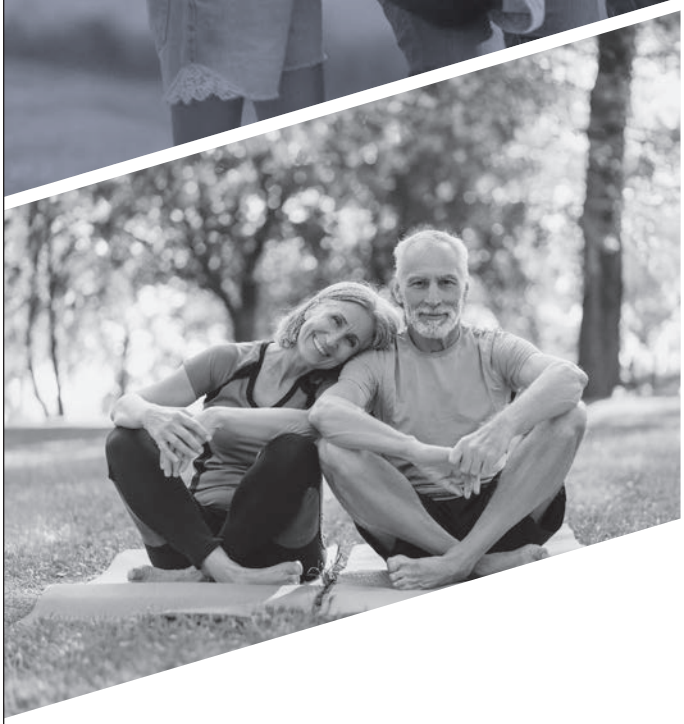
Benefits Guide
Plan Year 2027

July 1, 2026 - June 30, 2027





PEIA

PUBLIC EMPLOYEES INSURANCE AGENCY

Open Enrollment

April 2 – May 15, 2026



Plan Year 2027

Benefits Guide

PEIA Summary of Material Modifications

Important Notice Effective July 1, 2026, for PEIA Plan Year 2027

This Summary of Material Modification ("SMM") describes changes to the PEIA health plans required by the Consolidated Appropriations Act of 2021, including the "No Surprises Act". The following material changes were made for the PEIA Plan for Plan Year 2027:

- 3% Aggregate Premium Increase for both Employees and Employers
- PEIA Self Insured PPB Plans have been renamed:
  - PPB Plan A is now PPB Gold
  - PPB Plan C is now PPB Gold High Deductible Plan
  - PPB Plan B is now PPB Silver
  - PPB Plan D plan benefits have been changed and is now PPB WV Bronze High Deductible Plan

The above list of changes may not include all changes made to the PEIA Plans but is a summary of the "material modifications" to the Plan as defined by the No Surprises Act. If you have specific questions about your coverage(s) or your family situation, please feel free to contact PEIA Customer Solutions at **304-558-7850** or **PEIA.Help@wv.gov**.

For more information on the "No Surprises Act", please visit: **https://www.cms.gov/files/document/nosurpriseactfactsheet-final508.pdf**.

The Fine Print

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

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

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

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

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

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Tips for a Successful Open Enrollment

- Read through "What's Important for 2027" to get a quick overview of the changes for the coming Plan Year.
- Review the side-by-side comparison of the plans in the "Benefits At-A-Glance" charts.
- Check *page 12* to be sure you're eligible to enroll in the plan you want. The PEIA PPB Gold, Silver, and Gold High Deductible Plans are available in all areas. PEIA PPB WV Bronze High Deductible Plan is open to WV residents only and covers only services provided in WV. The Health Plan is available in all West Virginia counties. If you live out of state, remember you must live in one of the counties listed on *page 12* to enroll in The Health Plan.
- 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.
- If you want to change plans, you have two choices: go to **peia.wv.gov** and click on the **"Manage My Benefits"** button and follow the instructions (remember, your deadline is midnight on May 15, 2026) or call PEIA for a Transfer Form at **1-877-676-5573**. Make any changes or plan selections you wish and return it to your benefit coordinator no later than the close of business on May 15, 2026. If you need to update your tobacco status, you may do so by using the options above or by calling **1-877-676-5573** and by following the prompts.

What's Important for 2027?

PEIA PPB Plans

All PEIA PPB Plans Active Employee
Soon, PEIA will be rolling out a new and updated website for our members and partners! PEIA is also excited to announce our brand new online system, PEIA ACCESS, which is set to roll out this summer. PEIA ACCESS will replace "Manage My Benefits" for our members and deliver a more streamlined and interactive experience while accessing your health benefits online. More information will be provided to our members about this exciting new platform in the coming months.

- 3% Aggregate Premium Increase for both Employees and Employers
- Average Family Tier Spousal Surcharge Increase of $200 (average total spousal surcharge cost of $550 per month)
- PEIA Self Insured PPB Plans have been renamed
    - PPB Plan A is PPB Gold
    - PPB Plan B is PPB Silver
    - PPB Plan C is PPB Gold High Deductible Plan
    - PPB Plan D benefits have been changed and is now PPB WV Bronze High Deductible Plan
- PPB Plan D has been converted into a lower actuarial value plan to broaden the variety of options available to PEIA members. **All current Plan D members will be required to select a new plan during open enrollment.**
    - Premiums decreased 34%
    - Coinsurance changed from 20% to 25%
    - Deductible increased 425%
    - Medical and Prescription Drug Deductibles now combined for this plan
    - Medical Out-of-Pocket increased 55%
    - $500 Employer Funded Health Savings Account (HSA)
        - WV Bronze High Deductible enrollees will receive a one-time $500 contribution to an HSA from their employer.
        - Employees can make additional pre-tax contributions into their HSA during the fiscal year to offset their out-of-pocket expenses if they choose to do so.
    - Beginning July 1, 2026, members enrolled in the PEIA PPB Gold Plan, Silver Plan, Gold High Deductible Plan or the Bronze WV High Deductible Plan will be eligible for TeleHealth visits with Revive Health for only a $10 copay.

PEIA PPB Plans - Non-State Agencies
- 50% Participation Standard
    - All participating employers must have 50% of benefit-eligible employees enrolled in a PEIA health plan
- PPB Gold High Deductible Plan premiums, deductibles and maximum out of pocket increased by 5%
- Non-State coverage tiers deductibles and maximum out of pocket and/or premiums adjusted by 5%
    - Employee/child(ren) tier decreased approximately 5%
    - Family tier will increase approximately 5% to cover higher claim costs

All PEIA PPB Plans - Active Employees and Non-Medicare Retirees

- PEIA Self Insured PPB Plans have been renamed
  - PPB Plan A is PPB Gold
  - PPB Plan B is PPB Silver
  - 3% Aggregate Premium Increase for both employees and employers
- Non-Medicare Premium Increase, 3%
- Personify Health Wellness Program: PPB Policyholders who enroll are rewarded for engaging in the platform and taking charge of their own health. Members can engage in this platform on the web or with a phone app in just a few minutes each day. Choose to engage and earn up to $300 annually. Learn more about the program on *page 32* of this booklet.

Mountaineer Flexible Benefits (FBMC) Changes

- The new annual Health Care FSA contribution limit will be $3,400.
- The new annual HSA contribution limit for individuals will be $4,400.
- The new annual HSA contribution limit for individuals with family HDHP will be $8,750.
- Dependent Care (childcare) contribution limit is $7,500.

The Health Plan HMOs and POS

- UPMC Network Expansion: THP members now have access to 23 UPMC hospitals and more than 7,000 UPMC affiliated providers.
- The Health Plan is an available option in all 55 WV counties and Commercial Service Area for active employees and retirees without Medicare.
- The Health Plan will continue to offer three plan designs: HMO Plan A, HMO Plan B, and Point-of-Service Plan C.
- There are no benefit or copay changes to HMO Plan A, HMO Plan B or Point-of-Service Plan C.
- The Health Plan is headquartered in Wheeling, WV, and has offices in Morgantown, Charleston, and Massillon, Ohio.
- Healthiest You is included on all three plan options. Wherever you go, talk to a doctor for free by phone or video 24/7. Download the app, go to **HealthiestYou.com** or call 866-703-1259.
- Laboratory services received at participating independent reference labs may not be subject to deductible or coinsurance.
- Please review this Shopper's Guide for a listing of benefits. For questions or for a list of The Health Plan's provider network, please call The Health Plan at 888-847-7902, email: information@healthplan.org, visit **www.healthplan.org**, **findadoc.healthplan.org** or attend a benefit fair near you.

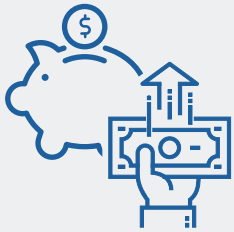
Has Your Address Changed? Let PEIA Know!

If your address has changed, you can update your records with PEIA by sending the address change in writing to **601 57th St., SE, Suite 2, Charleston, WV 25304-2345** or by going on the agency's website, **peia.wv.gov**, and logging into **"Manage My Benefits"**. PEIA DOES NOT accept address changes over the phone.

MOUNTAINEER FLEXIBLE BENEFITS
FBMC BENEFITS MANAGEMENT, INC.

Open New Horizons

ENROLLMENT DATES: APRIL 2 - MAY 15



FSAs & HSAs

FSAs (Flexible Spending Accounts) and HSAs (Health Savings Accounts) can significantly reduce the ***after-tax*** cost of medical premiums and deductibles by letting you pay certain healthcare expenses with ***pretax dollars.***

- You keep more of your paycheck.
- Deductibles, copays, prescriptions, and more cost less in real dollars.



Critical-Illness, Hospital Indemnity & Accident plans

These plans can ***fill financial gaps*** left by deductibles, copays, and non-medical costs.

- Pay ***cash benefits directly*** to you.
- Pay ***regardless of your actual medical bills.***
- Can be used for ***any purpose*** (medical or not).

That cash can cover deductibles, coinsurance, lost wages, travel, or everyday bills.



Dental & Vision

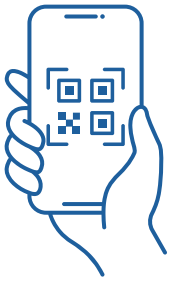
These benefits can meaningfully lower total healthcare spending.

- Covering routine and preventive care.
- Reducing out-of-pocket costs through benefits and discounts.
- Helping catch health issues early.

ADDITIONAL BENEFITS — Legal Plan · Hearing Plan · Short & Long-term Insurance

Wellness Benefits Built Into Your Coverage: Your Critical Illness, Accident, and Hospital Indemnity plans include a valuable wellness benefit that rewards preventive care. ***Each plan pays $50 per covered dependent, once per year***, when you complete an eligible wellness exam—no illness or injury required. It's an easy way to prioritize your health and receive money back for care you may already be getting.

SCAN ME
& LEARN MORE



NEW 2026 LIMITS

Updated Pretax Contribution Limits

• Dependent Care (Childcare)	**$7,500**
• Healthcare/Limited Purpose FSA	**$3,400**
• Individual HSA	**$4,400**
• Family HSA	**$8,750**

1-844-559-8248 **MOUNTAINEER.FBMCBENEFITS.COM**

Terms You Need to Know

Affordable Care Act (ACA) Out-of-Pocket Maximum: The Affordable Care Act places a limit on how much you must spend for healthcare expenses in any plan year before your plan starts to pay 100% for covered essential health benefits. This limit includes deductibles (medical and prescription), coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This limit does not include premiums, balance billing amounts borne by the member for non-network providers and other out-of-network cost-sharing, or spending for non-essential health benefits. The maximum out-of-pocket cost for Plan Year 2027 can be no more than the rates set by the federal government for individual and family plans. Because PEIA's plans have out-of-pocket maximums that are substantially lower than the ACA required limits, the ACA out-of-pocket maximum should never come into play for most PEIA PPB Plan members.

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

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

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

Comprehensive Care Partnership (CCP) Program: The CCP was created to keep members well by promoting the use of primary care health services, identifying health problems early, and maintaining control of any chronic conditions. Any member enrolled in a CCP receives their primary care from the chosen CCP provider, who is responsible for providing prevention services, routine sick care, and coordination of care with specialists when needed. CCP members have reduced or no copayments, deductible or coinsurance for specified covered services from their CCP provider. Office visits to a provider other than your CCP have a $40 copay, except for urgent care, which has a $50 copay. Only PEIA PPB Gold or Silver Plan members are eligible to participate in the CCP Program. PEIA PPB Gold High Deductible Plan and PEIA PPB WV Bronze High Deductible Plan members, as well as Medicare primary members are not eligible to enroll in the CCP Plan. PEIA must be your Primary Insurance in order to enroll in the CCP Program.

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 review each plans' COB policy before you make your choice.

Copayments: A set dollar amount that you pay when you use certain services.

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

Explanation of Benefits (EOB): Forms issued by health plans when medical claims are paid. Most plans do not issue EOB's for services where the only patient responsibility is the copay. If you need an EOB, please call the number on the back of your insurance card to request one or log into your account and print an EOB.

Express Scripts: PEIA's prescription drug benefit manager (PBM). Express Scripts processes and pays prescription drug claims and helps manage the prescription drug benefit.

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

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

High Deductible Health Plan (HDHP): An IRS-qualified High Deductible Health Plan (HDHP) is a plan that includes a higher annual deductible than typical health plans, and out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses. The HDHP deductible includes both medical services and prescription drugs under a single deductible. Out-of-pocket expenses include copayments and other amounts, but do not include premiums. PEIA PPB Gold High Deductible Plan and PPB WV Bronze High Deductible Plan are the only High Deductible Health Plans offered during this open enrollment.

Medicare Advantage and Prescription Drug Plan: PEIA Medicare retirees' benefits are administered through Humana, Inc.'s Medicare Advantage and Prescription Drug Plan. This plan includes prescription coverage through a Humana Medicare Part D plan.

PEIA Network: The self-insured PPO plans offered by PEIA cover care based on where you live, and where you receive your care. To determine which out-of-state providers are PPO providers, call UMR at **1-888-440-7342** or go online to **www.umr.com**. For full details of the benefits, see your Summary Plan Description. Not all providers in the United Health Care (UHC) PPO network may participate with PEIA. PEIA reserves the right to remove providers from the network, so not all providers listed on the UHC PPO website may be available to you.

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

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

Spousal Surcharge: PEIA is required by law to apply a monthly spousal surcharge to active employees of State agencies, colleges, universities, and county boards of education if your spouse is eligible for employer-sponsored coverage through his/her employer, but has chosen PEIA coverage instead. The spousal surcharge will be added to health insurance premiums each month. If your spouse is eligible for coverage as an employee of a PEIA-participating agency, has Medicare, Medicaid, TRICARE or is retired, the spousal coverage surcharge does not apply.

