



# Plan Year 2016 Benefits

July 1, 2015 - June 30, 2016

## Shopper's Guide

**Healthy Tomorrows**  
initiatives start  
in Plan Year 2016.  
(See page 5 for details)

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Open Enrollment is  
April 2 - May 15, 2015

**JOIN PEIA!**



### **The Fine Print**

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

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

PEIA cannot guarantee the quality of services offered by the various plans, so please gather information and make your decision carefully. Before enrolling, assure yourself that the plan you choose offers a level of care and convenience with which you and your family will feel comfortable.

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

We have tried to ensure that the information in this booklet is accurate. If, however, a conflict arises between this Guide and any formal plan documents, laws or rules governing the plans, the latter will necessarily control.

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## Five Tips for a Successful Open Enrollment

1. Read through “What’s Important for 2016” to get a quick overview of the changes for the coming Plan Year.
2. Review the side-by-side comparison of the plans in the “Benefits At-A-Glance” charts.
3. Check page 11 to be sure you’re eligible to enroll in the plan you want. The PEIA PPB Plans A, B and C are available in all areas. PEIA PPB Plan D is open to WV residents only and covers only services provided in WV. The Health Plan is available in all West Virginia counties. If you live out of state, remember you must live in one of the counties listed on page 11 to enroll in The Health Plan.
4. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and for the type of coverage you have (employee only, family, etc.) to find the premium for the plan you want.
5. **If you want to change plans or complete your Advance Directive/Living Will affidavit, you have two choices:** go to [www.wvpeia.com](http://www.wvpeia.com) and click on the “**Manage My Benefits**” button and follow the instructions (remember, your deadline is midnight on May 15, 2015) or call PEIA for a Transfer Form at **1-877-676-5573**. Make any changes or plan selections you wish and return it to your benefit coordinator no later than the close of business on May 15, 2015. If you need to update your tobacco status, you may do so by using the options above or by calling **1-877-676-5573** and by following the prompts.

## What’s Important for 2016?

### PEIA PPB Plans

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

### Healthy Tomorrows

The Finance Board voted to implement the 3-year Healthy Tomorrows initiative for active employees and non-Medicare retirees in the PEIA PPB Plans.

**YEAR ONE - During Open Enrollment this year (April 2 – May 15, 2015), policyholders must designate a primary care physician (PCP) to avoid the \$500 deductible penalty for Plan Year 2016. You can do this two ways:**

- Go online to [www.wvpeia.com](http://www.wvpeia.com), click on the green Manage My Benefits button, log in or register to use the site. When you’re asked, make sure you designate that you’re on the site for Open Enrollment. The Open Enrollment script will walk you through the process, and you’ll designate your PCP.
- Call the PEIA Open Enrollment Helpline, **1-877-676-5573**, and follow the prompts to order a “Pick a PCP” form. One will be mailed to your home address on the next business day.

**NOTE:** If you are enrolled in either the Medical Home or Comprehensive Care Partnership program, you have already named a primary care physician and do not have to take any additional steps to meet this requirement.

**YEAR TWO** – Policyholders must see their primary care physician after reporting their doctor’s name to PEIA. Your primary care physician must test your blood pressure, blood glucose, cholesterol and waist circumference and report it to PEIA on the Healthy Tomorrows Reporting Form before the end of Open Enrollment (May 15, 2016) next year. The Healthy Tomorrows Reporting Form is on page 63 of this Shopper’s Guide.

**YEAR THREE** – Policyholders must have your blood pressure, blood glucose and cholesterol within an acceptable range or have a physician’s certification that those numbers cannot be met.

In any year that you do not comply with the initiative, you will face an additional \$500 medical deductible.

**NOTE:** PEIA covers an annual physical for members at no cost. Bring the Adult Annual Physical and Screening Examination Form on page 61 to your doctor.

### **Active Employee/Non-Medicare Retiree Benefit Changes**

**The following benefit changes will affect active employees and non-Medicare retirees and their enrolled dependents beginning July 1, 2015:**

- Increase family out-of-pocket maximum for PEIA PPB Plans A and D from 1.5 times to twice the employee-only amount.
- Increase deductible by \$25 single and \$50 family. Change applies to all PPB Plans.
- Increase Primary Care Office Visit copayment from \$15 to \$20 per visit. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase Specialist Office Visit copayment from \$25 to \$40 per visit. Change applies to PPB Plans A, B and D, but not Plan C.
- Add \$100 copay per admission to existing deductible and 20% coinsurance for inpatient hospital care. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase outpatient surgery copay from \$50 to \$100. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase emergency room copay to \$100 with no discount. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase generic drug copay for 30-day supply from \$5 to \$10 and for 90-day supply (maintenance only) from \$10 to \$20. Change applies to all PPB Plans (Plan C only after deductible is met and for medications on the Preventive Drug List).
- Increase preferred drug copay for 30-day supply by \$10 and for 90-day supply (maintenance only) by \$20. Change applies to all PPB Plans (Plan C only after deductible is met and for medications on the Preventive Drug List).

### **Medicare Retiree Benefit Changes**

**The following benefit changes will affect Medicare retirees in the Humana Plan or the PEIA Special Medicare Plan, beginning on January 1, 2016:**

- Increase deductible by \$75 per person
- Increase Outpatient Surgery copayment by \$50
- Increase copayment for office visits to PCPs and Specialists by \$10 and \$20, respectively

Medicare retirees in the PEIA Special Medicare Plan will also pay the increased prescription drug copayments noted in the Active Employee/Non-Medicare Retiree Benefit Adjustments section above. Humana members will see no change in prescription copayments.

### **Aetna Back as Out-of-State Network Administrator**

On March 1, 2015, PEIA's out-of-state network changed back to Aetna Signature Administrators (ASA) from the HealthSmart network. You can locate network providers using ASA's DocFind: [www.aetna.com/asa](http://www.aetna.com/asa). If you prefer, you may call HealthSmart Benefit Solutions, Inc. at **304-353-7820** or **888-440-7342** for information about participating out-of-state providers. Remember, if you live in West Virginia or the bordering county of a surrounding state, you must have prior approval to seek care out-of-state beyond the bordering counties, except in an emergency.

Not all providers in the ASA network may participate with PEIA. Kings Daughters Medical Center and Our Lady of Bellefonte hospitals in Kentucky remain out-of-network for PEIA, regardless of their status with the ASA PPO network. Also, PEIA does not use the ASA PPO network in Washington or Cuyahoga Counties, Ohio, or in Boyd County, Kentucky. PEIA reserves the right to remove providers from the network, so not all providers in the network may be available to you.

## Pathways to Wellness

The PEIA Pathways to Wellness program now offers fitness, nutrition and stress management classes at participating worksites through collaborations with Marshall University's College of Health Professions, the West Virginia University Extension Service and the West Virginia State University Extension Service.

## Surviving Dependent Premium Determination Change

Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan will pay premiums based on the years of service earned by the deceased policyholder. Current surviving dependents, and those who are enrolled before July 1, 2015, will be grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

## The Health Plan

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The Health Plan serves all 55 counties in West Virginia. Active employees and non-Medicare retirees who live or work in West Virginia are eligible. Below is a summary of the changes for Plan Year 2016:

- The Health Plan PPO - New Preferred Provider Organization (PPO) Plan. This plan replaces HMO Plan C. If you currently are in HMO Plan C, review this carefully to decide if you want to be covered by this new and different plan.
- Cost sharing – Primary care office visit copays are \$5 per visit for 2016. Specialist office visit copays are \$40 per visit. Other cost sharing has also changed, including out-of-pocket maximums. Review the Benefits At-A-Glance charts on pages 12-27 to learn more.

## Terms You Need to Know

**Affordable Care Act (ACA) Out-of-Pocket Maximum:** The Affordable Care Act places a limit on how much you must spend for healthcare in any plan year before your plan starts to pay 100% for covered essential health benefits. This limit includes deductibles (medical and prescription), coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This limit does not include premiums, balance billing amounts for non-network providers and other out-of-network cost-sharing, or spending for non-essential health benefits.

The maximum out-of-pocket cost for Plan Year 2016 can be no more than \$6,600 for an individual plan and \$13,200 for a family plan. Because PEIA's plans have out-of-pocket maximums that are substantially lower than the ACA required limits, the ACA out-of-pocket maximum should never come into play for most PEIA PPB Plan members.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Not all providers in the ASA PPO network may participate with PEIA. Kings Daughters Medical Center and Our Lady of Bellefonte hospitals in Kentucky 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 Washington or Cuyahoga Counties, Ohio, or in Boyd County, Kentucky. PEIA reserves the right to remove providers from the network, so not all providers listed in the network may be available to you.

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



**Public Employees Insurance Agency (PEIA):** The State agency that arranges for health and life insurance benefits for West Virginia’s public employees. PEIA administers the PEIA PPB Plans, and contracts with all of the managed care plans that are offered to public employees.

## Eligibility Rules

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

### **Who is eligible to transfer or enroll during Open Enrollment?**

**Current Members:** Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan for which they qualify during open enrollment (April 2 – May 15, 2015).

**Eligible Non-Members:** An employee or non-Medicare retiree who is eligible for benefits may enroll in any health plan for which they qualify during Open Enrollment (April 2 – May 15, 2015).

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

- your legal spouse;
- your biological children, adopted children, or stepchildren under age 26; or
- other children for whom you are the court-appointed guardian to age 18.

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

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

You may both be policyholders in the same plan, but only one may enroll the children. All children must be enrolled under the same policyholder, and a child may not be enrolled for health coverage as both a policyholder (as a public employee in his or her own right) and as a dependent child. To qualify for the Family with Employee Spouse premium, both employees MUST have basic life insurance.

**Retired or Retiring Deputy Sheriffs Under Age 55:** Premium rates for all plans are listed on page 41 of this guide.

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

**Transferring Employees:** If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the service area of the plan you’re currently in. The PEIA PPB Plans A, B and C have an unlimited service area, so you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB Plan D is available only to WV residents, so if you are enrolled in Plan D and move out of state during

a plan year, you will be required to change plans. Transfer from a State agency to a non-State agency may permit a change in coverage, which will be considered if you appeal in writing to the director of PEIA. Transfer between participating employers in the Plan does not constitute a qualifying event.

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

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

**Death or Divorce:** If a death or divorce occurs during a plan year, to continue coverage, you must remain in the plan you were in at the time of the death or divorce for the balance of the plan year. You can only change plans during the plan year if the affected dependents move out of the service area of the plan so that accessing care is unreasonable.

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

**Special Enrollment:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the month of or the two months following the date you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the month of or the two months following the marriage, birth, adoption or placement for adoption by contacting your benefit coordinator or calling **1-888-680-7342**. You also may go online at [www.wvpeia.com](http://www.wvpeia.com), click on the green "Manage My Benefits" button to log in and enroll a dependent.

## Plan Year 2016 Benefit Fairs

Benefit fairs afford you the opportunity to chat with representatives of the plans, to ask questions, to gather information about your options, and to discuss your life insurance. Following are times, dates and locations of the 2016 benefit fairs.

DATE	CITY/TIME	LOCATION	ADDRESS
Tuesday 04/7/2015	Huntington / 3:00 – 7:00	Big Sandy Arena	One Civic Center Plaza
Wednesday 04/08/2015	Martinsburg / 3:00-7:00	Holiday Inn	301 Foxcroft Ave.
Thursday 04/09/2015	Morgantown / 3:00-7:00	Ramada Inn	20 Scott Ave.
Tuesday 04/14/2015	South Charleston / 3:00-6:00	Holiday Inn	400 Second Ave.
Wednesday 04/15/2015	Parkersburg / 3:00-7:00	Comfort Suites of Parkersburg	167 Elizabeth Pike, Mineral Wells
Thursday 04/16/2015	Beckley / 3:00-7:00	Tamarack Conference Center Board Room	One Tamarack Park
Tuesday 04/21/2015	Wheeling / 3:00-7:00	Northern Community College	Market St.

