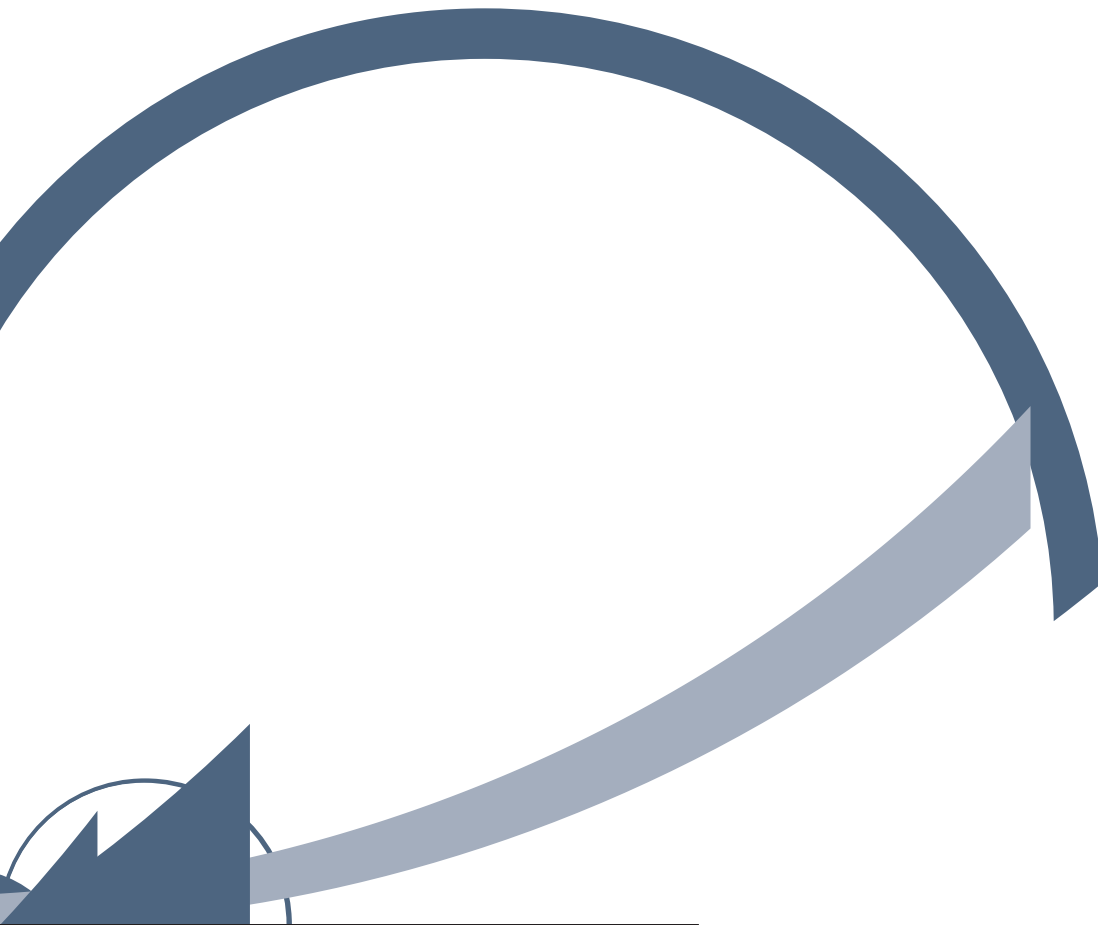


# Medicare Retiree Shopper's Guide

**Plan Year 2025**  
*Open Enrollment is*  
**October 1 – 31, 2024**

During the Medicare open enrollment period, you will receive marketing materials from multiple plans.  
**PLEASE NOTE:** If you enroll in another Medicare Advantage Plan, you will be disenrolled from the PEIA/Humana plan.





## The Fine Print

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

Questions about particular benefits, limitations, costs, providers, or restrictions should be directed to Humana for answers. When you enroll in a plan, Humana will send you an "evidence of coverage" booklet with more complete details of your benefits.

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. Once you have enrolled in a plan, Medicare will not allow you to make a change until the following plan year, so choose wisely.

