

Shopper's Guide

Plan Year 2010 Benefits



July 1, 2009 - June 30, 2010

Table Of Contents

How To Have a Successful Open Enrollment	4	COBRA	25
Terms You Need To Know	5	COBRA Rates For State Agencies, Colleges, Etc.	26
What's Important For 2010?	6	COBRA Rates For Non-State Agencies	26
Eligibility Rules	7-8	Active Employee's Optional Life Insurance: TOBACCO FREE	27
Benefits At-A-Glance	9-13	Active Employee's Optional Life Insurance: TOBACCO USER	28
Benefit Fairs Sites & Dates	14	Retired Employee's Optional Life Insurance: TOBACCO FREE	29
Enrollment Area Map For Plan Year 2010	15	Retired Employee's Optional Life Insurance: TOBACCO USER	30
Managed Care Plans' Enrollment Areas	16	Other Insurance Rates	31
Monthly Premiums: Employee or Employee/Child	17	PEIA's Premium Conversion Plan: Make Your Choices	32
Monthly Premiums: Family or Family/Employee Spouse	18	Commonly Asked Questions	32-35
Non-State Agency: Premiums	19-20	Premium Conversion Plan Form	35
Non-Medicare Retiree Premiums	21-22	Advance Directives for Health Care Decision-making	36
Medicare Retiree Premiums	23-24	Combined Medical Power of Attorney and Living Will	37



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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 2010”* 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 direct you to the plans for details.
- 3 Check the map on page 15 and chart on page 16 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 16 to enroll in an HMO 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. For family coverage, all enrolled family members must have been tobacco-free by January 1, 2009, 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 change plans or change your tobacco status, go to www.wvpeia.com and click on the Online Open Enrollment button.
 - a. If you are already registered, just enter your e-mail address and password to enter the site. If you’ve forgotten your password, click on *“Forgot Password?”*
 - b. If you didn’t use the site last year, click on *“Need to Register?”* and follow the instructions. Make any changes or plan selections you wish. Remember, you must access the site and make your choices before midnight on April 30, 2009.
- 7 If you need to make a change and don’t have internet access, call PEIA for a Transfer Form.



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): Medicare retirees' benefits are administered through Coventry Health Care. Please read more about this 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.

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 2010?

The Health Plan

- There are no plan design changes for HMO Plan A & HMO Plan B for Plan Year 2010
- 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 HMO's across the country receive this Excellent Accreditation
- ATTENTION ALL CURRENT HEALTH PLAN MEMBERS WHO WILL BE TURNING 65 DURING THE PLAN YEAR: If you have Medicare A & B and are retired you can now enroll in a Medicare Advantage plan with The Health Plan called SecureFreedom and stay with Health Plan coverage. For more information, contact the plan toll-free at **(877) 847-7915**. Be sure to identify yourself as a PEIA retiree when calling.
- Over-The-Counter medications (OTC). Call The Health Plan or visit us on the web at www.healthplan.org regarding certain OTC medications. These OTC medications may be covered at a \$0 copay or reduced costs!
- 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 Health Plan's service area has expanded. We are now offered in Trumbull and Columbiana counties in Ohio.

Carelink

- Consolidating two medical benefit plans into one benefit plan. Members that were previously in the Carelink Plan 2 HMO that want to stay with Carelink will need to choose the Plan 1 HMO during open enrollment.
- The only changes to the Plan 1 medical benefits are in diabetic supplies and growth hormones. These were covered through both the medical and pharmacy benefit, but now will only be covered through the prescription drug benefit.
- Carelink eliminated the annual maximum limit in the prescription drug plan. The new prescription drug plan will have a single deductible of \$75 and family deductible of \$150. The out-of-pocket maximum is \$1,750 per single and \$3,500 per family.
- Copays are:
 - Tier 1-Generic drugs will remain at the co-payment of \$5 for retail thirty (30) day supply and mail-order ninety (90) day supply.
 - Tier 2-Preferred Brand \$15 retail
 - Tier 3-Non-Preferred Brand \$50 retail.
 - Tier 4-Self-Administered Injectables \$50.

- Mail-order ninety (90) day supply will continue to be dispensed for two co-payments for Tier 2-Preferred Brand and three co-payments for Tier 3-Non-Preferred Brand.
- Check out our website at www.carelinkhealthplans.com for more health information and our program Coventry WellBeing. Coventry WellBeing can help you identify risk factors you may have for certain health conditions and give you the information you need to make better choices for health. It can help you make meaningful lifestyle changes to improve your diet, fitness level, emotional well-being and more.

PEIA PPB Plans

1. Tobacco-free premium discount is increasing to \$25 single and \$50 family. To report a change in your tobacco status, go to www.wvpeia.com and click on "Online Open Enrollment" or call PEIA for a form.
2. PEIA's out of state network will be provided by Aetna starting July 1, 2009.
 - a. UPMC Health System in the Pittsburgh area will remain out-of-network.
 - b. All providers in Boyd County, KY, including Kings Daughters Medical Center and Our Lady of Bellefonte Hospital, will be out-of-network.
 - c. Negotiations are ongoing with providers in Washington county, Ohio.
 - d. Negotiations are ongoing with some providers in Winchester, Virginia.
 - e. Holzer Medical Center in Gallia County, OH, will be in-network, but negotiations with Holzer Clinic are ongoing.
3. There will be changes to PEIA's precertification and utilization management requirements, but details are not yet available.
4. The Face to Face (F2F) program will see some changes effective July 1, 2009:
 - a. Current participants must be tobacco free within six months or be participating in the tobacco cessation benefit (by January 1, 2010).
 - b. All new enrollees must be tobacco free within six months of enrollment in the F2F Diabetes Program or be participating in the tobacco cessation benefit.
 - c. Participants that voluntarily disenroll will be allowed to re-enroll in F2F Diabetes Program only after twelve months for a maximum lifetime benefit of two attempts.
 - d. Participants that are involuntarily disenrolled due to non-compliance will not be allowed to re-enroll in the F2F Diabetes Program.

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 Advantra Freedom 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 (unless you are enrolled as a Surviving Dependent).
- 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’ 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 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 provided PEIA’s Medicare benefit.