UMR: UMR processes medical claims, provides customer service for both policyholders and health care providers, handles precertification for certain services, provides utilization management, care management and access to out-of-state care with their national UHC networks.



Eligibility Rules

This section offers general information about eligibility that you may need during Open Enrollment. For complete eligibility details, please refer to your PEIA Summary Plan Description at **peia.wv.gov**. **Open enrollment for active and non-Medicare members is held yearly from April 2-May 15. Open enrollment for Medicare members is held each year from October 1-October 31.**

Who is eligible to transfer or enroll during Open Enrollment?

Current Members

Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan for which they qualify during this open enrollment.

Eligible Non-Members

An employee or non-Medicare retiree, who is eligible for benefits, may enroll in any health plan for which they qualify during open enrollment.

Eligible Dependents

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

- Your legal spouse (Remember, if you divorce, you must remove your ex-spouse from your health and life insurance plans immediately. An ex-spouse is NOT eligible for coverage under the plan.);
- Your biological children, adopted children, or stepchildren under age 26; or
- Other children for whom you are the court-appointed guardian to age 18.

Two Public Employees Who Are Married to Each Other and Who Are Both Eligible for Benefits Under PEIA

Two public employees who are married to each other and who are both eligible for benefits under PEIA may elect to enroll as follows:

- As "Family with Employee Spouse" in any plan.
- As "Employee Only" and "Employee and Child(ren)" in the same or different plans.
- As "Employee Only" in the same or different plans if there are no children to cover.

You may both be policyholders in the same plan, but only one may enroll the children. All children must be enrolled under the same policyholder, and a child may not be enrolled for health coverages as both a policyholder (as a public employee in his or her own right) and as a dependent child. To qualify for the Family with Employee Spouse premium, both employees MUST have basic life insurance. The policyholder must work for a state agency to receive credit for the Family with Employee spouse premium. If the policyholder works for a Non-State agency with family coverage and their spouse is eligible for PEIA as a policyholder, the Non-state agency does not receive the option for the Family with Employee spouse health premium; they only pay their portion of the Non-State family premium.

Retired or Retiring Deputy Sheriffs Under Age 55

Premium rates for all plans are listed on *page 46* of this guide.

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

Transferring Employees
If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the service area of the plan you're currently in. The PEIA PPB Gold, Silver, and Gold High Deductible Plans have an unlimited service area, so you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB WV Bronze High Deductible Plan is available only to WV residents, so if you are enrolled in the WV Bronze High Deductible Plan and move out of state during a plan year, you will be required to change plans. Transfer from a State agency to a non-State agency may permit a change in coverage, which will be considered if you appeal in writing to the director of PEIA. Transfer between participating employers in the Plan does not constitute a qualifying event.

Mid-Year Plan Changes
The only time you can change plans during the plan year is if you move out of the service area of your plan so that accessing care is unreasonable. Since the PEIA PPB Gold Plan, Gold High Deductible Plan, and Silver Plan have an unlimited service area, you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB WV Bronze High Deductible Plan is available only to WV residents, so if you are enrolled in this plan and move out of state during a plan year, you will be required to change plans.

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

Death
If a death occurs during a plan year, to continue coverage, the survivors must remain in the plan they were enrolled in at the time of the death for the balance of the plan year. Survivors can only change plans during the plan year if the affected dependents move out of the service area of the plan so that accessing care is unreasonable. Surviving dependent children may continue coverage, but are subject to the same age limitations as any other dependent children in the plan. Surviving spouses may continue coverage as long as they do not re-marry; if remarriage occurs, it must be reported to PEIA, and surviving spouse coverage will be terminated.

Divorce
If a divorce occurs, the ex-spouse and any affected stepchildren must be removed immediately from your health and life insurance plans. If a court requires you to continue coverage on those former dependents, you must find coverage through COBRA or from an insurer other than PEIA.

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

Special Enrollment
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment within the month of or the two months following the date you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the month of or the two months following the marriage, birth, adoption or placement for adoption by contacting your benefit coordinator or calling **1-888-680-7342**. You also may go online at **peia.wv.gov**, click on the green **"Manage My Benefits"** button to log in and enroll a dependent.

Eligibility Audits
From time-to-time PEIA may conduct eligibility audits to verify that policyholders and dependents in the plan qualify for coverage. If you are audited, you will have to produce documentation for the dependents in question. If you cannot prove that the dependent qualifies for coverage, coverage will be terminated retroactively to the date the dependent would otherwise have been terminated, and PEIA will pursue reimbursement of any medical or prescription drug claims paid during the time the dependent was ineligible.



Plan Year 2027 Benefit Fairs

Benefit fairs afford you the opportunity to chat with representatives of the plans, to ask questions, to gather information about your options, and to discuss your life insurance. Following are times, dates, and locations of the 2027 benefit fairs.

We will be offering a Virtual Open Enrollment Update Session via Google Meet to provide members with updated open enrollment information. If you have specific questions about your account or benefits, please contact PEIA and/or our partners directly or visit an in-person benefit fair in your area.



PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

April 2026 Benefit Fairs

06 Charleston
10 am - 1:30 pm

Capitol Complex - Building 3
1900 Kanawha Boulevard E, Bldg 3
Charleston, WV 25302

06 Charleston
3 - 6 pm

Kanawha City Community Center
3511 Venable Avenue
Charleston, WV 25304

07 Huntington
3 - 6 pm

Marshall University Student Center
1 John Marshall Drive
Huntington, WV 25755

09 Beckley
3 - 6 pm

WVU Institute of Technology
Admin & Extension Building, Auditorium
410 Neville Street
Beckley, WV 25081

13 Mineral Wells
3 - 6 pm

Comfort Suites
167 Elizabeth Pike
Mineral Wells, WV 26150

14 Morgantown
3 - 6 pm

Holiday Inn University Area
1188 Pineview Drive
Morgantown, WV 26505

16 Wheeling
3 - 6 pm

WV Northern Community College
J. Michael Koon Auditorium
1704 Market Street
Wheeling, WV 26003

20 Martinsburg
3 - 6 pm

Holiday Inn
301 Foxcroft Avenue
Martinsburg, WV 25401

21 Virtual
3 - 5 pm

LINK: http://meet.google.com/wsu-fvyo-egn
PHONE: 1 (727) 314-1004
PIN: 151 511 647#

Please take a moment to complete our survey at the end of our Benefit Fairs! A QR code will be available at the sign-in table of each meeting.

Thank you.

The Health Plans' Service Area

The PEIA PPB Gold, Silver, and Gold High Deductible Plans are available nationwide. The Health Plan is available in these counties outside West Virginia:

Maryland
Garrett

Ohio
Adams, Allen, Ashland, Ashtabula, Athens, Belmont, Brown, Butler, Carroll, Clermont, Clinton, Columbian, Coshocton, Crawford, Cuyahoga, Defiance, Delaware, Fairfield, Fayette, Franklin, Fulton, Gallia, Geauga, Guernsey, Hamilton, Hardin, Harrison, Henry, Highland, Hocking, Holmes, Jackson, Jefferson, Knox, Lake, Lawrence, Licking, Logan, Lorain, Lucas, Madison, Mahoning, Medina, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Paulding, Perry, Pickaway, Pike, Portage, Putnam, Richland, Ross, Scioto, Seneca, Shelby, Stark, Summit, Trumbull, Tuscarawas, Vinton, Washington, Wayne, Wyandot

Pennsylvania
Beaver, Fayette, Greene, Washington

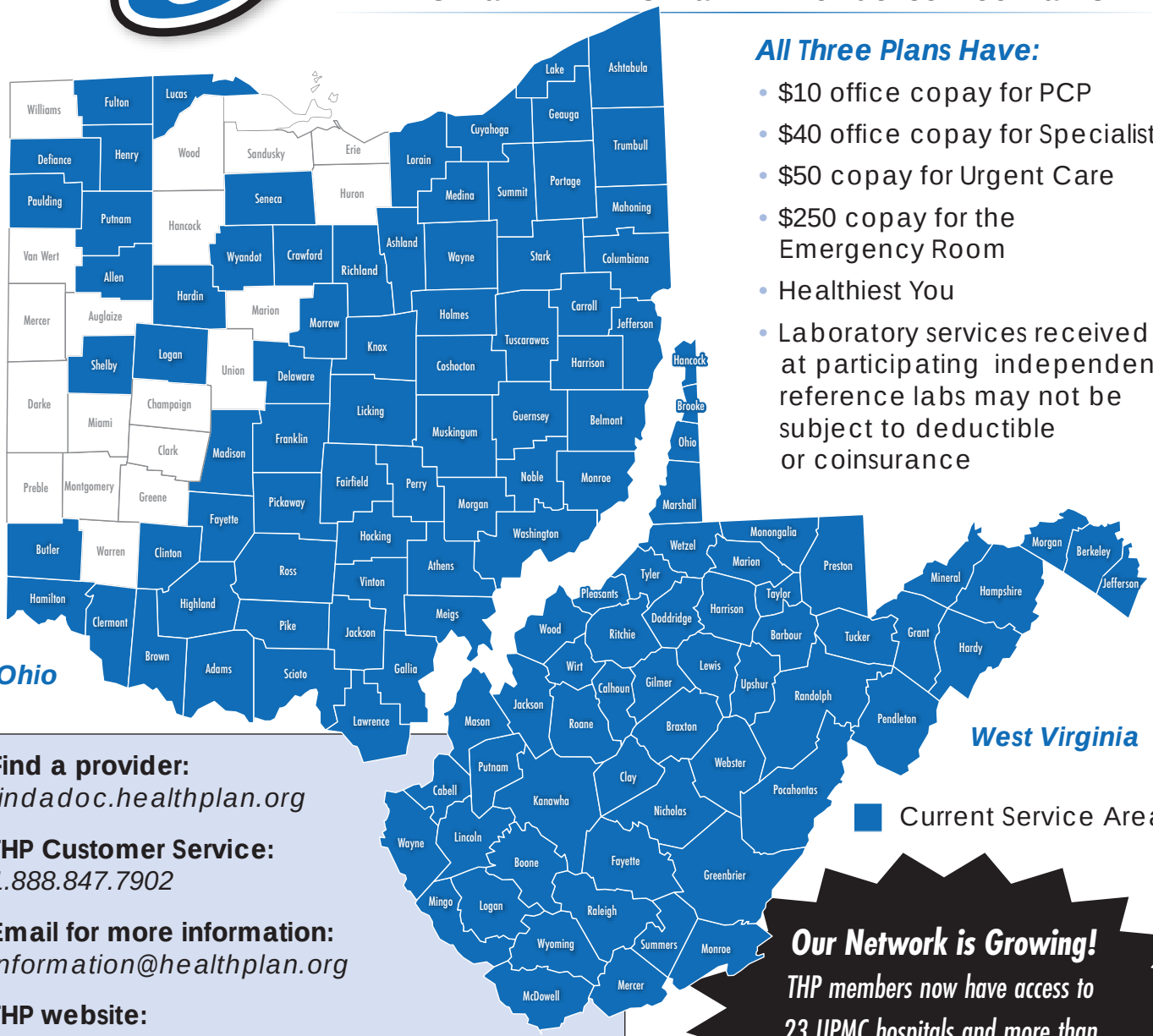


TheHealthPlan

Our Roots Run Deep

Offers 3 Benefit Plans for Public Employees

HMO Plan A • HMO Plan B • Point of Service Plan C



All Three Plans Have:

- $10 office copay for PCP
- $40 office copay for Specialist
- $50 copay for Urgent Care
- $250 copay for the Emergency Room
- Healthiest You
- Laboratory services received at participating independent reference labs may not be subject to deductible or coinsurance

Current Service Area

Find a provider:
findadoc.healthplan.org

THP Customer Service:
1.888.847.7902

Email for more information:
information@healthplan.org

THP website:
healthplan.org

How to enroll:
peia.wv.gov and click on Manage My Benefits

Our Network is Growing!
THP members now have access to 23 UPMC hospitals and more than 7,000 UPMC affiliated providers.

***Plan Year 2027** – Open Enrollment for active employees and non-Medicare retirees will be April 2 – May 15.*

Benefits At-A-Glance

Please note: In the Benefits At-A-Glance charts for PEIA PPB Gold and Silver Plans: "In WV" means in West Virginia. For PEIA PPB Gold, Silver and Gold High Deductible, **this includes in-network care in contiguous counties of surrounding states**, which still does not require advance approval from UMR.

OOSWA means Out-of-State with advance approval from UMR.
OOSNA means Out of State Not Approved by UMR.