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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**From time to time, you may receive calls from PEIA or Humana regarding your benefits or programs for which you are eligible. Please understand that PEIA and Humana will NEVER ask you for your bank account, credit card, or other financial information. If you receive a call claiming to be PEIA or Humana and are asked for your bank account, credit card, or other financial information, please hang up and disregard the call.**

### **If you have questions about:**

Benefits  
(details of the benefits, how the plans differ)

The Open Enrollment Process  
(how to change plans, how to report your tobacco status)

### **Call:**

Humana at **1-800-783-4599**

PEIA at **1-877-676-5573**

**REMEMBER:** Humana offers Humana/PEIA Plan 1 and Humana/PEIA Plan 2. If you do nothing during this Open Enrollment, you will remain in the plan you are currently in for the coming Plan Year. You only need to participate in the Open Enrollment if you want to change plans.

## Open Enrollment Meetings

Humana is pleased to offer Medicare-eligible PEIA retirees, Medicare-eligible spouses, and dependents of PEIA retirees an opportunity to learn more about the PEIA Humana Group Medicare Advantage PPO plan for 2025. Please review the list below and note the locations listed.

The Humana presentation will be available on the Humana/PEIA page (<https://our.humana.com/wvpeia/>) and also posted on the PEIA website.

Please attend a local meeting or call in for a virtual meeting to meet the Humana team and hear about the Humana Group Medicare Advantage PPO plan for PEIA members! This is a great opportunity to ask questions and learn more about your upcoming 2025 Humana plan.

Listed below are the October meeting dates and times:

Meeting Date	Time	Location	Address
Tuesday, October 8, 2024	9:00 am – 11:00 am	Bluefield	<b>Quality Hotel</b> 3350 Big Laurel Highway Bluefield, WV 24701
Tuesday, October 8, 2024	1:30 pm – 3:30 pm	Beckley	<b>Tamarack</b> 1 Tamarack Park Beckley, WV 25801
Wednesday, October 9, 2024	9:00 am – 11:00 am	Barboursville	<b>Delta Hotel</b> 3551 Route 60 E Barboursville, WV 25504
Wednesday, October 9, 2024	1:30 pm – 3:30 pm	Logan	<b>Chief Logan Lodge</b> 1000 Conference Center Drive Chapmanville, WV 25508
Thursday, October 10, 2024	1:30 pm – 3:30 pm	Parkersburg	<b>Comfort Suites</b> 167 Elizabeth Pike Mineral Wells, WV 26150
Tuesday, October 15, 2024	9:00 am – 11:00 am	Martinsburg	<b>Holiday Inn Express</b> 301 Foxcroft Ave. Martinsburg, WV 25401
Tuesday, October 15, 2024	1:30 pm – 3:30 pm	Romney	<b>South Branch Inn</b> 64 Heritage Circle Romney, WV 26757
Thursday, October 17, 2024	1:30 pm – 3:30 pm	Virtual	Phone: (312) 626-6799 or (888) 788-0099 (Toll Free) <b>http://humana.peia1</b> Webinar ID: 942 2763 1290 Passcode (if prompted): 112233
Tuesday, October 22, 2024	9:00 am – 11:00 am	Morgantown	<b>Erickson Alumni Center</b> 1 Alumni Drive Morgantown, WV 26506
Tuesday, October 22, 2024	1:30 pm – 3:30 pm	Clarksburg	<b>Bridgeport Conference Center</b> 300 Conference Center Way Bridgeport, WV 26330
Wednesday, October 23, 2024	9:00 am – 11:00 am	Weirton	<b>Holiday Inn</b> 350 Three Springs Drive Weirton, WV 26062
Wednesday, October 23, 2024	1:30 pm – 3:30 pm	Wheeling	<b>Holiday Inn Express &amp; Suites</b> 45 Wayfarer Dr. Triadelphia, WV 26059
Wednesday, October 30, 2024	9:00 am – 11:00 am	Charleston	<b>Holiday Inn</b> 400 2nd Ave. Charleston, WV 25303

Meeting Date	Time	Location	Address
Wednesday, October 30, 2024	1:30 pm – 3:30 pm	Charleston	<b>Holiday Inn</b> 400 2nd Ave. Charleston, WV 25303
Thursday, October 31, 2024	1:30 pm – 3:30 pm	Virtual	Phone: (312) 626-6799 or (888) 788-0099 (Toll Free) <b><a href="https://humana.peia2">https://humana.peia2</a></b> Webinar ID: 960 2406 6413 Passcode (if prompted): 112233

If you plan to attend one of the informational meetings listed, please call Humana’s Group Medicare Customer Service team at (800) 783-4599 (TTY:711), Monday – Friday, 8 a.m. – 5 p.m. Eastern Standard Time to reserve your spot. **You are not required to RSVP to attend any of the meetings, but it is recommended.**

If you have additional questions, please contact the dedicated PEIA Humana Customer Care Team at (800) 783-4599.

