

Plan Year 2018 Benefits

# Shopper's Guide

July 1, 2017 - June 30, 2018



**Open Enrollment is April 2 - May 15, 2017**

**Report your Healthy Tomorrows numbers  
by May 15, 2017**

**JOIN PEIA!**





### **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.

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## Tips for a Successful Open Enrollment

1. Read through “What’s Important for 2018” 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 13 to be sure you’re eligible to enroll in the plan 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 13 to enroll in The Health Plan.
4. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and 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 plans, you have two choices: go to [www.wvpeia.com](http://www.wvpeia.com) and click on the “**Manage My Benefits**” button and follow the instructions (remember, your deadline is midnight on May 15, 2017) or call PEIA for a Transfer Form at [1-877-676-5573](tel: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, 2017. If you need to update your tobacco status, you may do so by using the options above or by calling [1-877-676-5573](tel:1-877-676-5573) and by following the prompts.

# What's Important for 2018?

## PEIA PPB Plans

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### Healthy Tomorrows

#### Plan Year 2018 (begins July 1, 2017)

PEIA is now in Phase 3 of the Healthy Tomorrows initiative for active employees and non-Medicare retirees in the PEIA PPB Plans.

For Phase 3, by May 15, 2017, policyholders (not spouses or dependent children) 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. PEIA mailed a personalized Phase 3 reporting form to every policyholder who had not already reported 2018 numbers in February. It can be used to report blood pressure, glucose, cholesterol and waist circumference results collected anytime from April 2, 2016, to May 15, 2017.

If you do not comply with the Healthy Tomorrows initiative, you will face an additional \$500 medical deductible.

#### Plan Year 2019 (begins July 1, 2018)

Healthy Tomorrows Phase 3 will continue for Plan Year 2019. Between April 2, 2017 and May 15, 2018, policyholders (not spouses or dependent children) must have your blood pressure, blood glucose and cholesterol tested and report the results, which must be within an acceptable range or you must have a physician's certification that those numbers cannot be met. The Plan Year 2019 Healthy Tomorrows reporting form is printed at the back of this Shopper's Guide. It can be used to report blood pressure, glucose, cholesterol and waist circumference results collected anytime from April 2, 2017, to May 15, 2018.

For Plan Year 2019, if you do not comply with the Healthy Tomorrows initiative, you will face increased monthly premiums.

### Annual Physical:

PEIA covers an annual physical for members at no cost. There is a form at the back of this Shopper's Guide that you may take to your annual physical office visit; it explains what is covered in full as a part of the visit, and how the physician's office needs to bill to have the visit reimbursed correctly.

### Rx Savings Solutions Offers Innovative Program

PEIA has partnered with Rx Savings Solutions to offer PEIA PPB Plan members access to innovative healthcare software, ultimately saving money on their prescriptions.

Beginning April 1, 2017, Rx Savings Solutions will provide PEIA PPB Plan members with a free, confidential benefit that provides you and your covered dependents with cost savings opportunities on your medications. Rx Savings Solutions looks at the medications you take and prepares a personalized prescription savings plan for you. When there is an opportunity to save, Rx Savings Solutions will send you a text or email alert letting you know to log-in and view your savings opportunities. Rx Savings Solutions is a fully HIPAA-compliant company.

Rx Savings Solutions helps educate consumers on ways to reduce their out-of-pocket costs for prescription drugs. Their state-of-the-art tool relies on patented algorithms to analyze thousands of recommendations to find the best clinical option while maximizing savings.

Rx Savings Solutions' system is HIPAA security compliant. All interaction between the software platform and the employee is confidential. Rx Savings Solutions is without bias and delivers the most accurate, cost-effective data to subscribers based solely on the location and medication needs of each user.

Rx Savings Solutions' member services team is staffed with Certified Pharmacy Technicians available to assist with prescription questions. On or after April 1, 2017, they can be reached at [1-800-268-4476](tel:1-800-268-4476) or [info@rxsavingsllc.com](mailto:info@rxsavingsllc.com).

### **iSelectMD Telehealth Benefit**

PEIA has rolled out a new benefit for PEIA PPB Plan members. PEIA has chosen iSelectMD as its preferred provider for telehealth services. Telehealth allows you to connect with a physician via phone or video chat when you have a non-emergent medical condition that needs treatment. Please note that WV law requires that the first visit be done face-to-face via web cam or cell phone video chat.

With just one simple phone call, members are connected to state licensed, board-certified physicians who are ready to resolve non-emergency health issues 24 hours a day for a \$40 copay. iSelectMD physicians take the time to listen and consult with you to recommend a treatment plan and, when appropriate, prescribe medication.

iSelectMD physicians treat many non-emergent illnesses, for example:

- Sinus Infections
- Bronchitis
- Cold & Flu
- Ear Infections
- Sore Throat
- Pink Eye
- Gastroenteritis
- Urinary Tract Infections

### **iSelectMD Services**

- Call [1-877-775-3006 ext. 1](tel:1-877-775-3006) 24/7. Use access code WV1144.
- iSelectMD is available anytime and anywhere you travel.
- iSelectMD encourages everyone to have a primary care physician and does not replace your existing primary care physician.
- iSelectMD requires a Medical History Disclosure to be completed prior to your first consultation. This may be completed online at [www.iselectmd.com](http://www.iselectmd.com) or by calling customer care at [1-877-775-3006](tel:1-877-775-3006).
- Depending on time of day or call volume, iSelectMD physicians dedicate themselves to return calls within 30 minutes from the time they receive the request.

### **Prescriptions**

- iSelectMD physicians reserve the right to write prescriptions when deemed appropriate and do not prescribe DEA controlled substances or certain other drugs that may be harmful due to potential abuse.

To learn more, visit [iSelectMD.com](http://iSelectMD.com) or call [1-877-775-3006](tel:1-877-775-3006).

## Benefit Changes

### Active Employee and Non-Medicare Retiree Plan Changes:

The following benefit changes will affect State, Non-State and Non-Medicare Retiree members and their enrolled dependents beginning July 1, 2017.

The coinsurance structure of PEIA PPB Plans A, B and D will change as follows:

|                                      | In WV     | In-Network Outside WV WITH Approval from HealthSmart* | In-Network Outside WV WITHOUT Approval from HealthSmart | Out-of-network Outside WV WITHOUT Approval from HealthSmart |
|--------------------------------------|-----------|-------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|
| Plan A                               | 80/20     | 70/30                                                 | 60/40                                                   | Not covered                                                 |
| Plan B                               | 70/30     | 65/35                                                 | 50/50                                                   | Not covered                                                 |
| Plan C (High Deductible Health Plan) | No Change | No Change                                             | No Change                                               | No Change                                                   |
| Plan D                               | 80/20     | 70/30                                                 | Not covered                                             | Not covered                                                 |

\* This includes network providers in contiguous counties of surrounding states. Members may still use those providers without prior approval, but will pay the higher coinsurance amount for services.

### Increase cost-sharing amounts in PEIA PPB Plans A, B, and D

#### For Active Employees:

- Increase deductible by \$200 single/\$400 family
- Increase out-of-pocket maximum by \$1,000 single/\$2,000 family

#### For Non-Medicare Retirees (Plans A and B only):

- Increase deductible by \$100 single/\$200 family
- Increase family out-of-pocket maximum to \$3,000 Plan A/\$6,000 Plan B

#### All:

- MHP/PCP office visit copayments increase to \$20 per visit (CCP remains the same)
- Increase specialty drug copayments to \$100 preferred and \$150 non-preferred
- Increase the number of outpatient procedures subject to Facility Fee Limits. If the member chooses an out-of-state facility 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 14 for details.
- Maintenance medications available in 90-day supply ONLY, and must be filled at a Retail Maintenance Network pharmacy or through the mail order program. Drugs on the maintenance medication list will not be covered in anything less than a 90-day supply. Members starting a new maintenance medication may get two 30-day fills to be sure that the medication will work for them. After the second 30-day fill, continued therapy will require a 90-day supply filled at a Retail Maintenance Network pharmacy or through mail order.. You can find the maintenance drug list and a listing of the Retail Maintenance Network pharmacies on our website at [www.wvpeia.com](http://www.wvpeia.com). Click on Partners, then CVS/Caremark.

## **The Health Plan HMOs and PPO**

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- The Health Plan will continue to offer three plan designs. HMO Plan A, HMO Plan B and a PPO Plan C.
- There are benefit/copay changes effective July 1, 2017. 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](http://www.healthplan.org) or attend a benefits fair near you.
- Deductibles are increasing on all three Plan options.
- The PPO Plan C will ONLY cover Generic Drugs at a \$10 copay.
- This is not a complete listing of changes. Please refer to the Shoppers Guide or your THP schedule of benefits for a complete listing of benefits.

## **Has your address changed? Let PEIA know!**

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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](http://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 2018 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 enrolled in a 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 enrolled 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 an 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.

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

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 on the ASA PPO website may be available to you.

**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](http://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 41 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 State 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 from a State agency to a non-State agency may permit

a change in coverage, 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](http://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 2018 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 2018 benefit fairs.

| Date      | Time  | City        | Location/Address                            |
|-----------|-------|-------------|---------------------------------------------|
| 4/5/2017  | 3-7pm | Morgantown  | Ramada Inn<br>20 Scott Ave                  |
| 4/6/2017  | 3-7pm | Martinsburg | Holiday Inn<br>301 Foxcroft Ave.            |
| 4/11/2017 | 3-6pm | Charleston  | Holiday Inn Express<br>100 Civic Center Dr. |
| 4/12/2017 | 3-7pm | Beckley     | Tamarack<br>1 Tamarack Park                 |
| 4/13/2017 | 3-7pm | Huntington  | Holiday Inn<br>800 3rd Ave                  |
| 4/18/2017 | 3-7pm | Parkersburg | Comfort Suites<br>167 Elizabeth Pike        |
| 4/19/2017 | 3-7pm | Wheeling    | WV Northern<br>Community College            |

## 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    | Belmont  | Columbiana | Gallia     | Beaver       |
|          | Guemsey   | Harrison | Hocking    | Jackson    | Fayette      |
|          | Jefferson | Lawrence | Licking    | Meigs      | Greene       |
|          | Monroe    | Morgan   | Muskingum  | Noble      | Washington   |
|          | Perry     | Trumbull | Vinson     | Washington |              |

## Regional Facility Fee Limits

PEIA is expanding the number of procedures subject to regional Facility Fee Limits when performed in West Virginia or the contiguous counties of surrounding states. Procedures included in this program appear on the next page. If you are having one of these procedures, consult Healthcare Blue Book for information about which providers fall within the limits. If you use a 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 considered a non-covered service, and 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. To view the fee limits and see providers in your area whose charges are within the limit, go to [myhealth.healthsmart.com](http://myhealth.healthsmart.com), log in, click on Health Care Blue Book, then search for your procedure.

| Procedure                                                |
|----------------------------------------------------------|
| Abdomen and Pelvis CT (no contrast)                      |
| Abdomen and Pelvis CT (with and without contrast)        |
| Abdomen and Pelvis CT (with contrast)                    |
| Abdominal CT (no contrast)                               |
| Abdominal CT (with and without contrast)                 |
| Abdominal CT (with contrast)                             |
| Abdominal MRI (no contrast)                              |
| Abdominal MRI (with and without contrast)                |
| Abdominal MRI (with contrast)                            |
| Abdominal Ultrasound                                     |
| Ankle MRI (no contrast)                                  |
| Ankle MRI (with and without contrast)                    |
| Ankle MRI (with contrast)                                |
| Anterior Cruciate Ligament Knee Surgery (ACL)            |
| Arm CT (no contrast)                                     |
| Arm CT (with and without contrast)                       |
| Arm CT (with contrast)                                   |
| Arm MRI (no contrast)                                    |
| Arm MRI (with and without contrast)                      |
| Arm MRI (with contrast)                                  |
| Bone Density Scan                                        |
| Brain CT (no contrast)                                   |
| Brain CT (with and without contrast)                     |
| Brain CT (with contrast)                                 |
| Brain MRI (no contrast)                                  |
| Brain MRI (with and without contrast)                    |
| Brain MRI (with contrast)                                |
| Breast Biopsy (with stereotactic or ultrasound guidance) |
| Breast MRI Bilateral (with and without contrast)         |
| Breast MRI Unilateral (with and without contrast)        |
| Carpal Tunnel Surgery                                    |
| Cataract Surgery                                         |

| Procedure                                   |
|---------------------------------------------|
| Chest CT (no contrast)                      |
| Chest CT (with and without contrast)        |
| Chest CT (with contrast)                    |
| Chest MRI (no contrast)                     |
| Chest MRI (with and without contrast)       |
| Chest MRI (with contrast)                   |
| Chest Ultrasound                            |
| Cholecystectomy (laparoscopic)              |
| Colonoscopy (no biopsy)                     |
| Colonoscopy (screening)                     |
| Colonoscopy (with biopsy)                   |
| Complex Ear Drum Repair (Tympanoplasty)     |
| CT Angiography of Abdomen                   |
| CT Angiography of Abdomen and Pelvis        |
| CT Angiography of Arm                       |
| CT Angiography of Chest                     |
| CT Angiography of Head or Neck              |
| CT Angiography of Leg                       |
| CT Angiography of Pelvis                    |
| Cystoscopy                                  |
| Dialysis                                    |
| Digital Diagnostic Mammography (bilateral)  |
| Digital Diagnostic Mammography (unilateral) |
| Digital Screening Mammography (bilateral)   |
| Ear Tube Placement (Tympanostomy)           |
| Elbow MRI (no contrast)                     |
| Elbow MRI (with and without contrast)       |
| Elbow MRI (with contrast)                   |
| Excise Lesions (Laparoscopic)               |
| Face and Jaw CT (no contrast)               |
| Face and Jaw CT (with and without contrast) |
| Face and Jaw CT (with contrast)             |