# Managed Care Plan's Service Area

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

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



## Benefits At-A-Glance

Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan PPO In & Out-of-Network	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Annual deductible	\$200 Individual Maximum; \$400 Family Maximum; Goes toward out-of-pocket maximum	\$500 Individual Maximum; \$1,000 Family Maximum; Goes toward out-of-pocket maximum	In: \$750/\$1,500 Out: \$1,500/\$3,000 Goes towards OOPM	Varies by salary and employer type. (See premium charts)	Twice the in-network deductible.
Annual out-of-pocket maximum	Single - \$3,600 Two person - \$7,200 Family - \$7,200	Single - \$3,750 Two person - \$7,500 Family - \$7,500	Single- In: \$3,750/Out: \$7,500 Two person- In: \$7,500/Out: \$15,000 Family- In: \$7,500/Out: \$15,000	Varies by salary, employer type, and coverage tier (See premium charts.)	Twice the in-network out-of-pocket maximum
<b>PHYSICIAN SERVICES</b>					
Adult routine physical examination	Covered in full per health care reform	Covered in full per health care reform	In: covered in full Out: 40% coinsurance After deductible	Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule
Diagnostic x-ray, lab and testing	20% coinsurance after deductible	20% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Mammograms, Pap smears, and prostate cancer screenings	Covered in full per health care reform	Covered in full per health care reform	In: routine covered in full Out: Deductible +40%	Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule
Physician inpatient visits	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible +15% Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Physician office visits - primary care	\$5 copay/visit; deductible waived	\$5 copay/visit; deductible waived	In: \$5 copay/visit; deductible waived Out: Deductible + 40%	\$20 copay/visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule
Physician office visits - specialty care	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 copay/visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule
Prenatal care	\$40 copay (initial visit only); deductible waived	\$40 copay (initial visit only); deductible waived	In: \$40 copay initial visit only; deductible waived Out: Deductible + 40%	Covered in full after deductible	Deductible + 40% + amounts that exceed PEIA's fee schedule
Second surgical	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 copay office visit only	Deductible + 40% + coinsurance (office visit only) + amounts that exceed PEIA's fee schedule

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com).  
Call 1-877-676-5573.

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Varies by salary and employer type (See premium charts.)	Twice the in-network deductible.	\$1,275 employee only \$2,550 employee and child(ren), family, or family with employee spouse (This is combined medical and prescription deductible.); Services on the Preventive Care List covered without deductible	\$1,275 employee only \$2,550 employee and child(ren), family, or family with employee spouse (This is combined medical and prescription deductible.); Services on the Preventive Care List covered without deductible	Varies by salary and employer type (See premium charts.)
Varies by salary, employer type, and coverage tier (See premium charts.)	Twice the in-network out-of-pocket maximum	\$2,500 employee only. \$5,000 employee and child(ren), family, or family with employee spouse (This is a combined medical and prescription out-of-pocket maximum.)	None. You will always pay 20% coinsurance. There is no out-of-pocket maximum for out-of-network services.	Varies by salary, employer type, and coverage tier (See premium charts.)
<b>PHYSICIAN SERVICES</b>				
Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Covered in full	Deductible + 40% + amounts that exceed PEIA's fee schedule	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
\$20 copay office visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$20 copay office visit only
\$40 copay office visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$40 copay office visit only
Covered in full after deductible	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Covered in full after deductible
\$40 copay 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	\$40 copay office visit only

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com).

Call 1-877-676-5573.

Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan PPO In & Out-of-Network	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Voluntary sterilization	Men 30% co-insurance after deductible; women covered in full per health care reform	Men 30% co-insurance after deductible; women covered in full per health care reform	In: male Deductible + 30%. Out: Deductible + 40% In: female covered in full. Out: Deductible + 40%	Deductible + 20% for men; women covered in full per health care reform	Deductible + 40% amounts that exceed PEIA's fee schedule
Well child exams	Covered in full per health care reform	Covered in full per health care reform	In: covered in full Out: Deductible + 40%	Covered in full	Covered in full
Well child immunizations (birth through 21)	Covered in full per health care reform	Covered in full per health care reform	In: covered in full Out: Deductible + 40%	Covered in full	Covered in full
<b>INPATIENT SERVICES</b>					
Semi-private room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 15% Out: Deductible + 40%	\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule
Inpatient occupational, physical, or speech therapy*	15% coinsurance after deductible	20% coinsurance after deductible	In: Deductible + 15% Out: Deductible + 40%	\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule
Maternity care (delivery)	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 15% Out: Deductible + 40%	\$100 copay + deductible + 20%	\$600 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule
Rehabilitation*	Covered in full (days 1-30); 20% (days 31+) after deductible	Covered in full (days 1-30); 20% (days 31+) after deductible	In: \$0 days 1-30, deductible +20% /days 31+ Out: Deductible + 40%	\$100 copay + deductible + 20%	\$600 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule
Skilled Nursing*	\$35 copayment/day after deductible	\$35 copayment/day after deductible	In: Deductible + \$35 copay/day Out: Deductible + 40%	\$100 copay + deductible + 20%	\$600 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule
<b>HOSPITAL OUTPATIENT SERVICES</b>					
Ambulatory/outpatient surgery	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 15% Out: Deductible + 40%	\$100 + deductible + 20% <sup>1</sup>	\$150 + Plan A deductible + 40% + amounts that exceed PEIA's fee schedule <sup>1</sup>
Pre-admission testing, diagnostic x-ray and lab	20% coinsurance after deductible	20% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule

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

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each service if received outside of West Virginia.

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PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Deductible + 20% for men; women covered in full per health care reform	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20% for men; women covered in full per health care reform	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% for men; women covered in full per health care reform
Covered in full	Covered in full	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Covered in full	Covered in full	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
<b>INPATIENT SERVICES</b>				
\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
\$100 copay + deductible + 20%	\$600 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
\$100 copay + deductible + 20%	\$600 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
\$100 copay + deductible + 20%	\$600 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
<b>HOSPITAL OUTPATIENT SERVICES</b>				
\$100 + deductible + 20% <sup>1</sup>	\$150 + Plan B deductible + 40% + amounts that exceed PEIA's fee schedule <sup>1</sup>	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 + deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

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Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan PPO In & Out-of-Network	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
<b>DIAGNOSTIC TESTING SERVICES</b>					
CT Scans	20% coinsurance after deductible	20% coinsurance after deductible	<b>In:</b> Deductible + 20% <b>Out:</b> Deductible + 40%	Deductible + 20% <sup>2</sup>	\$100 + 40% + amounts that exceed PEIA's fee schedule <sup>2</sup>
Magnetic Resonance Angiogram (MRA)	20% coinsurance after deductible	20% coinsurance after deductible	<b>In:</b> Deductible + 20% <b>Out:</b> Deductible + 40%	Deductible + 20% <sup>2</sup>	\$100 + 40% + amounts that exceed PEIA's fee schedule <sup>2</sup>
Magnetic Resonance Imaging (MRI)	20% coinsurance after deductible	20% coinsurance after deductible	<b>In:</b> Deductible + 20% <b>Out:</b> Deductible + 40%	Deductible + 20% <sup>2</sup>	\$100 + 40% + amounts that exceed PEIA's fee schedule <sup>2</sup>
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY BENEFITS</b>					
Outpatient chemical dependency*	\$5 copay/visit; deductible waived	\$5 copay/visit; deductible waived	\$5 copay/visit; deductible waived <b>Out:</b> Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Outpatient mental health*	\$5 copay/visit; deductible waived	\$5 copay/visit; deductible waived	\$5 copay/visit; deductible waived <b>Out:</b> Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Inpatient chemical dependency (including partial hospitalization)*	\$100 copay + 15% coinsurance/admission after deductible	\$100 copay + 20% coinsurance/admission after deductible	<b>In:</b> \$100 copay + deductible + 15% <b>Out:</b> Deductible + 40%	\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule
Inpatient detoxification*	\$100 copay + 15% coinsurance/admission after deductible	\$100 copay + 20% coinsurance/admission after deductible	<b>In:</b> \$100 copay + deductible + 15% <b>Out:</b> Deductible + 40%	\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule
Inpatient mental health (including partial hospitalization)*	\$100 copay + 15% coinsurance/admission after deductible	\$100 copay + 20% coinsurance/admission after deductible	<b>In:</b> \$100 copay + deductible + 15% <b>Out:</b> Deductible + 40%	\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule
<b>OUTPATIENT THERAPIES</b>					
Chiropractic*	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	<b>In:</b> \$40 copay/visit; deductible waived <b>Out:</b> Deductible + 40%	<b>First 20 visits:</b> \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if precertified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule

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

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



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PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
<b>DIAGNOSTIC TESTING SERVICES</b>				
Deductible + 20% <sup>2</sup>	\$100 + Deductible + 40% + amounts that exceed PEIA's fee schedule <sup>2</sup>	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20% <sup>2</sup>	\$100 + Deductible + 40% + amounts that exceed PEIA's fee schedule <sup>2</sup>	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20% <sup>2</sup>	\$100 + Deductible + 40% + amounts that exceed PEIA's fee schedule <sup>2</sup>	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY BENEFITS</b>				
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
\$100 copay + deductible + 20%	\$600 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$100 copay + deductible + 20%
<b>OUTPATIENT THERAPIES</b>				
<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if precertified:</b> \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if precertified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if precertified:</b> \$25 copay + deductible + 20% coinsurance

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Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan PPO In & Out-of-Network	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Massage therapy*	Not covered	Not covered	Not covered	<b>First 20 visits:</b> \$10 copay + deductible + 20%. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule
Occupational therapy*	<b>Visits 1-20:</b> \$40 copay/visit; <b>visits 21+:</b> 50% coinsurance/visit after deductible	<b>Visits 1-20:</b> \$40 copay/visit; <b>visits 21+:</b> 50% coinsurance/visit after deductible	In: visits 1-20: \$40 copay/visit. Visits 21+: deductible +50% Out: Deductible + 40%	<b>First 20 visits:</b> \$10 copay + deductible + 20%. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if pre-certified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule
Physical therapy*	<b>Visits 1-20:</b> \$40 copay/visit; visits <b>21+:</b> 50% coinsurance/visit after deductible	<b>Visits 1-20:</b> \$40 copay/visit; visits <b>21+:</b> 50% coinsurance/visit after deductible	In: visits 1-20: \$40 copay/visit. Visits 21+: deductible +50% Out: Deductible + 40%	<b>First 20 visits:</b> \$10 copay + deductible + 20%. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if pre-certified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule
Speech therapy*	<b>Visits 1-20:</b> \$40 copay/visit; visits <b>21+:</b> 50% coinsurance/visit after deductible	<b>Visits 1-20:</b> \$40 copay/visit; visits <b>21+:</b> 50% coinsurance/visit after deductible	In: visits 1-20: \$40 copay/visit. Visits 21+: deductible +50% Out: Deductible + 40%	<b>First 20 visits:</b> \$10 copay + deductible + 20%. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if pre-certified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule
<b>ALL OTHER MEDICAL SERVICES</b>					
Allergy testing and treatment	\$40 copay/visit after deductible	\$40 copay/visit after deductible	In: Deductible + \$40 copay/visit Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Bariatric surgery	Not covered	Not covered	Not covered	\$500 copay + deductible + 20% coinsurance	\$500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule
Cardiac Rehabilitation*	\$10 copay/visit after deductible	\$10 copay/visit after deductible	In: Deductible + \$10 copay/visit Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Dental services - accident related*	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + deductible + 15% Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Dental services - other*	Not covered	Not covered	Not covered	Impacted teeth only; \$500 copay + deductible + 20%	Impacted teeth only; \$500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule

