

A vertical arrangement of several long, slender green leaves, likely from a plant like an orchid, positioned on the left side of the page.

West Virginia Public Employees Insurance Agency

Member Portal
Navigation and Workflow

March 2026

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1 Preface

1.1 Purpose and Format of this Document

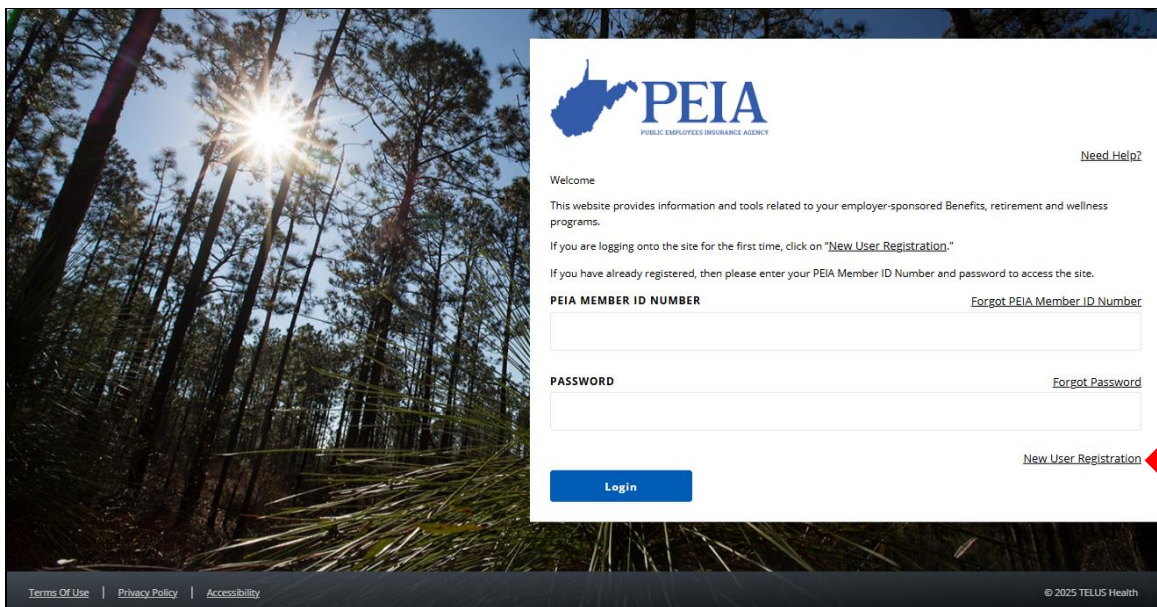
The purpose of the document is to show PEIA users how to accomplish various tasks relating to participants and their events in the TELUS Health system Member Portal.

Examples are presented in a step-by-step approach. PEIA screens continue to change throughout the User Acceptance Testing (UAT) period, therefore, many of the screenshots in this guide may not reflect the current testing environment. Style, colors, images, and order of content on navigation menus are subject to change.

1.2 Getting Started – First Time Registration

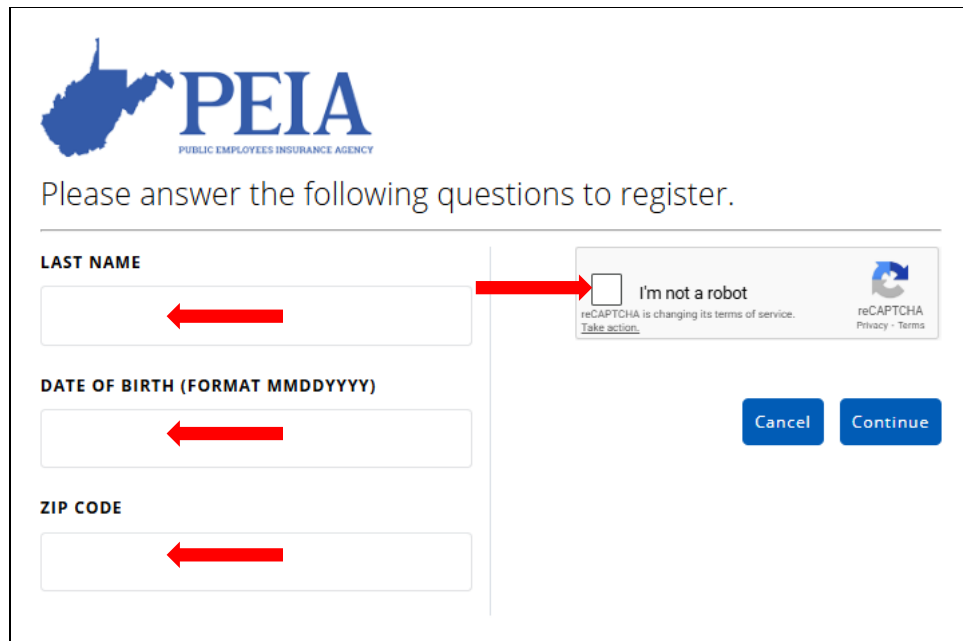
Every member performs the registration process once. All steps are required.

1. Open your browser, and navigate to the provided link for the PEIA Member portal.



2. Click the **New User Registration** link.
The system begins the registration process. Follow the prompts as detailed on the following pages.

3. Type your last name in the **Last Name** field.

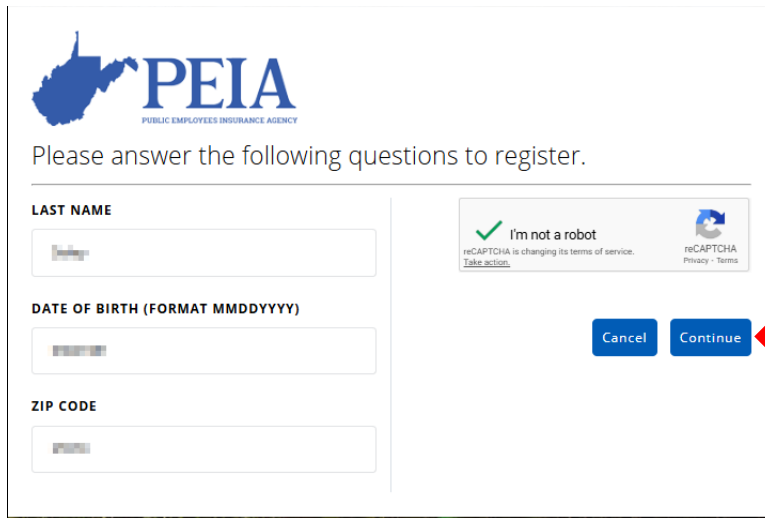


The image shows the PEIA (Public Employees Insurance Agency) registration form. At the top is the PEIA logo, which includes a blue silhouette of West Virginia and the text "PEIA PUBLIC EMPLOYEES INSURANCE AGENCY". Below the logo, it says "Please answer the following questions to register." The form has three input fields on the left: "LAST NAME", "DATE OF BIRTH (FORMAT MMDDYYYY)", and "ZIP CODE". Each field has a red arrow pointing to it. To the right of the "LAST NAME" field is a reCAPTCHA checkbox labeled "I'm not a robot" with a red arrow pointing to it. Below the checkbox, it says "reCAPTCHA is changing its terms of service. Take action." and there is a "reCAPTCHA Privacy - Terms" link. At the bottom right of the form are "Cancel" and "Continue" buttons.

4. Type your birth date in the **Date of Birth** field.
Follow the format as indicated – **MMDDYYYY** – two-digit month first, followed by two-digit day and four-digit year, no spaces or punctuation.
5. Type your home zip code (as on file with PEIA) in the **Zip Code** field.
6. Click the **I'm not a robot** checkbox.
You may be prompted with one or more verification challenges.



7. Select the appropriate images and click the **Verify** button.



PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

Please answer the following questions to register.

LAST NAME

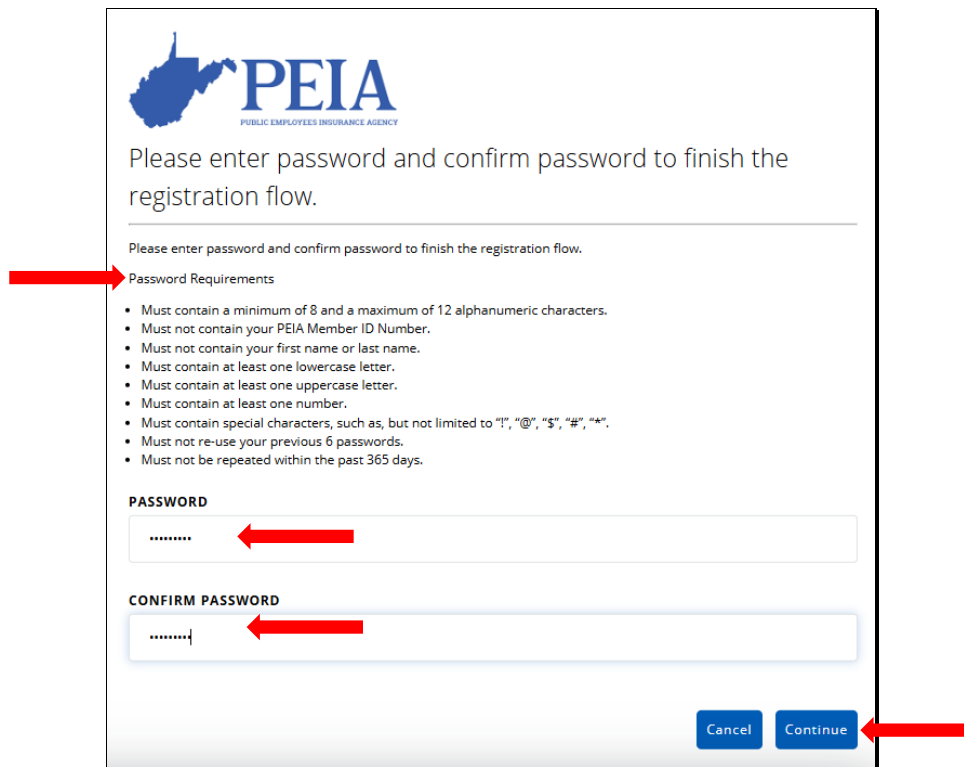
DATE OF BIRTH (FORMAT MMDDYYYY)

ZIP CODE

reCAPTCHA
I'm not a robot
reCAPTCHA is changing its terms of service.
[Take action.](#)

[Cancel](#) [Continue](#)

8. Click the **Continue** button.
You will be prompted to create a password. You will be required to and prompted to change your password every 365 days.



PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

Please enter password and confirm password to finish the registration flow.

Please enter password and confirm password to finish the registration flow.

Password Requirements

- Must contain a minimum of 8 and a maximum of 12 alphanumeric characters.
- Must not contain your PEIA Member ID Number.
- Must not contain your first name or last name.
- Must contain at least one lowercase letter.
- Must contain at least one uppercase letter.
- Must contain at least one number.
- Must contain special characters, such as, but not limited to "!", "@", "\$", "#", "*".
- Must not re-use your previous 6 passwords.
- Must not be repeated within the past 365 days.

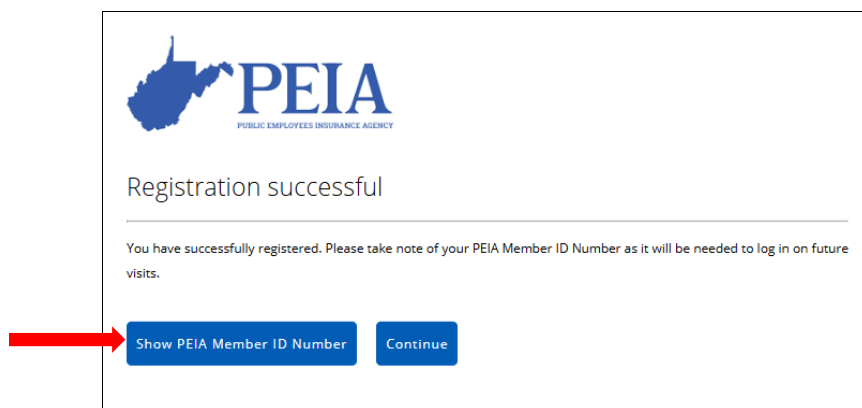
PASSWORD

CONFIRM PASSWORD

[Cancel](#) [Continue](#)

9. Type your password in the **Password** field.
Follow the **Password Requirements** on the screen.

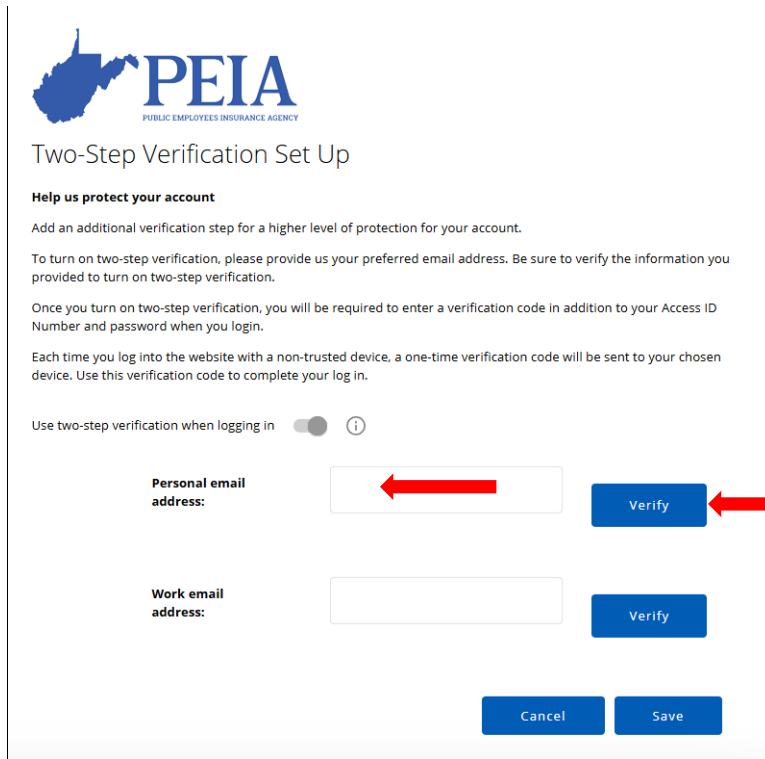
10. Type your password again in the **Confirm Password** field and click the **Continue** button.
The system confirms your successful registration.



11. Click the **Show PEIA Member ID Number** button.
The system displays your member ID number. Make a note of it.



12. Click the **Continue** button.
The system prompts for two-step verification setup.



PEIA
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Two-Step Verification Set Up

Help us protect your account

Add an additional verification step for a higher level of protection for your account.

To turn on two-step verification, please provide us your preferred email address. Be sure to verify the information you provided to turn on two-step verification.

Once you turn on two-step verification, you will be required to enter a verification code in addition to your Access ID Number and password when you login.

Each time you log into the website with a non-trusted device, a one-time verification code will be sent to your chosen device. Use this verification code to complete your log in.

Use two-step verification when logging in ☒ ⓘ

Personal email address: **Verify**

Work email address: **Verify**

Cancel **Save**

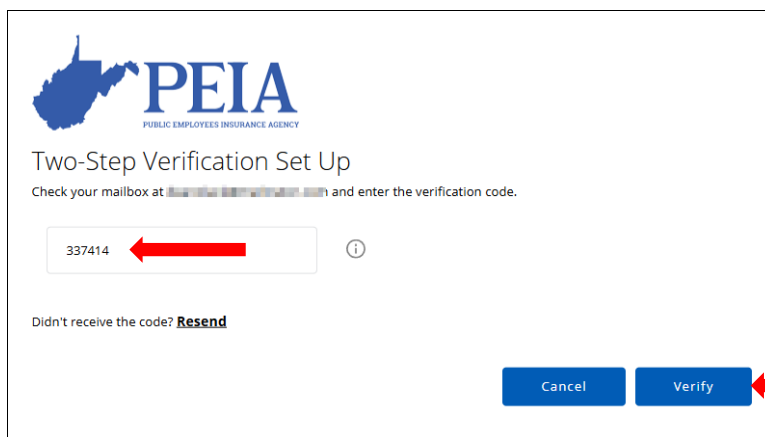
13. Type your email address in the **Personal email address** field, and click the **Verify** button to the right of that field.
The system sends an email to that address with a code.

Your address verification code is 337414. his code to complete your 2-factor setup. This one-time use code will expire in 10 minutes.

Thank you

Disclaimer: This email is intended solely for the use of the individual to whom it is addressed to. Do not share this code with anyone.

14. Type the received code into the **Two-Step Verification Set Up** field, and click the **Verify** button.
The system confirms that the email address is verified.



PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

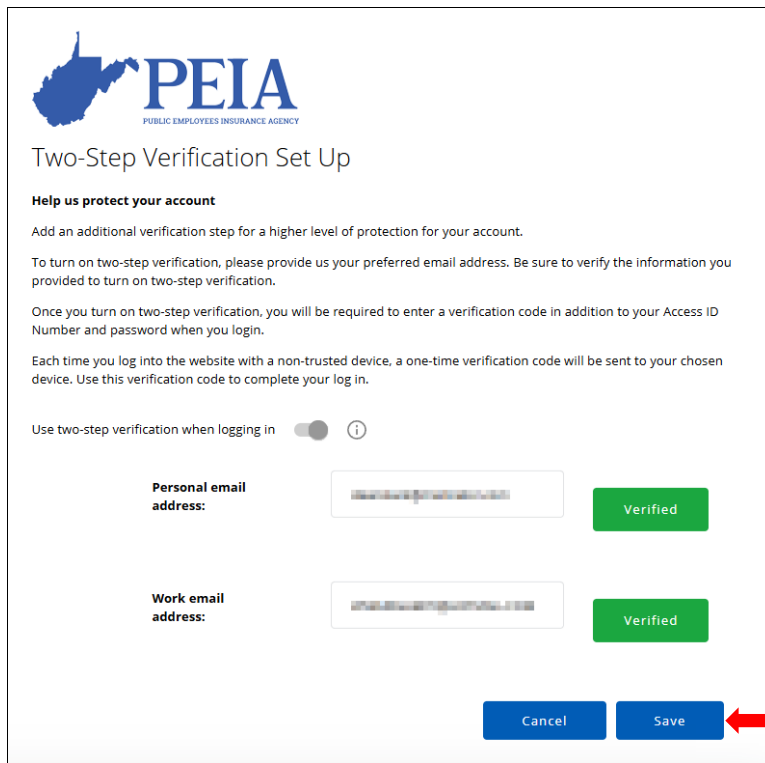
Two-Step Verification Set Up

Check your mailbox at [redacted] and enter the verification code.

ⓘ

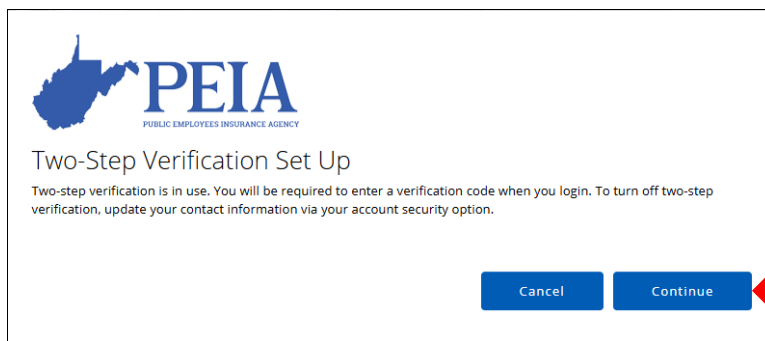
Didn't receive the code? [Resend](#)

Cancel **Verify**



The screenshot shows the 'Two-Step Verification Set Up' page for PEIA. At the top is the PEIA logo with the text 'PUBLIC EMPLOYEES INSURANCE AGENCY'. Below the logo is the title 'Two-Step Verification Set Up'. A section titled 'Help us protect your account' contains three paragraphs of text explaining the benefits and requirements of two-step verification. Below this text is a toggle switch labeled 'Use two-step verification when logging in', which is currently turned on. Underneath the toggle are two input fields. The first is labeled 'Personal email address:' and contains a masked email address; to its right is a green button labeled 'Verified'. The second is labeled 'Work email address:' and also contains a masked email address, with a green 'Verified' button to its right. At the bottom right of the form are two blue buttons: 'Cancel' and 'Save'. A red arrow points to the 'Save' button.

15. Repeat steps 13-14 for the **Work email address** field, and click the **Save** button. The system confirms that two-step verification is in use.



The screenshot shows the confirmation screen for two-step verification. It features the same PEIA logo and title as the previous screen. The text below the title states: 'Two-step verification is in use. You will be required to enter a verification code when you login. To turn off two-step verification, update your contact information via your account security option.' At the bottom right, there are two blue buttons: 'Cancel' and 'Continue'. A red arrow points to the 'Continue' button.

16. Click the **Continue** button. The system prompts for you to select challenge questions.

 **PEIA**
PUBLIC EMPLOYEES INSURANCE AGENCY

Select Your Challenge Questions

You will use your Challenge questions to reset your password if you happen to forget it. To set your Challenge questions select 3 different questions from the drop-down lists and enter your answers. Your answers are case sensitive, so take note of your use of capital and lowercase letters.

QUESTION 1

What is your mother's maiden name? ▼

name

QUESTION 2

What was the name of your first pet? ▼

pet

QUESTION 3

Who was your childhood hero? ▼

hero

17. Click the drop-down arrow in the **Question 1** field, and select a question.
18. Type you answer in the blank space below Question 1.
19. Repeat steps 17-18 for Questions 2 and 3.
20. Click the **Continue** button.
The system confirms your challenge questions and answers.