| Procedure                                                    |
|--------------------------------------------------------------|
| Face MRI (no contrast)                                       |
| Face MRI (with and without contrast)                         |
| Face MRI (with contrast)                                     |
| Fetal Ultrasound                                             |
| Heart Perfusion Imaging                                      |
| Hernia Repair (Laparoscopic (inguinal, umbilical or ventral) |
| Hernia Repair (inguinal, umbilical or ventral)               |
| Hip MRI (no contrast)                                        |
| Hip MRI (with and without contrast)                          |
| Hip MRI (with contrast)                                      |
| Hysteroscopy (lesion removal or tubal ligation)              |
| Hysteroscopy (with biopsy)                                   |
| Jaw MRI (no contrast)                                        |
| Knee Arthroscopy                                             |
| Knee MRI (no contrast)                                       |
| Knee MRI (with and without contrast)                         |
| Knee MRI (with contrast)                                     |
| Laparoscopic Hysterectomy                                    |
| Leg CT (no contrast)                                         |
| Leg CT (with and without contrast)                           |
| Leg CT (with contrast)                                       |
| Leg MRI (no contrast)                                        |
| Leg MRI (with and without contrast)                          |
| Leg MRI (with contrast)                                      |
| Lithotripsy                                                  |
| Nasal Septum Repair                                          |
| Neck CT (no contrast)                                        |
| Neck CT (with and without contrast)                          |
| Neck CT (with contrast)                                      |
| Neck Ultrasound                                              |
| Pelvic CT (no contrast)                                      |
| Pelvic CT (with and without contrast)                        |
| Pelvic CT (with contrast)                                    |
| Pelvic Ultrasound                                            |
| Pelvis MRI (no contrast)                                     |
| Pelvis MRI (with and without contrast)                       |
| Pelvis MRI (with contrast)                                   |
| Removal of Adenoids                                          |
| Retroperitoneal Ultrasound                                   |
| Rotator Cuff Repair(arthroscopic)                            |
| Rotator Cuff Repair (non-arthroscopic)                       |
| Shoulder Arthroscopy                                         |

| Procedure                                         |
|---------------------------------------------------|
| Shoulder MRI (no contrast)                        |
| Shoulder MRI (with and without contrast)          |
| Shoulder MRI (with contrast)                      |
| Sleep Study                                       |
| Spine CT (no contrast)                            |
| Spine CT (with and without contrast)              |
| Spine CT (with contrast)                          |
| Spine MRI (no contrast)                           |
| Spine MRI (with and without contrast)             |
| Spine MRI (with contrast)                         |
| Testicular Ultrasound                             |
| Tonsillectomy                                     |
| Transthoracic Echocardiogram (TTE)                |
| Transthoracic Echocardiogram (TTE) (with doppler) |
| Transvaginal Ultrasound                           |
| Upper Gastrointestinal Endoscopy (no biopsy)      |
| Upper Gastrointestinal Endoscopy (with biopsy)    |
| Wrist MRI (no contrast)                           |
| Wrist MRI (with and without contrast)             |
| Wrist MRI (with contrast)                         |
| X-Ray: Abdominal                                  |
| X-Ray: Ankle                                      |
| X-Ray: Arm                                        |
| X-Ray: Bone Age Study                             |
| X-Ray: Chest                                      |
| X-Ray: Collar Bone                                |
| X-Ray: Face                                       |
| X-Ray: Foot                                       |
| X-Ray: Hand or Wrist                              |
| X-Ray: Hip                                        |
| X-Ray: Jaw                                        |
| X-Ray: Knee                                       |
| X-Ray: Leg                                        |
| X-Ray: Neck                                       |
| X-Ray: Pelvis                                     |
| X-Ray: Ribs                                       |
| X-Ray: Shoulder                                   |
| X-Ray: Sinus                                      |
| X-Ray: Skull                                      |
| X-Ray: Spine                                      |

# 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.

**OOSWA** means Out-of-State with advance approval from HealthSmart. For PEIA PPB Plans A and B, THIS INCLUDES IN-NETWORK CARE IN CONTIGUOUS COUNTIES OF SURROUNDING STATES, which still does not require advance approval from HealthSmart.

**OOSNA** means Out of State Not Approved by HealthSmart.

| Benefit Description                                    | Health Plan HMO Plan A                                                  | Health Plan HMO Plan B                                                    | Health Plan PPO (in & out of network)                                                                          | PEIA PPB Plan A In-Network                                                                 | PEIA PPB Plan A Out-of-Network                                               |
|--------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Annual deductible                                      | \$600 Individual<br>\$1,200 Family<br>Goes toward out-of-pocket maximum | \$1,000 Individual<br>\$2,000 Family<br>Goes toward out-of-pocket maximum | In: \$1,200/\$2,400<br>Out: \$2,400/\$4,800<br>Goes toward out-of-pocket maximum                               | Varies by salary and employer type. (See premium charts.)                                  | Twice the in-network deductible.                                             |
| Annual out-of-pocket maximum                           | Single - \$6,850<br>Family - \$13,700<br>Includes Rx copays.            | Single - \$6,850<br>Family - \$13,700<br>Includes Rx copays.              | Single - \$6,850<br>Family - \$13,700<br>OUT:<br>Single - \$10,000<br>Family - \$20,000<br>Includes Rx copays. | Varies by salary, employer type, and coverage tier. (See premium charts.)                  | Twice the in-network out-of-pocket maximum                                   |
| <b>PHYSICIAN SERVICES</b>                              |                                                                         |                                                                           |                                                                                                                |                                                                                            |                                                                              |
| Adult routine physical examination                     | Covered in full per health care reform                                  | Covered in full per health care reform                                    | In: covered in full<br>Out: 40% coinsurance after deductible                                                   | In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 40%             | NOT COVERED                                                                  |
| Diagnostic x-ray, lab and testing                      | 20% coinsurance after deductible                                        | 30% coinsurance after deductible                                          | In: Deductible + 30%<br>Out: Deductible + 50%                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%           | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| Mammograms, Pap smears, and prostate cancer screenings | Covered in full per health care reform                                  | Covered in full per health care reform                                    | In: routine covered in full<br>Out: Deductible +40%                                                            | In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 40%             | NOT COVERED                                                                  |
| Physician inpatient visits                             | \$100 copay + 15% coinsurance after deductible                          | \$100 copay + 30% coinsurance after deductible                            | In: \$100 copay + deductible + 30%<br>Out: Deductible + 50%                                                    | In WV: Deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%           | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| Physician office visits - primary care                 | \$10 copay/visit; deductible waived                                     | \$10 copay/visit; deductible waived                                       | In: \$10 copay/visit; deductible waived<br>Out: Deductible + 40%                                               | In WV: \$20 copay/visit only<br>OOSWA: \$20 copay/visit only<br>OOSNA: 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |

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Call **1-877-676-5573**

| <b>PEIA PPB Plan B<br/>In-Network</b>                                                      | <b>PEIA PPB Plan B<br/>Out-of-Network</b>                                    | <b>PEIA PPB Plan C<br/>In-Network</b>                                                                                                                               | <b>PEIA PPB Plan C<br/>Out-of-Network</b>                                                                                                      | <b>PEIA PPB Plan D<br/>In-Network</b><br><b>OOSWA only applies when<br/>benefit is approved IN<br/>ADVANCE by HealthSmart</b> |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Varies by salary and employer type. (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.)                                                                      |
| Varies by salary, employer type, and coverage tier. (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.)                                                      |
| <b>PHYSICIAN SERVICES</b>                                                                  |                                                                              |                                                                                                                                                                     |                                                                                                                                                |                                                                                                                               |
| In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 50%             | 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                                                                                                               |
| In WV: deductible +30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%             | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                                                                                                                                                    | Deductible + 20% + amounts that exceed PEIA's fee schedule                                                                                     | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 50%             | 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                                                                                                               |
| In WV: Deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%            | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                                                                                                                                                    | Deductible + 20% + amounts that exceed PEIA's fee schedule                                                                                     | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: \$20 copay/visit only<br>OOSWA: \$20 copay/visit only<br>OOSNA: 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                                                                                                                                                    | Deductible + 20% + amounts that exceed PEIA's fee schedule                                                                                     | \$20 copay office visit only                                                                                                  |

| <b>Benefit Description</b>                                                                                | <b>Health Plan HMO Plan A</b>                                                      | <b>Health Plan HMO Plan B</b>                                                      | <b>Health Plan PPO (in &amp; out of network)</b>                                                          | <b>PEIA PPB Plan A In-Network</b>                                                                                                                                                            | <b>PEIA PPB Plan A Out-of-Network</b>                                        |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Physician office visits - specialty care                                                                  | \$40 copay/visit; deductible waived                                                | \$40 copay/visit; deductible waived                                                | In: \$40 copay/visit; deductible waived<br>Out: Deductible + 40%                                          | In WV: \$40 copay/visit only<br>OOSWA: \$40 copay/visit only<br>OOSNA: 2x deductible + 40%                                                                                                   | NOT COVERED unless approved in advance by HealthSmart.                       |
| Prenatal care                                                                                             | \$40 copay (initial visit only); deductible waived                                 | \$40 copay (initial visit only); deductible waived                                 | In: \$40 copay initial visit only; deductible waived<br>Out: Deductible + 40%                             | In WV: Covered in full after deductible<br>OOSWA: Covered in full after deductible<br>OOSNA: 2x deductible + 40%                                                                             | NOT COVERED unless approved in advance by HealthSmart.                       |
| Second surgical opinion                                                                                   | \$40 copay/visit; deductible waived                                                | \$40 copay/visit; deductible waived                                                | In: \$40 copay/visit; deductible waived<br>Out: Deductible + 40%                                          | In WV: \$40 copay office visit only<br>OOSWA: \$40 copay/visit only<br>OOSNA: 2x deductible + 40%                                                                                            | NOT COVERED unless approved in advance by HealthSmart.                       |
| Voluntary sterilization                                                                                   | Men 30% coinsurance after deductible; women covered in full per health care reform | Men 30% coinsurance after deductible; women covered in full per health care reform | In: Men Deductible + 30%.<br>Out: Deductible + 40%<br>In: Women covered in full.<br>Out: Deductible + 40% | In WV: Deductible + 20% for men; women covered in full per health care reform<br>OOSWA: Deductible + 30% for men; women covered in full per health care reform<br>OOSNA: 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |
| Well child exams                                                                                          | Covered in full per health care reform                                             | Covered in full per health care reform                                             | In: covered in full<br>Out: Deductible + 40%                                                              | In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 40%                                                                                                               | NOT COVERED unless approved in advance by HealthSmart.                       |
| Well child immunizations (birth through 21)                                                               | Covered in full per health care reform                                             | Covered in full per health care reform                                             | In: covered in full<br>Out: Deductible + 40%                                                              | In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 40%                                                                                                               | NOT COVERED unless approved in advance by HealthSmart.                       |
| <b>INPATIENT SERVICES</b>                                                                                 |                                                                                    |                                                                                    |                                                                                                           |                                                                                                                                                                                              |                                                                              |
| 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 + deductible + 30%<br>Out: Deductible + 50%                                               | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40%                                                                   | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| Inpatient occupational, physical, or speech therapy*                                                      | 15% coinsurance after deductible                                                   | 30% coinsurance after deductible                                                   | In: Deductible + 30%<br>Out: Deductible + 50%                                                             | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40%                                                                   | NOT COVERED unless approved in advance by HealthSmart.                       |
| Maternity care (delivery)                                                                                 | \$100 copay + 15% coinsurance after deductible                                     | \$100 copay + 30% coinsurance after deductible                                     | In: \$100 copay + deductible + 30%<br>Out: Deductible + 50%                                               | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40%                                                                   | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |

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| <b>PEIA PPB Plan B<br/>In-Network</b>                                                                                                                                                                    | <b>PEIA PPB Plan B<br/>Out-of-Network</b>                                                | <b>PEIA PPB Plan C<br/>In-Network</b>                                        | <b>PEIA PPB Plan C<br/>Out-of-Network</b>                                                            | <b>PEIA PPB Plan D<br/>In-Network</b><br><b>OOSWA only applies when<br/>benefit is approved IN<br/>ADVANCE by HealthSmart</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| In WV: \$40 copay/visit only<br>OOSWA: \$40 copay/visit only<br>OOSNA: 2x deductible + 50%                                                                                                               | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                          | Deductible + 20%                                                             | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                     | \$40 copay office visit only                                                                                                  |
| In WV: Covered in full after<br>deductible<br>OOSWA: Covered in full after<br>deductible<br>OOSNA: 2x deductible + 50%                                                                                   | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                          | Deductible + 20%                                                             | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                     | Covered in full after<br>deductible                                                                                           |
| In WV: \$40 copay office visit only<br>OOSWA: \$40 copay/visit only<br>OOSNA: 2x deductible + 50%                                                                                                        | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                          | Deductible + 20%                                                             | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                     | \$40 copay office visit only                                                                                                  |
| In WV: Deductible + 30% for men;<br>women covered in full per health<br>care reform<br>OOSWA: Deductible + 35% for<br>men; women covered in full per<br>health care reform<br>OOSNA: 2x deductible + 50% | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                          | Deductible + 20% for men;<br>women covered in full per<br>health care reform | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                     | Deductible + 20% for men;<br>women covered in full per<br>health care reform                                                  |
| In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 50%                                                                                                                           | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                          | Covered in full                                                              | PEIA pays 100% of PEIA's<br>fee schedule. You pay any<br>amount that exceeds PEIA's<br>fee schedule. | Covered in full                                                                                                               |
| In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 50%                                                                                                                           | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                          | Covered in full                                                              | PEIA pays 100% of PEIA's<br>fee schedule. You pay any<br>amount that exceeds PEIA's<br>fee schedule. | Covered in full                                                                                                               |
| <b>INPATIENT SERVICES</b>                                                                                                                                                                                |                                                                                          |                                                                              |                                                                                                      |                                                                                                                               |
| In WV: \$100 copay + deductible<br>+ 30%<br>OOSWA: \$100 copay +<br>deductible + 35%<br>OOSNA: \$600 copay + 2x<br>deductible + 50%                                                                      | NOT COVERED<br>except in an emergency<br>or if approved<br>in advance by<br>HealthSmart. | Deductible + 20%                                                             | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                     | In WV: \$100 copay +<br>deductible + 20%<br>OOSWA: \$100 copay +<br>deductible + 30%                                          |
| In WV: \$100 copay + deductible<br>+ 30%<br>OOSWA: \$100 copay +<br>deductible + 35%<br>OOSNA: \$600 copay + 2x<br>deductible + 50%                                                                      | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                          | Deductible + 20%                                                             | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                     | In WV: \$100 copay +<br>deductible + 20%<br>OOSWA: \$100 copay +<br>deductible + 30%                                          |
| In WV: \$100 copay + deductible<br>+ 30%<br>OOSWA: \$100 copay +<br>deductible + 35%<br>OOSNA: \$600 copay + 2x<br>deductible + 50%                                                                      | NOT COVERED<br>except in an emergency<br>or if approved<br>in advance by<br>HealthSmart. | Deductible + 20%                                                             | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                     | In WV: \$100 copay +<br>deductible + 20%<br>OOSWA: \$100 copay +<br>deductible + 30%                                          |

\* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each service if received outside of West Virginia.

| Benefit Description                                                | Health Plan HMO Plan A                                    | Health Plan HMO Plan B                                    | Health Plan PPO (in & out of network)                                 | PEIA PPB Plan A In-Network                                                                                                 | PEIA PPB Plan A Out-of-Network                                               |
|--------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Rehabilitation*                                                    | Covered in full days 1-30; 20% days 31+ after deductible  | Covered in full days 1-30; 30% days 31+ after deductible  | In: \$0 days 1-30, deductible +30% /days 31+<br>Out: Deductible + 50% | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |
| Skilled Nursing*                                                   | \$35 copayment/day after deductible                       | \$35 copayment/day after deductible                       | In: Deductible + \$35 copay/day<br>Out: Deductible + 40%              | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |
| <b>HOSPITAL OUTPATIENT SERVICES</b>                                |                                                           |                                                           |                                                                       |                                                                                                                            |                                                                              |
| Ambulatory/ outpatient surgery                                     | \$100 copay + 15% coinsurance after deductible            | \$100 copay + 30% coinsurance after deductible            | In: \$100 copay + deductible + 30%<br>Out: Deductible + 50%           | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40% | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| Pre-admission testing, diagnostic x-ray and lab                    | 20% coinsurance after deductible                          | 30% coinsurance after deductible                          | In: Deductible + 30%<br>Out: Deductible + 50%                         | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                           | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| Advanced Imaging services: CT Scans, MRA, MRI                      | 20% coinsurance after deductible                          | 30% coinsurance after deductible                          | In: Deductible + 30%<br>Out: Deductible + 50%                         | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: \$100 copay + 2x deductible + 40%                             | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| <b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY SERVICES</b>            |                                                           |                                                           |                                                                       |                                                                                                                            |                                                                              |
| Outpatient chemical dependency*                                    | \$10 copay/visit; deductible waived                       | \$10 copay/visit; deductible waived                       | \$10 copay/visit; deductible waived<br>Out: Deductible + 40%          | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                           | NOT COVERED unless approved in advance by HealthSmart.                       |
| Outpatient mental health*                                          | \$10 copay/visit; deductible waived                       | \$10 copay/visit; deductible waived                       | \$10 copay/visit; deductible waived<br>Out: Deductible + 40%          | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                           | NOT COVERED unless approved in advance by HealthSmart.                       |
| Inpatient chemical dependency (including partial hospitalization)* | \$100 copay + 15% coinsurance/ admission after deductible | \$100 copay + 30% coinsurance/ admission after deductible | In: \$100 copay + deductible + 30%<br>Out: Deductible + 50%           | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40% | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| Inpatient detoxification*                                          | \$100 copay + 15% coinsurance/ admission after deductible | \$100 copay + 30% coinsurance/ admission after deductible | In: \$100 copay + deductible + 30%<br>Out: Deductible + 50%           | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40% | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |

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| <b>PEIA PPB Plan B<br/>In-Network</b>                                                                                      | <b>PEIA PPB Plan B<br/>Out-of-Network</b>                                    | <b>PEIA PPB Plan C<br/>In-Network</b> | <b>PEIA PPB Plan C<br/>Out-of-Network</b>                  | <b>PEIA PPB Plan D<br/>In-Network</b><br><b>OOSWA only applies when<br/>benefit is approved IN<br/>ADVANCE by HealthSmart</b> |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| In WV: \$100 copay + deductible + 30%<br>OOSWA: \$100 copay + deductible + 35%<br>OOSNA: \$600 copay + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%                                                |
| In WV: \$100 copay + deductible + 30%<br>OOSWA: \$100 copay + deductible + 35%<br>OOSNA: \$600 copay + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%                                                |
| <b>HOSPITAL OUTPATIENT SERVICES</b>                                                                                        |                                                                              |                                       |                                                            |                                                                                                                               |
| In WV: \$100 copay + deductible + 30%<br>OOSWA: \$100 copay + deductible + 35%<br>OOSNA: \$600 copay + 2x deductible + 50% | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%                                                |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                            | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: \$100 copay + 2x deductible + 50%                              | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| <b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY SERVICES</b>                                                                    |                                                                              |                                       |                                                            |                                                                                                                               |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                            | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                            | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: \$100 copay + deductible + 30%<br>OOSWA: \$100 copay + deductible + 35%<br>OOSNA: \$600 copay + 2x deductible + 50% | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%                                                |
| In WV: \$100 copay + deductible + 30%<br>OOSWA: \$100 copay + deductible + 35%<br>OOSNA: \$600 copay + 2x deductible + 50% | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%                                                |

\* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each service if received outside of West Virginia.

| <b>Benefit Description</b>                                   | <b>Health Plan HMO Plan A</b>                                                        | <b>Health Plan HMO Plan B</b>                                                        | <b>Health Plan PPO (in &amp; out of network)</b>                                           | <b>PEIA PPB Plan A In-Network</b>                                                                                                                                                                                                    | <b>PEIA PPB Plan A Out-of-Network</b>                                        |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Inpatient mental health (including partial hospitalization)* | \$100 copay + 15% coinsurance/ admission after deductible                            | \$100 copay + 30% coinsurance/ admission after deductible                            | In: \$100 copay + deductible + 30%<br>Out: Deductible + 50%                                | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%<br>OOSNA: \$600 copay + 2x deductible + 40%                                                                                                           | NOT COVERED except in an emergency or if approved in advance by HealthSmart. |
| <b>OUTPATIENT THERAPIES</b>                                  |                                                                                      |                                                                                      |                                                                                            |                                                                                                                                                                                                                                      |                                                                              |
| Chiropractic*                                                | \$40 copay/visit; deductible waived                                                  | \$40 copay/visit; deductible waived                                                  | In: \$40 copay/visit; deductible waived<br>Out: Deductible + 40%                           | In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30%<br>OOSNA: copays shown above + 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |
| Occupational therapy*                                        | Visits 1-20: \$40 copay/visit.<br>Visits 21+: 50% coinsurance/visit after deductible | Visits 1-20: \$40 copay/visit.<br>Visits 21+: 50% coinsurance/visit after deductible | In: visits 1-20: \$40 copay/visit.<br>Visits 21+: deductible +50%<br>Out: Deductible + 40  | In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30%<br>OOSNA: copays shown above + 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |
| Physical therapy*                                            | Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible    | Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible    | In: visits 1-20: \$40 copay/visit. Visits 21+: deductible +50%<br>Out: Deductible + 40%    | In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30%<br>OOSNA: copays shown above + 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |
| Speech therapy*                                              | Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible    | Visits 1-20: \$40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible    | In: visits 1-20: \$40 copay/visit.<br>Visits 21+: deductible +50%<br>Out: Deductible + 40% | In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30%<br>OOSNA: copays shown above + 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.                       |
| <b>ALL OTHER MEDICAL SERVICES</b>                            |                                                                                      |                                                                                      |                                                                                            |                                                                                                                                                                                                                                      |                                                                              |
| Allergy testing and treatment                                | \$40 copay/visit after deductible                                                    | \$40 copay/visit after deductible                                                    | In: Deductible + \$40 copay/visit<br>Out: Deductible + 40%                                 | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                                                                                                                                     | NOT COVERED unless approved in advance by HealthSmart.                       |
| Bariatric surgery                                            | Not covered                                                                          | Not covered                                                                          | Not covered                                                                                | In WV: \$500 copay + deductible + 20% coinsurance<br>OOSWA: \$500 copay + deductible + 30%<br>OOSNA: \$500 copay + 2x deductible + 40%                                                                                               | NOT COVERED unless approved in advance by HealthSmart.                       |
| Cardiac Rehabilitation*                                      | \$10 copay/visit after deductible                                                    | \$10 copay/visit after deductible                                                    | In: Deductible + \$10 copay/visit<br>Out: Deductible + 40%                                 | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                                                                                                                                     | NOT COVERED unless approved in advance by HealthSmart.                       |

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| <b>PEIA PPB Plan B<br/>In-Network</b>                                                                                                                                                                                                | <b>PEIA PPB Plan B<br/>Out-of-Network</b>                                    | <b>PEIA PPB Plan C<br/>In-Network</b>      | <b>PEIA PPB Plan C<br/>Out-of-Network</b>                                | <b>PEIA PPB Plan D<br/>In-Network</b><br><b>OOSWA only applies when<br/>benefit is approved IN<br/>ADVANCE by HealthSmart</b>                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In WV: \$100 copay + deductible + 30%<br>OOSWA: \$100 copay + deductible + 35%<br>OOSNA: \$600 copay + 2x deductible + 50%                                                                                                           | NOT COVERED except in an emergency or if approved in advance by HealthSmart. | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: \$100 copay + deductible + 20%<br>OOSWA: \$100 copay + deductible + 30%                                                                                                       |
| In WV: First 20 visits: \$10 copay + deductible + 30%. Visits over 20, if precertified: \$25 copay + deductible + 30% coinsurance<br>OOSWA: copays shown above + deductible + 35%<br>OOSNA: copays shown above + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: First 20 visits: \$10 copay + deductible + 20%.<br>Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30% |
| In WV: First 20 visits: \$10 copay + deductible + 30%. Visits over 20, if precertified: \$25 copay + deductible + 30% coinsurance<br>OOSWA: copays shown above + deductible + 35%<br>OOSNA: copays shown above + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: First 20 visits: \$10 copay + deductible + 20%.<br>Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30% |
| In WV: First 20 visits: \$10 copay + deductible + 30%. Visits over 20, if precertified: \$25 copay + deductible + 30% coinsurance<br>OOSWA: copays shown above + deductible + 35%<br>OOSNA: copays shown above + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: First 20 visits: \$10 copay + deductible + 20%.<br>Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30% |
| In WV: First 20 visits: \$10 copay + deductible + 30%. Visits over 20, if precertified: \$25 copay + deductible + 30% coinsurance<br>OOSWA: copays shown above + deductible + 35%<br>OOSNA: copays shown above + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: First 20 visits: \$10 copay + deductible + 20%.<br>Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30% |
| In WV: First 20 visits: \$10 copay + deductible + 30%. Visits over 20, if precertified: \$25 copay + deductible + 30% coinsurance<br>OOSWA: copays shown above + deductible + 35%<br>OOSNA: copays shown above + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: First 20 visits: \$10 copay + deductible + 20%.<br>Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance<br>OOSWA: copays shown above + deductible + 30% |
| <b>ALL OTHER MEDICAL SERVICES</b>                                                                                                                                                                                                    |                                                                              |                                            |                                                                          |                                                                                                                                                                                      |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                                                                                                                                      | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                                                                                   |
| In WV: \$500 copay + deductible + 30% coinsurance<br>OOSWA: \$500 copay + deductible + 35%<br>OOSNA: \$500 copay +2x deductible + 50%                                                                                                | NOT COVERED unless approved in advance by HealthSmart.                       | \$500 copay + deductible + 20% coinsurance | \$500 copay + deductible + 20% + amounts that exceed PEIA's fee schedule | In WV: \$500 copay + deductible + 20% coinsurance<br>OOSWA: \$500 copay + deductible + 30%                                                                                           |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                                                                                                                                      | NOT COVERED unless approved in advance by HealthSmart.                       | Deductible + 20%                           | Deductible + 20% + amounts that exceed PEIA's fee schedule               | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                                                                                   |

\* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each service if received outside of West Virginia.

