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PEIA 2017 Plan Year Changes

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

- Medical Home office visit copayment increases to \$20 per visit for PEIA PPB Plans A, B and D for members in the State PEIA PPB Plans. Non-state members will continue to pay \$10. State/non-State will be noted on the ID card.
- Urgent Care copay increases to \$50 for PEIA PPB Plans A, B and D.
- Adding Telemedicine Vendor.
- For Comprehensive Care Partnership (CCP) Program members, ANY non-CCP office visit now requires the \$40 specialist office visit copay.
- 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.
- All out-of-state (including contiguous counties), in-network services require 30% coinsurance in PEIA PPB Plans A, B and C.
- 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.
- Facility- fee limits for select facility-based services.
- 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)
- For members in the State PPB Plans, preferred brand drugs and non-preferred Specialty drugs will require 30% coinsurance for PEIA PPB Plans A, C and D; 35% for Plan B. Non-State plans will maintain current copay structure of \$20 preferred brand drugs and \$100 non-preferred Specialty.
- Opioid pain medications will have quantity limits (QL) for all medications in the opioid class. Additional quantities require Prior Authorization.
- Provider reimbursements will be reduced to 100% of the Medicare allowance over the next three (3) years. In year 1, there will be a 3% decrease.

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 Preferred Drug List. Affected members will be notified. If you have questions about CVS Caremark's Preferred Drug List, check PEIA's website at www.wvpeia.com. CVS Caremark phone line will be open 5/6/16.