

Shopper's Guide



PLAN YEAR 2011 BENEFITS

JULY 1, 2010 - JUNE 30, 2011

Table of Contents

What's Important For 2011?	3
How To Have a Successful Open Enrollment	4
Terms You Need To Know	4
Eligibility Rules	6-7
PEIA PPB Plan C	8-9
BENEFITS AT-A-GLANCE	
Benefits At-A-Glance	11-21
Benefit Fairs Sites & Dates	22
Managed Care Plans' Enrollment Areas	22
PREMIUMS AND RATES: EMPLOYEES AND RETIREES	
Monthly Premiums: Employee or Employee/Child	24
Monthly Premiums: Family or Family/Employee Spouse	25
Non-State Agency: Premiums	26
Non-Medicare Retiree Premiums	27-28
Medicare Retiree Premiums	29
COBRA Rates For State Agencies, Colleges, Etc.	31
COBRA Rates For Non-State Agencies	31
OPTIONAL LIFE INSURANCE	
Active Employee's Optional Life Insurance: TOBACCO FREE	33
Active Employee's Optional Life Insurance: TOBACCO USER	34
Retired Employee's Optional Life Insurance: TOBACCO FREE	35
Retired Employee's Optional Life Insurance: TOBACCO USER	36
Other Insurance Rates	37
PREMIUM CONVERSION PLAN	
PEIA's Premium Conversion Plan: Make Your Choices	39
Commonly Asked Questions	39-42
Premium Conversion Plan Form (detachable form)	42
WEST VIRGINIA CENTER FOR END OF LIFE CARE	
Advance Directives for Health Care Decision-making	44
Combined Medical Power of Attorney and Living Will (detachable form)	45

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.

What's Important for 2011?

Carelink

- Despite lengthy negotiations, PEIA and Carelink were unable to come to terms for Plan Year 2011.
- Carelink will not be available as a managed care option effective July 1, 2010.
- Current Carelink members will have to make a choice during this open enrollment. You will receive a letter from Carelink notifying you of their withdrawal. You will also receive a letter and a Transfer Form from PEIA so you can indicate your plan choice for Plan Year 2011. If you do not choose a plan during open enrollment, PEIA will move you to PEIA PPB Plan A effective July 1, 2010.
- Carelink will continue to serve its existing members through the end of this Plan Year. If you have benefit questions or concerns, contact Carelink at 1-800-348-2922

The Health Plan

- Marietta Memorial Hospital is now a contracted provider and in The Health Plan's network!
- There will be a plan design change effective July 1, 2010 for both Plan A and Plan B: Specialty Drugs will be covered under the prescription drug rider. They will be covered with a 30% copay or \$300 copay, whichever is less, per 30 day supply for both retail and mail order. Specialty Drugs are those high cost medications, including biotechnology drugs that may be administered by injection, oral, transdermal or inhaled. Specialty Drugs are used to treat very specific diseases and require extensive management for safety and effectiveness. Dosages need to be monitored for effectiveness and adjustments may be needed for adequate response to effectively treat the disease. Specialty drugs require complex dispensing techniques and dispensing may be limited to pharmacies with specific skills and distribution programs to assure proper delivery of these medications.
- The Health Plan maintains its Excellent Accreditation with the National Committee for Quality Assurance (NCQA).
- Visit the Health Plan at www.healthplan.org. You will find information about the services offered by The Health Plan and helpful links for better health. You can also contact The Health Plan toll free at 1-888-847-7902 or 1-800-624-6961.

PEIA PPB Plans

PEIA PPB Plan C. Beginning July 1, 2010, PEIA will offer an IRS-qualified High Deductible Health Plan (HDHP) that we're calling PEIA PPB Plan C. 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). For a detailed look at the new plan, see pages 8-9. Any discussion regarding the HSA or HRA is provided for informational purposes only. PEIA cannot give tax advice. You should consult your tax advisor for information on HSAs or HRAs and their tax consequences.

Family Out-of-Pocket Maximum (OOPM) Increase. Beginning July 1, 2010, in PEIA PPB Plan A, the OOPM for employee and child(ren), family and family with employee spouse coverages will increase to one and one half times the individual OOPM. The new amounts are printed in the premium tables at the back of this guide. Be sure to take note of the change.

Premium discounts. During this coming plan year (after July 1, 2010), PEIA will roll out two new ways to receive a premium discount effective July 1, 2011. One discount will be available to members who certify that they have executed a Living Will, and the other will be available to members who have certain modifiable health risk factors screened during the coming plan year. Read more about these programs on pages 10 and 44, and look for full details coming this summer!

Face 2 Face Diabetes Management change. Effective July 1, 2010, to be eligible to enroll and participate in the Face 2 Face program, the participant must be tobacco-free and be receiving the tobacco-free premium discount. That means the member must have been tobacco-free for at least six months.

Lifetime Maximum. For all PEIA PPB Plans, the lifetime maximum has increased from \$1 million to \$1.5 million effective July 1, 2010.

Life Insurance. Be sure to check out the life insurance information on pages 33-37. Rates are changing this year.

How to Have a Successful Open Enrollment

1. Read through “What’s Important for 2011” 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 22 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 one of the counties listed on page 22 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. Remember that PEIA health and optional life insurance premiums are based on your tobacco-use status. For family coverage, all enrolled family members must have been tobacco-free by January 1, 2010, to qualify for the premium discount, and this year, we’ve printed only the standard premium. If you are tobacco-free, you must subtract \$25 for a single plan or \$50 for a family plan to get your correct premium. The Health Plan does not offer a tobacco-free premium discount. PEIA may check tobacco use.
6. If you want to change plans or change your tobacco status, go to www.wvpeia.com and click on the Online Open Enrollment button and follow the instructions. Make any changes or plan selections you wish. Remember, your deadline is midnight on April 30, 2010.
7. If you need to make a change and don’t have internet access, call PEIA for a Transfer Form.

Terms You Need To Know

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

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

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

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

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

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

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

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

Health Savings Account (HSA): A health savings account (HSA) is a tax-exempt trust or custodial account that you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. No permission or authorization from the IRS is necessary to establish an HSA. When you set up an HSA, you will need to work with a trustee. A qualified HSA trustee can be a bank, an insurance company, or anyone already approved by the IRS to be a trustee of individual retirement arrangements (IRAs) or Archer MSAs. The HSA works in conjunction with a High Deductible Health Plan. For more information, and a full description of PEIA’s HDHP (PEIA PPB Plan C), see pages 8-9.

High Deductible Health Plan (HDHP): A High Deductible Health Plan (HDHP) is a plan that includes a higher annual deductible than typical health plans, and an out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses. The HDHP deductible includes both medical services and prescription drugs under a single deductible. Out-of-pocket expenses include copayments and other amounts, but do not include premiums. For a full description of PEIA's HDHP, PEIA PPB Plan C, see pages 8-9.

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.

Medicare Advantage Plan: Medicare retirees' medical benefits are administered through Humana, Inc. and their prescriptions are administered by Express Scripts, Inc. Please read more about these programs on page 29 of this booklet.

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

PEIA Preferred Provider Benefit Plans (PPB): The self-insured PPO plans offered by PEIA that cover care based on where you live, and where you receive your care. To determine which out-of-state providers are PPO providers, call Wells Fargo TPA at 1-888-440-7342. For full details of the benefits, see your *Summary Plan Description*.

Pre-Existing Condition Limitations: A pre-existing medical condition is one that has been diagnosed or treated, or for which you or your dependents have incurred expenses within the three months immediately before the effective date of coverage. If you move from one plan to another during open enrollment, you and your covered dependents will face no limitations on preexisting medical conditions, regardless of what plan you join.

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.

Breaking News!

As we go to press, there is pending legislation that will remove the pre-existing condition limitation from the PEIA PPB Plans. The bill also tightens PEIA's eligibility rules to:

1. Allow existing plan members to add dependents to their coverage only during the open enrollment period each spring or when they have a qualifying event (see chart on page 41); and
2. Allow employees who declined health coverage to enroll in the plan only during open enrollment or at the time of a qualifying event.

We believe these changes will take effect on July 1, 2010, so existing plan members and new hires need to be aware that the rules may be changing. Currently, PEIA PPB plan members can add dependents at any time by completing a change in status form, but those dependents are subject to pre-existing condition limitations.

Watch PEIA's website for more information at www.wvpeia.com.

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 coverage is the Humana Plan. If either you or your enrolled dependents become Medicare-primary while enrolled in a managed care plan, you must notify PEIA. Generally, Medicare is primary when the policyholder is retired. If you have more questions about when Medicare is primary, call the Open Enrollment Helpline. For more information on the Humana Plan, see page 29. Current Health Plan members may have the opportunity to remain in the Health Plan at the time of Medicare eligibility. Contact the Health Plan for more details.