Transferring Employees: If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the 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

Benefit Description	Carelink Plan 1	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
Annual deductible	Single: \$200 Family: \$400	None	\$100 Individual Maximum; \$200 Family Maximum	Varies by salary and employer type. See premium charts.	Twice the in-network deductible
Annual out-of-pocket maximum	Single: \$2,000 Family: \$4,000	Single: \$2,000 Two-person: \$4,000 Family: \$6,000	Single: \$3,500 Two-person: \$7,000 Family: \$10,000	Varies by salary and employer type. See premium charts.	Twice the in-network out-of-pocket maximum
Lifetime maximum	\$1,000,000	\$1,000,000 combined for all HP products	\$1,000,000 combined for all HP products	\$1,000,000	\$1,000,000
PHYSICIAN SERVICES					
Adult routine physical examinations (including prostate and gynecological, with pap smear)	\$0 copay/visit	PCP-\$15 copay OB/GYN-\$20 copay	PCP-\$15 copay OB/GYN-\$25 copay deductible waived	\$10 co-pay for office visit	Deductible + 40%
Diagnostic x-ray, lab and testing	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40%
Mammograms	Covered in Full	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit; deductible waived	Covered in full	Deductible + 40%
Physician inpatient visits	Deductible; 20% coinsurance	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%
Physician office visits – primary care	\$10 copay/visit	\$15 copay/visit	\$15 copay/visit; deductible waived	\$15 co-pay office visit only	Deductible + 40%
Physician office visits – specialty care	\$25 copay/visit	\$20 copay/visit	\$25 copay/visit; deductible waived	\$20 co-pay office visit only	Deductible + 40%
Prenatal care	\$0 copay/visit	\$20 copay/initial visit only	\$25 copay/initial visit only; deductible waived initial visit only	Covered in full after deductible	Deductible + 40%
Second surgical opinions	\$25 copay/visit	\$20 copay/visit	\$25 copay/visit; deductible waived	\$20 co-pay office visit only	Deductible + 40% coinsurance office visit only
Voluntary sterilization	\$25 copay	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40%
Well child immunizations (birth through 16)	Covered in Full	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit; deductible waived	Covered in full	Covered in full

* 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 1	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
INPATIENT SERVICES					
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	Deductible; 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Inpatient occupational, physical, or speech therapy*	Deductible; 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Maternity care (delivery)	Deductible; 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible + 40%
Rehabilitation*	Deductible; 20% coinsurance	Covered in full (days 1-30); 20% coinsurance (days 31+)	Covered in full (days 1-30) after deductible; 20% coinsurance (days 31+)	Deductible + 20%	\$500 + deductible + 40%
Skilled nursing*	Deductible; 50% coinsurance (Maximum 100 days per year)	\$35 copay/day	\$35 copay/day after deductible	Deductible + 20%	\$500 + deductible + 40%
HOSPITAL OUTPATIENT SERVICES					
Ambulatory/outpatient surgery	Deductible; 15% coinsurance	10% coinsurance	15% coinsurance after deductible	\$50 + deductible + 20%	\$100 + deductible + 40%
Preadmission testing, diagnostic x-ray and lab	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40%
MENTAL HEALTH & CHEMICAL DEPENDENCY BENEFITS					
Outpatient chemical dependency*	\$25 copay/visit	\$20 copay/visit	\$20 copay/visit; deductible waived	Deductible + 20%	Deductible + 40%
Inpatient chemical dependency (including partial hospitalization) *	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Inpatient detoxification*	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Inpatient mental health (including partial hospitalization) *	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 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 1	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
OUTPATIENT THERAPIES					
Accupuncture* Chiropractic*	Not Covered \$25 copay/visit	Not covered \$20 copay/visit	Not covered \$25 copay/visit; deductible waived	Deductible + 20% Deductible + 20%	Deductible + 40% Deductible + 40%
Occupational therapy*	\$25 copay/visit	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40%
Physical therapy*	\$25 copay/visit	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40%
Speech therapy*	\$25 copay/visit	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40%
ALL OTHER MEDICAL SERVICES					
Allergy testing and treatment*	Allergy Serum and Injection covered 100% unless w/office visit	\$20 copay/visit for evaluation; treatment covered in full unless associated with an office visit	\$25 copay/visit for evaluation; treatment covered in full unless associated with an office visit; deductible waived	Deductible + 20%	Deductible + 40%
Cardiac rehabilitation*	Deductible; 20% coinsurance	\$10 copay /visit	\$10 copay /visit after deductible	Deductible + 20%	Deductible + 40%
Dental services - accident related*	\$25 copay/visit	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40%
Dental services - other*	Not Covered	Not covered	Not covered	Impacted teeth only; deductible + 20%	Impacted teeth only; deductible + 40%
Durable Medical Equipment (DME) *	50% coinsurance	30% coinsurance (including orthotics)	30% coinsurance (including orthotics) after deductible	Deductible + 20%	Deductible + 40%
Emergency ambulance (medically necessary)	Deductible; 20% coinsurance	\$50 copay/transport	\$50 copay/transport after deductible	Deductible + 20%	Deductible + 40%
Emergency Room Treatment (Non-emergency)	Not Covered	Not covered	Not covered	\$50 + deductible + 20%	\$50 + deductible + 40%
Emergency services (including supplies) *	\$150 copay (copay waived if admitted)	\$75 copay/visit (waived if admitted)	\$75 copay/visit (waived if admitted) deductible waived	\$25 + deductible + 20%	\$25 + deductible + 40%
Growth hormone*	Covered by Pharmacy benefit only	30% coinsurance (must meet Plan guidelines)	30% coinsurance (must meet Plan guidelines)	Covered under prescription drug plan	Covered under prescription drug plan