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

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
Varies by salary and employer type. (See premium charts.)	Twice the in-network deductible.	Combined medical/ prescription deductible; services on the Preventive Care List covered without deductible. (See premium charts.)	No Out-of-Network Coverage	Varies by salary and employer type. Combined medical and prescription deductible. Preventive care list is exempt from deductible. (See premium charts.)
Varies by salary, employer type, and coverage tier. (See premium charts.)	Twice the in-network out-of-pocket maximum.	This is a combined medical and prescription out-of-pocket maximum. (See premium charts.)	No Out-of-Network Coverage. There is no out-of-pocket maximum for out-of-network services.	Varies by salary, employer type, and coverage tier. Combined medical and prescription out-of-pocket. (See premium charts.)
Covered in full	NOT COVERED	Covered in full	NOT COVERED	Covered in full
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA*: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
Covered in full	NOT COVERED	Covered in full	NOT COVERED	Covered in full
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: $20 copay/visit only *OOSWA:* $20 copay/visit only *OOSNA:* $20 copay/visit only	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: $40 copay/visit only *OOSWA:* $40 copay/visit only *OOSNA:* $40 copay/visit only	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Gold Plan In-Network	PEIA PPB Gold Plan Out-of-Network
Prenatal care	$40 copay (initial visit only); Deductible waived.	$40 copay (initial visit only); Deductible waived	*In:* $40 copay initial visit only; Deductible waived. *Out:* Deductible + 40%	*In WV:* Covered in full after deductible *OOSWA:* Covered in full after deductible *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Second surgical opinion	$40 copay/ visit; deductible waived	$40 copay/ visit; deductible waived	*In:* $40 copay/visit; deductible waived *Out:* Deductible + 40%	$40 copay office visit only	NOT COVERED Unless approved in advance by UMR.
Voluntary sterilization	Men 30% co-insurance after deductible; women covered in full per health care reform	Men 30% co-insurance after deductible; women covered in full per health care reform	*In:* Men deductible + 30% *Out:* Deductible + 40% *In:* Women covered in full *Out:* Deductible + 40%	*In WV:* Deductible + 20% for men; women covered in full per health care reform *OOSWA:* Deductible + 30% for men; women covered in full per health care reform *OOSNA:* 2x deductible + 40% for men; women covered in full per health care reform	NOT COVERED Unless approved in advance by UMR.
Well child exams	Covered in full per health care reform	Covered in full per health care reform	*In:* Covered in full *Out:* Deductible + 40%	Covered in full	NOT COVERED Unless approved in advance by UMR.
Well child immunizations (birth through 21)	Covered in full per health care reform	Covered in full per health care reform	*In:* Covered in full *Out:* Deductible + 40%	Covered in full	NOT COVERED Unless approved in advance by UMR.
Inpatient Services					
Semi-private room; ancillaries; therapy services; x-ray, lab, surgical services, and general nursing care	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance after deductible	*In:* $100 copay + Deductible + 30% *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Inpatient occupational, physical, or speech therapy*	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance after deductible	*In:* $100 copay + Deductible + 30% *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Maternity care (delivery)	$100 copay + 15% after deductible	$100 copay + 30% coinsurance after deductible	*In:* $100 copay + deductible + 30% *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
In WV: Covered in full after deductible *OOSWA:* Covered in full after deductible *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
$40 copay office visit only	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% for men; women covered in full per health care reform *OOSWA:* Deductible + 35% for men; women covered in full per health care reform *OOSNA:* 2x deductible + 50% for men; women covered in full per health care reform	NOT COVERED Unless approved in advance by UMR	Deductible + 20% for men; women covered in full per health care reform	NOT COVERED Unless approved in advance by UMR	Deductible + 25% for men; women covered in full per health care reform
Covered in full	NOT COVERED Unless approved in advance by UMR	Covered in full	NOT COVERED Unless approved in advance by UMR	Covered in full
Covered in full	NOT COVERED Unless approved in advance by UMR	Covered in full	NOT COVERED Unless approved in advance by UMR	Covered in full
In WV: $250 copay + deductible + 30% *OOSWA:* $250 copay + deductible + 35% *OOSNA*: $600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: $250 copay + deductible + 30% *OOSWA:* $100 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: $250 copay + deductible + 30% *OOSWA:*$250 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Gold Plan In-Network	PEIA PPB Gold Plan Out-of-Network
Rehabilitation*	Covered in full days 1-30; 20% days 31 + after deductible	Covered in full days 1-30; 30% days 31 + after deductible	*In:* $0 days 1-30, deductible + 30%/days 31 + *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Skilled nursing*	$35 copayment/ day after deductible	$35 copayment/ day after deductible	*In:* Deductible + $35 copay/day *Out:* Deductible + 40%	In WV: $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Hospital Outpatient Services					
Ambulatory/out-patient surgery	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance after deductible	*In:* $100 copay + Deductible + 30% *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Pre-admission testing, diagnostic x-ray and lab	20% coinsurance after deductible	30% coinsurance after deductible	*In:* Deductible + 30% *Out:* Deductible + 50%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Advanced Imaging services: CT Scans, MRA, MRI	20% coinsurance after deductible	30% coinsurance after deductible	*In:* Deductible + 30% *Out:* Deductible + 50%	*In WV:* $100 copay + deductible + 20% *OOSWA:* $100 copay Deductible + 30% *OOSNA:* $100 copay 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Mental Health & Chemical Dependency Services					
Outpatient chemical dependency*	$10 copay/visit; deductible waived	$10 copay/visit; deductible waived	$10 copay/visit; deductible waived *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Outpatient mental health*	$10 copay/visit; deductible waived	$10 copay/visit; deductible waived	$10 copay/visit; deductible waived *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Inpatient chemical dependency (including partial hospitalization) *	$100 copay + 15% coinsurance/ admission after deductible	$100 copay + 30% coinsurance/ admission after deductible	In: $100 copay + deductible + 30% *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Inpatient detoxification*	$100 copay + 15% coinsurance/ admission after deductible	$100 copay + 30% coinsurance/ admission after deductible	In: $100 copay + deductible + 30% *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
In WV: $250 copay + deductible + 30% *OOSWA:* $250 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: $250 copay + deductible + 30% *OOSWA:* $250 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: $250 copay + deductible + 30% *OOSWA:* $250 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: $100 copay + deductible + 30% *OOSWA:* $100 copay deductible + 35% *OOSNA:* $100 copay 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: $250 copay + deductible + 30% *OOSWA:* $250 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: $250 copay + deductible + 30% *OOSWA:* $250 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Gold Plan In-Network	PEIA PPB Gold Plan Out-of-Network
Inpatient mental health (including partial hospitalization)*	$100 copay + 15% coinsurance/ admission after deductible	$100 copay + 30% coinsurance/ admission after deductible	*In:* $100 copay + deductible + 30% *Out:* Deductible + 50%	*In WV:* $250 copay + deductible + 20% *OOSWA:* $250 copay + deductible + 30% *OOSNA:* $600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR
Outpatient Therapies					
Chiropractic*	$10 copay/visit; deductible waived Limit 20 visits per contract year.	$10 copay/visit; deductible waived Limit 20 visits per contract year.	*In:* $10 copay/visit; deductible waived. Limit 20 visits per contract year. *Out:* Deductible + 40%	*In WV:* First 20 visits: $20 copay[1]. Visits over 20, if pre-certified: $25 copay + deductible +20% coinsurance *OOSWA:* Copays shown above + deductible + 30% *OOSNA:* Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Occupational therapy*	Visit 1-20: $10 copay/visit deductible waived. Visits 21+: 50% coinsurance/ visit after deductible	Visit 1-20: $10 copay/visit deductible waived. Visits 21+: 50% coinsurance/ visit after deductible	*In:* Visits 1-20: $10 copay/visit deductible waived. Visits 21 +: 50% coinsurance/visit after deductible	*In WV:* First 20 visits: $20 copay. Visits over 20, if pre-certified: $25 copay + deductible + 20% coinsurance *OOSWA:* Copays shown above + deductible + 30% *OOSNA:* Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Physical therapy*	*In:* Visits 1-20: $10 copay/visit deductible waived. Visits 21 +: 50% coinsurance/ visit after deductible	*In:* Visits 1-20: $10 copay/visit deductible waived. Visits 21 +: 50% coinsurance/visit after deductible	*In:* Visits 1-20: $10 copay/visit deductible waived. Visits 21 +: 50% coinsurance/visit after deductible	*In WV:* First 20 visits: $20 copay. Visits over 20, if pre-certified: $25 copay + deductible + 20% coinsurance *OOSWA:* Copays shown above + deductible + 30% *OOSNA:* Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Speech therapy*	Visit 1-20: $10 copay/ visit; Deductible waived Visit 21+: 50% coinsurance/ visit after deductible	Visit 1-20: $10 copay/visit; Deductible waived Visit 21+: 50% coinsurance/visit after deductible	Visit 1-20: $10 copay/ visit; Deductible waived Visit 21+: 50% coinsurance/visit after deductible *Out:* Deductible + 40%	*In WV:* First 20 visits: $10 copay + deductible + 20%. Visits over 20, if pre-certified: $25 copay + deductible + 20% coinsurance *OOSWA:* Copays shown above + deductible + 30% *OOSNA*: Copays shown above + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR

[1] First two visits covered in full for back pain.

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
In WV: $250 copay + deductible + 30% *OOSWA:* $250 copay + deductible + 35% *OOSNA:* $600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%
In WV: First 20 visits: $20 copay1. Visits over 20, if pre-certified: $25 copay + deductible + 30% coinsurance *OOSWA:* Copays shown above + deductible + 35% *OOSNA:* Copays shown above + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: First 20 visits: $20 copay. Visits over 20, if pre-certified: $25 copay + deductible + 30% coinsurance *OOSWA:* Copays shown above + deductible + 35% *OOSNA:* Copays shown above + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: First 20 visits: $20 copay. Visits over 20, if pre-certified: $25 copay + deductible + 30% coinsurance *OOSWA:* Copays shown above + deductible + 35% *OOSNA:* Copays shown above + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: First 20 visits: $10 copay + deductible + 30%. Visits over 20, if pre-certified: $25 copay + deductible + 30% coinsurance *OOSWA:* Copays shown above + deductible + 35% *OOSNA:* Copays shown above + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%

[1] First two visits covered in full for back pain.

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Gold Plan In-Network	PEIA PPB Gold Plan Out-of-Network
Massage therapy	NOT COVERED	NOT COVERED	NOT COVERED	*In WV:* First 20 visits: $30 copay + deductible + 20%. Visits over 20, if pre-certified: $35 copay + deductible +20% coinsurance. *OOSWA:* Copays shown above + deductible + 30% *OOSNA:* Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
All Other Medical Services					
Allergy testing and treatment	$40 copay/visit after deductible	$40 copay/visit after deductible	*In:* Deductible + $40 copay/visit *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Bariatric surgery	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance after deductible	$100 copay +30% coinsurance after deductible. *Out:* 50% coinsurance after deductible	*In WV:* $250 copay + deductible + 20% coinsurance *OOSWA:* $250 copay + deductible + 30% *OOSNA:* NOT COVERED	NOT COVERED Unless approved in advance by UMR
Cardiac rehabilitation*	$10 copay/visit after deductible	$10 copay/visit after deductible	*In:* Deductible + $10 copay/visit *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x Deductible + 40%	NOT COVERED Unless approved in advance by UMR
Dental services – accident related*	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance after deductible	*In:* $100 copay + deductible + 30% *Out:* Deductible + 50%	*In WV:* $500 copay + deductible + 20% coinsurance *OOSWA:* $500 copay + deductible + 30% *OOSNA:* $500 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Dental services – other*	NOT COVERED	NOT COVERED	NOT COVERED	Impacted wisdom teeth only. *In WV:* $500 copay + deductible + 20% coinsurance *OOSWA:* $500 copay + deductible + 30% *OOSNA:* $500 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Diabetic supplies*	$0 copay; deductible waived	$0 copay; deductible waived	*In:* $0 copay; deductible waived *Out:* Deductible + 40%	Covered under prescription drug plan	Covered under prescription drug plan
Dialysis	20% coinsurance/ visit after deductible	20% coinsurance/ visit after deductible	*In:* Deductible + 20% *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
In WV: First 20 visits: $30 copay + deductible + 30%. Visits over 20, if pre-certified: $35 copay + deductible +30% coinsurance. *OOSWA:* Copays shown above + deductible + 35% *OOSNA:* Copays shown above + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: $250 copay + deductible + 30% coinsurance *OOSWA:* $250 copay + deductible + 35% *OOSNA:* Not covered	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: $500 copay + deductible + 30% coinsurance *OOSWA:* $500 copay + deductible + 35% *OOSNA:* $500 copay + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
Impacted wisdom teeth only. *In WV:* $500 copay + deductible + 30% coinsurance *OOSWA:* $500 copay + deductible + 35% *OOSNA:* $500 copay + 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
In WV: deductible + 30% *OOSWA*: deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR	Deductible + 25%

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Gold Plan In-Network	PEIA PPB Gold Plan Out-of-Network
Durable Medical Equipment (DME)*	30% coinsurance after deductible	30% coinsurance after deductible	*In:* Deductible + 30% *Out:* Deductible + 50%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Emergency ambulance (medically necessary)	$75 copay/ transport after deductible	$75 copay/ transport after deductible	*In:* Deductible + $75 copay/transport *Out:* Deductible + $75 copay/transport	In WV: Deductible + 20% OOS: Deductible + 30%	Deductible + 30%
Emergency room treatment (non-emergency)	NOT COVERED	NOT COVERED	NOT COVERED	$200 copay (waived if admitted) + deductible + 20%	NOT COVERED Except for emergency treatment
Emergency room treatment (emergency)	$250 copay/ visit (waived if admitted); deductible waived	$250 copay/ visit (waived if admitted); deductible waived	*In:* $250 copay/visit (waived if admitted); deductible waived *Out:* $250 copay/visit (waived if admitted); deductible waived	*In WV:* $200 copay (waived if admitted) + deductible + 20% OOS: $200 copay (waived if admitted) + deductible + 30%	$200 copay (waived if admitted) + deductible + 30% + amounts that exceed PEIA's fee schedule
Growth hormone*	Rx benefit: 30% or $300, whichever is less per specialty drug	Rx benefit: 30% or $300, whichever is less per specialty drug. Generic Only	*In & Out:* Rx benefit: 30% or $300 whichever is less per specialty drug Generic Only	Covered under specialty drug plan	Covered under specialty drug plan
Hearing exam	$40 copay/ visit; deductible waived	$40 copay/ visit; deductible waived	*In:* $40 copay/ visit; deductible waived *Out:* Deductible + 40%	Covered under well child benefit only	NOT COVERED Unless approved in advance by UMR
Home health services*	$0 copay after deductible	$0 copay after deductible	*In:* Covered in full after deductible *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Home health supplies*	$0 copay after deductible	$0 copay after deductible	*In:* Covered in full after deductible *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Hospice*	$0 copay after deductible	$0 copay after deductible	*In:* Covered in full after deductible *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR
Infertility services* No prescription coverage under any plan	Basic health care. Limitations apply after deductible. *Exclusions	Basic health care. Limitations apply after deductible. *Exclusions	Basic health care. Limitations apply after deductible. *Exclusions	NOT COVERED	NOT COVERED
Medical supplies*	30% coinsurance after deductible (limits may apply)	30% coinsurance after deductible (limits may apply)	*In:* Deductible + 30% (certain limits may apply) *Out:* Deductible + 50% (certain limits may apply)	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% OOS: Deductible + 30%	Deductible + 30%	Deductible + 20%	Deductible + 20%	Deductible + 25%
$200 copay (waived if admitted) + deductible + 30%	NOT COVERED Except for emergency treatment	Deductible + 20%	NOT COVERED Except for emergency treatment	Deductible + 25%
In WV: $200 copay (waived if admitted) + deductible + 30% OOS: $200 copay (waived if admitted) + deductible + 35%	Deductible + 35%	Deductible + 20%	Deductible + 20%	Deductible + 25%
Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan
Covered under well-child benefit only	NOT COVERED Unless approved in advance by UMR	Covered under well-child benefit only	NOT COVERED Unless approved in advance by UMR	Covered under well-child benefit only
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: deductible + 30% *OOSWA:* deductible + 35% *OOSNA*: 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%
NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA*: 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR	Deductible + 25%

