Plan Year 2017 Benefits

Non-State Agency Shopper's Guide

For Active Employees of Non-State Agencies

July 1, 2016 – June 30, 2017

Open Enrollment is April 2 – May 15, 2016

Report your Healthy Tomorrows numbers by 5/15/16.

(See page 3 for details.)

The Fine Print

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

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

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

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

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

Tips for a Successful Open Enrollment

1. Read through "What's Important for 2017" 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 health coverage 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 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 health coverage, you have two choices: go to www.wvpeia.com and click on the "Manage My Benefits" button and follow the instructions (remember, your deadline is midnight on May 15, 2016) 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, 2016. 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.
6. Most life insurance premiums have decreased. Check the charts on pages 38-40. During open enrollment you can decrease or cancel your coverage without a qualifying event. To increase coverage, you'll need to answer medical questions and be approved by Securian.
7. If you're in a PEIA PPB Plan, don't forget to report your Healthy Tomorrows numbers by 5/15/16 to avoid the $500 additional deductible. See page 3 for details.

What's Important for 2017?

PEIA PPB Plans

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

Healthy Tomorrows

PEIA is completing Phase 2 of the Healthy Tomorrows initiative for active employees and non-Medicare retirees in the PEIA PPB Plans.

Phase 2 – Policyholders must have a primary care provider named (if you named one last year you have met this requirement), and report your blood pressure, blood glucose, cholesterol and waist circumference to PEIA on the Healthy Tomorrows Reporting Form before the end of Open Enrollment (May 15, 2016). A personalized Healthy Tomorrows Reporting Form was recently mailed to those who had not reported their Healthy Tomorrows values. Complete that form or find a blank copy on PEIA's webpage at www.wvpeia.com – click on "I want to… Find a Form or Document." The form requires a signature of your healthcare provider or his/her representative.

Phase 3 – 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. The Phase 3 reporting form is at the back of this Shopper's Guide. It can be used to report blood pressure, glucose, cholesterol and waist circumference results from April 2, 2016 to May 15, 2017.

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

NOTE: PEIA covers an annual physical for members at no cost. Take the Adult Annual Physical and Screening Examination Form on page 46 to your doctor.

Benefit Changes

The Living Will Discount will be discontinued. PEIA will no longer offer the Advance Directive/Living Will discount, although you are still encouraged to have an Advance Directive/Living Will and to discuss your wishes with your family and your physician.. .

New Pharmacy Benefit Manager. PEIA will change Pharmacy Benefit Managers from Express Scripts to CVS Caremark on July 1, 2016. CVS Caremark is a pharmacy benefit management company providing pharmacy benefit management to millions of covered lives nationwide. Although CVS Caremark is affiliated with CVS Pharmacy, PEIA members are not required to use CVS pharmacies. CVS Caremark's network includes all of the major chain pharmacies and most local pharmacies. Any PEIA member whose current pharmacy will not be in the

CVS Caremark network will receive notification and a list of in-network alternative pharmacies in advance of the change on July 1. The change to CVS Caremark will also bring changes to the formulary. Affected members will be notified. If you have questions about CVS Caremark you can call toll-free 1-844-260-5894 to speak with a customer service representative.

Life Insurance. Premiums for most life insurance coverages have decreased due to better-than-expected plan performance. PEIA's contract with Securian (formerly Minnesota Life), returns surpluses to PEIA. PEIA is using the surpluses to reduce optional life insurance premiums over the next three years.

Active Employee Plan Changes:

The following benefit changes will affect Non-State members and their enrolled dependents beginning July 1, 2016.

1. Urgent Care copay increases to $50 for PEIA PPB Plans A, B and D.
2. For Comprehensive Care Partnership (CCP) Program members, ANY non-CCP office visit now requires the $40 specialist office visit copay.
3. The Face-2-Face Diabetes Program will be limited to two years. Current F2F members will be permitted two more years of services starting July 1, 2016, as long as they continue to meet the other requirements of the plan.
4. Out-of-state, non-network services are no longer covered in any of the PEIA PPB Plans. Patients will be responsible for 100% of billed charges from non-network providers outside West Virginia, except in a medical emergency or when approved in advance by HealthSmart. PEIA PPB Plan members who reside more than one county outside of West Virginia may use in-network providers where they live without prior approval from HealthSmart, as long as PEIA has been notified of your residential address.
5. Facility-fee limits for select facility-based services. If the member chooses a facility outside West Virginia that charges more than the PEIA facility fee limit, the member will be responsible for the difference between PEIA's payment and the facility's charge. See page 12 for details.
6. Additional emergency room copay of $500 for high-risk behaviors, such as:
   - Accidents while driving motorcycle or UTV/ATV without a helmet
   - DUI/DWI or drug -related accidents
   - Failure to wear seatbelt(s)
7. Opioid pain medications will have a quantity limit (QL) of 540 units per 180 days for all medications in the opioid class. Additional quantities require Prior Authorization.

The Health Plan HMOs and PPO

- The Health Plan will continue to offer three plan designs. HMO Plan A, HMO Plan B and a PPO
- There are benefit/copay changes effective July 1, 2016. Please review this Shopper's Guide for a complete listing of benefits or call The Health Plan at 888.847.7902, visit our website www.healthplan.org or attend a benefits fair near you.
- The deductible on Plan A will be: $300/$600; Plan B $600/$1200
- The Out of Pocket Maximum will be $6850/$13,700 on all three Plan options and will include all medical out-of-pocket costs, including the deductible and all prescription drug copays.
- There will be a limit on the amount of coinsurance you can pay during the Plan Year. The amount will be $4000/$8000 on Plan A and Plan B and the PPO's IN-network coinsurance maximum will also be $4000/$8000.
- Plan A, Plan B and the PPO will all have $10 PCP copayments.
- In Network coinsurance on the PPO will be 20% on most benefits.
- Ambulance copay will be $75 on all three Plan options.
- The Emergency Room copay will be $250 on all three Plan options.
- Outpatient Mental Health and Substance Abuse copay will be $10 on all three Plan options.
- The Generic ONLY retail copay on Plan B will be $10 and the 90 day Mail Order benefit on Plan B will be $20
- This is not a complete listing of changes. Please refer to the Shoppers Guide or your Health Plan Schedule of Benefits for a complete listing of benefits.

Has your address changed? Let PEIA know!