* 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 1	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
Hearing exam	Covered under well-child benefit only; Covered in full	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit; deductible waived	Covered under well child benefit only	Covered under well child benefit only
Home health services*	Deductible; 20% coinsurance	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%
Home health supplies*	10% coinsurance;	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%
Hospice*	15% coinsurance	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%
Infertility services* No Prescription Coverage under any plan.	Deductible; 20% coinsurance; testing up to diagnosis.	30% coinsurance; (limited to basic healthcare)	30% coinsurance; (limited to basic healthcare)	Deductible + 20%	Deductible + 40%
Medical supplies*	Deductible; 20% coinsurance	30% coinsurance	30% coinsurance after deductible	Deductible + 20%	Deductible + 40%
Podiatry*	\$25 copay/visit	\$20 copay/visit	\$25 copay/visit deductible waived	\$20 copay/visit; Surgery-Deductible + 20%	Deductible + 40%
Prosthetics *	Deductible; 30% coinsurance	30% coinsurance	30% coinsurance after deductible	Deductible + 20%	Deductible + 40%
Radiation and chemotherapy	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40%
TMJ*	20% coinsurance; \$1,000 max per year	30% coinsurance	30% coinsurance after deductible	Not covered	Not Covered
Transplants (non-experimental) *	Deductible; 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40%; additional \$10,000 deductible
Urgent Care	\$50 copay/visit	\$50 copay/visit (waived if admitted)	\$50 copay/visit (waived if admitted) deductible waived	Deductible + 20%	Deductible + 40%
Vision services	Routine Exam-\$25 copay; Corrective lenses (glasses or contact lenses) up to \$100 reimbursement; limited to once every 12 months. (VSP provider network)	Not covered	Not covered	Not covered	Not Covered

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

Prescription Drug Benefits

Prescription	Carelink Plan 1	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A In-Network	PEIA PPB Plans A Out-of-Network	PEIA PPB Plans B In-Network	PEIA PPB Plans B Out-of-Network
Deductible	\$75 individual/\$150 family	None	None	\$75 individual/\$150 family	\$75 individual/\$150 family	\$150 individual/\$300 family	\$150 individual/\$300 family
Annual out-of-pocket maximum	\$1,750 individual/\$3,500 family			\$1,750 individual/\$3,500 family	\$1,750 individual/\$3,500 family	\$1,750 individual/\$3,500 family	\$1,750 individual/\$3,500 family
Generic copayment	\$5 copay	\$10 copayment	\$5 copayment	\$5	\$5 (see "other details" below)	\$5	\$5 (see "other details" below)
Formulary brand	\$15 copay	Not covered if generic is available. 50% coinsurance if generic is not available	Not covered	\$15	\$15 (see "other details" below)	\$20	\$20 (see "other details" below)
Non-Formulary Brand	\$50 copay	Not covered	Not covered	\$50	\$50 (see "other details" below)	\$50	\$50 (see "other details" below)
Specialty Medications	\$50 copay (self-administered injectables)	30% coinsurance (Covered under medical benefit. Must meet Plan guidelines)	30% coinsurance after deductible. (Covered under medical benefit. Must meet Plan guidelines)	\$50	Not covered	\$50	Not covered
Maintenance Medication discount program details	90-day supply for: one (1) copay for Generic, two (2) copays for Brand, three (3) copays for Non-Formulary. through mail order program. See exclusion list.	90-day supply: \$20 or 50% copayment	90-day supply: \$10 copayment	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	\$5,000	\$5,000	None	None	None	None
Other details	Over-the-counter nicotine replacement products covered at the Tier 1 copay with prescription. (patches, gum, lozenges)	Mandatory generics Formulary brand name drugs are not covered if generic is available Non-formulary drugs are not covered	Mandatory generics Brand name drugs are not covered		PEIA will reimburse Express Scripts' allowed amount, less any member copayment.		PEIA will reimburse Express Scripts' allowed amount, less any member copayment.

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

2009 Benefit Fairs: Sites and Dates

April 6
9:00am-2:00pm
Charleston
 State Capitol Complex
 Building 7, Mezzanine

April 6
3:00pm-7:00pm
Charleston
 Charleston Civic Center
 200 Civic Center Drive

April 7
3:00pm-7:00pm
Weirton
 Holiday Inn
 350 Three Springs Drive

April 8
1:00pm-7:00pm
Wheeling
 Northern Community College
 Market Street

April 9
10:00am-1:30pm
Morgantown
 WVU Alumni Center
 Durrett Hall

April 9
3:00pm-7:00pm
Morgantown
 Ramada Inn
 I-68 Exit 1, U.S. 119 North

April 13
3:00pm-7:00pm
Parkersburg
 Comfort Suites of Parkersburg
 I-77 and WV 14 (Exit 170) Mineral Wells

April 14
3:00pm-7:00pm
Martinsburg
 Holiday Inn
 300 Foxcroft Avenue

April 15
9:00am-2:00pm
Fairmont
 Fairmont State College
 1201 Locust Avenue

April 15
3:00pm-7:00pm
Romney
 South Branch Inn
 U.S. Route 50

April 16
3:00pm-7:00pm
Beckley
 Tamarack Conference Center
 One Tamarack Park

April 20
3:00pm-7:00pm
Huntington
 Big Sandy Superstore Arena
 One Civic Center Drive

April 22
3:00pm-7:00pm
Flatwoods
 Days Inn
 200 Sutton Lane

Frequently Asked Question

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?

APRIL 2009

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Enrollment Area Map For Plan Year 2010



