



Shopper's Guide

Benefits for **Plan Year 2008**

July 1, 2007-June 30, 2008

*Includes PEIA's **PREMIUM CONVERSION PLAN** Information*

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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.

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.

How to Have a Successful Open Enrollment

1. Read through “What’s Important for 2008” to get a quick overview of the changes for the coming Plan Year.
2. Review the side-by-side comparison of the plans. You’ll see plan names across the top of the chart, and many health care services listed down the side. Just find a service you or your family members use, and read across the chart to see how much you’ll have to pay for that service under each plan. In the Benefits At-A-Glance charts we let you know which benefits may have limits, and directed you to the plans for details.
3. Check the map on page 14 and chart on page 15 to be sure you’re eligible to enroll in the plan you want. The PEIA PPB Plan is available in all areas. Remember, you must live in a county marked on the charts on page 15 to enroll in an HMO or PPO 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. Remember that Carelink and PEIA health coverage premiums and optional life insurance premiums are based on your tobacco-use status as reported during this open enrollment. For family coverage, all enrolled family members must have been tobacco-free by January 1, 2007, to qualify for the discounted (Preferred) premium. The Health Plan does not offer a tobacco-free premium discount. PEIA may review medical records to check tobacco use.
6. If you want to do online enrollment, go to www.wvpeia.com and click on the Online Open Enrollment button. Then, if you didn’t pre-register earlier this year, click on “Need to Register?” and log in to the site. After you’ve registered, you’ll have to print out a form to sign and take to your Benefit Coordinator. This is the last time you’ll have to register to use PEIA’s online enrollment site, since this time it’s effective until you cancel your registration in writing. Complete your tobacco affidavit and make any changes or plan selections you wish. Remember, you must access the site and make your choices **before midnight on April 30, 2007**.
7. If you did not register for online enrollment, you can still use the website! Follow the directions above in step 6.

Terms You Need To Know

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.

Coinsurance — The percentage of the allowed amount that you pay when you use certain benefits.

COBRA — Gives employees rights to continue health insurance coverage after employment terminates. See your Summary Plan Description for full details.

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 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.

Lifetime Maximum Benefit — Each plan has a maximum it will pay for a member in a lifetime. You'll find details in the Benefits At-A-Glance charts.

MAPD (Medicare Advantage Prescription Drug Plan) — All Medicare retirees will have their benefits administered through Coventry Health Care. Please read more about this new program on Page 24 of this booklet.

Managed Care Plans — The plans that PEIA contracts with to provide care to members who choose to enroll. The managed care plans we currently have contracts with are Carelink and The Health Plan.

Medical Home — This is a program in the PEIA PPB Plans. By selecting a provider as your medical home, you will receive discounted copays on office visits and establish a central location for your medical care.

PEIA Preferred Provider Benefit Plans (PPB) — The two 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 Wells Fargo TPA at 1-888-440-7342. For full details of the benefits, see your Summary Plan Description.

Pre-Existing Condition Limitations — If you make a change during open enrollment, you and your covered dependents will face no limitations on preexisting medical conditions, regardless of what plan you join. New employees who enroll in a managed care plan after the open enrollment period will have no preexisting condition limitations if they enroll during the calendar month of or the two calendar months following employment. New employees who enroll in the PEIA PPB Plan during the calendar month of or the two calendar months following the date of employment will have no preexisting condition limitations, as long as they had other comparable health coverage in the 62 days prior to the time they enroll for PEIA PPB Plan coverage.

Preferred Provider Organization (PPO) — A health care plan that uses a network of providers to provide care. To get the highest level of benefit, you must use network providers. PPOs offer members an out-of-network benefit which allows them to use their provider of choice, although the member will pay more of the cost if using a non-network provider without plan approval. Each PPO has a network of health care providers. PPOs do not require members to choose a PCP to coordinate their care.

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.

What's Important For 2008?

Carelink { Carelink HMO Plans A & B had no significant benefit changes. }

Members will be able to utilize the mail order service for most of the drugs on the Carelink formulary, with a few excluded medications. This is an improvement over the limited list of mail-order-eligible medications from last plan year.

Tier 1 (Generic) drugs for PPO Rx plan will now be covered at the \$5 copay only, not subject to deductible. The \$150 individual and \$300 family deductible will only apply to Tier 2 (Formulary) and Tier 3 (Non-Formulary) drugs.

The authorization process on certain prescriptions, such as Protonix and other acid reflux medications, has been relaxed and there are now fewer drugs requiring a prior authorization.

Smoking cessation will be a covered benefit for all Carelink plans. Carelink's smoking cessation program is limited to coverage for generic over-the-counter nicotine replacement products. These products include nicotine transdermal patches, gum, or lozenges.

Members may obtain a 60-day supply of their medication for two copays or a 90-day supply for three copays at their local retail pharmacy, as well as through the mail order program.

Infertility testing will continue to be covered up to the diagnosis. However, the annual copay of \$300 and the family planning combined lifetime maximum of \$2,000 have been removed for the 2008 benefit year. Treatment beyond the initial diagnosis will not be covered. Prescription medications to treat infertility will continue to be non-covered.

Preventive services, such as annual physicals, will be covered at 100% and the specialist visit copay will increase from \$15 to \$20 for the Carelink PPO Plan.

PEIA { For active employees and non-medicare retirees, there will be no changes in premium rates. }

The annual family prescription drug deductible will increase from \$125 to \$150.

Medicare retirees will see a number of changes in Plan Year 2008. Medicare retirees will be covered under a new Medicare Advantage Prescription Drug Plan, or MAPD. Please see page 24 for an in-depth explanation of this program and more details.

The Health Plan { The Health Plan had no significant benefit changes. }

The Health Plan is the only not-for-profit HMO in West Virginia. It is West Virginia's first and oldest HMO. The Health Plan maintains its Excellent Accreditation from the National Committee for Quality Assurance (NCQA). Less than 20% of all HMOs across the country receive this Excellent Accreditation.

There will be a few changes this year. Outpatient sterilizations will be considered a family planning service and will be covered with the member to pay 10% or 30% coinsurance, depending on HMO coverage selection. Health Plan PPO members will pay 20% coinsurance after meeting their deductible.

- Accident related dental services will be covered at 10% under the Enhanced plan and 15% coinsurance plus the deductible under the Basic plan.
- Over-The-Counter medications (OTC). Call The Health Plan or visit them on the web at www.healthplan.org regarding certain OTC medications. These OTC medications may be covered at a \$0 copay or reduced costs!
- Speciality drugs, which may be used to treat very specific diseases and require extensive management for safety and effectiveness will be available to members at a 30% copay.
- St. Joseph's Hospital in Parkersburg is now part of The Health Plan network.

Go to www.healthplan.org to visit The Health Plan on the web. The Health Plan invites you to take advantage of the wealth of information and services offered here to enhance your well-being. A number of links to various wellness and disease management sites are found there.

The Medical Home Program is a benefit that improves the quality and continuity of care by having a central point for medical information and an established relationship with a physician. An enrollment form can be found at www.wvpeia.com or by calling Wells Fargo TPA (formerly Acordia National) at 1-888-440-7345.

Dependent children are now eligible for coverage to age 25. Please see details on page 6.

Eligibility Rules

This section offers general information about eligibility that you may need during Open Enrollment. For complete details, please refer to your PEIA Summary Plan Description. It's on the web at www.wvpeia.com.

Who is eligible to transfer or enroll?

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.

Eligible Non-Members. An employee or retiree who is eligible for benefits may enroll in any plan for which they qualify during Open Enrollment Period.

Medicare. If you or any enrolled dependents have Medicare as your **primary** health coverage (or will at any time during the plan year) you may not join a managed care plan. Your only option for PEIA-sponsored Medicare supplement coverage is the Coventry MAPD Plan. If either you or your enrolled dependents become Medicare-primary while enrolled in a managed care plan, you must notify PEIA. Generally, Medicare is primary when the policyholder is retired. If you have more questions about when Medicare is primary, call the Open Enrollment Helpline.

Eligible Dependents. You and your enrolled dependents must all live in the enrollment area of a plan 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 area. You may enroll the following dependents:

- **Your legal spouse.**
- **Your unmarried biological or adopted children under age 25 provided they meet either the IRS definition of a "qualifying child" or "qualifying relative" below:**

A qualifying child must meet these requirements:

1. Relationship. The taxpayer's unmarried child or stepchild (whether by blood or adoption).
2. Residence. Has the same principal residence as the taxpayer for more than half the tax year. Exceptions apply, in certain cases, for children of divorced or separated parents, and other special instances.
3. Age. Must be under the age of 19 at the end of the tax year, or under the age of 24 if a full-time student for at least five months of the year, or be permanently and totally disabled at any time during the tax year.
4. Support. Did not provide more than one-half of his/her own support for the tax year.

OR

A qualifying relative must meet these requirements:

1. Relationship. The taxpayer's unmarried child or stepchild (whether by blood or adoption) who has the same principal abode as the taxpayer for the taxable year and is a member of the taxpayers's household.
2. Support. For whom the taxpayer provides over one-half of the individual's support for that calendar year.
3. Qualifying Child. Is not an otherwise "qualifying child" of the taxpayer or of any other taxpayer for any portion of the tax year.

Married children are not eligible for coverage.

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 (remember, you’ll have two out-of-pocket maximums and two deductibles if you enroll this way).
3. as “Employee Only” in the same or different plans if there are no children to cover (again, you’ll have two out-of-pocket maximums and two deductibles if you enroll this way).

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. To qualify for the Family with Employee Spouse premium, both employees **MUST** have basic life insurance. The Family with Employee Spouse premium discount will not be granted unless both employees are basic life insurance policyholders in the plan.

Retired or Retiring Deputy Sheriffs Under Age 55.

Premium rates for all plans are substantially higher than those listed in this guide. Contact PEIA or your benefit coordinator for details of the premium rates.

Eligibility Rules

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 enrollment area or unless you’ll be eligible for Medicare — age 65 or disabled — in which case you will be transferred to the Coventry MAPD Plan.

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 enrollment area of the plan you’re currently in. The PEIA PPB Plan doesn’t have a limited enrollment area, so if you’re in it, you’ll stay in it for the entire year, regardless of where you are transferred. Transfer from a State agency to a non-State agency may permit a change in coverage.

Mid-Year Plan Changes: The only time you can change plans during the plan year is if you move out of the enrollment area of your plan so that accessing care is unreasonable. Since the PEIA PPB Plan has an unlimited enrollment area, you will not be permitted to transfer out of it during the plan year, even if you move.

Physician Withdrawal From A Plan: If your PCP withdraws from a 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 or Divorce: If you are in a managed care plan and a death or divorce occurs in the middle of a plan year, to continue coverage, you must remain in the plan you were in at the time of the death or divorce for the balance of the plan year. You can only change plans during the plan year if the affected dependents move out of the enrollment area of the plan so that accessing care is unreasonable.

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 your 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. To request this special enrollment or obtain more information, contact your benefit coordinator or call 1-888-680-7342.

Benefits At-A-Glance

The charts on the following pages give you an overview of the benefits provided by the plans. When reading the charts, copayments are stated in flat dollar amounts, and are charged every time you use the service. When your cost share is listed as a percentage of the charge, it is coinsurance. When the deductible applies to a service, the chart says so. Many of the benefits have limitations. Be sure to review the detailed information from each plan before selecting a plan to assure that you understand the benefits and limitations.