If your address has changed, you can update your records with PEIA by sending the address change in writing to 601 57th St., SE, Suite 2, Charleston, WV 25304-2345 or by going on the agency's Web site, www.wvpeia.com, and logging into Manage My Benefits. PEIA DOES NOT accept address changes over the phone.

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 borne by the member 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 2017 can be no more than the rates set by the federal government for individual and family plans. 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 the right 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 covered services at their CCP provider. Office visits to a provider other than your CCP have a $40 copay, except for urgent care, which has a $50 copay.

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.

Healthy Tomorrows: Healthy Tomorrows is a 3-year initiative to encourage active employees and non-Medicare retirees in the PEIA PPB Plans to name and develop a relationship with a primary care physician (PCP) and to report and control modifiable health risk factors. In any year that the policyholder does not comply with the initiative, he or she will pay an additional $500 medical deductible. The additional deductible will be added to a single plan or a family plan deductible. For family plans, only the policyholder has to complete the Healthy Tomorrows requirements, not dependents.

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 Network: The self-insured PPO plans offered by PEIA cover care based on where you live, and where you receive your care. To determine which out-of-state providers are in-network, call HealthSmart Benefit Solutions at 1-888-440-7342 or go online to www.aetna.com/asa. PEIA uses Aetna Signature Administrators' (ASA) PPO network. 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. For full details of the benefits, see your Summary Plan Description.

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

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

Eligibility Rules

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

Who is eligible to transfer or enroll during Open Enrollment?

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

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.

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 (Remember, if you divorce, you must remove your ex-spouse from your health and life insurance plans immediately. An ex-spouse is NOT eligible for coverage under the plan.);
- 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.
3. as "Employee Only" in the same or different plans if there are no children to cover.

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 40 of this guide.

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

Transferring Employees: If you transfer between participating 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 between participating agencies may permit a change in coverage if the premium at the new agency creates a financial hardship, 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: If a death occurs during a plan year, to continue coverage, the survivors must remain in the plan they were enrolled in at the time of the death for the balance of the plan year. Survivors 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. Surviving dependent children may continue coverage, but are subject to the same age limitations as any other dependent children in the plan. Surviving spouses may continue coverage as long as they do not re-marry; if remarriage occurs, it must be reported to PEIA, and surviving spouse coverage will be terminated.

Divorce: If a divorce occurs, the ex-spouse and any affected stepchildren must be removed immediately from your health and life insurance plans. If a court requires you to continue coverage on those former dependents, you must find coverage through COBRA or from an insurer other than PEIA.

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, click on the green "Manage My Benefits" button to log in and enroll a dependent.

Eligibility Audits: From time to time PEIA may conduct eligibility audits to verify that policyholders and dependents in the plan qualify for coverage. If you are audited, you will have to produce documentation for the dependents in question. If you cannot prove that the dependent qualifies for coverage, coverage will be terminated retroactively to the date the dependent would otherwise have been terminated, and PEIA will pursue reimbursement of any medical or prescription drug claims paid during the time the dependent was ineligible

Plan Year 2017 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 2017 benefit fairs.

Date	Time	City	Location/Address
4/12/16	3 – 7 p.m.	Martinsburg	Holiday Inn 301 Foxcroft Avenue
4/13/16	3 – 7 p.m.	Morgantown	Ramada Inn 20 Scott Avenue
4/14/16	3 – 7 p.m.	Wheeling	WV Northern Community College, B&O Bldg., Auditorium Market Street
4/19/16	3 – 6 p.m.	Charleston	Holiday Inn Express Civic Center 100 Civic Center Dr.
4/20/16	3 – 7 p.m.	Huntington	Big Sandy Superstore Arena One Civic Center Plaza
4/21/16	3 – 7 p.m.	Beckley	Tamarack One Tamarack Park
4/26/16	3 – 7 p.m.	Parkersburg	Comfort Suites of Parkersburg 167 Elizabeth Pike, Mineral Wells

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	Athens Columbiana Guernsey Hocking Jefferson Licking Monroe Muskingum Perry Vinton	Belmont Gallia Harrison Jackson Lawrence Meigs Morgan Noble Trumbull Washington	Beaver Fayette Greene Washington

Regional Facility Fee Limits

PEIA is implementing regional Facility Fee Limits for certain outpatient procedures when performed outside West Virginia. Procedures included in this program appear below. If you are having one of these procedures, consult Healthcare Blue Book for information about which providers fall within the limits. If you use an out-of-state facility that charges more than the Facility Fee Limit, you will be responsible for any amount billed that is above the limit. This is in addition to any deductible, copay or coinsurance you are responsible for. Additionally, the amount in excess of the facility fee limit is not applied to your out-of-pocket maximum. The facility fee limit applies to the amount billed by the facility only. Physician and anesthesiologists charges will be paid as usual.

PROCEDURE	FACILITY FEE LIMIT
Colonoscopy (no biopsy)	$880
Colonoscopy (with biopsy)	$880
Upper Gastrointestinal Endoscopy (no biopsy)	$830
Upper Gastrointestinal Endoscopy (with biopsy)	$830
Transthoracic Echocardiogram (TTE)	$500
Heart Perfusion Imaging	$1,400
Sleep Study	$960
Cataract Surgery	$960
Cholecystectomy (laparoscopic)	$4,200
Complex Ear Drum Repair	$4,200
Ear Tube Placement (Tympanostomy)	$2,110
Hernia Repair - Laparoscopic (inguinal, umbilical or ventral)	$6,080
Hernia Repair (inguinal, umbilical or ventral)	$3,000
Lithotripsy	$3,850
Nasal Septum Repair	$4,130
Tonsillectomy	$2,160
Breast Biopsy (with stereotactic or ultrasound guidance)	$1,300
Excise Lesions (laparoscopic)	$4,200
Hysteroscopy (lesion removal and tubal ligation)	$4,420
Hysteroscopy (with biopsy)	$2,100
Laparoscopic Hysterectomy	$4,200
Vaginal Hysterectomy	$4,420

PROCEDURE	FACILITY FEE LIMIT
Anterior Cruciate Ligament Knee Surgery (ACL)	$8,520
Carpal Tunnel Surgery	$1,540
Knee Arthroscopy	$2,450
Rotator Cuff Repair (non-arthroscopic)	$7,460
Spinal Fusion (lumbar)	$14,750
Brain MRI (with and without contrast)	$550
Arm CT (no contrast)	$145
Knee MRI (with contrast)	$475
Neck CT (with and without contrast)	$320
CT Angiography of Head or Neck	$325
Leg MRI (no contrast)	$330
Hip MRI (with and without contrast)	$550
Brain CT (no contrast)	$145
Leg CT (with contrast)	$280
Spine CT (with and without contrast)	$320
Spine MRI (with contrast)	$475
Abdominal CT (no contrast)	$145
Face and Jaw CT (with contrast)	$280
Elbow MRI (no contrast)	$330
Shoulder MRI (with and without contrast)	$550
Chest CT (with contrast)	$280

Benefits At-A-Glance

Please note: In the Benefits At-A Glance charts for PEIA PPB Plans A & B:

- "In WV" means in West Virginia and the contiguous counties of surrounding states, or out-of-state with approval from HealthSmart. See PEIA Networks on page 9..
- OOSNA means Out of State not approved by HealthSmart.