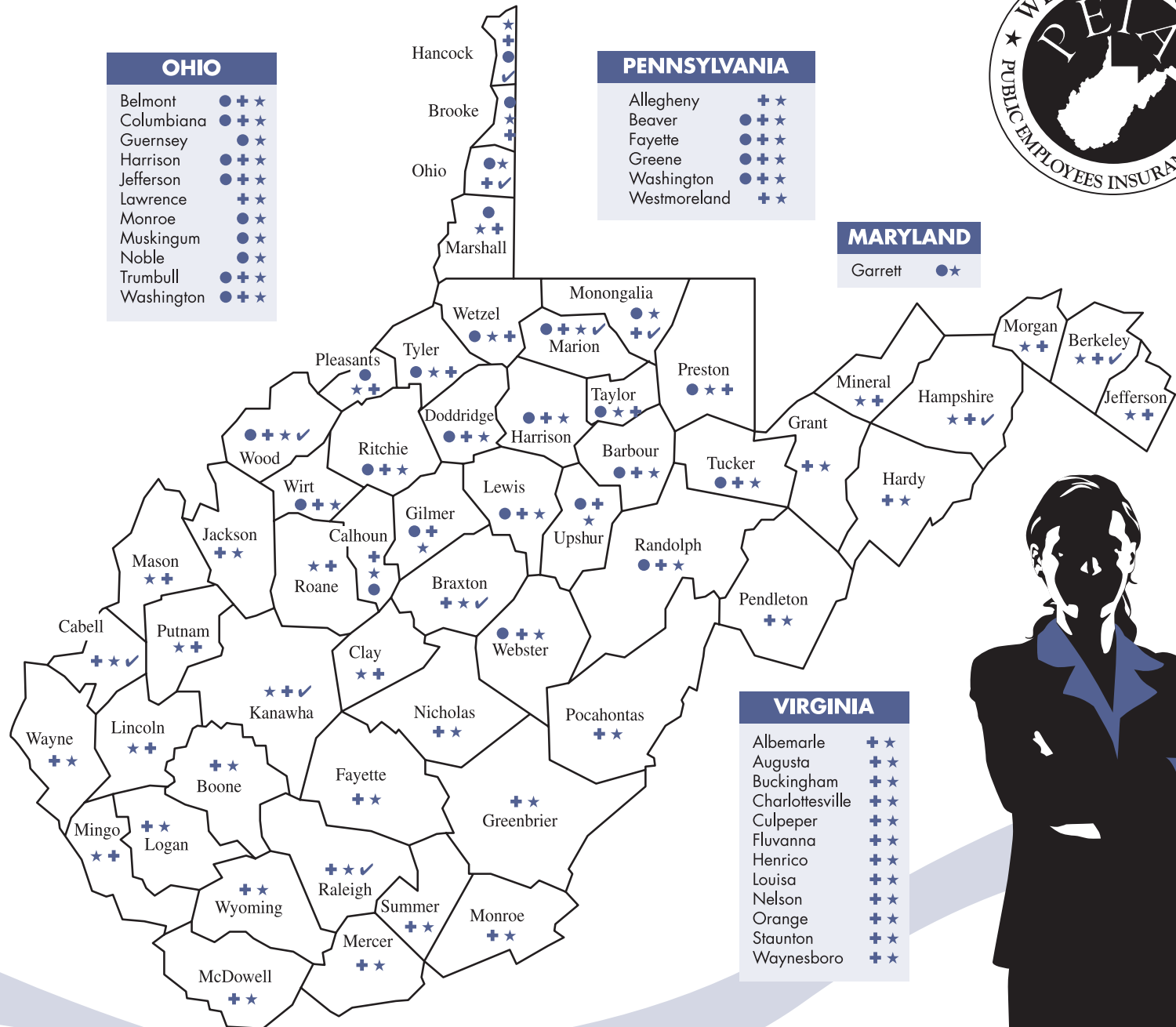
This map shows the enrollment areas for the Carelink and Health Plan HMOs. You must live within the enrollment area of a plan to be eligible to enroll in that plan.

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.

ENROLLMENT MAP KEY

- + Carelink
- The Health Plan
- ★ PEIA PPB Plan
- ✓ PEIA Benefit Fair Location



Managed Care Plans' Enrollment Areas

This chart lists the counties in which the managed care plans may enroll members. YOU MUST LIVE in one of these counties to be eligible to join a managed care plan.

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

Monthly Premiums: Employee or Employee/Child

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		Carelink		Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan A	Plan B	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
\$-	\$20,000	\$57	\$42	\$45	\$14	\$48	\$23	\$100	\$800	\$39	\$14	\$500	\$2,000
20,001	30,000	\$73	\$58	\$61	\$21	\$64	\$39	\$150	\$1,100	\$46	\$21	\$500	\$2,000
30,001	36,000	\$80	\$65	\$68	\$25	\$71	\$46	\$200	\$1,250	\$50	\$25	\$500	\$2,000
36,001	42,000	\$86	\$71	\$74	\$27	\$77	\$52	\$225	\$1,500	\$52	\$27	\$500	\$2,000
42,001	50,000	\$101	\$86	\$89	\$35	\$92	\$67	\$250	\$1,750	\$60	\$35	\$1,000	\$2,000
50,001	62,500	\$123	\$108	\$111	\$47	\$114	\$89	\$375	\$1,800	\$72	\$47	\$1,000	\$2,000
62,501	75,000	\$137	\$122	\$125	\$55	\$128	\$103	\$400	\$1,850	\$80	\$55	\$1,000	\$2,000
75,001	100,000	\$165	\$150	\$153	\$70	\$156	\$131	\$425	\$1,900	\$95	\$70	\$1,000	\$2,000
100,001	125,000	\$207	\$192	\$195	\$116	\$198	\$173	\$500	\$2,000	\$141	\$116	\$1,000	\$2,000
125,001	+	\$236	\$221	\$224	\$144	\$227	\$202	\$600	\$2,250	\$169	\$144	\$1,000	\$2,000

Employee and Children		Carelink		Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan A	Plan B	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
\$-	\$20,000	\$145	\$115	\$85	\$21	\$103	\$53	\$200	\$800	\$71	\$21	\$1,000	\$4,000
20,001	30,000	\$169	\$139	\$109	\$33	\$127	\$77	\$300	\$1,100	\$83	\$33	\$1,000	\$4,000
30,001	36,000	\$178	\$148	\$118	\$37	\$136	\$86	\$400	\$1,250	\$87	\$37	\$1,000	\$4,000
36,001	42,000	\$190	\$160	\$130	\$42	\$148	\$98	\$450	\$1,500	\$92	\$42	\$1,000	\$4,000
42,001	50,000	\$223	\$193	\$163	\$70	\$181	\$131	\$500	\$1,750	\$120	\$70	\$1,500	\$4,000
50,001	62,500	\$264	\$234	\$204	\$110	\$222	\$172	\$750	\$1,800	\$160	\$110	\$1,500	\$4,000
62,501	75,000	\$296	\$266	\$236	\$135	\$254	\$204	\$800	\$1,850	\$185	\$135	\$1,500	\$4,000
75,001	100,000	\$357	\$327	\$297	\$188	\$315	\$265	\$850	\$1,900	\$238	\$188	\$1,500	\$4,000
100,001	125,000	\$419	\$389	\$359	\$254	\$377	\$327	\$1,000	\$2,000	\$304	\$254	\$1,500	\$4,000
125,001	+	\$474	\$444	\$414	\$303	\$432	\$382	\$1,200	\$2,250	\$353	\$303	\$1,500	\$4,000

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

Monthly Premiums: Family or Family/Employee Spouse

Premium for employees of State agencies, colleges and universities and county board 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.