Confirm Challenge Questions

You will use your Challenge questions to reset your password if you happen to forget it. To set your Challenge questions select 3 different questions from the drop-down lists and enter your answers. Your answers are case sensitive, so take note of your use of capital and lowercase letters.

QUESTION 1
What is your mother's maiden name?

ANSWER 1
name

QUESTION 2
What was the name of your first pet?

ANSWER 2
pet

QUESTION 3
Who was your childhood hero?

ANSWER 3
hero

[Back](#) [Continue](#) 

21. Click the **Continue** button.
The system confirms your challenge questions have been saved.



Challenge questions saved.

Challenge questions saved successfully.

[Continue](#) 

22. Click the **Continue** button.
The system provides a disclaimer.

 **PEIA**
PUBLIC EMPLOYEES INSURANCE AGENCY

Disclaimer

TELUS Health receives your personal information directly from you or your authorized representatives, or from your employer or benefits plan sponsor ("You"). In accordance with our Privacy Policy we limit the collection, use and disclosure of personal information to information that is necessary for the purposes of providing our pension and/or benefits administration services to You, providing You with information about our services and products, enhancing our overall service delivery, creating anonymous and aggregate statistics and reports about TELUS Health's services, service standards and trends and for audit, quality control and the protection of our interests in legal proceedings.

By participating in your pension and/or benefits program you consent to the foregoing. For more information see our [Privacy Policy](#).

☒ I ACCEPT

[Cancel](#) [Continue](#)

23. Click the **I Accept** checkbox, and then click the **Continue** button.
The disclaimer is accepted.

 **PEIA**
PUBLIC EMPLOYEES INSURANCE AGENCY

Disclaimer accepted.

You have successfully accepted the terms of the disclaimer.

[Continue](#)

24. Click the **Continue** button.
The system takes you to the Member portal Home screen.

ACCESSIBILITY VIEW NOTIFICATIONS COMMUNICATION CENTER  SECURE MESSAGES MY ACCOUNT SUPPORT LOG OUT

Welcome, AARON 

Home

MY TOOLS

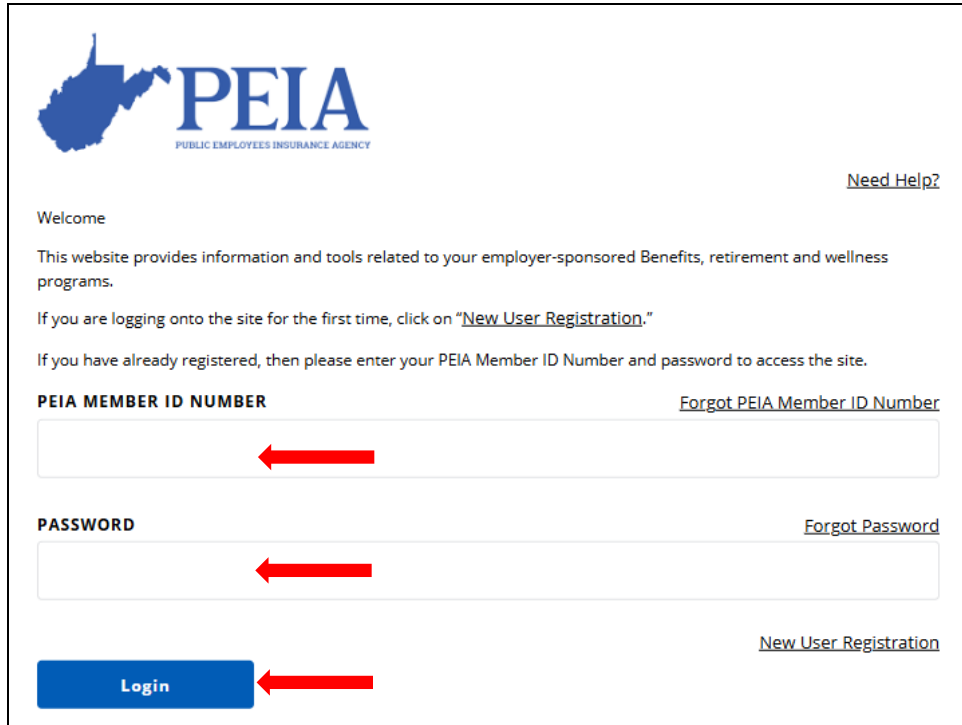
WELCOME TO PEIA
[Learn More](#)

YOUR CURRENT COVERAGE
\$19.76
YOUR TOTAL MONTHLY COSTS
[Quick Actions](#)

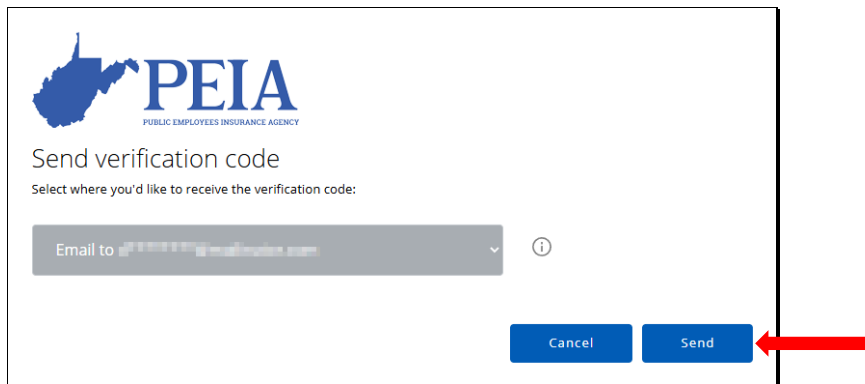
ENROLL / MAKE CHANGES
[Go](#)

MY ELECTIONS
[Go](#)

For future access to the portal:

The image shows the PEIA (Public Employees Insurance Agency) login page. At the top left is the PEIA logo, which includes a blue silhouette of West Virginia and the text "PEIA PUBLIC EMPLOYEES INSURANCE AGENCY". To the right of the logo is a link that says "Need Help?". Below the logo, there is a "Welcome" message followed by a paragraph explaining the site's purpose. Then, there are two lines of instructions: one for first-time users to click on "New User Registration" and another for returning users to enter their PEIA Member ID Number and password. Below these instructions are two input fields. The first field is labeled "PEIA MEMBER ID NUMBER" and has a red arrow pointing to it from the left. To the right of this field is a link that says "Forgot PEIA Member ID Number". The second field is labeled "PASSWORD" and also has a red arrow pointing to it from the left. To the right of this field is a link that says "Forgot Password". At the bottom left is a blue button labeled "Login" with a red arrow pointing to it from the left. At the bottom right is a link that says "New User Registration".

1. Type your User ID in the **PEIA Member ID Number** field.
2. Type your password in the **Password** field.
3. Click the **Login** button.
The system prompts for sending a verification code.

The image shows the "Send verification code" screen. At the top left is the PEIA logo. Below the logo, the text "Send verification code" is displayed, followed by the instruction "Select where you'd like to receive the verification code:". Below this instruction is a dropdown menu with the text "Email to *****@mail.com" and a small information icon (i) to its right. At the bottom right of the screen are two buttons: "Cancel" and "Send". A red arrow points to the "Send" button from the right.

4. Click the **Send** button.
The system sends an email to that address with a code.



Enter verification code

Check your mailbox at [redacted] and enter the verification code sent to you.



Didn't receive the code? [Resend](#)

[Cancel](#) [Verify](#) 

5. Type the received code into the **Enter verification code** field, and click the **Verify** button. The system completes the login process and displays the portal Home screen.

[ACCESSIBILITY VIEW](#) [NOTIFICATIONS](#) [COMMUNICATION CENTER](#) [SECURE MESSAGES](#) [MY ACCOUNT](#) [SUPPORT](#) [LOG OUT](#)

Welcome, AARON



Home

MY TOOLS

WELCOME TO PEIA

[Learn More](#)

YOUR CURRENT COVERAGE

\$19.76

YOUR TOTAL MONTHLY COSTS

[Quick Actions](#)

ENROLL / MAKE CHANGES

[Go](#)

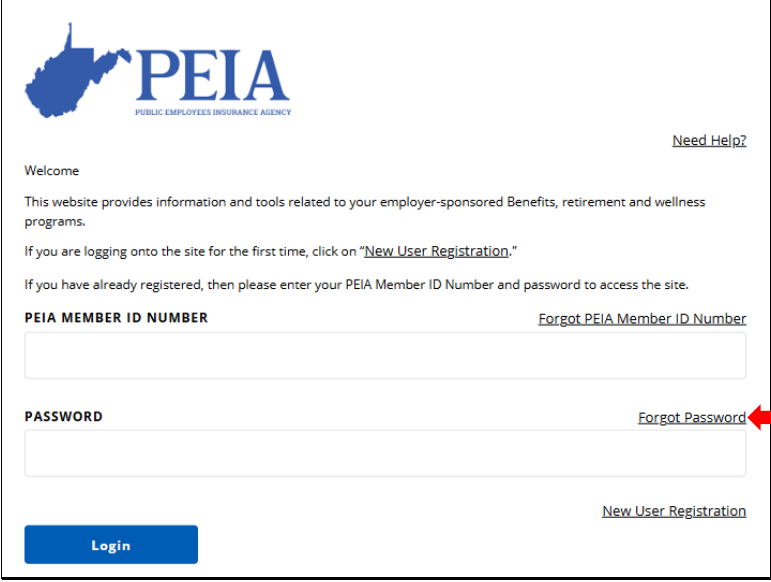
MY ELECTIONS

[Go](#)

1.3 Member Portal Security

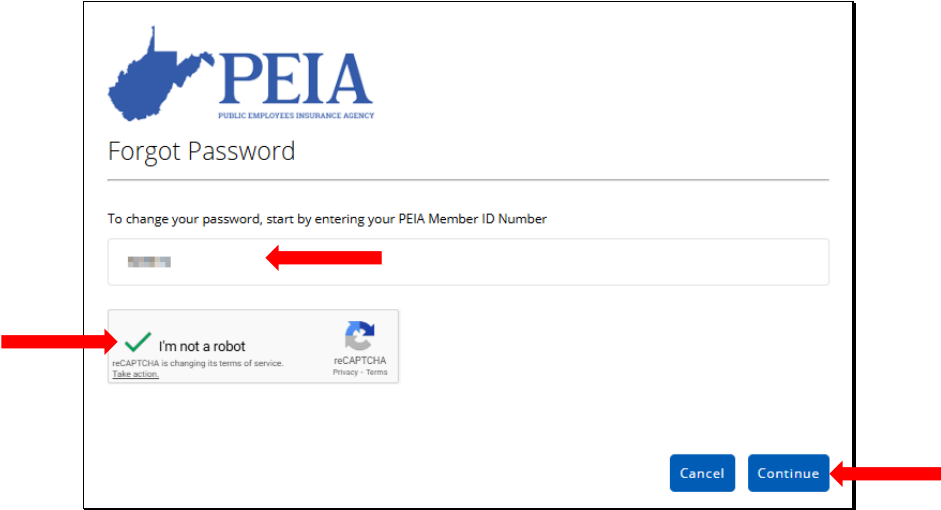
This section covers the processes to recover your account should you forget your Member ID or Password.

1.3.1 Forgot Password



The image shows the PEIA Member Portal login page. At the top left is the PEIA logo with the text 'PUBLIC EMPLOYEES INSURANCE AGENCY'. To the right is a link for 'Need Help?'. Below the logo, there is a 'Welcome' message and instructions for new and existing users. There are two input fields: 'PEIA MEMBER ID NUMBER' and 'PASSWORD'. To the right of the 'PASSWORD' field is a red arrow pointing to the 'Forgot Password' link. Below the input fields is a blue 'Login' button. At the bottom right is a link for 'New User Registration'.

1. Click the **Forgot Password** link.
The Forgot Password window opens.



The image shows the 'Forgot Password' window. At the top is the PEIA logo. Below it is the title 'Forgot Password'. A message says 'To change your password, start by entering your PEIA Member ID Number'. There is an input field for the Member ID Number with a red arrow pointing to it. Below the input field is a reCAPTCHA widget with a green checkmark and the text 'I'm not a robot'. A red arrow points to the reCAPTCHA widget. At the bottom right are two buttons: 'Cancel' and 'Continue', with a red arrow pointing to the 'Continue' button.

2. Type your **PEIA Member ID Number** into the appropriate field.
3. Click the **I'm not a robot checkbox** (and answer the prompts).
4. Click the **Continue** button.
The system asks for your challenge question answers.

5. Type your answers into the appropriate fields, and click the **Submit** button. The system requires you to change your password.

6. Type a new password into the **New Password** and **Confirm Password** fields, and click the **Save Changes** button. The system confirms that your password was changed.



Your password has been changed.

Please log in with your new password.

[Continue](#)

7. Click the **Continue** button.
The system returns to the login screen.



[Need Help?](#)

Welcome

This website provides information and tools related to your employer-sponsored Benefits, retirement and wellness programs.

If you are logging onto the site for the first time, click on "[New User Registration](#)."

If you have already registered, then please enter your PEIA Member ID Number and password to access the site.

PEIA MEMBER ID NUMBER [Forgot PEIA Member ID Number](#)

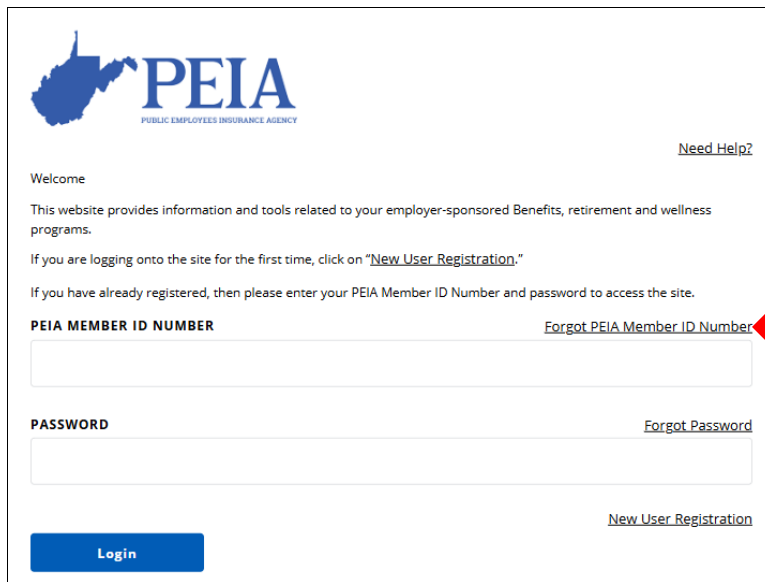
PASSWORD [Forgot Password](#)

[New User Registration](#)

[Login](#)

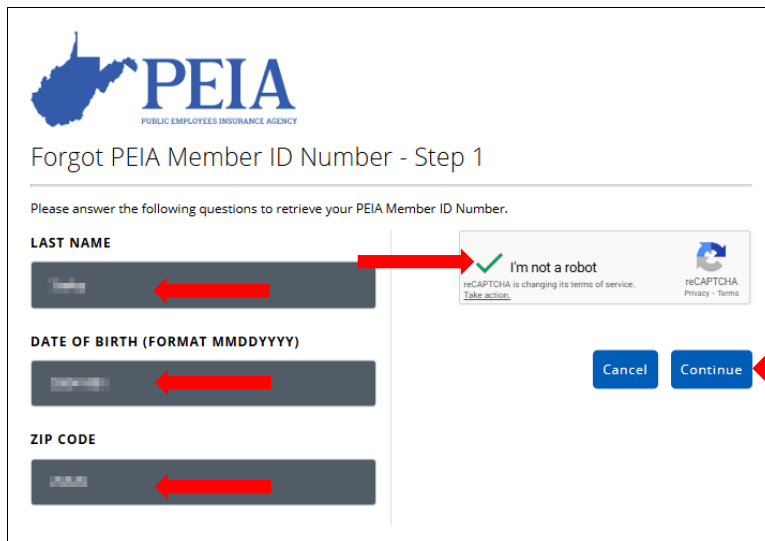
8. Enter your **PEIA Member ID Number** and **Password** into the appropriate fields, and click the **Login** button.
The system logs you in to the Home screen.
9. Type the code that you received, and click the **Verify** button.
The system logs you in to the Home screen.

1.3.2 Forgot User ID



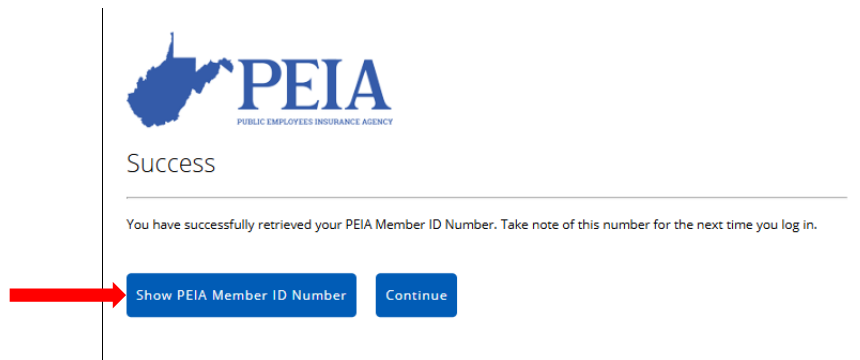
The image shows the PEIA (Public Employees Insurance Agency) login page. At the top left is the PEIA logo with the text 'PUBLIC EMPLOYEES INSURANCE AGENCY'. To the right is a link 'Need Help?'. Below the logo, there is a 'Welcome' message and instructions for new and existing users. The main section contains two input fields: 'PEIA MEMBER ID NUMBER' and 'PASSWORD'. To the right of the first field is a link 'Forgot PEIA Member ID Number' with a red arrow pointing to it. To the right of the second field is a link 'Forgot Password'. At the bottom left is a blue 'Login' button. At the bottom right is a link 'New User Registration'.

1. Click the **Forgot PEIA Member ID Number** link.
The Forgot PEIA Member ID Number – Step 1 window opens.

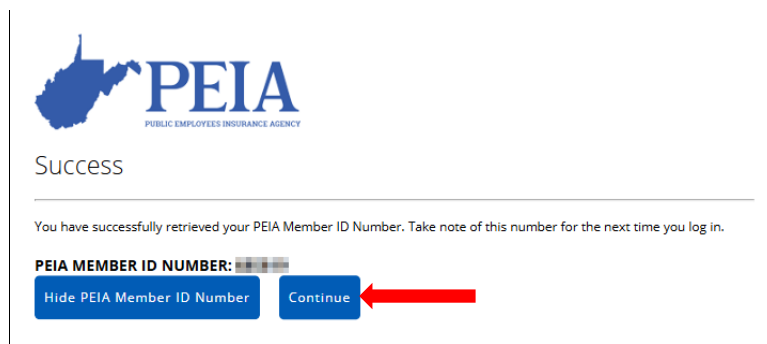


The image shows the 'Forgot PEIA Member ID Number - Step 1' window. At the top is the PEIA logo. Below it is the title 'Forgot PEIA Member ID Number - Step 1'. A message says 'Please answer the following questions to retrieve your PEIA Member ID Number.' There are three input fields: 'LAST NAME', 'DATE OF BIRTH (FORMAT MMDDYYYY)', and 'ZIP CODE'. Each field has a red arrow pointing to it. To the right of the 'LAST NAME' field is a reCAPTCHA widget with a green checkmark and the text 'I'm not a robot'. Below the widget is a link 'Take action.' and the reCAPTCHA logo. At the bottom right are two buttons: 'Cancel' and 'Continue' with a red arrow pointing to the 'Continue' button.

2. Complete the fields for your **Last Name**, **Date of Birth**, and **Zip Code**.
3. Click the **I'm not a robot checkbox** (and answer the prompts).
4. Click the **Continue** button.
The Success window displays.



5. Click the **Show PEIA Member ID Number** button.
Your Login Code displays. This is your User ID; please make a note of it.



