



WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE AGENCY



July 1, 2008 - June 30, 2009

Shopper's Guide

Plan Year 2009 Benefits

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Public Employees Insurance Agency

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 1900 Kanawha Boulevard, East
 Charleston, West Virginia 25305-0710

The Fine Print

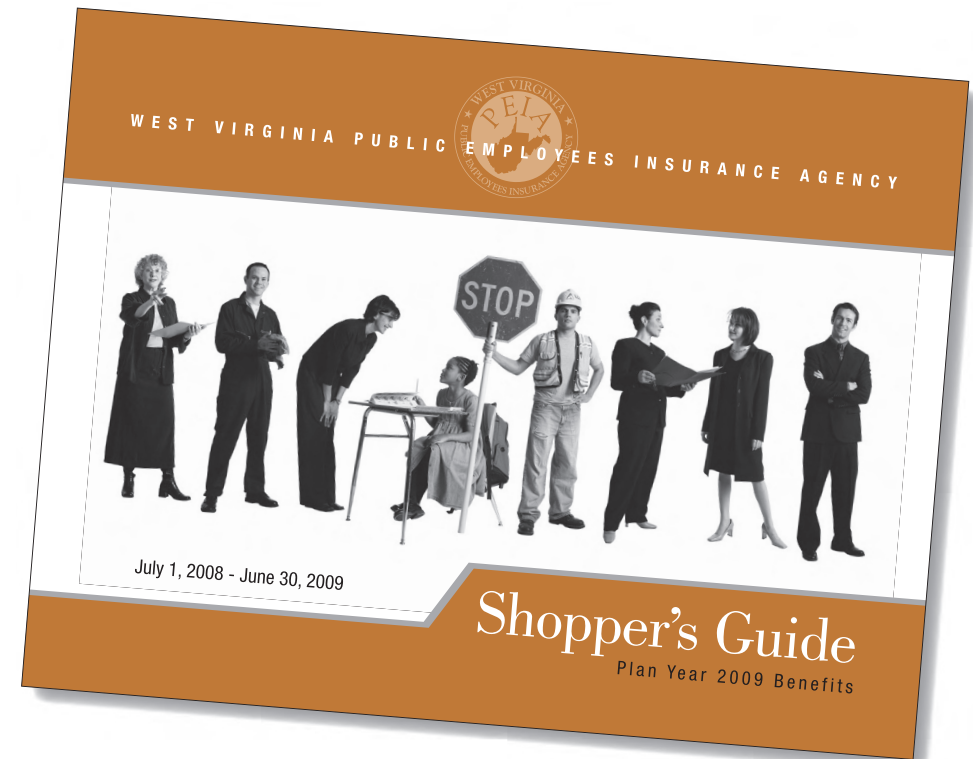
This Shopper's Guide is not intended to be a formal statement of benefits. It is designed to provide general information about the available plans. It is intended to be a first step in helping you choose the most appropriate health benefit plan for you and your family.

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

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

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

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



No More Regions

As of July 1, 2008, PEIA will no longer determine premiums by the policyholder's region of residence. We'll be using one premium rate for the entire state. You'll notice the change when you look at the premium charts, since you won't see charts for Region 1 and Region 2, anymore; now there's just one chart for the whole state.

How to Have a Successful Open Enrollment

1. Read through “What’s Important for 2009” to get a quick overview of the changes for the coming Plan Year.
2. Review the side-by-side comparison of the plans. You’ll see plan names across the top of the chart, and many health care services listed down the side. Just find a service you or your family members use, and read across the chart to see how much you’ll have to pay for that service under each plan. In the Benefits At-A-Glance charts we let you know which benefits may have limits, and direct you to the plans for details.
3. **Check the map on page 15 and chart on page 16** to be sure you’re eligible to enroll in the plan you want. The PEIA PPB Plan is available in all areas. Remember, you must live in a county marked on the charts on page 16 to enroll in an HMO or PPO plan.
4. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and for the type of coverage you have (employee only, family, etc.) to find the premium for the plan you want.
5. Remember that Carelink and PEIA health coverage premiums and optional life insurance premiums are based on your tobacco-use status. For family coverage, all enrolled family members must have been tobacco-free by January 1, 2008, to qualify for the discounted (Preferred) premium. The Health Plan does not offer a tobacco-free premium discount. PEIA may review medical records to check tobacco use.
6. If you want to change plans or change your tobacco status, go to www.wvpeia.com and click on the Online Open Enrollment button.
 - a. If you used the site last year, just enter your e-mail address and password to enter the site. If you’ve forgotten your password, click on “Forgot Password?”
 - b. If you didn’t use the site last year, click on “Need to Register?” and follow the instructions. Make any changes or plan selections you wish. Remember, you must access the site and make your choices **before midnight on April 30, 2008**.
7. If you need to make a change and don’t have internet access, see your benefit coordinator or call PEIA for a Transfer Form.

Terms You Need To Know

Annual Out-Of-Pocket Maximums — Each plan has limits on what you are required to pay in out-of-pocket expenses for medical services and prescription drugs each year. You'll find details in the Benefits At-A-Glance charts.

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

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

Coordination of Benefits (COB) — Health plans use COB to determine which plan will pay benefits first, and to make sure that together they do not pay more than 100% of your bill. Be sure to ask the managed care plans about COB before you make your choice.

Copayment — A set dollar amount that you pay when you use services.

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

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

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

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

MAPD (Medicare Advantage Prescription Drug Plan) — Medicare retirees benefits are administered through Coventry Health Care's Advantra Freedom Plan. Please read more about this new program on page 23 of this booklet.

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

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

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

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

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

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

What's Important For 2009?

PEIA

No More Annual Tobacco Affidavits! Beginning with this Open Enrollment, you won't have to complete a tobacco affidavit every year. PEIA and Carelink will still base premiums on tobacco status, and you'll need to complete an affidavit if your status changes, but from year to year we will assume there's been no change. If you were tobacco free last year, and you don't send us an affidavit, we will assume you're tobacco free again this year.

No More Automatic Mailing of Tobacco Affidavit/Transfer Forms! Since you're not required to send us a tobacco affidavit, and very few people change plans from year to year, we've decided not to mail the Tobacco Affidavit/Transfer Form to every member this year. This mailing costs PEIA tens of thousands of dollars, and since very few members would actually use the form, we're scrapping the process.

So what if you need to make a change? There are several ways to take care of it.

1. If you have internet access at work or at home, log onto PEIA's Online Enrollment website and manage your account. You can change plans, add, change or remove dependents, or change your tobacco status. Once you've registered on the site you can check back in at any time to manage your account.
2. If you don't have internet access, you can see your benefit coordinator or call PEIA for a form.

No More PPOs. PEIA has chosen to stop offering the Carelink and Health Plan PPO options due to lack of enrollment. Both Carelink and the Health Plan will still offer their HMOs. If you are a member of one of those PPO plans we will send you a transfer form, since you will have to make a plan choice. **If you do not submit a transfer form, you will be transferred to the PEIA PPB Plan A on July 1, 2008.**

Eligibility Audits. PEIA will be conducting eligibility audits during Plan Year 2009 to verify that all enrolled dependents are eligible for coverage, and to verify tobacco status. We encourage you to take a close look at your eligibility information during the open enrollment to correct any extraneous information before the audits begin.

THE HEALTH PLAN

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

- The Health Plan's service area has expanded! We are now offered in Calhoun and Webster counties in West Virginia.

- There are no plan design changes for HMO Plan A & HMO Plan B for Plan Year 2009.
- The Health Plan will no longer be offering our PPO plan. PPO members that want to remain with The Health Plan will need to choose between our HMO Plan A or HMO Plan B.
- Over-The-Counter medications (OTC). Call The Health Plan or visit us on the web at www.healthplan.org regarding certain OTC medications. These OTC medications may be covered at a \$0 copay or reduced costs!
Go to www.healthplan.org to visit The Health Plan on the web. The Health Plan invites you to take advantage of the wealth of information and services offered here to enhance your well-being. A number of links to various wellness and disease management sites are found there.

CARELINK

Preventive Care Services are now 100% covered with no office visit co-payment for HMO Plan A. These are services with a preventive diagnosis. Services include annual routine physicals, routine preventive colonoscopy, well-baby/well-child visits, annual gynecological exam and routine mammograms.

The HMO deductible is reduced to a single and family amount rather than a per member/person amount.

The Prescription Drug plan has seen big changes for the coming plan year:

- Tier 1-Generic co-payment reduced to \$5 (No annual limit)
- Tier 2-Preferred Brand co-payment increased to \$25
- Tier 3-Non-Preferred Brand co-payment increased to \$60
- Annual limit on drugs for Tier 2-Preferred Brand and Tier 3-Non-Preferred Brand. Plan payments will be limited to an annual maximum of \$5,000 for retail and mail-order combined.

Mail-order ninety (90) day supply prescriptions will continue to be dispensed as follows: one (1) co-payment for Tier 1-Generic; two (2) co-payments for Tier 2-Preferred Brand; and three (3) co-payments for Tier 3-Non-Preferred Brand. Retail is dispensed with one (1) co-payment per thirty (30) day supply.

Vision benefits will have a new provider network offered through an agreement with VSP's WellVision Program. The annual routine exam co-payment and reimbursement levels will remain the same. The network of doctors that must be used is the VSP Signature Network, which has doctors throughout West Virginia. **For a listing of doctors visit the website at www.vsp.com or contact VSP at 1-800-877-7195.**

Carelink offers the Passport Program for dependents who are enrolled in one of our plans and live outside the Carelink service area. The dependent may be attending school or living with another parent outside the service area. The Passport Program offers these members services from providers in our Coventry Health Care National Network. **Call Customer Service at 1-800-348-2922 for details.**

Eligibility Rules

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

Who is eligible to transfer or enroll?