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Gold Plan In-Network	PEIA PPB Gold Plan Out-of-Network
Podiatry*	$40 copay/ visit: deductible waived	$40 copay/ visit: deductible waived	*In:* $40 copay / visit; deductible waived *Out:* Deductible + 40%	$40 office visit copay; surgery- deductible + 20%	NOT COVERED Unless approved in advance by UMR
Prosthetics*	30% coinsurance after deductible	30% coinsurance after deductible	*In:* Deductible + 30% *Out:* Deductible + 50%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Pulmonary rehabilitation*	$10 copay / visit after deductible	$10 copay / visit after deductible	*In:* Deductible + $10 copay / visit *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Radiation and chemotherapy	20% coinsurance after deductible	20% coinsurance after deductible	*In:* Deductible + 20% *Out:* Deductible + 40%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Transplants (non-experimental)*	$100 copay + 15% coinsurance after deductible	$100 copay + 30% coinsurance after deductible	In: $100 copay + Deductible + 30% Out: Deductible + 50%	*In WV:* Deductible + 20% *OOSWA:* Deductible + 30% *OOSNA:* 2x deductible + 40%; additional $10,000 deductible	NOT COVERED
Urgent care	$50 copay/ incident; deductible waived	$50 copay/ incident; deductible waived	In: $50 copay/incident; deductible waived Out: $50 copay/ incident; deductible waived	*In WV:* $50 copay *OOSWA:* $50 copay *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Prescription Benefits					
Deductible	NONE	NONE	NONE	$150 individual $300 family	$150 individual $300 family
Annual out-of-pocket maximum	Included in medical out-of-pocket maximum	Included in medical out-of-pocket maximum	Included in medical out-of-pocket maximum	$1,750 individual $3,500 family	$1,750 individual $3,500 family
Generic copayment	$10 copayment	$10 copayment	$10 copayment	$20	$20 PEIA will reimburse ESI's allowed amount, less any member responsibility

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
$40 office visit copay; surgery – deductible + 30%	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	Deductible + 25%
In WV: Deductible + 30% *OOSWA:* Deductible + 35% *OOSNA:* 2x deductible + 50%; additional $10,000 deductible	NOT COVERED	Deductible + 20%	NOT COVERED	Deductible + 25%
In WV: $50 copay *OOSWA:* $50 copay *OOSNA:* 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	Deductible + 25%
$300 individual $600 family	$300 individual $600 family	Combined medical and prescription deductible. Preventive Drug List covered without deductible. (See premium charts)	Combined medical and prescription deductible. Preventive Drug List covered without deductible. (See premium charts)	Combined medical and prescription deductible. Preventive Drug List covered without deductible. (See premium charts)
$1,750 individual $3,500 family	$1,750 individual $3,500 family	(See premium charts) Combined medical and prescription out-of-pocket maximum.	NOT COVERED Unless a NONE Member will always pay the prescription drug co-payments. There is no out-of-pocket maximum for out-of- network services. Approved in advance by UMR.	Combined medical and prescription out-of-pocket maximum. (See premium charts)
$20	$20 PEIA will reimburse ESI's allowed amount, less any member responsibility	$20 after deductible, unless on Preventive Drug List	$20 after deductible, unless on Preventive Drug List. PEIA will reimburse ESI's allowed amount, less any member responsibility	$20 after deductible, unless on Preventive Drug List

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Gold Plan In-Network	PEIA PPB Gold Plan Out-of-Network
Formulary brand	50% coinsurance if generic is NOT available	NOT COVERED	NOT COVERED	$50	$50 PEIA will reimburse ESI's allowed amount, less any member responsibility
Non-formulary	NOT COVERED	NOT COVERED	NOT COVERED	75% coinsurance	75% coinsurance PEIA will reimburse ESI's allowed amount, less any member responsibility
Specialty medicines	30% coinsurance or $300, whichever is less per specialty drug	30% coinsurance or $300, whichever is less per specialty drug	30% coinsurance or $300, whichever is less per specialty drug	$0 copay for specialty medications eligible for the SaveOnSP program**. $100 preferred; $150 non- preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED
Maintenance medication discount program details	90-day supply mail order; $20 copay generic or 50% coinsurance if no generic	90-day supply GENERIC only; $20 copay	90-day supply GENERIC only; $20 copay	Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay for generic and preferred brand drugs on PEIA' s Maintenance Drug List. No discount for non-preferred brand name drugs	NOT COVERED
Family planning	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Oral contraceptives are covered in full per health care reform; Mirena IUD covered in full

PEIA PPB Silver Plan In-Network	PEIA PPB Silver Plan Out-of-Network	PEIA PPB Gold High Deductible Plan In-Network	PEIA PPB Gold High Deductible Plan Out-of-Network	PEIA PPB WV Bronze High Deductible Plan In-Network (OOSWA only applies when benefit is approved IN ADVANCE by UMR)
$60	$60 PEIA will reimburse ESI's allowed amount, less any member responsibility	$50 after deductible, unless on Preventive Drug List	$50 after deductible, unless on Preventive Drug List. PEIA will reimburse ESI's allowed amount, less any member responsibility	$50 after deductible, unless on Preventive Drug List
75% coinsurance	75% coinsurance PEIA will reimburse ESI's allowed amount, less any member responsibility	75% coinsurance after deductible, unless on Preventive Drug List	75% coinsurance after deductible, unless on Preventive Drug List. PEIA will reimburse ESI's allowed amount, less any member responsibility	75% coinsurance after deductible, unless on Preventive Drug List
$0 copay for specialty medications eligible for the SaveOnSP program**. $100 preferred; $150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED	$0 copay for specialty medications eligible for the SaveOnSP program**. $100 preferred; $150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED	$0 copay for specialty medications eligible for the SaveOnSP program**. $100 preferred; $150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 25% coinsurance
Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay for generic and preferred brand drugs on PEIA' s Maintenance Drug List. No discount for non-preferred brand name drugs	NOT COVERED	Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay after deductible for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs. No deductible for drugs on Preventive Drug List	NOT COVERED	Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay for generic and preferred brand drugs on PEIA' s Maintenance Drug List. No discount for non-preferred brand name drugs. No deductible for drugs on Preventive Drug List.
Oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Oral contraceptives are covered in full per health care reform; Mirena IUD covered in full

PEIA PPB Gold High Deductible Plan

PEIA PPB Gold High Deductible Plan is an IRS-qualified High Deductible Health Plan (HDHP) offered by PEIA to all eligible active employees. The plan offers lower premiums, but a high deductible that must be met before the plan begins to pay. The plan is designed to work with a Health Savings Account (HSA). The policyholder is responsible for choosing and enrolling for an HSA.

The benefits of the PPB Gold High Deductible Plan are shown in the "Benefits At-A-Glance" charts. With the HDHP, the medical and prescription drug deductibles are combined, and, for family coverage, the entire family deductible must be met before the plan begins to pay on any member of the family for either medical or prescription services. There are prescription drugs on the Preventive Drug List that are covered with a copayment before the deductible is met. For a copy of the Preventive Drug List, go to peia.wv.gov, visit a benefit fair, or call **1-877-676-5573**.

PEIA PPB WV Bronze High Deductible Plan

PEIA PPB WV Bronze High Deductible Plan is the West Virginia ONLY plan. Members enrolling in this plan must be West Virginia residents, and all care provided under this plan must be provided in West Virginia. The only care allowed outside the State of West Virginia will be emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia.

For policyholders who are West Virginia residents but who have dependents who reside outside West Virginia (such as students attending college out-of-state), the PEIA PPB WV Bronze High Deductible Plan will cover those out-of-state dependents for emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia. All other services must be provided within West Virginia. If you have dependents living outside West Virginia, this plan may not be the best option for you.

Spousal Surcharge

PEIA is required by law to apply a monthly spousal surcharge to active employees of State agencies, colleges, universities, and county boards of education if your spouse is eligible for employer-sponsored coverage through his/her employer, and has PEIA coverage. The spousal surcharge will be added to health insurance premiums each month. If your spouse is eligible for coverage as an employee of a PEIA-participating agency, has Medicare, Medicaid, TRICARE or is retired, the spousal coverage surcharge does not apply. For more information, please review the Summary Plan Description. If you submitted a Spousal Surcharge Affidavit, and your status has not changed, you do not need to submit a new affidavit during this open enrollment. Your previous affidavit is still in effect.

How a Comprehensive Care Partnership (CCP) Can Save You Money

PEIA offers a healthcare program that allows members to receive specified primary care services while paying less. This program, called the Comprehensive Care Partnership (CCP) Program, is designed to promote quality of care, preventive services, and appropriate use of health services to identify health problems early and maintain control of chronic conditions.

Only PEIA PPB Gold or Silver Plan members are eligible to participate in the CCP Program. PEIA PPB Gold High Deductible Plan and PEIA PPB WV Bronze High Deductible Plan members, as well as Medicare primary members are not eligible to enroll in the CCP Plan. PEIA must be your Primary Insurance in order to enroll in the CCP Program. CCP members have reduced or no copayments, for office visits and some CCP's waive deductible or coinsurance for specified covered services. Check with your CCP for details of their waived cost-sharing. Office visits to a provider other than your CCP provider have a $40 copay, and urgent care, which has a $50 copay. CCP providers are expected to provide primary care services, coordination of care, and some CCP locations also provide specialty care services and/or laboratory services. To find a participating physician in PEIA's CCP program, go to **peia.wv.gov** and click **"Find a Form or Document"** and Provider Directory under Documents.

Tobacco-Free Premium Discount

PEIA offers a premium discount on all health and optional life insurance to active and retired policyholders who verify through a tobacco affidavit that all enrolled family members are tobacco-free. Tobacco-free plan members subtract $25 from the premium for employee-only coverage or $50 from the employee/child, family or family with employee spouse premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2027, you and all enrolled family members must have been tobacco-free (includes cigarettes, cigars, pipes, and chewing and/or smokeless tobacco; including e-cigarettes and/or vaping oils derived from tobacco) by January 1, 2026.

If your doctor certifies on a form provided by PEIA, that it is unreasonably difficult due to a medical condition for you to become tobacco-free or it is medically inadvisable for you to become tobacco free, PEIA will work with you for an alternative way to qualify for the tobacco-free discount. Send all such doctors' certifications and requests for alternative ways to receive the discount to:

PEIA Discount Alternatives
601 57th St., SE, Suite 2
Charleston, WV 25304-2345

Chronic Disease Programs

PEIA provides various chronic disease management programs including the Face-to-Face Diabetes Management Program, the Face-to-Face Weight Management Program and the Wondr Health program. From time-to-time, PEIA offers limited wellness pilot programs or initiatives, for members in the PEIA PPB Plans. Additionally, PEIA provides a comprehensive wellness platform, Personify Health for all PPB policyholders, regardless of health status to utilize and improve health outcomes. This platform allows members to earn rewards for tracking healthy behaviors.

Policyholders are encouraged to visit the PEIA website frequently or keep their e-mail address up to date in the Manage My Benefits system to ensure they receive electronic notice of upcoming opportunities. For more information about available wellness programs, visit our website at **peia.wv.gov** or refer to the Summary Plan Description booklet.

Personify Health Wellness Program

PEIA's wellness program, powered by Personify Health, will help our members live better and achieve their health goals through a fun and engaging experience. Personify is one of the top health, wellbeing, and navigation platforms available today, and PEIA is excited to share this newest wellness tool with our members who wish to participate. Additional information will be sent to members via mail, e-mail, our website News Center at **peia.wv.gov,** and our social media channels.

This platform is a great way to take small steps to manage one's health and wellbeing. It offers a wide variety of small interactions that will help members to incorporate positive behavior change and create new health habits. Policyholders are rewarded for engaging in the platform and taking charge of their own health. Policyholders can engage in this platform on the web or with a phone app in just a few minutes each day. Choose to engage and earn up to $300 annually. Get started today at **https://peia.wv.gov/wellness_tools/Pages/Personify.aspx**.

In accordance with West Virginia Code §5-16-8, PEIA is required to provide certain health benefits and services which require PEIA to disclose and/or share PEIA member information with third parties for the administration and management of said services. PEIA has contracted with Personify Health to be the State's Wellness Program provider. You may receive phone calls, e-mails, or texts from Personify Health informing you of this new benefit.





Earn up to $300 per year!

Health and wellbeing, simplified

Personify Health makes it easy for PEIA PPB policyholders to stay healthy. You can see simple tips, track your steps, join fun challenges, and use tools that help your body and mind feel good. Everything is in one easy-to-use app. As you take part, you can earn up to $300 in **rewards** to spend on gift cards gift cards, or wellness and fitness products.. It's an easy way to build good habits and feel your best.

Join today!

Go to join.personifyhealth.com/PEIA
or scan the QR code to join.

PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

personify HEALTH

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PEIA PPB Contiguous Counties

Contiguous Counties

PEIA PPB Gold, Gold High Deductible, and Silver Plan participants who live in West Virginia or a bordering (contiguous) county of a surrounding state may access care from any network provider located in those bordering (contiguous) counties without receiving prior approval.

All services, except emergency care, provided outside of West Virginia beyond the bordering (contiguous) counties require prior approval.



*Effective 7/1/2024, Boyd County, Kentucky and Washington County, Ohio are no longer "carve out counties". Members can use providers in these counties under the same rules that apply in any other contiguous county. PEIA has contracts in place with King's Daughters Medical Center and Memorial Health Systems.

Coinsurance for In-Network and Out-of-Network Benefits for PEIA PPB Plans

For this table, in-state means inside WV; bordering county means a contiguous county of a surrounding state, and out-of-state means outside WV beyond the bordering counties.

Deductible Plan members cannot receive services outside West Virginia, except in a medical emergency or when UMR determines that a needed service is not available within West Virginia. In these cases, out-of-state care is covered as in-network care.

*PEIA PPB WV Bronze High Deductible Plan has NO coverage for out-of-state services.

Where You Get Care	Where You Live		
	WV Resident	Bordering County Resident	Out-of-State Resident
In-state, in-network	**Gold Plan:** 20% **Silver Plan:** 30% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan:** 25%	**Gold Plan:** 20% **Silver Plan:** 30% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan:** N/A	**Gold Plan:** 20% **Silver Plan:** 30% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan:** N/A
Bordering county, in-network	**Gold Plan:** 20% **Silver Plan:** 30% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan:** NOT COVERED	**Gold Plan:** 20% **Silver Plan:** 30% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan:** N/A	**Gold Plan:** 20% **Silver Plan:** 30% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan:** N/A
Out-of-state, in-network with UMR approval (Higher Level of Benefit)	**Gold Plan:** 30% **Silver Plan:** 35% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan**: NOT COVERED	**Gold Plan:** 30% **Silver Plan:** 35% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan**: N/A	**Gold Plan:** 30% **Silver Plan:** 35% **Gold High Deductible Plan:** 20% **WV Bronze High Deductible Plan**: N/A
Out-of-state, out-of-network with UMR approval*	**Gold Plan:** 30% + amounts that exceed Reasonable and Customary **Silver Plan:** 35% + amounts that exceed Reasonable and Customary. **Gold High Deductible Plan:** 20%	**Gold Plan:** 30% + amounts that exceed Reasonable and Customary **Silver Plan:** 35% + amounts that exceed Reasonable and Customary. **Gold High Deductible Plan:** 20%	**Gold Plan:** 30% + amounts that exceed Reasonable and Customary **Silver Plan:** 35% + amounts that exceed Reasonable and Customary. **Gold High Deductible Plan:** 20%
Out-of-state, in network without UMR approval (Lower Level of Benefit)*	**Gold Plan:** 40% + up to a $500 copayment . **Silver Plan:** 50% + up to a $500 copayment **Gold High Deductible Plan:** 20%	**Gold Plan:** 40% + up to a $500 copayment **Silver Plan:** 50% + up to a $500 copayment **Gold High Deductible Plan:** 20%	**Gold Plan:** 30% **Silver Plan:** 35% **Gold High Deductible Plan:** 20%
Out-of-state, out-of- network without UMR approval*	NOT COVERED except for a medical emergency.	NOT COVERED except for a medical emergency.	NOT COVERED except for a medical emergency.