Benefit Description	Carelink Plan A	Carelink Plan B	Carelink PPO		Health Plan Plan A	Health Plan Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	None	\$500/person	\$500 single \$1,000 family	\$1,000 single \$2,000 family	None	\$100 single/ \$200 family maximum	\$250 single / \$500 family (Applies to in-network only)	\$500 single / \$1,000 family (Ap- plies to out-of- network only)	Varies by salary and employer type. See premium charts.	Twice the in-network deductible
Annual out-of-pocket maximum	\$2,000 single \$4,000 (2 people) \$6,000 (3+ people)	\$3,000 single \$6,000 (2 people) \$9,000 (3+ people)	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family	\$2,000 single / \$6,000 family	\$3,500 single / \$10,000 family	\$1,500 single / \$3,000 family	\$3,000 single / \$6,000 family	Varies by salary and employer type. See premium charts.	Twice the in- network out-of- pocket maximum
Lifetime benefit maximum	Unlimited	Unlimited	\$2,000,000 Combined	\$2,000,000 Combined	\$1,000,000 for all HP/THP products	\$1,000,000 for all HP/THP products	\$1,000,000 for all HP/THP products	\$1,000,000 for all HP/THP products	\$1,000,000	\$1,000,000
Physician Services										
Adult routine physical exams	\$10	\$10	Covered at 100%	Deductible + 40%	PCP-\$15 OB/GYN-\$20	PCP-\$15 OB/GYN-\$25	\$15	Deductible + 40%	\$10 co-pay for office visit	Deductible + 40%
Diagnostic x-ray, lab and testing	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Mammograms (screening)	Covered at 100%	Covered at 100%	Covered at 100%	Deductible + 40%	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Deductible + 40%	Covered in full	Deductible + 40%
Physician inpatient visits	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Physician office visits—primary care	\$10	\$10	\$15	Deductible + 40%	\$15	\$15	\$15	Deductible + 40%	\$15 co-pay office visit only; \$10 if enrolled in Medical Home	Deductible + 40%
Physician office visits—specialty care	\$25	\$30	\$20	Deductible + 40%	\$20	\$25 *deductible waived	\$15	Deductible + 40%	\$20 co-pay office visit only	Deductible + 40%
Prenatal care	\$25 initial visit only; then covered at 100%	\$30 initial visit only; then covered at 100%	\$15 initial visit only; then covered at 100%	Deductible + 40%	\$20 initial visit only; then covered at 100%	\$25 initial visit only; then covered at 100%	\$15 initial visit only; then covered at 100%	Deductible + 40%	Covered in full after deductible	Deductible + 40%

† This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefit Description	Carelink Plan A	Carelink Plan B	Carelink PPO		Health Plan Plan A	Health Plan Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Second surgical opinions	\$25	\$30	\$20	Deductible + 40%	\$20	\$25	\$15	Deductible + 40%	\$20 co-pay office visit only	Deductible + 40% coinsurance office visit only
Voluntary sterilization	\$150	Deductible + \$150	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Well child exams	\$10	\$10	Covered at 100%	Deductible + 40%	\$15	\$15	\$15	Deductible + 40%	Covered in full	Covered in full
Well child immunizations (birth through 16)	Covered at 100% unless associated with an office visit	Covered at 100% unless associated with an office visit	Covered at 100%	Deductible + 40%	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Deductible	Covered in full	Covered in full
Inpatient Services										
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	\$250 and 10%	Deductible + \$500 and 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible and 40%
Inpatient occupational, physical, or speech therapy †	\$250 and 10%	Deductible + \$500 + 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible and 40%
Maternity care (delivery)	\$250 and 10%	Deductible + \$500 + 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible + 40%
Rehabilitation †	\$250 and 10%	Deductible + \$500 and 20%	Deductible + 20%	Deductible + 40%	Covered in full (days 1-30); 20% (days 31+)	Covered in full after deductible (days 1-30); 20% (days 31+)	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible + 40%
Skilled nursing †	50%	Deductible + 50%	Deductible + 20%	Deductible + 40%	\$35 co-pay/day	Deductible + \$35 co-pay/day	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible + 40%
Hospital Outpatient Services										
Ambulatory/outpatient surgery	\$250 and 10%	Deductible + \$500 and 20%	Deductible + 20%	Deductible + 40%	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	\$50 + deductible + 20%	\$100 + deductible + 40%
Preadmission testing, diagnostic x-ray and lab, radiation and chemotherapy	10%; radiation and chemotherapy 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Mental Health & Chemical Dependency Benefits										
Outpatient chemical dependency †	\$25	\$30	20%	Deductible + 40%	\$20	\$20	\$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Outpatient mental health †	\$25	\$30	20%	Deductible + 40%	\$20	\$20	\$15	Deductible + 40%	Deductible + 20%	Deductible + 40%

† This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefits At-A-Glance

Benefit Description	Carelink Plan A	Carelink Plan B	Carelink PPO		Health Plan Plan A	Health Plan Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient chemical dependency (including partial hospitalization) †	\$250 and 10%	Deductible + \$500 + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible and 40%
Inpatient detoxification	\$250 and 10%	Deductible + \$500 and 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible and 40%
Inpatient mental health (including partial hospitalization) †	\$250 and 10%	Deductible + \$500 + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	\$500 + deductible and 40%
Outpatient Therapies										
Acupuncture †	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Deductible + 20%	Deductible + 40%
Chiropractic †	\$25	\$30	\$20 Copay + 20%	Deductible + 40%	\$20	\$25	\$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Occupational therapy †	\$25	\$30	20%	Deductible + 40%	\$20	Deductible + \$25	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Physical therapy †	\$25	\$30	20%	Deductible + 40%	\$20	Deductible + \$25	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Speech therapy †	\$25	\$30	20%	Deductible + 40%	\$20	Deductible + \$25	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
All Other Medical Services										
Allergy testing and treatment †	10% testing; 100% serum and injection, unless with an office visit	Deductible + 20% testing; 100% serum and injection, unless with an office visit	Deductible + 20% testing; 100% serum and injection, unless with an office visit	Deductible + 40%	\$20 testing; treatment covered in full unless associated with an office visit	\$25 testing; treatment covered in full unless associated with an office visit *deductible waived	\$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Cardiac rehabilitation †	\$25	\$30	20%	Deductible + 40%	\$10	Deductible + \$10	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Dental services—accident related †	\$25	\$30	\$20	Deductible + 40%	Covered in full 10%	Covered in full Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Dental services—other †	Not Covered	Not Covered	Not Covered	Not Covered	Not covered	Not covered	Not covered	Not covered	Impacted teeth only; deductible + 20%	Impacted teeth only; deductible + 40%
Diabetic supplies †	Covered at 100%	Covered at 100%	Covered at 100%	Deductible + 40%	Certain supplies covered in full	Certain supplies covered in full	Certain supplies covered in full	Deductible + 40%	Covered under Prescription drug plan	Covered under Prescription drug plan
Durable Medical Equipment(DME) †	50%	Deductible + 50%	Deductible + 20%	Deductible + 40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%

† This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefit Description	Carelink Plan A	Carelink Plan B	Carelink PPO		Health Plan Plan A	Health Plan Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency ambulance (medically necessary)	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	\$50	Deductible + \$50	Deductible + 20%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Emergency Room Treatment (Non-emergency)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$50 + deductible + 20%	\$50 + deductible + 40%
Emergency services (including supplies)†	\$75 + 10% (co-pay waived if admitted)	Deductible + \$75 + 20% (co-pay waived if admitted)	Deductible + \$75 + 20% (co-pay waived if admitted)	Deductible + 40%	\$75 (waived if admitted)	\$75 (waived if admitted)	\$75 (waived if admitted)	\$75 (waived if admitted)	\$25 + deductible + 20%	\$25 + deductible + 40%
Growth hormone†	Covered at 10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Covered under prescription drug plan	Covered under prescription drug plan
Hearing exam	Covered under well child benefit only; \$10	Covered under well child benefit only; \$10	Covered under well child benefit only	Covered under well child benefit only; Deductible + 40%	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit	Deductible + 40%	Covered under well child benefit only	Covered under well child benefit only
Home health services †	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Home health supplies †	10%	20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Hospice †	10%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Infertility services† NO prescription coverage.	40%	Deductible + 40%	20%; Combined annual \$300 copay	Deductible + 40%; Combined annual \$300 copay	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Deductible + 20% Diagnostic Service Only	Deductible + 40%
Medical supplies †	10%	20%	Deductible + 20%	Deductible + 40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Podiatry	\$25	\$30	\$20	Deductible + 40%	\$20	\$25	\$15	Deductible + 40%	Deductible + 20%	Deductible + 40%
Prosthetics †	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Pulmonary rehabilitation †	\$25	\$30	20%	Deductible + 40%	\$10	Deductible + \$10	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
Radiation and chemotherapy	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	20%	Deductible + 20%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%
TMJ †	5%	5%	5%	40%	30%	Deductible + 30%	Deductible + 20%	Deductible + 40%	Not covered	Not Covered
Transplants(non-experimental)†	\$250; then 10%	Deductible + \$500; then 20%	Deductible + 20%	Not covered	10%	Deductible + 15%	Deductible + 20%	Deductible + 40%	Deductible + 20%	Deductible + 40%; additional \$10,000 deductible
Urgent Care	\$30	\$30	\$35; 20%	Deductible + 40%	\$50	\$50	\$35	Deductible + 40%	Deductible + 20%	Deductible + 40%

† This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefits At-A-Glance

Benefit Description	Carelink Plan A	Carelink Plan B	Carelink PPO		Health Plan Plan A	Health Plan Plan B	Health Plan PPO		PEIA PPB Plans A & B	
			In-Network	Out-of-Network			In-Network	Out-of-Network	In-Network	Out-of-Network
Vision services	Eye exam - \$25; Corrective lenses up to \$100	Eye exam - \$30; Corrective lenses up to \$100	Eye exam - \$20; Corrective lenses up to \$100	Routine eye exam not covered; Corrective lenses up to \$100	Not covered	Not covered	Not covered	Not covered	Not covered	Not Covered

