

SHOPPER'S GUIDE

PLAN YEAR 2012 BENEFITS

JULY 1, 2011 - JUNE 30, 2012



Grandfathered Plan Notice

The PEIA believes that the PEIA PPB Plans A and B are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, grandfathered health plans can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that PEIA PPB Plans A and B may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the U.S. Department of Health and Human Services at www.healthreform.gov.

Extension of Dependent Coverage to Age 26 Notice

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in any health coverage offered by PEIA. Individuals may request enrollment for such children during Open Enrollment between April 1 and 30, 2011. Enrollment will begin on the first day of the new Plan Year, July 1, 2011. For more information contact the PEIA’s Open Enrollment Helpline at 1-877-676-5573.

Elimination of Lifetime Limit Notice

Beginning July 1, 2011, the lifetime limit on the dollar value of benefits under the PEIA PPB Plans no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals may request enrollment during Open Enrollment from April 1 to 30, 2011. For more information contact the PEIA Open Enrollment Helpline at 1-877-676-5573.

Notice About the Early Retiree Reinsurance Program

You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants’ premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

The Fine Print

This Shopper’s Guide is not intended to be a formal statement of benefits. It is designed to provide general information about the available plans. It is intended to be a first step in helping you choose the most appropriate health benefit plan for you and your family. Actual benefits may be more specific and, on occasion, may change during the plan year.

Questions about particular benefits, limitations, costs, providers, or restrictions, should be directed to the individual plans for answers. If you enroll in a managed care plan, the plan you select will send you an “evidence of coverage” booklet with more complete details of your benefits.

PEIA cannot guarantee the quality of services offered by the various plans, so please gather information and make your decision carefully. Before enrolling, assure yourself that the plan you choose offers a level of care and convenience with which you and your family will feel comfortable.

Also be aware that the continuing participation of managed care network providers is not guaranteed throughout the Plan Year. If a provider chooses to withdraw from a managed care network, the member may be required to receive services from another participating provider.

We have tried to ensure that the information in this booklet is accurate. If, however, a conflict arises between this Guide and any formal plan documents, laws or rules governing the plans, the latter will necessarily control.

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What's Important for 2012?

The Health Plan

- The Health Plan's service area has grown! The Health Plan is now offered in the following counties: Braxton, Berkeley, Boone, Cabell, Clay, Fayette, Greenbrier, Hampshire, Jackson, Jefferson, Kanawha, Lincoln, Logan, Mason, Mercer, Monroe, Morgan, Pocahontas, Putnam, Raleigh, Roane, Wayne, and Wyoming.
- Effective July 1, 2011, there will no longer be a \$5000 cap on prescription drugs.
- **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 will have the opportunity to enroll in a Medicare Advantage Plan with The Health Plan called Secure Choice PPO and stay with The Health Plan. For more information, contact the plan toll free at 1-877-847-7915. Be sure to identify yourself as a PEIA retiree when calling.
- Please visit The Health Plan's website at: www.healthplan.org. You will find information about the services offered by The Health Plan and helpful links for better health. You can also contact The Health Plan toll free at (888) 847-7902 or (800) 624-6961.
- The Health Plan maintains its Excellent Accreditation with the National Committee for Quality Assurance (NCQA).

PEIA PPB Plans

- PEIA is offering new premium discounts to members of the PEIA PPB Plans, the Special Medicare Plan and the PEIA Medicare Advantage Plan, the Advance Directive/Living Will discount of \$4 per month, and the Improve Your Score discount of \$10 per month. These discounts are not available to members of the Health Plan HMO. *Full details of all premium discounts can be found in the Premiums section beginning on page 22.*

Who Gets The Premium Discounts			
	Active Employees in PEIA PPB Plan A, B or C	Active Employees in The Health Plan HMO	Retired Employees in PEIA PPB Plan A, the Special Medicare Plan or the Medicare Advantage Plan
Advance Directive/Living Will	Yes	No	Yes
Improve Your Score	Yes	No	No
Tobacco-free	Yes	On Optional Life insurance only	Yes

- PEIA's retired employee life insurance premiums are increasing effective July 1, 2011. Due to these increases, PEIA is now allowing retired employees to drop their basic and/or optional life insurance, at any time. Contact PEIA's Open Enrollment Helpline for more information and the appropriate forms. Remember, once you have dropped this coverage, you can never get it back. Also, if you drop your basic coverage, you will lose your optional coverage, since you can't have optional without basic.
- PEIA's eligibility rules are changing to accommodate the Affordable Care Act's requirement to cover children to age 26. We've also changed our definition of dependent children. See more in "Eligibility Rules."
- Several years ago, to encourage use of West Virginia providers in the Eastern Panhandle, PEIA waived copayments and coinsurance for services performed at West Virginia hospitals. As of July 1, 2011, standard deductibles, copayments and coinsurance will apply. Members affected by this change will receive a letter from PEIA.
- Beginning July 1, 2011, PEIA will no longer have a lifetime maximum.
- During Open Enrollment, you do not need a qualifying event to add dependents to your coverage, but you must provide documentation substantiating the dependent (birth certificate, marriage license, guardianship papers, etc) before coverage can become effective.

How to Have a Successful Open Enrollment

1. Read through "What's Important for 2012" to get a quick overview of the changes for the coming Plan Year.
2. Review the side-by-side comparison of the plans in the "Benefits At-A-Glance" charts.
3. *Check page 6 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 one of the counties listed on page 7 to enroll in The Health Plan.*

4. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and for the type of coverage you have (employee only, family, etc.) to find the premium for the plan you want.
5. PEIA is offering three premium discounts to active employees in PEIA PPB Plans A, B and C. *Read full details on page 22.*
6. If you want to change plans, change your tobacco status, or complete your Advance Directive/Living Will affidavit online, go to www.wvpeia.com and click on the “Manage My Benefits” button and follow the instructions. Make any changes or plan selections you wish. **Remember, your deadline is midnight on April 30, 2011.**
7. If you need to make a change and don't have internet access, call PEIA for a Transfer Form at 1-877-676-5573.

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 certain services.

Deductible: The dollar amount you pay before a plan begins paying benefits. Not all services are subject to the deductible, so check the “Benefits-At-A-Glance” charts.

Explanation of Benefits (EOB): Forms issued by health plans when medical claims are paid. Most HMOs do not issue EOBs for in-network care. If you need an EOB, talk to the HMO to see how you can get the paperwork you need.

Health Maintenance Organization (HMO): HMOs manage health care by coordinating the use of health care services through PCPs. If you join an HMO, you'll pick your PCP from their list, and then you'll receive all of your non-emergency care from network providers. Ask the HMOs about their rules.

Health Savings Account (HSA): A health savings account (HSA) is a tax-exempt trust or custodial account that you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. No permission or authorization from the IRS is necessary to establish an HSA. When you set up an HSA, you will need to work with a trustee. A qualified HSA trustee can be a bank, an insurance company, or anyone already approved by the IRS to be a trustee of individual retirement arrangements (IRAs) or Archer MSAs. The HSA works in conjunction with a High Deductible Health Plan.

High Deductible Health Plan (HDHP): A High Deductible Health Plan (HDHP) is a plan that includes a higher annual deductible than typical health plans, and an out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses. The HDHP deductible includes both medical services and prescription drugs under a single deductible. Out-of-pocket expenses include copayments and other amounts, but do not include premiums.

Lifetime Maximum: Beginning July 1, 2011, PEIA will no longer have a lifetime maximum. Members who had met their lifetime maximum will be eligible to re-enroll in the plan, if they still meet PEIA's eligibility requirements.

Medicare Advantage Plan: Medicare retirees' medical benefits are administered through Humana, Inc.'s Medicare Advantage plan and their prescriptions are administered by Express Scripts, Inc through a Medicare Part D plan.

Medical Home: PEIA offers a Medical Home program that focuses on patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience, and optimal health throughout their lifetimes. Medical home office visits in PEIA PPB Plans A and B have a discounted copayment of \$10 per visit.

PEIA Preferred Provider Benefit Plans (PPB): The self-insured PPO plans offered by PEIA that cover care based on where you live, and where you receive your care. To determine which out-of-state providers are PPO providers, call Wells Fargo TPA at 1-888-440-7342 or go online to www.aetna.com/docfind/custom/asa. For full details of the benefits, see your *Summary Plan Description*.

Primary Care Physician (PCP): A provider in a network who coordinates members' health care. PCPs are usually family doctors, general practice physicians, internists, or pediatricians. Some plans allow OB/GYNs to be PCPs for women in the plan. PCPs must provide coverage for their practices 24 hours-a-day, 7 days-a-week so you can reach them if you need care.

Public Employees Insurance Agency (PEIA): The State agency that arranges for health and life insurance benefits for West Virginia's public employees. PEIA administers the PEIA PPB Plans, and contracts with all of the managed care plans that are offered to public employees.

Eligibility Rules

This section offers general information about eligibility that you may need during Open Enrollment. For complete details, please refer to the Eligibility Section of the *Plan Year 2012 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 for which they qualify during open enrollment in April of each year.