### Additional Information:

Humana has a dedicated PEIA page that can be accessed for additional information. You may access the page at <https://our.humana.com/wvpeia/>. Information contained on that page is listed below:

- The list of 2025 open enrollment meetings. You may access the virtual meetings either by phone or computer.
- The 2025 open enrollment presentation that will be reviewed at the upcoming meetings
- The 2025 Prescription Drug Guide will be available for review on this site
- Other open enrollment flyers can be reviewed on this site
- The Evidence of Coverage (EOC) will be posted here once it has been finalized for the 2025 plan year.

## What’s Important for 2025?

1. You have to complete an Open Enrollment form to change plans. To request a form, call the Open Enrollment Helpline at **1-877-676-5573**.
2. If you have anyone covered on your plan who is NOT Medicare-eligible, you CANNOT join Humana/PEIA Plan 2.
3. If you need to update your or a dependent’s tobacco status, you can call PEIA’s Open Enrollment Helpline number, **1-877-676-5573**, and follow the prompts on the telephone to report your status.
4. You may have heard about PEIA’s Spousal Surcharge. This surcharge does NOT apply to Medicare retirees.
5. Please note that you must show proof of Medicare by sending PEIA a copy of your card.

## How to Have a Successful Open Enrollment

1. Read through What’s Important for 2025, the Benefits at-a-Glance chart, and the Premiums and Rates section to determine which plan is right for you and your family.
2. Review the side-by-side comparison of the plans in the Benefits at-a-Glance chart. You’ll see plan names across the top of the chart, and health care services listed down the side. Just find a

service you or your family members use and read across the chart to see how much you'll have to pay for that service under each plan.

3. Check the premium table for the type of coverage you have (policyholder only, policyholder with Medicare dependents, policyholder with non-Medicare dependents), and your years of service to find the premium for the plan you want.
4. Premiums for health coverage and optional life insurance are based on your tobacco-use status. All enrolled members must have been tobacco-free by July 1, 2024, to qualify for the premium discount. In the premium chart we've printed only the standard health insurance premium; if you are tobacco free, you must subtract \$25 for a single plan or \$50 for a family plan to get your correct premium. PEIA may review medical records to check tobacco use.
5. If you want to change plans, you must complete an Open Enrollment form. To get a form, call the **PEIA's Open Enrollment Helpline at 1-877-676-5573**.
6. If you want to change your tobacco status, call PEIA's Open Enrollment Helpline number, **1-877-676-5573**, and follow the prompts on the telephone to report your status. You also can update your tobacco status at any time by clicking the **Manage My Benefits** button at **peia.wv.gov**. If you are already registered, just enter your username and password to enter the site. If you've forgotten your password, click "Forgot Password?" If you haven't used the site before, click on "Need to Register?" and follow the instructions.

## Did You Know?

1. There are **24 preventive services** that you can have performed with no cost to you. Some examples include Annual Wellness Exams, Mammograms, Prostate Exams, Cardiovascular Disease Screenings and Diabetic Screenings.
2. **SilverSneakers** is Humana's health and physical activity program. Enrolled Humana members can participate in-person at any participating SilverSneakers fitness center. There are over 130 participating fitness center locations in the state of WV or virtually in the comfort of your home. This benefit provides a basic gym membership for these participating locations at no additional cost to you. There are over 16,000 SilverSneakers locations nationwide. If you travel, you have access to any of these locations. To find a location near you, you can visit [silversneakers.com](https://silversneakers.com) or call the customer service number on the back of your card.
3. By receiving Preventive Services, participating in SilverSneakers and other wellness activities, enrolled Humana members can earn rewards that can be redeemed in our **Go365** program. To qualify, all you need to do is register with **Go365** at **Go365.com/MedicareCommunity** and shop in the online mall (please check the mall for current gift cards available as these options do change.) If you would like to register for Go365 via paper rather than computer, please call 1-800-783-4599.
4. Humana provides many programs to enrolled Humana members to assist in managing your health. The **In-Home Wellness Assessment** is one of those programs. With this program, Humana will send a medical professional to your home to discuss and assess your overall health history, review your prescription medications for interactions and viability, and do an overall assessment of your health and wellness. A copy of this review will be shared with your PCP. **We highly encourage participation in this program as it is another avenue to invest in your own health.**