Prescription Drug Benefits

Benefit Description	Carelink Plan 1	Carelink Plan 2	Carelink PPO	Health Plan Plan A	Health Plan Plan B	Carelink PPO	PEIA PPB Plan A		PEIA PPB Plan B	
			no out-of-network benefit			no out-of-network benefit	In-Network	Out-of-Network	In-Network	Out-of-Network
			In-Network only			In-Network only	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	None	None	Tier 2 (brand) and Tier 3 (non-formulary) only; \$150 individual/\$300 family	None	None	None	\$75 individual/\$150 family	\$75 individual / \$150 family	\$150 individual/\$300 family	\$150 individual/\$300 family
Generic	\$10	\$10	\$5	\$10	\$5	\$10	\$5	\$5 + \$3.00 out of network fee	\$5	\$5 + \$3.00 out of network fee
Formulary brand	\$20	\$20	\$25	50% ONLY covered if generic is NOT available.	Not covered	50% ONLY covered if generic is NOT available.	\$15	\$15 + \$3.00 out of network fee	\$20	\$20 + \$3.00 out of network fee
Non-Formulary Brand	\$50	\$50	\$50	Not Covered	Not covered	Not covered	\$50	\$50 + \$3.00 out of network fee	\$50	\$50 + \$3.00 out of network fee
Brand Name drug if generic equivalent is available	Brand name drug if generic equivalent is available. Patient pays the appropriate brand copay plus full cost difference between the generic and brand drug.	Brand name drug if generic equivalent is available. Patient pays the appropriate brand copay plus full cost difference between the generic and brand drug.	Brand name drug if generic equivalent is available. Patient pays the appropriate brand copay plus full cost difference between the generic and brand drug.	Not covered	Not Covered	Not covered	\$5 + full cost difference between the generic and brand drug	\$5 + \$3.00 out of network fee + full cost difference between the generic and brand drug	\$5 + full cost difference between the generic and brand drug	\$5 + \$3.00 out of network fee + full cost difference between the generic and brand drug
Maintenance Medication discount †	90-day supply for: one copay for generic; two copays for brand; and three copays for non-formulary	90-day supply for: one copay for generic; two copays for brand; and three copays for non-formulary	90-day supply for: one copay for generic; two copays for brand; and three copays for non-formulary	Mail order; 90-day supply; \$20 or 50% copay	Mail order; 90-day supply; \$10 copay	Mail order; 90-day supply; \$20 or 50% copay	90-day supply for two months' copay	No discount	90-day supply for two months' copay	No discount
Annual benefit maximum (per member/year)	None	None	None	\$5,000	\$5,000	\$5,000	None	None	None	None
Out-of-pocket maximum	None	None	None	None	None	None	\$1,750 individual/\$3,500 family	\$1,750 individual/\$3,500 family	\$1,750 individual/\$3,500 family	\$1,750 individual/\$3,500 family

† This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefit Fairs Sites & Dates 2007

April 4

Martinsburg (3^{PM} – 7^{PM})
Holiday Inn
300 Foxcroft Ave

April 4

Charleston (3^{PM} – 7^{PM})
Charleston Civic Center
200 Civic Center Dr

April 5

Romney (3^{PM} – 7^{PM})
South Branch Inn
1500 US Rt 220 N

April 5

Huntington (9^{AM} – 1:30^{PM})
Marshall University Memorial
Student Center
1 John Marshall Drive

April 10

Morgantown (9^{AM} – 1:30^{PM})
WVU Coliseum
Jerry West Mountaineer Room

April 10

Morgantown (3^{PM} – 7^{PM})
Ramada Inn
I-79 & Exit 148 &
I-68 Exit 1, US 119 North

April 11

Flatwoods (3^{PM} – 7^{PM})
Days Inn
200 Sutton Lane

April 11

Huntington (3^{PM} – 7^{PM})
Big Sandy Superstore Arena
1 Civic Center Dr

April 12

Parkersburg (3^{PM} – 7^{PM})
Holiday Inn
US Rt 50 and I-77

April 12

Logan (3^{PM} – 7^{PM})
Chief Logan Lodge &
Conference Center
US Rt 119 Conference Center Dr

April 17

Weirton (3^{PM} – 7^{PM})
Holiday Inn
350 Three Springs Dr

April 17

Charleston (9^{AM} – 2^{PM})
State Capitol Complex
Main Capitol, Lower Rotunda

April 18

Wheeling (3^{PM} – 7^{PM})
McLure House
1200 Market St

April 18

Fairmont (9^{AM} – 1:30^{PM})
Fairmont State College
1201 Locust Ave

April 19

Charleston (9^{AM} – 1:30^{PM})
State Capitol Complex
Building 7, Conference
Center Corridor

April 19

Beckley (3^{PM} – 7^{PM})
Tamarack Conference Center
One Tamarack Park

Q&A

Here are some questions you might want to ask the plan representatives at the Benefit Fairs (or call their toll free lines).

- May I have a copy of your provider directory?
- How do you define a medical emergency? How do I report it?
- If my PCP does not want to refer me to a specialist and I believe I need one, what are my options?
- May I have a copy of your drug formulary? Are there special restrictions I should know about?

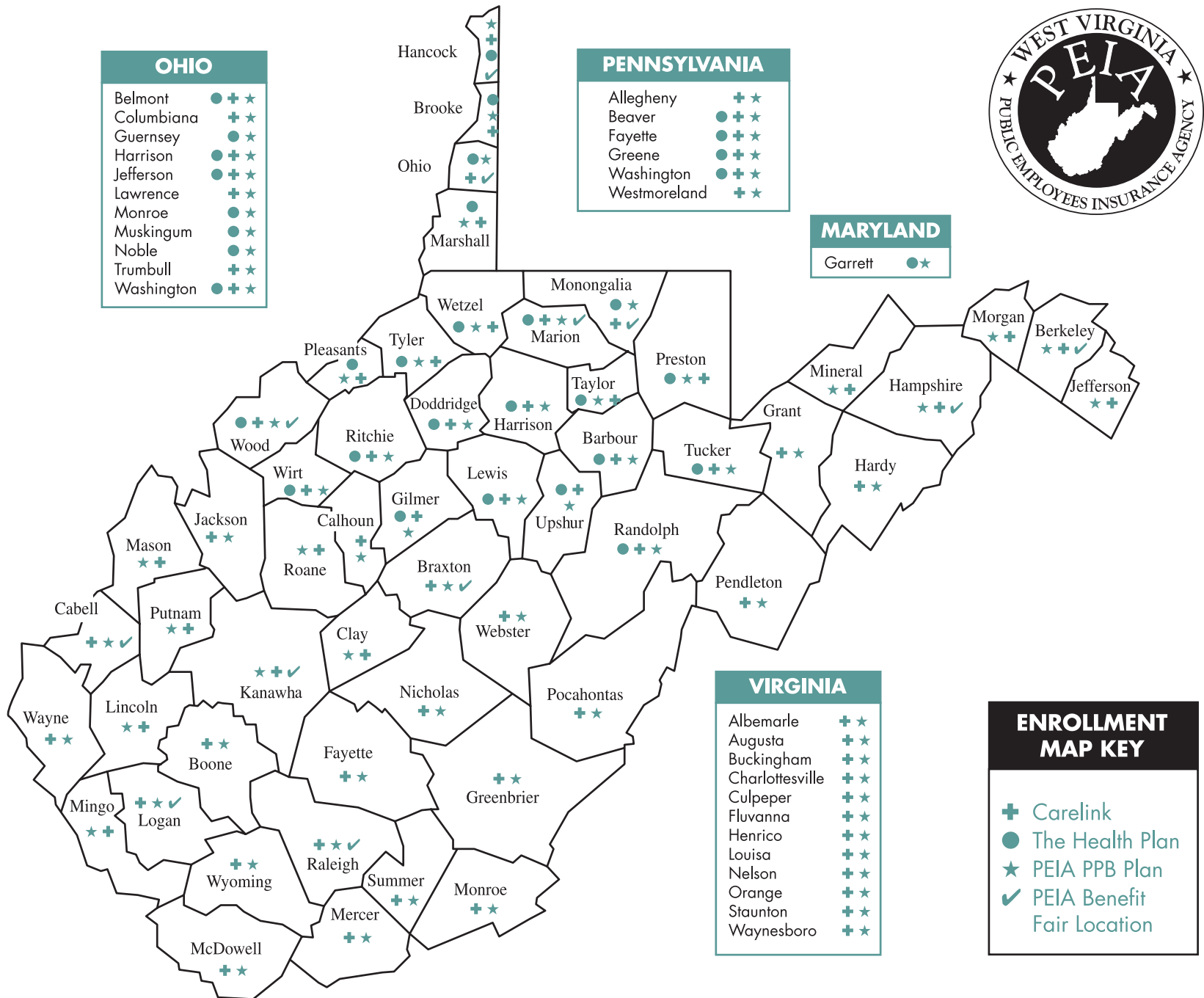
Enrollment Area Map For Plan Year 2008



This map shows the enrollment areas for the Carelink, and Health Plan HMOs and PPOs. You must live within the enrollment area of a plan to be eligible to enroll in that plan.

The PEIA PPB Plan is available in all areas nationwide; it does not have a limited enrollment area, so although it has a symbol on this map it is available in all other counties and states, too.

You'll also see the locations of the benefit fairs marked on the map so you can find the one nearest you.



Managed Care Plans' Enrollment Areas

This chart lists the counties in which the managed care plans may enroll members, and also provides you the Region information for each county, which you will need to determine the managed care plan premiums. You must LIVE in one of these counties to be eligible to join a managed care plan.

If your county is not listed in this chart, then managed care is not an option for you in Plan Year 2008. Counties not listed here are considered to be in Region 2 for premium purposes.

Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region	Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region	Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region	Counties (WV unless noted)	Carelink HMO & PPO	The Health Plan HMO & PPO	Region
Barbour	X	X	1	Marion	X	X	1	Tucker	X	X	1	Allegheny-PA	X		1
Berkeley	X		2	Marshall	X	X	1	Tyler	X	X	1	Beaver-PA	X	X	1
Boone	X		2	Mason	X		2	Upshur	X	X	1	Fayette-PA	X	X	1
Braxton	X		2	McDowell	X		2	Wayne	X		2	Greene-PA	X	X	1
Brooke	X	X	1	Mercer	X		2	Webster	X		2	Washington-PA	X	X	1
Cabell	X		2	Mineral	X		2	Wetzel	X	X	1	Westmoreland-PA	X		1
Calhoun	X		2	Mingo	X		2	Wirt	X	X	1				
Clay	X		2	Monongalia	X	X	1	Wood	X	X	1	Albemarle Co.-VA	X		2
Doddridge	X	X	1	Monroe	X		2	Wyoming	X		2	Augusta Co.-VA	X		2
Fayette	X		2	Morgan	X		2					Buckingham Co.-VA	X		2
Gilmer	X	X	1	Nicholas	X		2	Garrett-MD		X	1	Charlottesville City-VA	X		2
Grant	X		2	Ohio	X	X	1					Culpeper Co.-VA	X		2
Greenbrier	X		2	Pendleton	X		2	Belmont-OH	X	X	1	Fluvanna Co.-VA	X		2
Hampshire	X		2	Pleasants	X	X	1	Columbiana-OH	X		1	Henrico Co.-VA	X		2
Hancock	X	X	1	Pocahontas	X		2	Guernsey-OH		X	1	Louisa Co.-VA	X		2
Hardy	X		2	Preston	X	X	1	Harrison-OH	X	X	1	Nelson Co.-VA	X		2
Harrison	X	X	1	Putnam	X		2	Jefferson-OH	X	X	1	Orange Co.-VA	X		2
Jackson	X		2	Raleigh	X		2	Lawrence-OH	X		2	Staunton City-VA	X		2
Jefferson	X		2	Randolph	X	X	1	Monroe-OH		X	1	Waynesboro City-VA	X		2
Kanawha	X		2	Ritchie	X	X	1	Muskingum-OH		X	1				
Lewis	X	X	1	Roane	X		2	Noble-OH		X	1				
Lincoln	X		2	Summers	X		2	Trumbull-OH	X		1				
Logan	X		2	Taylor	X	X	1	Washington-OH	X	X	1				

NOTE: If your county is not listed in the chart above, then managed care is not available to you for Plan Year 2008.