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

Medicare. PEIA offers Medicare coverage to retired employees through the Humana Medicare Advantage Plan or The Health Plan's Medicare Advantage plan. If you or your enrolled dependents become Medicare-primary while enrolled in The Health Plan you may continue with the Health Plan in their Medicare Advantage plan or return to the PEIA Medicare Advantage plan. For more information on the Humana Plan, see page ???. Current Health Plan members have the opportunity to remain in the Health Plan at the time of Medicare eligibility. Contact the Health Plan for more details.

Eligible Dependents. You and your enrolled dependents must all live in the service area of a plan (if the plan has a limited service area) to be eligible to enroll for that plan's benefits. The only exception to this rule is made for full-time students living out of the service area. You may enroll the following dependents:

- Your legal spouse (unless you are enrolled as a Surviving Dependent).
- Your biological or adopted children, stepchildren under age 26 or other children for whom you are the court-appointed guardian under age 26.

Children ages 18 to 26 who have employer-sponsored insurance coverage available in which they could be covered as a policyholder are not eligible for PEIA 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.

Retiring Employees: If you are considering retiring during the plan year, your choice this open enrollment will be an important one. At the time of retirement you may drop dependents from your coverage (if you so choose), or you may drop health coverage completely, but you may not change plans during the plan year unless you move outside a managed care plan's service area or unless you'll be eligible for Medicare — age 65 or disabled — in which case you will be provided PEIA's Medicare benefit.

Transferring Employees: If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the service area of the plan you're currently in. The PEIA PPB Plans don't have a limited service area, so if you're in one of them, 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, which will be considered if you appeal in writing to the director of PEIA.

Mid-Year Plan Changes: The only time you can change plans during the plan year is if you move out of the service area of your plan so that accessing care is unreasonable. Since the PEIA PPB Plans have an unlimited service area, you will not be permitted to transfer out of them 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 anytime with 60 days' notice, so you need to be aware of that possibility when you make your selection.

Death or Divorce: If a death or divorce occurs during 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 service 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 you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the month of or the two months following the marriage, birth, adoption or placement for adoption. To request this special enrollment or obtain more information, contact your benefit coordinator or call 1-888-680-7342.

Managed Care Plan's Service Area

The Health Plan's Service area consists of the following counties in West Virginia, Maryland, Ohio and Pennsylvania:

Plan Year 2012 Benefit Fairs

Following are dates and locations of the 2012 benefit fairs. *Please note the new closing time!*

LOCATION	DATE	TIME
Huntington Holiday Inn Civic Arena	April 4, 2011	3-6 pm
Beckley Tamarack	April 5, 2011	3-6 pm
Martinsburg Holiday Inn	April 6, 2011	3-6 pm
Charleston Charleston Civic Center, Parlor A	April 11, 2011	3-6 pm
Morgantown Ramada Inn	April 12, 2011	3-6 pm
Wheeling WV Northern Community College	April 13, 2011	3-6 pm
Parkersburg Comfort Suites in Mineral Wells	April 14, 2011	3-6 pm

WEST VIRGINIA

Barbour
Berkeley
Boone
Braxton
Brooke
Cabell
Calhoun
Clay
Doddridge
Fayette
Gilmer
Greenbrier
Hampshire
Hancock
Harrison
Jackson,
Jefferson
Kanawha
Lewis
Lincoln
Logan
Marion
Marshall
Mason

Mercer
Monongalia
Morgan
Monroe
Ohio
Pleasants
Pocahontas
Preston
Putnam,
Raleigh
Randolph
Ritchie
Roane
Taylor
Tucker
Tyler
Upshur
Wayne,
Webster
Wetzel
Wirt
Wood
Wyoming

MARYLAND

Garrett

OHIO

Belmont
Columbiana
Guernsey
Harrison
Jefferson
Monroe
Muskingum
Noble
Trumbull
Washington

PENNSYLVANIA

Beaver
Fayette
Greene
Washington

BENEFITS-AT-A-GLANCE

Medical and Prescription Benefits

Benefits-At-A-Glance

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Annual deductible	None	\$100 Individual Maximum; \$200 Family Maximum	Varies by salary and employer type. See premium charts.	Twice the in-network deductible	\$1,200 employee only \$2,400 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription deductible). Services on the Preventive Care List covered without deductible.	\$1,200 employee only \$2,400 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription deductible). Services on the Preventive Care List covered without deductible.
Annual out-of-pocket maximum	Single - \$2,000 Two-person - \$4,000 Family - \$6,000	Single - \$3,500 Two-person - \$7,000 Family - \$10,000	Varies by salary, employer type, and coverage tier. For Plan A, the out of pocket maximum for employee and child(ren), family, or family with employee spouse is 150% of the employee only amount. See premium charts.	Twice the in-network out-of-pocket maximum	\$2,400 employee only \$4,800 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription out-of-pocket maximum)	None You will always pay the 20% coinsurance. There is no out-of-pocket maximum for out-of-network services
Lifetime maximum	None	None	None	None	None	None

Physician Services

Adult routine physical examinations	PCP - \$15 copay OB/GYN - \$20 copay (including prostate and gynecological, with pap smear)	PCP - \$15 copay OBGYN - \$25 copay deductible waived (including prostate and gynecological, with pap smear)	\$10 co-pay for office visit	Deductible + 40% + amounts that exceed PEIA's fee schedule	Covered in full per plan guidelines. In addition to physicals, there are a number of other preventive services now covered in full under Plan C. See page 19-20 for details.	PEIA pays 100% of PEIA's fee schedule per plan guidelines; you pay any amount that exceeds PEIA's fee schedule.
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* This is a limited benefit. One or more of the plans has specific limitations on this benefit. Check with the plans for details.

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Diagnostic x-ray, lab and testing	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Mammograms, Pap smears, and prostate cancer screenings	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% + amounts that exceed PEIA's fee schedule	Covered in full	PEIA pays 100% of PEIA's fee schedule; you pay any amount that exceeds PEIA's fee schedule.
Physician inpatient visits	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Physician office visits - primary care	\$15 copay/visit	\$15 copay/visit; deductible waived	\$15 co-pay office visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Physician office visits - specialty care	\$20 copay/visit	\$25 copay/visit; deductible waived	\$20 co-pay office visit only	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Prenatal care	\$20 copay/initial visit only	\$25 copay/initial visit only; deductible waived initial visit only	Covered in full after deductible	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Second surgical opinions	\$20 copay/visit	\$25 copay/visit; deductible waived	\$20 co-pay office visit only	Deductible + 40% coinsurance (office visit only) + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Voluntary sterilization	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Well child exams	\$15 copay/visit	\$15 copay/visit; deductible waived	Covered in full	Covered in full	Covered in full	PEIA pays 100% of PEIA's fee schedule; you pay any amount that exceeds PEIA's fee schedule.

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

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Well child immunizations (birth through 16)	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	Covered in full	PEIA pays 100% of PEIA's fee schedule; you pay any amount that exceeds PEIA's fee schedule.

Inpatient Services

Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Inpatient occupational, physical, or speech therapy*	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Maternity care (delivery)	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Rehabilitation*	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% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Skilled nursing*	\$35 copay/day	\$35 copay/day after deductible	Deductible + 20%	\$500 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

Hospital Outpatient Services

Ambulatory/outpatient surgery	10% coinsurance	15% coinsurance after deductible	\$50 + deductible + 20%	\$100 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Preadmission testing, diagnostic x-ray and lab	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

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

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
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Mental Health & Chemical Dependency Benefits

Outpatient chemical dependency*	\$20 copay/visit	\$25 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Outpatient mental health*	\$20 copay/visit	\$25 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Inpatient chemical dependency (including partial hospitalization) *	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Inpatient detoxification*	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Inpatient mental health (including partial hospitalization) *	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

Outpatient Therapies

Acupuncture*	Not covered	Not covered	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule;	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Chiropractic*	\$20 copay/visit	\$25 copay/visit; deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Massage Therapy*	Not covered	Not covered	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Occupational therapy*	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

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

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Physical therapy*	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Speech therapy*	\$20 copay/visit	\$25 copay/visit; after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

All Other Medical Services

Allergy testing and treatment	\$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% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Cardiac rehabilitation*	\$10 copay /visit	\$10 copay /visit after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Dental services - accident related*	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Dental services - other*	Not covered	Not covered	Impacted teeth only; deductible + 20%	Impacted teeth only; Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Diabetic supplies*	Certain supplies covered in full.	Certain supplies covered in full; deductible waived	Covered under Prescription drug plan	Covered under Prescription drug plan	Covered under Prescription drug plan	Covered under Prescription drug plan
Durable Medical Equipment (DME) *	30% coinsurance (including orthotics)	30% coinsurance (including orthotics) after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