| <b>Benefit Description</b>                | <b>Health Plan HMO Plan A</b>                                  | <b>Health Plan HMO Plan B</b>                                                  | <b>Health Plan PPO (in &amp; out of network)</b>                                                                                  | <b>PEIA PPB Plan A In-Network</b>                                                                                                                              | <b>PEIA PPB Plan A Out-of-Network</b>                                                                |
|-------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Dental services - accident related*       | \$100 copay + 15% coinsurance after deductible                 | \$100 copay + 30% coinsurance after deductible                                 | In: \$100 copay + deductible + 30%<br>Out: Deductible + 50%                                                                       | In WV: \$500 copay + deductible + 20% coinsurance<br>OOSWA: \$500 copay + deductible + 30%<br>OOSNA: \$500 copay + 2x deductible + 40%                         | NOT COVERED unless approved in advance by HealthSmart.                                               |
| Dental services - other*                  | Not covered                                                    | Not covered                                                                    | Not covered                                                                                                                       | Impacted teeth only.<br>In WV: \$500 copay + deductible + 20% coinsurance<br>OOSWA: \$500 copay + deductible + 30%<br>OOSNA: \$500 copay + 2x deductible + 40% | NOT COVERED unless approved in advance by HealthSmart.t                                              |
| Diabetic supplies*                        | \$0 copay; deductible waived                                   | \$0 copay; deductible waived                                                   | In: Covered in full<br>Out: Deductible + 40%                                                                                      | Covered under prescription drug plan                                                                                                                           | Covered under prescription drug plan                                                                 |
| Dialysis                                  | 20% coinsurance/visit after deductible                         | 20% coinsurance/visit after deductible                                         | In: Deductible + 20%<br>Out: Deductible + 40%                                                                                     | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                                                               | NOT COVERED except in an emergency or if approved in advance by HealthSmart.                         |
| Durable Medical Equipment (DME)*          | 30% coinsurance after deductible                               | 30% coinsurance after deductible                                               | In: Deductible + 30%<br>Out: Deductible + 50%                                                                                     | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                                                               | NOT COVERED unless approved in advance by HealthSmart.                                               |
| Emergency ambulance (medically necessary) | \$75 copay/transport after deductible                          | \$75copay/transport after deductible                                           | In: Deductible + \$75 copay/transport<br>Out: Deductible + \$75copay/ transport                                                   | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                                                               | Deductible + 40% + amounts that exceed PEIA's fee schedule                                           |
| Emergency Room Treatment (Non-emergency)  | Not covered                                                    | Not covered                                                                    | Not covered                                                                                                                       | \$100 copay + deductible + 20% <sup>5</sup>                                                                                                                    | NOT COVERED unless approved in advance by HealthSmart.5                                              |
| Emergency services                        | \$250copay/visit (waived if admitted); deductible waived       | \$250 copay/visit (waived if admitted); deductible waived                      | In: \$250 copay / visit (waived if admitted); deductible waived<br>Out: \$250 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) |
| Growth hormone*                           | Rx benefit: 30% or \$300, whichever is less per specialty drug | Rx benefit: 30% or \$300, whichever is less per specialty drug<br>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                                                                    |
| Hearing exam                              | \$40 copay/visit; deductible waived                            | \$40 copay/visit; deductible waived                                            | In: \$40 copay/visit; deductible waived<br>Out: Deductible + 40%                                                                  | Covered under well child benefit only                                                                                                                          | NOT COVERED unless approved in advance by HealthSmart.                                               |
| Home health services*                     | \$0 copay after deductible                                     | \$0 copay after deductible                                                     | In: Covered in full after deductible<br>Out: Deductible + 40%                                                                     | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                                                               | NOT COVERED unless approved in advance by HealthSmart.                                               |

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| <b>PEIA PPB Plan B<br/>In-Network</b>                                                                                                                          | <b>PEIA PPB Plan B<br/>Out-of-Network</b>                                                            | <b>PEIA PPB Plan C<br/>In-Network</b> | <b>PEIA PPB Plan C<br/>Out-of-Network</b>                               | <b>PEIA PPB Plan D<br/>In-Network</b><br><b>OOSWA only applies when<br/>benefit is approved IN<br/>ADVANCE by HealthSmart</b>                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In WV: \$500 copay + deductible + 20% coinsurance<br>OOSWA: \$500 copay + deductible + 30%<br>OOSNA: \$500 copay + 2x deductible + 40%                         | NOT COVERED unless approved in advance by HealthSmart.                                               | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule              | In WV: \$500 copay + deductible + 20% coinsurance<br>OOSWA: \$500 copay + deductible + 30%                                                                                                  |
| Impacted teeth only.<br>In WV: \$500 copay + deductible + 30% coinsurance<br>OOSWA: \$500 copay + deductible + 35%<br>OOSNA: \$500 copay + 2x deductible + 50% | NOT COVERED unless approved in advance by HealthSmart.t                                              | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule              | Impacted teeth only.<br>In WV: \$500 copay + deductible + 20% coinsurance<br>OOSWA: \$500 copay + deductible + 30%                                                                          |
| 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                                                                                                                                                        |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                                                                | NOT COVERED except in an emergency or if approved in advance by HealthSmart.                         | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule              | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                                                                                          |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                                                                | NOT COVERED unless approved in advance by HealthSmart.                                               | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule              | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                                                                                          |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                                                                | Deductible + 40% + amounts that exceed PEIA's fee schedule                                           | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule              | Deductible + 20%;<br>Out-of-Network Benefit:<br>Deductible + 40% + amounts that exceed PEIA's fee schedule                                                                                  |
| \$100 copay + deductible + 30% <sup>5</sup>                                                                                                                    | NOT COVERED unless approved in advance by HealthSmart.5                                              | Deductible + 20% <sup>5</sup>         | Deductible + 20% + amounts that exceed PEIA's fee schedule <sup>5</sup> | \$100 copay + deductible + 20% <sup>5</sup>                                                                                                                                                 |
| \$100 copay + deductible + 30% (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)<br>Out-of-Network Benefit:<br>\$100 copay + deductible + 40% + amounts that exceed PEIA's fee schedule (copay waived if admitted) |
| 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                                                                                                                                                           |
| 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                                                                                                                                                            |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                                                                | NOT COVERED unless approved in advance by HealthSmart.                                               | Deductible + 20%                      | Deductible + 20% + amounts that exceed PEIA's fee schedule              | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                                                                                          |

\* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each service if received outside of West Virginia.

| <b>Benefit Description</b>                                    | <b>Health Plan HMO Plan A</b>                                        | <b>Health Plan HMO Plan B</b>                                        | <b>Health Plan PPO (in &amp; out of network)</b>                                                    | <b>PEIA PPB Plan A In-Network</b>                                                                                | <b>PEIA PPB Plan A Out-of-Network</b>                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Home health supplies*                                         | \$0 copay after deductible                                           | \$0 copay after deductible                                           | In: Covered in full after deductible<br>Out: Deductible + 40%                                       | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                 | NOT COVERED unless approved in advance by HealthSmart.                                     |
| Hospice*                                                      | \$0 copay after deductible                                           | \$0 copay after deductible                                           | In: Covered in full after deductible<br>Out: Deductible + 40%                                       | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                 | NOT COVERED unless approved in advance by HealthSmart.                                     |
| Infertility services* No prescription coverage under any plan | 30% coinsurance/visit/injection after deductible (limitations apply) | 30% coinsurance/visit/injection after deductible (limitations apply) | In: Deductible + 30% (limitations apply)<br>Out: Deductible + 40% (limitations apply)               | NOT COVERED                                                                                                      | NOT COVERED                                                                                |
| Medical supplies*                                             | 30% coinsurance after deductible (limits may apply)                  | 30% coinsurance after deductible (limits may apply)                  | In: Deductible + 30% (certain limits may apply)<br>Out: Deductible + 50% (certain limits may apply) | In WV: Covered in full<br>OOSWA: Covered in full<br>OOSNA: 2x deductible + 40%                                   | NOT COVERED unless approved in advance by HealthSmart.                                     |
| Podiatry*                                                     | \$40 copay/visit; deductible waived                                  | \$40 copay/visit; deductible waived                                  | In: \$40 copay/visit; deductible waived<br>Out: Deductible + 40%                                    | \$40 office visit copay; surgery - deductible + 20%                                                              | NOT COVERED unless approved in advance by HealthSmart.                                     |
| Prosthetics*                                                  | 30% coinsurance after deductible                                     | 30% coinsurance after deductible                                     | In: Deductible + 30%<br>Out: Deductible + 50%                                                       | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                 | NOT COVERED unless approved in advance by HealthSmart.                                     |
| Pulmonary rehabilitation*                                     | \$10 copay/visit after deductible                                    | \$10 copay/visit after deductible                                    | In: Deductible + \$10 copay/visit<br>Out: Deductible + 40%                                          | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                 | NOT COVERED unless approved in advance by HealthSmart.                                     |
| Radiation and chemotherapy                                    | 20% coinsurance after deductible                                     | 20% coinsurance after deductible                                     | In: Deductible + 20%<br>Out: Deductible + 40%                                                       | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%                                 | NOT COVERED unless approved in advance by HealthSmart.                                     |
| Transplants (non-experimental)*                               | \$100 copay + 15% coinsurance after deductible                       | \$100 copay + 30% coinsurance after deductible                       | In: \$100 copay + Deductible + 30%<br>Out: Deductible + 50%                                         | In WV: deductible + 20%<br>OOSWA: deductible + 30%<br>OOSNA: 2x deductible + 40%; additional \$10,000 deductible | NOT COVERED                                                                                |
| Urgent Care                                                   | \$50 copay/incident; deductible waived                               | \$50 copay/incident; deductible waived                               | In: \$50 copay/incident; deductible waived<br>Out: \$50 copay/incident; deductible waived           | In WV: \$50 copay<br>OOSWA: \$50 copay<br>OOSNA: 2x deductible + 40%                                             | NOT COVERED unless approved in advance by HealthSmart.                                     |
| <b>Prescription Benefits</b>                                  |                                                                      |                                                                      |                                                                                                     |                                                                                                                  |                                                                                            |
| Deductible                                                    | None                                                                 | None                                                                 | None                                                                                                | Plan A:<br>\$75 individual/<br>\$150 family<br>Plan B<br>\$150 individual/<br>\$300 family                       | Plan A:<br>\$75 individual/<br>\$150 family<br>Plan B<br>\$150 individual/<br>\$300 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/<br>\$3,500 family                                                                            | \$1,750 individual/<br>\$3,500 family                                                      |

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com). Call 1-877-676-5573

| <b>PEIA PPB Plan B<br/>In-Network</b>                                                                              | <b>PEIA PPB Plan B<br/>Out-of-Network</b>                                                  | <b>PEIA PPB Plan C<br/>In-Network</b>                                                                                                               | <b>PEIA PPB Plan C<br/>Out-of-Network</b>                                                                                                         | <b>PEIA PPB Plan D<br/>In-Network</b><br><b>OOSWA only applies when<br/>benefit is approved IN<br/>ADVANCE by HealthSmart</b> |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                    | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                    | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| NOT COVERED                                                                                                        | NOT COVERED                                                                                | NOT COVERED                                                                                                                                         | NOT COVERED                                                                                                                                       | NOT COVERED                                                                                                                   |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                    | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| \$40 office visit copay; surgery -<br>deductible + 30%                                                             | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | \$40 office visit copay;<br>Surgery - deductible + 20%                                                                        |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                    | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                    | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%                                    | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: deductible + 30%<br>OOSWA: deductible +35%<br>OOSNA: 2x deductible + 50%;<br>additional \$10,000 deductible | NOT COVERED                                                                                | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | In WV: deductible + 20%<br>OOSWA: deductible + 30%                                                                            |
| In WV: \$50 copay<br>OOSWA: \$50 copay<br>OOSNA: 2x deductible + 40%                                               | NOT COVERED<br>unless approved<br>in advance by<br>HealthSmart.                            | Deductible + 20%                                                                                                                                    | Deductible + 20% +<br>amounts that exceed PEIA's<br>fee schedule                                                                                  | \$50 copay                                                                                                                    |
| <b>Prescription Benefits</b>                                                                                       |                                                                                            |                                                                                                                                                     |                                                                                                                                                   |                                                                                                                               |
| Plan A:<br>\$75 individual/<br>\$150 family<br>Plan B<br>\$150 individual/<br>\$300 family                         | Plan A:<br>\$75 individual/<br>\$150 family<br>Plan B<br>\$150 individual/<br>\$300 family | \$1,300 employee only/<br>\$2,600 family, combined<br>medical and prescription<br>deductible. Preventive<br>Drug List covered without<br>deductible | \$1,300 employee only<br>\$2,600 family, combined<br>medical and prescription<br>deductible Preventive<br>Drug List covered without<br>deductible | \$75 individual/<br>\$150 family                                                                                              |
| \$1,750 individual/<br>\$3,500 family                                                                              | \$1,750 individual/<br>\$3,500 family                                                      | \$2,500 employee<br>only/\$5,000 family,<br>combined medical and<br>prescription out-of- pocket<br>maximum.                                         | None<br>Member will always pay<br>the prescription drug<br>copayments. There is no<br>out-of-pocket maximum for<br>out-of-network services.       | \$1,750 individual/<br>\$3,500 family                                                                                         |

\* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each service if received outside of West Virginia.

| <b>Benefit Description</b>                      | <b>Health Plan HMO Plan A</b>                                                                                                                                                            | <b>Health Plan HMO Plan B</b>                                                                                                                                                            | <b>Health Plan PPO (in &amp; out of network)</b>                                                                                                                                        | <b>PEIA PPB Plan A In-Network</b>                                                                                                                                                                                         | <b>PEIA PPB Plan A Out-of-Network</b>                                                                |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Generic Copayment                               | \$10 copayment                                                                                                                                                                           | \$10 copayment                                                                                                                                                                           | In & Out: \$10 copay                                                                                                                                                                    | \$10                                                                                                                                                                                                                      | \$10<br>PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility            |
| Formulary Brand                                 | 50% coinsurance if generic is NOT available.                                                                                                                                             | Not covered                                                                                                                                                                              | Not covered                                                                                                                                                                             | \$25                                                                                                                                                                                                                      | \$25<br>PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility            |
| Non-Formulary                                   | Not covered                                                                                                                                                                              | Not covered                                                                                                                                                                              | Not covered                                                                                                                                                                             | 75% coinsurance                                                                                                                                                                                                           | 75% coinsurance<br>PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility |
| 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                                                                                         | \$100 preferred; \$150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance.                                                          | Not covered                                                                                          |
| Maintenance Medication discount program details | 90-day supply mail order; \$20 copay generic or 50% coinsurance if no generic                                                                                                            | 90-day supply; \$20 copayment Generic ONLY                                                                                                                                               | 90-day supply; \$20 copayment Generic ONLY                                                                                                                                              | Drugs on Maintenance Drug list only covered in a 90-day supply. 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                                                                                          |
| 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   |