6. Click the **Continue** button.

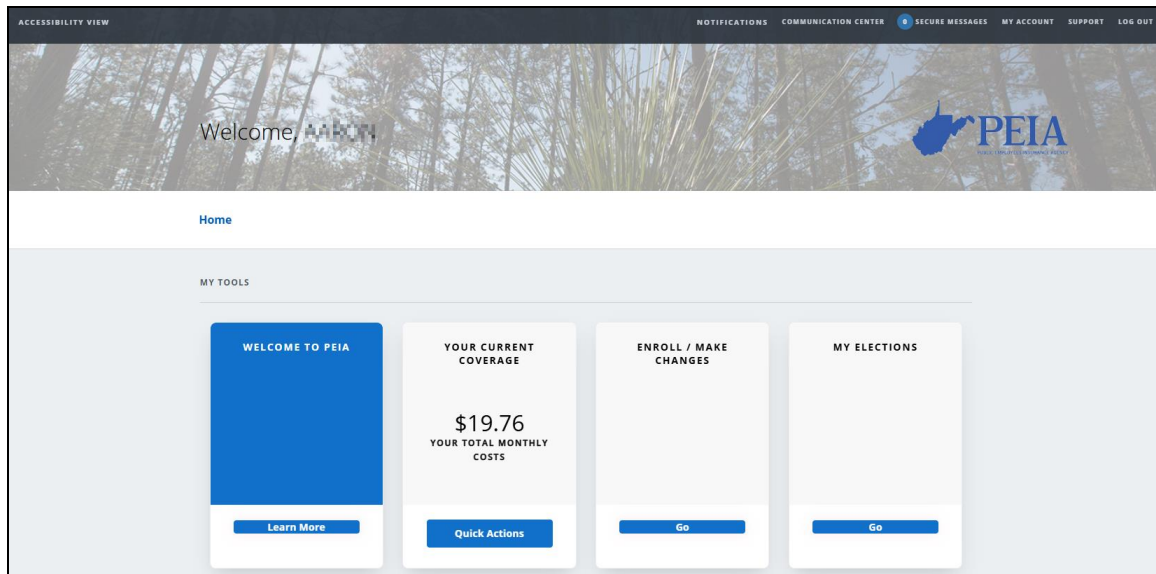


7. Log in with your recovered User ID and Password.

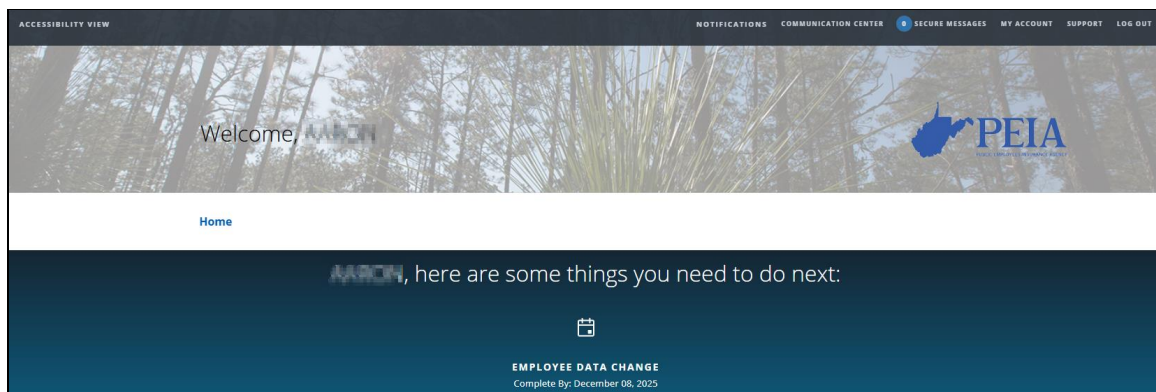
2 Home Page Navigation

Portal link for UAT: <https://WVPEIA-portal.uat.hroffice.com/Account/Login/MustAuthLogin/#/login>

Each successful login results in this screen. Here, you may go directly to the **Home Tools** section to access and activate program benefits, the **Recommended for Me** section to view content such as Plan Descriptions, or the **top right menu** to view or change account settings.



Upon logging in, some members may find a reminder to complete any outstanding events. This feature is called the **CTA – Call to Action**. (There will be more coverage of this feature in a later section.)



2.1 Home Page – Top Right Menu

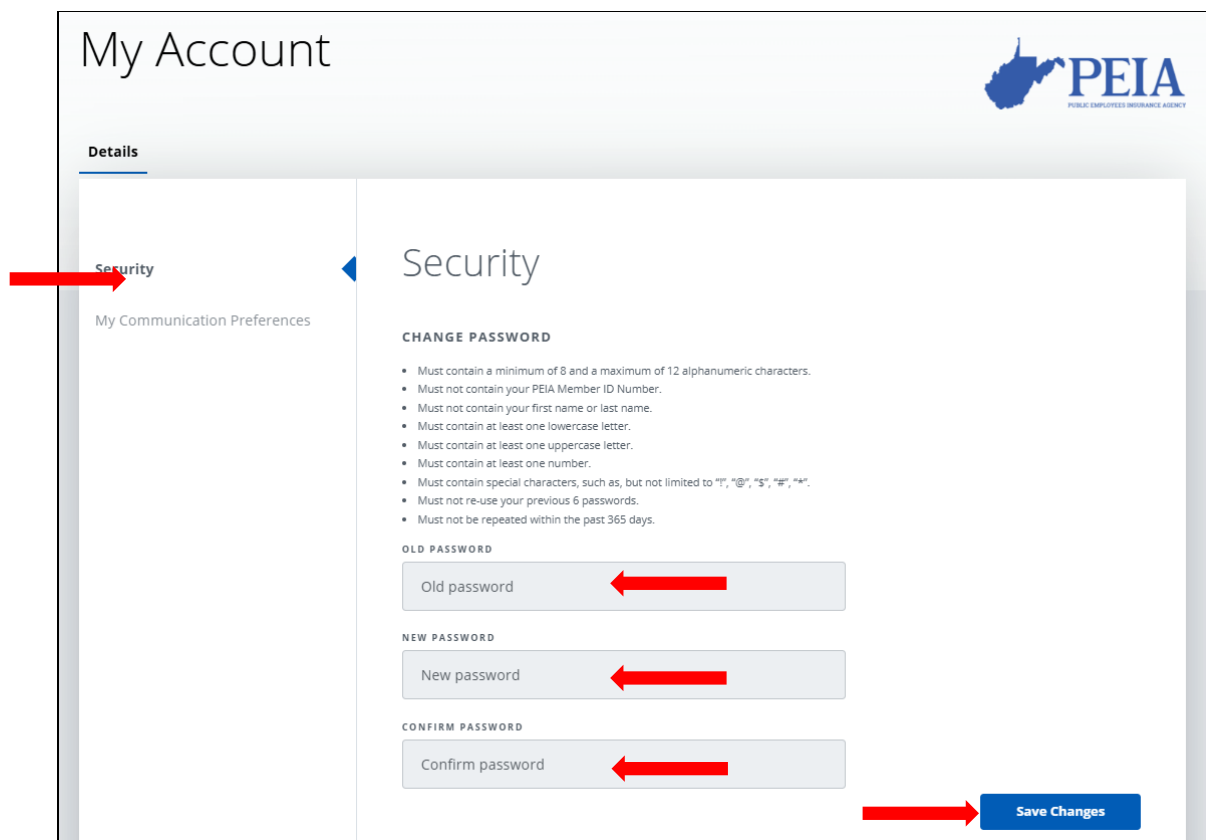
Use this menu to access notifications, support, account settings, and to log out at the end of a session.

2.1.1 My Account

The My Account (followed by your name) option allows for changes to your communications preferences.



1. Click the **My Account** menu option.
The My Account Details object opens, Security section selected.



The first section of Security is **Change Password**. Follow these steps if you wish to reset your password.

2. Type your old password in the **Old Password** field.
3. Type your new password in the **New Password** field.
Follow the password length and content rules in the bulleted section.

4. Retype your new password in the **Confirm Password** field.
5. Click the **Save Changes** button.

Note: each section of this screen has its own Save Changes button. If you make a change to any fields within a section, you must click the Save Changes button within that section too. In other words, you may not simply wait to click the last Save Changes button and have it work for all sections at the same time.

6. Scroll down to the **Security Questions** section.

SECURITY QUESTIONS

You will use your Challenge questions to reset your password if you happen to forget it. To set your Challenge questions select 3 different questions from the drop-down lists and enter your answers. Your answers are case sensitive, so take note of your use of capital and lowercase letters.

- Safe - Can't be guessed or researched
- Stable - Doesn't change over time
- Memorable - Can be remembered without a reference

QUESTION 1

QUESTION 2

QUESTION 3

Save Changes

Follow these steps if necessary to reset your challenge questions.

7. Click the drop-down arrow in the **Question 1** field, and select a question.
8. Type your answer to the question in the field below.
9. Repeat this process for **Question 2** and **Question 3**.
10. Click the **Save Changes** button.

11. Scroll down to the **Two-Step Verification Set Up** section.

TWO-STEP VERIFICATION SET UP

Use two-step verification when logging in ☒ ⓘ

 **Personal email address:** **Verified**

Work email address: **Verified**

Save Changes

This section displays the email addresses you confirmed when you registered. If you need to change either address, follow these steps.

12. Type your email address into one of the fields, and click the **Verify** button.
The system will send you a verification code,
13. Enter the code you received, and click the **Verify** button.
The system will confirm the verification.
14. Click the **Save Changes** button.

15. Scroll back to the top and click the **My Communication Preferences** option.

Security

My Communication Preferences

My Communication Preferences

Go Paperless!
By electing electronic delivery (email) as your communication preference, you will NOT receive printed mail communication moving forward. Please allow 2-3 business days for your change to take effect.
By electing electronic delivery, you agree to the following:
I am opting out of printed, postal mail delivery of transactional, educational, and legal notices ("documents") relating to my and my dependent's benefits, and further agree that I have carefully read the information below, fully understand it, and agree to the terms and conditions as outlined herein. Direct communication preferences with benefit providers (e.g. Kaiser, etc.) will not be affected by this electronic opt-out election.

Electronic Delivery
I understand that a notification notice, with a link, will be delivered to my designated email address, and that I must log on to my account to access the documents. The viewable and printable documents will be retained on my account.
I understand that my consent to electronic delivery is effective until such time that I revoke it. I understand that electronic delivery may be discontinued in whole or in part at any time.

COMMUNICATIONS DELIVERY

Mail

Save Changes

My Communications Preferences contains an option for your preferred Communications Delivery method, Mail or Email.

COMMUNICATIONS DELIVERY

Mail

Email

Mail

16. Click the drop-down arrow in the **Communications Delivery** field, and make a selection.

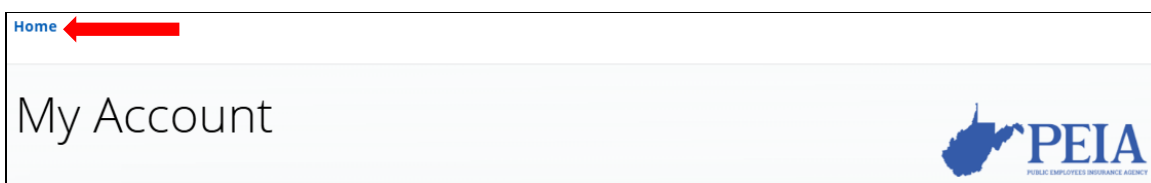
17. Click the **Save Changes** button.

18. Scroll down to see the additional sections for **Email Collection**, **Telephone**, and **Address**.

The screenshot displays two sections of a web form. The first section, titled "EMAIL COLLECTION", contains three input fields: "PERSONAL" with the value "BLUPHAT@STATE.MARSHALL.EDU", "WORK" which is empty, and "PREFERRED EMAIL OPTION" with a dropdown menu set to "Personal". A blue "Save Changes" button is positioned to the right of these fields. The second section, titled "TELEPHONE", contains three input fields: "HOME" with the value "(204) 521-1617", "WORK" which is empty, and "MOBILE" which is empty. Below these is a "PREFERRED PHONE NUMBER" dropdown menu set to "Home". A second blue "Save Changes" button is located to the right of the telephone fields.

19. Make any changes as necessary, and click the **Save Changes** button for each section you change. If you do not click Save Changes for each section, you will all changes made prior to the last section.

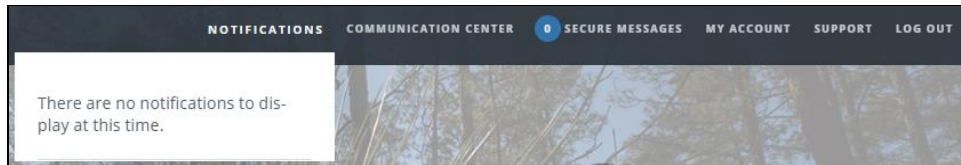
20. Scroll to the top of the screen and click the **Home** link to return to the Home screen.



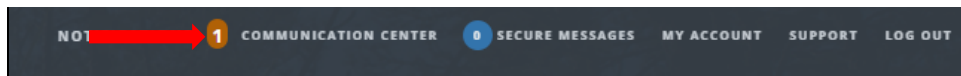
2.1.2 Notifications, Communication Center, Support, and Logout

Notifications displays information about the user's account and any changes, as well as notices of documents or other correspondence sent by the system administrators.

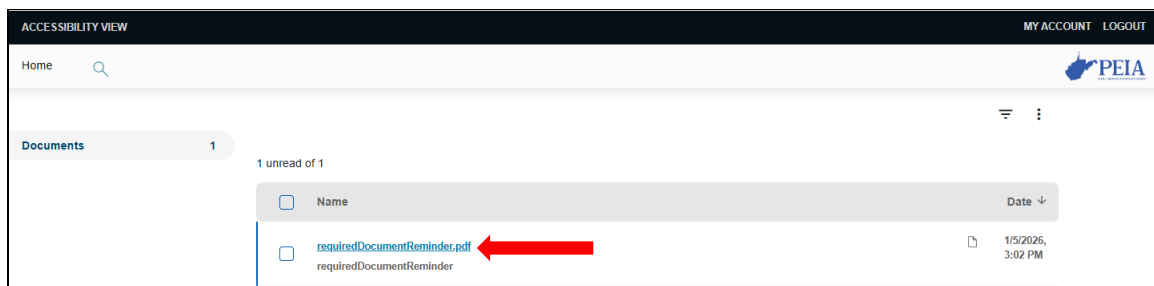
1. Click the **Notifications** option in the top right menu.



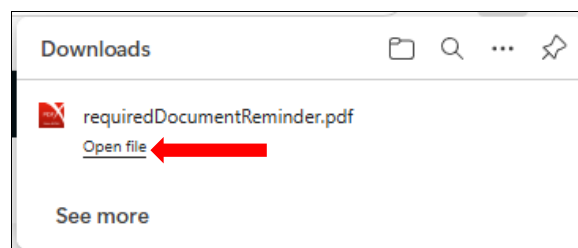
Communication Center displays information about your account and any changes, as well as other documents. A number icon indicates when you have a document to review.



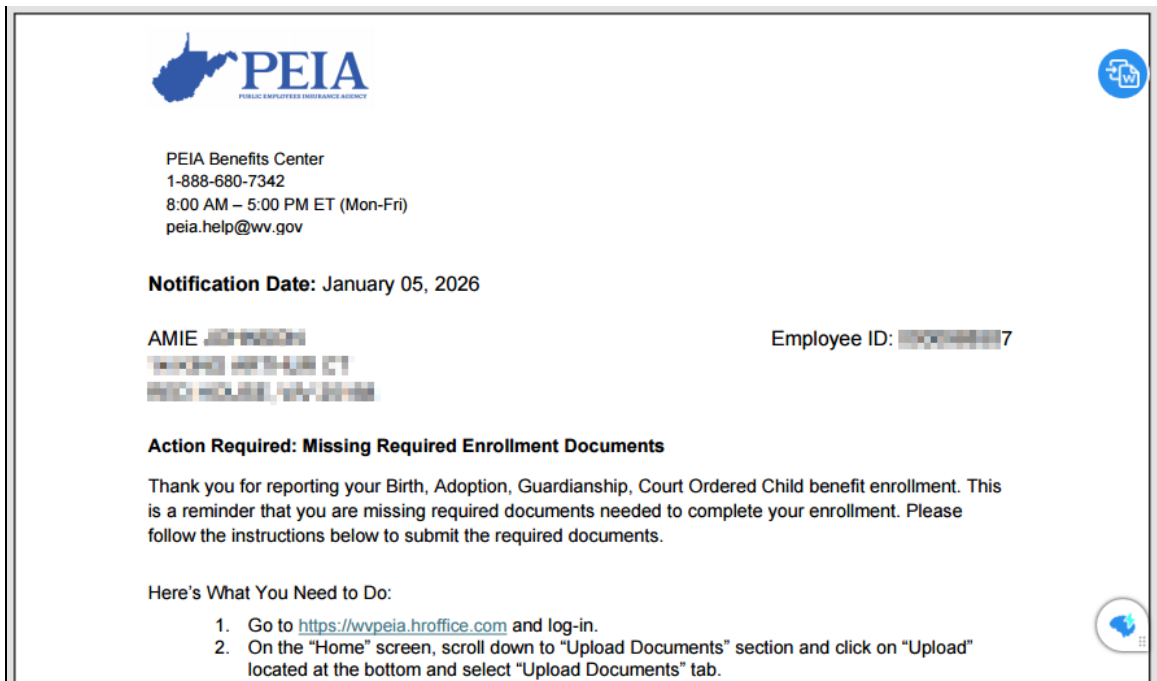
2. Click the **Communication Center** option in the top right menu.
The Documents screen displays.



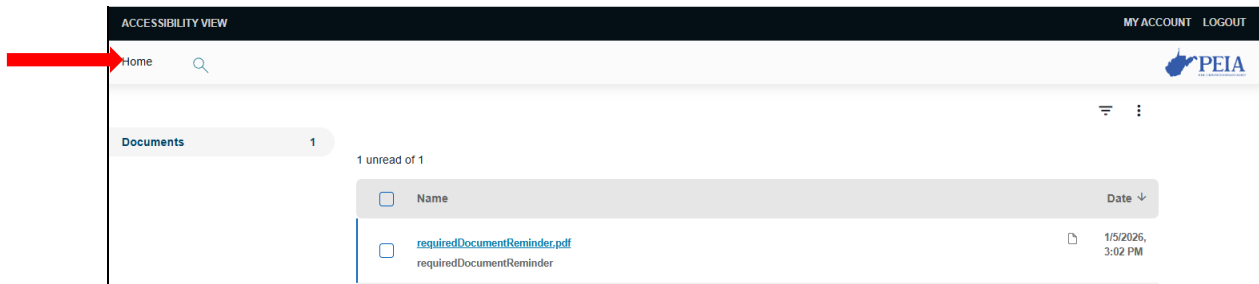
3. Click a document link.
The document is saved to your Downloads folder.



4. Click the **Open file** link.
The document opens for display.



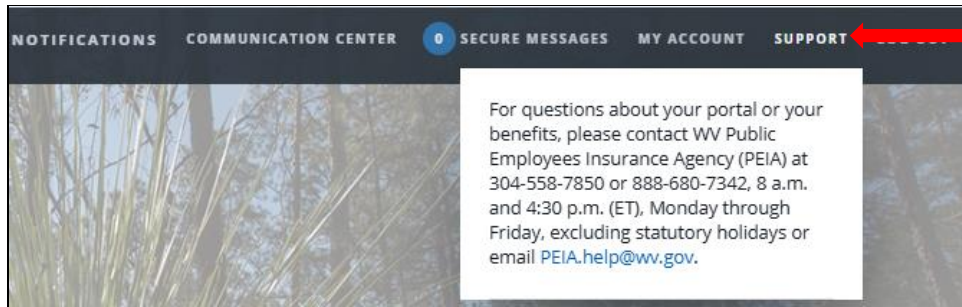
5. Close the document window when finished reading.
The system returns to the Documents screen.



6. Click the **Home** link to return to the Home screen.

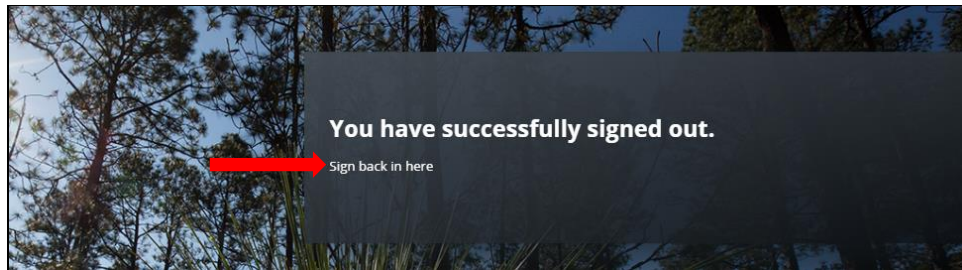
Support displays the phone number and available hours for any calls to the program administrators.

7. Click the **Support** option in the top right menu.



Use **Logout** to end your benefits session.

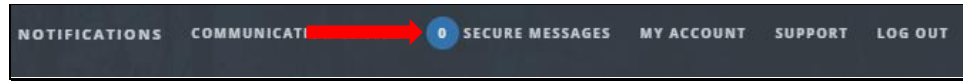
8. Click the **Logout** option in the top right menu.
The system confirms a successful sign-out.



9. Click the **Sign back in here** link to return to your benefits.

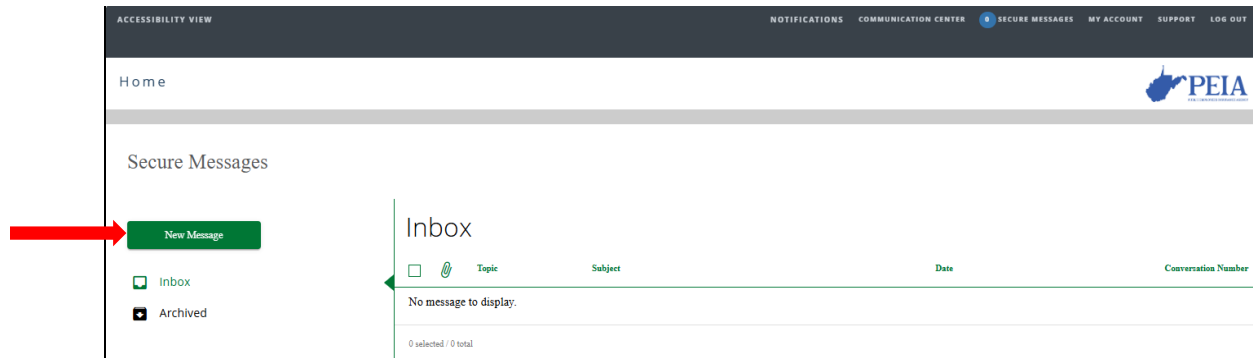
2.1.3 Secure Messages

Secure Messages displays notices of documents or other correspondence sent by PEIA or employer system administrators. A number icon (other than 0) indicates when you have a message to review.