# This is your time, let's make the most of it



## Members can schedule their in-home health assessment at no additional cost

Humana has teamed up with Signify Health to offer you an In-home Health and Well-being Assessment (IHWA). An IHWA is a detailed annual review in the privacy of your own home, providing an extra set of eyes and ears for your doctor.

This visit may include recommended screenings and tests. Best of all, we make it easy by coming to you. The IHWA is not meant to replace your doctor's care but is available as an extra resource.



For members, it's included in your Medicare Advantage plan at no additional cost.



A licensed medical professional will spend 45–60 minutes with you.



Results are shared with you and your primary care provider.



## Members, call Signify today to schedule your appointment

**855-319-4450 (TTY: 711)**  
Monday – Friday,  
7 a.m. – 7 p.m., Central time.

## At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries comply with applicable Federal Civil Rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status or religion.

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**. **Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**. **繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-320-1235 (TTY : 711)**。

## Terms You Need to Know

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

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

**Deductible:** The dollar amount you pay before a plan begins paying benefits.

**Dependent:** An eligible person, under PEIA guidelines, whom the policyholder has properly enrolled for coverage under the Plan. Dependents may be covered under the PEIA PPB Plan, the Special Medicare Plan or the Medicare Advantage Plan, depending on their age and Medicare status.

**Explanation of Benefits (EOB):** Form issued by health plans when medical claims are paid.

**Humana, Inc:** The company with which PEIA has a contract to provide medical benefits to PEIA's Medicare-eligible retirees and Medicare-eligible dependents of retirees.

**Medicare:** The federal program of health benefits for retirees and other qualified individuals as established by Title XVII of the Social Security Act of 1965, as amended. Medicare consists of four parts, A, B, C and D. Parts A and B provide medical coverage to Medicare Beneficiaries. To be eligible for benefits from PEIA, the Medicare-eligible member is REQUIRED to enroll for both Medicare Parts A and B.

**Medicare Advantage and Prescription Drug Plan (MAPD):** An MAPD plan is a Medicare-approved health plan that provides benefits on behalf of Medicare. Humana's MAPD plan covers PEIA's Medicare retirees' medical and prescription benefits. Medicare and PEIA both have a contract with Humana, and Humana, in turn, pays benefits on behalf of both plans.

**Medicare Beneficiary:** Individual eligible for Medicare as established by Title XVII of the Social Security Act of 1965, as amended.

**Medicare Part D Plan:** A plan offered by Medicare to provide prescription drug coverage to Medicare beneficiaries. PEIA provides prescription drug coverage to members of the Humana Medicare Advantage Plan through Humana's Medicare Part D plan.

**Medicare Plan Year:** A 12-month period beginning January 1 and ending December 31.

**Member:** A policyholder or dependent enrolled in the Medicare Advantage Plan offered by PEIA.

**Policyholder:** The employee, retired employee, surviving dependent or COBRA participant in whose name the PEIA provides any health or life insurance coverage.

**Premium:** The payment required to keep coverage in force.

**Public Employees Insurance Agency (PEIA):** The State agency that arranges for health and life insurance benefits for West Virginia's public employees.

## Eligibility Rules

This section offers general information about eligibility that you may need during Open Enrollment. For complete details, please refer to your Medicare Advantage Plan or Special Medicare Plan benefit booklet. Both booklets are on the web at [peia.wv.gov](http://peia.wv.gov).

### Who Is Eligible to Transfer or Enroll?

**Current Members.** Current Medicare-eligible retirees in the Humana plan or the PEIA Special Medicare Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan, as long as all enrolled family members are Medicare-eligible.

**Medicare Retirees with non-Medicare Dependents.** This is the category that is often referred to as “split families” where one family member is in the Humana Plan and at least one other enrolled family member is in the PEIA PPB Plan. Insureds in this category may not join Humana/PEIA Plan 2. Once all members of the family are Medicare-eligible, you may make the choice for Humana/PEIA Plan 2.