Monthly Premiums For Region 1

PEIA has regional premiums for managed care plans, as shown in the chart on page 15. Counties not listed are considered to be in Region 2. Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below.

Employee Only																			
IDN	Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Plan A	Plan B	PPO	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max
1	\$0	20,000	\$62	\$47	\$21	\$6	\$52	\$37	\$40	\$7	\$18	\$37	\$22	\$100	\$800	\$28	\$13	\$500	\$2,000
2	20,001	30,000	\$77	\$62	\$26	\$11	\$67	\$52	\$53	\$9	\$31	\$52	\$37	\$150	\$1,100	\$35	\$20	\$500	\$2,000
3	30,001	36,000	\$84	\$69	\$32	\$17	\$74	\$59	\$58	\$13	\$37	\$59	\$44	\$200	\$1,250	\$39	\$24	\$500	\$2,000
4	36,001	42,000	\$90	\$75	\$38	\$23	\$80	\$65	\$62	\$17	\$42	\$65	\$50	\$225	\$1,500	\$41	\$26	\$500	\$2,000
5	42,001	50,000	\$104	\$89	\$53	\$38	\$94	\$79	\$75	\$31	\$55	\$79	\$64	\$250	\$1,750	\$49	\$34	\$1,000	\$2,000
6	50,001	62,500	\$126	\$111	\$69	\$54	\$116	\$101	\$94	\$49	\$75	\$101	\$86	\$375	\$1,800	\$61	\$46	\$1,000	\$2,000
16	62,501	75,000	\$139	\$124	\$82	\$67	\$129	\$114	\$106	\$56	\$87	\$114	\$99	\$400	\$1,850	\$68	\$53	\$1,000	\$2,000
7	75,001	100,000	\$166	\$151	\$100	\$85	\$156	\$141	\$129	\$72	\$112	\$141	\$126	\$425	\$1,900	\$83	\$68	\$1,000	\$2,000
8	100,001	125,000	\$207	\$192	\$136	\$121	\$197	\$182	\$167	\$116	\$149	\$182	\$167	\$500	\$2,000	\$128	\$113	\$1,000	\$2,000
9	125,001	+	\$235	\$220	\$164	\$149	\$225	\$210	\$195	\$144	\$175	\$210	\$195	\$600	\$2,250	\$156	\$141	\$1,000	\$2,000

Employee and Children																			
IDN	Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Plan A	Plan B	PPO	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max
1	\$0	20,000	\$200	\$170	\$112	\$82	\$141	\$111	\$85	\$27	\$65	\$80	\$50	\$200	\$800	\$51	\$21	\$1,000	\$4,000
2	20,001	30,000	\$223	\$193	\$131	\$101	\$164	\$134	\$105	\$43	\$85	\$103	\$73	\$300	\$1,100	\$63	\$33	\$1,000	\$4,000
3	30,001	36,000	\$232	\$202	\$135	\$105	\$173	\$143	\$111	\$47	\$93	\$112	\$82	\$400	\$1,250	\$67	\$37	\$1,000	\$4,000
4	36,001	42,000	\$244	\$214	\$140	\$110	\$185	\$155	\$121	\$55	\$105	\$124	\$94	\$450	\$1,500	\$72	\$42	\$1,000	\$4,000
5	42,001	50,000	\$276	\$246	\$167	\$137	\$217	\$187	\$149	\$81	\$137	\$156	\$126	\$500	\$1,750	\$99	\$69	\$1,500	\$4,000
6	50,001	62,500	\$316	\$286	\$207	\$177	\$257	\$227	\$188	\$119	\$177	\$196	\$166	\$750	\$1,800	\$139	\$109	\$1,500	\$4,000
16	62,501	75,000	\$347	\$317	\$232	\$202	\$288	\$258	\$219	\$144	\$208	\$227	\$197	\$800	\$1,850	\$164	\$134	\$1,500	\$4,000
7	75,001	100,000	\$406	\$376	\$285	\$255	\$347	\$317	\$278	\$197	\$267	\$286	\$256	\$850	\$1,900	\$217	\$187	\$1,500	\$4,000
8	100,001	125,000	\$466	\$436	\$350	\$320	\$407	\$377	\$338	\$262	\$327	\$346	\$316	\$1,000	\$2,000	\$282	\$252	\$1,500	\$4,000
9	125,001	+	\$519	\$489	\$399	\$369	\$460	\$430	\$391	\$311	\$380	\$399	\$369	\$1,200	\$2,250	\$331	\$301	\$1,500	\$4,000

* To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.

Note: You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Monthly Premiums For Region 1

Family																			
IDN	Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Plan A	Plan B	PPO	Standard	Preferred*	Annual Deductible	Out-of- Pocket Max	Standard	Preferred*	Annual Deductible	Out-of- Pocket Max
1	\$0	20,000	\$253	\$223	\$153	\$123	\$213	\$183	\$115	\$53	\$82	\$120	\$90	\$200	\$800	\$93	\$63	\$1,000	\$4,000
2	20,001	30,000	\$299	\$269	\$205	\$175	\$265	\$235	\$155	\$96	\$124	\$166	\$136	\$300	\$1,100	\$125	\$95	\$1,000	\$4,000
3	30,001	36,000	\$323	\$293	\$225	\$195	\$285	\$255	\$169	\$108	\$144	\$190	\$160	\$400	\$1,250	\$142	\$112	\$1,000	\$4,000
4	36,001	42,000	\$350	\$320	\$250	\$220	\$310	\$280	\$191	\$133	\$166	\$217	\$187	\$450	\$1,500	\$160	\$130	\$1,000	\$4,000
5	42,001	50,000	\$396	\$366	\$293	\$263	\$353	\$323	\$237	\$174	\$211	\$263	\$233	\$500	\$1,750	\$198	\$168	\$1,500	\$4,000
6	50,001	62,500	\$457	\$427	\$349	\$319	\$409	\$379	\$298	\$229	\$266	\$324	\$294	\$750	\$1,800	\$249	\$219	\$1,500	\$4,000
16	62,501	75,000	\$487	\$457	\$387	\$357	\$447	\$417	\$328	\$257	\$293	\$354	\$324	\$800	\$1,850	\$277	\$247	\$1,500	\$4,000
7	75,001	100,000	\$565	\$535	\$472	\$442	\$532	\$502	\$406	\$337	\$364	\$432	\$402	\$850	\$1,900	\$357	\$327	\$1,500	\$4,000
8	100,001	125,000	\$673	\$643	\$579	\$549	\$639	\$609	\$514	\$439	\$462	\$540	\$510	\$1,000	\$2,000	\$459	\$429	\$1,500	\$4,000
9	125,001	+	\$764	\$734	\$660	\$630	\$720	\$690	\$605	\$520	\$537	\$631	\$601	\$1,200	\$2,250	\$540	\$510	\$1,500	\$4,000

Family with Employee Spouse																			
IDN	Salary Range		Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Plan A	Plan B	PPO	Standard	Preferred*	Annual Deductible	Out-of- Pocket Max	Standard	Preferred*	Annual Deductible	Out-of- Pocket Max
1	\$0	20,000	\$221	\$191	\$113	\$83	\$152	\$122	\$86	\$27	\$54	\$88	\$58	\$200	\$800	\$63	\$33	\$1,000	\$4,000
2	20,001	30,000	\$254	\$224	\$148	\$118	\$179	\$149	\$113	\$57	\$84	\$121	\$91	\$300	\$1,100	\$83	\$53	\$1,000	\$4,000
3	30,001	36,000	\$276	\$246	\$175	\$145	\$197	\$167	\$131	\$70	\$104	\$143	\$113	\$400	\$1,250	\$100	\$70	\$1,000	\$4,000
4	36,001	42,000	\$293	\$263	\$192	\$162	\$211	\$181	\$145	\$82	\$119	\$160	\$130	\$450	\$1,500	\$112	\$82	\$1,000	\$4,000
5	42,001	50,000	\$331	\$301	\$222	\$192	\$244	\$214	\$178	\$112	\$154	\$198	\$168	\$500	\$1,750	\$137	\$107	\$1,500	\$4,000
6	50,001	62,500	\$381	\$351	\$272	\$242	\$288	\$258	\$222	\$158	\$199	\$248	\$218	\$750	\$1,800	\$177	\$147	\$1,500	\$4,000
16	62,501	75,000	\$418	\$388	\$318	\$288	\$325	\$295	\$259	\$193	\$233	\$285	\$255	\$800	\$1,850	\$213	\$183	\$1,500	\$4,000
7	75,001	100,000	\$504	\$474	\$415	\$385	\$411	\$381	\$345	\$280	\$311	\$371	\$341	\$850	\$1,900	\$300	\$270	\$1,500	\$4,000
8	100,001	125,000	\$612	\$582	\$543	\$513	\$519	\$489	\$453	\$383	\$409	\$479	\$449	\$1,000	\$2,000	\$403	\$373	\$1,500	\$4,000
9	125,001	+	\$693	\$663	\$623	\$593	\$600	\$570	\$534	\$463	\$483	\$560	\$530	\$1,200	\$2,250	\$483	\$453	\$1,500	\$4,000

* To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.

Note: You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Monthly Premiums For Region 2

PEIA has regional premiums for managed care plans, as shown in the chart on page 15. Counties not listed are considered to be in Region 2. Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below.

Employee Only																
IDX	Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max
1	\$0	20,000	\$60	\$45	\$22	\$7	\$49	\$34	\$37	\$22	\$100	\$800	\$28	\$13	\$500	\$2,000
2	20,001	30,000	\$75	\$60	\$33	\$18	\$64	\$49	\$52	\$37	\$150	\$1,100	\$35	\$20	\$500	\$2,000
3	30,001	36,000	\$82	\$67	\$40	\$25	\$71	\$56	\$59	\$44	\$200	\$1,250	\$39	\$24	\$500	\$2,000
4	36,001	42,000	\$88	\$73	\$44	\$29	\$77	\$62	\$65	\$50	\$225	\$1,500	\$41	\$26	\$500	\$2,000
5	42,001	50,000	\$102	\$87	\$64	\$49	\$91	\$76	\$79	\$64	\$250	\$1,750	\$49	\$34	\$1,000	\$2,000
6	50,001	62,500	\$124	\$109	\$76	\$61	\$113	\$98	\$101	\$86	\$375	\$1,800	\$61	\$46	\$1,000	\$2,000
16	62,501	75,000	\$137	\$122	\$85	\$70	\$126	\$111	\$114	\$99	\$400	\$1,850	\$68	\$53	\$1,000	\$2,000
7	75,001	100,000	\$164	\$149	\$106	\$91	\$153	\$138	\$141	\$126	\$425	\$1,900	\$83	\$68	\$1,000	\$2,000
8	100,001	125,000	\$205	\$190	\$143	\$128	\$194	\$179	\$182	\$167	\$500	\$2,000	\$128	\$113	\$1,000	\$2,000
9	125,001	+	\$233	\$218	\$171	\$156	\$222	\$207	\$210	\$195	\$600	\$2,250	\$156	\$141	\$1,000	\$2,000

Employee and Children																
IDX	Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max
1	\$0	20,000	\$195	\$165	\$121	\$91	\$129	\$99	\$80	\$50	\$200	\$800	\$51	\$21	\$1,000	\$4,000
2	20,001	30,000	\$218	\$188	\$143	\$113	\$150	\$120	\$103	\$73	\$300	\$1,100	\$63	\$33	\$1,000	\$4,000
3	30,001	36,000	\$227	\$197	\$147	\$117	\$158	\$128	\$112	\$82	\$400	\$1,250	\$67	\$37	\$1,000	\$4,000
4	36,001	42,000	\$239	\$209	\$152	\$122	\$169	\$139	\$124	\$94	\$450	\$1,500	\$72	\$42	\$1,000	\$4,000
5	42,001	50,000	\$271	\$241	\$179	\$149	\$199	\$169	\$156	\$126	\$500	\$1,750	\$99	\$69	\$1,500	\$4,000
6	50,001	62,500	\$311	\$281	\$219	\$189	\$239	\$209	\$196	\$166	\$750	\$1,800	\$139	\$109	\$1,500	\$4,000
16	62,501	75,000	\$342	\$312	\$244	\$214	\$264	\$234	\$227	\$197	\$800	\$1,850	\$164	\$134	\$1,500	\$4,000
7	75,001	100,000	\$401	\$371	\$297	\$267	\$319	\$289	\$286	\$256	\$850	\$1,900	\$217	\$187	\$1,500	\$4,000
8	100,001	125,000	\$461	\$431	\$362	\$332	\$374	\$344	\$346	\$316	\$1,000	\$2,000	\$282	\$252	\$1,500	\$4,000
9	125,001	+	\$514	\$484	\$411	\$381	\$424	\$394	\$399	\$369	\$1,200	\$2,250	\$331	\$301	\$1,500	\$4,000

* To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.

