

PEIA Finance Board Decisions for Plan Year 2017

Adopted December 10, 2015

The PEIA Finance Board met on December 10, 2015, and adopted the following benefit changes that were proposed and discussed during the Public Hearings held in November 2015.

Health Promotion

- Face-2-Face diabetes program will become a two year program similar to weight management. After two successful years, members will graduate.
- Healthy Tomorrows reminder for active employees and non-Medicare retirees
 - Have a primary care provider
 - Submit your biometric form completed by your doctor
 - Submission must be in before May 15, 2016, to avoid an additional \$500 deductible for plan year FY 17
 - Start working with your doctor to get your numbers in range for FY 18
 - Considering a premium differential for FY 19 instead of the increased deductible

Benefit Adjustments for Plan Year 2017

- **Non-State**
 - 3% Premium Increase
 - Plan B to 70/30 for all services requiring coinsurance
- **Non-State, State, Non-Medicare Retirees, Special Medicare:**
 - Increase Medical Home Program (MHP) copay to \$20
 - Keep one free visit per year
 - Increase Urgent Care copay to \$50
 - Add Telehealth at \$40 copay (Legislation Needed)
 - For CCP members, charge \$40 copay for ANY non-CCP office visit
 - 70/30 co-insurance for all out-of-state services (Plans A, B and C)
 - Discontinue Living Will Discount
 - Eliminate out-of-network out-of-state benefits
 - *Out-of-network providers outside West Virginia require 100% coinsurance from member, except in a medical emergency or for care not available in the network.*

Proposed Benefit Adjustments

- **Non-State, State, Non-Medicare Retirees, Special Medicare**
 - Add \$500 emergency room copay for high risk behaviors:
 - Accidents while driving motorcycle or UTV/ATV without a helmet
 - DUI/DWI or Drug -related accidents
 - Failure to wear seatbelt(s)
 - Facility fee limits for select facility-based services
 - Provider Reimbursement adjusted to 100% Medicare over 3 years

Facility Fee Limits for Selected Facility-based Services

The fees shown here are the Facility Fee Limits for these services. That means that the PEIA PPB plan will pay no more than the amount shown below when these services are performed in a health care facility, and any charge above this amount would be the responsibility of the member.

PROCEDURE	FACILITY COMPONENT
Colonoscopy (no biopsy)	\$768
Colonoscopy (with biopsy)	\$780
Upper Gastrointestinal Endoscopy (no biopsy)	\$550
Upper Gastrointestinal Endoscopy (with biopsy)	\$692
Transthoracic Echocardiogram (TTE)	\$108
Heart Perfusion Imaging	\$576
Sleep Study	\$603
Cataract Surgery	\$1,070
Cholecystectomy (laparoscopic)	\$3,905
Complex Ear Drum Repair	\$3,648
Ear Tube Placement (Tympanostomy)	\$1,910
Hernia Repair - Laparoscopic (inguinal, umbilical or ventral)	\$4,158
Hernia Repair (inguinal, umbilical or ventral)	\$2,696
Lithotripsy	\$3,202
Nasal Septum Repair	\$3,996
Tonsillectomy	\$2,007
Appendectomy (laparoscopic)	\$3,893
Breast Biopsy (with stereotactic or ultrasound guidance)	\$694
Excise Lesions (laparoscopic)	\$3,871
Hysterectomy (lesion removal and tubal ligation)	\$2,990
Hysterectomy (with biopsy)	\$1,949
Laparoscopic Hysterectomy	\$3,924
Vaginal Hysterectomy	\$3,034
Vaginal Delivery	\$1,305
Cesarean Section	\$2,156
Anterior Cruciate Ligament Knee Surgery (ACI)	\$6,631
Carpal Tunnel Surgery	\$1,493
Knee Arthroscopy	\$2,397
Rotator Cuff Repair (non-arthroscopic)	\$4,074
Spinal Fusion (lumbar)	\$12,148
Brain MRI (with and without contrast)	\$729
Arm CT (no contrast)	\$217
Knee MRI (with contrast)	\$572
Neck CT (with and without contrast)	\$395
CT Angiography of Head or Neck	\$465
Leg MRI (no contrast)	\$404
Hip MRI (with and without contrast)	\$664
Brain CT (no contrast)	\$207
Leg CT (with contrast)	\$345
Spine CT (with and without contrast)	\$385
Spine MRI (with contrast)	\$582
Abdominal CT (no contrast)	\$229
Face and Jaw CT (with contrast)	\$358
Elbow MRI (no contrast)	\$405
Shoulder MRI (with and without contrast)	\$664
Chest CT (with contrast)	\$350