Current Members. Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan.

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

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

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

- Your legal spouse (unless you are enrolled as a Surviving Dependent).
- Your unmarried biological or adopted children under age 25 provided they meet either the IRS definition of a "qualifying child" or "qualifying relative" below:

A qualifying child must meet these requirements:

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

OR

A qualifying relative must meet these requirements:

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

Married children are not eligible for coverage.

Two Public Employees Who Are Married To Each Other, and who are both eligible for benefits under PEIA may elect to enroll as follows:

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

You may both be policyholders in the same plan, but only one may enroll the children. All children must be enrolled under the same policyholder. To qualify for the Family with Employee Spouse premium, both employees **MUST** have basic life insurance. The Family with Employee Spouse premium discount will not be granted unless both employees are basic life insurance policyholders in the plan.

Retired or Retiring Deputy Sheriffs Under Age 55.

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

Eligibility Rules

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

Transferring Employees: If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the enrollment area of the plan you’re currently in. The PEIA PPB Plan doesn’t have a limited enrollment area, so if you’re in it, you’ll stay in it for the entire year, regardless of where you are transferred. Transfer from a State agency to a non-State agency may permit a change in coverage.

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

Physician Withdrawal From A Plan: If your PCP withdraws from a plan you must choose another PCP. A physician’s departure does not qualify you to change plans. Although most networks are stable, a physician can choose to withdraw from any plan at any time with 60 days’ notice, so you need to be aware of that possibility when you make your selection.

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

Terminated Coverage: If your coverage terminates due to loss of employment or cancellation of coverage, you **MUST** cease using your medical ID card. Any claims incurred after the termination date will be the responsibility of the person incurring the claims, and may be considered fraud.

SPECIAL ENROLLMENT: If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within the month of or the two months following the date your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

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

Benefits At-A-Glance

Benefit Description	Carelink Plan 1	Carelink Plan 2	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
Annual deductible	Single - \$200 Family - \$400	Single - \$500 Family - \$1,000	None	\$100 Individual Maximum; \$200 Family Maximum	Varies by salary and employer type. See premium charts.	Twice the in-network deductible
Annual out-of-pocket maximum	Single - \$2,000 Family - \$4,000	Single - \$3,000 Family - \$6,000	Single - \$2,000 Family - \$6,000	Single - \$3,500 Family - \$10,000	Varies by salary & employer type. See premium charts.	Twice the in-network out-of-pocket maximum
PHYSICIAN SERVICES						
Adult routine physical examinations (including prostate and gynecological, with pap smear)	\$0 copay/visit	\$10 copay/visit	PCP - \$15 copay OB/GYN - \$20 copay	PCP - \$15 copay OBGYN - \$25 copay deductible waived	\$10 co-pay for office visit	Deductible + 40%
Diagnostic x-ray, lab and testing	Deductible; 20% coinsurance	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40%
Mammograms	Covered in Full	Covered in Full	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit deductible waived	Covered in full	Deductible + 40%
Physician inpatient visits	Deductible; 20% coinsurance	Deductible; 20% coinsurance	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%
Physician office visits - primary care	\$10 copay/visit	\$10 copay/visit	\$15 copay / visit	\$15 copay / visit deductible waived	\$15 co-pay office visit only	Deductible + 40%
Physician office visits - specialty care	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$25 copay / visit deductible waived	\$20 co-pay office visit only	Deductible + 40%
Prenatal care	\$0 copay/visit	\$30 copay for initial visit only; then covered at 100%	\$20 copay / initial visit only	\$25 copay / initial visit only deductible waived initial visit only	Covered in full after deductible	Deductible + 40%
Second surgical opinions	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$25 copay / visit deductible waived	\$20 co-pay office visit only	Deductible + 40% coinsurance office visit only
Voluntary sterilization	\$25 copay	\$30 copay	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40%

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

Benefits At-A-Glance

Benefit Description	Carelink Plan 1	Carelink Plan 2	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
Well child exams	\$0 copay/visit (Birth to age 18)	\$10 copay/visit (Birth to age 18)	\$15 copay / visit	\$15 copay / visit deductible waived	Covered in full	Covered in full
Well child immunizations (birth through 16)	Covered in Full	Covered in full unless with an office visit	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
INPATIENT SERVICES						
Semiprivate room; ancillaries; therapy services, x-ray, lab, surgical services, and general nursing care	Deductible; 20% coinsurance	Deductible; \$500 copay, then 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Inpatient occupational, physical, or speech therapy ★	Deductible; 20% coinsurance	Deductible; \$500 copay then 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Maternity care (delivery)	Deductible; 20% coinsurance	Deductible; \$500 copay then 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	\$500 + deductible + 40%
Rehabilitation ★	Deductible; 20% coinsurance	Deductible; \$500 copay then 20% coinsurance	Covered in full (days 1-30); 20% coinsurance (days 31+)	Covered in full (days 1-30) after deductible; 20% coinsurance (days 31+)	Deductible + 20%	\$500 + deductible + 40%
Skilled nursing ★	Deductible; 50% coinsurance	Deductible; 50% coinsurance	\$35 copay / day	\$35 copay / day after deductible	Deductible + 20%	\$500 + deductible + 40%
HOSPITAL OUTPATIENT SERVICES						
Ambulatory/outpatient surgery	Deductible; 15% coinsurance	Deductible; \$500 copay then 20% coinsurance	10% coinsurance	15% coinsurance after deductible	\$50 + deductible + 20%	\$100 + deductible + 40%
Preadmission testing, diagnostic x-ray and lab	Deductible; 20% coinsurance	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40%
MENTAL HEALTH & CHEMICAL DEPENDENCY BENEFITS						
Outpatient chemical dependency ★	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$20 copay / visit deductible waived	Deductible + 20%	Deductible + 40%

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

Benefits At-A-Glance

Benefit Description	Carelink Plan 1	Carelink Plan 2	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
Outpatient mental health ★	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$20 copay / visit; deductible waived	Deductible + 20%	Deductible + 40%
Inpatient chemical dependency (including partial hospitalization) ★	Deductible; 20% coinsurance	Deductible; \$500 copay then 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Inpatient detoxification ★	Deductible; 20% coinsurance	Deductible; \$500 copay then 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
Inpatient mental health (including partial hospitalization) ★	Deductible; 20% coinsurance	Deductible; \$500 copay then 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	\$500 + deductible and 40%
OUTPATIENT THERAPIES						
Acupuncture ★	Not Covered	Not Covered	Not covered	Not covered	Deductible + 20%	Deductible + 40% ;
Chiropractic ★	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$25 copay / visit; deductible waived	Deductible + 20%	Deductible + 40%
Occupational therapy ★	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$25 copay / visit; after deductible	Deductible + 20%	Deductible + 40%
Physical therapy ★	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$25 copay / visit; after deductible	Deductible + 20%	Deductible + 40%
Speech therapy ★	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit	\$25 copay / visit; after deductible	Deductible + 20%	Deductible + 40%
ALL OTHER MEDICAL SERVICES						
Allergy testing and treatment ★	Allergy Serum & Injection covered 100% unless w/office visit	Allergy Serum & Injection covered 100% unless w/office visit	\$20 copay / visit for evaluation; treatment covered in full unless associated with an office visit	\$25 copay / visit for evaluation; treatment covered in full unless associated with an office visit deductible waived	Deductible + 20%	Deductible + 40%
Cardiac rehabilitation ★	Deductible; 20% coinsurance	Deductible; 20% coinsurance.	\$10 copay / visit	\$10 copay / visit; after deductible	Deductible + 20%	Deductible + 40%

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

Benefits At-A-Glance

Benefit Description	Carelink Plan 1	Carelink Plan 2	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
Dental services - accident related ★	\$25 copay/visit	\$30 copay/visit	10% coinsurance	15% coinsurance; after deductible	Deductible + 20%	Deductible + 40%
Dental services – other ★	Not Covered	Not Covered	Not covered	Not covered	Impacted teeth only; deductible + 20%	Impacted teeth only; deductible + 40%
Diabetic supplies ★	Covered at 100%	Covered at 100%	Certain supplies covered in full	Certain supplies covered in full; deductible waived	Covered under Prescription drug plan	Covered under Prescription drug plan
Durable Medical Equipment (DME) ★	50% coinsurance	50% coinsurance	30% coinsurance	30% coinsurance; after deductible	Deductible + 20%	Deductible + 40%
Emergency ambulance (medically necessary)	Deductible; 20% coinsurance	Deductible; 20% coinsurance	\$50 copay / transport	\$50 copay / transport after deductible	Deductible + 20%	Deductible + 40%
Emergency Room Treatment (Non-emergency)	Not Covered	Not Covered	Not covered	Not covered	\$50 + deductible + 20%	\$50 + deductible + 40%
Emergency services (including supplies) ★	\$150 copay (copay waived if admitted)	\$150 copay (copay waived if admitted)	\$75 copay / visit (waived if admitted)	\$75 copay / visit (waived if admitted) deductible waived	\$25 + deductible + 20%	\$25 + deductible + 40%
Growth hormone ★	Deductible; 20% coinsurance	Deductible; 20% coinsurance	30% coinsurance	30% coinsurance; after deductible	Covered under prescription drug plan	Covered under prescription drug plan
Hearing exam	Covered under well-child benefit only; Covered in full	Covered under well-child benefit only; \$10 office copay applies	Covered in full unless associated with an office visit	Covered in full unless associated with an office visit; deductible waived	Covered under well child benefit only	Covered under well child benefit only
Home health services ★	Deductible; 20% coinsurance	Deductible; 20% coinsurance	Covered in full (intermittent skilled care only)	Covered in full after deductible	Deductible + 20%	Deductible + 40%
Home health supplies ★	Deductible; 20% coinsurance	Deductible; 20% coinsurance	Covered in full (certain limits apply)	Covered in full after deductible	Deductible + 20%	Deductible + 40%
Hospice ★	15% coinsurance	20% coinsurance	Covered in full	Covered in full after deductible	Deductible + 20%	Deductible + 40%