Note: You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Monthly Premiums For Region 2

Family																
IDX	Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max
1	\$0	20,000	\$240	\$210	\$163	\$133	\$174	\$144	\$120	\$90	\$200	\$800	\$93	\$63	\$1,000	\$4,000
2	20,001	30,000	\$286	\$256	\$211	\$181	\$216	\$186	\$166	\$136	\$300	\$1,100	\$125	\$95	\$1,000	\$4,000
3	30,001	36,000	\$310	\$280	\$230	\$200	\$236	\$206	\$190	\$160	\$400	\$1,250	\$142	\$112	\$1,000	\$4,000
4	36,001	42,000	\$337	\$307	\$248	\$218	\$258	\$228	\$217	\$187	\$450	\$1,500	\$160	\$130	\$1,000	\$4,000
5	42,001	50,000	\$383	\$353	\$286	\$256	\$303	\$273	\$263	\$233	\$500	\$1,750	\$198	\$168	\$1,500	\$4,000
6	50,001	62,500	\$444	\$414	\$337	\$307	\$358	\$328	\$324	\$294	\$750	\$1,800	\$249	\$219	\$1,500	\$4,000
16	62,501	75,000	\$474	\$444	\$365	\$335	\$385	\$355	\$354	\$324	\$800	\$1,850	\$277	\$247	\$1,500	\$4,000
7	75,001	100,000	\$552	\$522	\$445	\$415	\$456	\$426	\$432	\$402	\$850	\$1,900	\$357	\$327	\$1,500	\$4,000
8	100,001	125,000	\$660	\$630	\$547	\$517	\$554	\$524	\$540	\$510	\$1,000	\$2,000	\$459	\$429	\$1,500	\$4,000
9	125,001	+	\$751	\$721	\$628	\$598	\$630	\$600	\$631	\$601	\$1,200	\$2,250	\$540	\$510	\$1,500	\$4,000

Family with Employee Spouse																
IDX	Salary Range		Carelink						PEIA PPB Plan A				PEIA PPB Plan B			
			Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max	Standard	Preferred*	Annual Deductible	Out-of-Pocket Max
1	\$0	20,000	\$209	\$179	\$121	\$91	\$144	\$114	\$88	\$58	\$200	\$800	\$63	\$33	\$1,000	\$4,000
2	20,001	30,000	\$242	\$212	\$151	\$121	\$174	\$144	\$121	\$91	\$300	\$1,100	\$83	\$53	\$1,000	\$4,000
3	30,001	36,000	\$264	\$234	\$173	\$143	\$194	\$164	\$143	\$113	\$400	\$1,250	\$100	\$70	\$1,000	\$4,000
4	36,001	42,000	\$281	\$251	\$195	\$165	\$209	\$179	\$160	\$130	\$450	\$1,500	\$112	\$82	\$1,000	\$4,000
5	42,001	50,000	\$319	\$289	\$225	\$195	\$244	\$214	\$198	\$168	\$500	\$1,750	\$137	\$107	\$1,500	\$4,000
6	50,001	62,500	\$369	\$339	\$275	\$245	\$289	\$259	\$248	\$218	\$750	\$1,800	\$177	\$147	\$1,500	\$4,000
16	62,501	75,000	\$406	\$376	\$323	\$293	\$323	\$293	\$285	\$255	\$800	\$1,850	\$213	\$183	\$1,500	\$4,000
7	75,001	100,000	\$492	\$462	\$413	\$383	\$401	\$371	\$371	\$341	\$850	\$1,900	\$300	\$270	\$1,500	\$4,000
8	100,001	125,000	\$600	\$570	\$516	\$486	\$499	\$469	\$479	\$449	\$1,000	\$2,000	\$403	\$373	\$1,500	\$4,000
9	125,001	+	\$681	\$651	\$596	\$566	\$573	\$543	\$560	\$530	\$1,200	\$2,250	\$483	\$453	\$1,500	\$4,000

* To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.

Note: You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Non-State Agency: 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.

PEIA has made it the employee's option to choose PEIA PPB Plan A or Plan B 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.

The chart below details the premiums, deductibles and out-of-pocket maximums for the two 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.

Premiums, Deductibles and Out-of-Pocket Maximums

	PEIA PPB Plan A				PEIA PPB Plan B			
	Standard (tobacco user)	Preferred* (tobacco-free)	Annual Deductible	Annual Out- of-Pocket Maximum	Standard (tobacco user)	Preferred* (tobacco-free)	Annual Deductible	Annual Out- of-Pocket Maximum
Employee Only	\$410	\$395	\$225	\$1,500	\$374	\$359	\$500	\$2,000
Employee and Child(ren)	\$833	\$803	\$450	\$1,500	\$740	\$710	\$1,000	\$4,000
Family	\$833	\$803	\$450	\$1,500	\$740	\$710	\$1,000	\$4,000

** To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.*

Note: You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Non-State Agency: Managed Care Plans

Be sure to read the information on the previous page!

To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the chart on page 15 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the chart on page 15 are considered to be in Region 2 for premium purposes.

The Health Plan does not offer discounted premiums to tobacco-free members, but you can still get a discount on your optional life insurance premium if you're tobacco-free by completing and submitting the Tobacco Affidavit.

Region 1 & 2 Managed Care Plan Premiums

Managed Care Plans									
REGION 1									
	Carelink Plan A		Carelink Plan B		Carelink PPO		The Health Plan		
	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Plan A	Plan B	PPO
Employee Only	\$475	\$460	\$358	\$343	\$386	\$371	\$449	\$312	\$404
Employee and Child(ren)	\$722	\$692	\$547	\$517	\$584	\$554	\$617	\$478	\$557
Family	\$1,144	\$1,114	\$887	\$857	\$926	\$896	\$1,024	\$783	\$918
REGION 2									
	Carelink Plan A		Carelink Plan B		Carelink PPO				
	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)			
Employee Only	\$479	\$464	\$369	\$354	\$373	\$358			
Employee and Child(ren)	\$727	\$697	\$564	\$534	\$558	\$528			
Family	\$1,148	\$1,118	\$893	\$863	\$883	\$853			

* To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.

Note: You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Non-Medicare Retiree PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. To enroll in one of the managed care plans listed here, you must live in the plan's enrollment area. Check the chart on page 15 to see if you qualify for the plan you're considering. The PEIA PPB Plan's enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the chart are in Region 2 for premium purposes.

If you are using accrued leave, 100% or 50% of these premiums are being paid by your former employer.

Medical benefits for non-Medicare retirees have not changed for 2008. There are two changes in the prescription drug benefits: 1) the Family prescription deductible is increasing from \$125 to \$150, and 2) the non-preferred drug copay is increasing from \$30 to \$50. As always, no individual in the family can meet more than half of the family deductible. For more details, see the last paragraph under "Deductible" on page 62 of the Summary Plan Description.

PEIA PPB non-Medicare Retiree Rates												
	Policyholder Only				Policyholder with non-Medicare Dependents				Policyholder with Medicare Dependents†			
	2008 Standard	2008 Preferred ¹	Deductible	Out-of-pocket Maximum	2008 Standard	2008 Preferred ¹	Deductible	Out-of-pocket Maximum	2008 Standard	2008 Preferred ¹	Deductible	Out-of-pocket Maximum
5 to 9 years	\$744	\$729	\$375	\$1,500	\$1,772	\$1,742	\$750	\$1,500	\$1,234	\$1,204	\$750	\$1,000
10 to 14 years	\$570	\$555	\$375	\$1,500	\$1,329	\$1,299	\$750	\$1,500	\$912	\$882	\$750	\$1,000
15 to 19 years	\$395	\$380	\$375	\$1,500	\$888	\$858	\$750	\$1,500	\$593	\$563	\$750	\$1,000
20 to 24 years	\$292	\$277	\$375	\$1,500	\$623	\$593	\$750	\$1,500	\$400	\$370	\$750	\$1,000
25 or more years*	\$223	\$208	\$375	\$1,500	\$446	\$416	\$750	\$1,500	\$271	\$241	\$750	\$1,000

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

* 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.

1. To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.

Special Notice for Non-Medicare Retirees with Medicare Dependents:

PEIA has contracted with Coventry Health Care to provide Medicare Advantage/Prescription Drug Program (MAPD) 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, and the Medicare beneficiary will receive benefits from the MAPD plan. For details of the Medicare beneficiary's plan design, see page 24.

If you are a non-Medicare retiree with Medicare dependents, then the non-Medicare beneficiary will have essentially the same benefits as before, but the Medicare beneficiary will have no deductible and the \$500 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart on page 24. Remember, for non-Medicare family members, the family deductible is \$750, 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, see page 33 of the Summary Plan Description.