Add to all At-A-Glance pages: You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call 1-877-676-5573

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Annual deductible	$750/$1500 Goes towards OOP Max	$1000/$2000 Goes towards OOP Max	IN: $1000/$2000 OUT: $3000/$6000 Goes towards OOP Max	Varies (See premium charts.)	Twice the in-network deductible.	$1,300 employee only/$2,600 family combined medical/prescription deductible; services on the Preventive Care List covered without deductible	$1,300 employee only/$2,600 family combined medical/prescription deductible; services on the Preventive Care List covered without deductible	Varies by salary and employer type (See premium charts.)
Annual out-of-pocket maximum	Single - $6,850 Two person- $13,700 Family – $13,700 *Includes Rx copays	Single - $ 6,850 Two person- $13,700 Family - $13,700 *Includes Rx copays	IN: Single- $6,850 Two person- $13,700 Family- $13,700 OUT: Single- $10,000 Two person- $20,000 Family- $20,000 *Includes Rx copays	Varies (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.)

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
PHYSICIAN SERVICES								
Adult routine physical examination	Covered in full per Healthcare Reform	Covered in full per Healthcare Reform	IN: Covered in full per Health care Reform OUT: 40% coinsurance after deductible	In WV: Covered in full OOSNA: 2x deductible + 40%	NOT COVERED	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Diagnostic x-ray, lab and testing	20% coinsurance After deductible	30% coinsurance After deductible	IN: 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Mammograms, Pap smears, and prostate cancer screenings	Routine covered in full per Healthcare Reform	Routine covered in full per Healthcare Reform	IN: Routine covered in full per Healthcare Reform OUT: 40% coinsurance after deductible	Covered in full OOSNA: 2x deductible + 40%	NOT COVERED	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Physician inpatient visits	$100 copay + 15% coinsurance after deductible	$100 copay +30% coinsurance after deductible	IN: $100 copay +20% coinsurance after deductible OUT: 40% coinsurance after deductible	Deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Physician office visits - primary care	$10 copay / visit Deductible waived	$10 copay / visit Deductible waived	IN: $10 copay/visit deductible waived OUT: 40% coinsurance after deductible	$20 copay/visit only OOSNA: 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$20 copay office visit only
Physician office visits - specialty care	$40 copay / visit Deductible waived	$40 copay / visit Deductible waived	IN: $40 copay/visit deductible waived OUT: 40% coinsurance after deductible	$40 copay/visit only OOSNA: 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$40 copay office visit only
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: 40% coinsurance after deductible	Covered in full after deductible OOSNA: 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Covered in full after deductible
Second surgical opinion	$40 copay / visit deductible waived	$40 copay / visit deductible waived	IN: $40 copay/ visit deductible waived OUT: 40% coinsurance after deductible	$40 copay office visit only OOSNA: 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$40 copay office visit only

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Voluntary sterilization	Men 30% coinsurance After deductible Women Covered in full per Healthcare Reform	Men 30% coinsurance After deductible Women Covered in full per Healthcare Reform	IN: Male 30% coinsurance after deductible OUT: Male 40% coinsurance after deductible IN: Female covered in full per Healthcare reform OUT: 40% coinsurance after deductible	Deductible + 20% for men; women covered in full per health care reform OOSNA: 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	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
Well child exams	Covered in full per Healthcare Reform	Covered in full per Healthcare Reform	IN: Covered in full per Healthcare reform OUT: 40% coinsurance after deductible	Covered in full OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
Well child immunizations (birth through 21)	Covered in full per Healthcare Reform	Covered in full per Healthcare Reform	In: Covered in full per Healthcare reform OUT: 40% coinsurance after deductible	Covered in full OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
INPATIENT SERVICES								
Semi-private room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	$100 copay + 15% coinsurance After deductible	$100 copay + 30% coinsurance After deductible	IN: $100 copay +20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV:: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
Inpatient occupational, physical, or speech therapy*	15% coinsurance After deductible	30% coinsurance After deductible	IN: 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV:: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
Maternity care (delivery)	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance after deductible	IN: $100 copay +20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV:: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Rehabilitation*	$0 days 1-30, 20% copay / days 31+ After deductible	$0 days 1-30, 30% copay / days 31+ After deductible	IN: $0 days 1-30, 20% coinsurance days 31+ after deductible OUT: 40% coinsurance after deductible	In WV:: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
Skilled Nursing*	$35 copay / day After deductible	$35 copay / day After deductible	IN: $35 copay/day after deductible OUT: 40% coinsurance after deductible	In WV:: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
HOSPITAL OUTPATIENT SERVICES								
Ambulatory/ outpatient surgery	$100 copay +15% coinsurance After deductible	$100 copay + 30% coinsurance After deductible	IN: $100 copay + 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV:: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 + deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Pre-admission testing, diagnostic x-ray and lab	20% coinsurance After deductible	30% coinsurance After deductible	IN: 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Advanced Imaging services: CT Scans, MRA, MRI	20% coinsurance After deductible	30% coinsurance After deductible	IN: 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: $100 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES								
Outpatient chemical dependency*	$10 copay / visit Deductible waived	$10 copay / visit Deductible waived	IN: $10 copay/visit Deductible waived OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Outpatient mental health*	$10 copay / visit Deductible waived	$10 copay / visit Deductible waived	IN: $10 copay/visit deductible waived OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Inpatient chemical dependency (including partial hospitalization)*	$100 copay +15% coinsurance / admission After deductible	$100 copay +30% coinsurance / admission After deductible	IN: $100 copay +20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
Inpatient detoxification*	$100 copay + 15% coinsurance / admission After deductible	$100 copay +30% coinsurance / admission After deductible	IN: $100 copay + 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
Inpatient mental health (including partial hospitalization)*	$100 copay + 15% coinsurance / admission After deductible	$100 copay + 30% coinsurance / admission After deductible	IN: $100 copay + 20% after deductible OUT: 40% coinsurance after deductible	In WV: $100 copay + deductible + 20% OOSNA: $600 copay + 2x deductible + 40%	NOT COVERED except in an emergency or if approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
OUTPATIENT THERAPIES								