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

Benefits At-A-Glance

Benefit Description	Carelink Plan 1	Carelink Plan 2	Health Plan Plan A	Health Plan Plan B	PEIA PPB Plans A & B In-Network	PEIA PPB Plans A & B Out-of-Network
Infertility services ★ NO PRESCRIPTION COVERAGE.	Deductible; 20% coinsurance; testing up to diagnosis.	Deductible; 20% coinsurance; testing up to diagnosis.	30% coinsurance	30% coinsurance; after deductible	Deductible + 20%	Deductible + 40%
Medical supplies ★	Deductible; 20% coinsurance	Deductible; 20% coinsurance	30% coinsurance	30% coinsurance	Deductible + 20%	Deductible + 40%
Podiatry	\$25 copay/visit	\$30 copay/visit	\$20 copay / visit routine foot care not covered	\$25 copay / visit routing foot care not covered; deductible waived	\$20; surgery- 20%	Deductible + 40%
Prosthetics ★	Deductible; 30% coinsurance	Deductible; 30% coinsurance	30% coinsurance	30% coinsurance after deductible	Deductible + 20%	Deductible + 40%
Pulmonary Rehabilitation ★	Deductible; 20% coinsurance	Deductible; 20% coinsurance	\$10 copay / visit	\$10 copay / visit after deductible	Deductible + 20%	Deductible + 40%
Radiation and chemotherapy	Deductible; 20% coinsurance	Deductible; 20% coinsurance	20% coinsurance	20% coinsurance after deductible	Deductible + 20%	Deductible + 40%
TMJ ★	20% coinsurance; \$1,000 max per year	20% coinsurance; \$1,000 max per year	30% coinsurance	30% coinsurance after deductible	Not covered	Not Covered
Transplants (non-experimental) ★	Deductible; 20% coinsurance	Deductible; \$500 copay; then 20% coinsurance	10% coinsurance	15% coinsurance after deductible	Deductible + 20%	Deductible + 40%; additional \$10,000 deductible
Urgent Care	\$50 copay/visit	\$50 copay/visit	\$50 copay / visit (waived if admitted)	\$50 copay / visit (waived if admitted) deductible waived	Deductible + 20%	Deductible + 40%
Vision services	Routine Exam - \$25 copay; Corrective lenses up to \$100 reimbursement; once every 12 months. (VSP provider network)	Routine Exam - \$30 copay; Corrective lenses up to \$100 reimbursement; once every 12 months. (VSP provider network)	Not covered	Not covered	Not covered	Not Covered
Lifetime maximum	\$1,000,000	\$1,000,000	\$1,000,000 combined for all HP products	\$1,000,000 combined for all HP products	\$1,000,000	\$1,000,000

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

Prescription Drug Benefits

Prescriptions	Carelink Plan 1	Carelink Plan 2	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
Deductible	None	None	None	None	\$75 individual/ \$150 family	\$75 individual/ \$150 family	\$150 individual/ \$300 family	\$150 individual/ \$300 family
Generic copayment	\$5 copay	\$5 copay	\$10 copayment	\$5 copayment	\$5	\$5 + \$3.00 out of network fee	\$5	\$5 + \$3.00 out of network fee
Formulary brand	\$25 copay	\$25 copay	Not covered if generic is available. 50% coinsurance if generic is not available	Not covered	\$15	\$15 + \$3.00 out of network fee	\$20	\$20 + \$3.00 out of network fee
Non-Formulary Brand	\$60 copay	\$60 copay	Not covered	Not covered	\$50	\$50 + \$3.00 out of network fee	\$50	\$50 + \$3.00 out of network fee
Maintenance Medication discount program details	90-day supply for: one (1) copay for Generic, two (2) copays for Brand, three (3) copays for Non-Formulary. through mail order program. See exclusion list.	90-day supply for: one (1) copay for Generic, two (2) copays for Brand, three (3) copays for Non-Formulary. through mail order program. See exclusion list.	90-day supply \$20 or 50% copayment	90-day supply \$10 copayment	90-day supply for two months' co-pay	No discount	90-day supply for two months' co-pay	No discount
Annual benefit maximum (per member/year)	\$5,000 (applies to Tier 2 and Tier 3 only; no limit for Tier 1)	\$5,000 (applies to Tier 2 and Tier 3 only; no limit for Tier 1)	\$5,000	\$5,000	None	None	None	None
Other details	Over-the-counter nicotine replacement products covered at the Tier 1 copay with prescription. (patches, gum, lozenges)	Over-the-counter nicotine replacement products covered at the Tier 1 copay with prescription. (patches, gum, lozenges)	Mandatory generics Formulary brand name drugs are not covered if generic is available Non formulary drugs are not covered	Mandatory generics Brand name drugs are not covered	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family

Benefit Fairs Sites and Dates 2008

April 7

9:00am-2:00pm

Charleston

State Capitol Complex
Building 7, Conference Room C

April 7

3:00pm-7:00pm

Charleston

Charleston Civic Center
200 Civic Center Drive

April 8

3:00pm-7:00pm

Weirton

Holiday Inn
350 Three Springs Drive

April 9

1:00pm-7:00pm

Wheeling

Northern Community College
Market Street

April 10

3:00pm-7:00pm

Parkersburg

Comfort Suites of Parkersburg
I-77 and WV 14 (Exit 170) Mineral Wells

April 14

3:00pm-7:00pm

Martinsburg

Holiday Inn
300 Foxcroft Avenue

April 15

3:00pm-7:00pm

Romney

South Branch Inn
U.S. Route 50

April 16

10:00am-1:30pm

Morgantown

WVU Alumni Center
Durrett Hall

April 16

3:00pm-7:00pm

Morgantown

Ramada Inn
I-68 Exit 1, U.S. 119 North

April 17

3:00pm-7:00pm

Huntington

Big Sandy Superstore Arena
One Civic Center Drive

April 21

3:00pm-7:00pm

Beckley

Tamarack Conference Center
One Tamarack Park

April 22

3:00pm-7:00pm

Flatwoods

Days Inn
200 Sutton Lane

April 23

9:00am-2:00pm

Fairmont

Fairmont State College
1201 Locust Avenue

Q&A

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

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

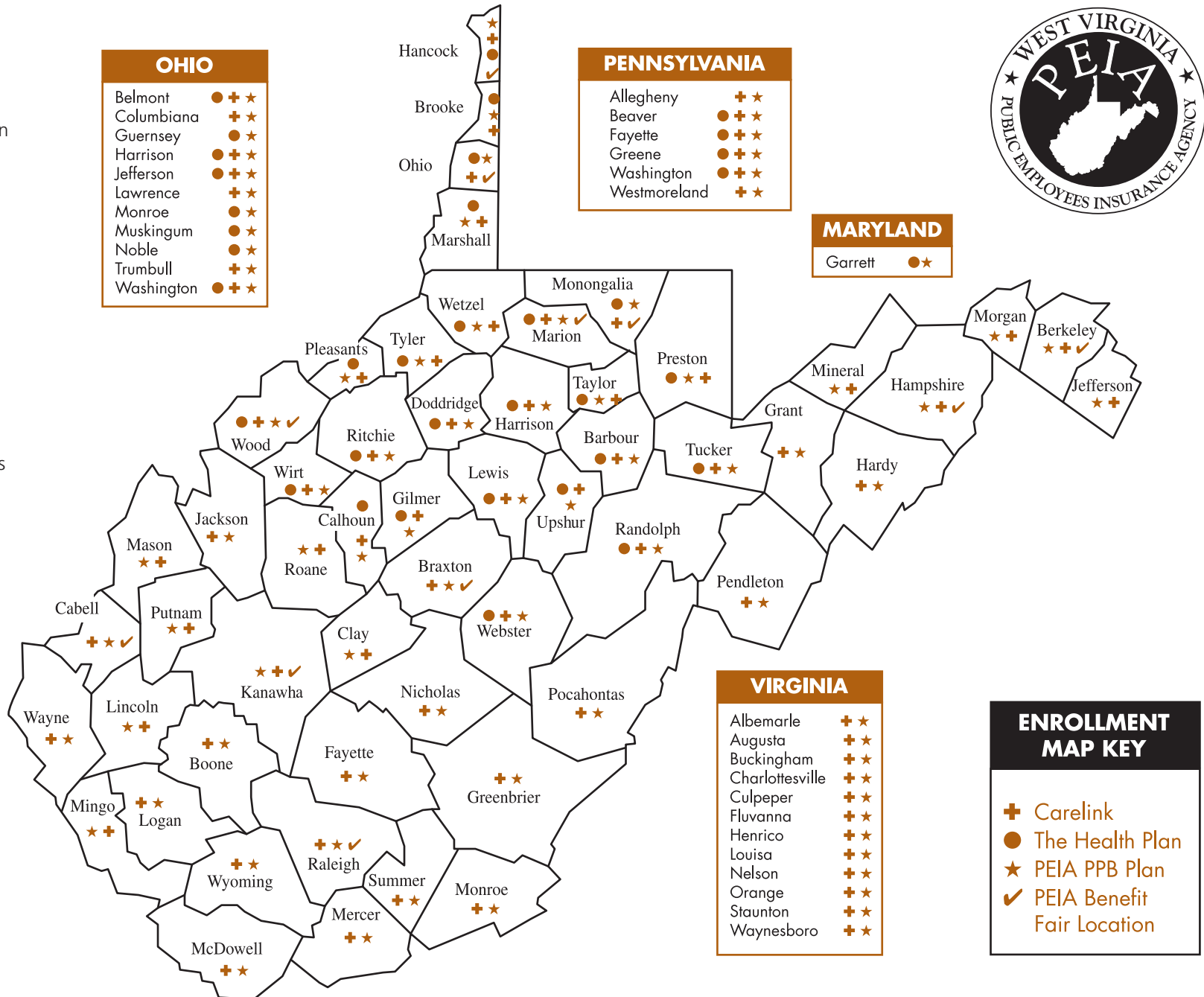


Enrollment Area Map For Plan Year 2009

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

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

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



Managed Care Plans' Enrollment Areas

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

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

Monthly Premiums: Employee or Employee/Child

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below.