Eligible Dependents. You and your enrolled dependents must all live in the 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 (unless you are enrolled as a Surviving Dependent).
- Your unmarried biological or adopted children under age 25 provided they meet either the IRS definition of a "qualifying child" or "qualifying relative" below:

A qualifying child must meet these requirements:

1. **Relationship.** The taxpayer's unmarried child or stepchild (whether by blood or adoption).
2. **Residence.** Has the same principal residence as the taxpayer for more than half the tax year. Exceptions apply, in certain cases, for children of divorced or separated parents, and other special instances.
3. **Age.** Must be under the age of 19 at the end of the tax year, or under the age of 24 if a full-time student for at least five months of the year, or be permanently and totally disabled at any time during the tax year.
4. **Support.** Did not provide more than one-half of his/her own support for the tax year.

–OR–

A qualifying relative must meet these requirements:

1. **Relationship.** The taxpayer's unmarried child or stepchild (whether by blood or adoption) who has the same principal abode as the taxpayer for the taxable year and is a member of the taxpayers's household.
2. **Support.** For whom the taxpayer provides over one-half of the individual's support for that calendar year.
3. **Qualifying Child.** Is not an otherwise "qualifying child" of the taxpayer or of any other taxpayer for any portion of the tax year.

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).
3. as "Employee Only" in the same or different plans if there are no children to cover (again, you'll have two out-of-pocket maximums and two deductibles if you enroll this way).

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

Retired or Retiring Deputy Sheriffs Under Age 55.

Premium rates for all plans are substantially higher than those listed in this guide. Contact PEIA or your benefit coordinator for details of premium rates.

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 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 enrollment area of the plan you're currently in. The PEIA PPB Plans don't have a limited enrollment area, so if you're in one of them, 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 Plans have an unlimited enrollment area, you will not be permitted to transfer out of them 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: 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 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 1-888-680-7342.

PEIA PPB Plan C

PEIA's High Deductible Health Plan

For Plan Year 2011, PEIA is offering a new kind of health plan. Plan C is a High Deductible Health Plan which can be paired with a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA).

Major Plan Features:

Deductible

The annual deductible is \$1,200 for employee only coverage and \$2,400 for employee and child(ren), family, or family with employee spouse coverage.

- This is a combined medical and prescription deductible.
- This deductible must be met before the plan begins to pay for medical services or prescription drug benefits.
- Unlike PEIA PPB Plans A and B, in Plan C the family deductible can be met by just one person, and the full amount of the family deductible must be met before the plan begins to pay.
- The following services are not subject to the deductible and are covered in full:
 - Routine prenatal care (physician services)
 - Well child exams and immunizations as recommended by the American Academy of Pediatrics
 - High risk birth score program
 - Annual screening mammogram
 - Annual Pap smear
 - Colorectal cancer screening age 50 + above
 - Prostate cancer screening age 50 + above
 - Adult Immunizations as recommended by the American Academy of Family Physicians
- Prescription Drugs on the Preventive Drug List are not subject to the deductible, but will be covered with normal copays of \$5, \$20 and \$50, depending on their generic, preferred or non-preferred status. These copayments do not count toward the annual deductible, but DO count toward the out-of-pocket maximum.

Coinsurance

All medical services in this plan are subject to 20% coinsurance after the deductible is met. All coinsurance counts toward the out-of-pocket maximum. The only services excluded from coinsurance are:

- Routine prenatal care (physician services)
- Well child exams and immunizations as recommended by the American Academy of Pediatrics
- High risk birth score program
- Annual screening mammogram
- Annual Pap smear
- Colorectal cancer screening age 50 + above
- Prostate cancer screening age 50 + above
- Prescription Drugs(see Copayments below)
- Adult Immunizations as recommended by the American Academy of Family Physicians

Copayments

Prescription Drugs on the Preventive Drug List are not subject to the deductible, but will be covered with normal copays of \$5, \$20 and \$50, depending on their generic, preferred or non-preferred status. All prescription drugs not on the Preventive Drug List will be covered with normal copays of \$5, \$20 and \$50, depending on their generic, preferred or non-preferred status after the combined medical/prescription drug deductible is met. Copayments paid for drugs on the Preventive Drug List do not count toward the deductible. All in-network copayments count toward the out-of-pocket maximum.

Out-of-Pocket Maximum

In-network benefits have an out-of-pocket maximum of \$2,400 employee only, and \$4,800 employee and child(ren), family, or family with employee spouse. This is a combined medical and prescription out-of-pocket maximum. All in-network coinsurance and copayments count toward this out-of-pocket maximum. Once the out-of-pocket maximum is satisfied, in-network services are covered at 100%.

There is no out-of-pocket maximum for out-of-network benefits in Plan C. The out-of-network benefit remains at 80%, regardless of the amount paid in coinsurance and copayments by the member.

Network

This is a Preferred Provider Benefit (PPB) Plan which uses the same network as PEIA's other plans, and the same rules for using network providers. PEIA's network consists of WV providers, some directly contracted providers outside WV, and the Aetna Signature Administrators (ASA) Preferred Provider Organization. Out-of-state network providers may change. For example, Kings Daughters Medical Center and Our Lady of Bellefonte hospitals in Kentucky and University of Pittsburgh Medical Center remain out-of-network for PEIA, regardless of their network status with the ASA PPO network. Also, PEIA does not use the ASA PPO network in Gallia or Washington County in Ohio, or in Boyd County, Kentucky. For information about specific providers, contact Wells Fargo at 1-888-440-7342.

As with all PEIA PPB Plans, network requirements vary based upon the residency of the plan participant.

Resident PPB Plan Participants

PEIA PPB Plan participants who live in West Virginia or a bordering county of a surrounding state may access care from any of the following providers without receiving prior approval:

- any West Virginia health care provider who provides health care services or supplies to a PEIA participant, or
- any network provider located in those bordering counties.

All services, except emergency care, provided outside of West Virginia beyond the bordering counties require prior approval.

Non-Resident PPB Plan Participants

For PEIA PPB Plan participants who reside outside the State of West Virginia (beyond the bordering counties of surrounding states), PEIA has made special arrangements. Participants who live more than one county outside the State may seek care from any network provider. Care from network providers does not require prior approval, and that care will be covered at the in-network benefit level (typically 80%). Precertification of inpatient stays and certain outpatient procedures is still required.

Out-of-network care is care provided by a provider who does not participate in PEIA's network, as well as care from in-network, out-of-state providers (beyond the bordering counties of surrounding states) that is not approved in advance. This includes providers who are Aetna ASA participating providers that are physically located beyond the bordering counties of surrounding states. For non-contracted providers, PEIA will pay 80% of what it would have paid if the services had been provided in-West Virginia. You will be responsible for the 20% coinsurance and for any amounts that exceed the WV PEIA fee allowances. Those balance billing amounts are considered non-covered services, so they do not count toward the deductible, and there is no out-of-network out-of-pocket maximum, so there is no limit to the amount you may be required to pay under these circumstances. Members are always responsible for paying 100% of non-covered services.

Health Savings Account*

A health savings account (HSA), is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High Deductible Health Plan (HDHP). The funds contributed to the account are not subject to federal income tax at the time of deposit. Unlike a flexible spending account (FSA), HSA funds roll over and accumulate year to year if not spent. HSAs are owned by the individual, which differentiates them from the employer-owned Health Reimbursement Arrangement (HRA) that is an alternate tax-deductible source of funds paired with HDHPs. Funds may be used to pay for qualified medical expenses at any time without federal tax liability. Withdrawals for non-medical expenses are treated very similarly to those in an IRA in that they may provide tax advantages if taken after retirement age, and they incur penalties if taken earlier.

PEIA is making available an HSA program through Fringe Benefits Management Company (the vendor who runs the Mountaineer Flexible Benefits Plan), but a member can set up an HSA with any company or financial institution that offers them – including local banks. To access the funds, the member will receive medical services, and pay for them with funds from the HSA. With the HSA offered by Fringe Benefits Management Company, the member will receive a debit card that will draw funds from the HSA to pay for medical expenses. It is the member's responsibility to account to the IRS for how the funds are spent.

*This section is informational only. PEIA cannot give tax advice. For more information on HSAs and taxation, consult your tax advisor.

WELLNESS INCENTIVES

Coming July 1

Effective July 1, 2010, PEIA will roll out a change to the Improve Your Score program. All policyholders in the PEIA PPB Plan will be eligible for a premium incentive if they participate in a health screening at either a PEIA Pathways to Wellness worksite or another PEIA approved participating medical facility. Those policyholders who have had a Pathways to Wellness health screening during Plan Year 2010 (July 1, 2009 – June 30, 2010) or who have one in Plan Year 2011 up to April 30, 2011, will be credited with having participated in this program. Those who participate in the Pathways to Wellness worksite screenings have their data reported to PEIA automatically, and will not have to submit any further information.

The program requires health screenings every other year as a condition of receiving the incentive. Those policyholders who are interested in participating in the Improve Your Score wellness incentive program, should have their health screening completed and documentation submitted to PEIA no later than April 30, 2011. Instructions for submitting documentation will be made available later this year. Please do not submit anything now!

