

Earl Ray Tomblin
Governor



Ted Cheatham
Director

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TO: All Healthcare Providers

FROM: Christine DeRienzo
PEIA Provider Relations Manager

DATE: July 1, 2015

SUBJECT: PEIA Changes beginning July 1, 2015

The PEIA Finance Board adopted benefit changes for Plan Year 2016, which begins on July 1, 2015. The following benefit changes will affect active employees and non-Medicare retirees and their enrolled dependents beginning July 1, 2015:

- Increase **family** out-of-pocket maximum for PEIA PPB Plans A and D from 1.5 times to twice the employee only amount
- Increase deductible by \$25 single and \$50 family
- Increase Primary Care Office Visit copayment from \$15 to \$20 per visit
- Increase Specialist Office Visit copayment from \$25 to \$40 per visit
- Add \$100 copay to deductible and 20% coinsurance for inpatient hospital care
- Increase outpatient surgery copay from \$50 to \$100 per procedure
- Increase emergency room copay to \$100 with no discount for medical emergencies
- Increase generic drug copay for 30-day supply from \$5 to \$10 and for 90-day supply (maintenance only) from \$10 to \$20
- Increase preferred drug copay for 30-day supply from \$15 to \$25 and for 90-day supply (maintenance only) from \$30 to \$50
- Members who visit the emergency room for non-emergency services in excess of six times may be placed on case management and have payment of their non-emergent ER services restricted or terminated by the PEIA plans.

Participants in PEIA's Medical Home Program (MHP) will continue to have a \$10 copay per visit. Participants in PEIA's Comprehensive Care Partnership Program will have no or reduced copays for office visits, as determined in our contract.

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Members of PEIA PPB Plan C, the high deductible health plan, do not pay office visit copays. Their benefit is deductible and 20% coinsurance.

Healthy Tomorrows:

PEIA has implemented the 3-year Healthy Tomorrows initiative for active employees and non-Medicare retirees that encourage policyholders to name and use a primary care physician.

1. Year One. Members just completed the task of naming a primary care physician.
2. In Year Two – between now and May 15, 2016, members must see a primary care physician and report their blood pressure, blood glucose, cholesterol and waist circumference. The reporting form for this initiative requires the physician's signature. A copy can be found on our website, www.wvpeia.com. Click on Providers, then scroll down to Popular Downloads.
3. In Year Three – between April 1, 2016 and May 15, 2017, members must report and have their blood pressure, blood glucose and cholesterol within an acceptable range or have a physician's certification that those numbers cannot be met. The form for Year Three will be posted on our website by April 1, 2016.

In any year that the policyholder does not comply with the initiative, he or she will face an additional \$500 medical deductible.

The testing that is required for Healthy tomorrows is covered in full by PEIA, if done as a part of the member's annual physical. Information about the PEIA Adult Annual Routine Physical and Screening Examination, including billing information, can be found on our website, www.wvpeia.com. Click on Providers, then scroll down to Popular Downloads.

Out-of-State Network Change (3/1/15):

PEIA's out-of-state network changed to Aetna Signature Administrators (ASA) PPO network effective March 1, 2015. Not all providers in the ASA network are considered in-network for 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 County or Cuyahoga County, Ohio, or in Boyd County, Kentucky. If your patient needs a referral out-of-state (beyond the bordering counties), please contact HealthSmart at 1-888-440-7342 for approval.