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Chiropractic*	$40 copay / visit Deductible waived	$40 copay / visit Deductible waived	IN: $40 copay/visit deductible waived OUT: 40% coinsurance after deductible	In WV:: **First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance OOSNA: copays shown above + 2x deductible + 40%	NOT COVERED unless approved **in advance** by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	**First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance
Occupational therapy*	Visit 1-20; $40 copay / visit 21+ visits 50% copay / visit After deductible	Visit 1-20; $40 copay / visit 21+ visits 50% copay / visit After deductible	IN: Visits 1-20 $40 copay/visit 21+ visits 50% copay/visit after deductible OUT: 40% coinsurance/visit after deductible	In WV:: **First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance OOSNA: copays shown above + 2x deductible + 40%	**NOT COVERED unless approved in advance by HealthSmart.**	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	**First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Physical therapy*	Visit 1-20; $40 copay / visit 21+ visits 50% copay / visit After deductible	Visit 1-20; $40 copay / visit 21+ visits 50% copay / visit After deductible	IN: Visits 1-20 $40 copay/visit, visits 21+ 50% copay visit after deductible OUT: 40% coinsurance/visit after deductible	In WV:: **First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance OOSNA: copays shown above + 2x deductible + 40%	**NOT COVERED unless approved in advance by HealthSmart.**	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	**First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance
Speech therapy*	Visit 1-20 $40 copay/visit, visits 21+ 50% coinsurance/visit After deductible	Visits 1-20 $40 copay/visit 21+ 50% copay/visit after deductible	IN: Visits 1-20 $40 copay/visit, visits 21+ 50% coinsurance after deductible OUT: 40% coinsurance/visit after deductible	In WV:: **First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance OOSNA: copays shown above + 2x deductible + 40%	**NOT COVERED unless approved in advance by HealthSmart.**	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	**First 20 visits:** $10 copay + deductible + 20%. **Visits over 20, if precertified:** $25 copay + deductible + 20% coinsurance
ALL OTHER MEDICAL SERVICES								
Allergy testing and treatment	$40 copay / visit After deductible	$40 copay / visit After deductible	IN: $40 copay/visit after deductible OUT: 40% coinsurance/visit after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Bariatric surgery	Not covered	Not covered	Not covered	In WV: : $500 copay + deductible + 20% coinsurance OOSNA: $500 copay $ 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	$500 copay + deductible + 20% coinsurance	$500 copay + deductible + 20% + amounts that exceed PEIA's fee schedule	$500 copay + deductible + 20% coinsurance
Cardiac Rehabilitation*	$10 copay / visit After deductible	$10 copay / visit After deductible	IN: $10 copay/visit after deductible OUT: 40% coinsurance/visit after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Dental services - accident related*	$100 copay + 15% after deductible	$100 copay +30% after deductible	IN: $100 copay +20% after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Dental services - other*	Not covered	Not covered	Not covered	Impacted teeth only. In WV: : $500 copay + deductible + 20% coinsurance OOSNA: $500 copay $ 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.t	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Impacted teeth only; $500 copay + deductible + 20%
Diabetic supplies*	$0 copay Deductible waived	$0 copay Deductible waived	IN: $0 copay deductible waived OUT: 40% coinsurance after deductible	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
Dialysis	20% coinsurance/visit after deductible	20% coinsurance/visit after deductible	IN: 20% coinsurance/visit after deductible OUT: 40% coinsurance/visit after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Durable Medical Equipment (DME)*	30% copay After deductible	30% copay After deductible	IN: 30% coinsurance after deductible OUT: 50% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Emergency ambulance (medically necessary)	$75 copay / transport After deductible	$75 copay / transport After deductible	IN: $75 copay/transport after deductible OUT: $75 copay/transport after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%; **Out-of-Network Benefit:** Deductible + 40% + amounts that exceed PEIA's fee schedule
Emergency Room Treatment (Non-emergency)	Not covered	Not covered	Not covered	$100 copay + deductible + 20% [5]	NOT COVERED unless approved in advance by HealthSmart.[5]	Deductible + 20% [5]	Deductible + 20% + amounts that exceed PEIA's fee schedule [5]	$100 copay + deductible + 20% [5]
Emergency services	$150 copay / visit Waived if admitted Deductible waived	$150 copay / visit Waived if admitted Deductible waived	IN & OUT: $150 copay/visit Waived if admitted Deductible waived	$100 copay + deductible + 20% • (copay waived if admitted)	$100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule. • (copay waived if admitted)	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	• $100 copay + deductible + 20% (copay waived if admitted) • **Out-of-Network Benefit:** $100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule (copay waived if admitted)