This change in the Improve Your Score Program comes with three important differences:

- 1) cash rebates cease effective July 1, 2010;
- 2) participation will count towards a premium discount effective July 1, 2011;
- 3) screening is required every other year rather than annually.

We will provide much more information in the coming months. Watch for it!



Benefits At-A Glance

Benefits-At-A-Glance

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Annual deductible	None	\$100 Individual Maximum; \$200 Family Maximum	Varies by salary and employer type. See premium charts.	Twice the in-network deductible	\$1,200 employee only \$2,400 employee and child(ren), family, or spouse (this is a combined medical and prescription deductible)	\$1,200 employee only \$2,400 employee and child(ren), family, or spouse (this is a combined medical and prescription deductible)
Annual out-of-pocket maximum	Single - \$2,000 Two-person - \$4,000 Family - \$6,000	Single - \$3,500 Two-person - \$7,000 Family - \$10,000	Varies by salary, employer type, and coverage tier. For Plan A, the out of pocket maximum for employee and child(ren), family, or spouse is 150% of the employee only amount. See premium charts.	Twice the in-network out-of-pocket maximum	\$2,400 employee only \$4,800 employee and child(ren), family, or spouse (this is a combined medical and prescription out-of-pocket maximum)	There is no out-of-pocket maximum for out-of-network services. You will always pay the 20% coinsurance.
Lifetime maximum	Unlimited	Unlimited	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000

Physician Services

Adult routine physical examinations	PCP - \$15 copay OB/GYN - \$20 copay (including prostate and gynecological, with pap smear)	PCP - \$15 copay OB/GYN - \$25 copay deductible waived (including prostate and gynecological, with pap smear)	\$10 co-pay for office visit	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Diagnostic x-ray, lab and testing	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Mammograms, Pap smears, and prostate cancer screenings	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit; deductible waived	Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule	Covered in full	100% of PEIA's fee schedule

* 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	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Physician inpatient visits	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Physician office visits - primary care	\$15 copay/visit	\$15 copay/visit; deductible waived	\$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
Physician office visits - specialty care	\$20 copay/visit	\$25 copay/visit; deductible waived	\$20 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
Prenatal care	\$20 copay/initial visit only	\$25 copay/initial visit only; deductible waived initial 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
Second surgical opinions	\$20 copay/visit	\$25 copay/visit; deductible waived	\$20 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
Voluntary sterilization	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Well child exams	\$15 copay/visit	\$15 copay/visit; deductible waived	Covered in full	Covered in full	Covered in full	100% of PEIA's fee schedule
Well child immunizations (birth through 16)	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit; deductible waived	Covered in full	Covered in full	Covered in full	100% of PEIA's fee schedule
Inpatient Services						
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

* 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	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Inpatient occupational, physical, or speech therapy*	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Maternity care (delivery)	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Rehabilitation*	Covered in full (days 1-30); 20% coinsurance (days 31+)	Covered in full (days 1-30) after deductible; 20% coinsurance (days 31+)	Deductible + 20%	\$500 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Skilled nursing*	\$35 copay/day	\$35 copay/day after deductible	Deductible + 20%	\$500 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

Hospital Outpatient Services

Ambulatory/outpatient surgery	10% coinsurance	15% coinsurance after deductible	\$50 + deductible + 20%	\$100 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Preadmission testing, diagnostic x-ray and lab	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

Mental Health & Chemical Dependency Benefits

Outpatient chemical dependency*	\$20 copay/visit	\$25 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Outpatient mental health*	\$20 copay/visit	\$25 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

* 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	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Inpatient chemical dependency (including partial hospitalization) *	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Inpatient detoxification*	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Inpatient mental health (including partial hospitalization) *	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

Outpatient Therapies

Acupuncture *	Not covered	Not covered	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule;	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Chiropractic*	\$20 copay/visit	\$25 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Occupational therapy*	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Physical therapy*	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Speech therapy*	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

* 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	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
---------------------	--------------------	--------------------	---------------------------------	-------------------------------------	----------------------------	--------------------------------

All Other Medical Services

Allergy testing and treatment*	\$20 copay/visit for evaluation; treatment covered in full unless associated with an office visit	\$25 copay/visit for evaluation; treatment covered in full unless associated with an office visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Cardiac rehabilitation*	\$10 copay /visit	\$10 copay /visit after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Dental services - accident related*	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Dental services - other*	Not covered	Not covered	Impacted teeth only; deductible + 20%	Impacted teeth only; Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Diabetic supplies*	Certain supplies covered in full.	Certain supplies covered in full; deductible waived	Covered under Prescription drug plan	Covered under Prescription drug plan	Covered under Prescription drug plan	Covered under Prescription drug plan
Durable Medical Equipment (DME) *	30% coinsurance (including orthotics)	30% coinsurance (including orthotics) after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Emergency ambulance (medically necessary)	\$50 copay/transport	\$50 copay/transport after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Emergency Room Treatment (Non-emergency)	Not covered	Not covered	\$50 + deductible+ 20%	\$50 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

* 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	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Emergency services (including supplies) *	\$75 copay/visit (waived if admitted)	\$75 copay/visit (waived if admitted) deductible waived	\$25 + deductible + 20%	\$25 + deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Growth hormone*	30% coinsurance (must meet Plan guidelines)	30% coinsurance (must meet Plan guidelines)	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
Hearing exam	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit; deductible waived	Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit only	Covered under well child benefit only
Home health services*	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Home health supplies*	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Hospice*	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Infertility services*	30% coinsurance; (limited to basic healthcare)	30% coinsurance; (limited to basic healthcare)	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
No Prescription Coverage under any plan.						
Medical supplies*	30% coinsurance	30% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Podiatry*	\$20 copay/visit	\$25 copay/visit deductible waived	\$20; surgery-20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

* 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	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Prosthetics *	30% coinsurance	30% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Pulmonary rehabilitation*	\$10 copay/visit	\$10 copay/visit after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Radiation and chemotherapy	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
TMJ*	30% coinsurance	30% coinsurance after deductible	Not covered	Not Covered	Not covered	Not Covered
Transplants (non-experimental) *	10% coinsurance	15% coinsurance after deductible	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
Urgent Care	\$50 copay/visit (waived if admitted)	\$50 copay/visit (waived if admitted) deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Vision services	Not covered	Not covered	Not covered	Not Covered	Not covered	Not Covered

* 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

Prescriptions	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network	PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Deductible	None	None	\$75 individual/ \$150 family	\$75 individual/\$150 family	\$150 individual/ \$300 family	\$150 individual/ \$300 family	\$1,200 employee only \$2,400 employee and child(ren), family, or family with employee spouse <ul style="list-style-type: none"> this is a combined medical and prescription deductible Prescriptions listed on the Preventive Drug List will be covered with no deductible. 	\$1,200 employee only \$2,400 employee and child(ren), family, or family with employee spouse <ul style="list-style-type: none"> this is a combined medical and prescription deductible Prescriptions listed on the Preventive Drug List will be covered with no deductible.
Annual out-of-pocket maximum			\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$2,400 employee only \$4,800 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.

Benefits-At-A-Glance

Prescriptions	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network	PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Generic copayment	\$10 copayment	\$5 copayment	\$5	\$5 (see "other details" below)	\$5	\$5 (see "other details" below)	\$5 after deductible, unless on Preventive Drug List	\$5 after deductible, unless on Preventive Drug List (see "other details" below)
Formulary brand	Not covered if generic is available. 50% coinsurance if generic is not available	Not covered	\$15	\$15 (see "other details" below)	\$20	\$20 (see "other details" below)	\$20 after deductible, unless on Preventive Drug List	\$20 after deductible, unless on Preventive Drug List (see "other details" below)
Non-Formulary Brand	Not covered	Not covered	\$50	\$50 (see "other details" below)	\$50	\$50 (see "other details" below)	\$50 after deductible, unless on Preventive Drug List	\$50 after deductible, unless on Preventive Drug List (see "other details" below)
Specialty Medications	30% or \$300 whichever is less (Covered under medical benefit. Must meet Plan guidelines)	30% or \$300 whichever is less, after deductible. (Covered under medical benefit. Must meet Plan guidelines)	\$50	Not covered	\$50	Not covered	\$50 after deductible, unless on Preventive Drug List	Not covered
Maintenance Medication discount program details	90-day supply \$20 or 50% copayment	90-day supply \$10 copayment	90-day supply for two months' co-pay	No discount	90-day supply for two months' co-pay	No discount	90-day supply for two months' co-pay after deductible, if applicable. No deductible for drugs on Preventive Drug List	No discount

Benefits-At-A-Glance

Prescriptions	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network	PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Annual benefit maximum (per member/year)	\$5,000	\$5,000	None	None	None	None	None	None
Other details	Mandatory generics Formulary brand name drugs are not covered if generic is available Non-formulary drugs are not covered	Mandatory generics Brand name drugs are not covered		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility

2010 Benefit Fairs: Sites and Dates

In an effort to reduce costs, PEIA has cut back the number of benefit fairs this year by eliminating ones that have not been well attended for the last several years. We apologize if the fair you've visited in the past isn't available this year, but you can always get information about plans by calling their toll-free phone numbers as listed on the back of the *Shopper's Guide*.