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

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Emergency ambulance (medically necessary)	\$50 copay/transport	\$50 copay/transport after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Emergency Room Treatment (Non-emergency)	Not covered	Not covered	\$50 + deductible+ 20%	\$50 + Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Emergency services (including supplies) *	\$75 copay/visit (waived if admitted)	\$75 copay/visit (waived if admitted) deductible waived	\$25 + deductible + 20%	\$25 + deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Hearing exam	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	Covered under well child benefit only	Covered under well child benefit only
Home health services*	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Home health supplies*	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Hospice*	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Infertility services* Limited to basic health care. No Prescription Coverage under any plan.	30% coinsurance	30% coinsurance	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Medical supplies*	30% coinsurance	30% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

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

Benefit Description	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Podiatry*	\$20 copay/visit	\$25 copay/visit deductible waived	\$20; surgery- 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Prosthetics *	30% coinsurance	30% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Pulmonary rehabilitation*	\$10 copay/visit	\$10 copay/visit after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Radiation and chemotherapy	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
TMJ*	30% coinsurance	30% coinsurance after deductible	Not covered	Not Covered	Not covered	Not Covered
Transplants (non-experimental) *	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40%; + amounts that exceed PEIA's fee schedule additional \$10,000 deductible	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule
Urgent Care	\$50 copay/visit (waived if admitted)	\$50 copay/visit (waived if admitted) deductible waived	Deductible + 20%	Deductible + 40% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule

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

Prescription Benefits								
Prescriptions	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network	PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Deductible	None	None	\$75 individual/ \$150 family	\$75 individual/\$150 family	\$150 individual/ \$300 family	\$150 individual/ \$300 family	\$1,200 employee only \$2,400 employee and child(ren), family, or family with employee spouse <ul style="list-style-type: none"> combined medical and prescription deductible Prescriptions on the Preventive Drug List covered without deductible. 	\$1,200 employee only \$2,400 employee and child(ren), family, or family with employee spouse <ul style="list-style-type: none"> combined medical and prescription deductible Prescriptions on the Preventive Drug List covered without deductible.
Annual out-of-pocket maximum	None	None	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$2,400 employee only \$4,800 employee and child(ren), family, or family with employee spouse (this is a combined medical and prescription out-of-pocket maximum)	None. Member will always pay the prescription drug copayments. There is no out-of-pocket maximum for out-of-network services.
Generic copayment	\$10 copayment	\$5 copayment	\$5	\$5 (see “other details” below)	\$5	\$5 (see “other details” below)	\$5 after deductible, unless on Preventive Drug List	\$5 after deductible, unless on Preventive Drug List (see “other details” below)
Formulary brand	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)	\$20 after deductible, unless on Preventive Drug List	\$20 after deductible, unless on Preventive Drug List(see “other details” below)

Prescription Benefits								
Prescriptions	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network	PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of-Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network
Non-Formulary Brand	Not covered	Not covered	\$50	\$50 (see “other details” below)	\$50	\$50 (see “other details” below)	\$50 after deductible, unless on Preventive Drug List	\$50 after deductible, unless on Preventive Drug List(see “other details” below)
Specialty Medications	30% or \$300 whichever is less (Covered under medical benefit. Must meet Plan guidelines)	30% or \$300 whichever is less, after deductible. (Covered under medical benefit. Must meet Plan guidelines)	\$50	Not covered	\$50	Not covered	\$50 after deductible, unless on Preventive Drug List	Not covered
Maintenance Medication discount program details	90-day supply \$20 or 50% copayment	90-day supply \$10 copayment	90-day supply for two months' co-pay	No discount	90-day supply for two months' co-pay	No discount	90-day supply for two months' co-pay after deductible, if applicable. No deductible for drugs on Preventive Drug List	No discount
Annual benefit maximum (per member/year)	None	None	None	None	None	None	None	None
Other details	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 responsibility.		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility.		PEIA will reimburse Express Scripts' allowed amount, less any member responsibility

PEIA PPB PLAN C

PEIA PPB Plan C

PEIA's high deductible health plan, PEIA PPB Plan C, is not a grandfathered plan under the new Affordable Care Act, and therefore, there are a number of new benefits available in this plan which are listed below. More details of the coverage will be provided in the *Summary Plan Description*. Plan C will also include an enhanced internal and external appeal procedure. Details of the new appeals procedure will be provided in the *Summary Plan Description*.
Preventive Care:

The following preventive services will be covered with no deductible, coinsurance or copayment effective July 1, 2011:

- Abdominal Aortic Aneurysm one-time screening for men aged 65 to 75 who have ever smoked
- Blood Pressure screening for all adults (included in Annual Physical benefit)
- Cholesterol screening for men aged 35 and older and women aged 45 and older or others at higher risk
- Colorectal Cancer screening using fecal occult blood testing, sigmoidoscopy, or colonoscopy, in adults, beginning at age 50 years and continuing until age 75 years.
- Type 2 Diabetes screening for adults with high blood pressure
- HIV screening for all adults at higher risk
- Immunization vaccines for adults — doses, recommended ages, and recommended populations vary:
 - o Hepatitis A
 - o Hepatitis B
 - o Herpes Zoster
 - o Human Papillomavirus
 - o Influenza
 - o Measles, Mumps, Rubella
 - o Meningococcal
 - o Pneumococcal
 - o Tetanus, Diphtheria, Pertussis
 - o Varicella
- Tobacco Use screening for all adults and cessation interventions for tobacco users
- Syphilis screening for all adults at higher risk

Covered Preventive Services for Women, Including Pregnant Women

- Anemia screening on a routine basis for pregnant women
- Bacteriuria urinary tract or other infection screening for pregnant women
- BRCA counseling about genetic testing for women at higher risk
- Breast Cancer Mammography screenings every 1 to 2 years for women over 40
- Cervical Cancer screening for sexually active women
- Folic Acid supplements for women who may become pregnant
- Hepatitis B screening for pregnant women at their first prenatal visit
- Osteoporosis screening for women over age 60 depending on risk factors
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
- Sexually Transmitted Disease Screenings for Chlamydia, Gonorrhea and Syphilis for women at increased risk

Covered Preventive Services for Children

- Alcohol and Drug Use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children of all ages
- Cervical Dysplasia screening for sexually active females
- Congenital Hypothyroidism screening for newborns
- Developmental screening for children under age 3, and surveillance throughout childhood
- Dyslipidemia screening for children at higher risk of lipid disorders

- Fluoride Chemoprevention supplements for children without fluoride in their water source
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns
- Height, Weight and Body Mass Index measurements for children
- Hematocrit or Hemoglobin screening for children
- Hemoglobinopathies or sickle cell screening for newborns
- HIV screening for adolescents at higher risk
- Immunization vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
 - o Diphtheria, Tetanus, Pertussis
 - o Haemophilus influenzae type b
 - o Hepatitis A
 - o Hepatitis B
 - o Human Papillomavirus
 - o Inactivated Poliovirus
 - o Influenza
 - o Measles, Mumps, Rubella
 - o Meningococcal
 - o Pneumococcal
 - o Rotavirus
 - o Varicella
- Iron supplements for children ages 6 to 12 months at risk for anemia
- Lead screening for children at risk of exposure
- Medical History for all children throughout development
- Obesity screening and counseling
- Oral Health risk assessment for young children
- Phenylketonuria (PKU) screening for this genetic disorder in newborns
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children

An annual Routine Physical and Screening Exam will be covered for each person in the plan. The Routine Physical and/or Screening Examinations are examinations performed in the absence of illness for the periodic assessment of the general health of the patient. This benefit is available once per plan year. Additional exams are subject to the deductible and coinsurance.

PREMIUMS AND RATES

Employees and Retirees

Premium Discounts Available

This year, PEIA is offering THREE premium discounts. The chart below details who will receive the discounts. The discounts are described in detail below:

Who Gets The Premium Discounts			
	Active Employees in PEIA PPB Plan A, B or C	Active Employees in The Health Plan HMO	Retired Employees in PEIA PPB Plan A, the Special Medicare Plan or the Medicare Advantage Plan
Advance Directive/Living Will	Yes	No	Yes
Improve Your Score	Yes	No	No
Tobacco-free	Yes	On Optional Life insurance only	Yes

1. Advance Directive/Living Will. PEIA is offering the Advance Directive/Living Will discount starting July 1, 2011. This discount will be \$4 per month off of the 2012 standard health insurance premium for health policyholders in PEIA PPB Plans A, B and C, PEIA's Special Medicare Plan or the Humana Medicare Advantage plan who have completed a living will or an advance directive for healthcare. This discount is available to active and retired employees.

You may claim the discount if you've completed one of these forms:

1. WV Living Will Form
2. WV Medical Power of Attorney form
3. WV Combined Living Will and Medical Power of Attorney form
4. Five Wishes form (Aging with Dignity for \$5 per copy call 1-888-594-7437)

The WV Combined Living Will and Medical Power of Attorney form is printed at the end of this *Shopper's Guide*. More information is available from the WV Center for End of Life Care at www.wvendlife.org or by calling the center at 1-877-209-8086. If you live outside West Virginia, you may complete the advance directive document that is legal in your state of residence to claim the discount.

Once you've completed your advance directive/living will, go online to www.wvpeia.com and sign in to "Manage My Benefits" to complete your affidavit if you did not return the form mailed to you in December 2010. All affidavits must be received no later than April 30, 2011, to receive the discount for all of plan year 2012.