**Premium and Benefit Assistance:** PEIA offers assistance to retired employees and surviving dependents whose household income is at or below 250% of the Federal Poverty Level. Members receiving premium and/or benefit assistance may not enroll in Humana/PEIA Plan 2.

**Members Using Sick and/or Annual Leave or Years of Teaching Service to Extend Employer-Paid Coverage.** Members in this category may enroll in whichever Humana/PEIA plan they choose. Those who have been continuously covered since before July 1, 1988, (former employer is paying 100% of the premium) will not benefit from joining Humana/PEIA Plan 2, since it will raise their out-of-pocket costs and they won't reap any benefit from the premium reduction.

**Eligible Non-Members.** Medicare retirees who are eligible for benefits may enroll in any plan for which they qualify during the Open Enrollment Period.

**Eligible Dependents.** You may enroll the following dependents:

- Your legal spouse (unless you are enrolled as a Surviving Dependent).
- Your biological or adopted children and stepchildren under age 26
- Other children for whom you are the court-appointed guardian to age 18

## Other Eligibility Details

**Medicare Parts A and B Required.** As a retired employee or a dependent of a retired employee, when you become an eligible Medicare beneficiary, you must enroll in Medicare Parts A and B. Medicare Part A is available without payment of a premium to most individuals. Part B is the supplementary medical insurance program that covers physician services, outpatient laboratory and x-ray tests, durable medical equipment and outpatient hospital care. Part B requires payment of a monthly premium, and PEIA requires that you enroll for Part B to be eligible for PEIA benefits.

**Medicare Part D.** If a member enrolled in a Humana Plan enrolls for a separate Medicare Part D plan, Medicare will disenroll the member from the Humana Plan. Disenrollment from the Humana Plan cancels all PEIA health and prescription drug benefits for that member. **If you are in a Humana Plan, DO NOT enroll in a separate Medicare Part D plan.**

**Members Who Reside and Incur Medical Claims Outside the U.S.** Medicare-eligible retirees who reside and incur medical claims outside the United States have benefits through the Special Medicare Plan. Medical claims are processed by UMR, and the PEIA plan will pay only the amount which would have been paid if Medicare had processed your claim and made a payment. Prescription drug claims are processed by Express Scripts. You will be responsible for any amounts not paid by PEIA. If you are planning to move outside the U.S., contact PEIA's customer service unit.

**Members Who Receive Veteran's Administration (VA) Benefits.** If you receive VA benefits, you must choose, for each prescription you fill, whether to submit the claim to the VA or to Humana for reimbursement. You should look carefully at what your cost will be under each benefit plan and make the decision that is best for you. If you receive VA benefits for outpatient medical services, you may submit any bills you receive from the VA to Humana for reimbursement of the “patient share” amount.

**Surviving Dependents.** Surviving dependents who are covered by the MAPD plan are automatically enrolled for coverage effective on the first of the month following the death of the policyholder. Surviving dependents are mailed a letter and disenrollment form upon notification of the policyholder's death. The letter includes the monthly premium for the surviving dependent health coverage, and instructions for the survivor. Coverage is automatically continued for one month. If the surviving dependent wishes to remain covered by PEIA, he or she must pay the monthly premium. If the policyholder wishes to cancel this coverage, he or she simply completes the form mailed by PEIA and submits it. Coverage will be cancelled at the end of the month following receipt of the cancellation form.

**Qualifying Events.** A qualifying event is a personal change in status which may allow you to change your benefit elections. **Qualifying events which end eligibility for a dependent (such as divorce) must be reported immediately.** All qualifying events require substantiating documentation as detailed in the chart below.