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

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PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if pre-certified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance
<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if pre-certified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance
<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if pre-certified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance
<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance	<b>First 20 visits:</b> \$10 copay + deductible + 40%. Visits over 20, if pre-certified: \$25 copay + deductible + 40% coinsurance + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	<b>First 20 visits:</b> \$10 copay + deductible + 20%. <b>Visits over 20, if pre-certified:</b> \$25 copay + deductible + 20% coinsurance
<b>ALL OTHER MEDICAL SERVICES</b>				
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
\$500 copay + deductible + 20% coinsurance	\$500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule	\$500 copay + deductible + 20% coinsurance	\$500 copay + deductible + 20% + amounts that exceed PEIA's fee schedule	\$500 copay + deductible + 20% coinsurance
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Impacted teeth only; \$500 copay + deductible + 20%	Impacted teeth only; \$500 copay + deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Impacted teeth only; \$500 copay + deductible + 20%

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Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan PPO In & Out-of-Network	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Diabetic supplies*	\$0 copay; deductible waived	\$0 copay; deductible waived	In: Covered in full Out: Deductible + 40%	Covered under Prescription drug plan	Covered under Prescription drug plan
Dialysis	15% coinsurance/visit after deductible	20% coinsurance/visit after deductible	In: Deductible + 20% Out: Deductible + 40%	Deductible + 20% <sup>3</sup>	Deductible + 40% + amounts that exceed PEIA's fee schedule <sup>3</sup>
Durable Medical Equipment (DME)*	30% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	Deductible + 20% <sup>4</sup>	Deductible + 40% + amounts that exceed PEIA's fee schedule <sup>4</sup>
Emergency ambulance (medically necessary)	\$50 copay/transport after deductible	\$50 copay/transport after deductible	In: Deductible + \$50 copay/transport Out: Deductible + \$50 copay/transport	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Emergency Room Treatment (Non-emergency)	Not covered	Not covered	Not covered	\$100 copay + deductible + 20%	\$100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule
Emergency services	\$100 copay/visit (waived if admitted); deductible waived	\$100 copay/visit (waived if admitted); deductible waived	In: \$100 copay / visit (waived if admitted); deductible waived Out: \$100 copay/visit (waived if admitted); deductible waived	\$100 copay + deductible + 20%	\$100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule.
Growth hormone*	<b>Rx benefit:</b> 30% or \$300, whichever is less per specialty drug	<b>Rx benefit:</b> 30% or \$300, whichever is less per specialty drug	In & Out: Rx benefit: 30% or \$300 whichever is less per specialty drug	Covered under specialty drug plan	Covered under specialty drug plan
Hearing exam	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	Covered under well child benefit only	Covered under well child benefit only
Home health services*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Home health supplies*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Hospice*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule

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

3. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each treatment if received outside of West Virginia.

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

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Call 1-877-676-5573.

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

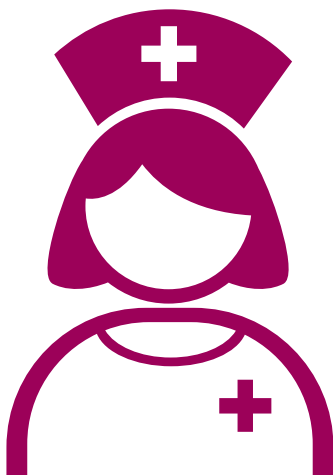
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Call 1-877-676-5573.

Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan PPO In & Out-of-Network	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Infertility services* No prescription coverage under any plan	30% coinsurance/visit/injection (limitations apply) after deductible	30% coinsurance/visit/injection (limitations apply) after deductible	In: Deductible + 30% (limitations apply) Out: Deductible + 40% (limitations apply)	Deductible + 20% #	Deductible + 40% + amounts that exceed PEIA's fee schedule #
Medical supplies*	30% coinsurance (limits may apply) after deductible	30% coinsurance (limits may apply) after deductible	In: Deductible + 30% (certain limits may apply) Out: Deductible + 50% (certain limits may apply)	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Podiatry*	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 office visit copay; surgery - deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Prosthetics*	30% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Pulmonary rehabilitation*	\$10 copay/visit after deductible	\$10 copay/visit after deductible	In: Deductible + \$10 copay/visit Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Radiation and chemotherapy	20% coinsurance after deductible	20% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule
Transplants (non- experimental)*	\$100 copay + 15% coinsurance after deductible	\$100 copay + 20% coinsurance after deductible	In: \$100 copay + Deductible + 15% Out: Deductible + 40%	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule; additional \$10,000 deductible
Urgent Care	\$50 copay/incident; deductible waived	\$50 copay/incident; deductible waived	In: \$50 copay/incident; deductible waived Out: \$50 copay/incident; deductible waived	\$25	Deductible + 40% + amounts that exceed PEIA's fee schedule

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

# Diagnostic testing only



You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com).

Call 1-877-676-5573.

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Deductible + 20% #	Deductible + 40% + amounts that exceed PEIA's fee schedule #	Deductible + 20% #	Deductible + 20% + amounts that exceed PEIA's fee schedule #	Deductible + 20% #
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
\$40 office visit copay; Surgery - deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$40 office visit copay; Surgery - deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule additional \$10,000 deductible	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
\$25	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	\$25



## Benefits At-A-Glance: Prescription Benefits

Benefit Description	Health Plan Plan A	Health Plan Plan B	Health Plan PPO In & Out-of-Network	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Deductible	None	None	None	\$75 individual/ \$150 family	\$75 individual/ \$150 family
Annual Out-of-Pocket Maximum	\$3,000 individual/ \$6,000 family	\$2,850 individual/ \$5,700 family	\$2,850 individual \$5,700 family	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family
Generic Copayment	\$10 copayment	\$7.50 copayment	In & Out: \$10 copay	\$10	\$10 (See “other details” on page 26.)
Formulary Brand	Not covered if generic is available. 50% coinsurance if generic is not available.	Not covered	In & Out: 50% coinsurance if generic is NOT available	\$25	\$25 (See “other details” on page 26.)
Non-Formulary	Not covered	Not covered	Not covered	75% coinsurance	75% coinsurance (See “other details” on page 26.)
Specialty Medicines	30% coinsurance or \$300, whichever is less per specialty drug	30% coinsurance or \$300, whichever is less per generic specialty drug	In & Out: Specialty drugs – 30% coinsurance or \$300 copay whichever is less per specialty drug	\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered
Maintenance Medication discount program details	90-day supply mail order; \$20 copay or 50% coinsurance	90-day supply; \$15 copayment Generic ONLY	In & Out: 90 day supply mail order; \$20 copay or 50% coinsurance	90-day supply for two months' copay for generic and preferred brand drugs. No discount for non-preferred brand name drugs	No discount



You also can view your benefits in the **Summary of Benefits and Coverage** at [www.wvpeia.com](http://www.wvpeia.com).  
**Call 1-877-676-5573.**

<b>PEIA PPB Plan B In-Network</b>	<b>PEIA PPB Plan B Out-of-Network</b>	<b>PEIA PPB Plan C In-Network</b>	<b>PEIA PPB Plan C Out-of-Network</b>	<b>PEIA PPB Plan D WV-Only Plan</b>
\$150 individual/ \$300 family	\$150 individual/ \$300 family	\$1,275 employee only \$2,550 employee and child(ren), family, or family with employee spouse combined medical and prescription deductible Prescription on the Preventive Drug List covered without deductible	\$1,275 employee only \$2,550 employee and child(ren), family, or family with employee spouse combined medical and prescription deductible Prescription on the Preventive Drug List covered without deductible	\$75 individual/ \$150 family
\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$2,500 employee only \$5,000 employee and child(ren), family, or family with employee spouse (This is a combined medical and prescription out-of-pocket maximum.)	None Member will always pay the prescription drug copayments. There is no out-of-pocket maximum for out-of-network services.	\$1,750 individual/ \$3,500 family
\$10	\$10 (See "other details" on page 27.)	\$10 after deductible, unless on Preventive Drug List	\$10 after deductible, unless on Preventive Drug List (See "other details" on page 27.)	\$10
\$30	\$30 (See "other details" on page 27.)	\$25 after deductible, unless on Preventive Drug List	\$25 after deductible, unless on Preventive Drug List (See "other details" on page 27.)	\$25
75% coinsurance	75% coinsurance (See "other details" on page 27.)	75% coinsurance after deductible, unless on Preventive Drug List	75% coinsurance after deductible, unless on Preventive Drug List (See "other details" on page 27.)	75% coinsurance
\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered	\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.	Not covered	\$50 preferred; \$100 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.
90-day supply for two months' copay for generic and preferred brand drugs. No discount for non-preferred brand name drugs	No discount	90-day supply for two months' copay after deductible for generic and preferred brand drugs. No discount for non-preferred brand name drugs. No deductible for drugs on Preventive Drug List	No discount	90-day supply for two months' copay for generic and preferred brand drugs. No discount for non-preferred brand name drugs

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com).  
 Call 1-877-676-5573.

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



You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com).  
 Call 1-877-676-5573.

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV- Only Plan
	PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.	
Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full



## PEIA PPB Plan C

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

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

## PEIA PPB Plan D

PEIA PPB Plan D is the West Virginia ONLY plan. Members enrolling in this plan must be West Virginia residents, and all care provided under this plan must be provided in West Virginia. The benefits (copayments, coinsurance, deductible and out-of-pocket maximum) of Plan D are identical to PEIA PPB Plan A, and the premiums are much lower than Plan A. The difference is that the only care allowed outside the State of West Virginia will be emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia.

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

## Enroll in the Comprehensive Care Partnership (CCP) Program

PEIA offers a healthcare program that allows members to receive specified primary care services while paying less. This program, called the Comprehensive Care Partnership (CCP) Program, is designed to promote quality of care, preventive services and appropriate use of health services to identify health problems early and maintain control of chronic conditions.

The CCP program is available to PEIA PPB Plan A, B and D insureds. Members who enroll in the CCP Program will have reduced or no copayments, deductible or coinsurance for specified services at their CCP provider. CCP providers are expected to provide primary care services, coordination of care, and some CCP locations also provide specialty care services and/or laboratory services.

## Find a Medical Home

PEIA's Medical Home program helps you save money and receive better medical care at the same time. If you choose a Medical Home from PEIA's Medical Home Physician Directory, most of your medical care will be provided by that Medical Home provider, and your copayment for office visits with that provider drops from \$20 to \$10. The purpose of naming a primary physician is to help the physician better understand you and your medical needs and provide better care.

To find a physician in PEIA's Medical Home program, go to [www.wvpeia.com](http://www.wvpeia.com) and click "Forms & Downloads" and find Medical Home forms. You also may find a physician in PEIA's Physician Directory at [www.wvpeia.com](http://www.wvpeia.com). Go to "[Forms & Downloads, Medical Home](#)".

## Premium Discounts Available

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

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

### I. Tobacco-free Premium Discount.

PEIA offers a premium discount on PEIA PPB Plans A, B, C and D, The Health Plan, the Special Medicare Plan, the Medicare Advantage and Prescription Drug (MAPD) plan, and optional life insurance to active and retired policyholders who verify through a tobacco affidavit that all enrolled family members are tobacco-free. Tobacco-free plan members subtract \$25 from the premium for employee only coverage or \$50 from the employee/child, family or family with employee spouse premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2016, you and all enrolled family members must have been tobacco-free by January 1, 2015.