Family		Carelink		Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan A	Plan B	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
\$-	\$20,000	\$222	\$192	\$115	\$68	\$147	\$97	\$200	\$800	\$118	\$68	\$1,000	\$4,000
20,001	30,000	\$270	\$240	\$157	\$101	\$195	\$145	\$300	\$1,100	\$151	\$101	\$1,000	\$4,000
30,001	36,000	\$296	\$266	\$183	\$118	\$221	\$171	\$400	\$1,250	\$168	\$118	\$1,000	\$4,000
36,001	42,000	\$324	\$294	\$211	\$137	\$249	\$199	\$450	\$1,500	\$187	\$137	\$1,000	\$4,000
42,001	50,000	\$372	\$342	\$259	\$177	\$297	\$247	\$500	\$1,750	\$227	\$177	\$1,500	\$4,000
50,001	62,500	\$436	\$406	\$323	\$230	\$361	\$311	\$750	\$1,800	\$280	\$230	\$1,500	\$4,000
62,501	75,000	\$468	\$438	\$355	\$259	\$393	\$343	\$800	\$1,850	\$309	\$259	\$1,500	\$4,000
75,001	100,000	\$550	\$520	\$437	\$342	\$475	\$425	\$850	\$1,900	\$392	\$342	\$1,500	\$4,000
100,001	125,000	\$663	\$633	\$550	\$448	\$588	\$538	\$1,000	\$2,000	\$498	\$448	\$1,500	\$4,000
125,001	+	\$759	\$729	\$646	\$532	\$684	\$634	\$1,200	\$2,250	\$582	\$532	\$1,500	\$4,000

Family with Employee Spouse		Carelink		Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred	Plan A	Plan B	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
\$-	\$20,000	\$188	\$158	\$86	\$36	\$113	\$63	\$200	\$800	\$86	\$36	\$1,000	\$4,000
20,001	30,000	\$223	\$193	\$113	\$57	\$148	\$98	\$300	\$1,100	\$107	\$57	\$1,000	\$4,000
30,001	36,000	\$246	\$216	\$133	\$75	\$171	\$121	\$400	\$1,250	\$125	\$75	\$1,000	\$4,000
36,001	42,000	\$264	\$234	\$151	\$87	\$189	\$139	\$450	\$1,500	\$137	\$87	\$1,000	\$4,000
42,001	50,000	\$304	\$274	\$191	\$113	\$229	\$179	\$500	\$1,750	\$163	\$113	\$1,500	\$4,000
50,001	62,500	\$356	\$326	\$243	\$158	\$281	\$231	\$750	\$1,800	\$205	\$155	\$1,500	\$4,000
62,501	75,000	\$395	\$365	\$282	\$193	\$320	\$270	\$800	\$1,850	\$242	\$192	\$1,500	\$4,000
75,001	100,000	\$486	\$456	\$373	\$283	\$411	\$361	\$850	\$1,900	\$333	\$283	\$1,500	\$4,000
100,001	125,000	\$599	\$569	\$486	\$390	\$524	\$474	\$1,000	\$2,000	\$440	\$390	\$1,500	\$4,000
125,001	+	\$684	\$654	\$571	\$473	\$609	\$559	\$1,200	\$2,250	\$523	\$473	\$1,500	\$4,000

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

Non-State Agencies: PEIA PPB Plans

Non-State agencies are counties, cities, towns, and other government bodies and agencies that qualify for coverage under PEIA pursuant to the West Virginia Code. By law, these agencies determine how much of the total monthly PEIA premium will be paid by their active employees. Employees should check with their employer to determine what their monthly employee contribution will be for the various plans and coverage types.

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	Preferred	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-pocket Maximum
Employee Only	\$507	\$482	\$225	\$1,500	\$461	\$436	\$500	\$2,000
Employee and Children	\$958	\$908	\$450	\$1,500	\$845	\$795	\$1,000	\$4,000
Family	\$1,049	\$999	\$450	\$1,500	\$929	\$879	\$1,000	\$4,000

** To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.*

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

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 16 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.

The Health Plan does not offer discounted premiums to tobacco-free members.

Premiums, Deductibles and Out-of-Pocket Maximums

	Carelink Plan 1		Health Plan	Health Plan
	Standard	Preferred	Plan A	Plan B
Employee Only	\$522.00	\$507.00	\$482.00	\$312.00
Employee and Children	\$783.00	\$753.00	\$665.00	\$478.00
Family	\$1,254.00	\$1,224.00	\$1,130.00	\$783.00

** To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.*

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.



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 16 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.

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

Premiums, Deductibles and Out-of-Pocket Maximums

Years of Service	Non-Medicare Retired Policyholder Only				Non-Medicare Retired Policyholder with non-Medicare Dependents				Non-Medicare Retired Policyholder with Medicare Dependents ¹			
	Standard	Preferred ³	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred ³	Annual Deductible	Out-of-pocket Maximum	Standard	Preferred ³	Annual Deductible	Out-of-pocket Maximum
5 to 9 years	\$812	\$787	\$375	\$1,500	\$1,937	\$1,887	\$750	\$1,500	\$1,356	\$1,306	\$375	\$1,000
10 to 14 years	\$625	\$600	\$375	\$1,500	\$1,459	\$1,409	\$750	\$1,500	\$1,009	\$959	\$375	\$1,000
15 to 19 years	\$436	\$411	\$375	\$1,500	\$984	\$934	\$750	\$1,500	\$665	\$615	\$375	\$1,000
20 to 24 years	\$325	\$300	\$375	\$1,500	\$698	\$648	\$750	\$1,500	\$458	\$408	\$375	\$1,000
25 or more years ²	\$252	\$227	\$375	\$1,500	\$507	\$457	\$750	\$1,500	\$318	\$268	\$375	\$1,000

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

² These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees.

³ To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password to proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

Special Notice for Non-Medicare Retirees with Medicare Dependents:

PEIA has contracted with Coventry Health Care to provide 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 Advantra Freedom plan. For details of the Medicare beneficiary's plan design, see page 23.

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 \$750 out-of-pocket maximum shown in the [Medicare Retiree Benefit Design](#) chart on page 23. 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 the "Summary Plan Description".