Benefit Adjustments for Plan Year 2017

Active State

- For all PEIA PPB Plans
 - Increase Deductible by
 - \$500 – Single Coverage
 - \$1,000 – Family Coverage
 - Increase Out-of-pocket Maximum by
 - \$1,500 – Single Coverage
 - \$3,000 – Family Coverage
 - Prescription Benefit Changes see page 9
 - Plan B to 70/30 for all services requiring coinsurance

Deductible Changes

Employee Only	A		B		C		D	
	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual
	Deductible	Deductible	Deductible	Deductible	Deductible(combined med/rx)	Deductible (combined med/rx)	Deductible	Deductible
\$0 - \$20,000	\$125	\$425	\$525	\$825	\$1,300	\$1,500	\$125	\$425
\$20,001 - \$30,000	\$175	\$475	\$525	\$825	\$1,300	\$1,500	\$175	\$475
\$30,001 - \$36,000	\$225	\$525	\$525	\$825	\$1,300	\$1,500	\$225	\$525
\$36,001 - \$42,000	\$250	\$550	\$525	\$825	\$1,300	\$1,500	\$250	\$550
\$42,001 - \$50,000	\$275	\$575	\$1,025	\$1,325	\$1,300	\$1,500	\$275	\$575
\$50,001 - \$62,500	\$400	\$700	\$1,025	\$1,325	\$1,300	\$1,500	\$400	\$700
\$62,501 - \$75,000	\$425	\$725	\$1,025	\$1,325	\$1,300	\$1,500	\$425	\$725
\$75,001 - \$100,000	\$450	\$750	\$1,025	\$1,325	\$1,300	\$1,500	\$450	\$750
\$100,001 - \$125,000	\$525	\$825	\$1,025	\$1,325	\$1,300	\$1,500	\$525	\$825
\$125,001 +	\$625	\$925	\$1,025	\$1,325	\$1,300	\$1,500	\$625	\$925
Employee & Children, Family and Family with Employee Spouse	A		B		C		D	
	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual
	Deductible	Deductible	Deductible	Deductible	Deductible(combined med/rx)	Deductible (combined med/rx)	Deductible	Deductible
\$0 - \$20,000	\$250	\$850	\$1,050	\$1,650	\$2,600	\$3,000	\$250	\$850
\$20,001 - \$30,000	\$350	\$950	\$1,050	\$1,650	\$2,600	\$3,000	\$350	\$950
\$30,001 - \$36,000	\$450	\$1,050	\$1,050	\$1,650	\$2,600	\$3,000	\$450	\$1,050
\$36,001 - \$42,000	\$500	\$1,100	\$1,050	\$1,650	\$2,600	\$3,000	\$500	\$1,100
\$42,001 - \$50,000	\$550	\$1,150	\$1,550	\$2,150	\$2,600	\$3,000	\$550	\$1,150
\$50,001 - \$62,500	\$800	\$1,400	\$1,550	\$2,150	\$2,600	\$3,000	\$800	\$1,400
\$62,501 - \$75,000	\$850	\$1,450	\$1,550	\$2,150	\$2,600	\$3,000	\$850	\$1,450
\$75,001 - \$100,000	\$900	\$1,500	\$1,550	\$2,150	\$2,600	\$3,000	\$900	\$1,500
\$100,001 - \$125,000	\$1,050	\$1,650	\$1,550	\$2,150	\$2,600	\$3,000	\$1,050	\$1,650
\$125,001 +	\$1,250	\$1,850	\$1,550	\$2,150	\$2,600	\$3,000	\$1,250	\$1,850