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com). Call 1-877-676-5573

| <b>PEIA PPB Plan B<br/>In-Network</b>                                                                                                                                                                                                          | <b>PEIA PPB Plan B<br/>Out-of-Network</b>                                                                         | <b>PEIA PPB Plan C<br/>In-Network</b>                                                                                                                                                                                                                                                                                        | <b>PEIA PPB Plan C<br/>Out-of-Network</b>                                                                                                                             | <b>PEIA PPB Plan D<br/>In-Network</b><br><b>OOSWA only applies when<br/>benefit is approved IN<br/>ADVANCE by HealthSmart</b>                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$10                                                                                                                                                                                                                                           | \$10<br>PEIA will reimburse<br>CVS Caremark's<br>allowed amount,<br>less any member<br>responsibility             | \$10 after deductible, unless<br>on Preventive Drug List                                                                                                                                                                                                                                                                     | \$10 after deductible,<br>unless on Preventive Drug<br>List. PEIA will reimburse<br>CVS Caremark's allowed<br>amount, less any member<br>responsibility               | \$10                                                                                                                                                                                                                                              |
| \$30                                                                                                                                                                                                                                           | \$30<br>PEIA will reimburse<br>CVS Caremark's<br>allowed amount,<br>less any member<br>responsibility             | \$25 after deductible, unless<br>on Preventive Drug List                                                                                                                                                                                                                                                                     | \$25 after deductible,<br>unless on Preventive Drug<br>List. PEIA will reimburse<br>CVS Caremark's allowed<br>amount, less any member<br>responsibility               | \$25                                                                                                                                                                                                                                              |
| 75% coinsurance                                                                                                                                                                                                                                | 75% coinsurance<br>PEIA will reimburse<br>CVS Caremark's<br>allowed amount,<br>less any member<br>responsibility  | 75% coinsurance after<br>deductible, unless on<br>Preventive Drug List                                                                                                                                                                                                                                                       | 75% coinsurance after<br>deductible, unless on<br>Preventive Drug List.<br>PEIA will reimburse CVS<br>Caremark's allowed<br>amount, less any member<br>responsibility | 75% coinsurance                                                                                                                                                                                                                                   |
| \$100 preferred; \$150 non-<br>preferred after deductible;<br>Specialty drugs covered under<br>the medical benefit plan require<br>payment of deductible and 20%<br>coinsurance.                                                               | Not covered                                                                                                       | \$100 preferred; \$150 non-<br>preferred after deductible;<br>Specialty drugs covered<br>under the medical benefit<br>plan require payment<br>of deductible and 20%<br>coinsurance.                                                                                                                                          | Not covered                                                                                                                                                           | \$100 preferred; \$150 non-<br>preferred after deductible;<br>Specialty drugs covered<br>under the medical benefit<br>plan require payment<br>of deductible and 20%<br>coinsurance.                                                               |
| Drugs on Maintenance Drug<br>list only covered in a 90-day<br>supply. 90-day supply for two<br>months' copay for generic and<br>preferred brand drugs on PEIA's<br>Maintenance Drug List. No<br>discount for non-preferred brand<br>name drugs | No discount                                                                                                       | Drugs on Maintenance<br>Drug list only covered in<br>a 90-day supply. 90-day<br>supply for two months'<br>copay after deductible<br>for generic and preferred<br>brand drugs on PEIA's<br>Maintenance Drug List. No<br>discount for non-preferred<br>brand name drugs. No<br>deductible for drugs on<br>Preventive Drug List | No discount                                                                                                                                                           | Drugs on Maintenance Drug<br>list only covered in a 90-day<br>supply. 90-day supply<br>for two months' copay<br>for generic and preferred<br>brand drugs on PEIA's<br>Maintenance Drug List. No<br>discount for non-preferred<br>brand name drugs |
| Generic oral contraceptives are<br>covered in full per health care<br>reform; Mirena IUD covered in full                                                                                                                                       | Generic oral<br>contraceptives are<br>covered in full per<br>health care reform;<br>Mirena IUD covered<br>in full | Generic oral contraceptives<br>are covered in full per<br>health care reform; Mirena<br>IUD covered in full                                                                                                                                                                                                                  | Generic oral contraceptives<br>are covered in full per health<br>care reform; Mirena IUD<br>covered in full                                                           | Generic oral contraceptives<br>are covered in full per health<br>care reform; Mirena IUD<br>covered in full                                                                                                                                       |

\* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a \$25 copay for each service if received outside of West Virginia.

## 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](http://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 enrolled 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](http://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 2018, you and all enrolled family members must have been tobacco-free by January 1, 2017.

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.

## Monthly Premiums: Employee Only

The premiums listed here are for employees of State agencies, colleges and universities and county boards of education with no enrolled dependents. Premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$25 per month to policyholders who are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on **Manage My Benefits**.

| Employee Only         | 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 (not salary-based) | 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 |
|-----------------------|--------------------|--------------------|-----------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|--------------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$20,000        | \$98               | \$47               | \$59            | \$64                    | \$325                             | \$1,800                               | \$44                    | \$725                             | \$3,000                               | \$85                                       | \$1,300                           | \$2,500                               | \$53                    | \$325                             | \$1,800                               |
| \$20,001 - \$30,000   | \$115              | \$52               | \$64            | \$81                    | \$375                             | \$2100                                | \$50                    | \$725                             | \$3,000                               |                                            |                                   |                                       | \$68                    | \$375                             | \$2100                                |
| \$30,001 - \$36,000   | \$122              | \$55               | \$67            | \$88                    | \$425                             | \$2,250                               | \$53                    | \$725                             | \$3,000                               |                                            |                                   |                                       | \$75                    | \$425                             | \$2,250                               |
| \$36,001 - \$42,000   | \$128              | \$57               | \$69            | \$94                    | \$450                             | \$2,500                               | \$55                    | \$725                             | \$3,000                               |                                            |                                   |                                       | \$79                    | \$450                             | \$2,500                               |
| \$42,001 - \$50,000   | \$143              | \$63               | \$75            | \$109                   | \$475                             | \$2,750                               | \$61                    | \$1,225                           | \$3,000                               |                                            |                                   |                                       | \$93                    | \$475                             | \$2,750                               |
| \$50,001 - \$62,500   | \$166              | \$73               | \$85            | \$132                   | \$600                             | \$2,800                               | \$71                    | \$1,225                           | \$3,000                               |                                            |                                   |                                       | \$112                   | \$600                             | \$2,800                               |
| \$62,501 - \$75,000   | \$180              | \$80               | \$92            | \$146                   | \$625                             | \$2,850                               | \$78                    | \$1,225                           | \$3,000                               |                                            |                                   |                                       | \$124                   | \$625                             | \$2,850                               |
| \$75,001 - \$100,000  | \$209              | \$92               | \$104           | \$176                   | \$650                             | \$2,900                               | \$90                    | \$1,225                           | \$3,000                               |                                            |                                   |                                       | \$149                   | \$650                             | \$2,900                               |
| \$100,001 - \$125,000 | \$252              | \$130              | \$142           | \$219                   | \$725                             | \$3,000                               | \$127                   | \$1,225                           | \$3,000                               |                                            |                                   |                                       | \$186                   | \$725                             | \$3,000                               |
| \$125,001 +           | \$282              | \$152              | \$164           | \$249                   | \$825                             | \$3,250                               | \$150                   | \$1,225                           | \$3,000                               |                                            |                                   |                                       | \$212                   | \$825                             | \$3,250                               |

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com). Call 1-877-676-5573

## Monthly Premiums: Employee and Child(ren)

The premiums on this page are for employees of State agencies, colleges and universities and county board of education who have only one adult and dependent child(ren) on their policy. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to Employee and Child(ren) policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on **Manage My Benefits**.

| Employee and Child(ren) | 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 (not salary- based) | 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 |
|-------------------------|--------------------|--------------------|-----------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$20,000          | \$190              | \$79               | \$92            | \$127                   | \$650                             | \$3,600                               | \$74                    | \$1,450                           | \$6,000                               | \$182                                       | \$2,600                           | \$5,000                               | \$106                   | \$650                             | \$3,600                               |
| \$20,001 - \$30,000     | \$214              | \$89               | \$102           | \$151                   | \$750                             | \$4,200                               | \$83                    | \$1,450                           | \$6,000                               |                                             |                                   |                                       | \$126                   | \$750                             | \$4,200                               |
| \$30,001 - \$36,000     | \$223              | \$92               | \$105           | \$160                   | \$850                             | \$4,500                               | \$87                    | \$1,450                           | \$6,000                               |                                             |                                   |                                       | \$134                   | \$850                             | \$4,500                               |
| \$36,001 - \$42,000     | \$236              | \$96               | \$109           | \$174                   | \$900                             | \$5,000                               | \$91                    | \$1,450                           | \$6,000                               |                                             |                                   |                                       | \$145                   | \$900                             | \$5,000                               |
| \$42,001 - \$50,000     | \$270              | \$118              | \$131           | \$208                   | \$950                             | \$5,500                               | \$113                   | \$1,950                           | \$6,000                               |                                             |                                   |                                       | \$175                   | \$950                             | \$5,500                               |
| \$50,001 - \$62,500     | \$312              | \$151              | \$164           | \$250                   | \$1,200                           | \$5,600                               | \$146                   | \$1,950                           | \$6,000                               |                                             |                                   |                                       | \$211                   | \$1,200                           | \$5,600                               |
| \$62,501 - \$75,000     | \$344              | \$171              | \$184           | \$283                   | \$1,250                           | \$5,700                               | \$166                   | \$1,950                           | \$6,000                               |                                             |                                   |                                       | \$238                   | \$1,250                           | \$5,700                               |
| \$75,001 - \$100,000    | \$407              | \$214              | \$227           | \$346                   | \$1,300                           | \$5,800                               | \$208                   | \$1,950                           | \$6,000                               |                                             |                                   |                                       | \$293                   | \$1,300                           | \$5,800                               |
| \$100,001 - \$125,000   | \$470              | \$267              | \$280           | \$410                   | \$1,450                           | \$6,000                               | \$262                   | \$1,950                           | \$6,000                               |                                             |                                   |                                       | \$347                   | \$1,450                           | \$6,000                               |
| \$125,001 +             | \$527              | \$307              | \$320           | \$467                   | \$1,625                           | \$6,500                               | \$302                   | \$1,950                           | \$6,000                               |                                             |                                   |                                       | \$397                   | \$1,625                           | \$6,500                               |

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com). Call 1-877-676-5573

## Monthly Premiums: Family

The premiums on this page are for employees of State agencies, colleges and universities and county board of education. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on **Manage My Benefits**.

| Family                | 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 (not salary-based) | 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 |
|-----------------------|--------------------|--------------------|-----------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|--------------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$20,000        | \$247              | \$163              | \$182           | \$185                   | \$650                             | \$3,600                               | \$118                   | \$1,450                           | \$6,000                               | \$304                                      | \$2,600                           | \$5,000                               | \$149                   | \$650                             | \$3,600                               |
| \$20,001 - \$30,000   | \$296              | \$190              | \$209           | \$234                   | \$750                             | \$4,200                               | \$145                   | \$1,450                           | \$6,000                               |                                            |                                   |                                       | \$192                   | \$750                             | \$4,200                               |
| \$30,001 - \$36,000   | \$323              | \$204              | \$223           | \$261                   | \$850                             | \$4,500                               | \$159                   | \$1,450                           | \$6,000                               |                                            |                                   |                                       | \$215                   | \$850                             | \$4,500                               |
| \$36,001 - \$42,000   | \$352              | \$220              | \$239           | \$291                   | \$900                             | \$5,000                               | \$175                   | \$1,450                           | \$6,000                               |                                            |                                   |                                       | \$239                   | \$900                             | \$5,000                               |
| \$42,001 - \$50,000   | \$402              | \$253              | \$272           | \$341                   | \$950                             | \$5,500                               | \$207                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$283                   | \$950                             | \$5,500                               |
| \$50,001 - \$62,500   | \$469              | \$296              | \$315           | \$409                   | \$1,200                           | \$5,600                               | \$251                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$341                   | \$1,200                           | \$5,600                               |
| \$62,501 - \$75,000   | \$502              | \$320              | \$339           | \$442                   | \$1,250                           | \$5,700                               | \$275                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$369                   | \$1,250                           | \$5,700                               |
| \$75,001 - \$100,000  | \$587              | \$389              | \$408           | \$528                   | \$1,300                           | \$5,800                               | \$343                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$443                   | \$1,300                           | \$5,800                               |
| \$100,001 - \$125,000 | \$704              | \$476              | \$495           | \$646                   | \$1,450                           | \$6,000                               | \$431                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$544                   | \$1,450                           | \$6,000                               |
| \$125,001 +           | \$804              | \$545              | \$564           | \$747                   | \$1,625                           | \$6,500                               | \$499                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$630                   | \$1,625                           | \$6,500                               |

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com). Call 1-877-676-5573

## Monthly Premiums: Family with Employee Spouse

The premiums on this page are for employees of State agencies, colleges and universities and county board of education who are married to other benefit-eligible public employees. To qualify for these premiums, BOTH public employees must have Basic Life Insurance. The premiums are based on the average of the two employees' annual salaries. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on **Manage My Benefits**.