Non-Medicare Retiree Managed Care Premiums

Years of Service	Carelink Plan 1				Health Plan Plan A		Health Plan Plan B	
	Single Standard	Single Preferred ²	Family Standard	Family Preferred ²	Single	Family	Single	Family
5-9 Years	\$559.00	\$544.00	\$971.00	\$941.00	\$448.00	\$857.00	\$325.00	\$618.00
10-14 Years	\$512.00	\$497.00	\$889.00	\$859.00	\$410.00	\$784.00	\$298.00	\$566.00
15-19 Years	\$483.00	\$468.00	\$839.00	\$809.00	\$387.00	\$741.00	\$281.00	\$534.00
20-24 Years	\$455.00	\$440.00	\$790.00	\$760.00	\$365.00	\$697.00	\$265.00	\$503.00
25+ Years ¹	\$426.00	\$411.00	\$741.00	\$711.00	\$342.00	\$653.00	\$248.00	\$472.00

¹ These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to all non-Medicare surviving dependents and to all non-Medicare disability retirees.

² To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password and proceed. If you don't remember your password, choose "Forgot Password?" If you didn't use the site last year, click on "Need to Register?" and follow the instructions.



Medicare Retiree Benefits

PEIA has contracted with Coventry Health Care to provide 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 Advantra Freedom 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 Advantra Freedom 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 has the following benefits:

Service Description	Plan Year 2010 Benefit
Primary Care Office Visit	\$10
Specialty Office Visit	\$20
Emergency Room	\$50
Hospital Inpatient Care	\$100 per admission
Outpatient and Office Surgery	\$50
Other Services (testing, etc.)	\$0
Out-of-Pocket Maximum	\$750

So, when the Medicare beneficiary uses medical services, there will be **no deductible**, but there will be copayments for some services. The Medicare beneficiary's copayments will add up to a maximum of \$750 per plan year. The Plan Year will remain July 1-June 30. Any provider that accepts Medicare may be used by those enrolled in the MAPD.

Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will have no deductible and the \$750 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.

PEIA PPB Medicare Retiree Rates

	Medicare Retired Policyholder Only				Medicare Retired Policyholder with non-Medicare Dependents ¹				Medicare Retired Policyholder with Medicare Dependents ²			
	2010 Standard	2010 Preferred ⁴	Deductible	Out-of-pocket Maximum	2010 Standard	2010 Preferred ⁴	Deductible	Out-of-pocket Maximum	2010 Standard	2010 Preferred ⁴	Deductible	Out-of-pocket Maximum
Under 5 years	\$441	\$416	\$0.00	\$750	\$1,470	\$1,420	\$300	\$750	\$921	\$871	\$0.00	\$750
5 to 9 years	\$349	\$324	\$0.00	\$750	\$1,176	\$1,126	\$300	\$750	\$722	\$672	\$0.00	\$750
10 to 14 years	\$256	\$231	\$0.00	\$750	\$884	\$834	\$300	\$750	\$521	\$471	\$0.00	\$750
15 to 19 years	\$163	\$138	\$0.00	\$750	\$592	\$542	\$300	\$750	\$321	\$271	\$0.00	\$750
20 to 24 years	\$108	\$83	\$0.00	\$750	\$416	\$366	\$300	\$750	\$198	\$148	\$0.00	\$750
25 or more years ³	\$71	\$46	\$0.00	\$750	\$299	\$249	\$300	\$750	\$119	\$69	\$0.00	\$750

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

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

³ These rates are also provided to all Medicare retirees who retired prior to July 1, 1997, to all Medicare surviving dependents and to all Medicare disability retirees.

⁴ To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you **MUST** submit a tobacco affidavit. See page 4, items 6 and 7.

Note: You can do your enrollment online at any time April 1-30, just go to www.wvpeia.com and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password and proceed. If you don't remember your password, choose "Forgot Password?" If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

COBRA

COBRA entitles employees, retired employees, and covered dependent(s) to continue medical coverage, for 18 or 36 months, in certain cases when coverage would otherwise terminate, provided the employee, retired employee, and/or dependent(s) pays the full premium (unless the employee qualifies for benefits under the American Recovery and Reinvestment Act of 2009. See below.) . 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 on page 26 show the total 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 HMOs, you must live in the plan's enrollment area. The PEIA PPB Plans' enrollment area is unlimited.

Since COBRA members cannot use the online enrollment system, Wells Fargo TPA will mail transfer forms to all enrolled COBRA members. If you want to change plans, you must complete and return the transfer form to Wells Fargo before April 30, 2009.

Mail the form to:

**Wells Fargo COBRA Dept.
P.O. Box 2981
Charleston, WV 25332**

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for a 65% reduction in COBRA premiums for certain assistance eligible individuals for up to 9 months. An assistance eligible individual is a COBRA "qualified beneficiary" who meets all of the following requirements:

- Is eligible for COBRA continuation coverage at any time during the period beginning September 1, 2008 and ending December 31, 2009;
- Elects COBRA coverage (when first offered or during the additional election period), and
- Has a qualifying event for COBRA coverage that is the employee's involuntary termination during the period beginning September 1, 2008 and ending December 31, 2009.

Those who are eligible for other group health coverage (such as a spouse's plan) or Medicare are not eligible for the premium reduction. Other limitations may also apply. There is no premium reduction for periods of coverage that began prior to February 17, 2009.

At the time of publication, the US Department of Labor had not issued final guidance on the American Recovery and Reinvestment Act of 2009. If you qualify for the subsidized premiums, Wells Fargo TPA, PEIA's COBRA administrator, will contact you directly. If you believe you qualify for the subsidized premiums, but have not been contacted by Wells Fargo TPA, you may call them to inquire about your benefits at **1-888-440-7342**.