Please remember, PEIA does not want a copy of your advance directive or living will. **Please DO NOT mail or fax a copy of your actual advance directive document to us.** All you must do to receive the discount is complete the affidavit — either online or on paper — NOT BOTH, please.

2. Improve Your Score Discount. PEIA will offer a \$10 per month discount off the standard health premium to active employees in PEIA PPB Plans A, B or C who participate in the **Improve Your Score** program. Retired policyholders were not charged the \$10 premium increase, and are not eligible for the \$10 Improve Your Score premium discount. The **Improve Your Score** program is designed to make you and your doctor aware of individual health risks, including cholesterol, glucose or blood sugar, blood pressure and waist circumference. Participants in Improve Your Score receive a color coded report using the stop light system: green for healthy; yellow for moderate risk; and red for high risk. The premium discount is based upon participation and not the color-coded outcome. You have until April 30, 2011, to be screened and report the results. Here are the three ways to get your discount:

1. Attend a **Pathways to Wellness** worksite health screening at your worksite. (You may also attend a screening at another worksite that is convenient for you, but you'll need to notify a PEIA **Pathways to Wellness Health** Promotion Consultant in advance). Policyholders who had a health screening from **Pathways to Wellness** at a worksite health screening during Plan Year 2010 (July 1, 2009-June 30, 2010) or who have one in Plan Year 2011 by April 30, 2011, will be credited with having participated in this program, and will receive the premium discount. No further action is required if you had or have your screening through **Pathways to Wellness**; they will report your participation to PEIA, and you will receive the discount.
2. Make an appointment to attend a **Saturday Morning Screening** at one of the designated Labcorp sites listed under "Saturday Morning Screens." You'll find a section called, "Website Registration Instructions" where you can register for one of the monthly **Saturday Morning Screening**. Be SURE to download, complete and bring the enrollment form to your appointment so that you will not have any out of pocket costs and so that BeBetter Health may report your participation to PEIA.
3. If you've already had this blood work done through your physician's office or another provider, you may download the **Improve Your Score** reporting form from www.wvpeia.com. Go to **Forms and Downloads**, click on **Members**, and you'll find the **Improve Your Score** form. Then, have your provider complete the necessary information and return the form to the fax number listed on the form. (Remember, you will be responsible for any applicable coinsurance or copayment if your physician performs the screening.)

Results reported to the **Pathways to Wellness** program by April 30, 2011, will earn the policyholder the discount for all of Plan Year 2012 (July 1, 2011 – June 30, 2012). Results received after April 30, 2011, will be accepted, but there may be a delay in starting the discount. New hires and existing employees may report their results and the discount will generally be granted on the first day of the month following the input of the results into the PEIA system. **Please note:** The **Improve Your Score** discount is available to PEIA PPB Plan policyholders only. Dependents may participate in the health screening; however, you will not receive an additional premium discount.

For the plan year 2013, which begins on July 2012, PEIA will provide a premium discount to those plan members who have either a “green” score; or have made efforts to improve their modifiable risk factors by any of the following:

- seeing their physician;
- participating in **PEIA’s Face to Face Diabetes Program**,
- participating in the **PEIA Weight Management Program**,
- participating in the **Dr. Ornish Program for Reversing Heart Disease**;
- participating in the **Ornish Spectrum** education program,
- receiving nurse coaching through **Active Health**.

You’ll get more information on this next step in the program in the *Summary Plan Description*.

3. Tobacco-free Premium Discount. PEIA offers a premium discount on PEIA PPB Plans A, B and C, the Special Medicare Plan, the Medicare Advantage plan, and optional life insurance to active and retired policyholders who verify through a tobacco affidavit that all enrolled family members are tobacco-free. The tobacco-free premium discount is not offered to members of The Health Plan HMO. Tobacco-free plan members subtract \$25 from the premium for employee only coverage or \$50 from the employee/child, family or family with employee spouse premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2012, you and all enrolled family members must have been tobacco-free by January 1, 2011. 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. If your doctor certifies on a form provided by the PEIA, that it is unreasonably difficult due to a medical condition for you to become tobacco-free or it is medically inadvisable for you to become tobacco free, PEIA will work with you for an alternative way to qualify for the tobacco-free discount. Send all such doctors’ certifications and requests for alternative ways to receive the discount to: **PEIA Discount Alternatives, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345**

On the following pages you’ll find the premium charts listing the standard premiums. Use the calculator below the chart to find your premium. Here’s an example:

Example Calculator		Single Policyholder	Family Policyholder
Your standard monthly PEIA PPB Plan premium from table:		\$87	\$243
Tobacco free? If yes,	Subtract \$25/single or \$50/family	-\$25	-\$50
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	-\$4	-\$4
Had an Improve Your Score screening? If yes,	Subtract \$10	-\$10	-\$10
Total monthly premium including discounts		\$48	\$179

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. There are three (3) premium discounts available this year for members of the PEIA PPB Plans. *Full details of the premiums discounts can be found on page 22.* Use the calculator below to determine your premium.

Employee Only		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$20,000	\$50	\$17	\$63	\$100	\$800	\$54	\$500	\$2,000	\$92	\$1,200	\$2,400
20,001	30,000	\$67	\$24	\$80	\$150	\$1,100	\$61	\$500	\$2,000			
30,001	36,000	\$74	\$28	\$87	\$200	\$1,250	\$65	\$500	\$2,000			
36,001	42,000	\$80	\$30	\$93	\$225	\$1,500	\$67	\$500	\$2,000			
42,001	50,000	\$95	\$38	\$108	\$250	\$1,750	\$75	\$1,000	\$2,000			
50,001	62,500	\$118	\$50	\$131	\$375	\$1,800	\$87	\$1,000	\$2,000			
62,501	75,000	\$132	\$59	\$145	\$400	\$1,850	\$96	\$1,000	\$2,000			
75,001	100,000	\$161	\$74	\$174	\$425	\$1,900	\$111	\$1,000	\$2,000			
100,001	125,000	\$204	\$121	\$217	\$500	\$2,000	\$158	\$1,000	\$2,000			
125,001	+	\$234	\$150	\$247	\$600	\$2,250	\$186	\$1,000	\$2,000			

Employee and Children		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$20,000	\$101	\$22	\$120	\$200	\$1,200	\$86	\$1,000	\$4,000	\$192	\$2,400	\$4,800
20,001	30,000	\$125	\$34	\$144	\$300	\$1,650	\$98	\$1,000	\$4,000			
30,001	36,000	\$134	\$38	\$153	\$400	\$1,875	\$102	\$1,000	\$4,000			
36,001	42,000	\$147	\$44	\$166	\$450	\$2,250	\$107	\$1,000	\$4,000			
42,001	50,000	\$181	\$73	\$200	\$500	\$2,625	\$135	\$1,500	\$4,000			
50,001	62,500	\$223	\$114	\$242	\$750	\$2,700	\$176	\$1,500	\$4,000			
62,501	75,000	\$255	\$140	\$274	\$800	\$2,775	\$201	\$1,500	\$4,000			
75,001	100,000	\$318	\$196	\$337	\$850	\$2,850	\$254	\$1,500	\$4,000			
100,001	125,000	\$381	\$264	\$400	\$1,000	\$3,000	\$321	\$1,500	\$4,000			
125,001	+	\$438	\$315	\$457	\$1,200	\$3,375	\$371	\$1,500	\$4,000			

EMPLOYEE OR EMPLOYEE/CHILDREN CALCULATOR

* Your standard monthly PEIA PPB Plan premium from table above:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
Had an Improve Your Score screening? If yes,	Subtract \$10	
Total monthly premium including discounts		

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. There are three (3) premium discounts available this year. *Full details of the premiums discounts can be found on page 22.* Use the calculator below to determine your premium.