Non-Medicare Retiree Managed Care Premiums

The Health Plan						
Years of service	Policyholder Only			Policyholder and Family		
	Plan A	Plan B	PPO	Plan A	Plan B	PPO
5-9	\$382	\$328	\$373	\$730	\$624	\$711
10-14	\$362	\$311	\$353	\$691	\$591	\$673
15-19	\$341	\$293	\$333	\$652	\$557	\$635
20-24	\$321	\$276	\$313	\$613	\$524	\$597
25+ †	\$307	\$264	\$300	\$586	\$501	\$572

REGION 1 - Carelink												
Years of service	Policyholder Only						Policyholder and Family					
	Plan A		Plan B		PPO		Plan A		Plan B		PPO	
	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)
5-9	\$505	\$490	\$385	\$370	\$380	\$365	\$876	\$846	\$668	\$638	\$659	\$629
10-14	\$478	\$463	\$364	\$349	\$360	\$345	\$829	\$799	\$632	\$602	\$624	\$594
15-19	\$451	\$436	\$344	\$329	\$340	\$325	\$782	\$752	\$596	\$566	\$589	\$559
20-24	\$424	\$409	\$323	\$308	\$319	\$304	\$735	\$705	\$561	\$531	\$553	\$523
25+ †	\$406	\$391	\$309	\$294	\$306	\$291	\$704	\$674	\$537	\$507	\$530	\$500

REGION 2 - Carelink												
Years of Service	Policyholder Only						Policyholder and Family					
	Plan A		Plan B		PPO		Plan A		Plan B		PPO	
	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)
5-9	\$492	\$477	\$379	\$364	\$374	\$359	\$864	\$834	\$659	\$629	\$650	\$620
10-14	\$463	\$448	\$359	\$344	\$354	\$339	\$817	\$787	\$623	\$593	\$615	\$585
15-19	\$435	\$420	\$338	\$323	\$334	\$319	\$771	\$741	\$588	\$558	\$581	\$551
20-24	\$406	\$391	\$318	\$303	\$314	\$299	\$725	\$695	\$553	\$523	\$546	\$516
25+ †	\$386	\$371	\$305	\$290	\$301	\$286	\$694	\$664	\$529	\$499	\$523	\$493

* To qualify for the Preferred premiums, all enrolled family members must be tobacco free, and you must complete and submit your tobacco affidavit no later than April 30, 2007.
† 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.

Medicare Retiree Benefits

PEIA has contracted with Coventry Health Care to provide Medicare Advantage/Prescription Drug (MAPD) 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 Medicare and non-Medicare members. In these cases, the Medicare beneficiary will receive benefits from the Coventry plan, and the non-Medicare family members will continue their coverage in the PEIA PPB Plan. Medicare eligible members can contact Coventry Health Care at 1-877-337-4178 with any questions. Please note that this is different from the Carelink customer service number. Coventry Health Care owns Carelink and operates the MAPD Plan and service center separately.

Benefits for Medicare Beneficiaries

Coventry will provide MUCH more information to Medicare retirees, but here is a general overview of how the benefits will work for each Medicare beneficiary. Each person who has Medicare will have the following benefits:

Medicare Retiree Benefit Design	
Primary Care Office Visit	\$10/visit
Specialty Care Office Visit	\$20/visit
Lab, Imaging and most other services	20% coinsurance
Hospital Outpatient Surgery	\$50/facility copay + 20% coinsurance
Hospital Inpatient	20% coinsurance
Annual Deductible	\$0
Annual Out-of-Pocket Maximum	\$500
Premium monthly reduction (per Medicare member) This has been deducted from the premiums in the chart.	\$22
Annual Premium reduction per Medicare member (monthly amount x 12)	\$264

So, when the Medicare beneficiary uses medical services, there will be **no deductible**, but there will be copayments for office visits, and 20% coinsurance for most other services. The Medicare beneficiary’s copayments and coinsurance will add up to a maximum of \$500 per plan year. The Plan Year will remain July 1-June 30. With a premium reduction of \$264 per year, each Medicare retiree could be responsible for a maximum of an additional \$236 per year, if that member uses enough services to reach the \$500 out-of-pocket maximum. **Any provider that accepts Medicare may be used by those enrolled in the MAPD.**

The prescription drug benefit will continue to be identical to active employees'. The Family prescription deductible is increasing from \$125 to \$150, and the non-preferred drug copay is increasing from \$30 to \$50. As always, no individual in the family can meet more than half of the family deductible. For more details on how the prescription deductible works, see the last paragraph under "Deductible" on page 62 of the Summary Plan Description.

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will have no deductible and the \$500 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart above. The non-Medicare dependents covered by the Medicare policyholder will have the deductible and out-of-pocket maximum shown in the premium chart below. Remember, for non-Medicare family members, the deductible is \$300, 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, see page 33 of the Summary Plan Description.

PEIA PPB Medicare Retiree Rates												
	Medicare Retired Policyholder Only				Medicare Retired Policyholder with non-Medicare Dependents 1				Medicare Retired Policyholder with Medicare Dependents 2			
	2008 Standard	2008 Preferred	Deductible	Out-of- pocket Maximum	2008 Standard	2008 Preferred	Deductible	Out-of- pocket Maximum	2008 Standard	2008 Preferred	Deductible	Out-of- pocket Maximum
5 to 9 years	\$339	\$324	\$0.00	\$500	\$1,156	\$1,125	\$300	\$500	\$702	\$672	\$0.00	\$500
10 to 14 years	\$246	\$231	\$0.00	\$500	\$864	\$834	\$300	\$500	\$501	\$471	\$0.00	\$500
15 to 19 years	\$153	\$138	\$0.00	\$500	\$572	\$542	\$300	\$500	\$301	\$271	\$0.00	\$500
20 to 24 years	\$98	\$83	\$0.00	\$500	\$396	\$366	\$300	\$500	\$178	\$148	\$0.00	\$500
25 or more years	\$61	\$46	\$0.00	\$500	\$279	\$249	\$300	\$500	\$99	\$69	\$0.00	\$500

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. To qualify for the Preferred Premium for all of Plan Year 2008, you and all enrolled family members must have been tobacco free by January 1, 2007, and you must submit a tobacco free affidavit by April 30, 2007.

Note: You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

COBRA Rates For State Agencies, Colleges, Universities and County Boards of Education

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. Wells Fargo TPA handles COBRA enrollment for all plans and will contact you if you become eligible.

The charts to the left show the monthly premiums for COBRA enrollees. 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 listed below, you must live in the plan's enrollment area. Check the chart to the left to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 15 are considered to be in Region 2 for premium purposes.

The Health Plan does not offer discounted premiums to tobacco-free members. If you want to change plans, please complete the Tobacco Affidavit and Transfer Form and return it to Wells Fargo TPA in the envelope they provided you by April 30, 2007.

COBRA for Non-State Agencies																	
Region 1																	
	Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
	Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Plan A	Plan B	PPO	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum
Employee Only	\$485	\$470	\$365	\$350	\$394	\$379	\$458	\$318	\$412	\$418	\$403	\$225	\$1,500	\$381	\$366	\$500	\$2,000
Employee & Children	\$736	\$706	\$558	\$528	\$596	\$566	\$629	\$488	\$568	\$850	\$820	\$450	\$1,500	\$755	\$725	\$1,000	\$4,000
Family	\$1,167	\$1,137	\$905	\$875	\$945	\$915	\$1,044	\$799	\$936	\$850	\$820	\$450	\$1,500	\$755	\$725	\$1,000	\$4,000
COBRA Disability Rates																	
Employee Only	\$713	\$698	\$537	\$522	\$579	\$564	\$674	\$468	\$606	\$615	\$600	\$225	\$1,500	\$561	\$546	\$500	\$2,000
Employee & Children	\$1,083	\$1,053	\$821	\$791	\$876	\$846	\$926	\$717	\$836	\$1,250	\$1,220	\$450	\$1,500	\$1,110	\$1,080	\$1,000	\$4,000
Family	\$1,716	\$1,686	\$1,331	\$1,301	\$1,389	\$1,359	\$1,536	\$1,175	\$1,377	\$1,250	\$1,220	\$450	\$1,500	\$1,110	\$1,080	\$1,000	\$4,000
Region 2																	
	Carelink						PEIA PPB Plan A				PEIA PPB Plan B						
	Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum			
Employee Only	\$489	\$474	\$376	\$361	\$380	\$365	\$418	\$403	\$225	\$1,500	\$381	\$366	\$500	\$2,000			
Employee & Children	\$742	\$712	\$575	\$545	\$569	\$539	\$850	\$820	\$450	\$1,500	\$755	\$725	\$1,000	\$4,000			
Family	\$1,171	\$1,141	\$911	\$881	\$901	\$871	\$850	\$820	\$450	\$1,500	\$755	\$725	\$1,000	\$4,000			
COBRA Disability Rates																	
Employee Only	\$719	\$704	\$554	\$539	\$560	\$545	\$615	\$600	\$225	\$1,500	\$561	\$546	\$500	\$2,000			
Employee & Children	\$1,091	\$1,061	\$846	\$816	\$837	\$807	\$1,250	\$1,220	\$450	\$1,500	\$1,110	\$1,080	\$1,000	\$4,000			
Family	\$1,722	\$1,692	\$1,340	\$1,310	\$1,325	\$1,295	\$1,250	\$1,220	\$450	\$1,500	\$1,110	\$1,080	\$1,000	\$4,000			

*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by April 30, 2007.

COBRA Rates For Non-State Agencies

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. Wells Fargo TPA handles COBRA enrollment for all plans and will contact you if you become eligible.

The charts to the left show the monthly premiums for COBRA enrollees. 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 listed to the left, you must live in the plan's enrollment area. Check the chart on page 15 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart. Counties not listed in the charts on page 15 are considered to be in Region 2 for premium purposes.

The Health Plan does not offer discounted premiums to tobacco-free members. If you want to change plans, please complete the Tobacco Affidavit and Transfer Form and return it to Wells Fargo TPA in the envelope they provided you by April 30, 2007.

COBRA for State Agencies, Colleges, Universities and County Boards of Education																	
Region 1																	
	Carelink						Health Plan			PEIA PPB Plan A				PEIA PPB Plan B			
	Plan A Standard	Plan A Preferred*	Plan B Standard	Plan B Preferred*	PPO Standard	PPO Preferred*	Plan A	Plan B	PPO	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum
Employee Only	\$444	\$429	\$391	\$376	\$434	\$419	\$415	\$369	\$395	\$418	\$403	\$225	\$1,500	\$394	\$379	\$500	\$2,000
Employee & Children	\$691	\$661	\$584	\$554	\$630	\$600	\$565	\$498	\$549	\$568	\$538	\$450	\$1,500	\$515	\$485	\$1,000	\$4,000
Family	\$1,076	\$1,046	\$974	\$944	\$1,035	\$1,005	\$914	\$855	\$888	\$940	\$910	\$450	\$1,500	\$882	\$852	\$1,000	\$4,000
COBRA Disability Rates																	
Employee Only	\$653	\$638	\$575	\$560	\$638	\$623	\$611	\$543	\$581	\$615	\$600	\$225	\$1,500	\$579	\$549	\$500	\$2,000
Employee & Children	\$1,016	\$986	\$860	\$830	\$927	\$897	\$831	\$732	\$807	\$836	\$806	\$450	\$1,500	\$758	\$728	\$1,000	\$4,000
Family	\$1,583	\$1,553	\$1,433	\$1,403	\$1,523	\$1,493	\$1,344	\$1,257	\$1,307	\$1,383	\$1,353	\$450	\$1,500	\$1,298	\$1,268	\$1,000	\$4,000
Region 2																	
	Carelink						PEIA PPB Plan A				PEIA PPB Plan B						
	Plan A Standard	Plan A Preferred*	Plan B Standard	Plan 2 Preferred*	PPO Standard	PPO Preferred*	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-pocket Maximum			
Employee Only	\$442	\$427	\$397	\$382	\$430	\$415	\$418	\$403	\$225	\$1,500	\$394	\$379	\$500	\$2,000			
Employee & Children	\$685	\$655	\$597	\$567	\$614	\$584	\$568	\$538	\$450	\$1,500	\$515	\$485	\$1,000	\$4,000			
Family	\$1,063	\$1,033	\$972	\$942	\$982	\$952	\$940	\$910	\$450	\$1,500	\$882	\$852	\$1,000	\$4,000			
COBRA Disability Rates																	
Employee Only	\$650	\$635	\$584	\$569	\$633	\$618	\$615	\$600	\$225	\$1,500	\$579	\$549	\$500	\$2,000			
Employee & Children	\$1,008	\$978	\$878	\$848	\$903	\$873	\$836	\$806	\$450	\$1,500	\$758	\$728	\$1,000	\$4,000			
Family	\$1,563	\$1,533	\$1,430	\$1,400	\$1,445	\$1,415	\$1,383	\$1,353	\$450	\$1,500	\$1,298	\$1,268	\$1,000	\$4,000			

*Complete and submit the Tobacco Affidavit and Open Enrollment Transfer Form we mailed to your home to qualify for discounted premiums. Affidavits are due by April 30, 2007.