Monday, April 5
9:00am-2:00pm
Charleston
 State Capitol Complex
 Capitol Complex, Bldg. 7
 Capitol Room

Monday, April 5
3:00-7:00pm
Charleston
 Charleston Civic Center
 Parlor A
 200 Civic Center Drive

Tuesday, April 6
3:00-7:00pm
Parkersburg
 Comfort Suites of Parkersburg
 I-77 and WV 14 (exit 170)
 Mineral Wells

Wednesday, April 7
3:00-7:00pm
Martinsburg
 Holiday Inn
 300 Foxcroft Avenue

Thursday, April 8
9:00am-2:00pm
Morgantown
 The Erickson Alumni Center, WVU
 Ruby Grand Hall

Thursday, April 8
3:00-7:00pm
Morgantown
 Ramada Inn
 I-68 Exit 1, US 119 N.

Monday, April 12
3:00-7:00pm
Wheeling
 Northern Community College
 Market Street

Tuesday, April 13
3:00-7:00pm
Beckley
 Tamarack Conference Center
 Board Room
 One Tamarack Park

Thursday, April 15
3:00-7:00pm
Huntington
 Big Sandy Superstore Arena
 1 Civic Center Drive

Managed Care Plans' Enrollment Area

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

WEST VIRGINIA

Barbour
 Brooke
 Calhoun
 Doddridge
 Gilmer
 Hancock
 Harrison
 Lewis
 Marion
 Marshall
 Monongalia
 Ohio
 Pleasants
 Preston
 Randolph
 Ritchie
 Taylor
 Tucker
 Tyler

Upshur

Webster
 Wetzel
 Wirt
 Wood

MARYLAND

Garrett

OHIO

Belmont
 Columbiana
 Guernsey
 Harrison
 Jefferson
 Monroe
 Muskingum
 Noble
 Trumbull
 Washington

PENNSYLVANIA

Beaver
 Fayette
 Greene
 Washington



Premiums and Rates

Employees and Retirees

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.**

The premium tables look a bit different this year because we have chosen to print only the standard premium. If you are tobacco-free, you may subtract \$25 for employee only coverage and \$50 for employee/child coverage from the premium printed below. We set the premiums up this way in anticipation of the changes coming next year that will allow additional premium discounts for Living Wills and for knowing about your modifiable health risk factors. See page 10 for details and watch for more information coming this summer.

	Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
	Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
	Employee Only										
\$-	\$47	\$15	\$49	\$100	\$800	\$40	\$500	\$2,000		\$1,200	\$2,400
20,001	\$63	\$22	\$66	\$150	\$1,100	\$47	\$500	\$2,000		\$1,200	\$2,400
30,001	\$71	\$26	\$73	\$200	\$1,250	\$51	\$500	\$2,000		\$1,200	\$2,400
36,001	\$77	\$28	\$79	\$225	\$1,500	\$53	\$500	\$2,000		\$1,200	\$2,400
42,001	\$93	\$36	\$94	\$250	\$1,750	\$61	\$1,000	\$2,000	\$76	\$1,200	\$2,400
50,001	\$115	\$49	\$117	\$375	\$1,800	\$73	\$1,000	\$2,000		\$1,200	\$2,400
62,501	\$130	\$57	\$131	\$400	\$1,850	\$82	\$1,000	\$2,000		\$1,200	\$2,400
75,001	\$159	\$73	\$160	\$425	\$1,900	\$97	\$1,000	\$2,000		\$1,200	\$2,400
100,001	\$203	\$121	\$203	\$500	\$2,000	\$144	\$1,000	\$2,000		\$1,200	\$2,400
125,001	\$233	\$150	\$233	\$600	\$2,250	\$172	\$1,000	\$2,000		\$1,200	\$2,400

	Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
	Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
	Employee and Children										
\$-	\$88	\$22	\$106	\$200	\$1,200	\$72	\$1,000	\$4,000		\$2,400	\$4,800
20,001	\$113	\$34	\$130	\$300	\$1,650	\$84	\$1,000	\$4,000		\$2,400	\$4,800
30,001	\$123	\$38	\$139	\$400	\$1,875	\$88	\$1,000	\$4,000		\$2,400	\$4,800
36,001	\$135	\$44	\$152	\$450	\$2,250	\$93	\$1,000	\$4,000		\$2,400	\$4,800
42,001	\$170	\$73	\$186	\$500	\$2,625	\$121	\$1,500	\$4,000	\$173	\$2,400	\$4,800
50,001	\$212	\$114	\$228	\$750	\$2,700	\$162	\$1,500	\$4,000		\$2,400	\$4,800
62,501	\$245	\$140	\$260	\$800	\$2,775	\$187	\$1,500	\$4,000		\$2,400	\$4,800
75,001	\$309	\$196	\$323	\$850	\$2,850	\$240	\$1,500	\$4,000		\$2,400	\$4,800
100,001	\$373	\$264	\$386	\$1,000	\$3,000	\$307	\$1,500	\$4,000		\$2,400	\$4,800
125,001	\$431	\$315	\$443	\$1,200	\$3,375	\$357	\$1,500	\$4,000		\$2,400	\$4,800

* 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 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

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.

The premium tables look a bit different this year because we have chosen to print only the standard premium. If you are tobacco-free, you may subtract \$50 for family or family with employee spouse coverage from the premium printed below. We set the premiums up this way in anticipation of the changes coming next year that will allow additional premium discounts for Living Wills and for knowing about your modifiable health risk factors. See page 10 for details and watch for more information coming this summer.

Family	Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
	Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
	\$-	\$120	\$71	\$153	\$200	\$1,200	\$122	\$1,000	\$4,000		\$2,400
20,001	\$163	\$105	\$202	\$300	\$1,650	\$156	\$1,000	\$4,000		\$2,400	\$4,800
30,001	\$190	\$123	\$229	\$400	\$1,875	\$173	\$1,000	\$4,000		\$2,400	\$4,800
36,001	\$219	\$142	\$258	\$450	\$2,250	\$193	\$1,000	\$4,000		\$2,400	\$4,800
42,001	\$269	\$184	\$308	\$500	\$2,625	\$234	\$1,500	\$4,000	\$295	\$2,400	\$4,800
50,001	\$336	\$239	\$375	\$750	\$2,700	\$288	\$1,500	\$4,000		\$2,400	\$4,800
62,501	\$369	\$269	\$408	\$800	\$2,775	\$318	\$1,500	\$4,000		\$2,400	\$4,800
75,001	\$454	\$356	\$493	\$850	\$2,850	\$404	\$1,500	\$4,000		\$2,400	\$4,800
100,001	\$572	\$466	\$610	\$1,000	\$3,000	\$513	\$1,500	\$4,000		\$2,400	\$4,800
125,001	\$672	\$553	\$710	\$1,200	\$3,375	\$599	\$1,500	\$4,000		\$2,400	\$4,800

Family with Employee Spouse	Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
	Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
	\$-	\$89	\$37	\$117	\$200	\$1,200	\$89	\$1,000	\$4,000		\$2,400
20,001	\$118	\$59	\$154	\$300	\$1,650	\$110	\$1,000	\$4,000		\$2,400	\$4,800
30,001	\$138	\$78	\$177	\$400	\$1,875	\$129	\$1,000	\$4,000		\$2,400	\$4,800
36,001	\$157	\$90	\$196	\$450	\$2,250	\$141	\$1,000	\$4,000		\$2,400	\$4,800
42,001	\$199	\$118	\$238	\$500	\$2,625	\$168	\$1,500	\$4,000	\$246	\$2,400	\$4,800
50,001	\$253	\$164	\$292	\$750	\$2,700	\$211	\$1,500	\$4,000		\$2,400	\$4,800
62,501	\$293	\$201	\$332	\$800	\$2,775	\$249	\$1,500	\$4,000		\$2,400	\$4,800
75,001	\$388	\$294	\$426	\$850	\$2,850	\$343	\$1,500	\$4,000		\$2,400	\$4,800
100,001	\$505	\$406	\$544	\$1,000	\$3,000	\$453	\$1,500	\$4,000		\$2,400	\$4,800
125,001	\$594	\$492	\$632	\$1,200	\$3,375	\$539	\$1,500	\$4,000		\$2,400	\$4,800

* 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 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

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 or C 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 chart below details 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 maximum amounts 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			PEIA PPB Plan C		
	Premium*	Annual Deductible	Out-of-pocket Maximum	Premium*	Annual Deductible	Out-of-pocket Maximum	Premium*	Annual Deductible	Out-of-pocket Maximum
Employee Only	\$507	\$225	\$2,250	\$461	\$500	\$2,000	\$311	\$1,200	\$2,400
Employee and Children	\$958	\$450	\$3,375	\$845	\$1,000	\$4,000	\$470	\$2,400	\$4,800
Family	\$1,049	\$450	\$3,375	\$929	\$1,000	\$4,000	\$626	\$2,400	\$4,800

Non-State Agency: Managed Care Plans

To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the chart on page 19 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.

