



# Medicare Retiree Premium & Benefit Assistance Programs

## Medicare Plan Year 2015 January 1, 2015 through December 31, 2015

**This application is for premium and benefit assistance beginning January 1, 2015.** We are collecting this information now because it's tax time and you should have all of the necessary information at hand.

PEIA offers premium and benefit assistance to retired employees and surviving dependents who qualify. Assistance is based on the years of service of the policyholder. Here are the two components:

1. **Premium assistance:** reduces the monthly premium payment for the retiree or surviving dependent. Premium assistance is available to Medicare retirees with at least 5 years of service.
2. **Benefit assistance:** reduces the medical and prescription drug out-of-pocket costs for retirees with Medicare and at least 15 years of public service.

**Premium Assistance:**

The premium assistance program pays part of your health insurance premium if your gross income is less than 250% of Federal Poverty Level. To qualify for premium assistance you must meet **all** of the following criteria:

- you must have 5 or more years of service,
- you must be enrolled in the Humana/PEIA Plan 1 or the PEIA Special Medicare Plan, and
- your household income during calendar year 2013 must have been at or below 250% of the Federal Poverty Level (FPL).

**Premium AND Benefit Assistance:**

To qualify for premium **and** benefit assistance you must meet all of the following criteria:

- Medicare must be your primary insurance,
- you must have 15 or more years of service,
- you must be enrolled in the Humana/PEIA Plan 1 or the Special Medicare Plan, and
- your household income during calendar year 2013 must have been at or below 250% of the Federal Poverty Level (FPL).

Below is a chart with the income guidelines and corresponding poverty level. Find the number of people in your household, then look across the chart to find your total annual household income. The gray box above your income will tell you your percentage of the federal poverty level, and that will determine the amount of assistance you may receive.

<b>Federal Poverty Level</b>				
<b>Individuals in Household</b>	<b>&lt;100%</b>	<b>100%-150%</b>	<b>150%-200%</b>	<b>200% - 250%</b>
1	\$11,670 or less	\$11,671 – 17,505	\$17,506 – 23,340	\$23,341– 29,175
2	\$15,730 or less	\$15,731 – 23,595	\$23,596 – 31,460	\$31,461 – 39,325
3	\$19,790 or less	\$19,791 – 29,685	\$29,686 – 39,580	\$39,581 – 49,475
4	\$23,850 or less	\$23,851 – 35,775	\$35,776 – 47,700	\$47,701 – 59,625
Each additional person add	\$4,060	\$6,090	\$8,120	\$10,150

**Premium Assistance**

Find your poverty level and your years of service in the chart below. This will show you the dollar amount of the premium reduction for which you are eligible. For example, if you have 20 years of service, your income is \$16,500 and you are the only individual in your household, then your poverty level is 100% - 150%. In the chart below, go to the column labeled "100-150% of FPL" and the row labeled 15 – 24. You are eligible for a monthly premium reduction of \$50.

**Policyholder Only Monthly Premium Reduction**

This amount will be deducted from your monthly premium for Medicare or non-Medicare coverage. If the amount of the reduction is greater than the premium, then the premium due will be \$0.

Years of Service	<100% of FPL	100-150% of FPL	150-200% of FPL	200 – 250% of FPL
5-14	\$51	\$34	\$19	\$13
15-24	\$65	\$50	\$31	\$19
25+	\$88	\$74	\$46	\$24

**Policyholder with Dependents Monthly Premium Reduction**

This amount will be deducted from your monthly premium for Medicare or non-Medicare coverage. If the amount of the reduction is greater than the premium due, then the premium due will be \$0.