Family		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$20,000	\$139	\$83	\$167	\$200	\$1,200	\$136	\$1,000	\$4,000	\$ 318	\$2,400	\$4,800
20,001	30,000	\$188	\$117	\$216	\$300	\$1,650	\$170	\$1,000	\$4,000			
30,001	36,000	\$215	\$134	\$243	\$400	\$1,875	\$187	\$1,000	\$4,000			
36,001	42,000	\$244	\$154	\$272	\$450	\$2,250	\$207	\$1,000	\$4,000			
42,001	50,000	\$294	\$195	\$322	\$500	\$2,625	\$248	\$1,500	\$4,000			
50,001	62,500	\$361	\$249	\$389	\$750	\$2,700	\$302	\$1,500	\$4,000			
62,501	75,000	\$394	\$279	\$422	\$800	\$2,775	\$332	\$1,500	\$4,000			
75,001	100,000	\$479	\$365	\$507	\$850	\$2,850	\$418	\$1,500	\$4,000			
100,001	125,000	\$596	\$474	\$624	\$1,000	\$3,000	\$527	\$1,500	\$4,000			
125,001	+	\$696	\$560	\$724	\$1,200	\$3,375	\$613	\$1,500	\$4,000			

Family with Employee Spouse		Health Plan		PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
		Plan A	Plan B	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium* (not salary-based)	Annual Deductible	Out-of-Pocket Maximum
\$ -	\$ 20,000	\$103	\$48	\$131	\$200	\$1,200	\$103	\$1,000	\$4,000	\$267	\$2,400	\$4,800
20,001	30,000	\$140	\$69	\$168	\$300	\$1,650	\$124	\$1,000	\$4,000			
30,001	36,000	\$163	\$88	\$191	\$400	\$1,875	\$143	\$1,000	\$4,000			
36,001	42,000	\$182	\$100	\$210	\$450	\$2,250	\$155	\$1,000	\$4,000			
42,001	50,000	\$224	\$127	\$252	\$500	\$2,625	\$182	\$1,500	\$4,000			
50,001	62,500	\$278	\$170	\$306	\$750	\$2,700	\$225	\$1,500	\$4,000			
62,501	75,000	\$318	\$208	\$346	\$800	\$2,775	\$263	\$1,500	\$4,000			
75,001	100,000	\$412	\$302	\$440	\$850	\$2,850	\$357	\$1,500	\$4,000			
100,001	125,000	\$530	\$412	\$558	\$1,000	\$3,000	\$467	\$1,500	\$4,000			
125,001	+	\$618	\$498	\$646	\$1,200	\$3,375	\$553	\$1,500	\$4,000			

FAMILY OR FAMILY/EMPLOYEE SPOUSE CALCULATOR

* Your standard monthly PEIA PPB Plan premium from table above:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
Had an Improve Your Score screening? If yes,	Subtract \$10	
Total monthly premium including discounts		

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, B or C 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.

Remember that the PEIA PPB Plans' out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts. There are three (3) premium discounts available this year for members of the PEIA PPB Plans. *Full details of the premiums discounts can be found on page 22.* Use the calculator below to determine your premium.

Premiums, Deductibles and Out-of-Pocket Maximums

	Health Plan HMO Plan A	Health Plan HMO Plan B	PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
	Premium	Premium	Premium*	Annual Deductible	Out-of-pocket Maximum	Premium*	Annual Deductible	Out-of-pocket Maximum	Premium*	Annual Deductible	Out-of-pocket Maximum
Employee Only	\$504	\$312	\$521	\$225	\$2,250	\$475	\$500	\$2,000	\$334	\$1,200	\$2,400
Employee and Children	\$694	\$478	\$972	\$450	\$3,375	\$859	\$1,000	\$4,000	\$498	\$2,400	\$4,800
Family	\$1,177	\$783	\$1,063	\$450	\$3,375	\$943	\$1,000	\$4,000	\$659	\$2,400	\$4,800

FAMILY OR FAMILY/EMPLOYEE SPOUSE CALCULATOR

*	Your standard monthly PEIA PPB Plan premium from table above:†		
	Tobacco free? If yes,	Subtract \$25/single or \$50/family	
	Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
	Had an Improve Your Score screening? If yes,	Subtract \$10	
	Total monthly PEIA PPB Plan premium including discounts		

† You may need to check with your benefit coordinator to determine your standard monthly premium.

Non-State Agency: Managed Care Plans

To enroll in one of the managed care plans listed above, you must live in the plan's service area. *Check the chart on page 7* to see if you qualify for the plan you're considering. The PEIA PPB Plans' service area is unlimited, so you will not find it on the chart.

The Health Plan does not participate in PEIA's Tobacco-free Premium discount, Improve Your Score discount or Living Will/Advance Directives discount.

Non-Medicare Retiree PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. There are two (2) premium discounts available to retirees this year. *Full details of the premiums discounts can be found on page 22.* Use the calculator below to determine your premium. If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

Premiums, Deductibles and Out-of-Pocket Maximums

Years of Service	Non-Medicare Retired Policyholder Only			Non-Medicare Retired Policyholder with non-Medicare Dependents			Non-Medicare Retired Policyholder with Medicare Dependents ¹		
	Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum	Monthly Premium	Deductible	Out-of-Pocket Maximum
Unsubsidized Premium ³	\$1,055	\$400	\$1,500	\$2,510	\$800	\$1,500	\$1,759	\$425	\$1,000
5 to 9 years	\$845	\$400	\$1,500	\$2,009	\$800	\$1,500	\$1,408	\$425	\$1,000
10 to 14 years	\$651	\$400	\$1,500	\$1,514	\$800	\$1,500	\$1,048	\$425	\$1,000
15 to 19 years	\$456	\$400	\$1,500	\$1,022	\$800	\$1,500	\$691	\$425	\$1,000
20 to 24 years	\$341	\$400	\$1,500	\$726	\$800	\$1,500	\$478	\$425	\$1,000
25 or more years ²	\$264	\$400	\$1,500	\$529	\$800	\$1,500	\$334	\$425	\$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 This premium rate is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

NON-MEDICARE RETIREE PPB PLAN PREMIUMS CALCULATOR

Your standard monthly premium from table above:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
Total monthly premium including discounts		

Enroll online! It's fast and easy! Go to www.wvpeia.com and click on the Green "Manage My Benefits" button to get started!

Special Notice for Non-Medicare Retirees with Medicare Dependents:

PEIA has contracted with other vendors to provide medical and prescription drug benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize “family” plans, this change presents some unique challenges for PEIA when a family has both non-Medicare and Medicare members. In these cases, the non-Medicare family members will continue their coverage with PEIA, and the Medicare beneficiary(ies) will receive benefits from the Humana Medicare Advantage Plan and the Express Scripts PDP Plan. *For details of the Medicare Beneficiary’s Plan Design, see page 30.*

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 a \$25 deductible and the \$750 out-of-pocket maximum *shown in the Medicare Retiree Benefit Design chart on page 30.* Remember, for non-Medicare family members, the family deductible is \$800, but as always, no individual in the family can meet more than half of the family deductible. For more information on how the medical deductible works, please consult your *Summary Plan Description.*

Non-Medicare Retiree Managed Care Premiums

To enroll in The Health Plan, you must live in the plan’s service area. *Check the chart on page 7.* The PEIA PPB Plan’s service area is unlimited, so you will not find it on the chart. The Health Plan does not offer the **Tobacco-free Premium discount, Improve Your Score discount, or the Advance Directive/Living Will discount.**

Years of Service	Health Plan Plan A		Health Plan Plan B	
	Single	Family	Single	Family
Unsubsidized Premium ²	\$744	\$1,424	\$540	\$1,028
5-9 Years	\$496	\$949	\$360	\$685
10-14 Years	\$449	\$860	\$327	\$621
15-19 Years	\$423	\$811	\$307	\$584
20-24 Years	\$398	\$759	\$289	\$548
25+ Years ¹	\$363	\$693	\$263	\$501

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

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Retired Employee Assistance Programs

Retired employees whose total annual income is less than 250% of the federal poverty level (FPL) may receive assistance in paying a portion of their PEIA monthly health premium based on years of active service, through a grant provided by the PEIA called the Retired Employee Premium Assistance program. Applicants must be enrolled in the PEIA PPB Plan, the Special Medicare Plan or Humana's Medicare Advantage plan.

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

Medicare-eligible retirees with 15 or more years of service who qualify for Premium Assistance may also qualify for Benefit Assistance. Benefit Assistance reduces the medical and prescription out of pocket maximums and most copayments. It is described in detail in the Evidence of Coverage provided by Humana. For additional detail or for a copy of the application, call PEIA's customer service unit.

Medicare Part B and Part D Premiums for Higher Income Beneficiaries

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

The change will affect only a very small percentage of Medicare beneficiaries. To determine if you will pay higher premiums, Social Security will use your most recent federal tax return information. If you must pay higher premiums, they will use a sliding scale to make the adjustments. They will base the sliding scale on your modified adjusted gross income (MAGI). Your MAGI is the total of your adjusted gross income and tax-exempt interest income. In 2011, if you file your taxes as "married, filing jointly" and your MAGI is greater than \$170,000, you will pay higher premiums for your Medicare Part B (medical insurance) and Medicare Part D (prescription drug) coverage. If you filed your taxes using a different status and your MAGI is greater than \$85,000, you also will pay higher premiums.

Social Security will notify you if you have to pay more than the standard premium. Whether you pay the standard premium or a higher premium can change each year depending on your income. If you have to pay a higher amount for your Part B premium and you disagree (even if you get RRB benefits), call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also view the fact sheet "**Medicare Part B Premiums: Rules For Beneficiaries With Higher Incomes**" by visiting www.socialsecurity.gov/pubs/10161.pdf.

PEIA is bringing this to your attention because it may affect the premium you pay for PEIA's Medicare Advantage Plan, which includes a premium for your Medicare Part D (prescription drug) coverage.

Medicare Retiree Benefits

PEIA has contracted with two vendors to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees.

1. Humana, Inc. provides medical benefits through its Medicare Advantage plans. Reach them at 1-800-783-4599.
2. Express Scripts, Inc. provides prescription benefits through a Medicare Part D plan. Reach them at 1-866-591-3881.