EMPLOYEE ONLY

Index Code	Salary Range		Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
			Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum
1	\$-	\$20,000	\$64	\$49	\$23	\$8	\$40	\$7	\$37	\$22	\$100	\$800	\$28	\$13	\$500	\$2,000
2	20,001	30,000	\$79	\$64	\$35	\$20	\$53	\$9	\$52	\$37	\$150	\$1,100	\$35	\$20	\$500	\$2,000
3	30,001	36,000	\$86	\$71	\$42	\$27	\$58	\$13	\$59	\$44	\$200	\$1,250	\$39	\$24	\$500	\$2,000
4	36,001	42,000	\$92	\$77	\$44	\$29	\$62	\$17	\$65	\$50	\$225	\$1,500	\$41	\$26	\$500	\$2,000
5	42,001	50,000	\$106	\$91	\$64	\$49	\$75	\$31	\$79	\$64	\$250	\$1,750	\$49	\$34	\$1,000	\$2,000
6	50,001	62,500	\$128	\$113	\$76	\$61	\$97	\$49	\$101	\$86	\$375	\$1,800	\$61	\$46	\$1,000	\$2,000
16	62,501	75,000	\$141	\$126	\$85	\$70	\$110	\$56	\$114	\$99	\$400	\$1,850	\$68	\$53	\$1,000	\$2,000
7	75,001	100,000	\$168	\$153	\$106	\$91	\$137	\$72	\$141	\$126	\$425	\$1,900	\$83	\$68	\$1,000	\$2,000
8	100,001	125,000	\$209	\$194	\$143	\$128	\$178	\$116	\$182	\$167	\$500	\$2,000	\$128	\$113	\$1,000	\$2,000
9	125,001	+	\$237	\$222	\$171	\$156	\$206	\$144	\$210	\$195	\$600	\$2,250	\$156	\$141	\$1,000	\$2,000

EMPLOYEE/CHILD

Index Code	Salary Range		Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
			Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum
1	\$-	\$20,000	\$195	\$165	\$125	\$95	\$88	\$27	\$80	\$50	\$200	\$800	\$51	\$21	\$1,000	\$4,000
2	20,001	30,000	\$218	\$188	\$144	\$114	\$111	\$43	\$103	\$73	\$300	\$1,100	\$63	\$33	\$1,000	\$4,000
3	30,001	36,000	\$227	\$197	\$148	\$118	\$120	\$47	\$112	\$82	\$400	\$1,250	\$67	\$37	\$1,000	\$4,000
4	36,001	42,000	\$239	\$209	\$153	\$123	\$132	\$55	\$124	\$94	\$450	\$1,500	\$72	\$42	\$1,000	\$4,000
5	42,001	50,000	\$271	\$241	\$180	\$150	\$164	\$81	\$156	\$126	\$500	\$1,750	\$99	\$69	\$1,500	\$4,000
6	50,001	62,500	\$311	\$281	\$220	\$190	\$204	\$119	\$196	\$166	\$750	\$1,900	\$139	\$109	\$1,500	\$4,000
16	62,501	75,000	\$342	\$312	\$245	\$215	\$235	\$144	\$227	\$197	\$800	\$1,850	\$164	\$134	\$1,500	\$4,000
7	75,001	100,000	\$401	\$371	\$298	\$268	\$294	\$197	\$286	\$256	\$850	\$1,900	\$217	\$187	\$1,500	\$4,000
8	100,001	125,000	\$461	\$431	\$363	\$333	\$354	\$262	\$346	\$316	\$1,000	\$2,000	\$282	\$252	\$1,500	\$4,000
9	125,001	+	\$514	\$484	\$412	\$382	\$407	\$311	\$399	\$369	\$1,200	\$2,250	\$331	\$301	\$1,500	\$4,000

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

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

Monthly Premiums: Family or Family/Employee Spouse

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.

FAMILY

Index Code	Salary Range		Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
			Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum
1	\$-	\$20,000	\$240	\$210	\$176	\$146	\$115	\$53	\$120	\$90	\$200	\$800	\$93	\$63	\$1,000	\$4,000
2	20,001	30,000	\$286	\$256	\$217	\$187	\$155	\$96	\$166	\$136	\$300	\$1,100	\$125	\$95	\$1,000	\$4,000
3	30,001	36,000	\$310	\$280	\$234	\$204	\$169	\$108	\$190	\$160	\$400	\$1,250	\$142	\$112	\$1,000	\$4,000
4	36,001	42,000	\$337	\$307	\$252	\$222	\$194	\$133	\$217	\$187	\$450	\$1,500	\$160	\$130	\$1,000	\$4,000
5	42,001	50,000	\$383	\$353	\$290	\$260	\$240	\$174	\$263	\$233	\$500	\$1,750	\$198	\$168	\$1,500	\$4,000
6	50,001	62,500	\$444	\$414	\$341	\$311	\$301	\$229	\$324	\$294	\$750	\$1,900	\$249	\$219	\$1,500	\$4,000
16	62,501	75,000	\$474	\$444	\$369	\$339	\$331	\$257	\$354	\$324	\$800	\$1,850	\$277	\$247	\$1,500	\$4,000
7	75,001	100,000	\$552	\$522	\$449	\$419	\$409	\$337	\$432	\$402	\$850	\$1,900	\$357	\$327	\$1,500	\$4,000
8	100,001	125,000	\$660	\$630	\$551	\$521	\$517	\$439	\$540	\$510	\$1,000	\$2,000	\$459	\$429	\$1,500	\$4,000
9	125,001	+	\$751	\$721	\$632	\$602	\$608	\$520	\$631	\$601	\$1,200	\$2,250	\$540	\$510	\$1,500	\$4,000

FAMILY WITH EMPLOYEE SPOUSE

Index Code	Salary Range		Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
			Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum
1	\$-	\$20,000	\$209	\$179	\$144	\$114	\$86	\$27	\$88	\$58	\$200	\$800	\$63	\$33	\$1,000	\$4,000
2	20,001	30,000	\$242	\$212	\$173	\$143	\$113	\$57	\$121	\$91	\$300	\$1,100	\$83	\$53	\$1,000	\$4,000
3	30,001	36,000	\$264	\$234	\$190	\$160	\$131	\$70	\$143	\$113	\$400	\$1,250	\$100	\$70	\$1,000	\$4,000
4	36,001	42,000	\$281	\$251	\$202	\$172	\$145	\$82	\$160	\$130	\$450	\$1,500	\$112	\$82	\$1,000	\$4,000
5	42,001	50,000	\$319	\$289	\$227	\$197	\$178	\$112	\$198	\$168	\$500	\$1,750	\$137	\$107	\$1,500	\$4,000
6	50,001	62,500	\$369	\$339	\$275	\$245	\$225	\$158	\$248	\$218	\$750	\$1,900	\$177	\$147	\$1,500	\$4,000
16	62,501	75,000	\$406	\$376	\$323	\$293	\$262	\$193	\$285	\$255	\$800	\$1,850	\$213	\$183	\$1,500	\$4,000
7	75,001	100,000	\$492	\$462	\$413	\$383	\$348	\$280	\$371	\$341	\$850	\$1,900	\$300	\$270	\$1,500	\$4,000
8	100,001	125,000	\$600	\$570	\$516	\$486	\$456	\$383	\$479	\$449	\$1,000	\$2,000	\$403	\$373	\$1,500	\$4,000
9	125,001	+	\$681	\$651	\$596	\$566	\$537	\$463	\$560	\$530	\$1,200	\$2,250	\$483	\$453	\$1,500	\$4,000

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

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

Non-State Agency: PEIA PPB Plans

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

PEIA has made it the employee's option to choose PEIA PPB Plan A or Plan B or any of the managed care plans available in your area, although your employer may choose to limit the amount paid toward the premium. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen.

The chart below details the premiums, deductibles and out-of-pocket maximums for the two PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts.