Qualifying Event	Documentation Required
Divorce	Copy of the divorce decree showing that the divorce is final
Marriage (of policyholder or dependent)	Copy of valid marriage license or certificate. The dependent child's marriage is a qualifying event for the policyholder to remove the dependent child from coverage. The policyholder MAY remove the child but is not required to do so.
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 death certificate
Beginning of spouse's or dependent's employment	Letter from the employer stating the hire date, effective date, 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 the employer 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 and the new hours worked and the effective date of the change

If you experience a qualifying event, you have the month of the event and the two following calendar months to act upon that qualifying event and change your coverage. If you do not act within that timeframe, you cannot make the change until the next open enrollment. **Qualifying events which end eligibility (such as divorce) must be reported immediately.**

## Comparing the Plans

The table on the next page shows the differences among the plans offered by PEIA and Humana. You should look closely at the benefits and consider how you use health care and how much health care you use. Also check out the premium charts on page 12 to see how much you'll pay for the plan you choose. Humana/PEIA Plan 1 with Benefit Assistance is offered **ONLY** to low-income retirees who have qualified

for PEIA's Premium and Benefit Assistance program. Applications were mailed in April. If you believe you may be eligible, and have not yet applied, call PEIA's customer service unit at **1-888-680-7342** or find the form on the web at [peia.wv.gov](http://peia.wv.gov).

<b>Plan Element</b>	<b>Humana/PEIA Plan 1</b>	<b>Humana/PEIA Plan 1 Benefit Assistance</b>	<b>Humana/PEIA Plan 2</b>
<b>Medical Benefits</b>			
Medical Deductible	\$150	\$50	\$375
Medical Out-of-Pocket Maximum	\$1,200	\$600	\$1,950
Primary Care Copay	\$20	\$2	\$20
Specialist Copay	\$40	\$5	\$50
Inpatient Hospital Copay	\$100	\$100	\$150
Skilled Nursing Facility	\$0	\$0	\$0
Emergency Room	\$50	\$50	\$65
Ambulance	\$0	\$0	\$0
Outpatient/Office Surgery Copay	\$100	\$50	\$115
<b>Humana Prescription Drug Benefits</b>			
Prescription Drug Deductible	\$75	\$75	\$150
Prescription Drug Out-of-Pocket Maximum	\$1,750	\$250	\$1,750
Generic Drug Copayment	\$5	\$5	\$5
Preferred Drug Copayment	\$15	\$15	\$20
Non-preferred Drug Copayment	50% coinsurance	50% coinsurance	50% coinsurance
Specialty Drug Copayment	\$100	\$100	\$100
<b>PEIA Special Medicare Plan Prescription Drug Benefits</b>			
Prescription Drug Deductible	\$75	\$75	n/a
Prescription Drug Out-of-Pocket Maximum	\$1,750	\$250	n/a
Generic Drug Copayment	\$10	\$5	n/a
Preferred Drug Copayment	\$25	\$15	n/a
Non-preferred Drug Coinsurance	75%	75%	n/a
Preferred Specialty Drug Copayment	\$100	\$100	n/a
Non-preferred Specialty Drug Copayment	\$150	\$150	n/a

Remember, if you are a Medicare retiree with Non-Medicare dependents, then the non-Medicare dependents covered by the Medicare policyholder will have the benefits through the PEIA PPB Plan, and you are not eligible for Humana/ PEIA Plan 2 until all enrolled members on your plan are Medicare-eligible.

# Paying for Your Benefits

## Premium Discount

PEIA offers a premium discount on the Special Medicare Plan, the Medicare Advantage and Prescription Drug (MAPD) plan, and optional life insurance to 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 policyholder only coverage or \$50 from the family premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2025, you and all enrolled family members must have been tobacco-free by July 1, 2024.

Tobacco status: If your tobacco status or a dependent's tobacco status has changed, go to the website, [peia.wv.gov](https://peia.wv.gov), and log into **Manage My Benefits** or call PEIA at **1-877-676-5573**.

If your doctor certifies on a form provided by the PEIA, that it is unreasonably difficult due to a medical condition for you to become tobacco-free or it is medically inadvisable for you to become tobacco free, PEIA will work with you for an alternative way to qualify for the tobacco-free discount. Send all such doctors' certifications and requests for alternative ways to receive the discount to: PEIA Discount Alternatives, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345

## Premium and Benefit Assistance

PEIA offers premium and benefit assistance to retired employees and surviving dependents who qualify.

1. Premium Assistance pays part of your health insurance premium if your gross income is less than 250% of Federal Poverty Level. To qualify for premium assistance, you must meet **all** of the following criteria:
  - you must have 5 or more years of service,
  - you must be enrolled in the Humana/PEIA Plan 1 or the PEIA Special Medicare Plan, and
  - your household income during calendar year 2022 must have been at or below 250% of the Federal Poverty Level (FPL).
2. Benefit Assistance reduces your out-of-pocket costs for services. The benefit assistance copayments are in the chart on page 9. To qualify, you must meet **all** of the following criteria:
  - Medicare must be your primary insurance,
  - you must have 15 or more years of service,
  - you must be enrolled in the Humana/PEIA Plan 1 or the Special Medicare Plan, and
  - your household income during calendar year 2023 must have been at or below 250% of the Federal Poverty Level (FPL).