The Health Plan does not offer discounted premiums to tobacco-free members.

Premiums, Deductibles and Out-of-Pocket Maximums

	Health Plan Plan A	Health Plan Plan B
Employee Only	\$482	\$312
Employee and Children	\$665	\$478
Family	\$1,130	\$783

* 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 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

Non-Medicare Retiree PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. To enroll in The Health Plan, you must live in the plan's enrollment area. Check the chart on page 16. The PEIA PPB Plan's enrollment area is unlimited, so you will not find it on the chart. If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

Premiums, Deductibles and Out-of-Pocket Maximums

Years of Service	Policyholder Only			Policyholder with non-Medicare Dependents			Policyholder with Medicare Dependents ¹		
	2011 Premium ³	Deductible	Out-of-Pocket Maximum	2011 Premium ³	Deductible	Out-of-Pocket Maximum	2011 Premium ³	Deductible	Out-of-Pocket Maximum
Unsubsidized Premium	\$1,051	\$400	\$1,500	\$2,506	\$800	\$1,500	\$1,755	\$425	\$750
5 to 9 years	\$841	\$400	\$1,500	\$2,005	\$800	\$1,500	\$1,404	\$425	\$750
10 to 14 years	\$647	\$400	\$1,500	\$1,510	\$800	\$1,500	\$1,044	\$425	\$750
15 to 19 years	\$452	\$400	\$1,500	\$1,018	\$800	\$1,500	\$687	\$425	\$750
20 to 24 years	\$337	\$400	\$1,500	\$722	\$800	\$1,500	\$474	\$425	\$750
25 or more years ²	\$260	\$400	\$1,500	\$525	\$800	\$1,500	\$330	\$425	\$750

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 * 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 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

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 will receive benefits from the Humana Medicare Advantage plan. For details of the Medicare beneficiary's plan design, see page 29.

If you are a non-Medicare retiree with Medicare dependents, then the non-Medicare beneficiary will have essentially the same benefits as before, but the Medicare beneficiary will have a \$25 deductible and the \$750 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart on page 29. Remember, for non-Medicare family members, the family deductible is \$750, 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, see the *Summary Plan Description*.

Non-Medicare Retiree Managed Care Premiums

Years of Service	Health Plan Plan A		Health Plan Plan B	
	Single	Family	Single	Family
Unsubsidized Premium	\$699	\$1,337	\$507	\$965
5-9 Years	\$466	\$891	\$338	\$643
10-14 Years	\$426	\$815	\$310	\$589
15-19 Years	\$402	\$771	\$292	\$555
20-24 Years	\$380	\$725	\$276	\$523
25+ Years ¹	\$356	\$679	\$258	\$491

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.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password and proceed. If you don't remember your password, choose "Forgot Password?" If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

Retired Employee Assistance Programs

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

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

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

Medicare Retiree Benefits

PEIA has contracted with three different vendors to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees.

1. Humana, Inc. provides medical benefits through its Medicare Advantage plans. Reach them at 1-800-783-4599.
2. Coventry Health Care will provide prescription benefits through its Advantra Rx plan through the end of this plan year (June 30, 2010). Reach them at 1-888-816-7671.
3. Express Scripts, Inc. will provide prescription benefits beginning July 1, 2010. Reach them at 1-866-591-3881.

These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize “family” plans, this change presents some unique challenges for PEIA when a family has both Medicare and non-Medicare members. In these cases, the Medicare beneficiary will receive benefits from the contracted Medicare Advantage plan and , and the non-Medicare family members will continue their coverage in the PEIA PPB Plan. Medicare eligible members can contact these vendors at the numbers listed above with any questions.

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 and for their non-Medicare dependents, if any.

Service Description	Medicare Retiree Plan Year 2011 Benefit	Non-Medicare Retiree Plan Year 2011 Benefit
Annual Deductible	\$25	\$400
Primary Care Office Visit	\$10	\$15
Specialty Office Visit	\$20	\$20
Emergency Room	\$50	\$25 copayment + deductible + 20% coinsurance
Hospital Inpatient care	\$100 per admission	Deductible + 20% coinsurance
Outpatient and Office Surgery	\$50	\$50 copayment + deductible + 20% coinsurance
Other services (testing, etc)	\$0	Deductible + 20% coinsurance
Medical Out-Of-Pocket Maximum	\$750	\$750 single and \$1,500 family
Prescription Drug Deductible	\$75	\$75
Generic Drugs Copayment	\$5	\$5
Preferred Drug Copayment	\$15	\$15
Non-preferred Drug Copayment	\$50	\$50
Specialty Drug Copayment	\$50	\$50

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

Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will have a \$25 deductible and the \$750 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart on the previous page. The non-Medicare dependents covered by the Medicare policyholder will have the deductible and out-of-pocket maximum shown in the chart on the previous page, and the benefits described in the Benefits At-A-Glance charts on pages 12-21.

PEIA PPB Medicare Retiree Rates

	Medicare Retired Policyholder Only	Medicare Retired Policyholder with non Medicare Dependents ¹	Medicare Retired Policyholder with Medicare Dependents ²
	2011 Premium	2011 Premium	2011 Premium
Unsubsidized Premium	\$397	\$1,339	\$822
5 to 9 years	\$361	\$1,217	\$747
10 to 14 years	\$265	\$915	\$539
15 to 19 years	\$169	\$613	\$331
20 to 24 years	\$112	\$431	\$205
25 or more years ³	\$73	\$309	\$123

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 * 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 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password and proceed. If you don't remember your password, choose "Forgot Password?" If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

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.

Wells Fargo TPA handles COBRA enrollment for all plans and will contact you if you become eligible.

The charts on pages 24-25 show the total 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, you must live in the plan's enrollment area. The PEIA PPB Plans' enrollment area is unlimited.

Since COBRA members cannot use the online enrollment system, Wells Fargo TPA will mail transfer forms to all enrolled COBRA members. If you want to change plans, you must complete and return the transfer form to Wells Fargo before April 30, 2010.

Mail the form to: Wells Fargo COBRA Dept., P.O. Box 2981. Charleston, WV 25332

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

State Agencies	Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
	Plan A	Plan B	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$467	\$417	\$469	\$225	\$1,000	\$443	\$500	\$2,000	\$466	\$1,200	\$2,400
Employee and Children	\$625	\$532	\$643	\$450	\$1,500	\$582	\$1,000	\$4,000	\$664	\$2,400	\$4,800
Family	\$1,017	\$938	\$1,057	\$450	\$1,500	\$990	\$1,000	\$4,000	\$1,094	\$2,400	\$4,800

Disability

Employee Only	\$687	\$614	\$690	\$225	\$1,000	\$651	\$500	\$2,000	\$686	\$1,200	\$2,400
Employee and Children	\$920	\$783	\$945	\$450	\$1,500	\$857	\$1,000	\$4,000	\$977	\$2,400	\$2,800
Family	\$1,496	\$1,380	\$1,554	\$450	\$1,500	\$1,457	\$1,000	\$4,000	\$1,610	\$2,400	\$4,800

COBRA Rates For Non-State Agencies

Non-State Agencies	Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
	Plan A	Plan B	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$492	\$318	\$517	\$225	\$1,000	\$470	\$500	\$2,000	\$317	\$1,200	\$2,400
Employee and Children	\$678	\$488	\$977	\$450	\$1,500	\$862	\$1,000	\$4,000	\$479	\$2,400	\$4,800
Family	\$1,153	\$799	\$1,070	\$450	\$1,500	\$948	\$1,000	\$4,000	\$638	\$2,400	\$4,800

Disability

Employee Only	\$723	\$468	\$761	\$225	\$1,000	\$692	\$500	\$2,000	\$466	\$1,200	\$2,400
Employee and Children	\$998	\$717	\$1,437	\$450	\$1,500	\$1,268	\$1,000	\$4,000	\$705	\$2,400	\$2,800
Family	\$1,695	\$1,175	\$1,574	\$450	\$1,500	\$1,394	\$1,000	\$4,000	\$939	\$2,400	\$4,800

* 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 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Optional Life Insurance