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

STATE AGENCIES COBRA	Carelink Plan 1		Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
	Standard	Preferred	Plan A	Plan B	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$460	\$445	\$448	\$400	\$451	\$426	\$225	\$1,500	\$425	\$400	\$500	\$2,000
Employee and Children	\$662	\$632	\$601	\$511	\$619	\$569	\$450	\$1,500	\$562	\$512	\$1,000	\$4,000
Family	\$1,093	\$1,063	\$978	\$903	\$1,017	\$967	\$450	\$1,500	\$954	\$904	\$1,000	\$4,000
DISABILITY												
Employee Only	\$677	\$662	\$659	\$588	\$663	\$638	\$225	\$1,500	\$626	\$601	\$500	\$2,000
Employee and Children	\$974	\$944	\$884	\$752	\$911	\$861	\$450	\$1,500	\$827	\$777	\$1,000	\$4,000
Family	\$1,608	\$1,578	\$1,439	\$1,328	\$1,496	\$1,446	\$450	\$1,500	\$1,403	\$1,353	\$1,000	\$4,000

COBRA Rates For Non-State Agencies

NON-STATE AGENCIES COBRA	Carelink Plan 1		Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
	Standard	Preferred	Plan A	Plan B	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$532	\$517	\$492	\$318	\$517	\$492	\$225	\$1,500	\$470	\$445	\$500	\$2,000
Employee and Children	\$799	\$769	\$678	\$488	\$977	\$927	\$450	\$1,500	\$862	\$812	\$1,000	\$4,000
Family	\$1,279	\$1,249	\$1,153	\$799	\$1,070	\$1,020	\$450	\$1,500	\$948	\$898	\$1,000	\$4,000
DISABILITY												
Employee Only	\$783	\$768	\$723	\$468	\$761	\$736	\$225	\$1,500	\$692	\$667	\$500	\$2,000
Employee and Children	\$1,175	\$1,145	\$998	\$717	\$1,437	\$1,387	\$450	\$1,500	\$1,268	\$1,218	\$1,000	\$4,000
Family	\$1,881	\$1,851	\$1,695	\$1,175	\$1,574	\$1,524	\$450	\$1,500	\$1,394	\$1,344	\$1,000	\$4,000

To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Active Employee's Optional Life Insurance: TOBACCO-FREE

The Tobacco-Free rates are charged to those who have previously submitted an affidavit stating that the policyholder does not use tobacco. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year.

Employee's Age	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	
	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

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	\$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 the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Active Employee's Optional Life Insurance: TOBACCO USER

Employee's Age	Active Employees' Optional Life Insurance Premiums -- Tobacco User																	
	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

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 have previously submitted an affidavit stating that the policyholder does not use tobacco. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year.

Option Code	Retired Employees Optional Life Insurance – Tobacco-Free *									
	Plan I		Plan II		Plan III		Plan IV		Plan V	
	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

Option Code	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
	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 the Tobacco-free Preferred Premium for all of Plan Year 2010, you and all enrolled family members must have been tobacco-free by January 1, 2009. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year. If your tobacco status has changed, you MUST submit a tobacco affidavit. See page 4, items 6 and 7.

Retired Employee's Optional Life Insurance: TOBACCO USER

Option Code	Retired Employees Optional Life Insurance – Tobacco User									
	Plan I		Plan II		Plan III		Plan IV		Plan V	
	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

Option Code	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
	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.

Other Life Insurance Rates: Actives and Retirees

PEIA offers basic decreasing term life insurance, optional life insurance and dependent life insurance. This is not open enrollment for life insurance. Life Insurance Open Enrollment is conducted approximately every 5 years. If you want to make changes in your life insurance, check your "Summary Plan Description" and "Life Insurance Booklet" for details of your rights, then contact your benefit coordinator for the appropriate forms.

Basic life insurance premiums for active employees are paid by the employer. Retirees pay the monthly premium listed below for their basic life insurance. We've provided these rates for informational purposes only.

Dependent life insurance premiums are paid by the active or retired policyholder. The rates are listed below for your information.

Optional life insurance premiums are paid by the active or retired policyholder. The rates are listed on the preceding pages.

For a complete description of the life insurance benefits, please see the "Life Insurance Booklet" .

Actives

Basic Life Insurance Rates

Under Age 65	\$10,000 (Includes AD&D)	\$5.37
Age 65 - 69	\$ 6,500 (Includes AD&D)	\$3.49
Age 70 or over	\$ 5,000 (Includes AD&D)	\$2.69

Active Employee Dependent Life Insurance Premiums

Plan	Who is Covered?	Coverage Amount	Monthly Premium
Dependent Plan 1	Spouse/Each Child	\$5,000/\$2,000	\$2.15
Dependent Plan 2	Spouse/Each Child	\$10,000/\$4,000	\$4.31
Dependent Plan 3	Spouse/Each Child	\$15,000/\$7,000	\$6.46
Dependent Plan 4	Spouse/Each Child	\$20,000/\$10,000	\$8.61

Retirees

Basic Life Insurance Rates

Under Age 67	\$5,000	\$2.56
Age 67 or over	\$2,500	\$1.28

Retiree Dependent Life Insurance Premiums

Plan	Who is Covered?	Coverage Amount	Monthly Premium
Dependent Plan 1	Spouse/Each Child	\$5,000/\$2,000	\$2.71
Dependent Plan 2	Spouse/Each Child	\$10,000/\$4,000	\$5.41
Dependent Plan 3	Spouse/Each Child	\$15,000/\$7,000	\$8.12
Dependent Plan 4	Spouse/Each Child	\$20,000/\$10,000	\$10.82

PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2010

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, 2009 for Plan Year 2010 (July 1, 2009 - June 30, 2010).

Are there rules I have to follow?

Yes. The IRS sets limits on the program, and says that if you agree to participate in the plan, **you can only change the amount of pre-tax premium you pay during Open Enrollment.** Under the IRS rules, you must pay the same amount of premium each month during the year, unless you have a qualifying event and the consistency rule is satisfied. Documentation of these events is required.

Qualifying events are:

- marriage or divorce of the employee;
- death of the employee's spouse or dependent;
- birth, placement for adoption, or adoption of the employee's child;
- commencement or termination of employment of the employee's spouse or dependent;
- a change from full-time to part-time employment status, or vice versa, by the employee or his or her spouse, or dependent;
- commencement of or return to work from an unpaid leave of absence taken by the employee or spouse;
- a significant change in the health coverage of the employee or spouse attributable to the spouse's employment;
- annulment;
- change in the residence or work site of the employer, spouse, or dependent;
- loss of legal responsibility to provide health coverage for a child or foster child who is a dependent;
- a dependent loses eligibility due to age or student status; or
- employment change due to strike or lock-out.

NOTICE

The information on pages 32-35 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.

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, 2009**.
- (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, 2009**.

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, 2009**.

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.

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, 2009, unless you complete and submit the form on Page 35.