*Prior approval is generally only provided if services are not available in West Virginia.

Monthly Premiums: Employee Only

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

Salary Range	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
$0 - $32,200*	$128	$63	$82	$92	$460	$2,550	$60	$600	$3,350				$55	$2,600	$4,150
$32,201 - $42,200*	$153	$71	$107	$117	$525	$3,000	$68	$700	$3,900				$62	$3,000	$4,850
$42,201 - $48,200*	$163	$75	$117	$127	$600	$3,200	$72	$800	$4,175				$66	$3,400	$5,200
$48,201 - $54,200*	$172	$78	$126	$136	$630	$3,500	$74	$850	$4,750				$69	$3,550	$5,650
$54,201 - $62,200*	$194	$86	$148	$158	$675	$3,900	$83	$875	$5,025				$77	$3,850	$6,300
$62,201 - $74,700*	$227	$100	$181	$192	$850	$4,000	$96	$1,100	$5,150	$114	$2,250	$3,500	$89	$4,800	$6,450
$74,701 - $87,200*	$248	$109	$202	$212	$875	$4,050	$106	$1,175	$5,200				$97	$4,950	$6,550
$87,201 - $112,200*	$290	$125	$244	$254	$925	$4,100	$122	$1,200	$5,300				$120	$5,250	$6,650
$112,201 - $137,200*	$353	$176	$307	$317	$1,025	$4,200	$172	$1,350	$5,575				$127	$5,800	$6,800
$137,201+*	$397	$207	$351	$361	$1,175	$4,600	$203	$1,525	$6,000				$142	$6,650	$7,450

*** Please note: This online version of the Benefits Guide contains corrected information.**
New Salary Index Tiers are effective August 1, 2026.

Monthly Premiums: Employee and Child(ren)

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

Salary Range	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
$0 - $32,200*	$249	$98	$131	$187	$925	$5,050*	$106	$1,225	$6,750				$99	$4,850	$7,900*
$32,201 - $42,200*	$285	$111	$167	$222	$1,075	$5,900*	$119	$1,400	$7,700				$112	$5,500	$9,250*
$42,201 - $48,200*	$298	$117	$180	$236	$1,200	$6,300*	$124	$1,600	$8,400				$117	$6,300	$9,900*
$48,201 - $54,200*	$317	$122	$199	$255	$1,275	$7,000*	$130	$1,700	$9,250				$125	$6,800	$11,000*
$54,201 - $62,200*	$368	$154	$250	$305	$1,350	$7,700*	$161	$1,800	$10,250				$151	$7,100	$12,100*
$62,201 - $74,700*	$430	$201	$312	$367	$1,700	$7,850*	$209	$2,250	$10,400	$240	$4,500	$7,000	$183	$8,900	$12,300*
$74,701 - $87,200*	$477	$230	$359	$415	$1,750	$8,000*	$237	$2,350	$10,650				$209	$9,150	$12,550*
$87,201 - $112,200*	$571	$290	$453	$508	$1,850	$8,150	$297	$2,450	$10,800				$250	$9,700	$12,800
$112,201 - $137,200*	$664	$368	$546	$601	$2,050	$8,400*	$374	$2,700	$11,100				$303	$10,750	$13,200*
$137,201+*	$748	$425	$630	$686	$2,350	$9,100*	$432	$3,000	$12,050				$347	$12,300	$14,300*

*** Please note: This online version of the Benefits Guide contains corrected information.**
New Salary Index Tiers are effective August 1, 2026.

Monthly Premiums: Family

The premiums on this page are for employees of State agencies, colleges and universities and county board of education who are not subject to the Spousal Surcharge. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Gold and Silver Plans, the out-of-network deductible and out-of- pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of $50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to **peia.wv.gov** and click on **"Manage My Benefits"**.

Salary Range	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
$0 - $32,200*	$307	$228	$257	$274	$925	$5,050*	$165	$1,225	$6,750				$152	$4,850	$7,900*
$32,201 - $42,200*	$379	$266	$330	$348	$1,075	$5,900*	$202	$1,400	$7,700				$187	$5,500*	$9,250*
$42,201 - $48,200*	$420	$285	$370	$388	$1,200	$6,300*	$222	$1,600	$8,400				$205	$6,300	$9,900*
$48,201 - $54,200*	$463	$308	$413	$432	$1,275	$7,000*	$244	$1,700	$9,250				$226	$6,800*	$11,000*
$54,201 - $62,200*	$537	$353	$488	$507	$1,350	$7,700*	$289	$1,800	$10,250				$267	$7,100	$12,100*
$62,201 - $74,700*	$636	$414	$587	$607	$1,700	$7,850*	$350	$2,250	$10,400	$422	$4,500	$7,000	$324	$8,900	$12,300*
$74,701 - $87,200*	$685	$448	$636	$657	$1,750	$8,000*	$383	$2,350	$10,650				$355	$9,150*	$12,550*
$87,201 - $112,200*	$812	$543	$762	$784	$1,850	$8,150	$478	$2,450	$10,800				$443	$9,700	$12,800
$112,201 - $137,200*	$985	$666	$936	$960	$2,050	$8,400*	$601	$2,700	$11,100				$556	$10,750	$13,200*
$137,201+*	$1,134	$762	$1,085	$1,110	$2,350	$9,100*	$696	$3,000	$12,050				$644	$12,300	$14,300*

*** Please note: This online version of the Benefits Guide contains corrected information.**
New Salary Index Tiers are effective August 1, 2026.

Monthly Premiums: Family with Employee Spouse

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

Salary Range	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
$0 - $32,200*	$241	$176	$204	$220	$925	$5,050*	$127	$1,225	$6,750				$120	$4,850*	$7,900*
$32,201 - $42,200*	$296	$200	$258	$275	$1,075	$5,900*	$151	$1,400	$7,700				$147	$5,550*	$9,250*
$42,201 - $48,200*	$330	$221	$292	$310	$1,200	$6,300*	$172	$1,600	$8,400				$161	$6,300	$9,900*
$48,201 - $54,200*	$359	$235	$321	$338	$1,275	$7,000*	$185	$1,700	$9,250				$177	$6,800	$11,000*
$54,201 - $62,200*	$421	$265	$383	$401	$1,350	$7,700*	$216	$1,800	$10,250				$210	$7,100	$12,100*
$62,201 - $74,700*	$501	$313	$463	$482	$1,700	$7,850*	$264	$2,250	$10,400	$356	$4,500	$7,000	$256	$8,900	$12,300*
$74,701 - $87,200*	$560	$355	$522	$542	$1,750	$8,000*	$305	$2,350	$10,650				$292	$9,150*	$12,550*
$87,201 - $112,200*	$699	$462	$661	$682	$1,850	$8,150	$411	$2,450	$10,800				$385	$9,700	$12,800
$112,201 - $137,200*	$874	$585	$836	$859	$2,050	$8,400*	$534	$2,700	$11,100				$497	$10,750	$13,200*
$137,201+*	$1,005	$680	$967	$991	$2,350	$9,100*	$629	$3,000	$12,050				$576	$12,300	$14,300*

*** Please note: This online version of the Benefits Guide contains corrected information.**
New Salary Index Tiers are effective August 1, 2026.

Monthly Premiums: Family with Spousal Surcharge

PEIA is required to apply a spousal surcharge if your spouse is eligible for employer-sponsored coverage through his/her employer, and has PEIA coverage. The following premiums include the spousal surcharge for each plan. The premiums on this page are for employees of State agencies, colleges and universities and county board of education. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Gold and Silver Plans, the out-of-network deductible and out-of- pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of $50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, or a change in the spousal surcharge affidavit, call PEIA's Open Enrollment Helpline or go to **peia.wv.gov** and click on **"Manage My Benefits".**

Salary Range	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
$0 - $32,200*	$867	$755	$797	$834	$925	$5,050*	$692	$1,225	$6,750				$585	$4,850	$7,900*
$32,201 - $42,200*	$939	$793	$870	$908	$1,075	$5,900*	$729	$1,400	$7,700				$620	$5,500*	$9,250*
$42,201 - $48,200*	$980	$812	$910	$948	$1,200	$6,300*	$749	$1,600	$8,400				$638	$6,300	$9,900*
$48,201 - $54,200*	$1,023	$835	$953	$992	$1,275	$7,000*	$771	$1,700	$9,250				$659	$6,800	$11,000*
$54,201 - $62,200*	$1,097	$880	$1,028	$1,067	$1,350	$7,700*	$816	$1,800	$10,250				$700	$7,100	$12,100*
$62,201 - $74,700*	$1,196	$941	$1,127	$1,167	$1,700	$7,850*	$877	$2,250	$10,400	$962	$4,500	$7,000	$757	$8,900	$12,300*
$74,701 - $87,200*	$1,245	$975	$1,176	$1,217	$1,750	$8,000*	$910	$2,350	$10,650				$788	$9,150*	$12,550*
$87,201 - $112,200*	$1,372	$1,070	$1,302	$1,344	$1,850	$8,150	$1,005	$2,450	$10,800				$876	$9,700	$12,800
$112,201* - $137,200*	$1,545	$1,193	$1,476	$1,520	$2,050	$8,400*	$1,128	$2,700	$11,100				$989	$10,750	$13,200*
$137,201+*	$1,694	$1,289	$1,625	$1,670	$2,350	$9,100*	$1,223	$3,000	$12,050				$1,077	$12,300	$14,300*

*** Please note: This online version of the Benefits Guide contains corrected information. Printed versions may reflect incorrect amounts for these sections.**

Monthly Premiums: Non-State Agencies

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 offers a Tobacco-free Premium Discount of $25 per month to employee only policyholders and $50 per month to employee and children and family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to **peia.wv.gov** and click on **"Manage My Benefits"**.

It is the employee's option to choose PEIA PPB Gold, Silver, Gold High Deductible Plan or WV Bronze High Deductible Plan, or any of the managed care plans available in your area, although your employer may choose to limit the amount paid toward the premium. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen. To enroll in one of the managed care plans, you must live in the plan's service area. Check the chart on *page 12* to see if you qualify for the plan you're considering.

Non-State	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
Employee only	$1,156	$737	$797	$890	$650	$3,500	$777	$1,025	$4,200	$578	$2,275	$3,600	$530	$3,400	$5,400
Employee and children	$1,610	$1,066	$1,188	$1,539	$1,300	$7,000	$1,352	$2,050	$8,400	$849	$4,550	$7,200	$813	$6,850	$10,850
Family	$2,654	$1,760	$1,911	$1,899	$1,300	$7,000	$1,663	$2,050	$8,400	$1,198	$4,550	$7,200	$1,085	$6,850	$10,850

You also can view your benefits in the Summary of Benefits and Coverage at **peia.wv.gov**. Call **1-877-676-5573**.

State-Funded Elected Officials Premiums

These premiums are paid by members of the WV Legislature, members of the WV Board of Education, and elected members of county boards of education who choose to enroll for PEIA coverage. By law, members of these groups are required to pay 100% of the premium for their coverage. PEIA PPB Gold, Silver, and Gold High Deductible Plans have an unlimited service area. The PEIA PPB WV Bronze High Deductible Plan is limited to WV residents only, and covers only services provided within WV. The chart below details the premiums for all available plans, and deductibles and out-of-pocket maximums for the PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts.

State-Funded Elected Officials	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
Employee only	$974	$782	$896	$936	$650	$3,500	$603	$1,025	$4,200	$752	$2,250	$3,500	$505	$3,400	$5,400
Employee and children	$1,330	$1,044	$1,175	$1,262	$1,300	$7,000	$819	$2,050	$8,400	$1,044	$4,500	$7,000	$671	$6,850	$10,850
Family	$2,123	$1,778	$1,998	$2,093	$1,300	$7,000	$1,344	$2,050	$8,400	$1,757	$4,500	$7,000	$1,054	$6,850	$10,850
Family with employee spouse	$2,019	$1,704	$1,905	$2,000	$1,300	$7,000	$1,286	$2,050	$8,400	$1,691	$4,500	$7,000	$1,004	$6,850	$10,850
Family with spousal surcharge	$2,683	$2,305	$2,538	$2,653	$1,300	$7,000	$1,871	$2,525	$8,400	$2,297	$4,500	$7,000	$1,487	$6,850	$10,850

PEIA offers Tobacco-free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. See details on *page 31*. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to **peia.wv.gov** and click on **"Manage my Benefits".**

Non-Medicare PEIA PPB Plan Premiums

Premiums for retired employees are determined based on a number of factors, including hire date and retirement date. See more information below this chart.

These premiums are offered to retired policyholders who are not yet eligible for Medicare. PEIA offers tobacco-free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. See details on *page 31*. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to **peia.wv.gov** and click on **"Manage My Benefits"**. If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

Premiums, Deductibles and Out-of-Pocket Maximums

PPB	Non-Medicare Retired Policyholder Only (PPB Gold)			Non-Medicare Retired Policyholder Only (PPB Silver)			Non-Medicare Retired Policyholder with Non-Medicare Dependents (PPB Gold)			Non-Medicare Retired Policyholder with Non-Medicare Dependents (PPB Silver)			Non-Medicare Retired Policyholder with Medicare Dependents (PPB Gold) [1]		
	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum
Unsubsidized premium (hired on or after July 1, 2010)[3]	$1,412	$735	$2,100	$1,163	$1,295	$4,200	$3,362	$1,470	$4,200	$2,765	$2,590	$8,400	$2,355	$945	$3,780
5-9 years	$1,154	$735	$2,100	$932	$1,295	$4,200	$2,745	$1,470	$4,200	$2,215	$2,590	$8,400	$1,922	$945	$3,780
10-14 years	$899	$735	$2,100	$719	$1,295	$4,200	$2,089	$1,470	$4,200	$1,669	$2,590	$8,400	$1,446	$945	$3,780
15-19 years	$632	$735	$2,100	$505	$1,295	$4,200	$1,418	$1,470	$4,200	$1,128	$2,590	$8,400	$958	$945	$3,780
20-24 years	$474	$735	$2,100	$378	$1,295	$4,200	$1,011	$1,470	$4,200	$802	$2,590	$8,400	$665	$945	$3,780
25+ years[2]	$368	$735	$2,100	$292	$1,295	$4,200	$738	$1,470	$4,200	$584	$2,590	$8,400	$465	$945	$3,780

Employees who retire on or after July 1, 1997 (if hired before July 1, 2010), pay premiums for their health coverage based on the plan they choose, their eligibility for Medicare, their tobacco-use status, and their credited years of service as reported by the Consolidated Public Retirement Board (CPRB), or for those in the Teachers Defined Contribution Plan or a non-State retirement plan, the years of service reported by the employing agency or the non-State plan.