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

### 2. Advance Directive/Living Will.

PEIA is, once again, offering the Advance Directive/Living Will discount for policyholders. If you are currently receiving this discount, you do not need to take any action to continue the discount for Plan Year 2016; it will continue automatically. The discount will be \$4 per month off of the 2016 standard health insurance premium for health policyholders in PEIA PPB Plans, The Health Plan, PEIA's Special Medicare Plan or the Medicare Advantage and Prescription

Drug (MAPD) plan who have completed a living will or an advance directive for healthcare. This discount is available to active and retired employees.

If you haven't taken advantage of this discount yet, you may claim the discount if you've completed one of these forms:

1. WV Living Will Form
2. WV Medical Power of Attorney Form
3. WV Combined Living Will and Medical Power of Attorney Form
4. Five Wishes form (Aging with Dignity for \$5 per copy call **1-888-594-7437**)

The WV Combined Living Will and Medical Power of Attorney form is printed at the end of this Shopper's Guide. More information is available from the WV Center for End of Life Care at [www.wvendoflife.org](http://www.wvendoflife.org) or by calling the center at **1-877-209-8086**. If you live outside West Virginia, you may complete any advance directive document that is legal in your state of residence to claim the discount. Be sure to provide a copy of your advance directive/living will to your physician.




Once you've completed your advance directive/living will, go online to [www.wvpeia.com](http://www.wvpeia.com) and click on the green **"Manage My Benefits"** button to log in and complete your affidavit. All affidavits must be received no later than May 15, 2015, to receive the discount for all of plan year 2016. If you do not have internet access, you may call the Open Enrollment Helpline to order a copy of the affidavit.

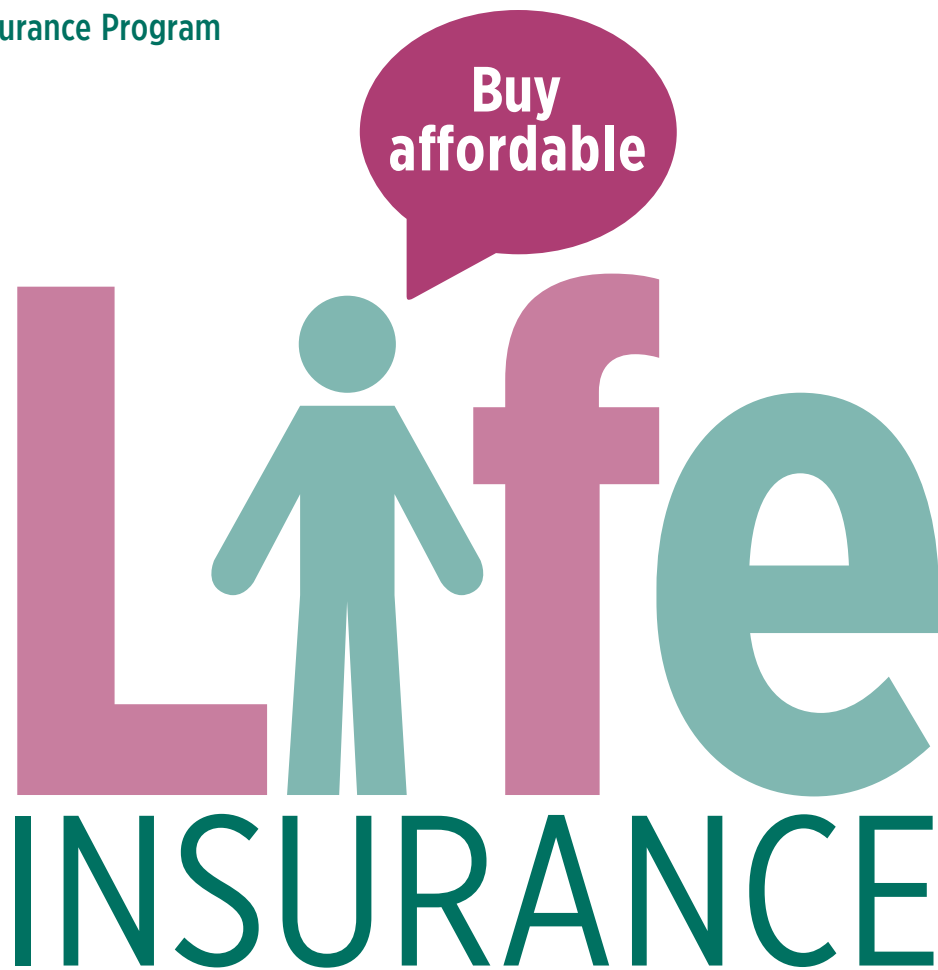
Please remember, PEIA does not want a copy of your advance directive or living will. Please **DO NOT** mail or fax a copy of your actual advance directive document to us. All you must do to receive the discount is complete the affidavit – either online or on paper – **NOT BOTH**, please.

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

Your standard monthly premium:		Single Policyholder	Family Policyholder
			\$87
Tobacco free? If yes,	Subtract \$25/single or \$50/family	-\$25	-\$50
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	-\$4	-\$4
Total monthly premium including discounts		\$58	\$189

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

Your standard monthly premium from premium charts:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced Directive/Living Will affidavit? If yes,	Subtract \$4	
Total monthly premium including discounts		



**Group Term Life insurance** can protect your family's financial future from the unexpected loss of your life and income during your working years.

Life insurance proceeds can be an important tool in helping your family afford final expenses, such as funeral and medical bills, as well as day-to-day financial obligations.

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

Our insurance needs calculator – at [LifeBenefits.com/insuranceneeds](http://LifeBenefits.com/insuranceneeds) – can help you estimate the amount of insurance your family would need to meet financial obligations if something were to happen to you.

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

## MINNESOTA LIFE

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**Minnesota Life Insurance Company**  
A Securian Company

**Group Insurance - Charleston Office**  
One Bridge Place, 10 Hale Street, 5th Floor, Charleston, WV 25301  
1-800-203-9515 • 304-344-1221 Fax • [www.LifeBenefits.com](http://www.LifeBenefits.com)  
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## Monthly Premiums: Employee or Employee/Child

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. There are two (2) premium discounts available this year. Full details of the premiums discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium.

Employee Only	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	PPO	Premium	Annual Deductible	Out-of-Pocket Maximum
\$0 - \$20,000	\$88	\$37	\$49	\$53	\$125	\$800
\$20,001 - \$30,000	\$105	\$42	\$54	\$70	\$175	\$1,100
\$30,001 - \$36,000	\$112	\$45	\$57	\$77	\$225	\$1,250
\$36,001 - \$42,000	\$118	\$47	\$59	\$83	\$250	\$1,500
\$42,001 - \$50,000	\$133	\$53	\$65	\$98	\$275	\$1,750
\$50,001 - \$62,500	\$156	\$63	\$75	\$121	\$400	\$1,800
\$62,501 - \$75,000	\$170	\$70	\$82	\$135	\$425	\$1,850
\$75,001 - \$100,000	\$199	\$82	\$94	\$164	\$450	\$1,900
\$100,001 - \$125,000	\$242	\$120	\$132	\$207	\$525	\$2,000
\$125,001 +	\$272	\$142	\$154	\$237	\$625	\$2,250

Employee and Children	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	PPO	Premium	Annual Deductible	Out-of-Pocket Maximum
\$0 - \$20,000	\$174	\$63	\$76	\$110	\$250	\$1,600
\$20,001 - \$30,000	\$198	\$73	\$86	\$134	\$350	\$2,200
\$30,001 - \$36,000	\$207	\$76	\$89	\$143	\$450	\$2,500
\$36,001 - \$42,000	\$220	\$80	\$93	\$156	\$500	\$3,000
\$42,001 - \$50,000	\$254	\$102	\$115	\$190	\$550	\$3,500
\$50,001 - \$62,500	\$296	\$135	\$148	\$232	\$800	\$3,600
\$62,501 - \$75,000	\$328	\$155	\$168	\$264	\$850	\$3,700
\$75,001 - \$100,000	\$391	\$198	\$211	\$327	\$900	\$3,800
\$100,001 - \$125,000	\$454	\$251	\$264	\$390	\$1,050	\$4,000
\$125,001 +	\$511	\$291	\$304	\$447	\$1,250	\$4,500



PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
\$33	\$525	\$2,000	\$77	\$1,275	\$2,500	\$44	\$125	\$800
\$39	\$525	\$2,000				\$58	\$175	\$1,100
\$42	\$525	\$2,000				\$65	\$225	\$1,250
\$44	\$525	\$2,000				\$69	\$250	\$1,500
\$50	\$1,025	\$2,000				\$83	\$275	\$1,750
\$60	\$1,025	\$2,000				\$102	\$400	\$1,800
\$67	\$1,025	\$2,000				\$114	\$425	\$1,850
\$79	\$1,025	\$2,000				\$139	\$450	\$1,900
\$116	\$1,025	\$2,000				\$175	\$525	\$2,000
\$139	\$1,025	\$2,000				\$202	\$625	\$2,250

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
\$59	\$1,050	\$4,000	\$172	\$2,550	\$5,000	\$93	\$250	\$1,600
\$68	\$1,050	\$4,000				\$113	\$350	\$2,200
\$72	\$1,050	\$4,000				\$121	\$450	\$2,500
\$76	\$1,050	\$4,000				\$132	\$500	\$3,000
\$98	\$1,550	\$4,000				\$161	\$550	\$3,500
\$131	\$1,550	\$4,000				\$197	\$800	\$3,600
\$151	\$1,550	\$4,000				\$224	\$850	\$3,700
\$193	\$1,550	\$4,000				\$278	\$900	\$3,800
\$247	\$1,550	\$4,000				\$332	\$1,050	\$4,000
\$287	\$1,550	\$4,000				\$381	\$1,250	\$4,500

## Monthly Premiums: Family or Family/Employee Spouse

Premiums for employees of State agencies, colleges and universities and county board of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. There are two (2) discounts available this year. Full details of the premiums discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium.