Premiums, Deductibles and Out-of-Pocket Maximums

	PEIA PPB Plan A				PEIA PPB Plan B			
	Standard (tobacco user)	Preferred* (tobacco-free)	Annual Deductible	Annual Out- of-Pocket Maximum	Standard (tobacco user)	Preferred* (tobacco-free)	Annual Deductible	Annual Out- of-Pocket Maximum
Employee Only	\$451	\$436	\$225	\$1,500	\$411	\$396	\$500	\$2,000
Employee and Child(ren)	\$875	\$845	\$450	\$1,500	\$777	\$747	\$1,000	\$4,000
Family	\$925	\$895	\$450	\$1,500	\$821	\$791	\$1,000	\$4,000

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

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

Non-State Agency: Managed Care Plans

Be sure to read the information on the previous page!

To enroll in one of the managed care plans listed below, you must live in the plan's enrollment area. Check the chart on page 16 to see if you qualify for the plan you're considering. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart.

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

Premiums, Deductibles and Out-of-Pocket Maximums

Managed Care Plans						
	Carelink Plan 1		Carelink Plan 2		The Health Plan	
	Standard (tobacco user)	Preferred* (tobacco-free)	Standard (tobacco user)	Preferred* (tobacco-free)	Plan A	Plan B
Employee Only	\$479	\$464	\$377	\$362	\$475	\$312
Employee and Child(ren)	\$722	\$692	\$566	\$536	\$655	\$478
Family	\$1,150	\$1,120	\$905	\$875	\$1,108	\$783

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

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



Non-Medicare Retiree PPB Plan Premiums

These premiums are offered to retired policyholders who are not yet eligible for Medicare. To enroll in one of the managed care plans, you must live in the plan's enrollment area. Check the chart on page 16 to see if you qualify for the plan you're considering. The PEIA PPB Plan's enrollment area is unlimited, so you will not find it on the chart.

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

PEIA PPB non-Medicare Retiree Rates												
	Policyholder Only				Policyholder with non-Medicare Dependents				Policyholder with Medicare Dependents ¹			
	2009 Standard	2009 Preferred ³	Deductible	Out-of-pocket Maximum	2009 Standard	2009 Preferred ³	Deductible	Out-of-pocket Maximum	2009 Standard	2009 Preferred ³	Deductible	Out-of-pocket Maximum
5 to 9 years	\$744	\$729	\$375	\$1,500	\$1,772	\$1,742	\$750	\$1,500	\$1,234	\$1,204	\$750	\$1,000
10 to 14 years	\$570	\$555	\$375	\$1,500	\$1,329	\$1,299	\$750	\$1,500	\$912	\$882	\$750	\$1,000
15 to 19 years	\$395	\$380	\$375	\$1,500	\$888	\$858	\$750	\$1,500	\$593	\$563	\$750	\$1,000
20 to 24 years	\$292	\$277	\$375	\$1,500	\$623	\$593	\$750	\$1,500	\$400	\$370	\$750	\$1,000
25 or more years ²	\$223	\$208	\$375	\$1,500	\$446	\$416	\$750	\$1,500	\$271	\$241	\$750	\$1,000

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

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

³ To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

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

Special Notice for Non-Medicare Retirees with Medicare Dependents:

PEIA has contracted with Coventry Health Care to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize "family" plans, this change presents some unique challenges for PEIA when a family has both non-Medicare and Medicare members. In these cases, the non-Medicare family members will continue their coverage with PEIA, and the Medicare beneficiary will receive benefits from the Advantra Freedom plan. For details of the Medicare beneficiary's plan design, see page 23.

If you are a non-Medicare retiree with Medicare dependents, then the non-Medicare beneficiary will have essentially the same benefits as before, but the Medicare beneficiary will have no deductible and the \$500 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart on page 23. Remember, for non-Medicare family members, the family deductible is \$750, but as always, no individual in the family can meet more than half of the family deductible. For more information on how the medical deductible works, see the Summary Plan Description.

Non-Medicare Retiree Managed Care Premiums

Carelink				Carelink				The Health Plan		The Health Plan	
Plan 1				Plan 2				Plan A		Plan B	
Single	Single	Family	Family	Single	Single	Family	Family	Single	Family	Single	Family
Standard	Preferred ²	Standard	Preferred ²	Standard	Preferred ²	Standard	Preferred ²				

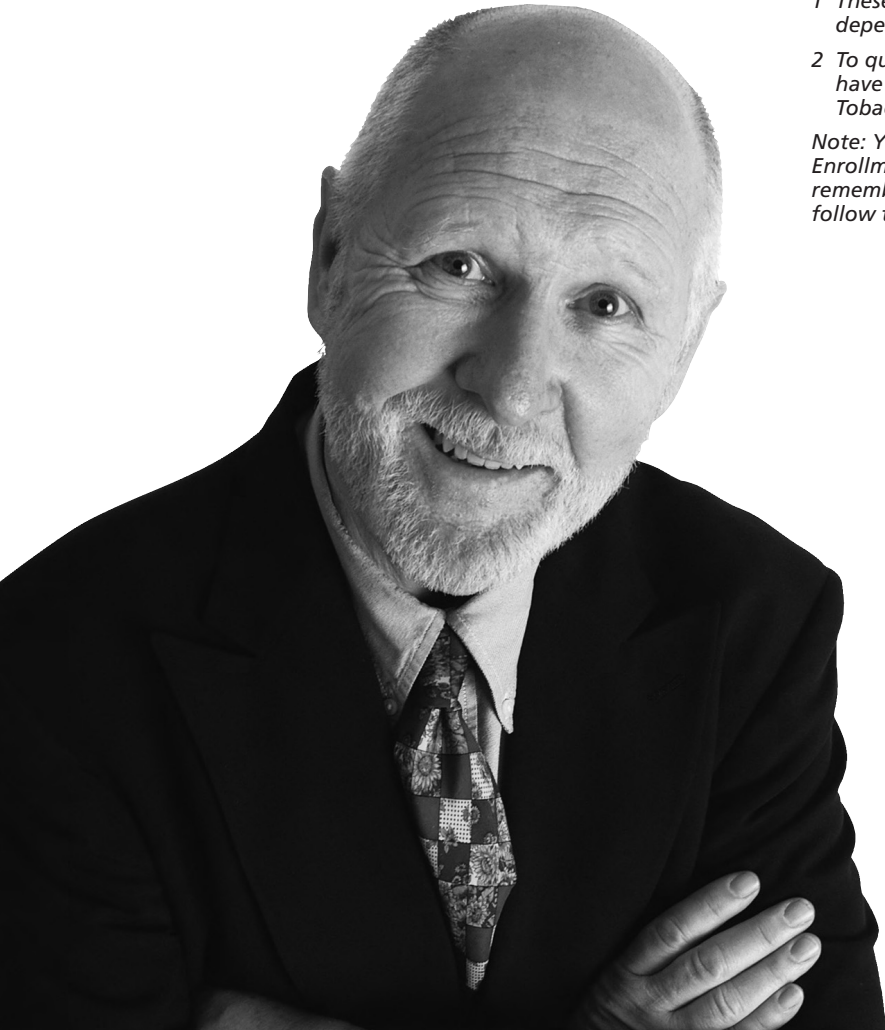
Years of Service

5-9 Years	\$505	\$490	\$876	\$846	\$382	\$367	\$664	\$634	\$418	\$798	\$301	\$573
10-14 Years	\$478	\$463	\$829	\$799	\$362	\$347	\$629	\$599	\$396	\$755	\$285	\$542
15-19 Years	\$451	\$436	\$782	\$752	\$341	\$326	\$593	\$563	\$373	\$712	\$269	\$512
20-24 Years	\$424	\$409	\$735	\$705	\$321	\$306	\$557	\$527	\$351	\$670	\$253	\$481
25 + Years ¹	\$406	\$391	\$704	\$674	\$307	\$292	\$534	\$504	\$336	\$641	\$242	\$460

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

2 To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

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



Medicare Retiree Benefits

PEIA has contracted with Coventry Health Care to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize “family” plans, this change presents some unique challenges for PEIA when a family has both Medicare and non-Medicare members. In these cases, the Medicare beneficiary will receive benefits from the Advantra Freedom plan, and the non-Medicare family members will continue their coverage in the PEIA PPB Plan. Medicare eligible members can contact **Coventry Health Care** at **1-877-337-4178** with any questions. Please note that this is different from the Carelink customer service number. Coventry Health Care owns Carelink and operates the Advantra Freedom Plan and service center separately.

Benefits for Medicare Beneficiaries

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

Service	Plan Year 2008 Benefit (current)	Plan Year 2009 Benefit (new)
Primary Care Office Visit	\$10	\$10
Specialty office visit	\$20	\$20
Emergency Room	\$50	\$50
Hospital Inpatient care	20%	\$100 per admission
Hospital Outpatient Surgery	\$50 + 20%	\$50
Other Services	20%	no charge
Out-of-Pocket Maximum	\$500	\$500

So, when the Medicare beneficiary uses medical services, there will be **no deductible**, but there will be copayments for some services. The Medicare beneficiary’s copayments will add up to a maximum of \$500 per plan year. The Plan Year will remain July 1-June 30. Any provider that accepts Medicare may be used by those enrolled in the MAPD.

Medicare Retiree Rates

If you are a Medicare retiree with Non-Medicare dependents, then the Medicare beneficiary will have no deductible and the \$500 out-of-pocket maximum shown in the Medicare Retiree Benefit Design chart above. The non-Medicare dependents covered by the Medicare policyholder will have the deductible and out-of-pocket maximum shown in the premium chart below.