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

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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
	Amount of Coverage	Monthly Premium																
Under 30	\$5,000	\$0.28	\$10,000	\$0.55	\$20,000	\$1.10	\$30,000	\$1.65	\$40,000	\$2.20	\$50,000	\$2.75	\$60,000	\$3.30	\$75,000	\$4.13	\$80,000	\$4.40
30-34	\$5,000	\$0.32	\$10,000	\$0.64	\$20,000	\$1.28	\$30,000	\$1.92	\$40,000	\$2.56	\$50,000	\$3.20	\$60,000	\$3.84	\$75,000	\$4.80	\$80,000	\$5.12
35-39	\$5,000	\$0.41	\$10,000	\$0.82	\$20,000	\$1.64	\$30,000	\$2.46	\$40,000	\$3.28	\$50,000	\$4.10	\$60,000	\$4.92	\$75,000	\$6.15	\$80,000	\$6.56
40-44	\$5,000	\$0.54	\$10,000	\$1.08	\$20,000	\$2.16	\$30,000	\$3.24	\$40,000	\$4.32	\$50,000	\$5.40	\$60,000	\$6.48	\$75,000	\$8.10	\$80,000	\$8.64
45-49	\$5,000	\$0.76	\$10,000	\$1.52	\$20,000	\$3.04	\$30,000	\$4.56	\$40,000	\$6.08	\$50,000	\$7.60	\$60,000	\$9.12	\$75,000	\$11.40	\$80,000	\$12.16
50-54	\$5,000	\$1.11	\$10,000	\$2.22	\$20,000	\$4.44	\$30,000	\$6.66	\$40,000	\$8.88	\$50,000	\$11.10	\$60,000	\$13.32	\$75,000	\$16.65	\$80,000	\$17.76
55-59	\$5,000	\$1.99	\$10,000	\$3.98	\$20,000	\$7.96	\$30,000	\$11.94	\$40,000	\$15.92	\$50,000	\$19.90	\$60,000	\$23.88	\$75,000	\$29.85	\$80,000	\$31.84
60-64	\$5,000	\$2.92	\$10,000	\$5.83	\$20,000	\$11.66	\$30,000	\$17.49	\$40,000	\$23.32	\$50,000	\$29.15	\$60,000	\$34.98	\$75,000	\$43.73	\$80,000	\$46.64
65-69	\$3,250	\$3.61	\$6,500	\$7.22	\$13,000	\$14.44	\$19,500	\$21.66	\$26,000	\$28.89	\$32,500	\$36.11	\$39,000	\$43.33	\$48,750	\$54.16	\$52,000	\$57.77
70 & Over	\$2,250	\$4.12	\$4,500	\$8.25	\$9,000	\$16.50	\$13,500	\$24.75	\$18,000	\$32.99	\$22,500	\$41.24	\$27,000	\$49.49	\$33,750	\$61.86	\$36,000	\$65.99

Age	Plan 10		Plan 11		Plan 12		Plan 13		Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
	Amount of Coverage	Monthly Premium																
Under 30	\$100,000	\$5.50	\$150,000	\$8.25	\$200,000	\$11.00	\$250,000	\$13.75	\$300,000	\$16.50	\$350,000	\$19.25	\$400,000	\$22.00	\$450,000	\$24.75	\$500,000	\$27.50
30-34	\$100,000	\$6.40	\$150,000	\$9.60	\$200,000	\$12.80	\$250,000	\$16.00	\$300,000	\$19.20	\$350,000	\$22.40	\$400,000	\$25.60	\$450,000	\$28.80	\$500,000	\$32.00
35-39	\$100,000	\$8.20	\$150,000	\$12.30	\$200,000	\$16.40	\$250,000	\$20.50	\$300,000	\$24.60	\$350,000	\$28.70	\$400,000	\$32.80	\$450,000	\$36.90	\$500,000	\$41.00
40-44	\$100,000	\$10.80	\$150,000	\$16.20	\$200,000	\$21.60	\$250,000	\$27.00	\$300,000	\$32.40	\$350,000	\$37.80	\$400,000	\$43.20	\$450,000	\$48.60	\$500,000	\$54.00
45-49	\$100,000	\$15.20	\$150,000	\$22.80	\$200,000	\$30.40	\$250,000	\$38.00	\$300,000	\$45.60	\$350,000	\$53.20	\$400,000	\$60.80	\$450,000	\$68.40	\$500,000	\$76.00
50-54	\$100,000	\$22.20	\$150,000	\$33.30	\$200,000	\$44.40	\$250,000	\$55.50	\$300,000	\$66.60	\$350,000	\$77.70	\$400,000	\$88.80	\$450,000	\$99.90	\$500,000	\$111.00
55-59	\$100,000	\$39.80	\$150,000	\$59.70	\$200,000	\$79.60	\$250,000	\$99.50	\$300,000	\$119.40	\$350,000	\$139.30	\$400,000	\$159.20	\$450,000	\$179.10	\$500,000	\$199.00
60-64	\$100,000	\$58.30	\$150,000	\$87.45	\$200,000	\$116.60	\$250,000	\$145.75	\$300,000	\$174.90	\$350,000	\$204.05	\$400,000	\$233.20	\$450,000	\$262.35	\$500,000	\$291.50
65-69	\$65,000	\$72.22	\$97,500	\$108.32	\$130,000	\$144.43	\$162,500	\$180.54	\$195,000	\$216.65	\$227,500	\$252.75	\$260,000	\$288.86	\$292,500	\$324.97	\$325,000	\$361.08
70 & Over	\$45,000	\$82.49	\$67,500	\$123.73	\$90,000	\$164.97	\$112,500	\$206.21	\$135,000	\$247.46	\$157,500	\$288.70	\$180,000	\$329.94	\$202,500	\$371.18	\$225,000	\$412.43

To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
	Amount of Coverage	Monthly Premium																
Under 30	\$5,000	\$0.41	\$10,000	\$0.82	\$20,000	\$1.64	\$30,000	\$2.46	\$40,000	\$3.28	\$50,000	\$4.10	\$60,000	\$4.92	\$75,000	\$6.15	\$80,000	\$6.56
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	\$0.59	\$10,000	\$1.17	\$20,000	\$2.34	\$30,000	\$3.51	\$40,000	\$4.68	\$50,000	\$5.85	\$60,000	\$7.02	\$75,000	\$8.78	\$80,000	\$9.36
40-44	\$5,000	\$0.98	\$10,000	\$1.96	\$20,000	\$3.92	\$30,000	\$5.88	\$40,000	\$7.84	\$50,000	\$9.80	\$60,000	\$11.76	\$75,000	\$14.70	\$80,000	\$15.68
45-49	\$5,000	\$1.25	\$10,000	\$2.49	\$20,000	\$4.98	\$30,000	\$7.47	\$40,000	\$9.96	\$50,000	\$12.45	\$60,000	\$14.94	\$75,000	\$18.68	\$80,000	\$19.92
50-54	\$5,000	\$2.08	\$10,000	\$4.16	\$20,000	\$8.32	\$30,000	\$12.48	\$40,000	\$16.64	\$50,000	\$20.80	\$60,000	\$24.96	\$75,000	\$31.20	\$80,000	\$33.28
55-59	\$5,000	\$3.18	\$10,000	\$6.36	\$20,000	\$12.72	\$30,000	\$19.08	\$40,000	\$25.44	\$50,000	\$31.80	\$60,000	\$38.16	\$75,000	\$47.70	\$80,000	\$50.88
60-64	\$5,000	\$4.24	\$10,000	\$8.47	\$20,000	\$16.94	\$30,000	\$25.41	\$40,000	\$33.88	\$50,000	\$42.35	\$60,000	\$50.82	\$75,000	\$63.53	\$80,000	\$67.76
65-69	\$3,250	\$4.21	\$6,500	\$8.42	\$13,000	\$16.85	\$19,500	\$25.27	\$26,000	\$33.70	\$32,500	\$42.12	\$39,000	\$50.54	\$48,750	\$63.18	\$52,000	\$67.39
70 & Over	\$2,250	\$8.54	\$4,500	\$17.08	\$9,000	\$34.16	\$13,500	\$51.23	\$18,000	\$68.31	\$22,500	\$85.39	\$27,000	\$102.47	\$33,750	\$128.08	\$36,000	\$136.62