Family	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	PPO	Premium	Annual Deductible	Out-of-Pocket Maximum
\$0 - \$20,000	\$221	\$137	\$156	\$157	\$250	\$1,600
\$20,001 - \$30,000	\$270	\$164	\$183	\$206	\$350	\$2,200
\$30,001 - \$36,000	\$297	\$178	\$197	\$233	\$450	\$2,500
\$36,001 - \$42,000	\$326	\$194	\$213	\$262	\$500	\$3,000
\$42,001 - \$50,000	\$376	\$227	\$246	\$312	\$550	\$3,500
\$50,001 - \$62,500	\$443	\$270	\$289	\$379	\$800	\$3,600
\$62,501 - \$75,000	\$476	\$294	\$313	\$412	\$850	\$3,700
\$75,001 - \$100,000	\$561	\$363	\$382	\$497	\$900	\$3,800
\$100,001 - \$125,000	\$678	\$450	\$469	\$614	\$1,050	\$4,000
\$125,001 +	\$778	\$519	\$538	\$714	\$1,250	\$4,500

Family with Employee Spouse	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	PPO	Premium	Annual Deductible	Out-of-Pocket Maximum
\$0 - \$20,000	\$180	\$101	\$115	\$121	\$250	\$1,600
\$20,001 - \$30,000	\$217	\$118	\$132	\$158	\$350	\$2,200
\$30,001 - \$36,000	\$240	\$133	\$147	\$181	\$450	\$2,500
\$36,001 - \$42,000	\$259	\$142	\$156	\$200	\$500	\$3,000
\$42,001 - \$50,000	\$301	\$164	\$178	\$242	\$550	\$3,500
\$50,001 - \$62,500	\$355	\$198	\$212	\$296	\$800	\$3,600
\$62,501 - \$75,000	\$395	\$229	\$243	\$336	\$850	\$3,700
\$75,001 - \$100,000	\$489	\$304	\$318	\$430	\$900	\$3,800
\$100,001 - \$125,000	\$607	\$392	\$406	\$548	\$1,050	\$4,000
\$125,001 +	\$695	\$461	\$475	\$636	\$1,250	\$4,500

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
\$99	\$1,050	\$4,000	\$292	\$2,550	\$5,000	\$133	\$250	\$1,600
\$126	\$1,050	\$4,000				\$175	\$350	\$2,200
\$140	\$1,050	\$4,000				\$198	\$450	\$2,500
\$156	\$1,050	\$4,000				\$222	\$500	\$3,000
\$188	\$1,550	\$4,000				\$265	\$550	\$3,500
\$232	\$1,550	\$4,000				\$323	\$800	\$3,600
\$256	\$1,550	\$4,000				\$351	\$850	\$3,700
\$324	\$1,550	\$4,000				\$424	\$900	\$3,800
\$412	\$1,550	\$4,000				\$524	\$1,050	\$4,000
\$480	\$1,550	\$4,000				\$609	\$1,250	\$4,500

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium (not salary-based)	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
\$72	\$1,050	\$4,000	\$244	\$2,550	\$5,000	\$102	\$250	\$1,600
\$89	\$1,050	\$4,000				\$134	\$350	\$2,200
\$104	\$1,050	\$4,000				\$153	\$450	\$2,500
\$114	\$1,050	\$4,000				\$170	\$500	\$3,000
\$136	\$1,550	\$4,000				\$205	\$550	\$3,500
\$170	\$1,550	\$4,000				\$252	\$800	\$3,600
\$200	\$1,550	\$4,000				\$286	\$850	\$3,700
\$276	\$1,550	\$4,000				\$366	\$900	\$3,800
\$364	\$1,550	\$4,000				\$467	\$1,050	\$4,000
\$432	\$1,550	\$4,000				\$543	\$1,250	\$4,500

## Non-State Agencies: PEIA PPB Plans

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

PEIA has made it the employee's option to choose PEIA PPB Plan A, B, C or D or any of the managed care plans available in your area, although your employer may choose to limit the amount paid toward the premium. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen. To enroll in one of the managed care plans, you must live in the plan's service area. Check the chart on page 11 to see if you qualify for the plan you're considering.

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

	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO	PEIA PPB Plan A		
	Premium	Premium	Premium	Premium	Deductible	Out-of-Pocket Maximum
Employee Only	\$598	\$379	\$393	\$496	\$250	\$1,500
Employee and Children	\$840	\$556	\$591	\$931	\$500	\$3,000
Family	\$1,374	\$917	\$953	\$1,027	\$500	\$3,000

### State-Funded Elected Officials' Premiums

	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO	PEIA PPB Plan A		
	Premium	Premium	Premium	Premium	Deductible	Out-of-Pocket Maximum
Employee Only	\$518	\$447	\$459	\$483	\$250	\$1,500
Employee and Children	\$722	\$582	\$595	\$658	\$500	\$3,000
Family	\$1,143	\$1,011	\$1,030	\$1,079	\$500	\$3,000
Family with Employee Spouse	\$1,076	\$959	\$973	\$1,017	\$500	\$3,000

The PEIA PPB Plans A, B and C have an unlimited service area. PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV. The chart below details the premiums, deductibles and out-of-pocket maximums for the PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts. There are two (2) premium discounts available this year. Full details of the premiums discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum
\$451	\$525	\$2,000	\$314	\$1,275	\$2,500	\$470	\$250	\$1,500
\$821	\$1,050	\$4,000	\$472	\$2,550	\$5,000	\$883	\$500	\$3,000
\$910	\$1,050	\$4,000	\$633	\$2,550	\$5,000	\$975	\$500	\$3,000

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum	Premium	Deductible	Out-of-Pocket Maximum
\$361	\$525	\$2,000	\$394	\$1,275	\$2,500	\$425	\$250	\$1,500
\$474	\$1,050	\$4,000	\$570	\$2,550	\$5,000	\$579	\$500	\$3,000
\$803	\$1,050	\$4,000	\$939	\$2,550	\$5,000	\$950	\$500	\$3,000
\$761	\$1,050	\$4,000	\$891	\$2,550	\$5,000	\$898	\$500	\$3,000

## Non-Medicare PEIA PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. There are two (2) premium discounts available to retirees this year. Full details of the premium discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium. If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

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

	Non-Medicare Retired Policyholder Only (Plan A)			Non-Medicare Retired Policyholder Only (Plan B)		
	Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum
Unsubsidized Premium <sup>3</sup>	\$1,055	\$425	\$1,500	\$981	\$825	\$3,000
5-9 years	\$845	\$425	\$1,500	\$786	\$825	\$3,000
10-14 years	\$651	\$425	\$1,500	\$606	\$825	\$3,000
15-19 years	\$456	\$425	\$1,500	\$424	\$825	\$3,000
20-24 years	\$341	\$425	\$1,500	\$317	\$825	\$3,000
25+ years <sup>2</sup>	\$264	\$425	\$1,500	\$246	\$825	\$3,000

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

2. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan will pay premiums based on the years of service earned by the deceased policyholder. Current surviving dependents, and those who are enrolled before July 1, 2015, will be grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

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

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

PEIA has contracted with other vendors to provide medical and prescription drug benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize “family” plans, this change presents some unique challenges for PEIA when a family has both non-Medicare and Medicare members. In these cases, the non-Medicare family members will continue their coverage with PEIA, and the Medicare beneficiary(ies) will receive benefits from the Medicare Advantage and Prescription Drug (MAPD) plan. For details of the Medicare beneficiary’s plan design, see page 42.

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

Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan A)			Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan B)			Non-Medicare Retired Policyholder with Medicare Dependents (Plan A) <sup>1</sup>		
Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum
\$2,510	\$850	\$3,000	\$2,334	\$1,650	\$3,000	\$1,759	\$475	\$2,000
\$2,009	\$850	\$3,000	\$1,868	\$1,650	\$3,000	\$1,408	\$475	\$2,000
\$1,514	\$850	\$3,000	\$1,408	\$1,650	\$3,000	\$1,048	\$475	\$2,000
\$1,022	\$850	\$3,000	\$951	\$1,650	\$3,000	\$691	\$475	\$2,000
\$726	\$850	\$3,000	\$676	\$1,650	\$3,000	\$478	\$475	\$2,000
\$529	\$850	\$3,000	\$492	\$1,650	\$3,000	\$334	\$475	\$2,000

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**Go to [www.wvpeia.com](http://www.wvpeia.com) and click on the Green "Manage My Benefits" button to get started!**

If you are a non-Medicare retiree with Medicare dependents, then the Medicare beneficiary will have the Medicare Retiree Benefit Design described on page 42. Remember, for non-Medicare family members, the family deductible is \$850, but as always, no individual in the family can meet more than half of the family deductible. For more information on how the medical deductible works, please consult your Summary Plan Description.

## Non-Medicare Retiree Managed Care Premiums

To enroll in The Health Plan, you must live in the plan's service area. Check the chart on page 11. The PEIA PPB Plan A's service area is unlimited, so you will not find it on the chart.

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

1. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan will pay premiums based on the years of service earned by the deceased policyholder. Current surviving dependents, and those who are enrolled before July 1, 2015, will be grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.
2. This premium rate is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

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**Go to [www.wvpeia.com](http://www.wvpeia.com) and click on the Green "Manage My Benefits" button to get started!**





## Deputy Sheriffs Early Retiree Premiums (ages 50-55)

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

2016 Premiums					
50 to 55 years of age	The Health Plan Plan A	The Health Plan Plan B	The Health Plan PPO	PEIA PPB Plan A	PEIA PPB Plan B
Employee only	\$ 866	\$ 615	\$669	\$ 524	\$487
Employee and dependent(s)	\$ 1,713	\$ 1,168	\$1,258	\$ 1,273	\$1,184

## Retired Employee Assistance Program

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

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

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



## Medicare Retiree Benefits

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

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

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

### Benefits for Medicare Beneficiaries

Humana provides MUCH more information to Medicare retirees, but here is a general overview of how the medical benefits work for each Medicare beneficiary, comparing the Plan Year 2015 fees with the new fees for Plan Year 2016.

Plan Element	Humana/PEIA Plan 1 Plan Year 2015 Benefit	Humana/PEIA Plan 1 Plan Year 2016 Benefit	Humana/PEIA Plan 2 Plan Year 2015 Benefit	Humana/PEIA Plan 2 Plan Year 2016 Benefit
<b>Medical Benefits</b>				
Medical Deductible	\$25	\$100	\$250	\$325
Medical Out-of-Pocket Maximum	\$750	\$750	\$1,500	\$1,500
Primary Care Copay	\$10	\$20	\$10	\$20
Specialist Copay	\$20	\$40	\$30	\$50
Inpatient Hospital Copay	\$100	\$100	\$150	\$150
Skilled Nursing Facility	\$0	\$0	\$0	\$0
Emergency Room	\$50	\$50	\$65	\$65
Ambulance	\$0	\$0	\$0	\$0
Outpatient/Office Surgery Copay	\$50	\$100	\$65	\$115
<b>Prescription Drug Benefits</b>				
Prescription Drug Deductible	\$75	\$75	\$150	\$150
Prescription Drug Out-of-Pocket Maximum	\$1,750	\$1,750	\$1,750	\$1,750
Generic Drug Copayment	\$5	\$5	\$5	\$5
Preferred Drug Copayment	\$15	\$15	\$20	\$20
Non-preferred Drug Copayment	\$50	\$50	\$85	\$85
Specialty Drug Copayment (Preferred Specialty Drug for the PEIA Special Medicare Plan)	\$50	\$50	\$85	\$85
Non-preferred Specialty Drug Copayment (PEIA Special Medicare Plan only)	\$100	\$100	n/a	n/a

So, when the Medicare beneficiary uses medical services, there will be the deductible on the previous page, and then there will be copayments for some services. Any provider that accepts Medicare may be used by those enrolled in the Humana plan. The Medicare retiree's non-Medicare dependents will have the benefits provided under PEIA PPB Plan A. See the Benefits At-A-Glance charts on pages 12-27 for details.

## Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will use the Medicare Retiree Benefit Design chart on the previous page. The non-Medicare dependents covered by the Medicare policyholder will have the same deductible and out-of-pocket maximum as a non-Medicare retiree (see chart on pages 38-39), and the benefits described in the Benefits At-A-Glance charts. There are two (2) premium discounts available to retirees this year. Full details of the premiums discounts can be found on pages 29-30. Use the calculator on page 30 to determine your premium.

### Medicare Retiree Rates

	Medicare Policyholder Only		Medicare Policyholder with Non-Medicare Dependents <sup>1</sup>	Medicare Policyholder with Medicare Dependents <sup>2</sup>	
	Humana/PEIA PLAN 1	Humana/PEIA PLAN 2	Humana/PEIA PLAN 1	Humana/PEIA PLAN 1	Humana/PEIA PLAN 2
Hired on or after July 1, 2010 <sup>4</sup>	\$437	\$407	\$1,464	\$900	\$846
5 to 9 years	\$398	\$366	\$1,331	\$819	\$762
10 to 14 years	\$293	\$267	\$1,002	\$592	\$545
15 to 19 years	\$188	\$169	\$672	\$365	\$333
20 to 24 years	\$126	\$112	\$474	\$228	\$204
25 or more years <sup>3</sup>	\$84	\$73	\$342	\$139	\$121

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

2. This rate assumes two people on Medicare. If you have more than two, subtract \$22 for each additional Medicare Member.