In this example, you are sending a message to PEIA administration:

1. Click the **Secure Messages** option in the top right menu.
The Secure Messages screen displays.



2. Click the **New Message** button.
The New Message fields display.

A screenshot of the 'New Message' form. On the left, there's a sidebar with 'New Message' (highlighted with a red arrow), 'Inbox', and 'Archived'. The main area is titled 'New Message' and contains the following fields: 'Topic *' (a dropdown menu), 'Subject *' (a text input field), a large text area for the message body, and an 'Attachment (optional)' section with a 'Select files from your computer' button. At the bottom, there are 'Cancel' and 'Send' buttons.

New Message

Topic *
Life Event

Subject *
What is a Life Event?

3. Click the drop-down arrow in the **Topic** field, and select the appropriate topic.
4. Type the subject of the message in the **Subject** field.

New Message

Topic *
Life Event

Subject *
What is a Life Event?

I see the term "Life Event" in my program menus. Please tell me what a Life Event is. Thank you.

5. Type the text contents of the message in message area (below the Subject field).

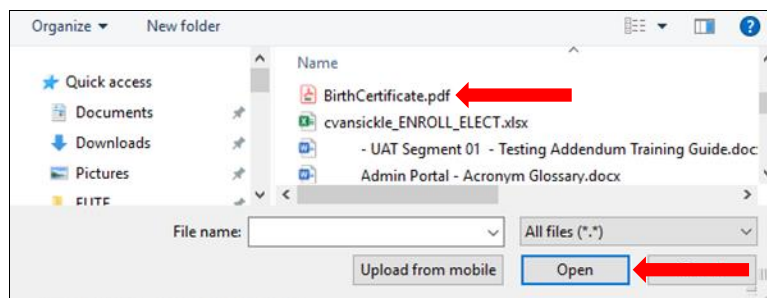
For this example, add an attachment:

Attachment (optional)

Select files from your computer

Cancel Send

6. Click the **Select files from your computer** button in the **Attachment** section. The Open window displays.



7. Navigate to select the appropriate file, and click the **Open** button. The file displays in the Attachment section.

Attachment (optional)

Select files from your computer

BirthCertificate.pdf

Clear Upload files(s)

Cancel Send

- Click the **Upload File(s)** link at the right side of the section.
The **Done** indicator displays to confirm the upload.

Attachment (optional)

Select files from your computer ✓ Done

BirthCertificate.pdf

Cancel Send

- Click the **Send** button.
The new message displays on the Secure Messages screen.
Note the **Conversation Number** on the right side of the screen. This indicates that the new conversation has started with a unique conversation ID.

Secure Messages

New Message

Inbox

Archived

Inbox

Topic	Subject	Date	Conversation Number
Lay retirement	Plans Available	5/1/25, 9:16 AM	MC25122

0 selected / 1 total

When viewing the **Logs, Conversations** for the member in the Administrator portal, the administrator sees the same conversation number in the **Conversation ID** column, verifying that the unique conversation with the member has begun.

Participant Information

Employment Information

Coverage

Enrollment History

Participant Workflow

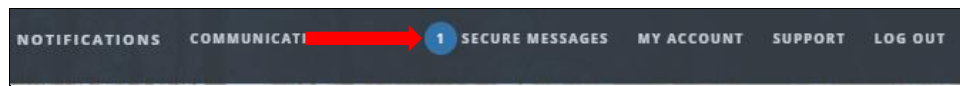
Communications

Logs

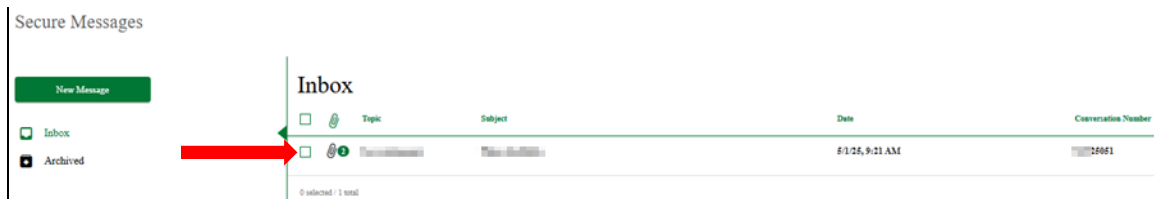
Interactions Work Orders Conversations

Last Message Date	Create Date	Closed Date	Conversation Id	Topic	Subject	Assigned Work Group	Assigned User	Actions
December 8, 2025 12:13:01 PM (ET)	December 8, 2025 12:13:01 PM (ET)		MC25122	Life Event	What is a Life Event?	Secure Conversations	Workgroup Coordinator	

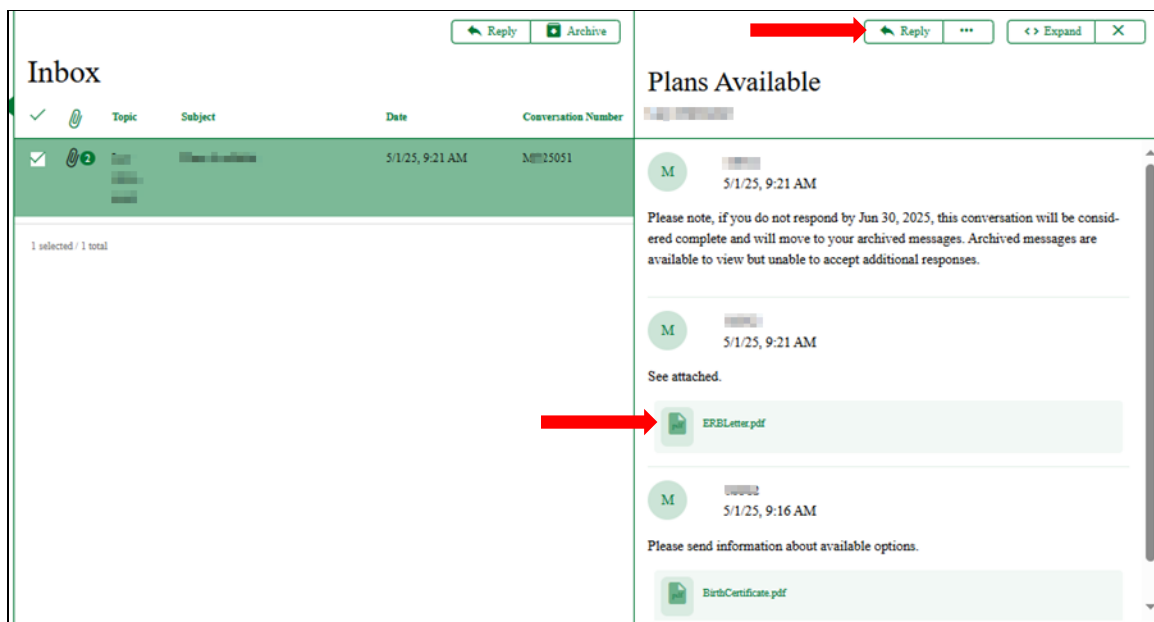
When a response has been received from PEIA, you will see a number indicating new messages next to the Secure Messages option. This number represents unread messages.



1. Click the **Secure Messages** option in the top right menu.
The Secure Messages screen displays, with a new message visible in the Inbox.



2. Click the **checkbox** to the left of the new message.
The contents of the received message display to the right.



3. Click the attachment link to download the attachment.
4. Click the **Reply** button (if necessary) to generate a reply to PEIA.



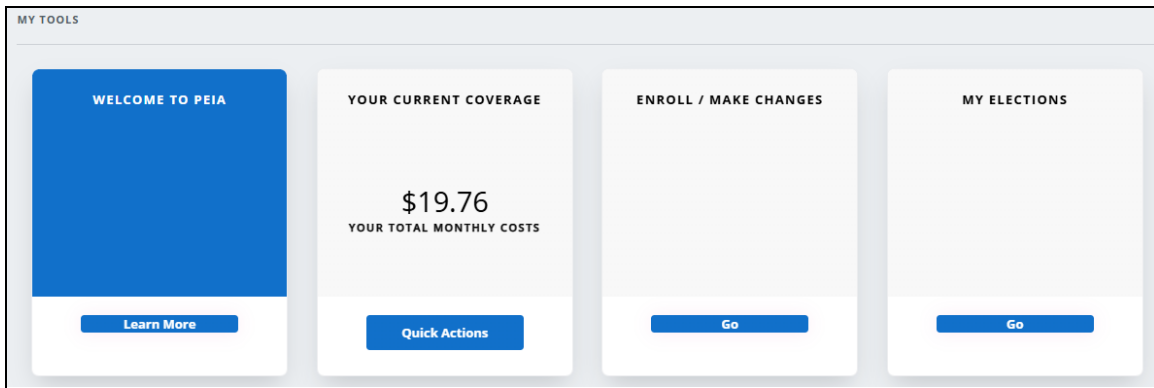
Note that upon reading the new message(s), the number indicator on the Secure Messages option returns to zero.

2.2 Home Page – Widgets

The Home screen displays the collection of Tools. Also known as *Widgets* or *Tool Cards*, Tools are used to provide direct access to benefit elections for viewing and printing, or for making changes.

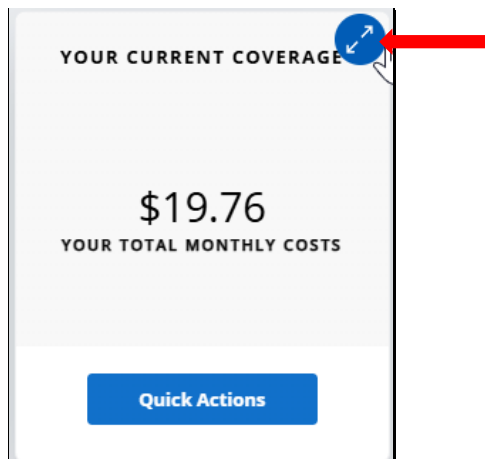
2.2.1 My Tools

The first cards on the Home screen are used to view your current enrollment and coverage information.



For a participant that already has benefits coverage, there will be a **Your Current Coverage** widget on the home page. In the example above, the Your Current Coverage tool is collapsed but it may be expanded as well.

1. Click the double arrow icon in the top right corner of **Your Current Coverage**. This icon allows for collapsing and expanding this tool.



2. Click the icon to expand the widget. (Actually, the widget expands and collapses if you click on it anywhere, not just on the double arrow.) Your Current Coverage expands to display benefits details.

YOUR CURRENT COVERAGE

\$19.76

Benefits

YOUR TOTAL MONTHLY COSTS

Coverage Options

Coverage Details

Basic Life Insurance and AD&D	Basic Life Insurance and AD&D	\$10,000
PEIA Section 125 Premium Conversion Plan	Yes	Yes
Optional Life and AD&D Insurance	Optional Life and AD&D Insurance	\$250,000
Dependent Life and AD&D	No Coverage	No Coverage
Health	No Coverage	No Coverage

View Benefits Selections

Quick Actions

In both collapsed and expanded views, the Your Current Coverage widget contains a **Quick Actions** button.

MY TOOLS

WELCOME TO PEIA

Learn More

YOUR CURRENT COVERAGE

\$19.76

YOUR TOTAL MONTHLY COSTS

Quick Actions

ENROLL / MAKE CHANGES

Go

MY ELECTIONS

Go

View My Elections

Enroll/Make Changes

View My Required Documents

- Click the **Quick Actions** button on the Your Current Coverage tool, and select **View My Elections**. The My Elections History screen displays a timeline of your coverage elections.

My Elections History

Below is a timeline of your elections
select an event for more details

Event	Date	Status	Actions
Conversion Recalc	Mar 1, 2025	Processed	View Details
Employee Data Cha...	Dec 8, 2025	In progress	Actions
Current Coverage	Dec 8, 2025	-	View Details

4. Note the **Current Coverage** event; scroll down to view its details.

Current Coverage

Dec 8, 2025

Today's Coverage

Personal Information

Dependents

[Print my coverage details](#)

All benefits are effective as of December 8, 2025 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

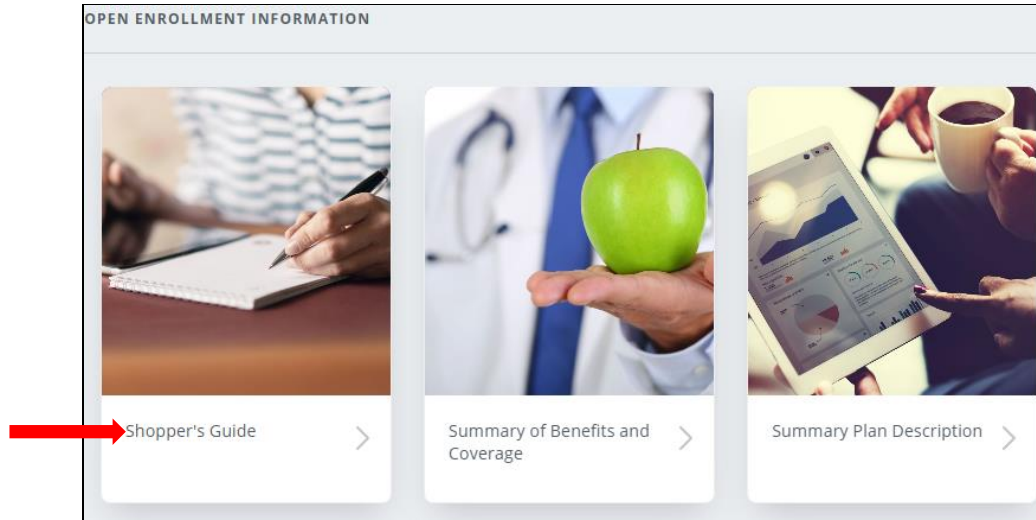
Insurance Benefits

Basic Life Insurance Basic Life Insurance and AD&D	Coverage Details \$10,000
Basic Life Insurance PEIA Section 125 Premium Conversion Plan	Coverage Options Yes Coverage Details Yes

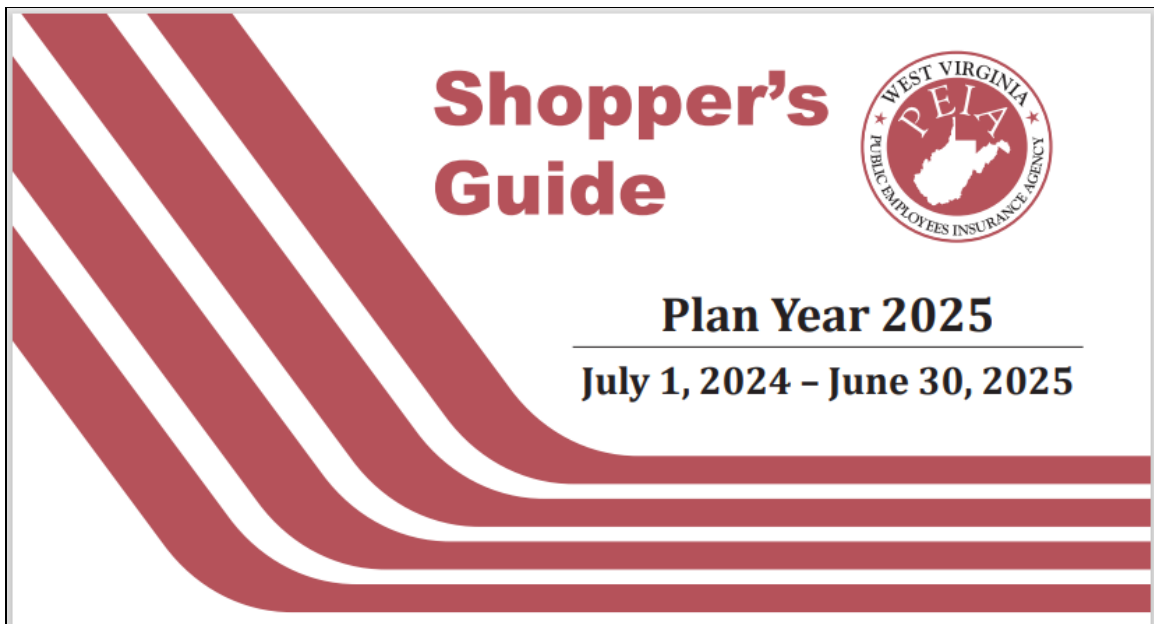
5. Scroll back to the top of the screen, and click the **Home** link to return to the Home screen.

2.2.2 Open Enrollment Information

The widgets in the Open Enrollment Information section allow participants to access their Benefits and other Plan information.



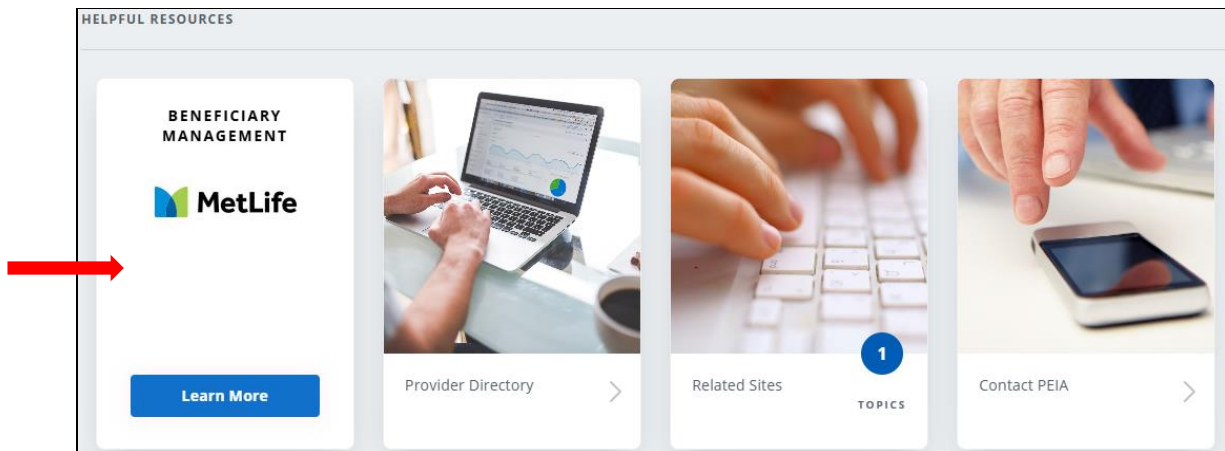
1. Click the **Shopper's Guide** tool.
The PEIA Shopper's Guide screen displays in a new browser tab. Many of the tools will open new browser tabs when selected.



2. Close the new browser tab when finished.

2.2.3 Helpful Resources

Helpful Resources contains tools that link to provider and other websites.



1. Click the **MetLife** tool.
The WV.gov website opens in a new browser tab.



2. Click the **life insurance forms and documents** link.

WV.gov

State Agency Directory | Online Services

Change Text Size

f

t

Search this site

PEIA

PUBLIC EMPLOYEES INSURANCE AGENCY

Manage My Benefits

Members

Health Plans

Partners

Forms & Downloads

Wellness Tools

FAQ

Contact PEIA

Popular Resources

Enrollment Forms

Forms & Downloads

Wellness Tools

Prescription Drug Lists

see more

Questions?

Call: 1-888-680-7342

Email: peia_help@wv.gov

PEIA > Forms & Downloads > Life Insurance

Life Insurance

If a form has [\(Complete Form Online\)](#) next to it, you can complete it online by going to [Manage My Benefits](#). It's easier, faster and leads to fewer mistakes than printing a form and sending it to PEIA.

Life Insurance

Plan Year 2023 Information - Active Members and Retirees

Basic Life Insurance Enrollment Form [\(Complete Form Online\)](#)

Optional Life Insurance and Dependent Life Insurance Enrollment Form [\(Complete Form Online\)](#)

Retiree Basic Life and Health Enrollment Form

Retired Employee's Optional and Dependent Life Insurance Enrollment Form

Disability Life Insurance Premium Waiver

Basic and/or Optional Life Insurance Change of Beneficiary Form

Basic and/or Optional Life Insurance Beneficiary Form

Active Employee Life Insurance Plan Certificate (Effective July 1, 2022)

Retiree Life Insurance Plan Certificate (Effective July 1, 2022)

- Continue exploring the links.
- When finished, close the new browser tab.

Confidential

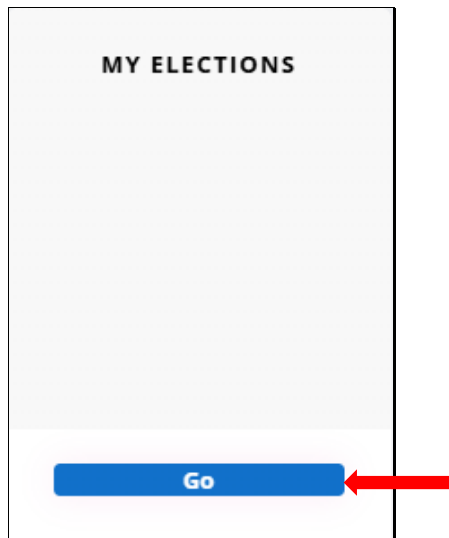
37

3 Events and Benefits

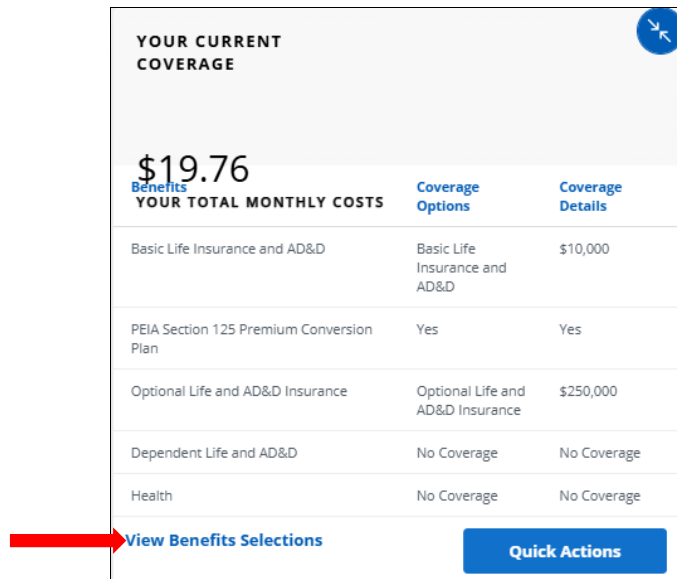
In this section, explore the Go menu of **My Elections**.