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 non-Medicare surviving dependents enrolled before July 1, 2015, and to some non-Medicare disability retirees. Surviving dependents enrolled in

the PEIA plan on or after July 1, 2015, pay premiums based on the years of service earned by the deceased policyholder. Surviving dependents enrolled before July 1, 2015, are grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

3 This premium rate is provided to all employees hired on or after July 1, 2010, even if they retire as a result of a disability. It also applies to those who retire with fewer than 5 years of service. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate:

a) Active employees who were originally hired before July 1, 2010, with continuous coverage prior to July 1, 2010, and who have a break in service not greater than two years after July 1, 2010; and

b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

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

Special Notice for Non-Medicare Retirees with Medicare Dependents

PEIA has a contract with Humana to provide medical and prescription drug benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. Medicare treats each Medicare beneficiary as an individual, and does not recognize "family" plans, this situation presents some unique challenges for PEIA when a family has both non-Medicare and Medicare members. In these cases, the non-Medicare family members will continue their coverage with PEIA in PEIA PPB Gold Plan, and the Medicare beneficiary(ies) will receive benefits from the Medicare Advantage and Prescription Drug plan. For details of the Medicare beneficiary's plan design, *see page 47*.



Non-Medicare Retiree Managed Care Premiums

These premiums are offered to non-Medicare retirees who choose to enroll in a plan offered by The Health Plan. Non-Medicare retirees with Medicare-eligible dependents are not eligible to enroll for this plan. To enroll in The Health Plan, you must live in the plan's service area. Check the chart on *page 13*. The PEIA PPB Gold Plan's service area is unlimited, so you will not find it on the chart. PEIA offers Tobacco- free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. See details on *page 31*. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to **peia.wv.gov** and click on **"Manage My Benefits"**.

	The Health Plan A		The Health Plan B		The Health Plan POS	
Years of Service	**Single**	**Family**	**Single**	**Family**	**Single**	**Family**
Unsubsidized premium (hired on or after July 1, 2010)[2]	$1,579	$2,976	$1,186	$2,196	$1,268	$2,340
5-9 years	$1,135	$2,140	$854	$1,583	$913	$1,686
10-14 years	$990	$1,867	$746	$1,383	$797	$1.473
15-19 years	$829	$1,564	$626	$1,161	$668	$1.236
20-24 years	$695	$1,312	$526	$976	$561	$1,038
25+ years[2]	$570	$1,076	$432	$803	$461	$853

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

2 This premium rate is provided to all employees hired on or after July 1, 2010, even if they retire as a result of a disability. It also applies to those who retired with fewer than 5 years of service. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate: a) Active employees who were originally hired before July 1, 2010, and who have a break in service of not greater than two years after July 1, 2010; and b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

Deputy Sheriffs Early Retiree Premiums (Under Age 55)

Deputy sheriffs have the right to retire prior to attaining age 55 and continue their health benefits by paying the premiums designated for them in the Benefits Guide each year. At the time of retirement, these retirees must continue coverage in the plan in which they were covered as active employees until the next open enrollment, when they can choose any plan for which they are eligible. Retiring employees enrolled in the PEIA PPB Gold High Deductible Plan or WV Bronze High Deductible Plans must choose either PEIA PPB Gold or Silver upon retirement, since these plans are not offered to retirees. Deputy Sheriff early retirees are not eligible for extended employer-paid insurance upon retirement. These premiums are paid in full by the retiree.

PEIA offers Tobacco-free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. See details on *page 31*. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to **peia.wv.gov** and click on **"Manage My Benefits".**

	The Health Plan HMO Plan A Monthly Premium	The Health Plan HMO Plan B Monthly Premium	The Health Plan POS Monthly Premium	PEIA PPB Gold Monthly Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of- pocket Maximum	PEIA PPB SilverMonthly Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of- pocket Maximum
Employee only	$1,414	$1,002	$1,314	$735	$650	$3,500	$651	$1,025	$4,200
Family	$2,734	$1,861	$2,535	$1,786	$1,300	$7,000	$1,582	$2,050	$8,400



Medicare Retiree Benefits

(January 1 - December 31, 2026)

PEIA has a contract with Humana to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees through its Medicare Advantage and Prescription Drug plan. Reach them at **1-800-783-4599**.

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

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

Benefits for Medicare Beneficiaries

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

*** Please note: This online version of the Benefits Guide contains corrected information. Printed versions may reflect incorrect amounts for these sections.**

Plan Element	Humana/PEIA Plan 1 Plan Year 2026	Humana/PEIA Plan 2 Plan Year 2026
Medical Benefits		
Medical deductible	$300*	$525*
Medical out-of-pocket maximum	$1,900*	$2,650*
Primary care copay	$20	$20
Specialist copay	$40	$50
Inpatient hospital copay	$200*	$250*
Skilled nursing facility	$0	$0
Emergency room	$100*	$115*
Ambulance	$0	$0
Outpatient/office surgery copay	$200*	$215*
Prescription Drug Benefits		
Prescription Drug Deductible	$150	$225
Prescription Drug Out-of-Pocket Maximum	$1,825*	$1,900*
Generic Drug Copayment	$10	$10
Preferred Drug Copayment	$30	$35
Non-preferred Drug Copayment	50% coinsurance	50% coinsurance
Specialty Drug Copayment (Preferred Specialty Drug for the PEIA Special Medicare Plan)	$100	$100
Non-preferred Specialty Drug Copayment (PEIA Special Medicare Plan only)	n/a	n/a

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

Medicare Retiree Monthly Premium Rates

Premiums for retired employees are determined based on a number of factors, including hire date and retirement date. See more information below.

If you are a Medicare retiree with Non-Medicare dependents, the Medicare beneficiary has Medicare Retiree Benefit Design on the previous page. The non-Medicare dependents are enrolled in PEIA PPB Plan A and have the same deductible and out-of-pocket maximum as a non-Medicare retiree (see chart on *page 45*), and the benefits described in the "Benefits At-A-Glance" charts.

These premiums are for Medicare Plan Year 2026 (January-December). Medicare Plan Year 2027 rates will be published in the Medicare Benefits Guide which is published in October for Medicare Open Enrollment. The current Open Enrollment period is for active employees and non-Medicare retirees only. Medicare Open Enrollment will be held in October, and Medicare retirees will receive their Shopper's Guide and information from Humana at that time.

PEIA offers Tobacco-free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. See details on *page 31*. To report a change in your tobacco status, call PEIA' s Open Enrollment Helpline or go to **peia.wv.gov** and click on "**Manage My Benefits".**

Medicare Retiree Rates*

Plan Year 2026 Rates	Medicare Policyholder Only	Medicare Policyholder Only	Medicare Policyholder with Non-Medicare Dependents[1]	Medicare Policyholder with Medicare Dependents[2]	Medicare Policyholder with Medicare Dependents[2]
Years of Service	**Humana/PEIA PLAN 1[1]**	**Humana/PEIA PLAN 2[2]**	**Humana/PEIA**	**Humana PEIA/ Plan 1[1]**	**Humana PEIA/ Plan 2[2]**
Unsubsidized premium (hired on or after July 1, 2010)[2]	$309	$189	$1,529	$617	$378
5-9 years	$218	$133	$1,338	$468	$285
10-14 years	$181	$110	$1,036	$380	$231
15-19 years	$143	$87	$729	$294	$178
20-24 years	$111	$67	$530	$220	$134
25+ years[2]	$91	$55	$402	$161	$98

Employees who retire on or after July 1, 1997 (if hired before July 1, 2010), pay premiums for their health coverage based on the plan they choose, their eligibility for Medicare, their tobacco-use status, and their credited years of service as reported by the Consolidated Public Retirement Board (CPRB), or for those in the Teachers Defined Contribution Plan or a non-State retirement plan, the years of service reported by the employing agency or the non-State plan.

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 prior to July 1, 2015, and to some Medicare disability retirees. Surviving dependents enrolling in the PEIA plan on or after July 1, 2015, pay premiums based on the years of service earned by the deceased policyholder. Surviving dependents enrolled before July 1, 2015, are grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

4 This premium rate applies to all employees hired on and after July 1, 2010, even if they retire as a result of a disability. It also applies to those who retired with fewer than 5 years of service. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those two cases, the original hire date will apply.

** Tobacco-free plan members subtract $25 from the premium for employee only coverage or $50 from the family premium. To qualify for the Tobacco-free Premium for all of Plan Year 2026, you and all enrolled family members must have been tobacco-free by July 1, 2025. If your tobacco status has changed, you MUST report the change.*



Retired Employee Assistance Program

Retired employees whose total annual income is at or below 250% of the federal poverty level (FPL) may receive assistance in paying a portion of their PEIA monthly health premium based on years of active service, through a grant provided by PEIA called the Retired Employee Premium Assistance program.

Applicants must be enrolled in the PEIA PPB Plan, the Special Medicare Plan or the Medicare Advantage and Prescription Drug plan. Applicant must report all income for their household including pension(s), social security, investment income, and/or other sources of income.

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

Medicare-eligible retirees with 15 or more years of service who qualify for Premium Assistance may also qualify for Benefit Assistance. Benefit Assistance reduces the medical and prescription out-of-pocket maximums and most copayments. For additional information or for a copy of the application, call PEIA's Customer Solutions unit at **1-888-680-7342** or visit our website at **peia.wv.gov**.



Medicare Part B and Part D Premiums for Higher Income Beneficiaries

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

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

Social Security will notify you if you have to pay more than the standard premium. Whether you pay the standard premium or a higher premium can change each year depending on your income. If you have to pay a higher amount for your Part B premium and you disagree (even if you get RRB benefits), call Social Security at 1-800-772-1213. TTY users should call **1-800-325-0778**. You can also view more information by visiting **https://www.ssa.gov/benefits/medicare/medicare-premiums.html**. PEIA is bringing this to your attention because it may affect the premium you pay for PEIA's Medicare Advantage and Prescription Drug Plan, which includes a premium for your Medicare Part D (prescription drug) coverage.



COBRA

COBRA entitles employees, retired employees, and covered dependent(s) to continue medical coverage, for 18 or 36 months, in certain cases when coverage would otherwise terminate, provided the employee, retired employee, and/or dependent(s) pays the full premium. The premiums for COBRA coverage are set by Federal law. UMR handles COBRA enrollment for all plans and will contact you if you become eligible.

Your Enrollment Rights

During Open Enrollment you have the right to choose any plan for which you are eligible for the next plan year. To enroll in one of the managed care plans, you must live in the plan's service area *(see page 12)*. The PEIA PPB WV Bronze High Deductible Plan is limited to WV residents only, and covers only services provided within WV, except in an emergency or when the required care is not available in West Virginia. UMR will mail a transfer form to enrolled COBRA members. If you want to change plans, you must complete and return the transfer form to UMR P.O. Box 30541 Salt Lake City, UT 84130-0541 before May 15, 2026.

Tobacco-free Premium Discount

PEIA offers Tobacco-free plan members a premium discount of $25 off the premium for employee-only coverage or $50 off the family premium. *See details on page 31*. To report a change in your tobacco status, mark it on the Transfer Form mailed to you by UMR.

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

COBRA Rates for State Agencies, Colleges, Universities and County Board of Education	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
Employee only	$994	$798	$914	$955	$650	$3,500	$615	$1,025	$4,200	$767	$2,250	$3,500	$515	$3,400	$5,400
Employee and children	$1,356	$1,065	$1,198	$1,287	$1,300	$7,000	$835	$2,050	$8,400	$1,065	$4,500	$7,000	$685	$6,850	$10,850
Family	$2,165	$1,813	$2,038	$2,135	$1,300	$7,000	$1,371	$2,050	$8,400	$1,792	$4,500	$7,000	$1,075	$6,850	$10,850
Disability															
Employee only	$1,461	$1,174	$1,344	$1,404	$650	$3,500	$904	$1,025	$4,200	$1,128	$2,250	$3,500	$758	$3,400	$5,400
Employee and children	$1,995	$1,565	$1,762	$1,893	$1,300	$7,000	$1,229	$2,050	$8,400	$1,566	$4,500	$7,000	$1,007	$6,850	$10,850
Family	$3,184	$2,666	$2,996	$3,140	$1,300	$7,000	$2,016	$2,050	$8,400	$2,636	$4,500	$7,000	$1,580	$6,850	$10,850

COBRA Rates for Non-State Agencies

	The Health Plan HMO Plan A Premium	The Health Plan HMO Plan B Premium	The Health Plan POS Plan C Premium	PEIA PPB Gold Premium	PEIA PPB Gold Annual Deductible	PEIA PPB Gold Out-of-Pocket Maximum	PEIA PPB Silver Premium	PEIA PPB Silver Annual Deductible	PEIA PPB Silver Out-of-Pocket Maximum	PEIA PPB Gold High Deductible Plan Premium	PEIA PPB Gold High Deductible Plan Annual Deductible	PEIA PPB Gold High Deductible Plan Out-of-Pocket Maximum	PEIA PPB WV Bronze High Deductible Plan Premium	PEIA PPB WV Bronze High Deductible Plan Annual Deductible	PEIA PPB WV Bronze High Deductible Plan Out-of-Pocket Maximum
Employee only	$1,179	$752	$813	$908	$650	$3,500	$793	$1,025	$4,200	$590	$2,250	$3,500	$541	$3,400	$5,400
Employee and children	$1,642	$1,087	$1,212	$1,570	$1,300	$7,000	$1,379	$2,050	$8,400	$866	$4,500	$7,000	$829	$6,850	$10,850
Family	$2,707	$1,795	$1,949	$1,937	$1,300	$7,000	$1,696	$2,050	$8,400	$1,222	$4,500	$7,000	$1,107	$6,850	$10,850
Disability															
Employee only	$1,734	$1,106	$1,196	$1,335	$650	$3,500	$1,166	$1,025	$4,200	$867	$2,250	$3,500	$795	$3,400	$5,400
Employee and children	$2,415	$1,599	$1,782	$2,309	$1,300	$7,000	$2,028	$2,050	$8,400	$1,274	$4,500	$7,000	$1,220	$6,850	$10,850
Family	$3,981	$2,640	$2,867	$2,849	$1,300	$7,000	$2,495	$2,050	$8,400	$1,797	$4,500	$7,000	$1,628	$6,850	$10,850



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- Living Will
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*Available for Optional Term Life Active and Retiree participants

1. Included with Supplemental Life. Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York sitused or principally residing cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.
2. Digital Estate Planning with an online notary is only available to individuals with supplemental term life insurance and is not available for individuals residing in any US territory. Domestic partnerships are not currently supported; however, if you have supplemental life coverage and are in a domestic partnership, you may use a MetLife Legal Plans attorney for your planning needs. If you cannot access the legalplans.com/estateplanning website, you can find a network attorney by calling MetLife Legal Plans at 1-800-821-6400, Monday through Friday, 8 am-8 pm EST. You will need to provide your company name, customer number and the last four digits of the policyholder's social security number. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. Online Notary is not included with basic or dependent life. Digital Estate Planning without an online notary is available to all individuals regardless of any MetLife relationship or product, except those residing in any US territory.
3. Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. Not approved for group policies sitused in AK, FL, KY, MT, ND, NY and WA. If the group policy is issued in an approved state, the discount is available for services offered in any state except KY and NY or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Services are unavailable for WA residents for coverage issued under a multiple-employer trust.
4. AD&D insurance does not include payment for certain losses as described in more detail in your certificate. Specific information pertaining to your insurance can be obtained by contacting your benefits administrator. Like most group insurance policies, MetLife group life insurance policies contain certain exclusions, limitations and requirements for maintaining coverage in force.