PEIA PPB Medicare Retiree Rates												
	Medicare Retired Policyholder Only				Medicare Retired Policyholder with non-Medicare Dependents ¹				Medicare Retired Policyholder with Medicare Dependents ²			
	2009 Standard	2009 Preferred ⁴	Deductible	Out-of-pocket Maximum	2009 Standard	2009 Preferred ⁴	Deductible	Out-of-pocket Maximum	2009 Standard	2009 Preferred ⁴	Deductible	Out-of-pocket Maximum
5 to 9 years	\$339	\$324	\$0.00	\$500	\$1,156	\$1,125	\$300	\$500	\$702	\$672	\$0.00	\$500
10 to 14 years	\$246	\$231	\$0.00	\$500	\$864	\$834	\$300	\$500	\$501	\$471	\$0.00	\$500
15 to 19 years	\$153	\$138	\$0.00	\$500	\$572	\$542	\$300	\$500	\$301	\$271	\$0.00	\$500
20 to 24 years	\$98	\$83	\$0.00	\$500	\$396	\$366	\$300	\$500	\$178	\$148	\$0.00	\$500
25 or more years ³	\$61	\$46	\$0.00	\$500	\$279	\$249	\$300	\$500	\$99	\$69	\$0.00	\$500

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

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

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

4 To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

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



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

STATE AGENCIES										
	Carelink Plan 1	Carelink Plan 1	Carelink Plan 2	Carelink Plan 2	Health Plan	Health Plan	PPB Plan A	PPB Plan A	PPB Plan B	PPB Plan B
COBRA	Standard	Preferred*	Standard	Preferred*	Plan A	Plan B	Standard	Preferred*	Standard	Preferred*
Employee Only	\$446	\$431	\$397	\$382	\$415	\$369	\$418	\$403	\$394	\$379
Employee and Children	\$685	\$655	\$598	\$568	\$576	\$498	\$568	\$538	\$515	\$485
Family	\$1,063	\$1,033	\$976	\$946	\$917	\$855	\$940	\$910	\$882	\$852
Disability										
Employee Only	\$656	\$641	\$584	\$569	\$611	\$543	\$615	\$600	\$579	\$549
Employee and Children	\$1,008	\$978	\$879	\$849	\$848	\$732	\$836	\$806	\$758	\$728
Family	\$1,563	\$1,533	\$1,436	\$1,406	\$1,349	\$1,257	\$1,383	\$1,353	\$1,298	\$1,268

COBRA Rates For Non-State Agencies

NON-STATE AGENCIES										
	Carelink Plan 1	Carelink Plan 1	Carelink Plan 2	Carelink Plan 2	Health Plan	Health Plan	PPB Plan A	PPB Plan A	PPB Plan B	PPB Plan B
COBRA	Standard	Preferred*	Standard	Preferred*	Plan A	Plan B	Standard	Preferred*	Standard	Preferred*
Employee Only	\$489	\$474	\$385	\$370	\$485	\$318	\$460	\$445	\$419	\$404
Employee and Children	\$736	\$706	\$577	\$547	\$668	\$488	\$893	\$863	\$793	\$763
Family	\$1,173	\$1,143	\$923	\$893	\$1,130.	\$799	\$944	\$914	\$837	\$807
Disability										
Employee Only	\$719	\$704	\$566	\$551	\$713	\$468	\$677	\$662	\$616.50	\$601.50
Employee and Children	\$1,083	\$1,053	\$849	\$819	\$983	\$717	\$1,312.50	\$1,282.50	\$1,165.50	\$1,135.50
Family	\$1,725	\$1,695	\$1,358	\$1,328	\$1,662	\$1,175	\$1,387	\$1,357.50	\$1,231.50	\$1,201.50

**To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.*

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 above show the monthly premiums for COBRA enrollees. During Open Enrollment you have the right to choose any plan for which you are eligible for the next plan year. To enroll in one of the managed care plans, you must live in the plan's enrollment area. The PEIA PPB Plans' enrollment area is unlimited, so you will not find it on the chart.

If you want to change plans, you must complete and return the transfer form to Wells Fargo before April 30, 2008. Mail the form to: Wells Fargo COBRA Dept., P.O. Box 2981, Charleston, WV 25332.

Active Employee's Optional Life Insurance: TOBACCO-FREE

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

Active Employees' Optional Life Insurance Premiums – Tobacco-Free																		
	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX	
Employee's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.30	\$10,000	\$0.60	\$20,000	\$1.20	\$30,000	\$1.80	\$40,000	\$2.40	\$50,000	\$3.00	\$60,000	\$3.60	\$75,000	\$4.50	\$80,000	\$4.80
30-34	\$5,000	\$0.35	\$10,000	\$0.70	\$20,000	\$1.40	\$30,000	\$2.10	\$40,000	\$2.80	\$50,000	\$3.50	\$60,000	\$4.20	\$75,000	\$5.25	\$80,000	\$5.60
35-39	\$5,000	\$0.45	\$10,000	\$0.90	\$20,000	\$1.80	\$30,000	\$2.70	\$40,000	\$3.60	\$50,000	\$4.50	\$60,000	\$5.40	\$75,000	\$6.75	\$80,000	\$7.20
40-44	\$5,000	\$0.60	\$10,000	\$1.20	\$20,000	\$2.40	\$30,000	\$3.60	\$40,000	\$4.80	\$50,000	\$6.00	\$60,000	\$7.20	\$75,000	\$9.00	\$80,000	\$9.60
45-49	\$5,000	\$0.85	\$10,000	\$1.70	\$20,000	\$3.40	\$30,000	\$5.10	\$40,000	\$6.80	\$50,000	\$8.50	\$60,000	\$10.20	\$75,000	\$12.75	\$80,000	\$13.60
50-54	\$5,000	\$1.25	\$10,000	\$2.50	\$20,000	\$5.00	\$30,000	\$7.50	\$40,000	\$10.00	\$50,000	\$12.50	\$60,000	\$15.00	\$75,000	\$18.75	\$80,000	\$20.00
55-59	\$5,000	\$2.25	\$10,000	\$4.50	\$20,000	\$9.00	\$30,000	\$13.50	\$40,000	\$18.00	\$50,000	\$22.50	\$60,000	\$27.00	\$75,000	\$33.75	\$80,000	\$36.00
60-64	\$5,000	\$3.30	\$10,000	\$6.60	\$20,000	\$13.20	\$30,000	\$19.80	\$40,000	\$26.40	\$50,000	\$33.00	\$60,000	\$39.60	\$75,000	\$49.50	\$80,000	\$52.80
65-69	\$3,250	\$4.10	\$6,500	\$8.19	\$13,000	\$16.38	\$19,500	\$24.57	\$26,000	\$32.76	\$32,500	\$40.95	\$39,000	\$49.14	\$48,750	\$61.43	\$52,000	\$65.52
70 & Above	\$2,250	\$4.68	\$4,500	\$9.36	\$9,000	\$18.72	\$13,500	\$28.08	\$18,000	\$37.44	\$22,500	\$46.80	\$27,000	\$56.16	\$33,750	\$70.20	\$36,000	\$74.88

Active Employees' Optional Life Insurance Premiums – Tobacco-Free																		
	Plan X		Plan XI		Plan XII		Plan XIII		Plan XIV		Plan XV		Plan XVI		Plan XVII		Plan XVIII	
Employee's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$100,000	\$6.00	\$150,000	\$9.00	\$200,000	\$12.00	\$250,000	\$15.00	\$300,000	\$18.00	\$350,000	\$21.00	\$400,000	\$24.00	\$450,000	\$27.00	\$500,000	\$30.00
30-34	\$100,000	\$7.00	\$150,000	\$10.50	\$200,000	\$14.00	\$250,000	\$17.50	\$300,000	\$21.00	\$350,000	\$24.50	\$400,000	\$28.00	\$450,000	\$31.50	\$500,000	\$35.00
35-39	\$100,000	\$9.00	\$150,000	\$13.50	\$200,000	\$18.00	\$250,000	\$22.50	\$300,000	\$27.00	\$350,000	\$31.50	\$400,000	\$36.00	\$450,000	\$40.50	\$500,000	\$45.00
40-44	\$100,000	\$12.00	\$150,000	\$18.00	\$200,000	\$24.00	\$250,000	\$30.00	\$300,000	\$36.00	\$350,000	\$42.00	\$400,000	\$48.00	\$450,000	\$54.00	\$500,000	\$60.00
45-49	\$100,000	\$17.00	\$150,000	\$25.50	\$200,000	\$34.00	\$250,000	\$42.50	\$300,000	\$51.00	\$350,000	\$59.50	\$400,000	\$68.00	\$450,000	\$76.50	\$500,000	\$85.00
50-54	\$100,000	\$25.00	\$150,000	\$37.50	\$200,000	\$50.00	\$250,000	\$62.50	\$300,000	\$75.00	\$350,000	\$87.50	\$400,000	\$100.00	\$450,000	\$112.50	\$500,000	\$125.00
55-59	\$100,000	\$45.00	\$150,000	\$67.50	\$200,000	\$90.00	\$250,000	\$112.50	\$300,000	\$135.00	\$350,000	\$157.50	\$400,000	\$180.00	\$450,000	\$202.50	\$500,000	\$225.00
60-64	\$100,000	\$66.00	\$150,000	\$99.00	\$200,000	\$132.00	\$250,000	\$165.00	\$300,000	\$198.00	\$350,000	\$231.00	\$400,000	\$264.00	\$450,000	\$297.00	\$500,000	\$330.00
65-69	\$65,000	\$81.90	\$97,500	\$122.85	\$130,000	\$163.80	\$162,500	\$204.75	\$195,000	\$245.70	\$227,500	\$286.65	\$260,000	\$327.60	\$292,500	\$368.55	\$325,000	\$409.50
70 & Above	\$45,000	\$93.60	\$67,500	\$140.40	\$90,000	\$187.20	\$112,500	\$234.00	\$135,000	\$280.80	\$157,500	\$327.60	\$180,000	\$374.40	\$202,500	\$421.20	\$225,000	\$468.00