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 contracted Medicare Advantage plan and the non-Medicare family members will continue their coverage in the PEIA PPB Plan. Medicare eligible members can contact these vendors at the numbers listed above with any questions.

Benefits for Medicare Beneficiaries

Humana provides MUCH more information to Medicare retirees, but here is a general overview of how the medical benefits work for each Medicare beneficiary and for their non-Medicare dependents, if any.

Service Description	Medicare Retiree Plan Year 2012 Benefit	Non-Medicare Dependent Plan Year 2012 Benefit
Annual Deductible	\$25	\$400
Primary Care Office Visit	\$10	\$15
Specialty Office Visit	\$20	\$20
Emergency Room	\$50	\$25 copayment + deductible + 20% coinsurance
Hospital Inpatient care	\$100 per admission	Deductible + 20% coinsurance
Outpatient and Office Surgery	\$50	\$50 copayment + deductible + 20% coinsurance
Other services (testing, etc)	\$0	Deductible + 20% coinsurance
Medical Out-Of-Pocket Maximum	\$750	\$750 single and \$1,500 family
Prescription Drug Deductible	\$75	\$75
Generic Drugs Copayment	\$ 5	\$ 5
Preferred Drug Copayment	\$15	\$15
Non-preferred Drug Copayment	\$50	\$50
Specialty Drug Copayment	\$50	\$50

So, when the Medicare beneficiary uses medical services, there will be a \$25 deductible, and then 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 still runs from July 1 to June 30. Any provider that accepts Medicare may be used by those enrolled in the Humana plan. The Medicare retiree’s non-Medicare dependents will have the benefits shown in the last column of the chart. These are the same benefits provided under PEIA PPB Plan A. See the “*Benefits At-A-Glance*” charts on pages 12-21 for details.

Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will have a \$25 deductible and the \$750 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart on the previous page. The non-Medicare dependents covered by the Medicare policyholder will have the deductible and out-of-pocket maximum shown in the chart on the previous page, and the benefits described in the “Benefits At-A-Glance” charts on pages 9. There are two (2) premium discounts available to retirees this year. Full details of the premiums discounts can be found on page 22. Use the calculator below to determine your premium.

PEIA PPB Medicare Retiree Rates

	Medicare Retired Policyholder Only	Medicare Retired Policyholder with non Medicare Dependents ¹	Medicare Retired Policyholder with Medicare Dependents ²
Years of Service			
Unsubsidized Premium ⁴	\$401	\$1,343	\$826
5 to 9 years	\$365	\$1,221	\$751
10 to 14 years	\$269	\$919	\$543
15 to 19 years	\$173	\$617	\$335
20 to 24 years	\$116	\$435	\$209
25 or more years ³	\$77	\$313	\$127

- 1 This premium rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.
- 2 This premium rate assumes two people on Medicare. If you have more than two, subtract \$22 for each additional Medicare Member.
- 3 These premium 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 This premium rate is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) Active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

PEIA PPB MEDICARE RETIREE RATES CALCULATOR

Your standard monthly premium from table above:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
Total monthly premium including discounts		

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COBRA

COBRA entitles employees, retired employees, and covered dependent(s) to continue medical coverage, for 18 or 36 months, in certain cases when coverage would otherwise terminate, provided the employee, retired employee, and/or dependent(s) pays the full premium. The premiums for COBRA coverage are set by Federal law.

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

The charts below 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 managed care plans, you must live in the plan's service area. The PEIA PPB Plans' service area is unlimited. **There are three (3) premium discounts available this year for members of the PEIA PPB Plans. Full details of the premiums discounts can be found on page 22.** Use the calculator below to determine your premium.

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, 2011. Mail the form to: Wells Fargo COBRA Dept., P.O. Box 2981. Charleston, WV 25332.

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

	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
COBRA	Premium	Premium	Premium	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$470	\$419	\$483	\$225	\$1,000	\$457	\$500	\$2,000	\$482	\$1,200	\$2,400
Employee and Children	\$638	\$532	\$657	\$450	\$1,500	\$597	\$1,000	\$4,000	\$683	\$2,400	\$4,800
Family	\$1,042	\$951	\$1,071	\$450	\$1,500	\$1,005	\$1,000	\$4,000	\$1,118	\$2,400	\$4,800
Disability											
Employee Only	\$692	\$617	\$711	\$225	\$1,000	\$672	\$500	\$2,000	\$710	\$1,200	\$2,400
Employee and Children	\$938	\$783	\$966	\$450	\$1,500	\$878	\$1,000	\$4,000	\$1,005	\$2,400	\$2,800
Family	\$1,533	\$1,398	\$1,575	\$450	\$1,500	\$1,478	\$1,000	\$4,000	\$1,644	\$2,400	\$4,800

COBRA Rates for Non-State Agencies

	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plan A			PEIA PPB Plan B			PEIA PPB Plan C		
COBRA	Premium	Premium	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum	Premium*	Annual Deductible	Out-of-Pocket Maximum
Employee Only	\$514	\$318	\$531	\$225	\$1,000	\$485	\$500	\$2,000	\$341	\$1,200	\$2,400
Employee and Children	\$708	\$488	\$991	\$450	\$1,500	\$876	\$1,000	\$4,000	\$508	\$2,400	\$4,800
Family	\$1,201	\$799	\$1,084	\$450	\$1,500	\$962	\$1,000	\$4,000	\$672	\$2,400	\$4,800
Disability											
Employee Only	\$756	\$468	\$782	\$225	\$1,000	\$713	\$500	\$2,000	\$501	\$1,200	\$2,400
Employee and Children	\$1,041	\$717	\$1,458	\$450	\$1,500	\$1,289	\$1,000	\$4,000	\$747	\$2,400	\$2,800
Family	\$1,766	\$1,175	\$1,595	\$450	\$1,500	\$1,415	\$1,000	\$4,000	\$989	\$2,400	\$4,800

COBRA CALCULATOR

★ Your standard monthly PEIA PPB Plan premium from table above:		
Tobacco free? If yes,	Subtract \$25/single or \$50/family	
Submit an Advanced directive/living will affidavit? If yes,	Subtract \$4	
Had an Improve Your Score screening? If yes,	Subtract \$10	
Total monthly premium including discounts		

Active Employee's Optional Life and AD&D Insurance: TOBACCO-FREE

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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium
Under 30	\$5,000	\$0.30	\$10,000	\$0.60	\$20,000	\$1.20	\$30,000	\$1.80	\$40,000	\$2.40	\$50,000	\$3.00	\$60,000	\$3.60	\$75,000	\$4.50	\$80,000	\$4.80
30-34	\$5,000	\$0.30	\$10,000	\$0.60	\$20,000	\$1.20	\$30,000	\$1.80	\$40,000	\$2.40	\$50,000	\$3.00	\$60,000	\$3.60	\$75,000	\$4.50	\$80,000	\$4.80
35-39	\$5,000	\$0.40	\$10,000	\$0.80	\$20,000	\$1.60	\$30,000	\$2.40	\$40,000	\$3.20	\$50,000	\$4.00	\$60,000	\$4.80	\$75,000	\$6.00	\$80,000	\$6.40
40-44	\$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
45-49	\$5,000	\$0.70	\$10,000	\$1.40	\$20,000	\$2.80	\$30,000	\$4.20	\$40,000	\$5.60	\$50,000	\$7.00	\$60,000	\$8.40	\$75,000	\$10.50	\$80,000	\$11.20
50-54	\$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
55-59	\$5,000	\$1.90	\$10,000	\$3.80	\$20,000	\$7.60	\$30,000	\$11.40	\$40,000	\$15.20	\$50,000	\$19.00	\$60,000	\$22.80	\$75,000	\$28.50	\$80,000	\$30.40
60-64	\$5,000	\$2.80	\$10,000	\$5.60	\$20,000	\$11.20	\$30,000	\$16.80	\$40,000	\$22.40	\$50,000	\$28.00	\$60,000	\$33.60	\$75,000	\$42.00	\$80,000	\$44.80
65-69	\$3,250	\$2.86	\$6,500	\$5.72	\$13,000	\$11.44	\$19,500	\$17.16	\$26,000	\$22.88	\$32,500	\$28.60	\$39,000	\$34.32	\$48,750	\$42.90	\$52,000	\$45.76
70 +	\$2,250	\$3.96	\$4,500	\$7.92	\$9,000	\$15.84	\$13,500	\$23.76	\$18,000	\$31.68	\$22,500	\$39.60	\$27,000	\$47.52	\$33,750	\$59.40	\$36,000	\$63.36