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Life Insurance Rates: Actives and Retirees

PEIA offers basic and optional decreasing term life insurance.

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.

Remember, you can view and/or change your current coverages by visiting **peia.wv.gov**, logging in to **"Manage My Benefits"** and following the instructions on the screen. Some limitations may apply.

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

Retired Employee's Basic Life Insurance Rates	
Amount of coverage	**Monthly premium**
Under age 67 ($5,000)	$11.14
Age 67 and over ($2,500)	$5.56

Active Employee's Basic Life and AD&D Insurance Rates	
Amount of coverage	**Monthly premium**
$10,000	$1.98

Retired Employee Dependent Life Insurance Monthly Premiums	
Plan 1 ($5,000 Spouse/$2,000 child)	$8.42
Plan 2 ($10,000 Spouse/$4,000 child)	$16.80
Plan 3 * ($15,000 Spouse/$7,500 child)	$25.28
Plan 4 ($20,000 Spouse/$10,000 child)	$33.70
Plan 5 ($40,000 Spouse/$15,000 child)	$67.40

Active Employee Dependent Life and AD&D Insurance Monthly Premiums	
Plan 1 ($5,000 Spouse/$2,000 child)	$2.46
Plan 2 ($10,000 Spouse/$4,000 child)	$4.92
Plan 3 ($15,000 Spouse/$2,000 child)	$7.36
Plan 4 ($20,000 Spouse/$10,000 child)	$9.82
Plan 5 ($40,000 Spouse/$15,000 child)	$19.64

***Please note: This online version of the Benefits Guide contains corrected information. Printed versions may reflect incorrect amounts for these sections.**

Active Employee's Optional Life and AD&D Insurance: Tobacco Free

The Tobacco-free rates are charged to those who have submitted an affidavit stating that the policyholder does not use tobacco. To update your tobacco status, go to the web site, **peia.wv.gov**, and log into **"Manage My Benefits"** or call PEIA at **1-888-680-7342**.

Age	Plan 1		Plan 2		Plan 3		Plan 4	
	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	$1.18	$30,000	$1.78
30-34	$5,000	$0.30	$10,000	$0.60	$20,000	$1.18	$30,000	$1.78
35-39	$5,000	$0.40	$10,000	$0.80	$20,000	$1.58	$30,000	$2.38
40-44	$5,000	$0.40	$10,000	$0.80	$20,000	$1.58	$30,000	$2.38
45-49	$5,000	$0.50	$10,000	$1.00	$20,000	$1.98	$30,000	$2.98
50-54	$5,000	$0.60	$10,000	$1.20	$20,000	$2.38	$30,000	$3.58
55-59	$5,000	$1.28	$10,000	$2.58	$20,000	$5.14	$30,000	$7.72
60-64	$5,000	$2.08	$10,000	$4.14	$20,000	$8.28	$30,000	$12.42
65-69	$3,250	$2.30	$6,500	$4.62	$13,000	$9.24	$19,500	$13.84
70+	$2,250	$2.66	$4,500	$5.32	$9,000	$10.64	$13,500	$15.98

Age	Plan 10		Plan 11		Plan 12		Plan 13	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	$100,000	$5.90	$150,000	$8.86	$200,000	$11.80	$250,000	$14.76
30-34	$100,000	$5.90	$150,000	$8.86	$200,000	$11.80	$250,000	$14.76
35-39	$100,000	$7.90	$150,000	$11.86	$200,000	$15.80	$250,000	$19.76
40-44	$100,000	$7.90	$150,000	$11.86	$200,000	$15.80	$250,000	$19.76
45-49	$100,000	$9.90	$150,000	$14.86	$200,000	$19.80	$250,000	$24.76
50-54	$100,000	$11.90	$150,000	$17.86	$200,000	$23.80	$250,000	$29.76
55-59	$100,000	$25.70	$150,000	$38.56	$200,000	$51.40	$250,000	$64.26
60-64	$100,000	$41.40	$150,000	$62.10	$200,000	$82.80	$250,000	$103.50
65-69	$65,000	$46.16	$97,500	$69.22	$130,000	$92.30	$162,500	$115.38
70+	$45,000	$53.24	$67,500	$79.86	$90,000	$106.48	$112,500	$133.08

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2027, you must have been tobacco-free by January 1, 2026.

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

Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
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
$40,000	$2.36	$50,000	$2.96	$60,000	$3.54	$75,000	$4.42	$80,000	$4.72
$40,000	$2.36	$50,000	$2.96	$60,000	$3.54	$75,000	$4.42	$80,000	$4.72
$40,000	$3.16	$50,000	$3.96	$60,000	$4.74	$75,000	$5.92	$80,000	$6.32
$40,000	$3.16	$50,000	$3.96	$60,000	$4.74	$75,000	$5.92	$80,000	$6.32
$40,000	$3.96	$50,000	$4.96	$60,000	$5.94	$75,000	$7.42	$80,000	$7.92
$40,000	$4.76	$50,000	$5.96	$60,000	$7.14	$75,000	$8.92	$80,000	$9.52
$40,000	$10.28	$50,000	$12.86	$60,000	$15.42	$75,000	$19.28	$80,000	$20.56
$40,000	$16.56	$50,000	$20.70	$60,000	$24.84	$75,000	$31.06	$80,000	$33.12
$26,000	$18.46	$32,500	$23.08	$39,000	$27.70	$48,750	$34.62	$52,000	$36.92
$18,000	$21.30	$22,500	$26.62	$27,000	$31.94	$33,750	$34.62	$36,000	$42.58

Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
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
$300,000	$17.70	$350,000	$20.66	$400,000	$23.60	$450,000	$26.56	$500,000	$29.50
$300,000	$17.70	$350,000	$20.66	$400,000	$23.60	$450,000	$26.56	$500,000	$29.50
$300,000	$23.70	$350,000	$27.66	$400,000	$31.60	$450,000	$35.56	$500,000	$39.50
$300,000	$23.70	$350,000	$27.66	$400,000	$31.60	$450,000	$35.56	$500,000	$39.50
$300,000	$29.70	$350,000	$34.66	$400,000	$39.60	$450,000	$44.56	$500,000	$49.50
$300,000	$35.70	$350,000	$41.66	$400,000	$47.60	$450,000	$53.56	$500,000	$59.50
$300,000	$77.10	$350,000	$89.96	$400,000	$102.80	$450,000	$115.66	$500,000	$128.50
$300,000	$124.20	$350,000	$144.90	$400,000	$165.60	$450,000	$186.30	$500,000	$207.00
$195,000	$138.46	$227,500	$161.52	$260,000	$184.60	$292,500	$207.68	$325,000	$230.76
$135,000	$159.70	$157.500	$186.32	$180,000	$212.94	$202,500	$239.56	$225,000	$266.18

* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2027, you must have been tobacco-free by January 1, 2026.

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

Active Employee's Optional Life and AD&D Insurance: Tobacco User

Age	Plan 1		Plan 2		Plan 3		Plan 4	
	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	$20,000	$1.58	$30,000	$2.38
30-34	$5,000	$0.40	$10,000	$0.80	$20,000	$1.58	$30,000	$2.38
35-39	$5,000	$0.50	$10,000	$1.00	$20,000	$1.98	$30,000	$2.98
40-44	$5,000	$0.50	$10,000	$1.00	$20,000	$1.98	$30,000	$2.98
45-49	$5,000	$0.70	$10,000	$1.38	$20,000	$2.76	$30,000	$4.14
50-54	$5,000	$0.90	$10,000	$1.78	$20,000	$3.56	$30,000	$5.34
55-59	$5,000	$2.08	$10,000	$4.14	$20,000	$8.28	$30,000	$12.42
60-64	$5,000	$3.36	$10,000	$6.72	$20,000	$13.42	$30,000	$20.14
65-69	$3,250	$3.84	$6,500	$7.68	$13,000	$15.38	$19,500	$23.06
70+	$2,250	$4.44	$4,500	$8.88	$9,000	$17.74	$13,500	$26.62

Age	Plan 10		Plan 11		Plan 12		Plan 13	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	$100,000	$7.90	$150,000	$11.86	$200,000	$15.80	$250,000	$19.76
30-34	$100,000	$7.90	$150,000	$11.86	$200,000	$15.80	$250,000	$19.76
35-39	$100,000	$9.90	$150,000	$14.86	$200,000	$19.80	$250,000	$24.76
40-44	$100,000	$9.90	$150,000	$14.86	$200,000	$19.80	$250,000	$24.76
45-49	$100,000	$13.80	$150,000	$20.70	$200,000	$27.60	$250,000	$34.50
50-54	$100,000	$17.80	$150,000	$26.70	$200,000	$35.60	$250,000	$44.50
55-59	$100,000	$41.40	$150,000	$62.10	$200,000	$82.80	$250,000	$103.50
60-64	$100,000	$67.10	$150,000	$100.66	$200,000	$134.20	$250,000	$167.76
65-69	$65,000	$76.90	$97,500	$115.34	$130,000	$153.80	$162,500	$192.24
70+	$45,000	$88.74	$67,500	$133.12	$90,000	$177.48	$112,500	$221.86

Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
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
$40,000	$3.16	$50,000	$3.96	$60,000	$4.74	$75,000	$5.92	$80,000	$6.32
$40,000	$3.16	$50,000	$3.96	$60,000	$4.74	$75,000	$5.92	$80,000	$6.32
$40,000	$3.96	$50,000	$4.96	$60,000	$5.94	$75,000	$7.42	$80,000	$7.92
$40,000	$3.96	$50,000	$4.96	$60,000	$5.94	$75,000	$7.42	$80,000	$7.92
$40,000	$5.52	$50,000	$6.90	$60,000	$8.28	$75,000	$10.36	$80,000	$11.04
$40,000	$7.12	$50,000	$8.90	$60,000	$10.68	$75,000	$13.36	$80,000	$14.24
$40,000	$16.56	$50,000	$20.70	$60,000	$24.84	$75,000	$31.06	$80,000	$33.12
$40,000	$26.84	$50,000	$33.56	$60,000	$40.26	$75,000	$50.32	$80,000	$53.68
$26,000	$30.76	$32,500	$38.44	$39,000	$46.14	$48,750	$57.68	$52,000	$61.52
$18,000	$35.50	$22,500	$44.38	$27,000	$53.24	$33,750	$66.56	$36,000	$71.00

Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
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
$300,000	$23.70	$350,000	$27.66	$400,000	$31.60	$450,000	$35.56	$500,000	$39.50
$300,000	$23.70	$350,000	$27.66	$400,000	$31.60	$450,000	$35.56	$500,000	$39.50
$300,000	$29.70	$350,000	$34.66	$400,000	$39.60	$450,000	$44.56	$500,000	$49.50
$300,000	$29.70	$350,000	$34.66	$400,000	$39.60	$450,000	$44.56	$500,000	$49.50
$300,000	$41.40	$350,000	$48.30	$400,000	$55.20	$450,000	$62.10	$500,000	$69.00
$300,000	$53.40	$350,000	$62.30	$400,000	$71.20	$450,000	$80.10	$500,000	$89.00
$300,000	$124.20	$350,000	$144.90	$400,000	$165.60	$450,000	$186.30	$500,000	$207.00
$300,000	$201.30	$350,000	$234.86	$400,000	$268.40	$450,000	$301.96	$500,000	$335.50
$195,000	$230.68	$227,500	$269.14	$260,000	$307.58	$292,500	$346.02	$325,000	$384.48
$135,000	$266.22	$157.500	$310.60	$180,000	$354.96	$202,500	$399.34	$225,000	$443.70

Retired Employee's Optional Life Insurance: Tobacco Free

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

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium	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	$1.18	$20,000	$1.58	$30,000	$2.38
30-34	$5,000	$0.50	$10,000	$1.00	$15,000	$1.48	$20,000	$1.98	$30,000	$2.98
35-39	$5,000	$0.50	$10,000	$1.00	$15,000	$1.48	$20,000	$1.98	$30,000	$2.98
40-44	$5,000	$0.88	$10,000	$1.78	$15,000	$2.66	$20,000	$3.54	$30,000	$5.32
45-49	$5,000	$1.18	$10,000	$2.38	$15,000	$3.56	$20,000	$4.74	$30,000	$7.12
50-54	$5,000	$1.98	$10,000	$3.94	$15,000	$5.92	$20,000	$7.88	$30,000	$11.82
55-59	$5,000	$3.26	$10,000	$6.52	$15,000	$9.76	$20,000	$13.02	$30,000	$19.54
60-64	$5,000	$4.74	$10,000	$9.48	$15,000	$14.20	$20,000	$18.94	$30,000	$28.42
65-69	$3,250	$5.38	$6,500	$10.76	$9,750	$16.14	$13,000	$21.52	$19,500	$32.30
70+	$2,250	$11.54	$5,000	$23.08	$7,500	$34.60	$10,000	$46.14	$15,000	$69.22