Years of Service	<100% of FPL	100-150% of FPL	150-200% of FPL	200 – 250% of FPL
5-14	\$76.50	\$51.00	\$28.50	\$19.50
15-24	\$97.50	\$75.00	\$46.50	\$28.50
25+	\$132.00	\$111.00	\$69.00	\$36.00

**Benefit Assistance For Humana Members**

In addition to premium assistance, **Medicare retirees with 15 or more years of service** receive benefit assistance. Benefit assistance is only provided if Medicare is the primary insurer. Out-of-pocket costs for members with benefit assistance are shown below:

	Humana/PEIA Plan 1 Benefit (without benefit assistance)	Humana/PEIA Plan 1 Benefit (WITH benefit assistance)
<b>Medical Benefits</b>		
Medical Deductible	\$25	<b>\$25</b>
Medical out of pocket maximum	\$750	<b>\$300</b>
Office visit copayment	\$10	<b>\$2</b>
Specialist office visit copayment	\$20	<b>\$5</b>
<b>Prescription Drug Benefits</b>		
Generic (30-day supply)	\$5	<b>\$3</b>
Generic (90-day supply) mail order or retail maintenance network	\$10	<b>\$6</b>
Preferred Brand (30-day supply)	\$15	<b>\$10</b>
Preferred Brand (90-day supply) mail order or retail maintenance network	\$30	<b>\$20</b>
Non-preferred Brand (30-day supply)*	\$50	<b>\$50</b>
Non-preferred Brand (90-day supply) mail order or retail maintenance network*	\$100	<b>\$100</b>
Prescription Out-of-Pocket Maximum	\$1,750	<b>\$250</b>

\* **Members enrolled in the Special Medicare Plan will have the same benefits EXCEPT under the Prescription Drug Plan. With the Special Medicare Plan the non-preferred brand-name drugs require coinsurance of 75%. Also, under the Special Medicare Plan, PEIA has eliminated the maintenance medication discount for Tier 3 (non-preferred) drugs.**

**Sick and Annual Leave or Years of Service Credits**

If you are using sick or annual leave or years of service credits to get free or reduced premiums, **please do not fill out this form -- unless** you will run out of credits before December 31, 2015. If your credits will run out before December 31, 2015, you may apply now. If your application is approved, premium assistance will begin when your credits end.

**Deadline for Applications**

**If you want your assistance to begin on January 1, 2015, we must receive your application before November 7, 2014.** The applications will be processed in the order received. You may apply for assistance at any time during the year, but if we receive your application after November 7, 2014, we will process it as quickly as possible and, if you qualify, your premium and benefit reductions will be effective the first day of the month following the date of your approval. PEIA will not issue credit for previous months' premiums. You will receive a letter informing you of the approval or denial of your application.

Remember, you may also reduce your premium by qualifying for the Advance Directive/Living Will discount. To get the \$4 per month discount, complete a living will, then send PEIA a completed Advance Directive/Living Will affidavit. If you submitted an Advance Directive/Living Will Affidavit last year, you do not need to submit another one this year; you will automatically continue to get your discount. If you need an affidavit, please call our customer service unit at 1-888-680-7342 to request one.

**STATE OF WEST VIRGINIA  
PUBLIC EMPLOYEES INSURANCE AGENCY  
PLAN YEAR 2015  
MEDICARE RETIRED EMPLOYEES PREMIUM & BENEFIT ASSISTANCE PROGRAM  
- APPLICATION FORM -**

**PLEASE PRINT OR TYPE**

**SECTION I - RETIREE/SURVIVING DEPENDENT**

Name (First, Middle Initial, Last)	Social Security Number
------------------------------------	------------------------

Address (If New Address Check Box)

City	State	Zip	County
------	-------	-----	--------

Phone Number (including Area Code) (      )	Marital Status (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed
--	---

Years of Service at the Time of Retirement

**SECTION II - SPOUSE & HOUSEHOLD INFORMATION**

Spouse Name (First, Middle Initial, Last)	Spouse Social Security Number
---	-------------------------------

How Many Individuals on your PEIA insurance? Circle one - 1   2   3   4   5   6   7	How Many Individual Live In Your Household Circle one - 1   2   3   4   5   6   7
--	--