Age	Plan 10		Plan 11		Plan 12		Plan 13		Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
	Amount of Coverage	Monthly Premium																
Under 30	\$100,000	\$8.20	\$150,000	\$12.30	\$200,000	\$16.40	\$250,000	\$20.50	\$300,000	\$24.60	\$350,000	\$28.70	\$400,000	\$32.80	\$450,000	\$36.90	\$500,000	\$41.00
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	\$11.70	\$150,000	\$17.55	\$200,000	\$23.40	\$250,000	\$29.25	\$300,000	\$35.10	\$350,000	\$40.95	\$400,000	\$46.80	\$450,000	\$52.65	\$500,000	\$58.50
40-44	\$100,000	\$19.60	\$150,000	\$29.40	\$200,000	\$39.20	\$250,000	\$49.00	\$300,000	\$58.80	\$350,000	\$68.60	\$400,000	\$78.40	\$450,000	\$88.20	\$500,000	\$98.00
45-49	\$100,000	\$24.90	\$150,000	\$37.35	\$200,000	\$49.80	\$250,000	\$62.25	\$300,000	\$74.70	\$350,000	\$87.15	\$400,000	\$99.60	\$450,000	\$112.05	\$500,000	\$124.50
50-54	\$100,000	\$41.60	\$150,000	\$62.40	\$200,000	\$83.20	\$250,000	\$104.00	\$300,000	\$124.80	\$350,000	\$145.60	\$400,000	\$166.40	\$450,000	\$187.20	\$500,000	\$208.00
55-59	\$100,000	\$63.60	\$150,000	\$95.40	\$200,000	\$127.20	\$250,000	\$159.00	\$300,000	\$190.80	\$350,000	\$222.60	\$400,000	\$254.40	\$450,000	\$286.20	\$500,000	\$318.00
60-64	\$100,000	\$84.70	\$150,000	\$127.05	\$200,000	\$169.40	\$250,000	\$211.75	\$300,000	\$254.10	\$350,000	\$296.45	\$400,000	\$338.80	\$450,000	\$381.15	\$500,000	\$423.50
65-69	\$65,000	\$84.24	\$97,500	\$126.36	\$130,000	\$168.48	\$162,500	\$210.60	\$195,000	\$252.72	\$227,500	\$294.84	\$260,000	\$336.96	\$292,500	\$379.08	\$325,000	\$421.20
70 & Over	\$45,000	\$170.78	\$67,500	\$256.16	\$90,000	\$341.55	\$112,500	\$426.94	\$135,000	\$512.33	\$157,500	\$597.71	\$180,000	\$683.10	\$202,500	\$768.49	\$225,000	\$853.88

Retired Employee's Optional Life Insurance: TOBACCO-FREE

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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium								
Under 30	\$5,000	\$0.33	\$10,000	\$0.65	\$15,000	\$0.98	\$20,000	\$1.30	\$30,000	\$1.95
30-34	\$5,000	\$0.44	\$10,000	\$0.87	\$15,000	\$1.31	\$20,000	\$1.74	\$30,000	\$2.61
35-39	\$5,000	\$0.49	\$10,000	\$0.98	\$15,000	\$1.47	\$20,000	\$1.96	\$30,000	\$2.94
40-44	\$5,000	\$0.71	\$10,000	\$1.42	\$15,000	\$2.13	\$20,000	\$2.84	\$30,000	\$4.26
45-49	\$5,000	\$1.04	\$10,000	\$2.07	\$15,000	\$3.11	\$20,000	\$4.14	\$30,000	\$6.21
50-54	\$5,000	\$1.75	\$10,000	\$3.49	\$15,000	\$5.24	\$20,000	\$6.98	\$30,000	\$10.47
55-59	\$5,000	\$2.84	\$10,000	\$5.67	\$15,000	\$8.51	\$20,000	\$11.34	\$30,000	\$17.01
60-64	\$5,000	\$4.14	\$10,000	\$8.28	\$15,000	\$12.42	\$20,000	\$16.56	\$30,000	\$24.84
65-69	\$3,250	\$4.64	\$6,500	\$9.28	\$9,750	\$13.92	\$13,000	\$18.56	\$19,500	\$27.85
70 & Over	\$2,500	\$9.95	\$5,000	\$19.90	\$7,500	\$29.84	\$10,000	\$39.79	\$15,000	\$59.69

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium								
Under 30	\$40,000	\$2.60	\$50,000	\$3.25	\$75,000	\$4.88	\$100,000	\$6.50	\$150,000	\$9.75
30-34	\$40,000	\$3.48	\$50,000	\$4.35	\$75,000	\$6.53	\$100,000	\$8.70	\$150,000	\$13.05
35-39	\$40,000	\$3.92	\$50,000	\$4.90	\$75,000	\$7.35	\$100,000	\$9.80	\$150,000	\$14.70
40-44	\$40,000	\$5.68	\$50,000	\$7.10	\$75,000	\$10.65	\$100,000	\$14.20	\$150,000	\$21.30
45-49	\$40,000	\$8.28	\$50,000	\$10.35	\$75,000	\$15.53	\$100,000	\$20.70	\$150,000	\$31.05
50-54	\$40,000	\$13.96	\$50,000	\$17.45	\$75,000	\$26.18	\$100,000	\$34.90	\$150,000	\$52.35
55-59	\$40,000	\$22.68	\$50,000	\$28.35	\$75,000	\$42.53	\$100,000	\$56.70	\$150,000	\$85.05
60-64	\$40,000	\$33.12	\$50,000	\$41.40	\$75,000	\$62.10	\$100,000	\$82.80	\$150,000	\$124.20
65-69	\$26,000	\$37.13	\$32,500	\$46.41	\$48,750	\$69.62	\$65,000	\$92.82	\$97,500	\$139.23
70 & Over	\$20,000	\$79.58	\$25,000	\$99.48	\$37,500	\$149.21	\$50,000	\$198.95	\$75,000	\$298.43

To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2011, you and all enrolled family members must have been tobacco-free by January 1, 2010. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Retired Employee's Optional Life Insurance: TOBACCO USER

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium								
Under 30	\$5,000	\$0.44	\$10,000	\$0.87	\$15,000	\$1.31	\$20,000	\$1.74	\$30,000	\$2.61
30-34	\$5,000	\$0.55	\$10,000	\$1.09	\$15,000	\$1.64	\$20,000	\$2.18	\$30,000	\$3.27
35-39	\$5,000	\$0.71	\$10,000	\$1.42	\$15,000	\$2.13	\$20,000	\$2.84	\$30,000	\$4.26
40-44	\$5,000	\$1.26	\$10,000	\$2.51	\$15,000	\$3.77	\$20,000	\$5.02	\$30,000	\$7.53
45-49	\$5,000	\$1.86	\$10,000	\$3.71	\$15,000	\$5.57	\$20,000	\$7.42	\$30,000	\$11.13
50-54	\$5,000	\$3.05	\$10,000	\$6.10	\$15,000	\$9.15	\$20,000	\$12.20	\$30,000	\$18.30
55-59	\$5,000	\$4.74	\$10,000	\$9.48	\$15,000	\$14.22	\$20,000	\$18.96	\$30,000	\$28.44
60-64	\$5,000	\$6.49	\$10,000	\$12.97	\$15,000	\$19.46	\$20,000	\$25.94	\$30,000	\$38.91
65-69	\$3,250	\$6.48	\$6,500	\$12.97	\$9,750	\$19.45	\$13,000	\$25.94	\$19,500	\$38.90
70 & Over	\$2,500	\$14.66	\$5,000	\$29.32	\$7,500	\$43.98	\$10,000	\$58.64	\$15,000	\$87.96

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium								
Under 30	\$40,000	\$3.48	\$50,000	\$4.35	\$75,000	\$6.53	\$100,000	\$8.70	\$150,000	\$13.05
30-34	\$40,000	\$4.36	\$50,000	\$5.45	\$75,000	\$8.18	\$100,000	\$10.90	\$150,000	\$16.35
35-39	\$40,000	\$5.68	\$50,000	\$7.10	\$75,000	\$10.65	\$100,000	\$14.20	\$150,000	\$21.30
40-44	\$40,000	\$10.04	\$50,000	\$12.55	\$75,000	\$18.83	\$100,000	\$25.10	\$150,000	\$37.65
45-49	\$40,000	\$14.84	\$50,000	\$18.55	\$75,000	\$27.83	\$100,000	\$37.10	\$150,000	\$55.65
50-54	\$40,000	\$24.40	\$50,000	\$30.50	\$75,000	\$45.75	\$100,000	\$61.00	\$150,000	\$91.50
55-59	\$40,000	\$37.92	\$50,000	\$47.40	\$75,000	\$71.10	\$100,000	\$94.80	\$150,000	\$142.20
60-64	\$40,000	\$51.88	\$50,000	\$64.85	\$75,000	\$97.28	\$100,000	\$129.70	\$150,000	\$194.55
65-69	\$26,000	\$51.87	\$32,500	\$64.84	\$48,750	\$97.26	\$65,000	\$129.68	\$97,500	\$194.51
70 & Over	\$20,000	\$117.28	\$25,000	\$146.60	\$37,500	\$219.90	\$50,000	\$293.20	\$75,000	\$439.80

Disclosure: Policies have exclusions and limitations which may affect any benefits payable.

Other Life Insurance Rates: Actives and Retirees

PEIA offers basic decreasing term life insurance, optional life insurance and dependent life insurance. This is not open enrollment for life insurance. Life Insurance Open Enrollment is conducted approximately every 5 years. If you want to make changes in your life insurance, check your *Summary Plan Description* and *Life Insurance Booklet* for details of your rights, then contact your benefit coordinator for the appropriate forms.

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

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

Optional life insurance premiums are paid by the active or retired policyholder. The rates are listed on the preceding pages.

For a complete description of the life insurance benefits, please see the *Life Insurance Booklet*.