On the following page is a chart with the income guidelines and corresponding poverty level.

## Federal Poverty Levels

Individuals in Household	<100%	100-150%	150-200%	200-250%
1	\$15,060 or less	\$15,061 – \$22,590	\$22,591– \$30,120	\$30,121– \$37,650
2	\$20,440 or less	\$20,441– \$30,660	\$30,661– \$40,880	\$40,881– \$51,100
3	\$25,820 or less	\$25,821– \$38,730	\$38,731– \$51,640	\$51,641– \$64,550
4	\$31,200 or less	\$31,201– \$46,800	\$46,801– \$62,400	\$62,401– \$78,000
Each additional person add:	\$5,380	\$8,070	\$10,760	\$13,450

Find your poverty level and your years of service in the chart below. This will show you the dollar amount of the premium reduction for which you are eligible.

### Policyholder Only Monthly Premium Reduction

This amount will be deducted from your monthly premium. If the amount of the reduction is greater than the premium, then the premium due will be \$0.

Years of Service	<100% of FPL	100-150% of FPL	150-200% of FPL	200 – 250% of FPL
5-14	\$51	\$34	\$19	\$13
15-24	\$65	\$50	\$31	\$19
25+	\$88	\$74	\$46	\$24

### Policyholder with Dependents Monthly Premium Reduction

This amount will be deducted from your monthly premium. If the amount of the reduction is greater than the premium, then the premium due will be \$0.

Years of Service	<100% of FPL	100-150% of FPL	150-200% of FPL	200 – 250% of FPL
5-14	\$76.50	\$51.00	\$28.50	\$19.50
15-24	\$97.50	\$75.00	\$46.50	\$28.50
25+	\$132.00	\$111.00	\$69.00	\$36.00

**If you believe you qualify for this benefit, and haven't already applied for it, contact PEIA's Customer Service Unit at 1-877-676-5573.**

## Medicare Retiree Monthly Premium Rates

	Medicare Policyholder Only		Medicare Policyholder with Non-Medicare Dependents <sup>1</sup>	Medicare Policyholder with Medicare Dependents <sup>2</sup>	
	Humana/ PEIA PLAN 1	Humana/ PEIA PLAN 2	Humana/ PEIA PLAN 1	Humana/ PEIA PLAN 1	Humana/ PEIA PLAN 2
Hired on or after 7/1/2010 <sup>4</sup>	\$281	\$182	\$1,390	\$561	\$363
5 to 9 years	\$196	\$127	\$1,205	\$422	\$273
10 to 14 years	\$162	\$105	\$929	\$341	\$221
15 to 19 years	\$128	\$83	\$652	\$263	\$170
20 to 24 years	\$99	\$64	\$474	\$197	\$128
25 or more years <sup>3</sup>	\$81	\$52	\$359	\$144	\$93

1. This rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.
  2. This rate assumes two people on Medicare. If you have more than two, subtract \$22 for each additional Medicare Member.
  3. These rates are also provided to all Medicare retirees who retired prior to July 1, 1997, to all Medicare surviving dependents and to all Medicare disability retirees. Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan will 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 is provided to all employees hired on and after July 1, 2010. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active.
- \* 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 2025, you and all enrolled family members must have been tobacco-free by July 1, 2024. If your tobacco status has changed, you MUST report the change. See page 10.

If you have questions about:	Call:
Benefits (details of the benefits, how the plans differ)	Humana at <b>1-800-783-4599</b>
The Open Enrollment Process (how to change plans, how to report your tobacco status)	PEIA at <b>1-877-676-5573</b>

## Life Insurance Rates

PEIA offers basic decreasing term life insurance, optional life insurance and dependent life insurance to retired employees. This is not open enrollment for life insurance. As a retiree you can decrease your life insurance, but you cannot increase it. If you want to make changes in your life insurance, check your “Life Insurance Booklet” for details of your rights, then contact PEIA for the appropriate forms or go online to [peia.wv.gov](http://peia.wv.gov) click on the green **Manage My Benefits** button and follow the prompts.