| Family with Employee Spouse | 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 (not salary-based) | 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 |
|-----------------------------|--------------------|--------------------|-----------------|-------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|--------------------------------------------|-----------------------------------|---------------------------------------|-------------------------|-----------------------------------|---------------------------------------|
| \$0 - \$20,000              | \$206              | \$127              | \$141           | \$148                   | \$650                             | \$3,600                               | \$91                    | \$1,450                           | \$6,000                               | \$256                                      | \$2,600                           | \$5,000                               | \$118                   | \$650                             | \$3,600                               |
| \$20,001 - \$30,000         | \$243              | \$144              | \$158           | \$186                   | \$750                             | \$4,200                               | \$108                   | \$1,450                           | \$6,000                               |                                            |                                   |                                       | \$150                   | \$750                             | \$4,200                               |
| \$30,001 - \$36,000         | \$266              | \$159              | \$173           | \$209                   | \$850                             | \$4,500                               | \$123                   | \$1,450                           | \$6,000                               |                                            |                                   |                                       | \$170                   | \$850                             | \$4,500                               |
| \$36,001 - \$42,000         | \$285              | \$168              | \$182           | \$228                   | \$900                             | \$5,000                               | \$133                   | \$1,450                           | \$6,000                               |                                            |                                   |                                       | \$187                   | \$900                             | \$5,000                               |
| \$42,001 - \$50,000         | \$327              | \$190              | \$204           | \$270                   | \$950                             | \$5,500                               | \$155                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$222                   | \$950                             | \$5,500                               |
| \$50,001 - \$62,500         | \$381              | \$224              | \$238           | \$325                   | \$1,200                           | \$5,600                               | \$189                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$269                   | \$1,200                           | \$5,600                               |
| \$62,501 - \$75,000         | \$421              | \$255              | \$269           | \$365                   | \$1,250                           | \$5,700                               | \$219                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$304                   | \$1,250                           | \$5,700                               |
| \$75,001 - \$100,000        | \$515              | \$330              | \$344           | \$460                   | \$1,300                           | \$5,800                               | \$295                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$384                   | \$1,300                           | \$5,800                               |
| \$100,001 - \$125,000       | \$633              | \$418              | \$432           | \$579                   | \$1,450                           | \$6,000                               | \$383                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$486                   | \$1,450                           | \$6,000                               |
| \$125,001 +                 | \$721              | \$487              | \$501           | \$668                   | \$1,625                           | \$6,500                               | \$451                   | \$1,950                           | \$6,000                               |                                            |                                   |                                       | \$563                   | \$1,625                           | \$6,500                               |

You also can view your benefits in the Summary of Benefits and Coverage at [www.wvpeia.com](http://www.wvpeia.com). Call 1-877-676-5573

## 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 13 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         | \$655                          | \$414                          | \$430                   | \$541                   | \$450                             | \$2,500                               | \$492                   | \$725                             | \$3,000                               | \$342                   | \$1,700                           | \$2,500                               | \$513                   | \$450                             | \$2,500                               |
| Employee and Children | \$927                          | \$612                          | \$653                   | \$999                   | \$900                             | \$5,000                               | \$890                   | \$1,450                           | \$6,000                               | \$514                   | \$3,000                           | \$5,000                               | \$959                   | \$900                             | \$5,000                               |
| Family                | \$1,536                        | \$1,022                        | \$1,068                 | \$1,137                 | \$900                             | \$5,000                               | \$999                   | \$1,450                           | \$6,000                               | \$693                   | \$3,000                           | \$5,000                               | \$1,073                 | \$900                             | \$5,000                               |

# Premiums, Deductibles and Out-of-Pocket Maximums

## State-Funded Elected Officials' Premiums

PEIA PPB Plans A, B and C have an unlimited service area. PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV. The chart below details the premiums, deductibles and out-of-pocket maximums for the PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts.

| State-Funded Elected Officials | 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                  | \$590                          | \$501                          | \$521                   | \$559                   | \$450                             | \$2,500                               | \$384                   | \$725                             | \$3,000                               | \$469                   | \$1,300                           | \$2,500                               | \$478                   | \$450                             | \$2,500                               |
| Employee and Children          | \$811                          | \$653                          | \$676                   | \$752                   | \$900                             | \$5,000                               | \$505                   | \$1,450                           | \$6,000                               | \$665                   | \$2,600                           | \$5,000                               | \$646                   | \$900                             | \$5,000                               |
| Family                         | \$1,292                        | \$1,127                        | \$1,162                 | \$1,237                 | \$900                             | \$5,000                               | \$848                   | \$1,450                           | \$6,000                               | \$1,088                 | \$2,600                           | \$5,000                               | \$1,054                 | \$900                             | \$5,000                               |
| Family with Employee Spouse    | \$1,225                        | \$1,075                        | \$1,105                 | \$1,174                 | \$900                             | \$5,000                               | \$806                   | \$1,450                           | \$6,000                               | \$1,040                 | \$2,600                           | \$5,000                               | \$1,002                 | \$900                             | \$5,000                               |

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 31. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on Manage My Benefits.

## Non-Medicare PEIA PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. 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 31. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on **Manage My Benefits**. If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

### Premiums, Deductibles and Out-of-Pocket Maximums

| PPB                               | Non-Medicare Retired Policyholder Only (Plan A) |                   |                       | Non-Medicare Retired Policyholder Only (Plan B) |                   |                       | Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan A) |                   |                       | Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan B) |                   |                       | Non-Medicare Retired Policyholder with Medicare Dependents (Plan A) <sup>1</sup> |                   |                       |
|-----------------------------------|-------------------------------------------------|-------------------|-----------------------|-------------------------------------------------|-------------------|-----------------------|-------------------------------------------------------------------------|-------------------|-----------------------|-------------------------------------------------------------------------|-------------------|-----------------------|----------------------------------------------------------------------------------|-------------------|-----------------------|
|                                   | Monthly Premium                                 | Annual Deductible | Out-of-Pocket Maximum | Monthly Premium                                 | Annual Deductible | Out-of-Pocket Maximum | Monthly Premium                                                         | Annual Deductible | Out-of-Pocket Maximum | Monthly Premium                                                         | Annual Deductible | Out-of-Pocket Maximum | Monthly Premium                                                                  | Annual Deductible | Out-of-Pocket Maximum |
| Unsubsidized Premium <sup>3</sup> | \$1,160                                         | \$525             | \$1,500               | \$1,064                                         | \$925             | \$3,000               | \$2,760                                                                 | \$1,050           | \$3,000               | \$2,531                                                                 | \$1,850           | \$6,000               | \$1,934                                                                          | \$675             | \$2,700               |
| 5-9 years                         | \$929                                           | \$525             | \$1,500               | \$853                                           | \$925             | \$3,000               | \$2,209                                                                 | \$1,050           | \$3,000               | \$2,027                                                                 | \$1,850           | \$6,000               | \$1,548                                                                          | \$675             | \$2,700               |
| 10-14 years                       | \$716                                           | \$525             | \$1,500               | \$658                                           | \$925             | \$3,000               | \$1,665                                                                 | \$1,050           | \$3,000               | \$1,527                                                                 | \$1,850           | \$6,000               | \$1,153                                                                          | \$675             | \$2,700               |
| 15-19 years                       | \$501                                           | \$525             | \$1,500               | \$461                                           | \$925             | \$3,000               | \$1,124                                                                 | \$1,050           | \$3,000               | \$1,032                                                                 | \$1,850           | \$6,000               | \$760                                                                            | \$675             | \$2,700               |
| 20-24 years                       | \$375                                           | \$525             | \$1,500               | \$345                                           | \$925             | \$3,000               | \$799                                                                   | \$1,050           | \$3,000               | \$734                                                                   | \$1,850           | \$6,000               | \$526                                                                            | \$675             | \$2,700               |
| 25+ years <sup>2</sup>            | \$291                                           | \$525             | \$1,500               | \$267                                           | \$925             | \$3,000               | \$582                                                                   | \$1,050           | \$3,000               | \$534                                                                   | \$1,850           | \$6,000               | \$367                                                                            | \$675             | \$2,700               |

1. This rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.

2. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan pay premiums based on the years of service earned by the deceased policyholder. Those who enrolled before July 1, 2015, continue to pay premiums based on 25 or more years of service.

3. This premium rate is provided to all employees hired on or after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate: a) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

*Please note that there are no Plan B premiums for Non-Medicare retiree with Medicare dependents because this coverage is not available.*

## Special Notice for Non-Medicare Retirees with Medicare Dependents:

PEIA has contracted with other vendors to provide medical and prescription drug benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize “family” plans, this change presents some unique challenges for PEIA when a family has both non-Medicare and Medicare members. In these cases, the non-Medicare family members will continue their coverage with PEIA in PEIA PPB Plan A, and the Medicare beneficiary(ies) will receive benefits from the Medicare Advantage and Prescription Drug (MAPD) plan. For details of the Medicare beneficiary’s plan design, see page 42.

**Enroll online! It’s fast, free and easy!**

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If you are a non-Medicare retiree with Medicare dependents, then the Medicare beneficiary will have the Medicare Retiree Benefit Design described on page 42. Remember, for non-Medicare family members, the family deductible is \$850, but as always, no individual in the family can meet more than half of the family deductible. For more information on how the medical deductible works, please consult your Summary Plan Description.

## Non-Medicare Retiree Managed Care Premiums

To enroll in The Health Plan, you must live in the plan’s service area. Check the chart on page 13. The PEIA PPB Plan A’s service area is unlimited, so you will not find it on the chart. 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 31. To report a change in your tobacco status, call PEIA’s Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on **Manage My Benefits**.

| Years of Service                                              | The Health Plan Plan A |         | The Health Plan Plan B |         | The Health Plan PPO |         |
|---------------------------------------------------------------|------------------------|---------|------------------------|---------|---------------------|---------|
|                                                               | Single                 | Family  | Single                 | Family  | Single              | Family  |
| Unsubsidized Premium<br>Hired after July 1, 2010 <sup>2</sup> | \$1,223                | \$2,314 | \$922                  | \$1,722 | \$978               | \$1,808 |
| 5-9 Years                                                     | \$881                  | \$1,667 | \$665                  | \$1,244 | \$706               | \$1,306 |
| 10-14 Years                                                   | \$769                  | \$1,456 | \$582                  | \$1,088 | \$617               | \$1,142 |
| 15-19 Years                                                   | \$645                  | \$1,222 | \$489                  | \$915   | \$518               | \$960   |
| 20-24 Years                                                   | \$542                  | \$1,027 | \$412                  | \$771   | \$436               | \$808   |
| 25+ Years <sup>1</sup>                                        | \$445                  | \$844   | \$340                  | \$636   | \$359               | \$665   |

1. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan pay premiums based on the years of service earned by the deceased policyholder. Those who enrolled before July 1, 2015, continue to pay premiums based on 25 or more years of service.

2. This premium rate is provided to all employees hired on or after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate: a) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

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## 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 31. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [www.wvpeia.com](http://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 | \$1,034                                    | \$733                                      | \$961                               | \$578                           | \$450                             | \$2,500                               | \$537                           | \$725                             | \$3,000                               |
| Family        | \$1,999                                    | \$1,361                                    | \$1,853                             | \$1,404                         | \$900                             | \$5,000                               | \$1,305                         | \$1,450                           | \$6,000                               |



## Medicare Retiree Benefits

PEIA has a contract with Humana to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees through its Medicare Advantage and Prescription Drug (MAPD) plan. Reach them at [1-800-783-4599](tel:1-800-783-4599).

Reminder: This Open Enrollment is for active employees and non-Medicare retirees only. The plan year for Medicare retirees is January 1 - December 31 each year, with open enrollment in October.

When a family has both Medicare and non-Medicare members, the Medicare beneficiary will receive benefits from the MAPD plan and the non-Medicare family members will be covered by PEIA PPB Plan A.

### Benefits for Medicare Beneficiaries

Humana provides MUCH more information to Medicare retirees, but here is an overview of how the medical benefits work for each Medicare beneficiary.

| Plan Element                                                                           | Humana/PEIA Plan 1<br>Plan Year 2017 | Humana/PEIA Plan 2<br>Plan Year 2017 |
|----------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|
| <b>Medical Benefits</b>                                                                |                                      |                                      |
| Medical Deductible                                                                     | \$100                                | \$325                                |
| Medical Out-of-Pocket Maximum                                                          | \$750                                | \$1,500                              |
| Primary Care Copay                                                                     | \$20                                 | \$20                                 |
| Specialist Copay                                                                       | \$40                                 | \$50                                 |
| Inpatient Hospital Copay                                                               | \$100                                | \$150                                |
| Skilled Nursing Facility                                                               | \$0                                  | \$0                                  |
| Emergency Room                                                                         | \$50                                 | \$65                                 |
| Ambulance                                                                              | \$0                                  | \$0                                  |
| Outpatient/Office Surgery Copay                                                        | \$100                                | \$115                                |
| <b>Prescription Drug Benefits</b>                                                      |                                      |                                      |
| Prescription Drug Deductible                                                           | \$75                                 | \$150                                |
| Prescription Drug Out-of-Pocket Maximum                                                | \$1,750                              | \$1,750                              |
| Generic Drug Copayment                                                                 | \$5                                  | \$5                                  |
| Preferred Drug Copayment                                                               | \$15                                 | \$20                                 |
| Non-preferred Drug Copayment                                                           | \$50                                 | \$85                                 |
| Specialty Drug Copayment (Preferred Specialty Drug for the PEIA Special Medicare Plan) | \$50                                 | \$85                                 |
| Non-preferred Specialty Drug Copayment (PEIA Special Medicare Plan only)               | \$100                                | n/a                                  |

Any provider that accepts Medicare may be used by those enrolled in the Humana plan. The Medicare retiree's non-Medicare dependents will have the benefits provided under PEIA PPB Plan A. See the **"Benefits At-A-Glance"** charts for details.