Actives

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

Age	Amount of Coverage	Monthly Premium
Under 65	\$10,000	\$5.06
65-69	\$6,500	\$3.29
70 & Over	\$5,000	\$2.53

Retirees

Retired Employee's Basic Life Insurance Rates

Age	Amount of Coverage	Monthly Premium
Under 67	\$5,000	\$4.35
67 & Over	\$2,500	\$2.18

Actives

Active Employee Dependent Life and AD&D Insurance Premiums

Plan	Who is Covered?	Coverage Amount	Monthly Premium
Plan 1	Spouse/Each Child	\$5,000/\$2,000	\$2.15
Plan 2	Spouse/Each Child	\$10,000/\$4,000	\$4.31
Plan 3	Spouse/Each Child	\$15,000/\$7,000	\$6.46
Plan 4	Spouse/Each Child	\$20,000/\$10,000	\$8.61

Retirees

Retiree Dependent Life Insurance Premiums

Plan	Who is Covered?	Coverage Amount	Monthly Premium
Plan 1	Spouse/Each Child	\$5,000/\$2,000	\$3.52
Plan 2	Spouse/Each Child	\$10,000/\$4,000	\$7.03
Plan 3	Spouse/Each Child	\$15,000/\$7,000	\$10.56
Plan 4	Spouse/Each Child	\$20,000/\$10,000	\$14.07

Premium Conversion Plan

PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2011

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, 2010 for Plan Year 2011 (July 1, 2010 - June 30, 2011).

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 student status; or
- employment change due to strike or lock-out.

As of July 1, 2006, the IRS changed the definition of a "qualified child" for tax purposes. This change may affect your ability to pay premiums for family coverage on a pre-tax basis. After age 24, full-time students must meet the Federal IRS definition of a "qualified relative" to qualify for coverage as a dependent under your plan. For more information, visit our website at www.wvpeia.com.

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 make a change in your coverage (add a dependent, for example) that increases your insurance premium, or that has no effect on your premium, without having one of these events, but you'll pay any resulting increased premium on an after-tax basis until the next Open Enrollment period.

You may not make a change in your coverage that reduces the premium you pay 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 "Online Open Enrollment" 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 42, sign, date and return it to your payroll clerk by April 30, 2010.
- (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 42, and return it to your benefit coordinator by April 30, 2010.

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 "Online Open Enrollment" button, or complete a Change-In-Status form or call PEIA for a Tobacco Affidavit and Open Enrollment Transfer Form, and get it to your benefit coordinator by April 30, 2010.

Can I make changes during the plan year?

The IRS regulations say that you have to pay the same amount of premium throughout the plan year, unless you have a qualifying event, which causes your premium to change.

PEIA wants you to have the flexibility to make changes in your PEIA PPB Plan coverage during the year, so we allow you to make certain changes in your covered dependents during the plan year, as long as those changes don't affect the amount of premium you are paying. Other changes require a qualifying event.

The managed care plans may have more stringent rules about adding and dropping dependents during the plan year, so be sure to check your plan's certificate of coverage to know the rules.

If a change in your PEIA PPB Plan coverage during the plan year will alter the premium (and you didn't have a qualifying event), the following will happen:

- If the premium will go up, then you will have to pay the additional premium with after-tax dollars.
- If your premium will go down, we cannot allow you to make the change and drop the dependent, because you would be paying premiums for coverage you were not getting from the PEIA PPB Plan.

This only applies if you do not have one of the qualifying events listed on Page 41.

What if I added dependents to my coverage during this past plan year?

If you added dependents without a valid family status change during this plan year, the post-tax premiums will automatically be deducted on a pre-tax basis starting July 1, 2010, unless you complete the form on Page 42 indicating that you do not wish to pay your premiums pre-tax, and submit it to your benefit coordinator no later than April 30, 2010.

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

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

Status Change Event	Documentation Required
Divorce	Provide a copy of the divorce decree showing that the divorce is final. Coverage for the ex-spouse will be terminated at the end of the month in which the divorce became final.
Marriage	Copy of valid marriage license or certificate
Birth of Child	Copy of child's birth certificate
Adoption	Copy of adoption papers
Adding coverage for a stepchild who resides with the policyholder	An affidavit stating that the dependent resides with the policyholder and that the policyholder is responsible for more than 50% of the dependent's financial support and maintenance.
Adding coverage for a child who resides with the policyholder and for whom the policyholder provides more than 50% of the financial support	An affidavit stating that the dependent resides with the policyholder and that the policyholder is responsible for more than 50% of the dependent's financial support and maintenance.
Open Enrollment under spouse's employer's benefit plan	A copy of printed material showing open enrollment dates and the employer's name.
Death of spouse or dependent	A copy of the death certificate.
Beginning of spouse's employment	A letter from the spouse's employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's employment	A letter from the spouse's employer stating the termination or retirement date, what coverage was lost, and dependents that were covered.
Unpaid leave of absence by employee or spouse	A letter from your or your spouse's personnel office stating the date that you or your spouse went on unpaid leave or returned from unpaid leave.
Significant Change in Health Coverage Attributable to Spouse's Employment	A letter from the spouse's insurance carrier indicating the change in insurance coverage, the effective date of that change and dependents covered.
Ineligibility of dependent child due to age	Copy of the dependent's birth certificate
Ineligibility of dependent child due to marriage	Copy of the dependent child's marriage license or certificate.
Ineligibility of dependent due to loss of qualified relative status	An affidavit stating that the dependent is no longer a qualified relative.
Change from full-time to part-time employment or vice versa for employee or spouse	A letter from your or your spouse's employer stating the previous hours worked and the new hours worked and the effective date of the change.

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.

Should I have two plans?

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

Coordination of Benefits (COB)

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

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

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

Why bring this up 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 since they are in the Premium Conversion Plan, and this is not considered a qualifying event, we can't allow it during the plan year.

During Open Enrollment (April 1-30, 2010), you can make any changes, even if they're not the result of qualifying events.

Where can I learn more about COB?

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

Premium Conversion Plan Form / Plan Year 2011

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!!!**

Living Wills and Advance Directives for End of Life Care

Living Wills and Advance Directives for Health Care Decision-making

As you may have read recently, beginning in Plan Year 2012, (July 1, 2011), PEIA will offer a premium discount to policyholders who have completed a Living Will. To get the discount, the policyholder will have to submit an affidavit that will be mailed to every policyholder in late 2010. The affidavits will be due before the end of Open Enrollment NEXT YEAR.

Right now, we'd just like to start the discussion. We want you to begin thinking about and talking with your family about a Living Will. You can even go ahead and complete the form we've included in this Shopper's Guide. We've included it for your convenience. There are other forms available from the West Virginia Center for End of Life Care at www.wvendoflife.org.

PEIA does not want to see a copy of your Living Will. PEIA is not concerned about the contents of your Living Will. PEIA simply wants you to think about what your wishes are, and then make them known to your loved ones and your health care providers.

The following pages contain a copy of the West Virginia Combined Living Will and Medical Power of Attorney form. PEIA believes it is important for every member of the plan to consider having a Living Will , and here is why:

As an adult, you have the right to make your own health care decisions. You have the right to know about proposed treatments , alternative treatments and their risks and benefits. You have the right to ask questions, and then you have the right to decide whether you want the treatment or not. Your right to accept medical or surgical treatment also includes the right to refuse it.

But what if you become incapable of making health care decisions for yourself because of injury or illness? Who will decide what types of treatment you receive? You can remain in charge of your health care, even after you can no longer make decisions for yourself, by creating a document called an "advance directive."

West Virginia law recognizes two types of written advance directives for health care decision-making: the Living Will and the Medical Power of Attorney. Both forms have a special section for you to write in specific comments about circumstances in which you would not want CPR, a feeding tube, dialysis, or treatment with a breathing machine. You can use these documents to let your family and your health care providers know your decisions for health care if you become unable to decide for yourself. You can appoint someone you know and trust as your Medical Power of Attorney representative to ensure that your choice or decision is honored.

Well-respected organizations from the American Medical Association to the American Academy of Family Physicians to the AARP support the idea of Advance Directives.

We encourage you to learn more about this important topic by visiting the West Virginia Center for End of Life Care at www.wvendoflife.org.

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

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

Dated: _____, 20____

I, _____, hereby

(Insert your name and address)

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

The person I choose as my representative is:

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

The person I choose as my successor representative is:

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

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

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

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

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

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

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

1. If I am very sick and not able to communicate my wishes for myself and I am certified by one physician who has personally examined me, to have a terminal condition or to be in a persistent vegetative state (I am unconscious) and am neither aware of my environment nor able to interact with others,) I direct that life-prolonging medical intervention that would serve solely to prolong 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.

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

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
The Health Plan • www.healthplan.org 52160 National Road East St. Clairsville, OH 43950-9365	HMO	1-888-847-7902 1-740-695-3585
PEIA • www.wvpeia.com 601 57th Street, SE, Suite 2 Charleston, WV 25304-2345	PPB Plan	1-877-676-5573



Public Employees Insurance Agency

601 57th Street, SE / Suite 2
Charleston, West Virginia 25304-2345

PRSRT STD
U.S. POSTAGE
PAID
CHARLESTON, WV
PERMIT NO. 55