Out-of-pocket Maximum Changes

Employee Only	A		B		C		D	
	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual
	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum (combined med/rx)	Out-of-Pocket Maximum (combined med/rx)	Out-of-Pocket Maximum	Out-of-Pocket Maximum
\$0 - \$20,000	\$800	\$2,300	\$2,000	\$3,500	\$2,500	\$3,000	\$800	\$2,300
\$20,001 - \$30,000	\$1,100	\$2,600	\$2,000	\$3,500	\$2,500	\$3,000	\$1,100	\$2,600
\$30,001 - \$36,000	\$1,250	\$2,750	\$2,000	\$3,500	\$2,500	\$3,000	\$1,250	\$2,750
\$36,001 - \$42,000	\$1,500	\$3,000	\$2,000	\$3,500	\$2,500	\$3,000	\$1,500	\$3,000
\$42,001 - \$50,000	\$1,750	\$3,250	\$2,000	\$3,500	\$2,500	\$3,000	\$1,750	\$3,250
\$50,001 - \$62,500	\$1,800	\$3,300	\$2,000	\$3,500	\$2,500	\$3,000	\$1,800	\$3,300
\$62,501 - \$75,000	\$1,850	\$3,350	\$2,000	\$3,500	\$2,500	\$3,000	\$1,850	\$3,350
\$75,001 - \$100,000	\$1,900	\$3,400	\$2,000	\$3,500	\$2,500	\$3,000	\$1,900	\$3,400
\$100,001 - \$125,000	\$2,000	\$3,500	\$2,000	\$3,500	\$2,500	\$3,000	\$2,000	\$3,500
\$125,001 +	\$2,250	\$3,750	\$2,000	\$3,500	\$2,500	\$3,000	\$2,250	\$3,750
Employee & Children, Family and Family with Employee Spouse	A		B		C		D	
	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual
	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum (combined med/rx)	Out-of-Pocket Maximum (combined med/rx)	Out-of-Pocket Maximum	Out-of-Pocket Maximum
\$0 - \$20,000	\$1,600	\$4,600	\$4,000	\$7,000	\$5,000	\$6,000	\$1,600	\$4,600
\$20,001 - \$30,000	\$2,200	\$5,200	\$4,000	\$7,000	\$5,000	\$6,000	\$2,200	\$5,200
\$30,001 - \$36,000	\$2,500	\$5,500	\$4,000	\$7,000	\$5,000	\$6,000	\$2,500	\$5,500
\$36,001 - \$42,000	\$3,000	\$6,000	\$4,000	\$7,000	\$5,000	\$6,000	\$3,000	\$6,000
\$42,001 - \$50,000	\$3,500	\$6,500	\$4,000	\$7,000	\$5,000	\$6,000	\$3,500	\$6,500
\$50,001 - \$62,500	\$3,600	\$6,600	\$4,000	\$7,000	\$5,000	\$6,000	\$3,600	\$6,600
\$62,501 - \$75,000	\$3,700	\$6,700	\$4,000	\$7,000	\$5,000	\$6,000	\$3,700	\$6,700
\$75,001 - \$100,000	\$3,800	\$6,800	\$4,000	\$7,000	\$5,000	\$6,000	\$3,800	\$6,800
\$100,001 - \$125,000	\$4,000	\$7,000	\$4,000	\$7,000	\$5,000	\$6,000	\$4,000	\$7,000
\$125,001 +	\$4,500	\$7,500	\$4,000	\$7,000	\$5,000	\$6,000	\$4,500	\$7,500