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	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	$3.16	$50,000	$3.96	$75,000	$5.92	$100,000	$7.90	$150,000	$11.86
30-34	$40,000	$3.96	$50,000	$4.96	$75,000	$7.42	$100,000	$9.90	$150,000	$14.86
35-39	$40,000	$3.96	$50,000	$4.96	$75,000	$7.42	$100,000	$9.90	$150,000	$14.86
40-44	$40,000	$7.08	$50,000	$8.86	$75,000	$13.28	$100,000	$17.70	$150,000	$26.56
45-49	$40,000	$9.48	$50,000	$11.86	$75,000	$17.78	$100,000	$23.70	$150,000	$35.86
50-54	$40,000	$15.76	$50,000	$19.70	$75,000	$29.56	$100,000	$39.40	$150,000	$59.10
55-59	$40,000	$26.04	$50,000	$32.56	$75,000	$48.82	$100,000	$65.10	$150,000	$97.66
60-64	$40,000	$37.88	$50,000	$47.36	$75,000	$71.02	$100,000	$94.70	$150,000	$142.06
65-69	$26,000	$43.06	$32,500	$53.82	$48,750	$80.74	$65,000	$107.64	$97,500	$161.46
70+	$20,000	$92.28	$25,000	$115.36	$37,500	$173.02	$50,000	$230.70	$75,000	$346.06

Retired Employee's Optional Life Insurance: Tobacco User

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	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	$0.50	$10,000	$1.00	$15,000	$1.48	$20,000	$1.98	$30,000	$2.98
30-34	$5,000	$0.70	$10,000	$1.38	$15,000	$2.08	$20,000	$2.76	$30,000	$4.14
35-39	$5,000	$0.88	$10,000	$1.78	$15,000	$2.66	$20,000	$3.54	$30,000	$5.32
40-44	$5,000	$1.38	$10,000	$2.76	$15,000	$4.14	$20,000	$5.52	$30,000	$8.28
45-49	$5,000	$2.08	$10,000	$4.14	$15,000	$6.22	$20,000	$8.28	$30,000	$12.42
50-54	$5,000	$3.56	$10,000	$7.10	$15,000	$10.66	$20,000	$14.20	$30,000	$21.30
55-59	$5,000	$5.52	$10,000	$11.04	$15,000	$16.56	$20,000	$22.08	$30,000	$33.12
60-64	$5,000	$7.40	$10,000	$14.80	$15,000	$22.18	$20,000	$29.58	$30,000	$44.38
65-69	$3,250	$7.68	$6,500	$15.38	$9,750	$23.06	$13,000	$30.76	$19,500	$46.14
70+	$2,250	$16.96	$5,000	$33.92	$7,500	$50.88	$10,00	$67.84	$15,000	$101.76

Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	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	$3.96	$50,000	$4.96	$75,000	$7.42	$100,000	$9.90	$150,000	$14.86
30-34	$40,000	$5.52	$50,000	$6.90	$75,000	$10.36	$100,000	$13.80	$150,000	$20.70
35-39	$40,000	$7.08	$50,000	$8.86	$75,000	$13.28	$100,000	$17.70	$150,000	$26.56
40-44	$40,000	$11.04	$50,000	$13.80	$75,000	$20.70	$100,000	$27.60	$150,000	$41.40
45-49	$40,000	$16.56	$50,000	$20.70	$75,000	$31.06	$100,000	$41.40	$150,000	$62.10
50-54	$40,000	$28.40	$50,000	$35.50	$75,000	$53.26	$100,000	$71.00	$150,000	$106.50
55-59	$40,000	$44.16	$50,000	$55.20	$75,000	$82.80	$100,000	$110.40	$150,000	$165.60
60-64	$40,000	$59.16	$50,000	$73.96	$75,000	$110.92	$100,000	$147.90	$150,000	$221.86
65-69	$26,000	$61.52	$32,500	$76.90	$48,750	$115.34	$65,000	$153.80	$97,500	$230.68
70+	$20,000	$135.68	$25,000	$169.60	$37,500	$254.40	$50,000	$339.20	$75,000	$508.80

PEIA's Premium Conversion Plan

Make Your Choices For Plan Year 2027

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 2–May 15, 2026, for Plan Year 2027 (July 1, 2026–June 30, 2027).

Are there rules I have to follow?

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

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 if previous plan does not have coverage in the new location;

- Loss of legal responsibility to provide health coverage for a child or foster child who is a dependent;
- A dependent loses eligibility due to age; or
- Employment change due to strike or lock-out.

Status Changes Event	Documentation Required
Divorce	Copy of the divorce decree showing the date the divorce is final.
Marriage	Copy of valid marriage license or certificate.
Birth of child	Copy of child's birth certificate.
Adoption	Copy of adoption papers.
Adding coverage for a dependent child	Copy of child's birth certificate.
Adding coverage for any other child who resides with policyholder	Copy of court-ordered guardianship papers.
Open enrollment under spouse's or dependent's employer's benefit plan	Copy of printed material showing Open Enrollment dates and the employer's name.
Death of spouse or dependent	Copy of the death certificate.
Beginning of spouse's or dependent's employment	Letter from the spouse's employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's or dependent's employment	Letter from the employer stating the termination or retirement date, what coverage was lost, and dependents that were covered.
Significant change in health coverage due to spouse's or dependent's employment	Letter from the insurance carrier indicating the change in insurance coverage, the effective date of that change, and dependents covered.
Unpaid leave of absence by employee, spouse, or dependent	Letter from your, your spouse's, or your dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave.
Change from full-time to part-time employment or vice versa for policyholder, spouse, or dependent	Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.

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

Open Enrollment Under Other Employer's Plan
You may make a change in your plan when your spouse or dependent changes coverage during his or her plan's open enrollment if:

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

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

What should I do if I want to get in or out of the Premium Conversion Plan?
You have four choices:

- 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.
- If you opted out of the Premium Conversion Plan previously, and want back in, complete the form on *page 65*, sign, date and return it to your payroll clerk by May 15, 2026.

- 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.
- 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 65*, and return it to your benefit coordinator by May 15, 2026.

Can I make changes in my coverage now?
Yes. During Open Enrollment you can add or drop dependents for any reason. Go to **peia.wv.gov** and click on the **"Manage My Benefits"** button or call PEIA for an Open Enrollment Transfer Form, and get it to your benefit coordinator by May 15, 2026.

Can I make changes during the plan year?
You may not make a change in the middle of the plan year unless you have a qualifying Status Change Event listed in the chart on *page 63*. You will have to provide documentation of the Status Change Event.

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

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

What if I have more questions?
If you have questions about the Premium Conversion Plan, please consult your tax advisor.

What do I do if I have a qualifying event during the plan year?
Go to **peia.wv.gov** and click on the **"Manage My Benefits"** button, or contact your benefit coordinator for a Change-In-Status form, complete, sign, and return it to your benefit coordinator during the month of the family status change event or the following two calendar months. You will need to include documentation of the status change as indicated in the chart on *page 63*.

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

Coordination of Benefits (COB)

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

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

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

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

During Open Enrollment (April 2–May 15, 2026), 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 2027

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

- ❑ Opt INTO the Plan. I understand that by participating in this plan, I will reduce my tax liability, but I may be limiting my ability to make changes in my coverage throughout the plan year.

- ❑ Opt OUT of the Plan. I understand that by opting out of the plan, I am agreeing to pay my premiums on a post-tax Basis, thereby increasing my tax liability. This election may not be changed until the next open enrollment.

Employee's Signature _____ Date _____

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

HIPAA Notice of Privacy Practices

Effective date of this notice: July 1, 2026

If you have questions about this notice, please contact the person listed under "Who to Contact". THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Summary

In order to provide you with benefits, PEIA will receive personal information about your health, from you, your physicians, hospitals, pharmacies, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

We use members' health information to provide benefits, including making claims payments and providing customer service. We disclose members' information to health care providers to assist them in providing you with treatment or to help them receive payment. We may disclose information to other insurance companies as necessary to receive payment or coordinate benefits. We may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of members' information as required or allowed by law or as permitted by PEIA policies.

Kinds of Information That This Notice Applies To

This notice applies to any information that is created, received, used, or maintained by PEIA or its Business Associates that relates to the past, present, or future physical or mental health, healthcare, or payment for the healthcare of an individual.

Who Must Abide by This Notice

- PEIA
- All employees, staff, students, volunteers, contractors, and other personnel who work for and/or under the direct control of PEIA.

The people and organizations to which this notice applies (referred to as "we," "our," and "us") have agreed to abide by its terms and have been trained in their roles and responsibilities. We may share your information with each other for the purpose(s) of treatment, and as necessary for payment and healthcare operations activities as described below.

Our Legal Duties

- We are required by law to ensure the confidentiality, integrity, and availability of all PHI we create, use, receive, maintain or transmit;
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to respond to your requests or concerns within a timely manner.
- Implement administrative, physical and technical safeguards to ensure compliance with this notice
- We are required to abide by the terms of this notice until we officially adopt a new notice.

How We May Use or Disclose Your Health Information.

This notice describes how we may use your personal, protected health information, or disclose it to others, for a number of different reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

- **Treatment.** We may use your health information to provide you with medical care and services. This means that our employees, staff, students, volunteers and others whose work is under our direct control, may read your health information to learn about your medical condition and use it to help you make decisions about your care. For instance, a health plan nurse may take your blood pressure at a health fair and use the results to discuss with your health issues. We will also disclose your information to others to provide you with options for medical treatment or services. For instance, we may use health information to identify members with certain chronic illnesses, and send information to them or to their doctors regarding treatment alternatives.
- **Payment.** We will use your health information, and disclose it to others, as necessary to make payment for the health care services you receive. For instance, an employee in our customer service department or at our claims processing administrators may use your health information to help pay your claims. And we may send information about you and your claim payments to the doctor or hospital that provided you with the health care services. We will also send you information about claims we pay and claims we do not pay (called an "explanation of benefits"). The explanation of benefits will include information about claims we receive for the subscriber and each dependent that are enrolled together under a single contract or identification number. Under certain circumstances, you may receive this information confidentially: see the "Confidential Communication" section in this notice. We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, if you owe us money, we may give information about you to a collection company that we contract with to collect bills for us. We will not use or disclose more information for payment purposes than is necessary.
- **Health Care Operations.** We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information and the information of other members to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services or health care coverage. This includes our third-party administrators, available managed care plans,

wellness programs, lawyers, auditors, accreditation services, and consultants, for instance. These third-parties are called "Business Associates" and are held to the same standards as PEIA with regard to ensuring the privacy, security, integrity, and confidentiality of your personal information. If, in the course of healthcare operations, your confidential information is transmitted electronically, PEIA requires that information to be sent in a secure and encrypted format that renders it unreadable and unusable to unauthorized users.

- **For Purposes of Providing Certain Health and Wellness Services.** West Virginia Code §5-16-8 requires PEIA to provide certain health benefits and services which require PEIA to disclose and/or share PEIA member information with third parties for the administration and management of said services.
- **Legal Requirement to Disclose Information.** We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the state health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by state auditors. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process. We will only disclose the minimum amount of health information necessary to fulfill the legal requirement.
- **Public Health Activities.** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.
- **To Report Abuse.** We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.
- **Law Enforcement.** We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations. We will only disclose the minimum amount of health information necessary to fulfill the investigation request.
- **Specialized Purposes.** We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.
- **To Avert a Serious Threat.** We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.
- **Family and Friends.** Under specific circumstances covered by policy, we may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.
- **Research.** We may disclose your health information in an appropriately de-identified format in connection with approved medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.
- **Information to Members.** We may use your health information to provide you with additional information. This may include sending newsletters or other information to your address. This may also include giving you information about treatment options, alternative settings for care, or other health-related options that we cover.
- **PEIA will not release, disclose, exchange, and/or sell your health information for use in marketing or for-profit ventures by third parties.**

Your Rights

- **Authorization.** We may not use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. We will only disclose the minimum amount of health information necessary to fulfill the authorization request. If you authorize us to use or disclose your health information in additional circumstances, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Who to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.
- **Request Restrictions.** You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.
- **Confidential Communication.** If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.
- **Inspect and Receive a Copy of Health Information.** You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you and certain specific exclusions do apply. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We will accept electronic requests for releases of information in the form of e-mails or other electronic means. If you choose, you may receive your records in an electronic format but PEIA has

the right to make sure that electronic information is delivered in a safe, secure, and confidential format. We may charge a fee for the cost of copying, mailing and/or e-mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Who to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

- **Amend Health Information.** You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.
- **Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than six years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.
- **Paper Copy of this Privacy Notice.** You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Who to Contact" at the end of this notice.
- **Complaints.** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed under "Who to Contact" at the end of this notice. You may also file a complaint directly with the: Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 South Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

Our Right to Change This Notice

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice including the change. The new notice will include an effective date. We will make the new notice available to all subscribers within 60 days of the effective date.

Who to Contact

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you have any questions about the privacy and security of your records, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

Privacy Officer, West Virginia Public Employees Insurance Agency, 601 57th St. SE, Charleston, WV 25304-2345, **304-558-7850** or **1-888-680-7342**

Copies of this notice are also available at the reception desk of the PEIA office at the address above. This notice is also available by e-mail.

Send an e-mail to: PEIA.Help@wv.gov
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Effective date: July 1, 2026
Reviewed: January 22, 2024

Notes

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PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

PRSRT STD
U.S. POSTAGE
PAID
WV PUBLIC EMPLOYEES
INSURANCE AGENCY

Who to Call With Questions

PEIA (Public Employees Insurance Agency)
Answers to questions about the PEIA PPB Plans
888-680-7342 (toll-free) | **peia.wv.gov**

The Health Plan
Answers to questions about The Health Plan Benefits
800-624-6961 (toll-free) or **888-847-7902**
www.healthplan.org

MetLife
Answers to questions about life insurance and beneficiaries, or to file a life insurance claim
1-888-466-8640 (toll-free)
www.metlife.com/WV-PEIA/

Mountaineer Flexible Benefits
Dental, vision, disability insurance, flexible spending accounts, etc.
844-559-8248 (toll-free) **| www.myfbmc.com**

Personify Health
Wellness platform
833-842-4998 (toll-free)
support.personifyhealth.com

Benefitting People Who Serve

601 57th St., SE, Suite 2
Charleston, WV 25304-2345

peia.wv.gov

E-mail: PEIA.Help@wv.gov
Fax: 877-233-4295

Office/Phone Hours:
8 am - 5 pm, Monday - Friday

Appointment/Walk-in Hours:
9 am - 4 pm, Monday - Friday