3.1 My Elections – Go

Use View My Elections to view and update current coverage.

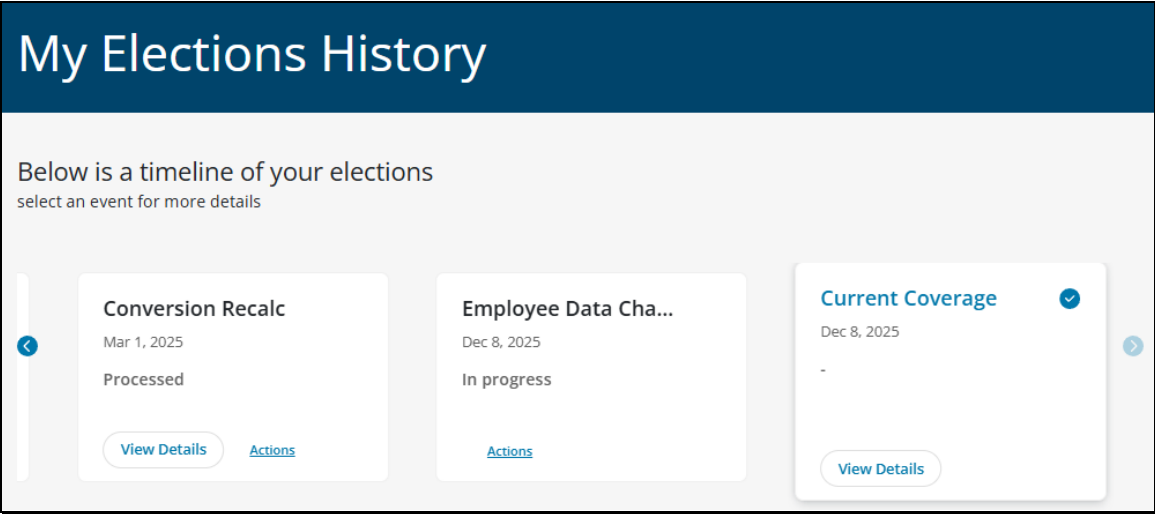


1. Click the **Go** button on the My Elections widget. The My Elections History screen displays.

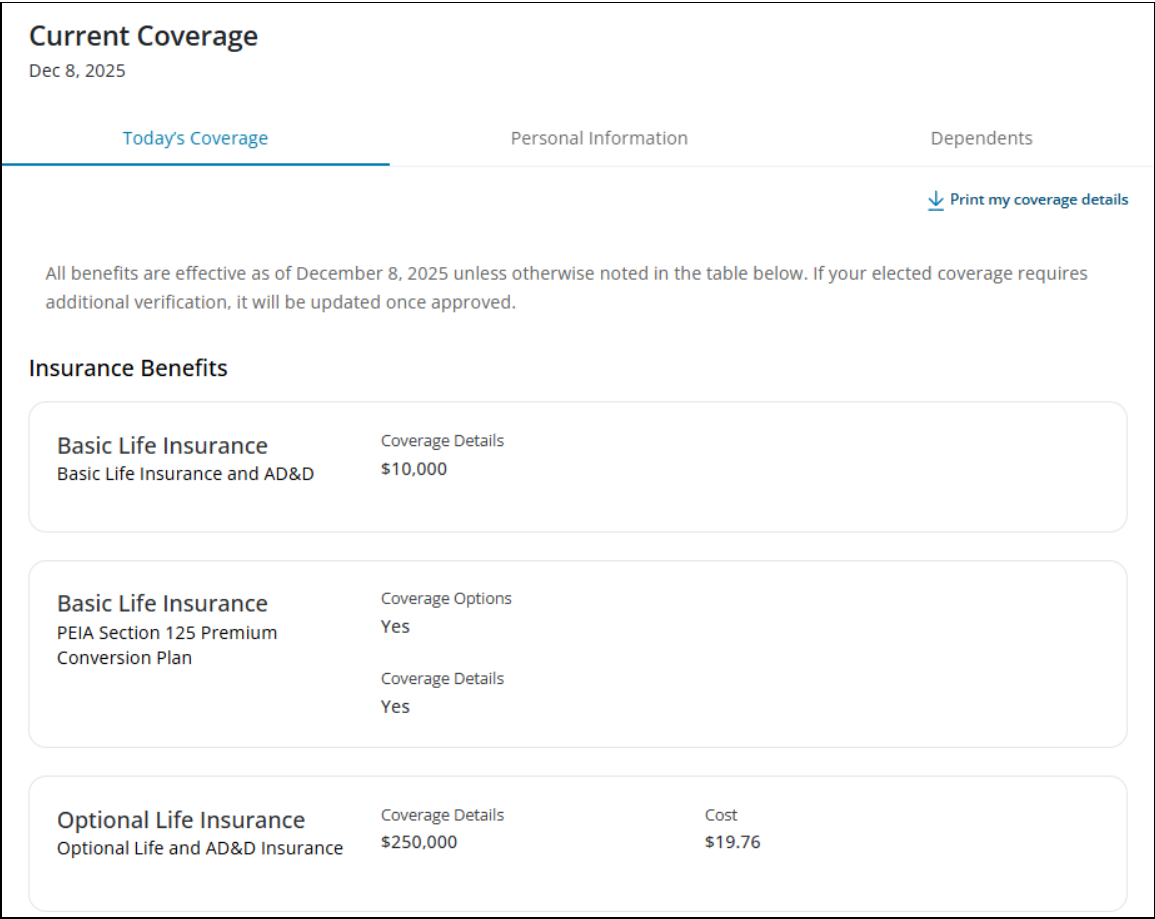


This option also may be activated with the **View Benefits Selections** link when the (Home screen) **Your Current Coverage** tool is expanded.

The My Elections History screen displays your Current Coverage.

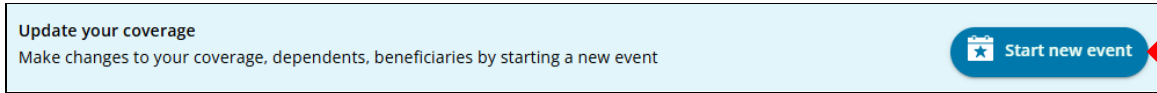


2. Scroll down this screen to view all current coverages.

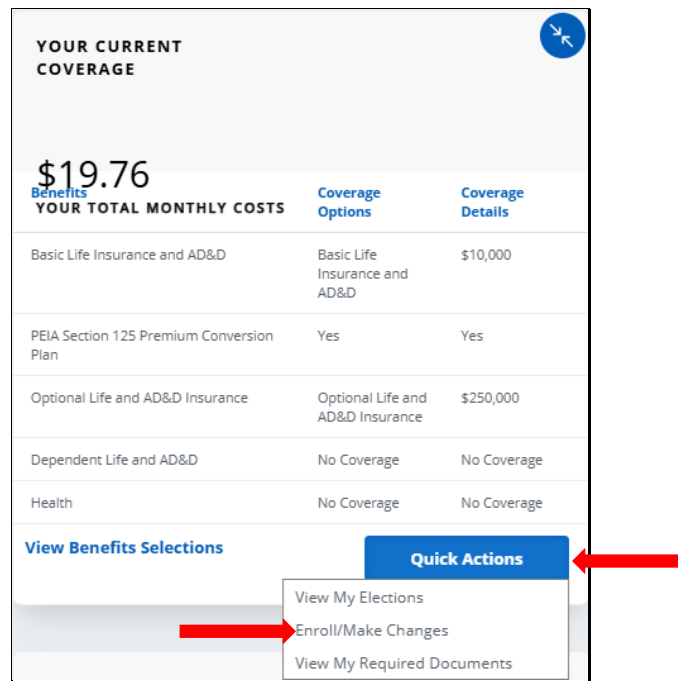


3.2 Enroll / Make Changes

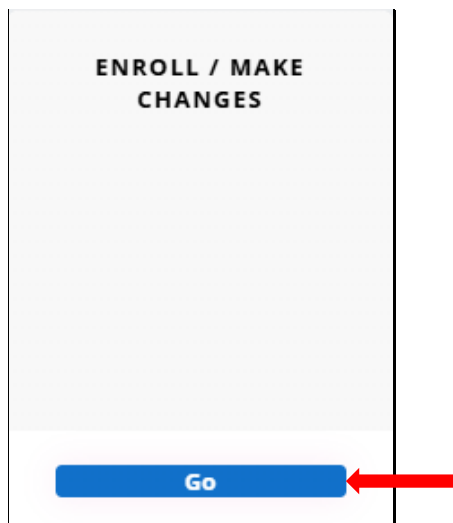
The bottom of the My Elections History screen contains the **Start New Event** link to create a new enrollment.



Likewise, the **Quick Actions** menu of the (Home screen) **Your Current Coverage** widget provides access to the enrollments (Enroll / Make Changes option).



Or simply click the **Go** button on the (Home screen) **Enroll / Make Changes** widget.



3.2.1 Start the Event

1. Click the **Go** button on the **Enroll / Make changes** widget.
The Enroll & Make Changes screen opens.

Enroll & Make Changes

UPDATE YOUR COVERAGE

To make changes to your current selections and/or personal information, choose the applicable link from the table. In some cases, you may need to make your changes within a certain time period.

EVENTS

Description	Eligibility Period	Actions
Life Event		
Birth, Adoption, Guardianship, Court Ordered Child	3 months of the event date	Start >
Death of a Spouse	3 months of the event date	Start >
Divorce	30 days of the event date	Start >
Member/Dependent Gain of Other Coverage	3 months of the event date	Start >
Member/Dependent Loss of Other Coverage	3 months of the event date	Start >
Policyholder/spouse gain Medicare Eligibility	3 months of the event date	Start >
Policyholder/spouse lose Medicare Eligibility	3 months of the event date	Start >
Any Time Change		
Basic and Optional Life Insurance Change	n/a	Start >
Tobacco Status Update	n/a	Start >

Note that the events listed here are *intelligent*, and will vary based on the user's eligibility. For example, a participant without a spouse on file will not see the Marriage event but will see the Divorce event.

In this example, add a **Birth** event:

Birth, Adoption, Guardianship, Court Ordered Child	3 months of the event date	Start >
--	----------------------------	----------------------------

2. Click the **Start** link in the **Actions** column of the appropriate event.
The notice window opens.

Notice

In the event of new child, you will have three months from the event to add dependent child to your current plan.

Required Documentation varies on the type of child you are adding into the coverage:

- Birth certificate for Birth of a child
- Copy of Adoption Papers if you are adding an adopted child
- Court Documents or Notice from WV Dept of Health and Human Services; child support office (such as National Child Support Order) if you are adding a court ordered dependent.
- Copy of court-ordered guardianship papers if you are adding a legal guardian.

[Cancel](#) [Continue](#)

3. Click the **Continue** button.
An entry window displays on the right side of the screen.

Birth, Adoption, Guardianship, Court Ordered Child

Please note that your event's effective date will be adjusted to the first of the month following your enrollment selection. According to PEIA plan rules, the coverage effective date is always the first of the month after enrollment. Therefore, if you enroll after the 1st of the month, your coverage will begin on the 1st of the following month.

If you have any questions, please contact your Benefit Coordinator or call 304-558-7850 or 1-888-680-7342 (toll-free).

ENTER THE EFFECTIVE DATE

Continue

Cancel

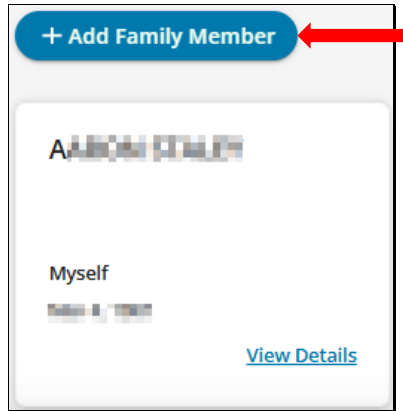
4. Enter the date of the event, and then click the **Continue** button. The system advances to the Family screen.

The Family screen allows for adding one or more dependents, and to add or modify your own coverages or dependent coverages.

Note the row across the top of the screen that begins with **Family**, and note the **Next** button in the lower right corner. As you progress through the event, the Next button advances across the top row items, i.e., you will see Tobacco Status, Insurance Benefits, Health Plans, etc., until reaching Complete Your Enrollment.

3.2.2 Add Family Member

The **Add Family Member** button is used to add one or more dependents during the event. As this is a Birth event, the next step is to enter a new child to the family:



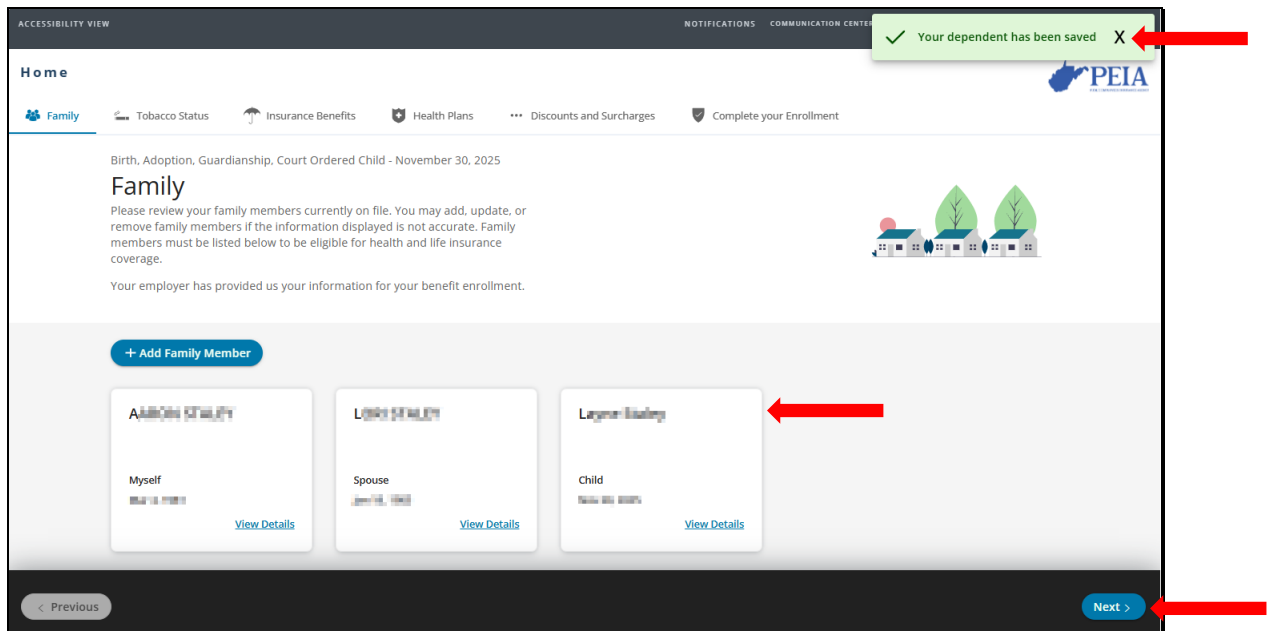
1. Click the **Add Family Member** button.
A Family Member entry panel displays on the right side of the screen.

A screenshot of a web application showing a 'Family' section on the left and a 'Family Member' entry panel on the right. The 'Family' section has a header 'Family' and a list of family members: 'Myself' and 'Spouse'. The 'Family Member' panel is a form with fields for 'First name*', 'Middle name', 'Last name*', 'Relationship*', 'Gender*', 'Date of birth*', and 'SSN'. There is a checkbox for 'Provide contact details' and 'Cancel' and 'Save' buttons at the bottom. A red arrow points to the 'Family Member' panel.

2. Enter the appropriate details in each specified field.
Required fields are indicated with an asterisk (*).



- When finished, click the **Save** button at the bottom of the screen.
The **Your dependent has been saved** message displays at the top of the screen, and the new dependent displays with the original family member(s).



- Click the **X** to close the saved dependent message.
- Click the **Next** button at the bottom right of the screen.
The first **Tobacco Status** screen displays.

3.2.3 Tobacco Status

If the participant and all covered dependents are free from tobacco use for at least six months, the participant's health and life insurance policies are eligible for discounts.

The screenshot shows the 'Tobacco Status' form. At the top, there is a navigation bar with icons for Family, Tobacco Status (active), Insurance Benefits, Health Plans, Discounts and Surcharges, and Complete your Enrollment. Below the navigation bar, the text reads: 'Birth, Adoption, Guardianship, Court Ordered Child - November 30, 2025'. The main heading is 'Tobacco Status'. Below this, there is a paragraph explaining the discount eligibility: 'If neither you or your covered dependents uses tobacco, you will be eligible for a discount on your health insurance and any optional life insurance coverage. To avail this discount, you and your covered dependents must be tobacco free for at least six months.' Another paragraph defines tobacco use: 'Tobacco use is defined as smoking cigarettes, cigars or pipes, or using electronic cigarettes (e-cigarettes), or vaping devices, or any form of smokeless tobacco, including snuff and chewing tobacco.' Below this, there is a section titled 'Who uses tobacco:' with five radio button options. A red arrow points to the first option, 'Tobacco free (No Tobacco Users within the last 6 months)'. The other options are 'Policyholder uses Tobacco', 'Dependent uses Tobacco', 'Family uses Tobacco', and 'Undisclosed. Please note that no Tobacco Discount will be given until the status is disclosed.' At the bottom of the form, there are two buttons: 'Previous' on the left and 'Next' on the right. A red arrow points to the 'Next' button.

Birth, Adoption, Guardianship, Court Ordered Child - November 30, 2025

Tobacco Status

If neither you or your covered dependents uses tobacco, you will be eligible for a discount on your health insurance and any optional life insurance coverage. To avail this discount, you and your covered dependents must be tobacco free for at least six months.

Tobacco use is defined as smoking cigarettes, cigars or pipes, or using electronic cigarettes (e-cigarettes), or vaping devices, or any form of smokeless tobacco, including snuff and chewing tobacco.

Who uses tobacco:

- ☒ Tobacco free (No Tobacco Users within the last 6 months)
- ☐ Policyholder uses Tobacco
- ☐ Dependent uses Tobacco
- ☐ Family uses Tobacco
- ☐ Undisclosed. Please note that no Tobacco Discount will be given until the status is disclosed.

[< Previous](#) [Next >](#)

1. Select **Tobacco free (No Tobacco Users within the last 6 months)**.
2. Click the **Next** button.
The Insurance Benefits screen displays.

The screenshot shows the 'Insurance Benefits' screen. At the top, there is a navigation bar with icons for Family, Tobacco Status, Insurance Benefits (active), Health Plans, Discounts and Surcharges, and Complete your Enrollment. Below the navigation bar, the text reads: 'Birth, Adoption, Guardianship, Court Ordered Child - November 30, 2025'. The main heading is 'Insurance Benefits'. Below this, there are three tabs: 'Basic Life Insurance' (active), 'Optional Life Insurance', and 'Dependent Life Insurance'. Below the tabs, there is a section titled 'Important information' with two bullet points: 'Basic Life Insurance and AD&D' and 'PEIA Section 125 Premium Conversion Plan'. Below this, there is a section titled 'Basic Life Insurance and AD&D' with a paragraph of text: 'PEIA offers a decreasing term policy which is typically employer paid however please check with your employer if any portion of the life insurance premium will be paid.'

Birth, Adoption, Guardianship, Court Ordered Child - November 30, 2025

Insurance Benefits

[Basic Life Insurance](#) [Optional Life Insurance](#) [Dependent Life Insurance](#)

Important information

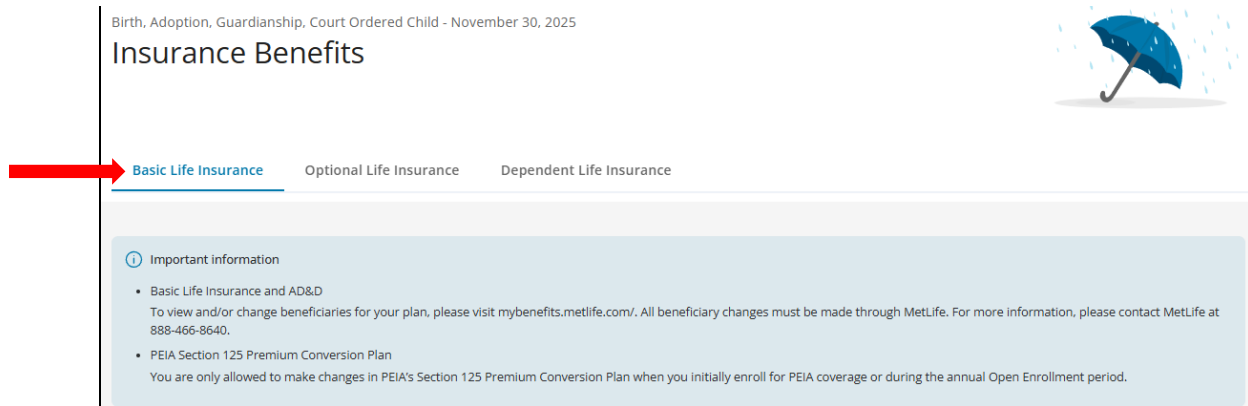
- Basic Life Insurance and AD&D
To view and/or change beneficiaries for your plan, please visit [mybenefits.metlife.com/](#). All beneficiary changes must be made through MetLife. For more information, please contact MetLife at 888-466-8640.
- PEIA Section 125 Premium Conversion Plan
You are only allowed to make changes in PEIA's Section 125 Premium Conversion Plan when you initially enroll for PEIA coverage or during the annual Open Enrollment period.