*To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

Active Employee's Optional Life Insurance: TOBACCO USER

Active Employees' Optional Life Insurance Premiums -- Tobacco User																		
	Plan I		Plan II		Plan III		Plan IV		Plan V		Plan VI		Plan VII		Plan VIII		Plan IX	
Employee's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.45	\$10,000	\$0.90	\$20,000	\$1.80	\$30,000	\$2.70	\$40,000	\$3.60	\$50,000	\$4.50	\$60,000	\$5.40	\$75,000	\$6.75	\$80,000	\$7.20
30-34	\$5,000	\$0.50	\$10,000	\$1.00	\$20,000	\$2.00	\$30,000	\$3.00	\$40,000	\$4.00	\$50,000	\$5.00	\$60,000	\$6.00	\$75,000	\$7.50	\$80,000	\$8.00
35-39	\$5,000	\$0.65	\$10,000	\$1.30	\$20,000	\$2.60	\$30,000	\$3.90	\$40,000	\$5.20	\$50,000	\$6.50	\$60,000	\$7.80	\$75,000	\$9.75	\$80,000	\$10.40
40-44	\$5,000	\$1.10	\$10,000	\$2.20	\$20,000	\$4.40	\$30,000	\$6.60	\$40,000	\$8.80	\$50,000	\$11.00	\$60,000	\$13.20	\$75,000	\$16.50	\$80,000	\$17.60
45-49	\$5,000	\$1.40	\$10,000	\$2.80	\$20,000	\$5.60	\$30,000	\$8.40	\$40,000	\$11.20	\$50,000	\$14.00	\$60,000	\$16.80	\$75,000	\$21.00	\$80,000	\$22.40
50-54	\$5,000	\$2.35	\$10,000	\$4.70	\$20,000	\$9.40	\$30,000	\$14.10	\$40,000	\$18.80	\$50,000	\$23.50	\$60,000	\$28.20	\$75,000	\$35.25	\$80,000	\$37.60
55-59	\$5,000	\$3.60	\$10,000	\$7.20	\$20,000	\$14.40	\$30,000	\$21.60	\$40,000	\$28.80	\$50,000	\$36.00	\$60,000	\$43.20	\$75,000	\$54.00	\$80,000	\$57.60
60-64	\$5,000	\$4.80	\$10,000	\$9.60	\$20,000	\$19.20	\$30,000	\$28.80	\$40,000	\$38.40	\$50,000	\$48.00	\$60,000	\$57.60	\$75,000	\$72.00	\$80,000	\$76.80
65-69	\$3,250	\$4.78	\$6,500	\$9.56	\$13,000	\$19.11	\$19,500	\$28.67	\$26,000	\$38.22	\$32,500	\$47.78	\$39,000	\$57.33	\$48,750	\$71.66	\$52,000	\$76.44
70 & Above	\$2,250	\$9.70	\$4,500	\$19.40	\$9,000	\$38.79	\$13,500	\$58.19	\$18,000	\$77.58	\$22,500	\$96.98	\$27,000	\$116.37	\$33,750	\$145.46	\$36,000	\$155.16

Active Employees' Optional Life Insurance Premiums -- Tobacco User																		
	Plan X		Plan XI		Plan XII		Plan XIII		Plan XIV		Plan XV		Plan XVI		Plan XVII		Plan XVIII	
Employee's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$100,000	\$9.00	\$150,000	\$13.50	\$200,000	\$18.00	\$250,000	\$22.50	\$300,000	\$27.00	\$350,000	\$31.50	\$400,000	\$36.00	\$450,000	\$40.50	\$500,000	\$45.00
30-34	\$100,000	\$10.00	\$150,000	\$15.00	\$200,000	\$20.00	\$250,000	\$25.00	\$300,000	\$30.00	\$350,000	\$35.00	\$400,000	\$40.00	\$450,000	\$45.00	\$500,000	\$50.00
35-39	\$100,000	\$13.00	\$150,000	\$19.50	\$200,000	\$26.00	\$250,000	\$32.50	\$300,000	\$39.00	\$350,000	\$45.50	\$400,000	\$52.00	\$450,000	\$58.50	\$500,000	\$65.00
40-44	\$100,000	\$22.00	\$150,000	\$33.00	\$200,000	\$44.00	\$250,000	\$55.00	\$300,000	\$66.00	\$350,000	\$77.00	\$400,000	\$88.00	\$450,000	\$99.00	\$500,000	\$110.00
45-49	\$100,000	\$28.00	\$150,000	\$42.00	\$200,000	\$56.00	\$250,000	\$70.00	\$300,000	\$84.00	\$350,000	\$98.00	\$400,000	\$112.00	\$450,000	\$126.00	\$500,000	\$140.00
50-54	\$100,000	\$47.00	\$150,000	\$70.50	\$200,000	\$94.00	\$250,000	\$117.50	\$300,000	\$141.00	\$350,000	\$164.50	\$400,000	\$188.00	\$450,000	\$211.50	\$500,000	\$235.00
55-59	\$100,000	\$72.00	\$150,000	\$108.00	\$200,000	\$144.00	\$250,000	\$180.00	\$300,000	\$216.00	\$350,000	\$252.00	\$400,000	\$288.00	\$450,000	\$324.00	\$500,000	\$360.00
60-64	\$100,000	\$96.00	\$150,000	\$144.00	\$200,000	\$192.00	\$250,000	\$240.00	\$300,000	\$288.00	\$350,000	\$336.00	\$400,000	\$384.00	\$450,000	\$432.00	\$500,000	\$480.00
65-69	\$65,000	\$95.55	\$97,500	\$143.33	\$130,000	\$191.10	\$162,500	\$238.88	\$195,000	\$286.65	\$227,500	\$334.43	\$260,000	\$382.20	\$292,500	\$429.98	\$325,000	\$477.75
70 & Above	\$45,000	\$193.95	\$67,500	\$290.92	\$90,000	\$387.90	\$112,500	\$484.88	\$135,000	\$581.85	\$157,500	\$678.83	\$180,000	\$775.80	\$202,500	\$872.78	\$225,000	\$969.75

Retired Employee's Optional Life Insurance: TOBACCO-FREE

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

Retired Employees Optional Life Insurance – Tobacco-Free *										
Option Code	Plan I 100		Plan II 200		Plan III 250		Plan IV 300		Plan V 400	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 30	\$5,000	\$0.30	\$10,000	\$0.60	\$15,000	\$0.90	\$20,000	\$1.20	\$30,000	\$1.80
30 - 34	\$5,000	\$0.40	\$10,000	\$0.80	\$15,000	\$1.20	\$20,000	\$1.60	\$30,000	\$2.40
35 - 39	\$5,000	\$0.45	\$10,000	\$0.90	\$15,000	\$1.35	\$20,000	\$1.80	\$30,000	\$2.70
40 - 44	\$5,000	\$0.65	\$10,000	\$1.30	\$15,000	\$1.95	\$20,000	\$2.60	\$30,000	\$3.90
45 - 49	\$5,000	\$0.95	\$10,000	\$1.90	\$15,000	\$2.85	\$20,000	\$3.80	\$30,000	\$5.70
50 - 54	\$5,000	\$1.60	\$10,000	\$3.20	\$15,000	\$4.80	\$20,000	\$6.40	\$30,000	\$9.60
55 - 59	\$5,000	\$2.60	\$10,000	\$5.20	\$15,000	\$7.80	\$20,000	\$10.40	\$30,000	\$15.60
60 - 64	\$5,000	\$3.80	\$10,000	\$7.60	\$15,000	\$11.40	\$20,000	\$15.20	\$30,000	\$22.80
65 - 69	\$3,250	\$4.26	\$6,500	\$8.52	\$9,750	\$12.77	\$13,000	\$17.03	\$19,500	\$25.55
70 & above	\$2,500	\$9.13	\$5,000	\$18.25	\$7,500	\$27.38	\$10,000	\$36.50	\$15,000	\$54.75

Option Code	Plan VI 500		Plan VII 600		Plan VIII 700		Plan IX 800		Plan X 900	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 30	\$40,000	\$2.40	\$50,000	\$3.00	\$75,000	\$4.50	\$100,000	\$6.00	\$150,000	\$9.00
30 - 34	\$40,000	\$3.20	\$50,000	\$4.00	\$75,000	\$6.00	\$100,000	\$8.00	\$150,000	\$12.00
35 - 39	\$40,000	\$3.60	\$50,000	\$4.50	\$75,000	\$6.75	\$100,000	\$9.00	\$150,000	\$13.50
40 - 44	\$40,000	\$5.20	\$50,000	\$6.50	\$75,000	\$9.75	\$100,000	\$13.00	\$150,000	\$19.50
45 - 49	\$40,000	\$7.60	\$50,000	\$9.50	\$75,000	\$14.25	\$100,000	\$19.00	\$150,000	\$28.50
50 - 54	\$40,000	\$12.80	\$50,000	\$16.00	\$75,000	\$24.00	\$100,000	\$32.00	\$150,000	\$48.00
55 - 59	\$40,000	\$20.80	\$50,000	\$26.00	\$75,000	\$39.00	\$100,000	\$52.00	\$150,000	\$78.00
60 - 64	\$40,000	\$30.40	\$50,000	\$38.00	\$75,000	\$57.00	\$100,000	\$76.00	\$150,000	\$114.00
65 - 69	\$26,000	\$34.06	\$32,500	\$42.58	\$48,750	\$63.86	\$65,000	\$85.15	\$97,500	\$127.73
70 & above	\$20,000	\$73.00	\$25,000	\$91.25	\$37,500	\$136.88	\$50,000	\$182.50	\$75,000	\$273.75

*To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. 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.