3. These 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. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan will pay premiums based on the years of service earned by the deceased policyholder. Current surviving dependents, and those who are enrolled before July 1, 2015, will be grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

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

\* Tobacco-free plan members subtract \$25 from the premium for employee only coverage or \$50 from the family premium. To qualify for the Tobacco-free Premium for all of Plan Year 2015, you and all enrolled family members must have been tobacco-free by July 1, 2014. If your tobacco status has changed, you MUST report the change. See page 29.

\* Members with a Living Will/Advance Directive subtract \$4 from their premium. (See pages 29-30.) You may claim the discount if you've completed a WV Living Will Form, WV Medical Power of Attorney Form, WV Combined Living Will and Medical Power of Attorney Form (page 17) or Five Wishes Form. To report having a Living Will/Advance Directive, log into Manage My Benefits at [www.wvpeia.com](http://www.wvpeia.com). DO NOT mail or fax a copy of the form to PEIA.

**Enroll online! It's fast, free and easy!**

**Go to [www.wvpeia.com](http://www.wvpeia.com) and click on the Green "Manage My Benefits" button to get started!**

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

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

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

Social Security will notify you if you have to pay more than the standard premium. Whether you pay the standard premium or a higher premium can change each year depending on your income. If you have to pay a higher amount for your Part B premium and you disagree (even if you get RRB benefits), call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also view the fact sheet “Medicare Part B Premiums: Rules For Beneficiaries With Higher Incomes” by visiting [www.socialsecurity.gov/pubs/10161.pdf](http://www.socialsecurity.gov/pubs/10161.pdf). PEIA is bringing this to your attention because it may affect the premium you pay for PEIA’s Medicare Advantage and Prescription Drug (MAPD) Plan, which includes a premium for your Medicare Part D (prescription drug) coverage.



# Your Group Life Insurance Program offers these services

As part of your Group Life Insurance program, you and your spouse and dependent children can access the following services. No additional premium or enrollment is required.

## ✓ Beneficiary Financial Counseling

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



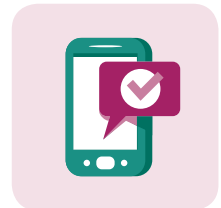
## ✓ Legacy Planning Resources

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



## ✓ Legal, Financial and Grief Resources

Ceridian provides U.S. active employees covered under our group life insurance policies, and their spouses and dependents, access to counseling professionals and related resources and referrals in each of the three areas. Contact Ceridian at **1-877-849-6034** or visit [LifeWorks.com](http://LifeWorks.com) (user name: *lfg*, password: *resources*).



## ✓ Travel Assistance Services

RedpointWTP LLC provides travel assistance services to all active U.S. employees covered under our group life insurance policies and their spouses and dependents. The services are available 24/7/365 for emergency assistance and transport when traveling 100 or more miles away from home. For service terms and conditions, and pre-trip information visit [LifeBenefits.com/travel](http://LifeBenefits.com/travel) or call **1-855-516-5433** in the U.S. and Canada. From other locations, you can call collect to **+1-415-485-4677**.



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# COBRA

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

During Open Enrollment you have the right to choose any plan for which you are eligible for the next plan year. To enroll in one of the managed care plans, you must live in the plan's service area (see page 11). PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV.

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

COBRA	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	PPO	Premium	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$528	\$456	\$468	\$493	\$250	\$1,500
Employee and Children	\$736	\$594	\$607	\$671	\$500	\$3,000
Family	\$1,166	\$1,031	\$1,051	\$1,101	\$500	\$3,000
<b>DISABILITY</b>						
Employee Only	\$777	\$671	\$689	\$725	\$250	\$1,500
Employee and Children	\$1,083	\$873	\$893	\$987	\$500	\$3,000
Family	\$1,715	\$1,517	\$1,545	\$1,619	\$500	\$3,000

## COBRA Rates for Non-State Agencies

COBRA	Health Plan			PEIA PPB Plan A		
	Plan A	Plan B	PPO	Premium	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$609	\$386	\$400	\$506	\$250	\$1,500
Employee and Children	\$856	\$566	\$602	\$950	\$500	\$3,000
Family	\$1,400	\$934	\$971	\$1,048	\$500	\$3,000
<b>DISABILITY</b>						
Employee Only	\$883	\$554	\$575	\$744	\$250	\$1,500
Employee and Children	\$1,233	\$807	\$860	\$1,397	\$500	\$3,000
Family	\$2,034	\$1,349	\$1,403	\$1,541	\$500	\$3,000

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

HealthSmart Benefit Solutions will mail transfer and “Pick a PCP” forms to all enrolled COBRA members. You must name a PCP to avoid an additional \$500 deductible. If you want to change plans, you must complete and return the transfer form to: **HealthSmart Benefit Solutions COBRA Dept., P.O. Box 2981, Charleston, WV 25332 before May 15, 2015.**

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
\$368	\$525	\$2,000	\$402	\$1,275	\$2,500	\$434	\$250	\$1,500
\$483	\$1,050	\$4,000	\$581	\$2,550	\$5,000	\$591	\$500	\$3,000
\$819	\$1,050	\$4,000	\$958	\$2,550	\$5,000	\$969	\$500	\$3,000
<b>DISABILITY</b>								
\$542	\$525	\$2,000	\$591	\$1,275	\$2,500	\$638	\$250	\$1,500
\$711	\$1,050	\$4,000	\$855	\$2,550	\$5,000	\$869	\$500	\$3,000
\$1,205	\$1,050	\$4,000	\$1,409	\$2,550	\$5,000	\$1,425	\$500	\$3,000

PEIA PPB Plan B			PEIA PPB Plan C			PEIA PPB Plan D		
Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium	Annual Deductible	Out-of-Pocket Maximum
\$460	\$525	\$2,000	\$320	\$1,275	\$2,500	\$479	\$250	\$1,500
\$837	\$1,050	\$4,000	\$481	\$2,550	\$5,000	\$901	\$500	\$3,000
\$928	\$1,050	\$4,000	\$646	\$2,550	\$5,000	\$995	\$500	\$3,000
<b>DISABILITY</b>								
\$677	\$525	\$2,000	\$471	\$1,275	\$2,500	\$705	\$250	\$1,500
\$1,232	\$1,050	\$4,000	\$708	\$2,550	\$5,000	\$1,325	\$500	\$3,000
\$1,365	\$1,050	\$4,000	\$950	\$2,550	\$5,000	\$1,463	\$500	\$3,000

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

The Tobacco-free rates are charged to those who have submitted an affidavit stating that the policyholder does not use tobacco.

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

\* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2016, you must have been tobacco-free by January 1, 2015.

**To update your tobacco status, go to the Web site, [www.wvpeia.com](http://www.wvpeia.com), and log into Manage My Benefits or call PEIA at 1-877-676-5573.**



Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium
\$40,000	\$2.40	\$50,000	\$3.00	\$60,000	\$3.60	\$75,000	\$4.50	\$80,000	\$4.80
\$40,000	\$2.40	\$50,000	\$3.00	\$60,000	\$3.60	\$75,000	\$4.50	\$80,000	\$4.80
\$40,000	\$3.20	\$50,000	\$4.00	\$60,000	\$4.80	\$75,000	\$6.00	\$80,000	\$6.40
\$40,000	\$3.20	\$50,000	\$4.00	\$60,000	\$4.80	\$75,000	\$6.00	\$80,000	\$6.40
\$40,000	\$4.80	\$50,000	\$6.00	\$60,000	\$7.20	\$75,000	\$9.00	\$80,000	\$9.60
\$40,000	\$6.40	\$50,000	\$8.00	\$60,000	\$9.60	\$75,000	\$12.00	\$80,000	\$12.80
\$40,000	\$11.20	\$50,000	\$14.00	\$60,000	\$16.80	\$75,000	\$21.00	\$80,000	\$22.40
\$40,000	\$17.60	\$50,000	\$22.00	\$60,000	\$26.40	\$75,000	\$33.00	\$80,000	\$35.20
\$26,000	\$18.72	\$32,500	\$23.40	\$39,000	\$28.08	\$48,750	\$35.10	\$52,000	\$37.44
\$18,000	\$23.04	\$22,500	\$28.80	\$27,000	\$34.56	\$33,750	\$43.20	\$36,000	\$46.08
Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco-Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium
\$300,000	\$18.00	\$350,000	\$21.00	\$400,000	\$24.00	\$450,000	\$27.00	\$500,000	\$30.00
\$300,000	\$18.00	\$350,000	\$21.00	\$400,000	\$24.00	\$450,000	\$27.00	\$500,000	\$30.00
\$300,000	\$24.00	\$350,000	\$28.00	\$400,000	\$32.00	\$450,000	\$36.00	\$500,000	\$40.00
\$300,000	\$24.00	\$350,000	\$28.00	\$400,000	\$32.00	\$450,000	\$36.00	\$500,000	\$40.00
\$300,000	\$36.00	\$350,000	\$42.00	\$400,000	\$48.00	\$450,000	\$54.00	\$500,000	\$60.00
\$300,000	\$48.00	\$350,000	\$56.00	\$400,000	\$64.00	\$450,000	\$72.00	\$500,000	\$80.00
\$300,000	\$84.00	\$350,000	\$98.00	\$400,000	\$112.00	\$450,000	\$126.00	\$500,000	\$140.00
\$300,000	\$132.00	\$350,000	\$154.00	\$400,000	\$176.00	\$450,000	\$198.00	\$500,000	\$220.00
\$195,000	\$140.40	\$227,500	\$163.80	\$260,000	\$187.20	\$292,500	\$210.60	\$325,000	\$234.00
\$135,000	\$172.80	\$157,500	\$201.60	\$180,000	\$230.40	\$202,500	\$259.20	\$225,000	\$288.00

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

Age	Plan 1		Plan 2		Plan 3		Plan 4	
	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
Under 30	\$5,000	\$0.40	\$10,000	\$0.80	\$20,000	\$1.60	\$30,000	\$2.40
30-34	\$5,000	\$0.50	\$10,000	\$1.00	\$20,000	\$2.00	\$30,000	\$3.00
35-39	\$5,000	\$0.50	\$10,000	\$1.00	\$20,000	\$2.00	\$30,000	\$3.00
40-44	\$5,000	\$0.60	\$10,000	\$1.20	\$20,000	\$2.40	\$30,000	\$3.60
45-49	\$5,000	\$0.80	\$10,000	\$1.60	\$20,000	\$3.20	\$30,000	\$4.80
50-54	\$5,000	\$1.20	\$10,000	\$2.40	\$20,000	\$4.80	\$30,000	\$7.20
55-59	\$5,000	\$2.20	\$10,000	\$4.40	\$20,000	\$8.80	\$30,000	\$13.20
60-64	\$5,000	\$3.40	\$10,000	\$6.80	\$20,000	\$13.60	\$30,000	\$20.40
65-69	\$3,250	\$4.16	\$6,500	\$8.32	\$13,000	\$16.64	\$19,500	\$24.96
70 & Over	\$2,250	\$4.68	\$4,500	\$9.36	\$9,000	\$18.72	\$13,500	\$28.08
Age	Plan 10		Plan 11		Plan 12		Plan 13	
	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
Under 30	\$100,000	\$8.00	\$150,000	\$12.00	\$200,000	\$16.00	\$250,000	\$20.00
30-34	\$100,000	\$10.00	\$150,000	\$15.00	\$200,000	\$20.00	\$250,000	\$25.00
35-39	\$100,000	\$10.00	\$150,000	\$15.00	\$200,000	\$20.00	\$250,000	\$25.00
40-44	\$100,000	\$12.00	\$150,000	\$18.00	\$200,000	\$24.00	\$250,000	\$30.00
45-49	\$100,000	\$16.00	\$150,000	\$24.00	\$200,000	\$32.00	\$250,000	\$40.00
50-54	\$100,000	\$24.00	\$150,000	\$36.00	\$200,000	\$48.00	\$250,000	\$60.00
55-59	\$100,000	\$44.00	\$150,000	\$66.00	\$200,000	\$88.00	\$250,000	\$110.00
60-64	\$100,000	\$68.00	\$150,000	\$102.00	\$200,000	\$136.00	\$250,000	\$170.00
65-69	\$65,000	\$83.20	\$97,500	\$124.80	\$130,000	\$166.40	\$162,500	\$208.00
70 & Over	\$45,000	\$93.60	\$67,500	\$140.40	\$90,000	\$187.20	\$112,500	\$234.00

Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
\$40,000	\$3.20	\$50,000	\$4.00	\$60,000	\$4.80	\$75,000	\$6.00	\$80,000	\$6.40
\$40,000	\$4.00	\$50,000	\$5.00	\$60,000	\$6.00	\$75,000	\$7.50	\$80,000	\$8.00
\$40,000	\$4.00	\$50,000	\$5.00	\$60,000	\$6.00	\$75,000	\$7.50	\$80,000	\$8.00
\$40,000	\$4.80	\$50,000	\$6.00	\$60,000	\$7.20	\$75,000	\$9.00	\$80,000	\$9.60
\$40,000	\$6.40	\$50,000	\$8.00	\$60,000	\$9.60	\$75,000	\$12.00	\$80,000	\$12.80
\$40,000	\$9.60	\$50,000	\$12.00	\$60,000	\$14.40	\$75,000	\$18.00	\$80,000	\$19.20
\$40,000	\$17.60	\$50,000	\$22.00	\$60,000	\$26.40	\$75,000	\$33.00	\$80,000	\$35.20
\$40,000	\$27.20	\$50,000	\$34.00	\$60,000	\$40.80	\$75,000	\$51.00	\$80,000	\$54.40
\$26,000	\$33.28	\$32,500	\$41.60	\$39,000	\$49.92	\$48,750	\$62.40	\$52,000	\$66.56
\$18,000	\$37.44	\$22,500	\$46.80	\$27,000	\$56.16	\$33,750	\$70.20	\$36,000	\$74.88
Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco-User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
\$300,000	\$24.00	\$350,000	\$28.00	\$400,000	\$32.00	\$450,000	\$36.00	\$500,000	\$40.00
\$300,000	\$30.00	\$350,000	\$35.00	\$400,000	\$40.00	\$450,000	\$45.00	\$500,000	\$50.00
\$300,000	\$30.00	\$350,000	\$35.00	\$400,000	\$40.00	\$450,000	\$45.00	\$500,000	\$50.00
\$300,000	\$36.00	\$350,000	\$42.00	\$400,000	\$48.00	\$450,000	\$54.00	\$500,000	\$60.00
\$300,000	\$48.00	\$350,000	\$56.00	\$400,000	\$64.00	\$450,000	\$72.00	\$500,000	\$80.00
\$300,000	\$72.00	\$350,000	\$84.00	\$400,000	\$96.00	\$450,000	\$108.00	\$500,000	\$120.00
\$300,000	\$132.00	\$350,000	\$154.00	\$400,000	\$176.00	\$450,000	\$198.00	\$500,000	\$220.00
\$300,000	\$204.00	\$350,000	\$238.00	\$400,000	\$272.00	\$450,000	\$306.00	\$500,000	\$340.00
\$195,000	\$249.60	\$227,500	\$291.20	\$260,000	\$332.80	\$292,500	\$374.40	\$325,000	\$416.00
\$135,000	\$280.80	\$157,500	\$327.60	\$180,000	\$374.40	\$202,500	\$421.20	\$225,000	\$468.00

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

The Tobacco-free rates are charged to those who have previously submitted an affidavit stating that the policyholder does not use tobacco.

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.40	\$10,000	\$0.80	\$15,000	\$1.20	\$20,000	\$1.60	\$30,000	\$2.40
30-34	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
35-39	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
40-44	\$5,000	\$0.80	\$10,000	\$1.60	\$15,000	\$2.40	\$20,000	\$3.20	\$30,000	\$4.80
45-49	\$5,000	\$1.10	\$10,000	\$2.20	\$15,000	\$3.30	\$20,000	\$4.40	\$30,000	\$6.60
50-54	\$5,000	\$1.80	\$10,000	\$3.60	\$15,000	\$5.40	\$20,000	\$7.20	\$30,000	\$10.80
55-59	\$5,000	\$3.10	\$10,000	\$6.20	\$15,000	\$9.30	\$20,000	\$12.40	\$30,000	\$18.60
60-64	\$5,000	\$4.40	\$10,000	\$8.80	\$15,000	\$13.20	\$20,000	\$17.60	\$30,000	\$26.40
65-69	\$3,250	\$5.20	\$6,500	\$10.40	\$9,750	\$15.60	\$13,000	\$20.80	\$19,500	\$31.20
70 & over	\$2,500	\$11.20	\$5,000	\$22.40	\$7,500	\$33.60	\$10,000	\$44.80	\$15,000	\$67.20
Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$40,000	\$3.20	\$50,000	\$4.00	\$75,000	\$6.00	\$100,000	\$8.00	\$150,000	\$12.00
30-34	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
35-39	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
40-44	\$40,000	\$6.40	\$50,000	\$8.00	\$75,000	\$12.00	\$100,000	\$16.00	\$150,000	\$24.00
45-49	\$40,000	\$8.80	\$50,000	\$11.00	\$75,000	\$16.50	\$100,000	\$22.00	\$150,000	\$33.00
50-54	\$40,000	\$14.40	\$50,000	\$18.00	\$75,000	\$27.00	\$100,000	\$36.00	\$150,000	\$54.00
55-59	\$40,000	\$24.80	\$50,000	\$31.00	\$75,000	\$46.50	\$100,000	\$62.00	\$150,000	\$93.00
60-64	\$40,000	\$35.20	\$50,000	\$44.00	\$75,000	\$66.00	\$100,000	\$88.00	\$150,000	\$132.00
65-69	\$26,000	\$41.60	\$32,500	\$52.00	\$48,750	\$78.00	\$65,000	\$104.00	\$97,500	\$156.00
70 & over	\$20,000	\$89.60	\$25,000	\$112.00	\$37,500	\$168.00	\$50,000	\$224.00	\$75,000	\$336.00

\* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2016, you must have been tobacco-free by January 1, 2015.

## Retired Employee's Optional Life Insurance: TOBACCO USER

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
30-34	\$5,000	\$0.70	\$10,000	\$1.40	\$15,000	\$2.10	\$20,000	\$2.80	\$30,000	\$4.20
35-39	\$5,000	\$0.90	\$10,000	\$1.80	\$15,000	\$2.70	\$20,000	\$3.60	\$30,000	\$5.40
40-44	\$5,000	\$1.30	\$10,000	\$2.60	\$15,000	\$3.90	\$20,000	\$5.20	\$30,000	\$7.80
45-49	\$5,000	\$2.00	\$10,000	\$4.00	\$15,000	\$6.00	\$20,000	\$8.00	\$30,000	\$12.00
50-54	\$5,000	\$3.40	\$10,000	\$6.80	\$15,000	\$10.20	\$20,000	\$13.60	\$30,000	\$20.40
55-59	\$5,000	\$5.40	\$10,000	\$10.80	\$15,000	\$16.20	\$20,000	\$21.60	\$30,000	\$32.40
60-64	\$5,000	\$7.10	\$10,000	\$14.20	\$15,000	\$21.30	\$20,000	\$28.40	\$30,000	\$42.60
65-69	\$3,250	\$7.54	\$6,500	\$15.08	\$9,750	\$22.62	\$13,000	\$30.16	\$19,500	\$45.24
70 & over	\$2,500	\$16.70	\$5,000	\$33.40	\$7,500	\$50.10	\$10,000	\$66.80	\$15,000	\$100.20
Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
30-34	\$40,000	\$5.60	\$50,000	\$7.00	\$75,000	\$10.50	\$100,000	\$14.00	\$150,000	\$21.00
35-39	\$40,000	\$7.20	\$50,000	\$9.00	\$75,000	\$13.50	\$100,000	\$18.00	\$150,000	\$27.00
40-44	\$40,000	\$10.40	\$50,000	\$13.00	\$75,000	\$19.50	\$100,000	\$26.00	\$150,000	\$39.00
45-49	\$40,000	\$16.00	\$50,000	\$20.00	\$75,000	\$30.00	\$100,000	\$40.00	\$150,000	\$60.00
50-54	\$40,000	\$27.20	\$50,000	\$34.00	\$75,000	\$51.00	\$100,000	\$68.00	\$150,000	\$102.00
55-59	\$40,000	\$43.20	\$50,000	\$54.00	\$75,000	\$81.00	\$100,000	\$108.00	\$150,000	\$162.00
60-64	\$40,000	\$56.80	\$50,000	\$71.00	\$75,000	\$106.50	\$100,000	\$142.00	\$150,000	\$213.00
65-69	\$26,000	\$60.32	\$32,500	\$75.40	\$48,750	\$113.10	\$65,000	\$150.80	\$97,500	\$226.20
70 & over	\$20,000	\$133.60	\$25,000	\$167.00	\$37,500	\$250.50	\$50,000	\$334.00	\$75,000	\$501.00

## Other Life Insurance Rates: Actives and Retirees

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

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

Dependent life insurance premiums are paid by the active or retired policyholder. The rates are listed below for your information. If you wish to increase your plan, you will need to apply for the coverage, complete the Statement of Health, and be approved by Minnesota Life for an increase in your dependent life coverage. Go to [www.wvpeia.com](http://www.wvpeia.com) and log in to **"Manage My Benefits"** and follow the instructions on the screen to apply.

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

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

<b>Active Employee's Basic Life and AD&amp;D Insurance Rates</b>		
<b>Age</b>	<b>Amount of coverage</b>	<b>Monthly premium</b>
Under age 65	\$10,000	\$2.00
Ages 65-69	\$6,500	\$1.30
Age 70 and above	\$5,000	\$1.00

<b>Active Employee's Dependent Life and AD&amp;D Insurance Premiums</b>	
<b>Active Employee's Dependent Life Insurance Rates</b>	
Plan 1 (\$5,000 Spouse/\$2,000 child)	\$2.48
Plan 2 (\$10,000 Spouse/\$4,000 child)	\$4.98
Plan 3 (\$15,000 Spouse/\$7,500 child)	\$7.46
Plan 4 (\$20,000 Spouse/\$10,000 child)	\$9.94
Plan 5 (\$40,000 Spouse/\$15,000 child)	\$19.86

<b>Retired Employee's Basic Life Insurance Rates</b>	
<b>Retired Employee's Basic Life Monthly Premium</b>	
Under age 67 (\$5,000)	\$11.60
Age 67 and over (\$2,500)	\$5.80

<b>Retired Employee's Life Insurance Rates</b>	
<b>Retired Employee's Dependent Life Monthly Premium</b>	
Plan 1 (\$5,000 Spouse/\$2,000 child)	\$7.32
Plan 2 (\$10,000 Spouse/\$4,000 child)	\$14.62
Plan 3 (\$15,000 Spouse/\$7,500 child)	\$21.98
Plan 4 (\$20,000 Spouse/\$10,000 child)	\$29.30
Plan 5 (\$40,000 Spouse/\$15,000 child)	\$58.60

# PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2016

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

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### 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 2 – May 15, 2015, for Plan Year 2016 (July 1, 2015 - June 30, 2016).