Basic Life Insurance and AD&D

PEIA offers a decreasing term policy which is typically employer paid however please check with your employer if any portion of the life insurance premium will be paid.

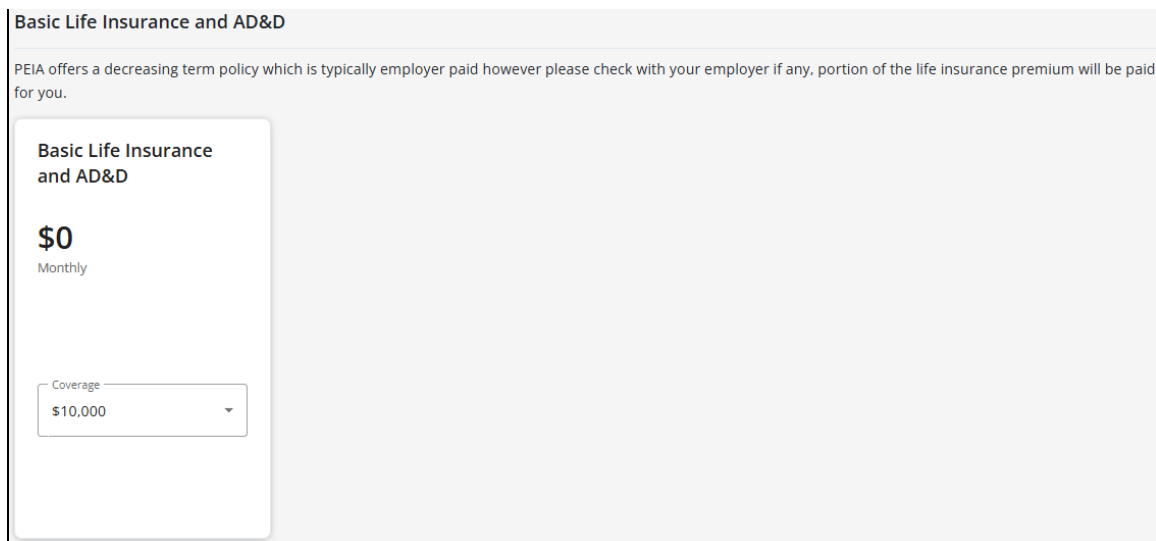
3.2.4 Insurance Benefits

Note that the Insurance Benefits screen is divided into three subsections, **Basic Life Insurance**, **Optional Life Insurance**, and **Dependent Life Insurance**. Each time you click the Next button at the bottom of the screen, each Insurance subsection will display.



Basic Life Insurance consists of two available policies, **Basic Life Insurance and AD&D** and **PEIA's Section 125 Premium Conversion Plan**.

1. Scroll down to view **Basic Life Insurance and AD&D** section.



The current coverage value and monthly cost display. PEIA provides this coverage at no cost to the participant.

2. Scroll down to view **PEIA's Section 125 Premium Conversion Plan** section.

PEIA Section 125 Premium Conversion Plan

Do you wish to participate in the IRS section 125 premium conversion plan sponsored by PEIA, if available?

If you are not paid through the WV Oasis payroll system, please contact your Benefit Coordinator for your election options.

For more information, please refer to the latest Shopper's Guide [here](#).

PEIA Section 125 Premium Conversion Plan

Option
Yes

Yes
Category

PEIA provides this plan to the participant.

- Click the **Next** button.
The Optional Life Insurance screen displays.

Basic Life Insurance
Optional Life Insurance
Dependent Life Insurance

Important information

- Optional Life and AD&D Insurance
Tobacco free rates are available. You will receive discounts on your Optional Life Insurance premiums if you have not used tobacco products for the past 6 months.

Optional Life and AD&D Insurance

PEIA offers up to \$500,000 optional term life coverage for active employees. New employees may choose up to \$100,000 of coverage (the guaranteed issue, or GI amount) without providing any medical information. Amounts greater than GI amount requires Evidence of Insurability and approval by life insurer carrier.

Optional Life and AD&D Insurance

\$35.56
Monthly

Coverage
\$450,000

Life Insurance Calculator

Back to top

With the new child, the participant may wish to add coverage here.

4. Click the **Life Insurance Calculator** button.
The Life Insurance Calculator window opens.

The screenshot shows a web-based 'Life Insurance Calculator' tool. It has a title bar with a close button (X). Below the title is a disclaimer: 'This tool is designed to give you a general idea of the amount of life insurance you may want to consider. It is not a detailed analysis of your life insurance requirements or specific recommendations. For a more precise analysis of your needs, you may want to consult a personal financial advisor.' The tool is divided into three main sections: 1. 'What I have:' with fields for 'Current gross annual income' (a text box with a '\$' icon) and 'Current Assets' (a text box with a '\$' icon and a 'calculate' link). 2. 'What I'd want to pay off:' with fields for 'Final cash requirements (funeral, education etc)' (a text box with a '\$' icon and a 'calculate' link) and 'Other Debts (mortgage, car, cards, etc)' (a text box with a '\$' icon and a 'calculate' link'). 3. 'What if I provide:' with three sliders: 'Emergency Funds' (labeled 'Months' with a range from 0 to 24), '% of your income' (labeled '%' with a range from 0 to 150), and 'Years Required' (labeled 'Years' with a range from 1 year to 50 years). Each slider has a blue dot indicating the current selection. At the bottom left, there is a '4. Summary' section with the text 'You may want to consider a recommended total amount.' and a large '\$ 0' display. A 'Done' button is located at the bottom right.

The Life Insurance Calculator tool will help you consider a recommended total amount. Start with the first section.

This close-up shows the '1. What I have:' section. It includes the label 'Current gross annual income' above a text box containing '115000.00'. A red arrow points to this text box. Below it is the label 'Current Assets' above a text box with a '\$' icon. To the right of this text box is a 'calculate' link. A red arrow points to this 'calculate' link.

5. Type your annual salary into the **Current Gross Annual Income** field.
6. Click the **Calculate** link next to the **Current Assets** field.
The Current Assets window displays.

Current Assets

What assets and other insurance coverage do you currently have that could be used to help your family meet their financial obligations?

Life insurance outside your employer's plan (personal insurance, mortgage insurance, etc)

\$

Death benefits from retirement programs (see your annual pension statement)

\$

Investments convertible to cash

200000.00

Personal savings

250000.00

Done

Cancel

- Enter any applicable assets, and then click the **Done** button. The total of the assets displays in the Current Assets field.

1. What I have:

Current gross annual income

115000.00

Current Assets

450000

calculate

2. What I'd want to pay off:

Final cash requirements (funeral, education etc)

55000

calculate

Other Debts (mortgage, car, cards,etc)

450000

calculate

- Click the **Calculate** links in the second section to enter **Final Cash Requirements** and **Other Debts**.

3. What if I provide:

Emergency Funds ?

Months

0 months

24 months

% of your income ?

%

0 %

150%

Years Required ?

Years

1 year

50 years

calculate

- Click the **Calculate** link in the third section to enter a percentage of income contribution. The Day-to-day Living Expenses window opens.

Day-to-day Living Expenses

What percentage of your income may your family need to help for their day-to-day expense in the event of your death? Hear are the typical expenses your family may needs to cover. Enter the monthly amounts for following expenses:

Groceries
\$
House Cleaning & Laundry
\$
What would you like to budget annually for charity?
\$
Loans (personal loans, car loans, etc)
\$
Leisure Activity
Entertainment (cable, dining out, etc)
\$
Sports & recreation
\$
Personal care & grooming
\$
Tobacco products & alcoholic beverages
\$

Vacation
\$
Pets and pet care
\$
Transportation
Car Loan/lease (not paid upon death)
\$
Gasoline
\$
Car maintenance & repairs
\$
Parking
\$
Public transportation
\$
Cab fare for month
\$

Housing
Municipal Taxes
\$
House maintenance and repair
\$
Monthly payments for remaining mortgage (not paid upon death)
\$
Gas/Furnace oil
\$
Water
\$
Electricity
\$

Done

Cancel

10. Make any appropriate entries to these fields, and click the **Done** button when finished.

Life Insurance Calculator

This tool is designed to give you a general idea of the amount of life insurance you may want to consider. It is not a detailed analysis of your life insurance requirements or specific recommendations. For a more precise analysis of your needs, you may want to consult a personal financial advisor.

1. What I have:
Current gross annual income
115000.00
Current Assets
450000 [calculate](#)

2. What I'd want to pay off:
Final cash requirements (funeral, education etc)
55000 [calculate](#)
Other Debts (mortgage, car, cards,etc)
450000 [calculate](#)

3. What if I provide:
Emergency Funds ?
Months
0 months 24 months
% of your income ? [calculate](#)
0 % 150%
Years Required ?
Years
1 year 50 years

4. Summary
You may want to consider a recommended total amount.
\$ 55,000

Done

11. Note the recommended total in the Summary (fourth section) and click the **Done** button. The Optional Life and AD&D Insurance screen displays.

Optional Life and AD&D Insurance

\$35.56
Monthly

Coverage

\$450,000 ▼

\$50,000

\$60,000

12. Click the drop-down arrow in the **Coverage** field, and make an appropriate selection. The system calculates a new Monthly cost for this benefit.

Optional Life and AD&D Insurance

\$4.74
Monthly

Coverage

\$60,000 ▼

13. Click the **Next** button. The Dependent Life Insurance screen displays.

Basic Life Insurance
Optional Life Insurance
Dependent Life Insurance

Dependent Life and AD&D

PEIA offers five levels of dependent life insurance coverage and is not a decreasing term coverage, so it does not lose value as the dependent ages. Dependent life insurance more than \$20,000 requires medical information for the spouse.

Dependent Life and AD&D

\$0
Monthly

Coverage
No Coverage

Who is covered

14. Click the drop-down arrow in the **Coverage** field.

Dependent Life and AD&D

\$0
Monthly

Coverage
No Coverage

\$5,000 Spouse/\$2,000 each child
\$10,000 Spouse/\$4,000 each child
\$15,000 Spouse/\$7,500 each child

15. Select your preferred option.
You may see an error message at the top of the screen, but you will correct this error in the next step.

Error

- Dependent Life and AD&D

You must select your covered dependents. Please click on 'Who is covered' and check the applicable boxes.

16. Click the **Who is Covered** button.

The Dependent Life and AD&D panel displays at the right side of the screen.

Dependent Life and AD&D

Please select your coverage:

Select who is covered

☐ Myself

☒ Spouse

☒ Child

Add Dependent Save

17. Click the checkbox for each dependent, and click the **Save** button.

The system calculates a new Monthly cost for this benefit.

Dependent Life and AD&D

\$0

Monthly

Coverage

\$15,000 Spouse/\$7,500...

Who is covered

Also, note the **Important Information** message at the top of the screen.

Important information

- Dependent Life and AD&D

To qualify for the benefit level you have selected, you and/or your spouse are required to provide evidence of insurability. Please note that you can proceed with your election; however, MetLife will reach out to you to request additional information or documentation before your coverage can be reviewed and approved.

You may contact MetLife directly at 888-466-8640 if you would like to discuss the EOI process or have any questions about what is required.

18. Click the **Next** button.

The Health Plans screen displays.

3.2.5 Health Plans

The screenshot shows the top navigation bar with links: Family, Tobacco Status, Insurance Benefits, **Health Plans**, Discounts and Surcharges, and Complete your Enrollment. Below the navigation bar, the page title is "Health Plans" with a sub-header "Birth, Adoption, Guardianship, Court Ordered Child - November 30, 2025". A stethoscope icon is on the right. Below the title, there are tabs for "Health Plans" (selected) and "HSA Calculator". A "Health" section header is followed by "Compare Plans" and "Help Me Decide" buttons. The text below states: "PEIA offers several health plans to choose from which are designed to support our members' and their family's well-being. The choices you make here are binding until the end of the plan year." and "PEIA offers four PEIA PPB plans which are available nationwide and three managed care plans, but you must live in the managed care plan's enrollment area to be eligible to enroll in a plan."

1. Scroll down to **Health** section.

The screenshot shows the "Health" section with "Compare Plans" and "Help Me Decide" buttons. The text below states: "PEIA offers several health plans to choose from which are designed to support our members' and their family's well-being. The choices you make here are binding until the end of the plan year." and "PEIA offers four PEIA PPB plans which are available nationwide and three managed care plans, but you must live in the managed care plan's enrollment area to be eligible to enroll in a plan." Below this, there is a "Select who is covered" section with three checkboxes: "Myself", "Spouse", and "Child". A red arrow points to the "Myself" checkbox. To the right, there are three plan cards: "PPB Plan A" with a premium of \$90.00, "PPB Plan B" with a premium of \$58.00, and "PPB Plan C" with a premium of \$111.00. Each card has a "Select" button and a "View Details" button. A red arrow points to the "Select" button for PPB Plan A.

Note the slash marks in the **Select who is covered** section in this example. Currently, no coverage has been selected.

2. Click the **Select** button for one of the plans.
This automatically applies coverage to you only.

Select who is covered

- ☒ A [redacted] Myself
- ☐ L [redacted] Spouse
- ☐ L [redacted] Child

Add the spouse and child to the coverage:

Select who is covered

- ☒ A [redacted] Myself
- ☒ L [redacted] Spouse
- ☒ L [redacted] Child

PPB Plan A

Recalculate to see updated costs

Employee Only

[View Details](#)

PPB Plan B

Recalculate to see updated costs

Employee Only

[Scroll down](#) [ails](#)

PPB Plan C

Recalculate to see updated costs

Employee Only

[Select](#) [View Details](#)

[Recalculate](#)

- Click the checkboxes for any additional dependents, and then click the **Recalculate** button at the bottom of the screen.
Note the **Total Monthly Net Costs** at the bottom of the screen.

Select who is covered

- ☒ A [redacted] Myself
- ☒ L [redacted] Spouse [Edit Attestation >>?](#)
- ☒ L [redacted] Child

PPB Plan A

\$299.00

Standard Monthly Premium

Family

[View Details](#)

PPB Plan B

\$168.00

Standard Monthly Premium

Family

[Scroll down](#) [ails](#)

PPB Plan C

\$349.00

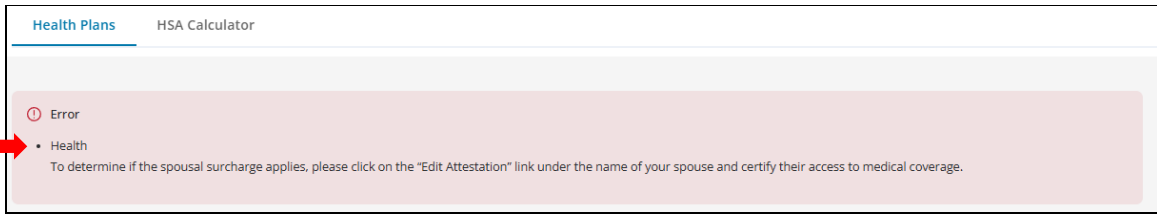
Standard Monthly Premium

Family

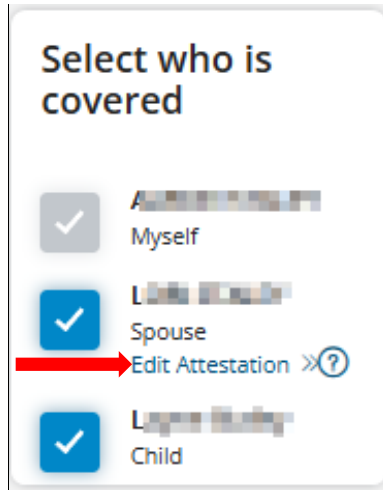
[Select](#) [View Details](#)

Your Total Monthly Net Costs:

\$253.74



In this example, a spousal surcharge may apply. Note the warning at the top of the Health Plans, and the link below the spouse's name.



4. Click the **Edit Attestation** link below the spouse.
The Spousal / Domestic Partner Surcharge panel displays at the right side of the screen.

Spousal / Domestic Partner Surcharge

×

For active employees of state agencies, colleges, universities, and county boards of education, if enrolling for family coverage, please mark the box that identifies your spouse's insurance coverage status. If your spouse has employer-sponsored coverage available and remains on your PEIA coverage, you will be assessed a surcharge. Please mark the statement that applies to your spouse:

☐

My spouse does not have health coverage available through his/her employer; is not employed, has Medicare, Medicaid, or Tri-Care, or is retired. (No surcharge will be applied.)

☒

My spouse is employed by a PEIA-participating agency. (No surcharge will be applied.)

☐

My spouse has health coverage available through his/her employer. (I understand that if my spouse is on my PEIA health coverage, the monthly premium surcharge will be applied to my premium.)

Save

- Select the appropriate response, and click the **Save** button.

Health ⓘ ⓘ

Compare Plans

Help Me Decide

PEIA offers several health plans to choose from which are designed to support our members' and their family's well-being. The choices you make here are binding until the end of the plan year.

PEIA offers four PEIA PPB plans which are available nationwide and three managed care plans, but you must live in the managed care plan's enrollment area to be eligible to enroll in a plan.

Select who is covered

☒ Myself

☒ Spouse [Edit Attestation ⓘ](#)

☒ Child

PPB Plan A

\$299.00

Standard Monthly Premium

Family

View Details

PPB Plan B

\$168.00

Standard Monthly Premium

Family

Scroll down

Tails

PPB Plan C

\$349.00

Standard Monthly Premium

Family

Select

View Details

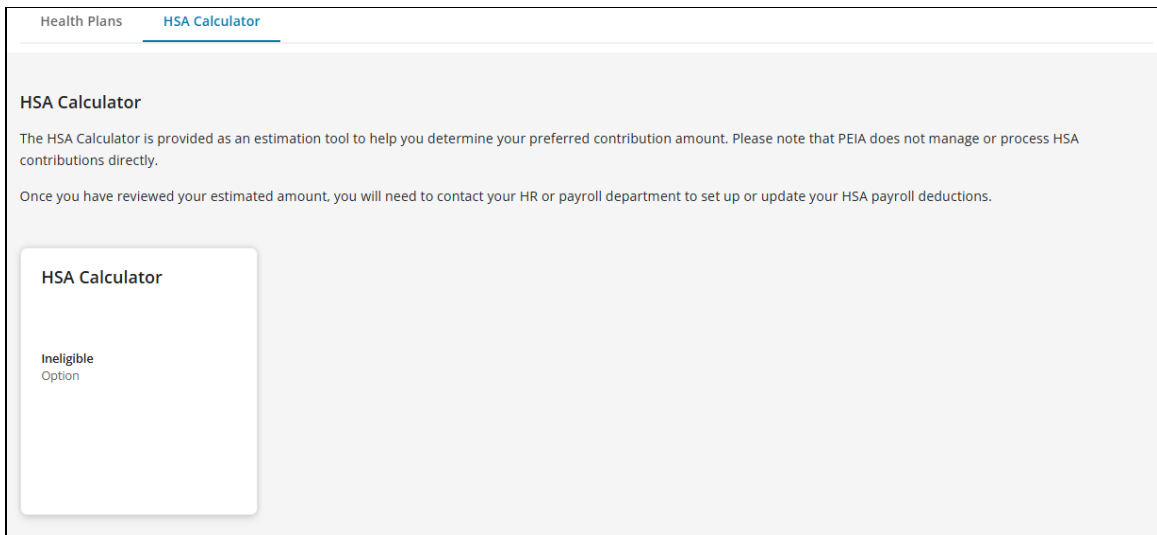
Your Total Monthly Net Costs:

\$253.74

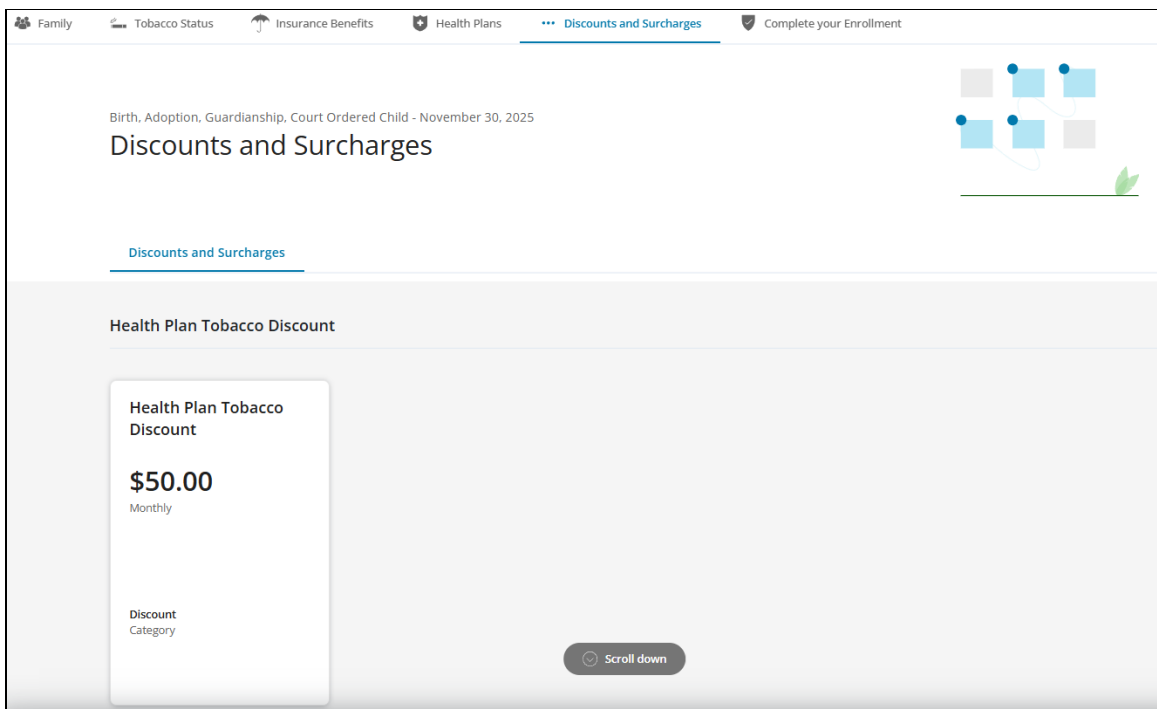
[See all benefits and costs](#)

Next >

- Click the **Next** button.
The HSA Calculator screen displays.