Prescription Benefit Changes for Plan Year 2017

Active employees, non-Medicare retirees and Special Medicare Plan retirees

	PEIA PPB Plans A & D		PEIA PPB Plan B		PEIA PPB Plan C (active employees only)	
Tier of Coverage	Current Annual	Proposed Annual	Current Annual	Proposed Annual	Current Annual	Proposed Annual
Prescription Deductible						
Employee Only	\$75	\$100	\$150	\$200	\$1,300	\$2,100
Employee & Children and Family Coverages	\$150	\$200	\$300	\$400	\$2,600	\$4,500
Prescription Out-of-Pocket Maximum						
Employee Only	\$1,750	\$2,500	\$1,750	\$2,500	\$2,500	\$4,200
Employee & Children and Family Coverages	\$3,500	\$5,000	\$3,500	\$5,000	\$5,000	\$9,000
Cost Sharing						
Generic Drugs	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand Drugs	\$25	30%	\$30	35%	\$25	30%
Non-Preferred Brand Drugs	75%	75%	75%	75%	75%	75%
Preferred Specialty Drugs	\$50	\$100	\$50	\$100	\$50	\$100
Non-Preferred Specialty Drugs	\$100	30%	\$100	35%	\$100	30%

Benefit Adjustments for Plan Year 2017

Non-Medicare Retiree

- 8% Premium Increase
- Increase Deductible by
 - \$300 – Single Coverage
 - \$600 – Family Coverage
- Increase Out-of-pocket Maximum by
 - \$1,500 – Single Coverage
 - \$3,000 – Family Coverage
- Prescription Benefit Changes
 - *See chart on page 9*

Benefit Adjustments for Plan Year 2017

Non-Medicare Retiree

Plan Tier	Current Deductible	Proposed Deductible	Current Out-of-Pocket Maximum	Proposed Out-of-Pocket Maximum
Retired Policyholder Only (Plan A)	\$425	\$725	\$1,500	\$3,000
Retired Policyholder Only (Plan B)	\$825	\$1,125	\$3,000	\$4,500
Retired Policyholder with non-Medicare Dependents (Plan A)	\$850	\$1,450	\$3,000	\$6,000
Retired Policyholder with non-Medicare Dependents (Plan B)	\$1,650	\$2,250	\$6,000	\$9,000
Retired Policyholder with Medicare Dependents (Plan A)	\$475	\$775	\$2,000	\$3,500

Benefit Adjustments for Plan Year 2017

Medicare Retiree – beginning January 1, 2017

- Premium Increase = *\$4,000,000 Plan savings*
 - 8%
- Increase Deductible by = *\$1,600,000 Plan savings*
 - \$50
- Increase Out-of-pocket Maximum by = *\$2,100,000 Plan savings*
 - \$350
- Prescription Benefit Changes = *\$11,269,440 Plan savings*
 - (See chart on page 6 Special Medicare plan)
- Remove Living Will Discount

Medical Benefit Adjustments for Plan Year 2017

Medicare Retiree beginning January 1, 2017

	Current Deductible	Proposed Deductible	Current Out-of- Pocket Maximum	Proposed Out-of- Pocket Maximum
Humana/PEIA Plan 1	\$100	\$150	\$750	\$1,100
Humana/PEIA Plan 2	\$250	\$300	\$1,500	\$1,850
Humana/PEIA Plan 1 with Benefit Assistance	\$25	\$35	\$300	\$420
Special Medicare Plan	\$100	\$150	\$750	\$1,100

Benefit Adjustments for Plan Year 2017

Humana Prescription Benefit Changes beginning January 1, 2017

	Humana/PEIA Plan 1		Humana/PEIA Plan 2		Humana/PEIA Plan 1 with Benefit Assistance	
	Current Cost Sharing	Proposed Cost Sharing	Current Cost Sharing	Proposed Cost Sharing	Current Cost Sharing	Proposed Cost Sharing
Deductible	\$75	\$100	\$150	\$200	\$75	\$100
Out-of-Pocket Maximum	\$1,750	\$2,500	\$1,750	\$2,500	\$250	\$650
Generic Drugs	\$5	\$10	\$5	\$10	\$3	\$5
Preferred Brand Drugs	\$15	\$25	\$20	\$30	\$10	\$20
Non-Preferred Brand Drugs	\$50	\$85	\$85	\$100	\$50	\$85
Preferred Specialty Medications	\$50	\$85	\$85	\$100	\$50	\$85
Non-Preferred Specialty Medications	\$50	\$85	\$85	\$100	\$50	\$85