$75,000**	$39.00	**$100,000**	$52.00	**$150,000**	$78.00
60 - 64	**$40,000**	$30.40	**$50,000**	$38.00	**$75,000**	$57.00	**$100,000**	$76.00	**$150,000**	$114.00
65 - 69	**$26,000**	$34.06	**$32,500**	$42.58	**$48,750**	$63.86	**$65,000**	$85.15	**$97,500**	$127.73
70 & above	**$20,000**	$73.00	**$25,000**	$91.25	**$37,500**	$136.88	**$50,000**	$182.50	**$75,000**	$273.75

* To qualify for these rates, the policyholder must have been tobacco-free as of the deadline. If you registered for online enrollment, go to www.wvpeia.com to access the enrollment website. If you didn't register for online enrollment, complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by May 12, 2006.

Retired Employee's Optional Life Insurance: TOBACCO USER

Optional life insurance rates for all coverages are changing effective July 1, 2006, when the coverage moves to the new carrier, Minnesota Life. The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

	Plan I		**Plan II**		**Plan III**		**Plan IV**		**Plan V**	
Option Code	**100**		**200**		**250**		**300**		**400**	
Retiree's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
under 30	**$5,000**	$0.40	**$10,000**	$0.80	**$15,000**	$1.20	**$20,000**	$1.60	**$30,000**	$2.40
30 - 34	**$5,000**	$0.50	**$10,000**	$1.00	**$15,000**	$1.50	**$20,000**	$2.00	**$30,000**	$3.00
35 - 39	**$5,000**	$0.65	**$10,000**	$1.30	**$15,000**	$1.95	**$20,000**	$2.60	**$30,000**	$3.90
40 - 44	**$5,000**	$1.15	**$10,000**	$2.30	**$15,000**	$3.45	**$20,000**	$4.60	**$30,000**	$6.90
45 - 49	**$5,000**	$1.70	**$10,000**	$3.40	**$15,000**	$5.10	**$20,000**	$6.80	**$30,000**	$10.20
50 - 54	**$5,000**	$2.80	**$10,000**	$5.60	**$15,000**	$8.40	**$20,000**	$11.20	**$30,000**	$16.80
55 - 59	**$5,000**	$4.35	**$10,000**	$8.70	**$15,000**	$13.05	**$20,000**	$17.40	**$30,000**	$26.10
60 - 64	**$5,000**	$5.95	**$10,000**	$11.90	**$15,000**	$17.85	**$20,000**	$23.80	**$30,000**	$35.70
65 - 69	**$3,250**	$5.95	**$6,500**	$11.90	**$9,750**	$17.84	**$13,000**	$23.79	**$19,500**	$35.69
70 & above	**$2,500**	$13.45	**$5,000**	$26.90	**$7,500**	$40.35	**$10,000**	$53.80	**$15,000**	$80.70

	Plan VI		**Plan VII**		**Plan VIII**		**Plan IX**		**Plan X**	
Option Code	**500**		**600**		**700**		**800**		**900**	
Retiree's Age	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium	**Amount of Coverage**	Monthly Premium
under 30	**$40,000**	$3.20	**$50,000**	$4.00	**$75,000**	$6.00	**$100,000**	$8.00	**$150,000**	$12.00
30 - 34	**$40,000**	$4.00	**$50,000**	$5.00	**$75,000**	$7.50	**$100,000**	$10.00	**$150,000**	$15.00
35 - 39	**$40,000**	$5.20	**$50,000**	$6.50	**$75,000**	$9.75	**$100,000**	$13.00	**$150,000**	$19.50
40 - 44	**$40,000**	$9.20	**$50,000**	$11.50	**$75,000**	$17.25	**$100,000**	$23.00	**$150,000**	$34.50
45 - 49	**$40,000**	$13.60	**$50,000**	$17.00	**$75,000**	$25.50	**$100,000**	$34.00	**$150,000**	$51.00
50 - 54	**$40,000**	$22.40	**$50,000**	$28.00	**$75,000**	$42.00	**$100,000**	$56.00	**$150,000**	$84.00
55 - 59	**$40,000**	$34.80	**$50,000**	$43.50	**$75,000**	$65.25	**$100,000**	$87.00	**$150,000**	$130.50
60 - 64	**$40,000**	$47.60	**$50,000**	$59.50	**$75,000**	$89.25	**$100,000**	$119.00	**$150,000**	$178.50
65 - 69	**$26,000**	$47.58	**$32,500**	$59.48	**$48,750**	$89.21	**$65,000**	$118.95	**$97,500**	$178.43
70 & above	**$20,000**	$107.60	**$25,000**	$134.50	**$37,500**	$201.75	**$50,000**	$269.00	**$75,000**	$403.50

Don't forget your Tobacco Affidavit

Get It Done.

Turn It In.

Forget About It.

West Virginia Public Employees Insurance Agency
Plan Year 2007 Health and Life Insurance

Tobacco Affidavit and Open Enrollment Transfer Form

To report your tobacco status for optional life and health insurance premium purposes, complete and sign the Affidavit section and return this form to your benefit coordinator – even if you are not changing plans. If you wish to change your health care plan, please complete all sections of this form except the Agency section and return the completed form to your benefit coordinator. If any of the pre-printed information about you or your dependents is incorrect, please correct it by marking the changes clearly on this form, and return the form to your benefit coordinator. Retirees are not eligible for HMOs if Medicare will be primary coverage for you or your dependents during Plan Year 2007 (July 1, 2006 – June 30, 2007).

Affidavit

Tobacco Affidavit

County of Residence

Home Phone
( )

Work Phone
( )

Every policyholder must complete this affidavit. Please mark which members of the family use tobacco and sign the affidavit. If none of the people enrolled on your coverage uses tobacco, please mark the No Tobacco Users box and sign the affidavit; you will receive any available discount on your health and optional life insurance premiums.

Who uses tobacco: ☐ Policyholder ☐ Dependent (spouse and/or children) ☐ No Tobacco Users

I certify that this information is correct, and agree that if this information changes before July 1, 2006, I will notify the plan of such change in writing. I acknowledge by signing this form that WVPEIA or its agents have access to my medical records to check my tobacco use status. I certify that the above information is true and correct and understand that providing false information on this form is illegal and that those who provide false information may be prosecuted. I hereby consent, for myself and my covered dependents, to the release to PEIA and to the plan I have selected of all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.

Employee Signature _____ Date _____

Tobacco Affidavit Deadline is May 12, 2006

PUBLIC EMPLOYEES
INSURANCE AGENCY

STATE CAPITOL COMPLEX, BLDG 5, RM 1001
1900 KANAWHA BOULEVARD, EAST
CHARLESTON, WEST VIRGINIA 25305-0710

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To Learn More About a Plan

If you need a copy of a provider directory, or if you have specific questions about medical or prescription drug coverage under any of the plans offered, call the toll-free numbers below for your answers.

Plan Name, Web Address & Mailing Address	Type of Plan	Phone Number
Carelink • www.chccarelink.com Post Office Box 1711 Charleston, WV 25326-1711	HMO & PPO	1-800-348-2922
The Health Plan • www.healthplan.org 52160 National Road East St. Clairsville, OH 43950-9365	HMO & PPO	1-800-624-6961 1-740-695-3585
PEIA • www.wvpeia.com 1900 Kanawha Blvd E, Bldg 5, Rm 1001 Charleston, WV 25305-0710	PPB Plan	1-877-676-5573