**SECTION III - GROSS ANNUAL INCOME FOR 2013**

	List Your Income Below	List Spouse's Income Below	List Income of Other Dependents Below
State Pension	\$	\$	\$
Other Pension (If any)	\$	\$	\$
Social Security	\$	\$	\$
Wages (If any)	\$	\$	\$
Other Income	\$	\$	\$
Subtotal	\$	\$	\$
Total Gross Household Income for 2013 (include your income, income for your spouse and all other dependents that live in your household)			\$ <input style="width: 50px;" type="text"/>

*To avoid delays in processing, you must send proof of all income for 2013 with this application. It will NOT be processed without supporting documentation.*

I understand that if, as a result of withholding information or providing inaccurate information, I receive assistance to which I am not entitled, such assistance will be subject to recovery by PEIA and I may be subject to legal action. I declare that I have examined my responses and, to the best of my knowledge, believe they are true, correct and complete.

\_\_\_\_\_  
Your Signature \_\_\_\_\_  
Date

<b>MAIL COMPLETED FORM TO:</b> PEIA Retiree Assistance Program 1900 Kanawha Blvd E Charleston, WV 25305 OR Fax to 1-877-233-4295	<b>FOR PEIA USE ONLY:</b> Approved: _____ Disapproved: _____ Effective Date: _____ Number in Household: _____
---	--

# PLAN YEAR 2015 PREMIUM ASSISTANCE PROGRAM APPLICATION INSTRUCTIONS

Please read all instructions carefully BEFORE completing the application.

## SECTION I - RETIREE/SURVIVING DEPENDENT

- **Name** – Use your full name, including middle initial.
- **Social Security Number (SSN)** – Fill in the correct SSN or we cannot process your application.
- **Address** – Provide your complete mailing address. (If address has changed, please check the box on the address line so we may update our records.)
- **Phone Number** (include area code).
- **Marital Status** – please check appropriate box. If separated, please check married.
- **Years of Service at the Time of Retirement/Retirement Date** – Applications without this information cannot be processed. Surviving Dependents must report the Years of Service of the deceased policyholder. If the policyholder was retired at the time of death, report years of service and retirement date. If death occurred while an active employee, then give years of service and the month and year of death.

## SECTION II – SPOUSE INFORMATION

If **married**, you must complete spouse's name and Social Security number. Also, indicate the number of individuals covered on your PEIA insurance and the number of individuals living in your household.

## SECTION III – GROSS ANNUAL INCOME FOR 2013

This section must include All Household Income from 2013, before any deductions. Everyone in the household who has an income must report that information on the application.

**Income:** Complete the sections that apply to you.

- **State Pension\*** – Yearly amount you and the members of your household (if applicable) receive from the WV Consolidated Public Retirement Board.
- **Other Pension\*** – Yearly amount of pensions you and the members of your household (if applicable) receive from other sources (Example: TIAA/CREF).
- **Social Security\*** – Yearly amount for you and the members of your household
- **Wages\*** – Total amount of any income earned during 2013 for you and the members of your household.
- **Other Income\*** – Total amount of any other income received during 2013, for all members of your household (Example: Rent, Dividends, Royalties, Interest, Alimony, etc.).
- **Subtotal** – Total each column.
- **Grand Total** – All subtotal amounts.

\* **Include spouse and any other members of your household, if applicable.**

**THIS APPLICATION MUST BE SIGNED AND DATED!** Applications without a signature and date will be returned without processing.

## ATTACHMENTS

- If you have copies of W2s, 1099s or any official year-end statements, you must attach these to verify your income.
- If you file taxes, a copy of your 2013 Federal tax return (first page) is acceptable. All income must be reported on the tax return.
- If you file taxes and your Social Security benefit amount is not on the form, then you must provide a copy of your SSA-1099.

## SUBMITTING YOUR APPLICATION

Please separate the Application Form and submit only the application to PEIA (address is on the application).