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Growth hormone*	Rx benefit: 30% or $300 whichever is less per specialty drug	Rx benefit: 30% or $300 whichever is less per specialty drug Generic only	IN & OUT: Rx benefit 30% or $300 whichever is less per specialty drug	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
Hearing exam	$40 copay / visit Deductible waived	$40 copay / visit Deductible waived	IN: $40 copay/visit deductible waived OUT: 40% coinsurance/visit after deductible	Covered under well child benefit only	NOT COVERED unless approved in advance by HealthSmart.	Covered under well-child benefit only	Covered under well-child benefit only	Covered under well-child benefit
Home health services*	$0 copay After deductible	$0 copay After deductible	IN: $0 copay after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Home health supplies*	$0 copay After deductible	$0 copay After deductible	IN: $0 copay after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Hospice*	$0 copay After deductible	$0 copay After deductible	IN: $0 copay after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Infertility services* No prescription coverage under any plan	30% copay / visit / injection Limitations apply After deductible	30% copay / visit / injection Limitations apply After deductible	IN: 30%copay/ visit/injection Limitations apply After deductible OUT: 40% coinsurance/visit/injection Limitations apply after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20% #	Deductible + 20% + amounts that exceed PEIA's fee schedule #	Deductible + 20% #
Medical supplies*	30% coinsurance Certain limits may apply After deductible	30% coinsurance Certain limits may apply After deductible	IN: 30% coinsurance Certain limits apply after deductible OUT: 50% coinsurance certain limits apply after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Podiatry*	$40 copay / visit Deductible waived	$40 copay / visit Deductible waived	IN: $40 copay/visit Deductible waived OUT: 40% coinsurance/visit after deductible	$40 office visit copay; surgery - deductible + 20%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$40 office visit copay; Surgery - deductible + 20%
Prosthetics*	30% coinsurance After deductible	30% coinsurance After deductible	IN: 30% coinsurance after deductible OUT: 50% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Pulmonary rehabilitation*	$10 copay / visit After deductible	$10 copay / visit After deductible	IN: $10 copay after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Radiation and chemotherapy	20% coinsurance After deductible	20% coinsurance After deductible	IN: 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Transplants (non-experimental)*	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance After Deductible	IN: $100 copay + 20% coinsurance after deductible OUT: 40% coinsurance after deductible	In WV: deductible + 20% OOSNA: 2x deductible + 40%; additional $10,000 deductible	NOT COVERED	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20%
Urgent Care	$50 copay / incident Deductible Waived	$50 copay / incident Deductible Waived	IN & OUT: $50 copay/incident Deductible waived	In WV: $50 copay OOSNA: 2x deductible + 40%	NOT COVERED unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$50 copay

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Prescription Benefits								
Deductible	None	None	None	Plan A: $75 individual/ $150 family Plan B $150 individual/ $300 family	Plan A: $75 individual/ $150 family Plan B $150 individual/ $300 family	$1,300 employee only/ $2,600 family, combined medical and prescription deductible. No deductible for drugs on Preventive Drug List.	$1,300 employee only $2,600 family, combined medical and prescription deductible Preventive Drug List covered without deductible	$75 individual/ $150 family
Annual Out-of-Pocket Maximum	Included in Medical out-of-pocket maximum	Included in Medical out-of-pocket maximum	Included in Medical out-of-pocket maximum	$1,750 individual/ $3,500 family	$1,750 individual/ $3,500 family	$2,500 employee only/$5,000 family, 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
Generic Copayment	$10 copayment	$10 copayment	In & Out: $10 copay	$10	$10 PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	$10 after deductible. No deductible for drugs on Preventive Drug List.	$10 after deductible, unless on Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	$10

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Formulary Brand	50% coinsurance if generic is NOT available.	Not covered	In & Out: 50% coinsurance if generic is NOT available	Plan A: $25 Plan B: $30	Plan A: $25 Plan B: $30 PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	$25 after deductible. No deductible for drugs on Preventive Drug List.	$25 after deductible, unless on Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	$25
Non-Formulary	Not covered	Not covered	Not covered	75% coinsurance	75% coinsurance PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	75% coinsurance after deductible. No deductible for drugs on Preventive Drug List.	75% coinsurance after deductible, unless on Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	75% coinsurance
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	$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.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D WV-Only Plan
Maintenance Medication discount program details	90-day supply mail order; $20 copay or 50% coinsurance	90-day supply; $20 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 on PEIA's Maintenance Drug List. 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 on PEIA's Maintenance Drug List. 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 on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs
Family Planning	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	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

What Does the Out-of-State Change Mean for the PEIA PPB Plan?

The 2017 Plan makes changes to the way PEIA covers care provided outside West Virginia. Here's how it works, depending on where you live:

If you are a non-state agency employee, live in West Virginia and seek healthcare outside the state:

1. In a medical emergency, go the nearest provider capable of providing the needed care, and you will be covered as if you were in West Virginia.
2. In-network non-emergent care beyond the contiguous counties requires approval in advance from HealthSmart and requires 20% coinsurance if approved in advance by HealthSmart or 40% coinsurance if not approved in advance by HealthSmart.
3. Out-of-network care non-emergent is not covered, unless approved in advance by HealthSmart. You will be responsible for 100% of billed charges for any non-emergent out-of-state, out-of-network care that is not approved in advance by HealthSmart.

If you a non-state agency employee, live in a contiguous county of a surrounding state:

1. In a medical emergency, go the nearest provider capable of providing the needed care, and you will be covered as if you were in West Virginia.
2. In-network non-emergent care in the contiguous county does not require prior approval from HealthSmart, but does require 20% coinsurance.
3. In-network non-emergent care beyond the contiguous counties requires approval in advance from HealthSmart and requires 20% coinsurance if approved in advance by HealthSmart or 40% coinsurance if not approved in advance by HealthSmart.
4. Out-of-network care non-emergent is not covered, unless approved in advance by HealthSmart. You will be responsible for 100% of billed charges for any non-emergent out-of-state, out-of-network care that is not approved in advance by HealthSmart.

If you a non-state agency employee, live out of state beyond the contiguous counties:

1. In a medical emergency, go the nearest provider capable of providing the needed care, and you will be covered as if you were in West Virginia.
2. In-network non-emergent care where you live does not require prior approval from HealthSmart, but does require 20% coinsurance.
3. Out-of-network care non-emergent is not covered, unless approved in advance by HealthSmart. You will be responsible for 100% of billed charges for any non-emergent out-of-state, out-of-network care that is not approved in advance by HealthSmart.

PEIA PPB Plan C

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

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

PEIA PPB Plan D

PEIA PPB Plan D is the West Virginia ONLY plan. Members enrolling in this plan must be West Virginia residents, and all care provided under this plan must be provided in West Virginia. The 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 a Comprehensive Care Partnership (CCP) and Save

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 covered services from their CCP provider. Office visits to a provider other than your CCP provider have a $40 copay, except for urgent care, which has a $50 copay. 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. To find a physician in PEIA's CCP program, go to www.wvpeia.com and click "Find a Form or Document" and Provider Directory under Documents. The Provider Directory is also at "Forms & Downloads," "Enrollment Forms" and "Medical Home Program."

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 and click "Find a Form or Document" and Provider Directory under Documents. The Provider Directory is also at "Forms & Downloads," "Enrollment Forms" and "Medical Home Program."

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 2017, you and all enrolled family members must have been tobacco-free by January 1, 2016.

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.