### Basic Life Insurance

Retirees pay the monthly premium listed below for their basic life insurance.

#### Retired Employee's Basic Life Monthly Premium

Under age 67 (\$5,000)	\$11.14
Age 67 and over (\$2,500)	\$5.56

### Dependent Life Insurance

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

#### Retiree Dependents Life Insurance Rates 2024

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

Optional life insurance premiums are paid by the retired policyholder. The rates are listed on the following pages. For a complete description of the life insurance benefits, please see the “Life Insurance Booklet.”

**If you have questions about your life insurance, call MetLife at 888-466-8640.**

**Remember: Your DEADLINE to make changes is October 31, 2024.**

## Retired Employee's Optional Life Insurance: TOBACCO-FREE

This is not an open enrollment for life insurance. You may decrease or cancel your coverage, but you may not increase coverage. To decrease or cancel coverage, go to [peia.wv.gov](http://peia.wv.gov) and click on the green **Manage My Benefits** button, or call **1-877-676-5573** for the correct form.

Policyholder 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
< 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	\$21.54	\$19,500	\$32.30
70 +	\$2,500	\$11.54	\$5,000	\$23.08	\$7,500	\$34.60	\$10,000	\$46.14	\$15,000	\$69.22

Policyholder 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
< 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	\$36.56
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

The Tobacco-Free rates are charged to those who have submitted an affidavit stating that the policyholder does not use tobacco. To qualify for the Tobacco-free Premium for all of Plan Year 2025, you must have been tobacco-free by July 1, 2024. If your tobacco status has changed, you **MUST** report the change. See page 10.

## Retired Employee's Optional Life Insurance: TOBACCO USER

This is not an open enrollment for life insurance. You may decrease or cancel your coverage, but you may not increase coverage. To decrease or cancel coverage, go to [peia.wv.gov](http://peia.wv.gov) and click on the green **Manage My Benefits** button, or call **1-877-676-5573** for the correct form.

	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
Policyholder Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
< 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 +	\$2,500	\$16.96	\$5,000	\$33.92	\$7,500	\$50.88	\$10,000	\$67.84	\$15,000	\$101.76

	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
Policyholder Age	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
< 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

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

**The deadline for any changes is October 31, 2024.**





**State of West Virginia Public Employee Insurance Agency  
Change In Address Form**

CIA

Complete this form to Change the Address for you or your dependents.

**Please Note:** Changing your address with PEIA **does not update the information with Mountaineer Flexible Benefits.** You must also complete a Demographic Change form and send it to FBMC to update your information in their system.

<b>Employee</b>	Full Legal Name (Last) (First) (MI) (Generation: Jr., Sr., etc.)			Social Security Number
	Old Mailing Address		County of Residence	Home Telephone ( )
	City	State	Zip	Work Telephone ( )
	Physical Address			Sex (Circle one) M F
	City	State	Zip	Date of Birth (mm/dd/yy)

<b>New Address</b>	New Mailing Address		County of Residence
	City	State	Zip
	Physical Address		
	City	State	Zip

<b>Dependent</b>	Legal Name (Last, First, MI, Generation)	New Address (if different from above)

<b>Signature</b>	Agency Name
	I hereby certify that to the best of my knowledge, the information contained herein is accurate and that providing false information on this form is illegal and those who provide false information may be prosecuted.
	Policyholder's Signature: _____ Date: _____



# Public Employees Insurance Agency

## Who to call with Questions

Who	Why	Phone	Website
<b>PEIA</b>	Answers to questions about the PEIA PPB Plans	<b>888-680-7342</b> (toll-free)	<b>peia.wv.gov</b>
<b>Humana</b>	Benefits (details of the benefits, how the plans differ)	<b>800-783-4599</b> (toll-free)	<b>www.humana.com</b>
<b>MetLife</b>	Answers to questions about life insurance or to file a life insurance claim.	<b>888-466-8640</b> (toll-free)	<b>https://www.metlife.com/WV-PEIA/</b>
<b>Mountaineer Flexible Benefits</b>	Dental and vision insurance, hearing plan, group legal insurance plan.	<b>844-559-8248</b> (toll-free)	<b>www.myfbmc.com</b>

**Join PEIA!**