Age	Plan 10		Plan 11		Plan 12		Plan 13		Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium
Under 30	\$100,000	\$6.00	\$150,000	\$9.00	\$200,000	\$12.00	\$250,000	\$15.00	\$300,000	\$18.00	\$350,000	\$21.00	\$400,000	\$24.00	\$450,000	\$27.00	\$500,000	\$30.00
30-34	\$100,000	\$6.00	\$150,000	\$9.00	\$200,000	\$12.00	\$250,000	\$15.00	\$300,000	\$18.00	\$350,000	\$21.00	\$400,000	\$24.00	\$450,000	\$27.00	\$500,000	\$30.00
35-39	\$100,000	\$8.00	\$150,000	\$12.00	\$200,000	\$16.00	\$250,000	\$20.00	\$300,000	\$24.00	\$350,000	\$28.00	\$400,000	\$32.00	\$450,000	\$36.00	\$500,000	\$40.00
40-44	\$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
45-49	\$100,000	\$14.00	\$150,000	\$21.00	\$200,000	\$28.00	\$250,000	\$35.00	\$300,000	\$42.00	\$350,000	\$49.00	\$400,000	\$56.00	\$450,000	\$63.00	\$500,000	\$70.00
50-54	\$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
55-59	\$100,000	\$38.00	\$150,000	\$57.00	\$200,000	\$76.00	\$250,000	\$95.00	\$300,000	\$114.00	\$350,000	\$133.00	\$400,000	\$152.00	\$450,000	\$171.00	\$500,000	\$190.00
60-64	\$100,000	\$56.00	\$150,000	\$84.00	\$200,000	\$112.00	\$250,000	\$140.00	\$300,000	\$168.00	\$350,000	\$196.00	\$400,000	\$224.00	\$450,000	\$252.00	\$500,000	\$280.00
65-69	\$65,000	\$57.20	\$97,500	\$85.80	\$130,000	\$114.40	\$162,500	\$143.00	\$195,000	\$171.60	\$227,500	\$200.20	\$260,000	\$228.80	\$292,500	\$257.40	\$325,000	\$286.00
70 +	\$45,000	\$79.20	\$67,500	\$118.80	\$90,000	\$158.40	\$112,500	\$198.00	\$135,000	\$237.60	\$157,500	\$277.20	\$180,000	\$316.80	\$202,500	\$356.40	\$225,000	\$396.00

*To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2012, the policyholder must have been tobacco-free by January 1, 2011. 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.

Active Employee's Optional Life and AD&D Insurance: TOBACCO USER

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
Under 30	\$5,000	\$0.40	\$10,000	\$0.80	\$20,000	\$1.60	\$30,000	\$2.40	\$40,000	\$3.20	\$50,000	\$4.00	\$60,000	\$4.80	\$75,000	\$6.00	\$80,000	\$6.40
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	\$0.60	\$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
40-44	\$5,000	\$0.90	\$10,000	\$1.80	\$20,000	\$3.60	\$30,000	\$5.40	\$40,000	\$7.20	\$50,000	\$9.00	\$60,000	\$10.80	\$75,000	\$13.50	\$80,000	\$14.40
45-49	\$5,000	\$1.20	\$10,000	\$2.40	\$20,000	\$4.80	\$30,000	\$7.20	\$40,000	\$9.60	\$50,000	\$12.00	\$60,000	\$14.40	\$75,000	\$18.00	\$80,000	\$19.20
50-54	\$5,000	\$2.00	\$10,000	\$4.00	\$20,000	\$8.00	\$30,000	\$12.00	\$40,000	\$16.00	\$50,000	\$20.00	\$60,000	\$24.00	\$75,000	\$30.00	\$80,000	\$32.00
55-59	\$5,000	\$3.00	\$10,000	\$6.00	\$20,000	\$12.00	\$30,000	\$18.00	\$40,000	\$24.00	\$50,000	\$30.00	\$60,000	\$36.00	\$75,000	\$45.00	\$80,000	\$48.00
60-64	\$5,000	\$4.00	\$10,000	\$8.00	\$20,000	\$16.00	\$30,000	\$24.00	\$40,000	\$32.00	\$50,000	\$40.00	\$60,000	\$48.00	\$75,000	\$60.00	\$80,000	\$64.00
65-69	\$3,250	\$4.16	\$6,500	\$8.32	\$13,000	\$16.64	\$19,500	\$24.96	\$26,000	\$33.28	\$32,500	\$41.60	\$39,000	\$49.92	\$48,750	\$62.40	\$52,000	\$66.56
70 +	\$2,250	\$7.56	\$4,500	\$15.12	\$9,000	\$30.24	\$13,500	\$45.36	\$18,000	\$60.48	\$22,500	\$75.60	\$27,000	\$90.72	\$33,750	\$113.40	\$36,000	\$120.96

Age	Plan 10		Plan 11		Plan 12		Plan 13		Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
Under 30	\$100,000	\$8.00	\$150,000	\$12.00	\$200,000	\$16.00	\$250,000	\$20.00	\$300,000	\$24.00	\$350,000	\$28.00	\$400,000	\$32.00	\$450,000	\$36.00	\$500,000	\$40.00
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	\$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
40-44	\$100,000	\$18.00	\$150,000	\$27.00	\$200,000	\$36.00	\$250,000	\$45.00	\$300,000	\$54.00	\$350,000	\$63.00	\$400,000	\$72.00	\$450,000	\$81.00	\$500,000	\$90.00
45-49	\$100,000	\$24.00	\$150,000	\$36.00	\$200,000	\$48.00	\$250,000	\$60.00	\$300,000	\$72.00	\$350,000	\$84.00	\$400,000	\$96.00	\$450,000	\$108.00	\$500,000	\$120.00
50-54	\$100,000	\$40.00	\$150,000	\$60.00	\$200,000	\$80.00	\$250,000	\$100.00	\$300,000	\$120.00	\$350,000	\$140.00	\$400,000	\$160.00	\$450,000	\$180.00	\$500,000	\$200.00
55-59	\$100,000	\$60.00	\$150,000	\$90.00	\$200,000	\$120.00	\$250,000	\$150.00	\$300,000	\$180.00	\$350,000	\$210.00	\$400,000	\$240.00	\$450,000	\$270.00	\$500,000	\$300.00
60-64	\$100,000	\$80.00	\$150,000	\$120.00	\$200,000	\$160.00	\$250,000	\$200.00	\$300,000	\$240.00	\$350,000	\$280.00	\$400,000	\$320.00	\$450,000	\$360.00	\$500,000	\$400.00
65-69	\$65,000	\$83.20	\$97,500	\$124.80	\$130,000	\$166.40	\$162,500	\$208.00	\$195,000	\$249.60	\$227,500	\$291.20	\$260,000	\$332.80	\$292,500	\$374.40	\$325,000	\$416.00
70 +	\$45,000	\$151.20	\$67,500	\$226.80	\$90,000	\$302.40	\$112,500	\$378.00	\$135,000	\$453.60	\$157,500	\$529.20	\$180,000	\$604.80	\$202,500	\$680.40	\$225,000	\$756.00

Retired Employee's Optional Life Insurance: TOBACCO-FREE

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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free 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	\$0.40	\$10,000	\$0.80	\$15,000	\$1.20	\$20,000	\$1.60	\$30,000	\$2.40
35-39	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
40-44	\$5,000	\$0.80	\$10,000	\$1.60	\$15,000	\$2.40	\$20,000	\$3.20	\$30,000	\$4.80
45-49	\$5,000	\$1.10	\$10,000	\$2.20	\$15,000	\$3.30	\$20,000	\$4.40	\$30,000	\$6.60
50-54	\$5,000	\$1.90	\$10,000	\$3.80	\$15,000	\$5.70	\$20,000	\$7.60	\$30,000	\$11.40
55-59	\$5,000	\$3.00	\$10,000	\$6.00	\$15,000	\$9.00	\$20,000	\$12.00	\$30,000	\$18.00
60-64	\$5,000	\$4.40	\$10,000	\$8.80	\$15,000	\$13.20	\$20,000	\$17.60	\$30,000	\$26.40
65-69	\$3,250	\$4.94	\$6,500	\$9.88	\$9,750	\$14.82	\$13,000	\$19.76	\$19,500	\$29.64
70 +	\$2,500	\$10.50	\$5,000	\$21.00	\$7,500	\$31.50	\$10,000	\$42.00	\$15,000	\$63.00

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free Monthly Premium	Amount of Coverage	Tobacco Free 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	\$3.20	\$50,000	\$4.00	\$75,000	\$6.00	\$100,000	\$8.00	\$150,000	\$12.00
35-39	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
40-44	\$40,000	\$6.40	\$50,000	\$8.00	\$75,000	\$12.00	\$100,000	\$16.00	\$150,000	\$24.00
45-49	\$40,000	\$8.80	\$50,000	\$11.00	\$75,000	\$16.50	\$100,000	\$22.00	\$150,000	\$33.00
50-54	\$40,000	\$15.20	\$50,000	\$19.00	\$75,000	\$28.50	\$100,000	\$38.00	\$150,000	\$57.00
55-59	\$40,000	\$24.00	\$50,000	\$30.00	\$75,000	\$45.00	\$100,000	\$60.00	\$150,000	\$90.00
60-64	\$40,000	\$35.20	\$50,000	\$44.00	\$75,000	\$66.00	\$100,000	\$88.00	\$150,000	\$132.00
65-69	\$26,000	\$39.52	\$32,500	\$49.40	\$48,750	\$74.10	\$65,000	\$98.80	\$97,500	\$148.20
70 +	\$20,000	\$84.00	\$25,000	\$105.00	\$37,500	\$157.50	\$50,000	\$210.00	\$75,000	\$315.00