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.

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, 2009), 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 2010

I,, wish to make the following change in my Premium Conversion Plan participation:

- Opt INTO the Plan.** I understand that by participating in this plan, I will reduce my tax liability, but I may be limiting my ability to make changes in my coverage throughout the plan year.
- Opt OUT of the Plan.** I understand that by opting out of the plan, I am agreeing to pay my premiums on a post-tax basis, thereby increasing my tax liability. This election may not be changed until the next open enrollment.

.....
Employee's Signature

.....
Date

Please return to your Benefit Coordinator.

Advance Directives for Health Care Decision-making

The following pages contain a copy of the West Virginia Combined Living Will and Medical Power of Attorney form.

PEIA believes it is important for every member of the plan to consider completing this form, and here is why:

As an adult, you have the right to make your own health care decisions. You have the right to know about proposed treatments , alternative treatments and their risks and benefits. You have the right to ask questions, and then you have the right to decide whether you want the treatment or not. Your right to accept medical or surgical treatment also includes the right to refuse it.

But what if you become incapable of making health care decisions for yourself because of injury or illness? Who will decide what types of treatment you receive? You can remain in charge of your health care, even after you can no longer make decisions for yourself, by creating a document called an "advance directive."

West Virginia law recognizes two types of written advance directives for health care decision-making: the Living Will and the Medical Power of Attorney. Both forms have a special section for you to write in specific comments about circumstances in which you would not want CPR, a feeding tube, dialysis, or treatment with a breathing machine. You can use these documents to let your family and doctor know your decisions for health care if you become unable to decide for yourself. You can appoint someone you know and trust as your Medical Power of Attorney representative to ensure that your choice or decision is honored.

Learn More

We encourage you to learn more about this important topic by visiting www.wvendoflife.org. We also encourage you to complete the form on the following pages and get a copy to your designated representative and your health care providers.

STATE OF WEST VIRGINIA COMBINED MEDICAL POWER OF ATTORNEY AND LIVING WILL

The Person I Want to Make Health Care Decisions For Me When I Can't Make Them for Myself And The Kind of Medical Treatment I Want and Don't Want If I Have a Terminal Condition or Am In a Persistent Vegetative State

Dated: _____, 20_____

I, _____, hereby

(Insert your name and address)

appoint as my representative to act on my behalf to give, withhold or withdraw informed consent to health care decisions in the event that I am not able to do so myself.

The person I choose as my representative is:

(Insert the name, address, area code and telephone number of the person you wish to designate as your representative)

The person I choose as my successor representative is:

If my representative is unable, unwilling or disqualified to serve, then I appoint

(Insert the name, address, area code and telephone number of the person you wish to designate as your successor representative)

This appointment shall extend to, but not be limited to, health care decisions relating to medical treatment, surgical treatment, nursing care, medication, hospitalization, care and treatment in a nursing home or other facility, and home health care. The representative appointed by this document is specifically authorized to be granted access to my medical records and other health information and to act on my behalf to consent to, refuse or withdraw any and all medical treatment or diagnostic procedures, or autopsy if my representative determines that I, if able to do so, would consent to, refuse or withdraw such treatment or procedures. Such authority shall include, but not be limited to, decisions regarding the withholding or withdrawal of life-prolonging interventions.

I appoint this representative because I believe this person understands my wishes and values and will act to carry into effect the health care decisions that I would make if I were able to do so, and because I also believe that this person will act in my best interest when my wishes are unknown. It is my intent that my family, my physician and all legal authorities be bound by the decisions that are made by the representative appointed by this document, and it is my intent that these decisions should not be the subject of review by any health care provider or administrative or judicial agency.

It is my intent that this document be legally binding and effective and that this document be taken as a formal statement of my desire concerning the method by which any health care decisions should be made on my behalf during any period when I am unable to make such decisions.

In exercising the authority under this medical power of attorney, my representative shall act consistently with my special directives or limitations as stated below.

I am giving the following SPECIAL DIRECTIVES OR LIMITATIONS ON THIS POWER: (Comments about tube feedings, breathing machines, cardiopulmonary resuscitation, dialysis, mental health treatment, funeral arrangements, autopsy, and organ donation may be placed here. My failure to provide special directives or limitations does not mean that I want or refuse certain treatments).

1. If I am very sick and not able to communicate my wishes for myself and I am certified by one physician who has personally examined me, to have a terminal condition or to be in a persistent vegetative state (I am unconscious) and am neither aware of my environment nor able to interact with others,) I direct that life-prolonging medical intervention that would serve solely to prolong them dying process or maintain me in a persistent vegetative state be withheld or withdrawn. I want to be allowed to die naturally and only be given medications or other medical procedures necessary to keep me comfortable. I want to receive as much medication as is necessary to alleviate my pain.

2. Other directives: _____

THIS MEDICAL POWER OF ATTORNEY SHALL BECOME EFFECTIVE ONLY UPON MY INCAPACITY TO GIVE, WITHHOLD OR WITHDRAW INFORMED CONSENT TO MY OWN MEDICAL CARE.

Signature of the Principal

I did not sign the principal's signature above. I am at least eighteen years of age and am not related to the principal by blood or marriage. I am not entitled to any portion of the estate of the principal or to the best of my knowledge under any will of the principal or codicil thereto, or legally responsible for the costs of the principal's medical or other care. I am not the principal's attending physician, nor am I the representative or successor representative of the principal.

Witness _____ DATE _____

Witness _____ DATE _____

STATE OF _____ COUNTY OF _____

I, _____, a Notary Public of said County, do certify that _____, as principal,
and _____ and _____, as witnesses, whose names are signed to the writing above bearing date on the
____ day of _____, 20____,

have this day acknowledged the same before me.

Given under my hand this ____ day of _____, 20____. My commission expires: _____

Signature of Notary Public



Public Employees Insurance Agency

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

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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.carelinkhealthplans.com Post Office Box 1711 Charleston, WV 25326-1711	HMO	1-800-348-2922
The Health Plan • www.healthplan.org 52160 National Road East St. Clairsville, OH 43950-9365	HMO	1-888-847-7902 1-740-695-3585
PEIA • www.wvpeia.com 601 57th Street, SE, Suite 2 Charleston, WV 25304-2345	PPB Plan	1-877-676-5573