7. Click the **Next** button.
The Discounts and Surcharges screen displays.



8. Note the **Tobacco Discount**, and click the **Next** button.
The Complete Enrollment screen displays.

3.2.6 Complete Your Enrollment

Birth, Adoption, Guardianship, Court Ordered Child - November 30, 2025

Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.

Important information

- Basic Life Insurance and AD&D
To view and/or change beneficiaries for your plan, please visit [mybenefits.metlife.com/v](#). All beneficiary changes must be made through MetLife. For more information, please contact MetLife at 888-466-8640.
- PEIA Section 125 Premium Conversion Plan
You are only allowed to make changes in PEIA's Section 125 Premium Conversion Plan when you initially enroll for PEIA coverage or during the annual Open Enrollment period.
- Optional Life and AD&D Insurance
Tobacco free rates are available. You will receive discounts on your Optional Life insurance premiums if you have not used tobacco products for the past 6 months.
- Dependent Life and AD&D
To qualify for the benefit level you have selected, you and/or your spouse are required to provide evidence of insurability. Please note that you can proceed with your election; however, MetLife will reach out to you to request additional information or documentation before your coverage can be reviewed and approved.
You may contact MetLife directly at 888-466-8640 if you would like to discuss the EOI process or have any questions about what is required.
- Health
You have dependents on file but have not assigned them any of the health coverage. If you wish to do so, please check the applicable boxes under "Select who is covered"
- Health
Please review CCP information for yourself and any dependents you have elected to cover.

[Comprehensive Care Partnership Program Enrollment](#)

The Complete Enrollment screen displays all your additions and changes for the event.

1. Scroll down to the **Family Members** section.
The new child and newly added coverages display.

Family Members

Below is a summary of the dependents you have on file.

Dependent	Relationship	Coverage	View Details
AMANDA STALEY	Myself		View Details
LOWE STALEY	Spouse	Dependent Life and AD&D	View Details
LYNN STALEY	Child	Dependent Life and AD&D, Health	View Details

2. Scroll down to the **Your Coverage** section.
All selected and updated benefits and plans display.

Your coverage

All benefits are effective as of November 30, 2025 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Insurance Benefits

Basic Life Insurance Basic Life Insurance and AD&D ⓘ	Coverage Details \$10,000	
Edit		
Basic Life Insurance PEIA Section 125 Premium Conversion Plan ⓘ	Coverage Options Yes Coverage Details Yes	
Edit		
Optional Life Insurance Optional Life and AD&D Insurance ⓘ☆	Coverage Details \$60,000	Cost \$4.74
Edit		

Note that each benefit has an **Edit** button. If necessary to make changes to a benefit, click its Edit button to return to that screen.

Health Plans

Health Health ⓘ☆	Coverage Options PPB Plan A Coverage Details Employee + Children	Cost \$182.00
Edit		

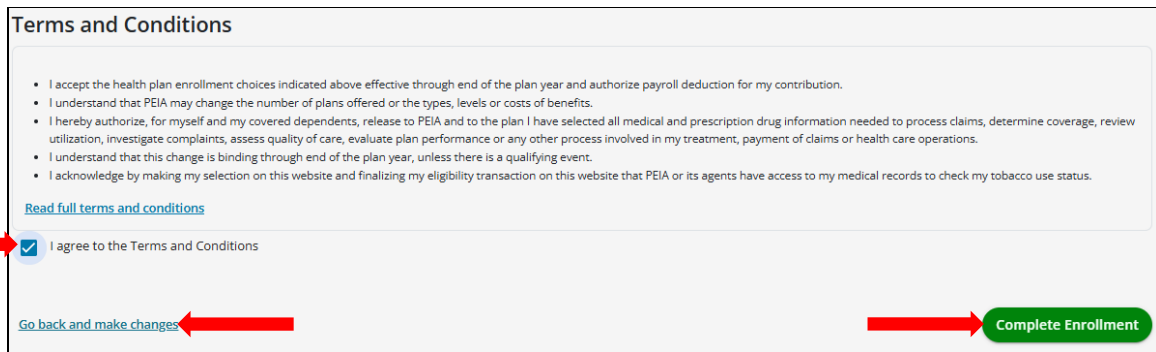
Discounts and Surcharges

Discounts and Surcharges Health Plan Tobacco Discount ☆	Coverage Details Discount	Cost (\$50.00)
Edit		
Discounts and Surcharges Health Plan Spousal Surcharge	Coverage Details No Spousal Surcharge	
Edit		

Cost Summary

Total Costs:
Your Total Monthly Net Costs: \$144.10

3. Scroll down to the **Terms and Conditions** section.



Terms and Conditions

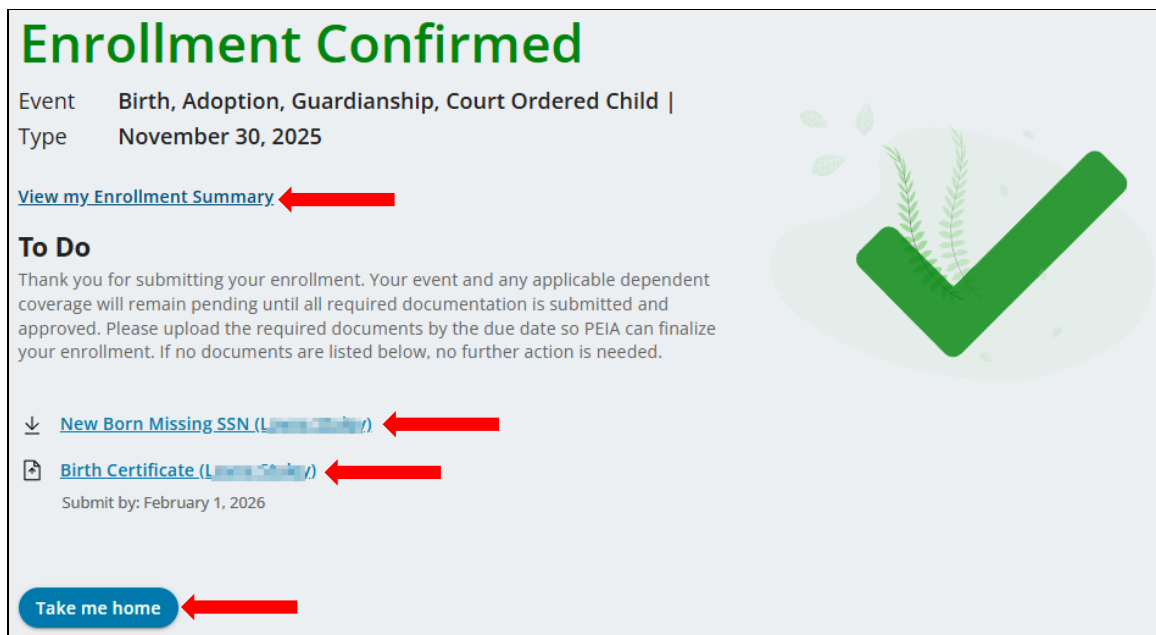
- I accept the health plan enrollment choices indicated above effective through end of the plan year and authorize payroll deduction for my contribution.
- I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.
- I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.
- I understand that this change is binding through end of the plan year, unless there is a qualifying event.
- I acknowledge by making my selection on this website and finalizing my eligibility transaction on this website that PEIA or its agents have access to my medical records to check my tobacco use status.

[Read full terms and conditions](#)

☒ I agree to the Terms and Conditions

[Go back and make changes](#) **Complete Enrollment**

4. Click the **I agree to the Terms and Conditions** checkbox.
Note that there is one more link to go back and make changes.
5. Click the **Complete Enrollment** button.
The Enrollment Confirmed screen displays. Note the requirement of the SSN and Birth Certificate in the **To Do** section.



Enrollment Confirmed

Event **Birth, Adoption, Guardianship, Court Ordered Child |**
Type **November 30, 2025**

[View my Enrollment Summary](#)

To Do

Thank you for submitting your enrollment. Your event and any applicable dependent coverage will remain pending until all required documentation is submitted and approved. Please upload the required documents by the due date so PEIA can finalize your enrollment. If no documents are listed below, no further action is needed.

↓ [New Born Missing SSN \(L \[redacted\] /\)](#)

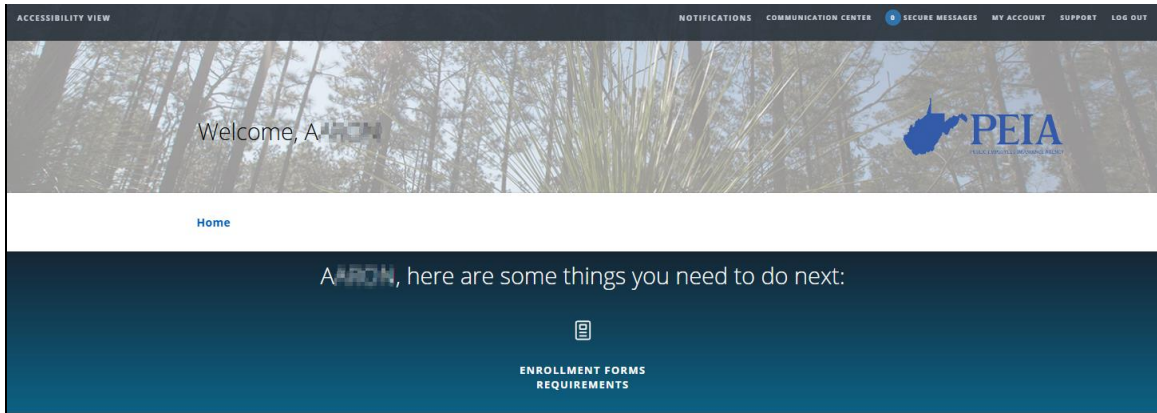
📎 [Birth Certificate \(L \[redacted\] /\)](#)

Submit by: February 1, 2026

Take me home

6. Click the **View My Enrollment Summary** link to obtain a printout of the benefits.
7. Click the **Take Me Home** button.
The system returns to the Home screen.

Note the Call to Action banner on the Home screen.



3.3 Health Plan Tools

The following sections detail additional screens and options that are available during the event workflow.

3.3.1 Help Me Decide

Upon starting the Health Plans screen, use the Help Me Decide tool to make the best possible healthcare coverage selection.

The screenshot shows the 'Health Plans' screen with a tab for 'HSA Calculator'. Below the tabs is a section titled 'Important information' with two bullet points: 'Health' (You have dependents on file but have not assigned them any of the health coverage. If you wish to do so, please check the applicable boxes under 'Select who is covered') and 'Health' (Please review CCP information for yourself and any dependents you have elected to cover). A link for 'Comprehensive Care Partnership Program Enrollment' is provided. Below this is the 'Health' section, which includes a 'Help Me Decide' button highlighted with a red arrow. The 'Health' section also contains text about PEIA health plans and a 'Select who is covered' section with checkboxes for 'DIANA Myself' (checked) and 'Charles Spouse' (unchecked). Below the 'Select who is covered' section are two plan options: 'PPB Plan A' with a premium of \$187.00 and 'No Coverage' with a premium of \$0.00. The 'PPB Plan A' option has a 'View Details' button, and the 'No Coverage' option has a 'Scroll down' button.

1. Click the **Help Me Decide** button.
The Getting Started window opens.

Get Started

Family Information

Your Usage

Medical Events

Medical Conditions

Your Results

Welcome, we're going to help you choose a health plan!

Just answer a few simple questions about your likely medical needs for the coming year. We'll analyze the health plan options offered by your employer to give you a better idea of the total expected costs under each plan.

It shouldn't take more than 5 minutes (although you're welcome to go back and tweak your answers as often as you like).

Health Savings Account (HSA)

Pay for medical expenses with **tax-free dollars!**

Cancel

Next >

- Click the **Next** button.
The Family Information window displays.

Get Started

Family Information

Your Usage

Medical Events

Medical Conditions

Your Results

Who do you plan to cover?

We start with the basics: who are you insuring, and where are you located? Every family is unique, and the next few questions will drill down into your specific situation.

Your answers will help us estimate your total expected costs: both your premium payroll deduction and out-of-pocket expenses at time of service. We use advanced statistics to quantify the type and number of health care services you and your family will need. Our cost estimates will also be customized based on your geographic region.

☐ Myself
 ☒ Me & My Partner ?
 ☐ Me & My Children
 ☐ My Family

< Previous

Next >

Confidential

64

3. Select the option for who you plan to cover, and click the **Next** button. The Your Usage window displays.

Get Started Family Information **Your Usage** Medical Events Medical Conditions Your Results

How much do you feel you (and others on the policy) use your health insurance?

We are looking for an estimate here; your first inclination. The need for medical care can be somewhat unpredictable, so we encourage you to plug in your "best guess" and go from there. Think about your use of doctors, Rx, hospitals, etc., compared to your friends and family. This initial estimate starts us down the path towards calculating your expected percentile of use. The next few responses will allow us to estimate your needs more precisely.

☐ Rarely

☐ Not Too Much

☒ Medium

☐ A Lot

☐ I Max It Out



< Previous **Next >**

4. Select the option for your planned usage, and click the **Next** button. The Medical Events window displays.

Get Started Family Information Your Usage **Medical Events** Medical Conditions Your Results

Select any medical events or needs you consider likely during the coverage year

Your last response let us know what general type of user you are, but sometimes there are anticipated medical events that are pretty likely, so we want to make sure we plan for them. Check as many as apply to you; most responders will not expect any of these events.

The next question will cover any conditions you may have, so don't fret if you don't check any boxes but think that you'll be visiting the doctor regularly.

☐ Birth of a child

☐ An inpatient hospital stay (besides childbirth)

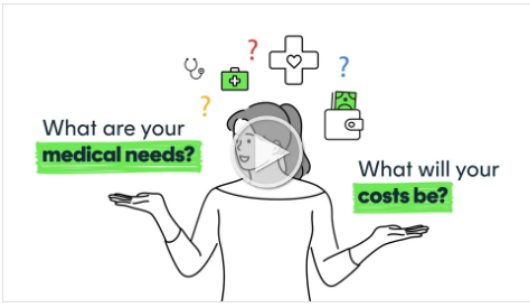
☐ A significant surgery (outside of doctor's office)

☐ Five or more prescription drugs for any individual

☐ Any biological Rx (often \$1,000+/mo.)

☐ Kidney dialysis

☐ Seeing a doctor for difficulty becoming pregnant



< Previous **Next >**

5. Select all medical events that may apply, and click the **Next** button. The Medical Conditions window displays.

Get Started
Family Information
Your Usage
Medical Events
Medical Conditions
Your Results

Select any medical conditions you consider likely during the coverage year

The presence of one or more of these conditions typically leads to significant medical services, and when combined with certain events (such as surgery), may increase the overall complexity (and cost) of the anticipated health event.

Do not check a box if your condition does not require significant ongoing treatment, e.g. very mild arthritis, or slightly elevated blood pressure or cholesterol easily managed by generic Rx. As with our earlier question regarding events, many individuals will also not check any conditions.

☐ Cancer (not in remission)
☐ Heart condition requiring medication
☐ Narrowed arteries requiring blood thinners
☐ Autoimmune disorder or immune system deficiency
☐ Diabetes or other endocrine (hormonal) disorders
☐ Significant brain or spinal cord disorder
☐ Lung disorder
☐ Other conditions requiring multiple office visits
☐ Other conditions requiring advanced testing/imaging

Potential medical conditions or services

< Previous
Next >

- Select all medical conditions that may apply, and click the **Next** button. The Your Results window displays.

Get Started
Family Information
Your Usage
Medical Events
Medical Conditions
Your Results

We identified **PPB Plan A** as the highest value plan for you, balancing total expected cost with other plan features.

[+ Show Details](#)

Recommendation based on whom you chose to cover
Me & My Partner

PPB Plan A
\$587.00 Monthly

88
Best Value Best Price Value Score

Estimated Out-of-Pocket Costs	\$2,467	Doctor Visit	Plan Out-of-Pocket Max	i
Annual Premium Costs	+ \$7,044	\$30 Copay Primary/\$50 Specialist	\$7,850	i
Total estimated annual cost	i \$9,511	Coinurance Varies by Service	PCP Referrals Required	i
If you are enrolling mid plan year, the HSA contribution amount may be prorated.		Annual Deductible \$0/\$0	No	i
		Rx You pay 20%	Out-of-Network Benefits	i
			Yes	

Select

7. Click the **Select** button for your preferred plan.
The Confirm covered family members panel displays.

The screenshot shows the 'Confirm covered family members' panel for PPB Plan A. At the top, the plan name 'PPB Plan A' is displayed with a monthly cost of '\$587.00 Monthly'. To the right, there are three icons: a star, a dollar sign, and a score of '88', labeled 'Best Value', 'Best Price', and 'Value Score' respectively. Below this, a table lists various costs and benefits:

Estimated Out-of-Pocket Costs	\$2,467	Doctor Visit	\$30 Copay Primary/\$50 Specialist	Plan Out-of-Pocket Max	\$7,850
Annual Premium Costs	+ \$7,044	Coinurance	Varies by Service	PCP Referrals Required	No
Total estimated annual cost	\$9,511	Annual Deductible	\$0/\$0	Out-of-Network Benefits	Yes

Below the table, there is a note: 'If you are enrolling mid plan year, the HSA contribution amount may be prorated.' and a 'Change' button. At the bottom, there is a section titled 'Confirm covered family members:' with two checkboxes: 'Myself' (unchecked) and 'Charles Spouse' (checked). A red arrow points from the 'Myself' checkbox to the 'Charles Spouse' checkbox. At the bottom right, there are two buttons: '< Previous' and 'Done', with a red arrow pointing to the 'Done' button.

8. Click the checkbox to select any additional family members, and then click the **Done** button.
The Health screen reflects your selections.

The screenshot shows the 'Health' screen. At the top, there is a 'Health' header with two information icons and a 'Help Me Decide' button. Below the header, there is a paragraph: 'PEIA offers several health plans to choose from which are designed to support our members' and their family's well-being. The choices you make here are binding until the end of the plan year.' Another paragraph follows: 'PEIA offers four PEIA PPB plans which are available nationwide and three managed care plans, but you must live in the managed care plan's enrollment area to be eligible to enroll in a plan.'

Below the paragraphs, there is a section titled 'Select who is covered' with two checkboxes: 'DIANA Myself' (unchecked) and 'Charles Spouse' (checked). A red arrow points from the 'DIANA Myself' checkbox to the 'Charles Spouse' checkbox. Below the checkboxes, there is a 'View Details' button.

To the right of the 'Select who is covered' section, there are two cards. The first card is for 'PPB Plan A' and shows a 'Best Price' of '\$587.00' and a 'Best Value' of '88 Value Score'. It also has a 'View Details' button. The second card is for 'No Coverage' and shows a 'Standard Monthly Premium' of '\$0.00' and a 'Select' button. A red arrow points from the 'Select' button to the 'Done' button in the previous screenshot.

3.3.2 Compare Plans

For certain events, such as for New Hire, the Compare Plans feature allows for comparing medical benefits.

Health Plans

HSA Calculator

Health

Compare Plans

Help Me Decide

PEIA offers several health plans to choose from which are designed to support our members' and their family's well-being. The choices you make here are binding until the end of the plan year.

PEIA offers four PEIA PPB plans which are available nationwide and three managed care plans, but you must live in the managed care plan's enrollment area to be eligible to enroll in a plan.

Select who is covered

Ralph

Myself

PPB Plan A

\$207.00

Standard Monthly Premium

Employee Only

Select

View Details

PPB Plan B

\$103.00

Standard Monthly Premium

Employee Only

Select

View Details

PPB Plan C

\$111.00

Standard Monthly Premium

Employee Only

Select

View Details

1. Click the **Compare Plans** button.
The Compare your health plans panel opens.

Compare your health plans

See your plan options side by side to help in your decision. Select 2 or 3 plans for a more detailed comparison.