NOTE: PEIA will no longer offer the Advance Directive/Living Will discount effective July 1, 2016. If you have an Advance Directive/Living Will or complete one in the future, be sure to provide a copy to your physician. DO NOT mail, fax or e-mail a copy to PEIA.

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.

It is 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.

Non-State	Health Plan HMO Plan A Premium	Health Plan HMO Plan B Premium	Health Plan PPO Premium	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
Employee Only	$622	$393	$409	$515	$250	$1,500	$466	$525	$2,000	$324	$1,300	$2,500	$486	$250	$1,500
Employee and Children	$879	$580	$619	$961	$500	$3,000	$844	$1,050	$4,000	$485	$2,600	$5,000	$909	$500	$3,000
Family	$1,456	$969	$1,012	$1,068	$500	$3,000	$942	$1,050	$4,000	$655	$2,600	$5,000	$1,012	$500	$3,000

Deputy Sheriffs Early Retiree Premiums (ages 50-55)

Deputy sheriffs have the right to retire prior to attaining age 55 and continue their health benefits by paying the premiums designated for them in the Shopper's Guide each year. At the time of retirement, these retirees must continue coverage in the plan in which they were covered as active employees until the next open enrollment, when they can choose any plan for which they are eligible. Retiring employees enrolled in PEIA PPB Plans C or D must choose either PEIA PPB Plan A or B upon retirement, since Plans C and D are not offered to retirees. Deputy Sheriff early retirees are not eligible for extended employer-paid insurance upon retirement. These premiums are paid in full by the retiree.

PEIA offers Tobacco-free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. See details on page 35 To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to www.wvpeia.com and click on Manage My Benefits.

	The Health Plan HMO Plan A Monthly Premium	The Health Plan HMO Plan B Monthly Premium	The Health Plan PPO Monthly Premium	PEIA PPB Plan A Monthly Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-pocket Maximum	PEIA PPB Plan B Monthly Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-pocket Maximum
Employee only	$993	$704	$923	$592	$250	$1,500	$551	$525	$2,000
Family	$1,920	$1,307	$1,780	$1,439	$500	$3,000	$1,338	$1,050	$4,000

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.

Your Enrollment Rights: 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, except in an emergency or when the required care is not available in West Virginia. HealthSmart Benefit Solutions will mail a transfer form to enrolled COBRA members. If you want to change plans, you must complete and return the transfer form to: HealthSmart Benefit Solutions COBRA Dept., P.O. Box 2981, Charleston, WV 25332 before May 15, 2016.

Healthy Tomorrows: COBRA participants are not required to participate in the Healthy Tomorrows initiative.

Tobacco-free Premium Discount: PEIA offers Tobacco-free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. See details on page 35 To report a change in your tobacco status, mark it on the Transfer Form mailed to you by HealthSmart.

	Health Plan Plan A	Health Plan Plan B	Health Plan PPO	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium	PEIA PPB Plan C Annual . Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
Employee Only	$634	$400	$417	$525	$250	$1,500	$475	$525	$2,000	$330	$1,300	$2,500	$496	$250	$1,500
Employee and Children	$896	$591	$630	$980	$500	$3,000	$861	$1,050	$4,000	$495	$2,600	$5,000	$927	$500	$3,000
Family	$1,484	$987	$1,031	$1,089	$500	$3,000	$961	$1,050	$4,000	$668	$2,600	$5,000	$1,032	$500	$3,000
DISABILITY															
Employee Only	$921	$577	$601	$773	$250	$1,500	$699	$525	$2,000	$486	$1,300	$2,500	$729	$250	$1,500
Employee and Children	$1,294	$845	$904	$1,442	$500	$3,000	$1,266	$1,050	$4,000	$728	$2,600	$5,000	$1,364	$500	$3,000
Family	$2,159	$1,429	$1,493	$1,602	$500	$3,000	$1,413	$1,050	$4,000	$983	$2,600	$5,000	$1,518	$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. To update your tobacco status, go to the Web site, www.wvpeia.com, and log into Manage My Benefits or call PEIA at 1-877-676-5573.

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**
Under 30	$5,000	$0.20	$10,000	$0.40	$20,000	$0.80	$30,000	$1.20	$40,000	$1.60	$50,000	$2.00	$60,000	$2.40	$75,000	$3.00	$80,000	$3.20
30-34	$5,000	$0.20	$10,000	$0.40	$20,000	$0.80	$30,000	$1.20	$40,000	$1.60	$50,000	$2.00	$60,000	$2.40	$75,000	$3.00	$80,000	$3.20
35-39	$5,000	$0.20	$10,000	$0.40	$20,000	$0.80	$30,000	$1.20	$40,000	$1.60	$50,000	$2.00	$60,000	$2.40	$75,000	$3.00	$80,000	$3.20
40-44	$5,000	$0.30	$10,000	$0.60	$20,000	$1.20	$30,000	$1.80	$40,000	$2.40	$50,000	$3.00	$60,000	$3.60	$75,000	$4.50	$80,000	$4.80
45-49	$5,000	$0.30	$10,000	$0.60	$20,000	$1.20	$30,000	$1.80	$40,000	$2.40	$50,000	$3.00	$60,000	$3.60	$75,000	$4.50	$80,000	$4.80
50-54	$5,000	$0.40	$10,000	$0.80	$20,000	$1.60	$30,000	$2.40	$40,000	$3.20	$50,000	$4.00	$60,000	$4.80	$75,000	$6.00	$80,000	$6.40
55-59	$5,000	$0.70	$10,000	$1.40	$20,000	$2.80	$30,000	$4.20	$40,000	$5.60	$50,000	$7.00	$60,000	$8.40	$75,000	$10.50	$80,000	$11.20
60-64	$5,000	$1.30	$10,000	$2.60	$20,000	$5.20	$30,000	$7.80	$40,000	$10.40	$50,000	$13.00	$60,000	$15.60	$75,000	$19.50	$80,000	$20.80
65-69	$3,250	$1.56	$6,500	$3.12	$13,000	$6.24	$19,500	$9.36	$26,000	$12.48	$32,500	$15.60	$39,000	$18.72	$48,750	$23.40	$52,000	$24.96
70+	$2,250	$1.80	$4,500	$3.60	$9,000	$7.20	$13,500	$10.80	$18,000	$14.40	$22,500	$18.00	$27,000	$21.60	$33,750	$27.00	$36,000	$28.80