Retired Employee's Optional Life Insurance: TOBACCO USER

Retired Employees Optional Life Insurance – Tobacco User										
Option Code	Plan I		Plan II		Plan III		Plan IV		Plan V	
	100		200		250		300		400	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 30	\$5,000	\$0.40	\$10,000	\$0.80	\$15,000	\$1.20	\$20,000	\$1.60	\$30,000	\$2.40
30 - 34	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.50	\$20,000	\$2.00	\$30,000	\$3.00
35 - 39	\$5,000	\$0.65	\$10,000	\$1.30	\$15,000	\$1.95	\$20,000	\$2.60	\$30,000	\$3.90
40 - 44	\$5,000	\$1.15	\$10,000	\$2.30	\$15,000	\$3.45	\$20,000	\$4.60	\$30,000	\$6.90
45 - 49	\$5,000	\$1.70	\$10,000	\$3.40	\$15,000	\$5.10	\$20,000	\$6.80	\$30,000	\$10.20
50 - 54	\$5,000	\$2.80	\$10,000	\$5.60	\$15,000	\$8.40	\$20,000	\$11.20	\$30,000	\$16.80
55 - 59	\$5,000	\$4.35	\$10,000	\$8.70	\$15,000	\$13.05	\$20,000	\$17.40	\$30,000	\$26.10
60 - 64	\$5,000	\$5.95	\$10,000	\$11.90	\$15,000	\$17.85	\$20,000	\$23.80	\$30,000	\$35.70
65 - 69	\$3,250	\$5.95	\$6,500	\$11.90	\$9,750	\$17.84	\$13,000	\$23.79	\$19,500	\$35.69
70 & above	\$2,500	\$13.45	\$5,000	\$26.90	\$7,500	\$40.35	\$10,000	\$53.80	\$15,000	\$80.70

Option Code	Plan VI		Plan VII		Plan VIII		Plan IX		Plan X	
	500		600		700		800		900	
Retiree's Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
under 30	\$40,000	\$3.20	\$50,000	\$4.00	\$75,000	\$6.00	\$100,000	\$8.00	\$150,000	\$12.00
30 - 34	\$40,000	\$4.00	\$50,000	\$5.00	\$75,000	\$7.50	\$100,000	\$10.00	\$150,000	\$15.00
35 - 39	\$40,000	\$5.20	\$50,000	\$6.50	\$75,000	\$9.75	\$100,000	\$13.00	\$150,000	\$19.50
40 - 44	\$40,000	\$9.20	\$50,000	\$11.50	\$75,000	\$17.25	\$100,000	\$23.00	\$150,000	\$34.50
45 - 49	\$40,000	\$13.60	\$50,000	\$17.00	\$75,000	\$25.50	\$100,000	\$34.00	\$150,000	\$51.00
50 - 54	\$40,000	\$22.40	\$50,000	\$28.00	\$75,000	\$42.00	\$100,000	\$56.00	\$150,000	\$84.00
55 - 59	\$40,000	\$34.80	\$50,000	\$43.50	\$75,000	\$65.25	\$100,000	\$87.00	\$150,000	\$130.50
60 - 64	\$40,000	\$47.60	\$50,000	\$59.50	\$75,000	\$89.25	\$100,000	\$119.00	\$150,000	\$178.50
65 - 69	\$26,000	\$47.58	\$32,500	\$59.48	\$48,750	\$89.21	\$65,000	\$118.95	\$97,500	\$178.43
70 & above	\$20,000	\$107.60	\$25,000	\$134.50	\$37,500	\$201.75	\$50,000	\$269.00	\$75,000	\$403.50

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

Other Life Insurance Rates: Actives and Retirees

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

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

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

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

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

BASIC LIFE INSURANCE RATES: ACTIVES

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

ACTIVE EMPLOYEE DEPENDENT LIFE INSURANCE PREMIUMS

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

BASIC LIFE INSURANCE RATES: RETIREES

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

RETIREE DEPENDENT LIFE INSURANCE PREMIUMS

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

PEIA's Premium Conversion Plan: Make Your Choices for Plan Year 2009

It's open enrollment time for PEIA's Section 125 Premium Conversion Plan, an IRS-approved plan which allows eligible public employees to pay health and life insurance premiums with pre-tax dollars.

Through this plan your premiums for health coverage and life insurance are deducted from your pay before taxes are calculated, so your taxable income is lower, and you pay less tax.

Each year at this time we hold an Open Enrollment period to allow you to make changes in your coverage or to get in or out of the Premium Conversion Plan.

This section answers Commonly Asked Questions about the Premium Conversion Plan and will serve to guide you through the enrollment process.

Commonly Asked Questions

Who participates in the Premium Conversion Plan?

If you are an active employee of a State Agency, college, or university (except WVU) or one of the county boards of education that participates in PEIA's Premium Conversion plan, and you pay premiums for health or life insurance, those premiums are deducted before taxes are calculated, unless you signed a form waiving your participation in this plan. You may have been in the program for several years without realizing it. To determine if you are paying your premiums before or after tax, check your pay stub or contact your payroll office.

When is Open Enrollment?

Open Enrollment is from April 1-30, 2008, for Plan Year 2009 (July 1, 2008 - June 30, 2009).

Are there rules I have to follow?

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

Qualifying events are:

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

NOTICE

The information on pages 31-34 applies only to active employees of State Agencies, colleges and universities (except WVU) and some county boards of education. If you are not sure you are in this plan, contact your benefit coordinator.

THIS PROGRAM DOES NOT APPLY TO RETIREES.

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

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

Open Enrollment Under Other Employer’s Plan

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

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

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

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

To make a change in your coverage, get a Change-in-Status form from your benefit coordinator.

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

You have four choices:

- (1) If you opted out of the Premium Conversion Plan previously, and you want to stay out, you don’t have to do anything. You will remain out of the Premium Conversion Plan for the coming year.
- (2) If you opted out of the Premium Conversion Plan previously, and want back in, **complete the form on page 34**, sign, date and return it to your payroll clerk by April 30, 2008.
- (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 34, and return it to your benefit coordinator by April 30, 2008.**

Can I make changes in my coverage now?

Yes. During Open Enrollment you can add or drop dependents for any reason. Complete a Change-In-Status form (or make the changes on your Tobacco Affidavit and Open Enrollment Transfer Form), and get it to your benefit coordinator by April 30, 2008.

Can I make changes during the plan year?

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

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

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

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

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

This only applies if you do not have one of the qualifying events listed on Page 31.

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

If you added dependents without a valid family status change during this plan year, the post-tax premiums will automatically be deducted on a pre-tax basis starting July 1, 2008, **unless you complete and submit the form on Page 34.**

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

Contact your benefit coordinator for a Change-In-Status form, complete, sign, and return it to your benefit coordinator during the month of the family status change event or the following two calendar months. PEIA will approve your request or ask for additional information.

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

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

Will I have to pay taxes on the premiums later?

Because this is an IRS-approved program, you never have to pay taxes on the money you save through the Premium Conversion Plan.

Why would I want to opt out of the plan?

If you are fewer than ten years from retirement, you may want to opt out. Since your Social Security tax is assessed after your premiums are deducted under the Premium Conversion Plan, you contribute less to Social Security, and it could lower your benefits upon retirement. Generally, the amount you save through premium conversion outweighs the amount you lose in Social Security. If you have questions, consult your tax advisor.

What if I have more questions?

If you have questions about the Premium Conversion Plan, please consult your tax advisor.

Should I have two plans?

If you have two insurance plans, you may want to consider whether it makes sense to keep them both. If both you and your spouse work outside the home and have group health coverage through your employers, you need to look carefully at the plans you have to be sure you are getting value for the premiums you are paying. The two issues you need to deal with relate to Coordination of Benefits. You need to determine: (1) which plan is primary and which is secondary; and (2) how the plans pay as secondary payers.

Coordination of Benefits (COB)

Coordination of Benefits is the process used by insurance companies to determine which plan will pay first, and how much it will pay. The kind of COB you have depends on the kind of plan you're in.

By law, the PEIA PPB Plan coordinates benefits with all other insurance plans — even medical payments made under an automobile policy, or other individual policy. The only plans we don't coordinate benefits with are individual policies which make per diem payments of less than \$100 and have limited benefits. PEIA uses the "carveout" method for coordinating benefits as the secondary plan, which means that if the other plan pays as much as PEIA would have paid, then we pay nothing.

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

Why bring this up now?

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

During Open Enrollment (April 1-30, 2008), 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 2009

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

Return to your Benefit Coordinator

Advance Directives for Health Care Decision-making



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

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

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

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

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

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

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

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

Dated: _____, 20____

I, _____, hereby

(Insert your name and address)

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

The person I choose as my representative is:

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

The person I choose as my successor representative is:

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

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

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

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

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

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

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

1. If I am very sick and not able to communicate my wishes for myself and I am certified by one physician who has personally examined me, to have a terminal condition or to be in a persistent vegetative state (I am unconscious

and am neither aware of my environment nor able to interact with others,) I direct that life-prolonging medical intervention that would serve solely to prolong 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 _____

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

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

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To Learn More About a Plan

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

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