Active Employee's Optional Life Insurance: TOBACCO FREE

Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Active Employees' Optional Life Insurance Premiums – Tobacco-Free																		
	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX	
Employee's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	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	\$0.35	\$10,000	\$0.70	\$20,000	\$1.40	\$30,000	\$2.10	\$40,000	\$2.80	\$50,000	\$3.50	\$60,000	\$4.20	\$75,000	\$5.25	\$80,000	\$5.60
35-39	\$5,000	\$0.45	\$10,000	\$0.90	\$20,000	\$1.80	\$30,000	\$2.70	\$40,000	\$3.60	\$50,000	\$4.50	\$60,000	\$5.40	\$75,000	\$6.75	\$80,000	\$7.20
40-44	\$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
45-49	\$5,000	\$0.85	\$10,000	\$1.70	\$20,000	\$3.40	\$30,000	\$5.10	\$40,000	\$6.80	\$50,000	\$8.50	\$60,000	\$10.20	\$75,000	\$12.75	\$80,000	\$13.60
50-54	\$5,000	\$1.25	\$10,000	\$2.50	\$20,000	\$5.00	\$30,000	\$7.50	\$40,000	\$10.00	\$50,000	\$12.50	\$60,000	\$15.00	\$75,000	\$18.75	\$80,000	\$20.00
55-59	\$5,000	\$2.25	\$10,000	\$4.50	\$20,000	\$9.00	\$30,000	\$13.50	\$40,000	\$18.00	\$50,000	\$22.50	\$60,000	\$27.00	\$75,000	\$33.75	\$80,000	\$36.00
60-64	\$5,000	\$3.30	\$10,000	\$6.60	\$20,000	\$13.20	\$30,000	\$19.80	\$40,000	\$26.40	\$50,000	\$33.00	\$60,000	\$39.60	\$75,000	\$49.50	\$80,000	\$52.80
65-69	\$3,250	\$4.10	\$6,500	\$8.19	\$13,000	\$16.38	\$19,500	\$24.57	\$26,000	\$32.76	\$32,500	\$40.95	\$39,000	\$49.14	\$48,750	\$61.43	\$52,000	\$65.52
70 & Above	\$2,250	\$4.68	\$4,500	\$9.36	\$9,000	\$18.72	\$13,500	\$28.08	\$18,000	\$37.44	\$22,500	\$46.80	\$27,000	\$56.16	\$33,750	\$70.20	\$36,000	\$74.88

Active Employees' Optional Life Insurance Premiums – Tobacco-Free																		
	Plan X		Plan XI		Plan XII		Plan XIII		Plan XIV		Plan XV		Plan XVI		Plan XVII		Plan XVIII	
Employee's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	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	\$7.00	\$150,000	\$10.50	\$200,000	\$14.00	\$250,000	\$17.50	\$300,000	\$21.00	\$350,000	\$24.50	\$400,000	\$28.00	\$450,000	\$31.50	\$500,000	\$35.00
35-39	\$100,000	\$9.00	\$150,000	\$13.50	\$200,000	\$18.00	\$250,000	\$22.50	\$300,000	\$27.00	\$350,000	\$31.50	\$400,000	\$36.00	\$450,000	\$40.50	\$500,000	\$45.00
40-44	\$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
45-49	\$100,000	\$17.00	\$150,000	\$25.50	\$200,000	\$34.00	\$250,000	\$42.50	\$300,000	\$51.00	\$350,000	\$59.50	\$400,000	\$68.00	\$450,000	\$76.50	\$500,000	\$85.00
50-54	\$100,000	\$25.00	\$150,000	\$37.50	\$200,000	\$50.00	\$250,000	\$62.50	\$300,000	\$75.00	\$350,000	\$87.50	\$400,000	\$100.00	\$450,000	\$112.50	\$500,000	\$125.00
55-59	\$100,000	\$45.00	\$150,000	\$67.50	\$200,000	\$90.00	\$250,000	\$112.50	\$300,000	\$135.00	\$350,000	\$157.50	\$400,000	\$180.00	\$450,000	\$202.50	\$500,000	\$225.00
60-64	\$100,000	\$66.00	\$150,000	\$99.00	\$200,000	\$132.00	\$250,000	\$165.00	\$300,000	\$198.00	\$350,000	\$231.00	\$400,000	\$264.00	\$450,000	\$297.00	\$500,000	\$330.00
65-69	\$65,000	\$81.90	\$97,500	\$122.85	\$130,000	\$163.80	\$162,500	\$204.75	\$195,000	\$245.70	\$227,500	\$286.65	\$260,000	\$327.60	\$292,500	\$368.55	\$325,000	\$409.50
70 & Above	\$45,000	\$93.60	\$67,500	\$140.40	\$90,000	\$187.20	\$112,500	\$234.00	\$135,000	\$280.80	\$157,500	\$327.60	\$180,000	\$374.40	\$202,500	\$421.20	\$225,000	\$468.00

* To qualify for these rates, the policyholder must have been tobacco-free as of January 1, 2007. You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Active Employee's Optional Life Insurance: TOBACCO USER

The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Active Employees' Optional Life Insurance Premiums -- Tobacco User																		
Employee's Age	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.45	\$10,000	\$0.90	\$20,000	\$1.80	\$30,000	\$2.70	\$40,000	\$3.60	\$50,000	\$4.50	\$60,000	\$5.40	\$75,000	\$6.75	\$80,000	\$7.20
30-34	\$5,000	\$0.50	\$10,000	\$1.00	\$20,000	\$2.00	\$30,000	\$3.00	\$40,000	\$4.00	\$50,000	\$5.00	\$60,000	\$6.00	\$75,000	\$7.50	\$80,000	\$8.00
35-39	\$5,000	\$0.65	\$10,000	\$1.30	\$20,000	\$2.60	\$30,000	\$3.90	\$40,000	\$5.20	\$50,000	\$6.50	\$60,000	\$7.80	\$75,000	\$9.75	\$80,000	\$10.40
40-44	\$5,000	\$1.10	\$10,000	\$2.20	\$20,000	\$4.40	\$30,000	\$6.60	\$40,000	\$8.80	\$50,000	\$11.00	\$60,000	\$13.20	\$75,000	\$16.50	\$80,000	\$17.60
45-49	\$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
50-54	\$5,000	\$2.35	\$10,000	\$4.70	\$20,000	\$9.40	\$30,000	\$14.10	\$40,000	\$18.80	\$50,000	\$23.50	\$60,000	\$28.20	\$75,000	\$35.25	\$80,000	\$37.60
55-59	\$5,000	\$3.60	\$10,000	\$7.20	\$20,000	\$14.40	\$30,000	\$21.60	\$40,000	\$28.80	\$50,000	\$36.00	\$60,000	\$43.20	\$75,000	\$54.00	\$80,000	\$57.60
60-64	\$5,000	\$4.80	\$10,000	\$9.60	\$20,000	\$19.20	\$30,000	\$28.80	\$40,000	\$38.40	\$50,000	\$48.00	\$60,000	\$57.60	\$75,000	\$72.00	\$80,000	\$76.80
65-69	\$3,250	\$4.78	\$6,500	\$9.56	\$13,000	\$19.11	\$19,500	\$28.67	\$26,000	\$38.22	\$32,500	\$47.78	\$39,000	\$57.33	\$48,750	\$71.66	\$52,000	\$76.44
70 & Above	\$2,250	\$9.70	\$4,500	\$19.40	\$9,000	\$38.79	\$13,500	\$58.19	\$18,000	\$77.58	\$22,500	\$96.98	\$27,000	\$116.37	\$33,750	\$145.46	\$36,000	\$155.16

Active Employees' Optional Life Insurance Premiums -- Tobacco User																		
Employee's Age	Plan X		Plan XI		Plan XII		Plan XIII		Plan XIV		Plan XV		Plan XVI		Plan XVII		Plan XVIII	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$100,000	\$9.00	\$150,000	\$13.50	\$200,000	\$18.00	\$250,000	\$22.50	\$300,000	\$27.00	\$350,000	\$31.50	\$400,000	\$36.00	\$450,000	\$40.50	\$500,000	\$45.00
30-34	\$100,000	\$10.00	\$150,000	\$15.00	\$200,000	\$20.00	\$250,000	\$25.00	\$300,000	\$30.00	\$350,000	\$35.00	\$400,000	\$40.00	\$450,000	\$45.00	\$500,000	\$50.00
35-39	\$100,000	\$13.00	\$150,000	\$19.50	\$200,000	\$26.00	\$250,000	\$32.50	\$300,000	\$39.00	\$350,000	\$45.50	\$400,000	\$52.00	\$450,000	\$58.50	\$500,000	\$65.00
40-44	\$100,000	\$22.00	\$150,000	\$33.00	\$200,000	\$44.00	\$250,000	\$55.00	\$300,000	\$66.00	\$350,000	\$77.00	\$400,000	\$88.00	\$450,000	\$99.00	\$500,000	\$110.00
45-49	\$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
50-54	\$100,000	\$47.00	\$150,000	\$70.50	\$200,000	\$94.00	\$250,000	\$117.50	\$300,000	\$141.00	\$350,000	\$164.50	\$400,000	\$188.00	\$450,000	\$211.50	\$500,000	\$235.00
55-59	\$100,000	\$72.00	\$150,000	\$108.00	\$200,000	\$144.00	\$250,000	\$180.00	\$300,000	\$216.00	\$350,000	\$252.00	\$400,000	\$288.00	\$450,000	\$324.00	\$500,000	\$360.00
60-64	\$100,000	\$96.00	\$150,000	\$144.00	\$200,000	\$192.00	\$250,000	\$240.00	\$300,000	\$288.00	\$350,000	\$336.00	\$400,000	\$384.00	\$450,000	\$432.00	\$500,000	\$480.00
65-69	\$65,000	\$95.55	\$97,500	\$143.33	\$130,000	\$191.10	\$162,500	\$238.88	\$195,000	\$286.65	\$227,500	\$334.43	\$260,000	\$382.20	\$292,500	\$429.98	\$325,000	\$477.75
70 & Above	\$45,000	\$193.95	\$67,500	\$290.92	\$90,000	\$387.90	\$112,500	\$484.88	\$135,000	\$581.85	\$157,500	\$678.83	\$180,000	\$775.80	\$202,500	\$872.78	\$225,000	\$969.75