### Are there rules I have to follow?

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

### Qualifying events are:

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

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

### **Open Enrollment Under Other Employer's Plan**

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

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

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

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

You have four choices:

1. If you opted out of the Premium Conversion Plan previously, and you want to stay out, you don't have to do anything. You will remain out of the Premium Conversion Plan for the coming year.
2. If you opted out of the Premium Conversion Plan previously, and want back in, complete the form on page 58, sign, date and return it to your payroll clerk by May 15, 2015.
3. If you are in the Premium Conversion Plan, and want to stay in, you don't need to do anything. You will remain in the Premium Conversion Plan for the coming year.
4. If you are in the Premium Conversion Plan and you want to opt out and pay taxes on your premiums, complete the form on page 58, and return it to your benefit coordinator by May 15, 2015.

### **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](http://www.wvpeia.com) and click on the **"Manage My Benefits"** button or call PEIA for an Open Enrollment Transfer Form, and get it to your benefit coordinator by May 15, 2015.

### **Can I make changes during the plan year?**

You may not make a change in the middle of plan year unless you have a qualifying Status Change Event listed in the chart on page 58. You will have to provide documentation of the Status Change Event.

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

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

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

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



### **What if I have more questions?**

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

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

Go to [www.wvpeia.com](http://www.wvpeia.com) and click on the “**Manage My Benefits**” button, or contact your benefit coordinator for a Change-In-Status form, complete, sign, and return it to your benefit coordinator during the month of the family status change event or the following two calendar months. You will need to include documentation of the status change as indicated in the chart on the next page.

### **Should I have two plans?**

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

### **Coordination of Benefits (COB)**

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

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

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

### **Why bring up COB now?**

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

During Open Enrollment (April 2 – May 15, 2015), you can make any changes, even if they're not the result of qualifying events.

**Where can I learn more about COB?**

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

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

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**Premium Conversion Plan Form / Plan Year 2016**

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

- Opt INTO the Plan. I understand that by participating in this plan, I will reduce my tax liability, but I may be limiting my ability to make changes in my coverage throughout the plan year.
- Opt OUT of the Plan. I understand that by opting out of the plan, I am agreeing to pay my premiums on a post-tax basis, thereby increasing my tax liability. This election may not be changed until the next open enrollment.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

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

**Opt In**  INITIAL box if you agree to have this advance directive submitted to the WV e-Directive Registry, and released to treating health care providers. Complete information to RIGHT.  
**REGISTRY FAX: 304-293-7442**

Last \_\_\_\_\_ Name/First/Middle  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Last 4 SSN \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

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

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

Dated: \_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_, hereby  
(Insert your name and address)

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

**The person I choose as my representative is:**

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

**The person I choose as my successor representative is:**

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

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

Principal Name \_\_\_\_\_  
(person for whom form is being completed)

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

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

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

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

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

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

2. Other directives

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of the Principal DATE \_\_\_\_\_

I did not sign the principal's signature above. I am at least eighteen years of age and am not related to the principal by blood or marriage. I am not entitled to any portion of the estate of the principal or to the best of my knowledge under any will of the principal or codicil thereto, or legally responsible for the costs of the principal's medical or other care. I am not the principal's attending physician, nor am I the representative or successor representative of the principal.

Witness \_\_\_\_\_ DATE \_\_\_\_\_

Witness \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of said County, do certify that \_\_\_\_\_, as principal, and \_\_\_\_\_ and \_\_\_\_\_, as witnesses, whose names are signed to the writing above bearing date on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, have this day acknowledged the same before me.

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_. My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Be sure to give a copy of this completed form to your doctor.  
Also, if you wish to have your document added to the e-Directive Registry, complete the boxes at the top of the first page.

# Tear this page out and take it to your doctor!

## PEIA Adult Annual Routine Physical and Screening Examination

### Primary Care (Medical Home) Visit

You are entitled under the Patient Protection and Affordable Care Act (PPACA) to an annual primary care visit that is covered at 100% with no deductible, copayment or coinsurance.\* We recommend your Annual Routine Physical and Screening Examination be provided by your medical home physician. This visit includes the following:

- History & Physical to include:
  - ⊕ Screening and counseling for
    - Alcohol and/or substance abuse
    - Blood pressure
    - Depression
    - Diabetes
    - Domestic violence
    - Nutrition
    - Obesity
    - Physical activity
    - STD prevention
    - Other health risk factors as appropriate and provided for by PPACA
  - ⊕ Review of medications
- Blood Work to include:
  - ⊕ General Health Panel
  - ⊕ Lipid Panel
- Immunizations as recommended by the American Academy of Family Physicians

**Any additional services, including lab work, diagnostic testing and procedures, that are provided to you during this visit will be subject to your deductible, coinsurance and copayments. This may result in additional out-of-pocket costs!**

To the Provider:

- Bill one of the following codes for this visit:
  - ⊕ 99381-99397 for the annual adult preventative care visit
- The most commonly used diagnosis codes for this visit are:
  - ⊕ V70.0
  - ⊕ V72.3-V72.31
- If you are CLIA certified, you may process labs in your office. You can bill the following for the lab work:
  - ⊕ 80050 General Health Panel
  - ⊕ 80061 Lipid Panel
- If you are not CLIA certified, labs must be performed and billed by a CLIA certified provider.
- Bill appropriate immunization codes.

\* More details are available in the What Is Covered section.





# Healthy Tomorrows Reporting Form Plan Year 2017

PEIA ID # (from medical ID card)	7	7	0	0						
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Policyholder Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**For Plan Year 2017** (July 1, 2016 – June 30, 2017), the PEIA Finance Board has authorized a deductible increase of \$500 for any PEIA PPB Plan policyholder who does not pick a Primary Care Provider (PCP) and report the following biometric data before the end of Open Enrollment in 2016.

### Why include this form this year?

You have to report your numbers no later than the end of open enrollment in 2016, but we'll take your numbers anytime during the 2016 plan year. Any time you visit the doctor and have your bloodwork done after April 1, 2015, you can have your doctor complete the form, and you can submit it to PEIA at the address below.

All active employees and non-Medicare retired policyholders in any PEIA PPB Plan must report this data. Health Plan members do not have to comply.

### Instructions for Primary Care Provider

1. Please report the biometric values below.
2. Complete the contact information, including signature and date.
3. Return completed form to patient.

**All fields are REQUIRED. Any missing data will cause the form to be rejected.**

**Blood Pressure:** Diastolic >140  ≤140       **Total Cholesterol:** >245  ≤245

Systolic >90  ≤90

**Waist Circumference:** Male >40  ≤40  inches      **Glucose:** >125  ≤125

Female >35  ≤35  inches

### Provider Contact

Name of Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

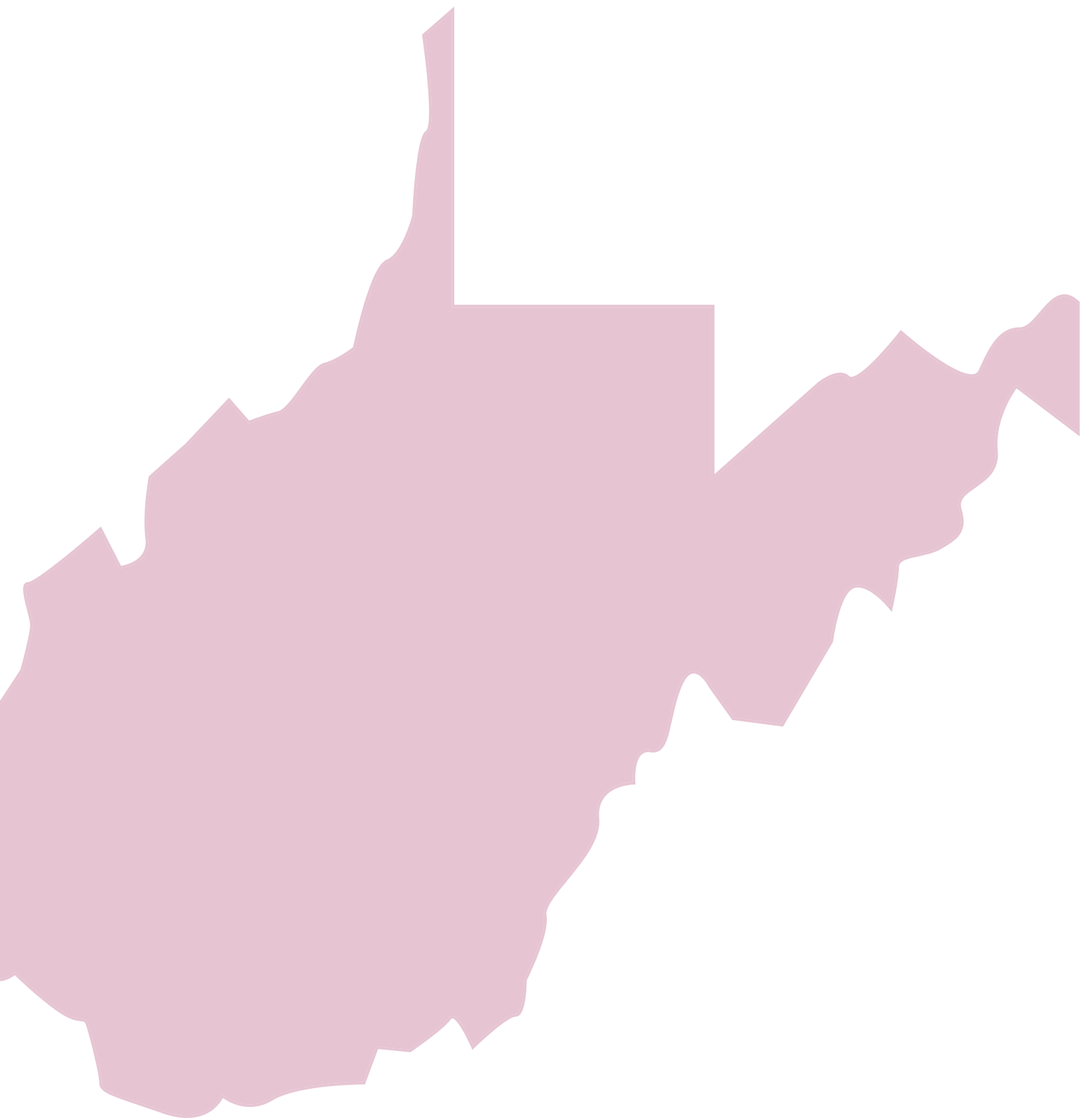
### Medical Certification

I, \_\_\_\_\_, certify that the patient indicated above has received the measurements indicated on this form.

\_\_\_\_\_  
(Signature of Provider or Representative)

\_\_\_\_\_  
(Date of Service)

Please return this form to: **PEIA Healthy Tomorrows, P.O. Box 40360, Charleston, WV 25364**













## Public Employees Insurance Agency

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

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

# JOIN PEIA!

WHO	WHY	PHONE	WEBSITE
PEIA	Answers to questions about the PEIA PPB Plans	877-676-5573 (toll-free)	<a href="http://www.wvpeia.com">www.wvpeia.com</a>
The Health Plan HMO	Answers to questions about The Health Plan's Benefits	800-624-6961 (toll-free) or 740-695-3585	<a href="http://www.healthplan.org">www.healthplan.org</a>
Minnesota Life	Answers to questions about life insurance or to file a life insurance claim	800-203-9515 (toll-free)	
Mountaineer Flexible Benefits	Dental, vision, disability insurance, flexible spending accounts, etc.	844-559-8248 (toll-free)	<a href="http://www.myfbmc.com">www.myfbmc.com</a>
PEIA Pathways to Wellness	Fitness, nutrition, stress management and lifestyle services		