Age	Plan 10		Plan 11		Plan 12		Plan 13		Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**
Under 30	$100,000	$4.00	$150,000	$6.00	$200,000	$8.00	$250,000	$10.00	$300,000	$12.00	$350,000	$14.00	$400,000	$16.00	$450,000	$18.00	$500,000	$20.00
30-34	$100,000	$4.00	$150,000	$6.00	$200,000	$8.00	$250,000	$10.00	$300,000	$12.00	$350,000	$14.00	$400,000	$16.00	$450,000	$18.00	$500,000	$20.00
35-39	$100,000	$4.00	$150,000	$6.00	$200,000	$8.00	$250,000	$10.00	$300,000	$12.00	$350,000	$14.00	$400,000	$16.00	$450,000	$18.00	$500,000	$20.00
40-44	$100,000	$6.00	$150,000	$9.00	$200,000	$12.00	$250,000	$15.00	$300,000	$18.00	$350,000	$21.00	$400,000	$24.00	$450,000	$27.00	$500,000	$30.00
45-49	$100,000	$6.00	$150,000	$9.00	$200,000	$12.00	$250,000	$15.00	$300,000	$18.00	$350,000	$21.00	$400,000	$24.00	$450,000	$27.00	$500,000	$30.00
50-54	$100,000	$8.00	$150,000	$12.00	$200,000	$16.00	$250,000	$20.00	$300,000	$24.00	$350,000	$28.00	$400,000	$32.00	$450,000	$36.00	$500,000	$40.00
55-59	$100,000	$14.00	$150,000	$21.00	$200,000	$28.00	$250,000	$35.00	$300,000	$42.00	$350,000	$49.00	$400,000	$56.00	$450,000	$63.00	$500,000	$70.00
60-64	$100,000	$26.00	$150,000	$39.00	$200,000	$52.00	$250,000	$65.00	$300,000	$78.00	$350,000	$91.00	$400,000	$104.00	$450,000	$117.00	$500,000	$130.00
65-69	$65,000	$31.20	$97,500	$46.80	$130,000	$62.40	$162,500	$78.00	$195,000	$93.60	$227,500	$109.20	$260,000	$124.80	$292,500	$140.40	$325,000	$156.00
70 +	$45,000	$36.00	$67,500	$54.00	$90,000	$72.00	$112,500	$90.00	$135,000	$108.00	$157,500	$126.00	$180,000	$144.00	$202,500	$162.00	$225,000	$180.00

* To qualify for the Tobacco-free Premium for all of Plan Year 2017, you must have been tobacco-free by January 1, 2016. **Disclosure:** Policies have exclusions and limitations which may affect any benefits payable.

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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**
Under 30	$5,000	$0.30	$10,000	$0.60	$20,000	$1.20	$30,000	$1.80	$40,000	$2.40	$50,000	$3.00	$60,000	$3.60	$75,000	$4.50	$80,000	$4.80
30-34	$5,000	$0.30	$10,000	$0.60	$20,000	$1.20	$30,000	$1.80	$40,000	$2.40	$50,000	$3.00	$60,000	$3.60	$75,000	$4.50	$80,000	$4.80
35-39	$5,000	$0.30	$10,000	$0.60	$20,000	$1.20	$30,000	$1.80	$40,000	$2.40	$50,000	$3.00	$60,000	$3.60	$75,000	$4.50	$80,000	$4.80
40-44	$5,000	$0.40	$10,000	$0.80	$20,000	$1.60	$30,000	$2.40	$40,000	$3.20	$50,000	$4.00	$60,000	$4.80	$75,000	$6.00	$80,000	$6.40
45-49	$5,000	$0.40	$10,000	$0.80	$20,000	$1.60	$30,000	$2.40	$40,000	$3.20	$50,000	$4.00	$60,000	$4.80	$75,000	$6.00	$80,000	$6.40
50-54	$5,000	$0.60	$10,000	$1.20	$20,000	$2.40	$30,000	$3.60	$40,000	$4.80	$50,000	$6.00	$60,000	$7.20	$75,000	$9.00	$80,000	$9.60
55-59	$5,000	$1.40	$10,000	$2.80	$20,000	$5.60	$30,000	$8.40	$40,000	$11.20	$50,000	$14.00	$60,000	$16.80	$75,000	$21.00	$80,000	$22.40
60-64	$5,000	$2.20	$10,000	$4.40	$20,000	$8.80	$30,000	$13.20	$40,000	$17.60	$50,000	$22.00	$60,000	$26.40	$75,000	$33.00	$80,000	$35.20
65-69	$3,250	$2.60	$6,500	$5.20	$13,000	$10.40	$19,500	$15.60	$26,000	$20.80	$32,500	$26.00	$39,000	$31.20	$48,750	$39.00	$52,000	$41.60
70+	$2,250	$2.88	$4,500	$5.76	$9,000	$11.52	$13,500	$17.28	$18,000	$23.04	$22,500	$28.80	$27,000	$34.56	$33,750	$43.20	$36,000	$46.08

Age	Plan 10		Plan 11		Plan 12		Plan 13		Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**	Amount of Coverage	**Monthly Premium**
Under 30	$100,000	$6.00	$150,000	$9.00	$200,000	$12.00	$250,000	$15.00	$300,000	$18.00	$350,000	$21.00	$400,000	$24.00	$450,000	$27.00	$500,000	$30.00
30-34	$100,000	$6.00	$150,000	$9.00	$200,000	$12.00	$250,000	$15.00	$300,000	$18.00	$350,000	$21.00	$400,000	$24.00	$450,000	$27.00	$500,000	$30.00
35-39	$100,000	$6.00	$150,000	$9.00	$200,000	$12.00	$250,000	$15.00	$300,000	$18.00	$350,000	$21.00	$400,000	$24.00	$450,000	$27.00	$500,000	$30.00
40-44	$100,000	$8.00	$150,000	$12.00	$200,000	$16.00	$250,000	$20.00	$300,000	$24.00	$350,000	$28.00	$400,000	$32.00	$450,000	$36.00	$500,000	$40.00
45-49	$100,000	$8.00	$150,000	$12.00	$200,000	$16.00	$250,000	$20.00	$300,000	$24.00	$350,000	$28.00	$400,000	$32.00	$450,000	$36.00	$500,000	$40.00
50-54	$100,000	$12.00	$150,000	$18.00	$200,000	$24.00	$250,000	$30.00	$300,000	$36.00	$350,000	$42.00	$400,000	$48.00	$450,000	$54.00	$500,000	$60.00
55-59	$100,000	$28.00	$150,000	$42.00	$200,000	$56.00	$250,000	$70.00	$300,000	$84.00	$350,000	$98.00	$400,000	$112.00	$450,000	$126.00	$500,000	$140.00
60-64	$100,000	$44.00	$150,000	$66.00	$200,000	$88.00	$250,000	$110.00	$300,000	$132.00	$350,000	$154.00	$400,000	$176.00	$450,000	$198.00	$500,000	$220.00
65-69	$65,000	$52.00	$97,500	$78.00	$130,000	$104.00	$162,500	$130.00	$195,000	$156.00	$227,500	$182.00	$260,000	$208.00	$292,500	$234.00	$325,000	$260.00
70+	$45,000	$57.60	$67,500	$86.40	$90,000	$115.20	$112,500	$144.00	$135,000	$172.80	$157,500	$201.60	$180,000	$230.40	$202,500	$259.20	$225,000	$288.00