*To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2012, the policyholder must have been tobacco-free by January 1, 2011. 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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
Under 30	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
30-34	\$5,000	\$0.60	\$10,000	\$1.20	\$15,000	\$1.80	\$20,000	\$2.40	\$30,000	\$3.60
35-39	\$5,000	\$0.70	\$10,000	\$1.40	\$15,000	\$2.10	\$20,000	\$2.80	\$30,000	\$4.20
40-44	\$5,000	\$1.30	\$10,000	\$2.60	\$15,000	\$3.90	\$20,000	\$5.20	\$30,000	\$7.80
45-49	\$5,000	\$1.90	\$10,000	\$3.80	\$15,000	\$5.70	\$20,000	\$7.60	\$30,000	\$11.40
50-54	\$5,000	\$3.20	\$10,000	\$6.40	\$15,000	\$9.60	\$20,000	\$12.80	\$30,000	\$19.20
55-59	\$5,000	\$5.00	\$10,000	\$10.00	\$15,000	\$15.00	\$20,000	\$20.00	\$30,000	\$30.00
60-64	\$5,000	\$6.90	\$10,000	\$13.80	\$15,000	\$20.70	\$20,000	\$27.60	\$30,000	\$41.40
65-69	\$3,250	\$6.76	\$6,500	\$13.52	\$9,750	\$20.28	\$13,000	\$27.04	\$19,500	\$40.56
70 +	\$2,500	\$15.60	\$5,000	\$31.20	\$7,500	\$46.80	\$10,000	\$62.40	\$15,000	\$93.60

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium	Amount of Coverage	Tobacco User Monthly Premium
Under 30	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
30-34	\$40,000	\$4.80	\$50,000	\$6.00	\$75,000	\$9.00	\$100,000	\$12.00	\$150,000	\$18.00
35-39	\$40,000	\$5.60	\$50,000	\$7.00	\$75,000	\$10.50	\$100,000	\$14.00	\$150,000	\$21.00
40-44	\$40,000	\$10.40	\$50,000	\$13.00	\$75,000	\$19.50	\$100,000	\$26.00	\$150,000	\$39.00
45-49	\$40,000	\$15.20	\$50,000	\$19.00	\$75,000	\$28.50	\$100,000	\$38.00	\$150,000	\$57.00
50-54	\$40,000	\$25.60	\$50,000	\$32.00	\$75,000	\$48.00	\$100,000	\$64.00	\$150,000	\$96.00
55-59	\$40,000	\$40.00	\$50,000	\$50.00	\$75,000	\$75.00	\$100,000	\$100.00	\$150,000	\$150.00
60-64	\$40,000	\$55.20	\$50,000	\$69.00	\$75,000	\$103.50	\$100,000	\$138.00	\$150,000	\$207.00
65-69	\$26,000	\$54.08	\$32,500	\$67.60	\$48,750	\$101.40	\$65,000	\$135.20	\$97,500	\$202.80
70 +	\$20,000	\$124.80	\$25,000	\$156.00	\$37,500	\$234.00	\$50,000	\$312.00	\$75,000	\$468.00

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

Active Employee's Basic Life and AD&D Insurance Rates

Age	Amount of coverage	Monthly premium
Under 65	\$10,000	\$4.00
65-69	\$6,500	\$2.60
70 +	\$5,000	\$2.00

Active Employee Dependent Life and AD&D Insurance Premiums

Active Employee Dependent Life Insurance Rates for 2012	
Plan 1 (\$5,000 Spouse/\$2,000 child)	\$2.48
Plan 2 (\$10,000 Spouse/\$4,000 child)	\$4.98
Plan 3 (\$15,000 Spouse/\$7,500 child)	\$7.46
Plan 4 (\$20,000 Spouse/\$10,000 child)	\$9.94

RETIREES

Retired Employee's Basic Life Insurance Rates

Age	Amount of coverage	Monthly premium
Under 67	\$5,000	\$7.30
67 +	\$2,500	\$3.66

Retiree Dependent Life Insurance Premiums

Retiree Dependent Life Insurance Rates for 2012	
Plan 1 (\$5,000 Spouse/\$2,000 child)	\$5.06
Plan 2 (\$10,000 Spouse/\$4,000 child)	\$10.12
Plan 3 (\$15,000 Spouse/\$7,500 child)	\$15.20
Plan 4 (\$20,000 Spouse/\$10,000 child)	\$20.28

PREMIUM CONVERSION PLAN

Make Your Choice for Plan Year 2012

PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2012

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.

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, 2011 for Plan Year 2012 (July 1, 2011 - June 30, 2012).

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.

Consistency Rule: The change in benefit elections must be on account of, and consistent with, a change in status that affects eligibility for coverage under the cafeteria plan.

Open Enrollment Under Other Employer's Plan:

You may make a change in your plan when your spouse or dependent changes coverage during his or her plan's open enrollment if:

- the other employer's plan permits mid-year changes under this event, and
- the other employer's plan year is different from PEIA's.

You may not make a change in your coverage until the next Open Enrollment period unless you have a qualifying event. To make a change in your coverage, go to www.wvpeia.com and click on the "Manage My Benefits" button or get a Change-in-Status form from your benefit coordinator.

What should I do if I want to get in or out of the Premium Conversion Plan?

You have four choices:

1. If you opted out of the Premium Conversion Plan previously, and you want to stay out, you don't have to do anything. You will remain out of the Premium Conversion Plan for the coming year.
2. If you opted out of the Premium Conversion Plan previously, and want back in, *complete the form on page 40*, sign, date and return it to your payroll clerk by April 30, 2011.
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 40*, and return it to your benefit coordinator by April 30, 2011.

Can I make changes in my coverage now?

Yes. During Open Enrollment you can add or drop dependents for any reason. Go to www.wvpeia.com and click on the "Manage My Benefits" button, or complete a **Change-In-Status** form or call PEIA for an **Open Enrollment Transfer Form**, and get it to your benefit coordinator by April 30, 2011.

Can I make changes during the plan year?

You may not make a change in the middle of plan year unless you have a qualifying Status Change Event listed in the chart below. You will have to provide documentation of the Status Change Event.

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

Go to www.wvpeia.com and click on the "Manage My Benefits" button, or contact your benefit coordinator for a **Change-In-Status** form, complete, sign, and return it to your benefit coordinator during the month of the family status change event or the following two calendar months. *You will need to include documentation of the Status change as indicated in the chart on the right.*

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.

Status Change Event	Documentation Required
Divorce	Provide a copy of the divorce decree showing that the divorce is final. Coverage for the ex-spouse will be terminated at the end of the month in which the divorce became final.
Marriage	Copy of valid marriage license or certificate
Birth of Child	Copy of child's birth certificate
Adoption	Copy of adoption papers
Adding coverage for a child who resides with the policyholder and for whom the policyholder is 100% financially responsible	Court-ordered guardianship papers.
Open Enrollment under spouse's employer's benefit plan	A copy of printed material showing open enrollment dates and the employer's name.
Death of spouse or dependent	A copy of the death certificate.
Beginning of spouse's employment	A letter from the spouse's employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's employment	A letter from the spouse's employer stating the termination or retirement date, what coverage was lost, and dependents that were covered.
Unpaid leave of absence by employee or spouse	A letter from your or your spouse's personnel office stating the date that you or your spouse went on unpaid leave or returned from unpaid leave.
Significant Change in Health Coverage Attributable to Spouse's Employment	A letter from the spouse's insurance carrier indicating the change in insurance coverage, the effective date of that change and dependents covered.
Ineligibility of dependent child due to age	Copy of the dependent's birth certificate
Change from full-time to part-time employment or vice versa for employee or spouse	A letter from your or your spouse's employer stating the previous hours worked and the new hours worked and the effective date of the change.

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 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. The HMOs offered by PEIA use "traditional" Coordination of Benefits, which means that they may pay up to 100% for services, but you will have to follow their rules to receive benefits.

Why bring up COB now?

We know that most people who encounter problems with the Premium Conversion Plan want to make changes because they didn't understand how the PEIA PPB Plan works as a secondary payer. Often they want to drop the PEIA PPB Plan as a secondary coverage, but this is not considered a qualifying event, so we can't allow it during the plan year.

During Open Enrollment (April 1-30, 2011), 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 2012

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

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

Employee's Signature

Date

Please return to your Benefit Coordinator. DO NOT mail it to PEIA!!!

IMPORTANT DOCUMENT

Living Will and Advance Directives for End of Life Care

**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)

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 the 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 _____

Notarization is recommended, but not required.

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 and Mailing Address	Type of Plan	Phone Number
The Health Plan 52160 National Road East St. Clairsville, OH 43950-9365 www.healthplan.org	HMO	1-888-847-7902 1-740-695-3585
PEIA 601 57th Street, SE, Suite 2 Charleston, WV 25304-2345 www.wvpeia.com	PPB Plan	1-877-676-5573