## Medicare Retiree Monthly Premium Rates

If you are a Medicare retiree with Non-Medicare dependents, the Medicare beneficiary has Medicare Retiree Benefit Design on the previous page. The non-Medicare dependents have the same deductible and out-of-pocket maximum as a non-Medicare retiree (see chart on page 39), and the benefits described in the “**Benefits At-A-Glance**” charts.

**These premiums are for Medicare Plan Year 2017 (January – December).** Medicare Plan Year 2018 rates will be published in the Medicare Shopper’s Guide which is published in October for Medicare Open Enrollment.

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 31. To report a change in your tobacco status, call PEIA’s Open Enrollment Helpline or go to [www.wvpeia.com](http://www.wvpeia.com) and click on **Manage My Benefits**.

### Medicare Retiree Rates

| Plan Year 2017 Rates                        | Medicare Policyholder Only    | Medicare Policyholder Only    | Medicare Policyholder with Non-Medicare Dependents <sup>1</sup> | Medicare Policyholder with Medicare Dependents <sup>2</sup> | Medicare Policyholder with Medicare Dependents <sup>2</sup> |
|---------------------------------------------|-------------------------------|-------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
|                                             | Humana/PEIA PLAN <sup>1</sup> | Humana/PEIA PLAN <sup>2</sup> | Humana/PEIA PLAN <sup>1</sup>                                   | Humana/PEIA PLAN <sup>1</sup>                               | Humana/PEIA PLAN <sup>2</sup>                               |
| Hired on or after July 1, 2010 <sup>4</sup> | \$458                         | \$426                         | \$1,533                                                         | \$943                                                       | \$885                                                       |
| 5 to 9 years                                | \$417                         | \$383                         | \$1,394                                                         | \$858                                                       | \$797                                                       |
| 10 to 14 years                              | \$307                         | \$279                         | \$1,049                                                         | \$620                                                       | \$570                                                       |
| 15 to 19 years                              | \$197                         | \$177                         | \$704                                                           | \$383                                                       | \$348                                                       |
| 20 to 24 years                              | \$132                         | \$117                         | \$496                                                           | \$239                                                       | \$213                                                       |
| 25 or more years <sup>3</sup>               | \$88                          | \$76                          | \$358                                                           | \$145                                                       | \$127                                                       |

1. This rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.

2. This rate assumes two people on Medicare. If you have more than two, subtract \$22 for each additional Medicare Member.

3. These rates are also provided to all Medicare retirees who retired prior to July 1, 1997, to all Medicare surviving dependents and to all Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan pay premiums based on the years of service earned by the deceased policyholder. Current surviving dependents, and those who are enrolled before July 1, 2015, were grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

4. This premium rate is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

\* Tobacco-free plan members subtract \$25 from the premium for employee only coverage or \$50 from the family premium. To qualify for the Tobacco-free Premium for all of Plan Year 2018, you and all enrolled family members must have been tobacco-free by July 1, 2017. If your tobacco status has changed, you MUST report the change.

**Enroll online! It’s fast, free and easy!**

**Go to [www.wvpeia.com](http://www.wvpeia.com) and click on the Green “Manage My Benefits” button to get started!**

## Retired Employee Assistance Program

Retired employees whose total annual income is at or below 250% of the federal poverty level (FPL) may receive assistance in paying a portion of their PEIA monthly health premium based on years of active service, through a grant provided by the PEIA called the Retired Employee Premium Assistance program. Applicants must be enrolled in the PEIA PPB Plan, the Special Medicare Plan or the Medicare Advantage and Prescription Drug (MAPD) plan. Applicant must report all income for their household including pension(s), social security, investment income, and/or other sources of income.

Managed care plan members are not eligible for this program. Retired employees using accrued sick and/or annual leave to pay their premiums are not eligible for this program until their accrued leave is exhausted. Applications are mailed to all eligible retired employees each spring.

Medicare-eligible retirees with 15 or more years of service who qualify for Premium Assistance may also qualify for Benefit Assistance. Benefit Assistance reduces the medical and prescription out-of-pocket maximums and most copayments. For additional information or for a copy of the application, call PEIA's customer service unit.

## Medicare Part B and Part D Premiums for Higher Income Beneficiaries

Changes in federal law affect how Medicare calculates monthly Medicare Part B (medical insurance) and Medicare Part D (prescription drug) premiums if you have a higher income. Higher-income beneficiaries will pay higher premiums for Part B and prescription drug coverage.

The change will affect only a very small percentage of Medicare beneficiaries. To determine if you will pay higher premiums, Social Security will use your most recent federal tax return information. If you must pay higher premiums, they will use a sliding scale to make the adjustments. They will base the sliding scale on your modified adjusted gross income (MAGI). Your MAGI is the total of your adjusted gross income and tax-exempt interest income.

Social Security will notify you if you have to pay more than the standard premium. Whether you pay the standard premium or a higher premium can change each year depending on your income. If you have to pay a higher amount for your Part B premium and you disagree (even if you get RRB benefits), call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also view the fact sheet "Medicare Part B Premiums: Rules For Beneficiaries With Higher Incomes" by visiting [www.socialsecurity.gov/pubs/10161.pdf](http://www.socialsecurity.gov/pubs/10161.pdf). PEIA is bringing this to your attention because it may affect the premium you pay for PEIA's Medicare Advantage and Prescription Drug (MAPD) Plan, which includes a premium for your Medicare Part D (prescription drug) coverage.



# What's New for Your 2018 Mountaineer Flexible Benefits Plan

A benefits program provided to you by Public Employees Insurance Agency (PEIA)

## How To Enroll:

- Visit [www.myFBMC.com](http://www.myFBMC.com) and enroll online or return your completed enrollment form to your Benefit Coordinator by May 15, 2017, to enroll for or make changes to your benefits.
- Remember, this is a changes-only enrollment. Therefore, all benefit selections will continue for the new plan year as currently enrolled and your premiums will be adjusted to reflect the new rates.

## Important Dates:

**Employee Benefits Fair dates are:**  
April 5, 2017, through  
April 19, 2017

**Open Enrollment Dates:**  
April 2, 2017, through  
May 15, 2017

**Period of Coverage dates are:**  
July 1, 2017, through  
June 30, 2018

Get ready for benefits open enrollment! Here's what's changing for your upcoming Mountaineer Flexible Benefits Plan Open Enrollment:

- This is a Changes Only enrollment. If you do not make changes, your benefits will rollover and your premiums will be adjusted to reflect the new rates.
- The Dental rates for the Routine Plan and Assistance Plan are slightly increasing. Basic and Enhanced Dental plans are remaining the same.
- Your Hearing benefit amount is now \$500 per ear per device during the plan year. Your Hearing plan premium slightly increased.
- Your Health Care Flexible Spending Account (FSA), Dependent Care (FSA), Health Savings Account (HSA) and Limited Health Care (FSA) are now administered by PayFlex.
- Mountaineer Flexible Benefits will maintain its Flexible Spending Account grace period, in lieu of a \$500 rollover.
- Your FSA minimum contribution is now \$150 and the maximum FSA contribution increased to \$2,600.
- An individual with HSA single coverage may now contribute up to \$3,400 a year to an HSA.
- Your HSA custodian fee will decrease to \$2.50.

Want to maximize your savings? Consider coupling your medical plan with a Health Care FSA or Health Savings Account (HSA) to help offset the cost of your health care expenses.

See your Benefits Coordinator for more information regarding eligibility for the Mountaineer Flexible Benefits Plan.

For more information, go to [www.myFBMC.com](http://www.myFBMC.com), or call **1-844-55-WVA4U** (1-844-559-8248), 7 a.m. – 7 p.m. ET, Monday through Friday.

FBMC Benefits Management  
P.O. Box 1878 • Tallahassee, Florida 32302-1878  
Service Center: 1-844-55-WVA4U (1-844-559-8248)  
[www.myFBMC.com](http://www.myFBMC.com)

**FBMC**  
BENEFITS MANAGEMENT

# 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 13). 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, 2017.

## 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 31. To report a change in your tobacco status, mark it on the Transfer Form mailed to you by HealthSmart.

## COBRA Rates for State Agencies, Colleges, Universities and County Board of Education

|                       | 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         | \$602              | \$511              | \$531           | \$570                   | \$450                             | \$2,500                               | \$392                   | \$725                             | \$3,000                               | \$478                   | \$1,300                           | \$2,500                               | \$488                   | \$450                             | \$2,500                               |
| Employee and Children | \$827              | \$667              | \$690           | \$768                   | \$900                             | \$5,000                               | \$515                   | \$1,450                           | \$6,000                               | \$678                   | \$2,600                           | \$5,000                               | \$659                   | \$900                             | \$5,000                               |
| Family                | \$1,318            | \$1,150            | \$1,185         | \$1,262                 | \$900                             | \$5,000                               | \$864                   | \$1,450                           | \$6,000                               | \$1,110                 | \$2,600                           | \$5,000                               | \$1,075                 | \$900                             | \$5,000                               |
| <b>DISABILITY</b>     |                    |                    |                 |                         |                                   |                                       |                         |                                   |                                       |                         |                                   |                                       |                         |                                   |                                       |
| Employee Only         | \$885              | \$752              | \$782           | \$839                   | \$450                             | \$2,500                               | \$577                   | \$725                             | \$3,000                               | \$703                   | \$1,300                           | \$2,500                               | \$717                   | \$450                             | \$2,500                               |
| Employee and Children | \$1,217            | \$980              | \$1,014         | \$1,129                 | \$900                             | \$5,000                               | \$758                   | \$1,450                           | \$6,000                               | \$997                   | \$2,600                           | \$5,000                               | \$969                   | \$900                             | \$5,000                               |
| Family                | \$1,938            | \$1,691            | \$1,743         | \$1,856                 | \$900                             | \$5,000                               | \$1,271                 | \$1,450                           | \$6,000                               | \$1,632                 | \$2,600                           | \$5,000                               | \$1,581                 | \$900                             | \$5,000                               |

# COBRA Rates for Non-State Agencies

|                       | 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         | \$668              | \$422              | \$439           | \$552                   | \$450                             | \$2,500                               | \$502                   | \$725                             | \$3,000                               | \$349                   | \$1,300                           | \$2,500                               | \$523                   | \$450                             | \$2,500                               |
| Employee and Children | \$946              | \$624              | \$665           | \$1,019                 | \$900                             | \$5,000                               | \$908                   | \$1,450                           | \$6,000                               | \$524                   | \$2,600                           | \$5,000                               | \$978                   | \$900                             | \$5,000                               |
| Family                | \$1,567            | \$1,042            | \$1,089         | \$1,160                 | \$900                             | \$5,000                               | \$1,019                 | \$1,450                           | \$6,000                               | \$707                   | \$2,600                           | \$5,000                               | \$1,094                 | \$900                             | \$5,000                               |
| <b>DISABILITY</b>     |                    |                    |                 |                         |                                   |                                       |                         |                                   |                                       |                         |                                   |                                       |                         |                                   |                                       |
| Employee Only         | \$983              | \$621              | \$645           | \$812                   | \$450                             | \$2,500                               | \$738                   | \$725                             | \$3,000                               | \$513                   | \$1,300                           | \$2,500                               | \$770                   | \$450                             | \$2,500                               |
| Employee and Children | \$1,391            | \$918              | \$980           | \$1,499                 | \$900                             | \$5,000                               | \$1,335                 | \$1,450                           | \$6,000                               | \$771                   | \$2,600                           | \$5,000                               | \$1,439                 | \$900                             | \$5,000                               |
| Family                | \$2,304            | \$1,533            | \$1,602         | \$1,706                 | \$900                             | \$5,000                               | \$1,499                 | \$1,450                           | \$6,000                               | \$1,040                 | \$2,600                           | \$5,000                               | \$1,610                 | \$900                             | \$5,000                               |

# 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](http://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 |
| 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 |
| 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 Preferred Premium for all of Plan Year 2018, you must have been tobacco-free by January 1, 2017.