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 and log in to "Manage My Benefits" and follow the instructions on the screen to apply.

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

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

Active Employee's Basic Life and AD&D Insurance Rates		
Age	**Amount of coverage**	**Monthly premium**
Under age 65	$10,000	$1.20
Ages 65-69	$6,500	$0.78
Age 70 and above	$5,000	$0.60

Active Employee's Dependent Life and AD&D Insurance Premiums Active Employee's Dependent Life Insurance Rates	
Plan 1 ($5,000 Spouse/$2,000 child)	$1.66
Plan 2 ($10,000 Spouse/$4,000 child)	$3.34
Plan 3 ($15,000 Spouse/$7,500 child)	$5.00
Plan 4 ($20,000 Spouse/$10,000 child)	$6.66
Plan 5 ($40,000 Spouse/$15,000 child)	$13.28

Retired Employee's Basic Life Insurance Rates Retired Employee's Basic Life Monthly Premium	
Under age 67 ($5,000)	$8.00
Age 67 and over ($2,500)	$4.00

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

PEIA's Premium Conversion Plan:
Make Your Choices for Plan Year 2017

It's open enrollment time for PEIA's Section 125 Premium Conversion Plan, an IRS-approved plan which allows eligible public employees to pay health and life insurance premiums with pre-tax dollars. Through this plan your premiums for health coverage and life insurance are deducted from your pay before taxes are calculated, so your taxable income is lower, and you pay less tax. Each year at this time we hold an Open Enrollment period to allow you to make changes in your coverage or to get in or out of the Premium Conversion Plan.

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

Commonly Asked Questions

Who participates in the Premium Conversion Plan?

If you are an active employee of a State Agency, college, or university (except WVU) or one of the county boards of education that participates in PEIA's Premium Conversion plan, and you pay premiums for health or life insurance, those premiums are deducted before taxes are calculated, unless you signed a form waiving your participation in this plan.

You may have been in the program for several years without realizing it. To determine if you are paying your premiums before or after tax, check your pay stub or contact your payroll office.

When is Open Enrollment?

Open Enrollment is from April 2 – May 15 2016, for Plan Year 2017 (July 1, 2016 - June 30, 2017).

Are there rules I have to follow?

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

Qualifying events are:

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

- a dependent loses eligibility due to age; or
- employment change due to strike or lock-out.

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

Open Enrollment Under Other Employer's Plan

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

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

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

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

You have four choices:

1. If you opted out of the Premium Conversion Plan previously, and you want to stay out, you don't have to do anything. You will remain out of the Premium Conversion Plan for the coming year.
2. If you opted out of the Premium Conversion Plan previously, and want back in, complete the form on page 58, sign, date and return it to your payroll clerk by May 15, 2016.
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, 2016.

Can I make changes in my coverage now?

Yes. During Open Enrollment you can add or drop dependents for any reason. Go to www.wvpeia.com and click on the "Manage My Benefits" button or call PEIA for an Open Enrollment Transfer Form, and get it to your benefit coordinator by by May 15, 2016.

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 45. You will have to provide documentation of the Status Change Event.

Will I have to pay taxes on the premiums later?

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

Why would I want to opt out of the plan?

If you are fewer than ten years from retirement, you may want to opt out. Since your Social Security tax is assessed after your premiums are deducted under the Premium Conversion Plan, you contribute less to Social Security, and it could

lower your benefits upon retirement. Generally, the amount you save through premium conversion outweighs the amount you lose in Social Security. If you have questions, consult your tax advisor.

What if I have more questions?

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

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

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

Should I have two plans?

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

Coordination of Benefits (COB)

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

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

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

Why bring up COB now?

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

During Open Enrollment (April 2 – May 15, 2016), you can make any changes, even if they're not the result of qualifying events.

Where can I learn more about COB?

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

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

Premium Conversion Plan Form / Plan Year 2017

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!!!**

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 2018

PEIA ID # (from medical ID card)	7	7	0	0						

Policyholder Name:_____

Address _____

City, State, Zip_____

For Plan Year 2018 (July 1, 2017 – June 30, 2018), 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 2017 (mid-May 2017), and have the numbers within the acceptable ranges. 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 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:	Systolic >140	☐	≤140 ☐
	Diastolic >90	☐	≤90 ☐
Total Cholesterol:	>245	☐	≤245 ☐
Glucose:	>125	☐	≤125 ☐
Waist Circumference (in inches):	Male >40	☐	≤40 ☐
	Female >35	☐	≤35 ☐

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)*

Medical Exception Certification (for Plan Year 2018, if applicable)

I, _____, certify that, in my best medical judgement it is unreasonably difficult due to a medical condition for the patient to meet these measurements.

_____ _____

(Signature of Provider or Authorized Representative) (Date of Service)

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

WHO TO CONTACT	WHY	PHONE	WEB SITE
PEIA	**Answers to questions about the PEIA PPB Plans**	**877-676-5573 (toll-free)**	**www.wvpeia.com**
The Health Plan HMO	**Answers to questions about The Health Plan's Benefits**	**800-624-6961 (toll-free) or 740-695-3585**	**www.healthplan.org**
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)**	**www.myfbmc.com**
PEIA Pathways to Wellness	**Fitness, nutrition, stress management and lifestyle services**		**www.peiapathways.com**