Retired Employee's Optional Life Insurance: TOBACCO FREE

The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Retired Employees Optional Life Insurance – Tobacco-Free *										
	Plan I		Plan II		Plan III		Plan IV		Plan V	
Option Code	100		200		250		300		400	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 30	\$5,000	\$0.30	\$10,000	\$0.60	\$15,000	\$0.90	\$20,000	\$1.20	\$30,000	\$1.80
30 - 34	\$5,000	\$0.40	\$10,000	\$0.80	\$15,000	\$1.20	\$20,000	\$1.60	\$30,000	\$2.40
35 - 39	\$5,000	\$0.45	\$10,000	\$0.90	\$15,000	\$1.35	\$20,000	\$1.80	\$30,000	\$2.70
40 - 44	\$5,000	\$0.65	\$10,000	\$1.30	\$15,000	\$1.95	\$20,000	\$2.60	\$30,000	\$3.90
45 - 49	\$5,000	\$0.95	\$10,000	\$1.90	\$15,000	\$2.85	\$20,000	\$3.80	\$30,000	\$5.70
50 - 54	\$5,000	\$1.60	\$10,000	\$3.20	\$15,000	\$4.80	\$20,000	\$6.40	\$30,000	\$9.60
55 - 59	\$5,000	\$2.60	\$10,000	\$5.20	\$15,000	\$7.80	\$20,000	\$10.40	\$30,000	\$15.60
60 - 64	\$5,000	\$3.80	\$10,000	\$7.60	\$15,000	\$11.40	\$20,000	\$15.20	\$30,000	\$22.80
65 - 69	\$3,250	\$4.26	\$6,500	\$8.52	\$9,750	\$12.77	\$13,000	\$17.03	\$19,500	\$25.55
70 & above	\$2,500	\$9.13	\$5,000	\$18.25	\$7,500	\$27.38	\$10,000	\$36.50	\$15,000	\$54.75
	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
Option Code	500		600		700		800		900	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 30	\$40,000	\$2.40	\$50,000	\$3.00	\$75,000	\$4.50	\$100,000	\$6.00	\$150,000	\$9.00
30 - 34	\$40,000	\$3.20	\$50,000	\$4.00	\$75,000	\$6.00	\$100,000	\$8.00	\$150,000	\$12.00
35 - 39	\$40,000	\$3.60	\$50,000	\$4.50	\$75,000	\$6.75	\$100,000	\$9.00	\$150,000	\$13.50
40 - 44	\$40,000	\$5.20	\$50,000	\$6.50	\$75,000	\$9.75	\$100,000	\$13.00	\$150,000	\$19.50
45 - 49	\$40,000	\$7.60	\$50,000	\$9.50	\$75,000	\$14.25	\$100,000	\$19.00	\$150,000	\$28.50
50 - 54	\$40,000	\$12.80	\$50,000	\$16.00	\$75,000	\$24.00	\$100,000	\$32.00	\$150,000	\$48.00
55 - 59	\$40,000	\$20.80	\$50,000	\$26.00	\$75,000	\$39.00	\$100,000	\$52.00	\$150,000	\$78.00
60 - 64	\$40,000	\$30.40	\$50,000	\$38.00	\$75,000	\$57.00	\$100,000	\$76.00	\$150,000	\$114.00
65 - 69	\$26,000	\$34.06	\$32,500	\$42.58	\$48,750	\$63.86	\$65,000	\$85.15	\$97,500	\$127.73
70 & above	\$20,000	\$73.00	\$25,000	\$91.25	\$37,500	\$136.88	\$50,000	\$182.50	\$75,000	\$273.75

* To qualify for these rates, the policyholder must have been tobacco-free as of January 1, 2007. You can do your enrollment online at any time April 1-30. If you didn't register in advance for online enrollment, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. Then click on "Need to Register?" and follow the instructions. You may choose to complete and submit the Tobacco Affidavit/Transfer Form we mailed to your home. Affidavits are due by April 30, 2007.

Retired Employee's Optional Life Insurance: TOBACCO USER

The Tobacco-Free rates are charged to those who submit an affidavit stating that the policyholder does not use tobacco. The Tobacco User rates are charged to those who indicate that the policyholder uses tobacco, and to those who do not submit an affidavit.

Retired Employees Optional Life Insurance – Tobacco User										
	Plan I		Plan II		Plan III		Plan IV		Plan V	
Option Code	100		200		250		300		400	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 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	\$0.65	\$10,000	\$1.30	\$15,000	\$1.95	\$20,000	\$2.60	\$30,000	\$3.90
40 - 44	\$5,000	\$1.15	\$10,000	\$2.30	\$15,000	\$3.45	\$20,000	\$4.60	\$30,000	\$6.90
45 - 49	\$5,000	\$1.70	\$10,000	\$3.40	\$15,000	\$5.10	\$20,000	\$6.80	\$30,000	\$10.20
50 - 54	\$5,000	\$2.80	\$10,000	\$5.60	\$15,000	\$8.40	\$20,000	\$11.20	\$30,000	\$16.80
55 - 59	\$5,000	\$4.35	\$10,000	\$8.70	\$15,000	\$13.05	\$20,000	\$17.40	\$30,000	\$26.10
60 - 64	\$5,000	\$5.95	\$10,000	\$11.90	\$15,000	\$17.85	\$20,000	\$23.80	\$30,000	\$35.70
65 - 69	\$3,250	\$5.95	\$6,500	\$11.90	\$9,750	\$17.84	\$13,000	\$23.79	\$19,500	\$35.69
70 & above	\$2,500	\$13.45	\$5,000	\$26.90	\$7,500	\$40.35	\$10,000	\$53.80	\$15,000	\$80.70
	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
Option Code	500		600		700		800		900	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 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	\$5.20	\$50,000	\$6.50	\$75,000	\$9.75	\$100,000	\$13.00	\$150,000	\$19.50
40 - 44	\$40,000	\$9.20	\$50,000	\$11.50	\$75,000	\$17.25	\$100,000	\$23.00	\$150,000	\$34.50
45 - 49	\$40,000	\$13.60	\$50,000	\$17.00	\$75,000	\$25.50	\$100,000	\$34.00	\$150,000	\$51.00
50 - 54	\$40,000	\$22.40	\$50,000	\$28.00	\$75,000	\$42.00	\$100,000	\$56.00	\$150,000	\$84.00
55 - 59	\$40,000	\$34.80	\$50,000	\$43.50	\$75,000	\$65.25	\$100,000	\$87.00	\$150,000	\$130.50
60 - 64	\$40,000	\$47.60	\$50,000	\$59.50	\$75,000	\$89.25	\$100,000	\$119.00	\$150,000	\$178.50
65 - 69	\$26,000	\$47.58	\$32,500	\$59.48	\$48,750	\$89.21	\$65,000	\$118.95	\$97,500	\$178.43
70 & above	\$20,000	\$107.60	\$25,000	\$134.50	\$37,500	\$201.75	\$50,000	\$269.00	\$75,000	\$403.50

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

PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2008

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

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 1-30, 2007 for Plan Year 2008 (July 1, 2007 - June 30, 2008).

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.

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 student status; or
- employment change due to strike or lock-out.

• NOTICE •

The information on pages 33-36 applies only to active employees of State Agencies, colleges and universities (except WVU) and some county boards of education. If you are not sure you are in this plan, contact your benefit coordinator.

THIS PROGRAM DOES NOT
APPLY TO RETIREES.

Commonly Asked Questions

As of July 1, 2006, the IRS changed the definition of a "qualified child" for tax purposes. This change may affect your ability to pay premiums for family coverage on a pre-tax basis. After age 24, full-time students must meet the Federal IRS definition of a "qualified relative" to qualify for coverage as a dependent under your plan. For more information, visit our website at www.wvpeia.com.

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 make a change in your coverage (add a dependent, for example) that increases your insurance premium, or that has no effect on your premium, without having one of these events, but you'll pay any resulting increased premium on an after-tax basis until the next Open Enrollment period.

You may not make a change in your coverage that reduces the premium you pay until the next Open Enrollment period unless you have a qualifying event.

To make a change in your coverage, 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 35, sign, date and return it to your payroll clerk **by April 30, 2007**.
- (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 35, and return it to your benefit coordinator **by April 30, 2007**.

Can I make changes in my coverage now?

Yes. During Open Enrollment you can add or drop dependents for any reason. Complete a Change-In-Status form (or make the changes on your Tobacco Affidavit and Open Enrollment Transfer Form), and get it to your benefit coordinator **by April 30, 2007**.

Can I make changes during the plan year?

The IRS regulations say that you have to pay the same *amount of premium* throughout the plan year, unless you have a qualifying event, which causes your premium to change.

PEIA wants you to have the flexibility to make changes in your PEIA PPB Plan coverage during the year, so we allow you to make certain changes in your covered dependents during the plan year, as long as those changes don't affect the amount of premium you are paying. Other changes require a qualifying event.

Commonly Asked Questions

The managed care plans may have more stringent rules about adding and dropping dependents during the plan year, so be sure to check your plan's certificate of coverage to know the rules.

If a change in your PEIA PPB Plan coverage during the plan year will alter the premium (and you didn't have a qualifying event), the following will happen:

- If the premium will go up, then you will have to pay the additional premium with after-tax dollars.
- If your premium will go down, we cannot allow you to make the change and drop the dependent, because you would be paying premiums for coverage you were not getting from the PEIA PPB Plan.

This only applies if you do not have one of the qualifying events listed on Page 32.

What if I added dependents to my coverage during this past plan year?

If you added dependents without a valid family status change during this plan year, the post-tax premiums will automatically be deducted on a pre-tax basis starting July 1, 2007, unless you complete and submit the form on Page 32.

What do I do if I have a qualifying event during the plan year?

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. PEIA will approve your request or ask for additional information.

If we need more information, we may ask you to send a copy of one of the following:

- your marriage license,
- divorce decree,
- birth or death certificate,
- final adoption judgement or contract from an adoption agency, or
- a letter from your spouse's employer indicating termination or hire date, or change from full-time to part-time status or vice versa.

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.

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.

Commonly Asked Questions

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 "carveout" 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.

Managed care plans 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 this up 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 since they are in the Premium Conversion Plan, and this is not considered a qualifying event, we can't allow it during the plan year.

During Open Enrollment (April 1 - 30, 2007), 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.

Premium Conversion Plan Form / Plan Year 2008 *Return to your Benefit Coordinator*

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



Public Employees Insurance Agency

State Capitol Complex, Bldg 5, Rm 1001
1900 Kanawha Boulevard, East
Charleston, West Virginia 25305-0710

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To Learn More About a Plan

If you need a copy of a provider directory, or if you have specific questions about medical or prescription drug coverage under any of the plans offered, call the toll-free numbers below for your answers.

Plan Name, Web Address & Mailing Address	Type of Plan	Phone Number
Carelink • www.chccarelink.com Post Office Box 1711 Charleston, WV 25326-1711	HMO & PPO	1-800-348-2922
The Health Plan • www.healthplan.org 52160 National Road East St. Clairsville, OH 43950-9365	HMO & PPO	1-888-847-7902 1-740-695-3585
PEIA • www.wvpeia.com 1900 Kanawha Blvd E, Bldg 5, Rm 1001 Charleston, WV 25305-0710	PPB Plan	1-877-676-5573