*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 |
| 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 |
| 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        |

# Retired Employee's Optional Life Insurance: TOBACCO-FREE

The Tobacco-free rates are charged to those who have previously submitted an affidavit stating that the policyholder does not use tobacco.

| Age   | Plan 1             |                 | Plan 2             |                 | Plan 3             |                 | Plan 4             |                 | Plan 5             |                 |
|-------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|
|       | Amount of Coverage | Monthly Premium |
| < 30  | \$5,000            | \$0.40          | \$10,000           | \$0.80          | \$15,000           | \$1.20          | \$20,000           | \$1.60          | \$30,000           | \$2.40          |
| 30-34 | \$5,000            | \$0.50          | \$10,000           | \$1.00          | \$15,000           | \$1.50          | \$20,000           | \$2.00          | \$30,000           | \$3.00          |
| 35-39 | \$5,000            | \$0.50          | \$10,000           | \$1.00          | \$15,000           | \$1.50          | \$20,000           | \$2.00          | \$30,000           | \$3.00          |
| 40-44 | \$5,000            | \$0.80          | \$10,000           | \$1.60          | \$15,000           | \$2.40          | \$20,000           | \$3.20          | \$30,000           | \$4.80          |
| 45-49 | \$5,000            | \$1.10          | \$10,000           | \$2.20          | \$15,000           | \$3.30          | \$20,000           | \$4.40          | \$30,000           | \$6.60          |
| 50-54 | \$5,000            | \$1.80          | \$10,000           | \$3.60          | \$15,000           | \$5.40          | \$20,000           | \$7.20          | \$30,000           | \$10.80         |
| 55-59 | \$5,000            | \$3.10          | \$10,000           | \$6.20          | \$15,000           | \$9.30          | \$20,000           | \$12.40         | \$30,000           | \$18.60         |
| 60-64 | \$5,000            | \$4.40          | \$10,000           | \$8.80          | \$15,000           | \$13.20         | \$20,000           | \$17.60         | \$30,000           | \$26.40         |
| 65-69 | \$3,250            | \$5.20          | \$6,500            | \$10.40         | \$9,750            | \$15.60         | \$13,000           | \$20.80         | \$19,500           | \$31.20         |
| 70 +  | \$2,500            | \$11.20         | \$5,000            | \$22.40         | \$7,500            | \$33.60         | \$10,000           | \$44.80         | \$15,000           | \$67.20         |
| Age   | Plan 6             |                 | Plan 7             |                 | Plan 8             |                 | Plan 9             |                 | Plan 10            |                 |
|       | Amount of Coverage | Monthly Premium |
| <30   | \$40,000           | \$3.20          | \$50,000           | \$4.00          | \$75,000           | \$6.00          | \$100,000          | \$8.00          | \$150,000          | \$12.00         |
| 30-34 | \$40,000           | \$4.00          | \$50,000           | \$5.00          | \$75,000           | \$7.50          | \$100,000          | \$10.00         | \$150,000          | \$15.00         |
| 35-39 | \$40,000           | \$4.00          | \$50,000           | \$5.00          | \$75,000           | \$7.50          | \$100,000          | \$10.00         | \$150,000          | \$15.00         |
| 40-44 | \$40,000           | \$6.40          | \$50,000           | \$8.00          | \$75,000           | \$12.00         | \$100,000          | \$16.00         | \$150,000          | \$24.00         |
| 45-49 | \$40,000           | \$8.80          | \$50,000           | \$11.00         | \$75,000           | \$16.50         | \$100,000          | \$22.00         | \$150,000          | \$33.00         |
| 50-54 | \$40,000           | \$14.40         | \$50,000           | \$18.00         | \$75,000           | \$27.00         | \$100,000          | \$36.00         | \$150,000          | \$54.00         |
| 55-59 | \$40,000           | \$24.80         | \$50,000           | \$31.00         | \$75,000           | \$46.50         | \$100,000          | \$62.00         | \$150,000          | \$93.00         |
| 60-64 | \$40,000           | \$35.20         | \$50,000           | \$44.00         | \$75,000           | \$66.00         | \$100,000          | \$88.00         | \$150,000          | \$132.00        |
| 65-69 | \$26,000           | \$41.60         | \$32,500           | \$52.00         | \$48,750           | \$78.00         | \$65,000           | \$104.00        | \$97,500           | \$156.00        |
| 70 +  | \$20,000           | \$89.60         | \$25,000           | \$112.00        | \$37,500           | \$168.00        | \$50,000           | \$224.00        | \$75,000           | \$336.00        |

\* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2018, you must have been tobacco-free by January 1, 2017.

*Disclosure: Policies have exclusions and limitations which may affect any benefits payable.*

# Retired Employee's Optional Life Insurance: TOBACCO USER

| Age       | Plan 1             |                 | Plan 2             |                 | Plan 3             |                 | Plan 4             |                 | Plan 5             |                 |
|-----------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|--------------------|-----------------|
|           | Amount of Coverage | Monthly Premium |
| Under 30  | \$5,000            | \$0.50          | \$10,000           | \$1.00          | \$15,000           | \$1.50          | \$20,000           | \$2.00          | \$30,000           | \$3.00          |
| 30-34     | \$5,000            | \$0.70          | \$10,000           | \$1.40          | \$15,000           | \$2.10          | \$20,000           | \$2.80          | \$30,000           | \$4.20          |
| 35-39     | \$5,000            | \$0.90          | \$10,000           | \$1.80          | \$15,000           | \$2.70          | \$20,000           | \$3.60          | \$30,000           | \$5.40          |
| 40-44     | \$5,000            | \$1.30          | \$10,000           | \$2.60          | \$15,000           | \$3.90          | \$20,000           | \$5.20          | \$30,000           | \$7.80          |
| 45-49     | \$5,000            | \$2.00          | \$10,000           | \$4.00          | \$15,000           | \$6.00          | \$20,000           | \$8.00          | \$30,000           | \$12.00         |
| 50-54     | \$5,000            | \$3.40          | \$10,000           | \$6.80          | \$15,000           | \$10.20         | \$20,000           | \$13.60         | \$30,000           | \$20.40         |
| 55-59     | \$5,000            | \$5.40          | \$10,000           | \$10.80         | \$15,000           | \$16.20         | \$20,000           | \$21.60         | \$30,000           | \$32.40         |
| 60-64     | \$5,000            | \$7.10          | \$10,000           | \$14.20         | \$15,000           | \$21.30         | \$20,000           | \$28.40         | \$30,000           | \$42.60         |
| 65-69     | \$3,250            | \$7.54          | \$6,500            | \$15.08         | \$9,750            | \$22.62         | \$13,000           | \$30.16         | \$19,500           | \$45.24         |
| 70 & over | \$2,500            | \$16.70         | \$5,000            | \$33.40         | \$7,500            | \$50.10         | \$10,000           | \$66.80         | \$15,000           | \$100.20        |
| Age       | Plan 6             |                 | Plan 7             |                 | Plan 8             |                 | Plan 9             |                 | Plan 10            |                 |
|           | Amount of Coverage | Monthly Premium |
| Under 30  | \$40,000           | \$4.00          | \$50,000           | \$5.00          | \$75,000           | \$7.50          | \$100,000          | \$10.00         | \$150,000          | \$15.00         |
| 30-34     | \$40,000           | \$5.60          | \$50,000           | \$7.00          | \$75,000           | \$10.50         | \$100,000          | \$14.00         | \$150,000          | \$21.00         |
| 35-39     | \$40,000           | \$7.20          | \$50,000           | \$9.00          | \$75,000           | \$13.50         | \$100,000          | \$18.00         | \$150,000          | \$27.00         |
| 40-44     | \$40,000           | \$10.40         | \$50,000           | \$13.00         | \$75,000           | \$19.50         | \$100,000          | \$26.00         | \$150,000          | \$39.00         |
| 45-49     | \$40,000           | \$16.00         | \$50,000           | \$20.00         | \$75,000           | \$30.00         | \$100,000          | \$40.00         | \$150,000          | \$60.00         |
| 50-54     | \$40,000           | \$27.20         | \$50,000           | \$34.00         | \$75,000           | \$51.00         | \$100,000          | \$68.00         | \$150,000          | \$102.00        |
| 55-59     | \$40,000           | \$43.20         | \$50,000           | \$54.00         | \$75,000           | \$81.00         | \$100,000          | \$108.00        | \$150,000          | \$162.00        |
| 60-64     | \$40,000           | \$56.80         | \$50,000           | \$71.00         | \$75,000           | \$106.50        | \$100,000          | \$142.00        | \$150,000          | \$213.00        |
| 65-69     | \$26,000           | \$60.32         | \$32,500           | \$75.40         | \$48,750           | \$113.10        | \$65,000           | \$150.80        | \$97,500           | \$226.20        |
| 70 & over | \$20,000           | \$133.60        | \$25,000           | \$167.00        | \$37,500           | \$250.50        | \$50,000           | \$334.00        | \$75,000           | \$501.00        |

# Are you **FISCALLY FIT?**

It's as important as staying physically fit. What if the worst happened tomorrow?

Regardless of life stage, your family may benefit from life insurance to cover medical bills, funeral costs and estate management expenses.

Other considerations, based on life stage, include the following.

## Single and in your 20s

Life insurance can help pay off student loans, car payments, credit cards or other debts.

## Married with young children

Life insurance will help your spouse maintain your home, current lifestyle and provide for your children's support.

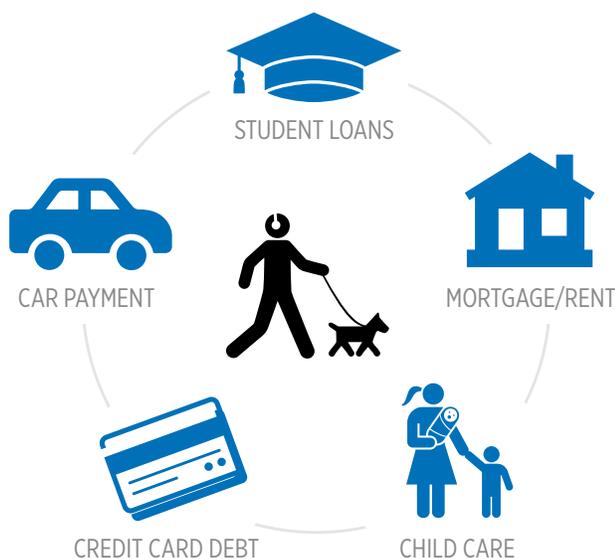
## Single parent and sole breadwinner

Life insurance will help a caregiver cover your childcare costs and other living expenses and fulfill plans for their future education.

## Married with no children

Life insurance can provide the money to meet financial obligations and help your spouse hold onto the assets and lifestyle you've both worked hard to achieve.

**No matter what your situation, you'll have financial responsibilities that will need to be covered in the event of your unexpected death and loss of paycheck.**



## WHY LIFE INSURANCE?



Learn how life insurance can protect your financial future by watching a brief video at

[LifeBenefits.com/videos/term](https://LifeBenefits.com/videos/term)

## HOW MUCH LIFE INSURANCE DO I NEED?

Check out our life insurance calculator at [LifeBenefits.com/insuranceneeds](https://LifeBenefits.com/insuranceneeds).



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## 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](http://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 2018

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

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### 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 2017, for Plan Year 2018 (July 1, 2017 - June 30, 2018).

### 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](http://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 57, sign, date and return it to your payroll clerk by May 15, 2017.
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 57, and return it to your benefit coordinator by May 15, 2017.

### **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](http://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 May 15, 2017.

### **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 57. 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](http://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, 2017), 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.                                       |

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**Premium Conversion Plan Form / Plan Year 2018**

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.

# LOOKING TO SAVE MONEY ON PRESCRIPTIONS?

Coming in April 2017, as part of your PEIA health insurance plan, you and your dependents will have access to a new benefit, Rx Savings Solutions. No additional premium will be required.

**\$27**

Did you know prescription costs can vary greatly from pharmacy to pharmacy for the same drug? Let us help you find the best price.

**\$170**

## It's EASY

- Clear cost comparisons
- Basic healthcare terms
- Phone, email, or text notifications
- Certified Pharmacy Technician support

## and SAFE

- Secure access through HealthSmart
- Pharmacist designed and validated
- HIPAA-compliant
- Clinically trustworthy

On average, our members save over \$300 per year, but savings can be much higher!

Real Members. Real Savings.

Before Rx Savings... \$170  
After... -\$27      Yearly Savings \$1,716  
Total... \$143

### Questions?

Contact Rx Savings Solutions member services.

Our member services team is staffed with Certified Pharmacy Technicians available to assist with prescription questions. They can be reached at 1-800-268-4476 or [info@rxsavingsllc.com](mailto:info@rxsavingsllc.com).

[rxsavingsolutions.com](http://rxsavingsolutions.com)

**Rx Savings**  
Solutions



# Healthy Tomorrows Reporting Form

## Plan Year 2019

|                                                    |   |   |   |   |  |  |  |  |  |  |
|----------------------------------------------------|---|---|---|---|--|--|--|--|--|--|
| PEIA ID #<br><small>(from medical ID card)</small> | 7 | 7 | 0 | 0 |  |  |  |  |  |  |
|----------------------------------------------------|---|---|---|---|--|--|--|--|--|--|

Policyholder Full Legal Name: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**For Plan Year 2019** (July 1, 2018 – June 30, 2019), the PEIA Finance Board has authorized a premium increase for any PEIA PPB Plan policyholder who does not pick a Primary Care Provider (PCP), report the following biometric data, and have these numbers within the acceptable ranges before the end of Open Enrollment in 2018 (mid-May 2018). Waist circumference must be reported, but does not affect premiums. All active employees and non-Medicare retired policyholders in any PEIA PPB Plan must report this data. Spouses, dependent children, Medicare retirees and members of The Health Plan HMOs and PPO **do not** have to comply.

**Instructions for Provider**

1. Please report the biometric values below.
2. Complete the contact information, mark the appropriate box in the Medical Certification, sign 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

Waist circumference must be reported, but does not affect premium      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 above, and meets the standards set by PEIA.
- in my best medical judgement, it is unreasonably difficult due to a medical condition for the patient to meet the blood pressure, cholesterol and/or glucose standards set by PEIA.

\_\_\_\_\_  
*(Signature of Provider or Authorized Representative)*

\_\_\_\_\_  
*(Date of Service)*







# Public Employees Insurance Agency

601 57th Street, SE / Suite 2  
Charleston, WV 25304-2345

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## JOIN PEIA!

### Who to call with Questions

| WHO                           | WHY                                                                         | PHONE                                          | WEBSITE                                                    |
|-------------------------------|-----------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------|
| PEIA                          | Answers to questions about the PEIA PPB Plans                               | 877-676-5573<br>(toll-free)                    | <a href="http://www.wvpeia.com">www.wvpeia.com</a>         |
| The Health Plan HMO           | Answers to questions about The Health Plan's Benefits                       | 800-624-6961<br>(toll-free) or<br>740-695-3585 | <a href="http://www.healthplan.org">www.healthplan.org</a> |
| Minnesota Life                | Answers to questions about life insurance or to file a life insurance claim | 800-203-9515<br>(toll-free)                    |                                                            |
| Mountaineer Flexible Benefits | Dental, vision, disability insurance, flexible spending accounts, etc.      | 844-559-8248<br>(toll-free)                    | <a href="http://www.myfbmc.com">www.myfbmc.com</a>         |