Select Plans:

☐

PPB Plan A

\$207.00

Monthly

☐

PPB Plan B

\$103.00

Monthly

The screenshot shows a 'Select Plans' window with a vertical list of three plans. Each plan card displays the plan name, a monthly cost, and a 'Monthly' label. To the left of each card is a checkbox. Red arrows point to each of these checkboxes. At the bottom of the window is a blue 'Compare' button, also indicated by a red arrow. A vertical scrollbar is on the right side of the plan list.

Plan Name	Monthly Cost
PPB Plan A	\$207.00
PPB Plan B	\$103.00
PPB Plan C	\$111.00

2. Click the checkboxes to select two or more plans, and then click the **Compare** button. The Compare Plans window opens. The first part of the window displays the **Annual Deductibles**.

[Go back](#)
×

Compare Plans

Print

PPB Plan A

\$207.00

Monthly

Select

PPB Plan B

\$103.00

Monthly

Select

PPB Plan C

\$111.00

Monthly

Select

Annual Deductibles

Annual Deductible - Employee Only	\$875	\$1,175	\$2,250
Annual Deductible - Employee & Children	\$1,800	\$2,350	\$4,500
Annual Deductible - Employee & Family	\$1,800	\$2,350	\$4,500
Additional Deductible Details	Above are In Network; Out of Network is twice the In-Network amount.	Above are In Network; Out of Network is twice the In-Network amount.	In Network: Combined medical/prescription deductible; Services on the Preventive Care List covered without deductible

3. Scroll down to see the **Annual Out Of Pocket Maximums, Additional Information, Coinsurance, Physician Services, Inpatient Services, Hospital Outpatient Services, Mental Health and Chemical Dependency Services, Outpatient Therapies, All other Medical Services, and Prescription Benefits** sections.

Annual Out Of Pocket Maximums			
Annual Out-of-Pocket Maximum - Employee Only	\$4,050	\$5,200	\$3,500
Annual Out-of-Pocket Maximum - Employee & Children	\$8,000	\$10,700	\$7,000
Annual Out-of-Pocket Maximum - Employee & Family	\$8,050	\$10,650	\$7,000
Additional Out of Pocket Maximum Details	Above are In Network; Out of Network is twice the In-Network	Above are In Network; Out of Network is twice the In-Network	Out of Network: No Out of Network coverage

[Go back](#) ×

Compare Plans Print

PPB Plan A
\$207.00
 Monthly
[Select](#)

PPB Plan B
\$103.00
 Monthly
[Select](#)

PPB Plan C
\$111.00
 Monthly
[Select](#)

Prescription Benefits			
	90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maint Drug List. No discount for non-preferred brand name drugs Out of Network: Not covered	90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maint Drug List. No discount for non-preferred brand name drugs Out of Network: Not covered	90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maint Drug List. No discount for non-preferred brand name drugs Out of Network: Not covered
Family Planning	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

[Done](#)

- If finished viewing, click the **Done** button.
The system returns to the Health Plans screen where you may select a plan.

Or

Click a **Select** button on the **Compare Plans** screen, and then click the **Done** button.
The system returns to the Health Plans screen.

[Previous](#) [Recalculate](#) [Next](#)

- Click the **Recalculate** button.
The Total Monthly Nets Costs displays at the bottom of the screen.

[Previous](#) [Recalculate](#) [Next](#)

Your Total Monthly Net Costs:
\$79.20
[See all benefits and costs](#)

3.3.3 Medicare Beneficiary Information Collection

PEIA Must have Medicare Beneficiary Identifiers on file for all Medicare eligible persons. During the processing of an event, The Medicare Information Collection tool will provide access to this information.

Confirm that the participant is on an eligible plan already.

The screenshot shows the 'Retiree Health Plans' interface. At the top, there's a section titled 'Important information' with a bullet point: 'Medicare Advantage and Prescription Drug Plan'. Below this, it states: 'We must have the Medical Beneficiary Identifiers on file for all Medicare eligible persons. Please ensure the Medical Beneficiary Identifiers for yourself and/or family members are listed below.' A red arrow points to the 'View MBI numbers' link. Below this, there's a section titled 'Medicare Advantage and Prescription Drug Plan' with a 'Compare Plans' button. The main content area shows three plan options: 'Humana PEIA Plan 1' with a premium of \$143.00, 'Humana PEIA Plan 2' with a premium of \$87.00, and 'No Coverage' with a premium of \$0.00. Each plan has a 'Select' button and a 'View Details' button. On the left, there's a 'Select who is covered' section with a 'Myself' checkbox.

1. Click the **View MBI numbers** link.
The Medicare Beneficiary Identifiers panel opens to the right side of the screen.

The screenshot shows the 'Medical Beneficiary Identifiers' panel. It has a title bar with a close button (X). The main text reads: 'We must have the Medical Beneficiary Identifiers on file for all Medicare eligible persons. Please ensure the Medical Beneficiary Identifiers for yourself and/or family members are listed below.' Below this, there's a section titled 'You' with a text input field labeled 'MBI number *'. Below the input field, it says '11 Digits'. At the bottom, there are 'Cancel' and 'Save' buttons.

Medical Beneficiary Identifiers X

We must have the Medical Beneficiary Identifiers on file for all Medicare eligible persons. Please ensure the Medical Beneficiary Identifiers for yourself and/or family members are listed below.

Add New Edit Delete View

You

MBI number *

3EN1TE6HK93

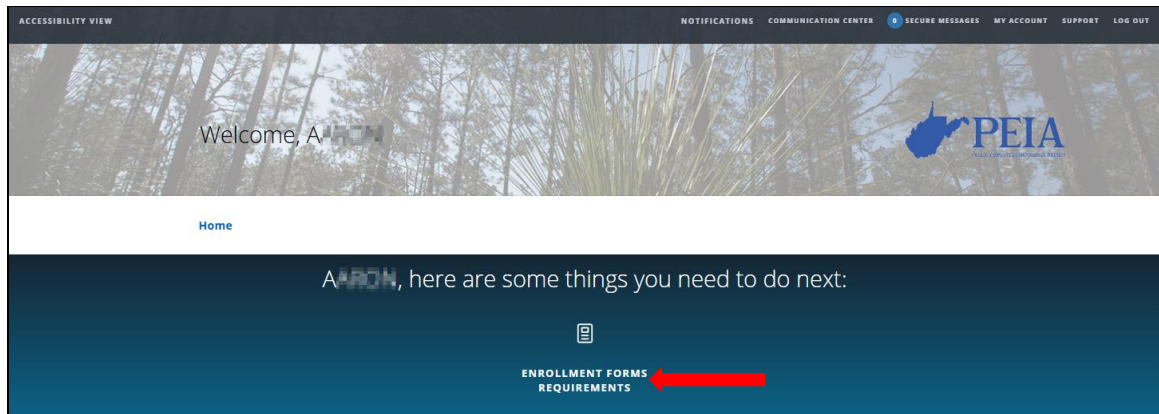
11 Digits

Cancel Save

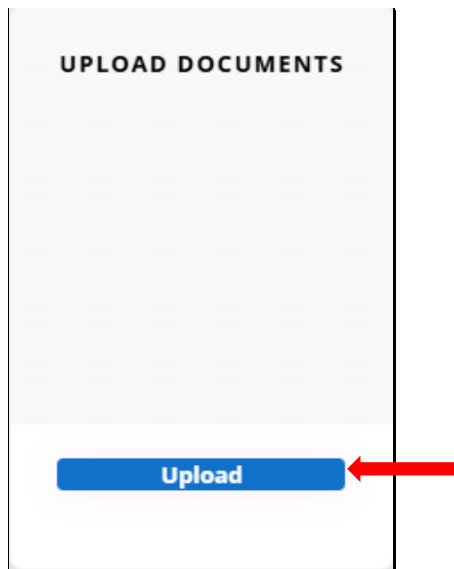
2. Type the eligible person's identifier number in the **MBI number** field, and click the **Save** button.
3. Repeat step 2 for any additional covered family members.

4 Upload Documents

When entering life events, PEIA may require certain supporting documents like the Birth Certificate mentioned in the previous section. These documents may not be readily available to you at the time of entering the life event information. Use the **Upload Documents** feature when ready to provide these documents.



Note the Call to Action (CTA) banner when returning to the Home screen. You may click the **Enrollment Forms Requirements** link on the banner, or use the **Upload Documents** tool card below on the Home screen.



1. Click the **Upload Documents** widget.
The Manage Your Forms & Documents screen displays.

Manage Your Forms & Documents

[Required Forms](#) [Health Evidence](#) [Upload Documents](#) 



Required Forms

These are the documents that you are required to submit related to the enrollment changes that you submitted. In the **Outstanding** section, click on the link to upload the required document.

You can view the documents you have previously uploaded listed under the **Processed** section.

Outstanding

Form Name	Event Name	Expiration Date
Birth Certificate	Birth, Adoption, Guardianship, Court Ordered Child(Nov 30, 2025)	Feb 1, 2026

Processed

No data available

- Click the **Upload Documents** option.
The Upload Documents screen displays.

[Required Forms](#) [Health Evidence](#) [Upload Documents](#)



Upload documents

This page lists the documents that you are required to submit related to enrollment changes that you recently submitted. If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it appears in the list. For each required document, you can upload a file a maximum of five times.

Document Name	Required for	Status	Details	Actions
Birth Certificate or Adoption Decree/Letter of Intent		Not Received		Upload 

- Click the **Upload** link in the **Actions** column.
The Upload Documents window opens.

Note the requirements indicated for file size and supported file types.

Upload documents

- Click **Browse** and select the file to upload.
- Confirm that the file is a true copy of the original document by checking the box below.
- Click **Upload** to submit your file.
- A confirmation screen will appear when your file has been uploaded successfully.

About your file:

- It must be less than 10 MB in size.
- It must be one of the following types: XML, PDF, DOC, XLS, TXT, PPT, JPEG, JPG, GIF, BMP, TIF, TIFF, PNG, CSV, XLSX, DOCX, MSG, PPTX, XLSX, XLSM, XLSB, ZIP, RTF, AAC, AVI, BIN, GZ, HTM, HTML, ICO, MP3, MPEG, OGA, OGV, OGX, OPUS, PPTX, TS, WAV, WEBA, WEBM, WEBP, 3GP, 3G2, 7Z, TMP, MHT, EPS, DOTX, WPD, XPS, OXPS, MSG, MP4, ASF, EML, OFT.

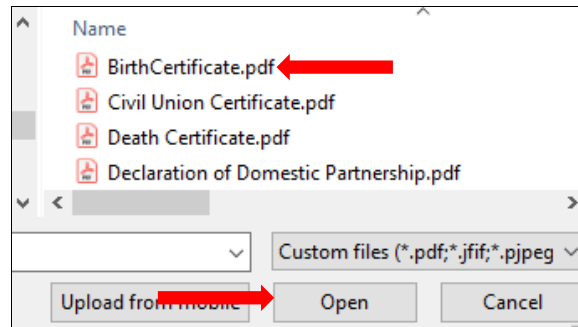
Choose File No file chosen

☐ I attest that the file I am submitting, which contains an image of an original document, has not been falsified in any way and is a true representation of that original document.

Upload

Cancel

4. Click the **Choose File** button.
An Open File window opens.



5. Navigate to the location of the stored document; click the document's name to select it, and then click the **Open** button.
The selected file's name displays on the Upload documents window.

Upload documents

- Click **Browse** and select the file to upload.
- Confirm that the file is a true copy of the original document by checking the box below.
- Click **Upload** to submit your file.
- A confirmation screen will appear when your file has been uploaded successfully.

About your file:

- It must be less than 10 MB in size.
- It must be one of the following types: XML, PDF, DOC, XLS, TXT, PPT, JPEG, JPG, GIF, BMP, TIF, TIFF, PNG, CSV, XLSX, DOCX, MSG, PPTX, XLSX, XLSM, XLSB, ZIP, RTF, AAC, AVI, BIN, GZ, HTM, HTML, ICO, MP3, MPEG, OGA, OGV, OGX, OPUS, PPTX, TS, WAV, WEBM, WEBP, 3GP, 3G2, 7Z, TMP, MHT, EPS, DOTX, WPD, XPS, OXPS, MSG, MP4, ASF, EML, OFT.

Choose File BirthCertificate.pdf

☒ I attest that the file I am submitting, which contains an image of an original document, has not been falsified in any way and is a true representation of that original document.

Upload

Cancel

- Click the **attest** checkbox, and then click the **Upload** button to complete the process. The Upload documents window confirms your successful upload.

Upload documents

You have successfully upload the following document: BirthCertificate.pdf.

We review documents within one to two business days of receiving them. Until we review a received document, it will have the status "New". Once we begin reviewing a document, its status changes to "Under Review".

If you uploaded the wrong file, you can remove it or replace it with another file while it has the status "New". You can upload a file for each document you are required to submit a maximum of five times.

If we are not able to approve your document, the Benefits Administrator may notify you and ask you to submit it again. The status of your document will change back to "Not received".

If you have questions regarding the document approval process, contact the WV Public Employees Insurance Agency (PEIA) at 304-558-7850 or 888-680-7342.

Close

- Click the **Close** button. The Upload Documents window displays the added document in the Details column. Repeat this process for all required documents.

Manage Your Forms & Documents

[Required Forms](#) [Health Evidence](#) [Upload Documents](#)

 Upload documents

This page lists the documents that you are required to submit related to enrollment changes that you recently submitted. If a document is required more than once, it will appear in the list as many times as it is required. You must upload it as many times as it appears in the list. For each required document, you can upload a file a maximum of five times.

Document Name	Required for	Status	Details	Actions
Birth Certificate or Adoption Decree/Letter of Intent		New	Added on Dec 9, 2025	Replace View

Note: uploaded documents will be reviewed by a PEIA administrator. Should a document be rejected for any reason, you will receive a notice of the rejection via Secure Message.

- Click the **Home** link at the top of the screen.
The CTA banner no longer displays.

ACCESSIBILITY VIEW

NOTIFICATIONS COMMUNICATION CENTER **8** SECURE MESSAGES MY ACCOUNT SUPPORT LOG OUT

Welcome, A 



Home

MY TOOLS

WELCOME TO PEIA

[Learn More](#)

YOUR CURRENT COVERAGE

\$35.56

YOUR TOTAL MONTHLY COSTS

[Quick Actions](#)

ENROLL / MAKE CHANGES

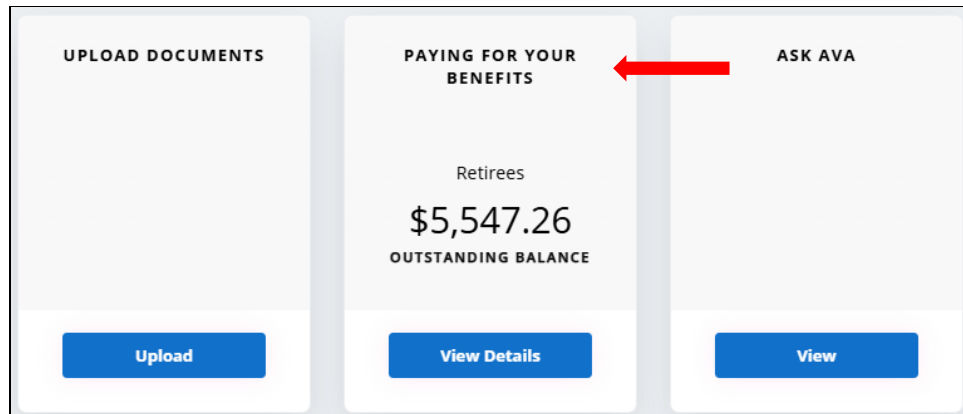
[Go](#)

MY ELECTIONS

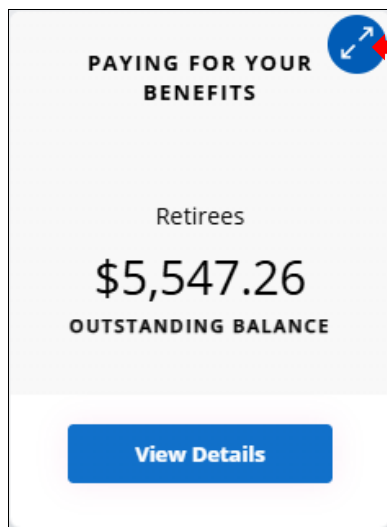
[Go](#)

5 Member Portal Billing Widget

The **Paying For Your Benefits** card, sometimes called the billing widget, may be found on the Home screen under My Tools. Default display for this widget is your Outstanding Balance.



1. Hover your mouse over the widget.
The expansion icon (double arrow) appears.



2. Click the **expansion icon**.
The widget opens fully.

RETIREES

\$5,547.26

OUTSTANDING BALANCE

Account Summary

Your Last invoice, due by Mar 5, 2026

\$5,547.26

Outstanding Balance

\$5,547.26

Make a Payment

View Details

- Click the **View Details** button.
(Note: the widget does not have to be expanded for the View Details button to be available.)
The My Billing screen displays.

Home

PEIA

My Billing

Account Summary

\$5,547.26

Invoice due Mar 5, 2026

\$5,547.26

Outstanding Balance

Make a Payment

Billing History

Payment History

Payment Profile

Below is your available billing history from the past 24 months:

Invoice Date	Due Date	Amount
Jan 1, 2026	Feb 5, 2026	\$4,953.12
Dec 1, 2025	Jan 5, 2026	\$3,714.84
Nov 1, 2025	Dec 5, 2025	\$2,476.56
Oct 1, 2025	Nov 5, 2025	\$1,238.28

The **Account Summary** shows the last invoice run and the amount that was due for that invoice along with its due date. The outstanding balance as of the current date shows as well.

Account Summary

\$5,547.26

Invoice due Mar 5, 2026

\$5,547.26

Outstanding Balance

Make a Payment

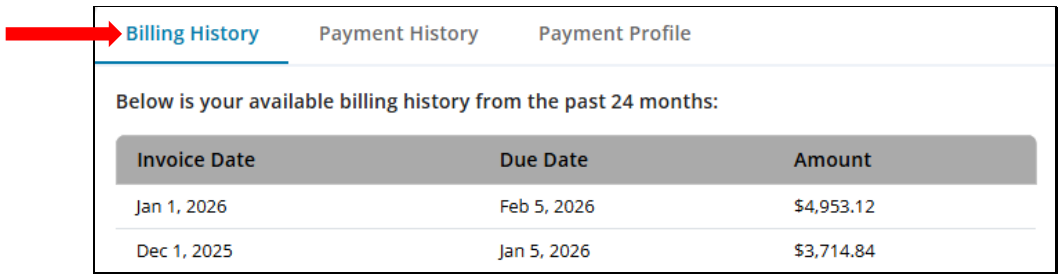
Billing History shows (if any) the last payment made, the amount and the invoice and due dates.

Billing History	Payment History	Payment Profile
Below is your available billing history from the past 24 months:		
Invoice Date	Due Date	Amount
Jan 1, 2026	Feb 5, 2026	\$4,953.12
Dec 1, 2025	Jan 5, 2026	\$3,714.84
Nov 1, 2025	Dec 5, 2025	\$2,476.56
Oct 1, 2025	Nov 5, 2025	\$1,238.28

5.1 My Billing

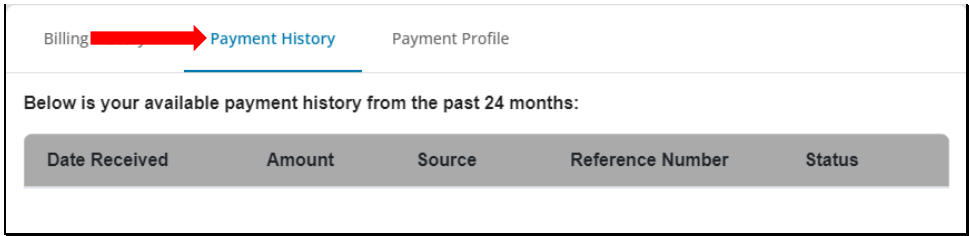
The My Billing screen contains the Account Summary, as seen on the expanded widget. In addition, you may use this screen to view your Billing History, Payment History, and Payment Profile.

Billing History is the default view, and it displays the invoice amounts for the past 24 months. If a PDF exists for the invoice, a download icon will display.



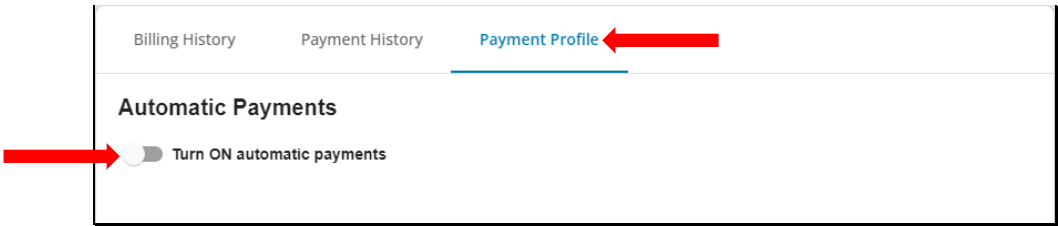
Billing History Payment History Payment Profile		
Below is your available billing history from the past 24 months:		
Invoice Date	Due Date	Amount
Jan 1, 2026	Feb 5, 2026	\$4,953.12
Dec 1, 2025	Jan 5, 2026	\$3,714.84

Payment History displays payment history for the past 24 months.



Billing Payment History Payment Profile				
Below is your available payment history from the past 24 months:				
Date Received	Amount	Source	Reference Number	Status

Payment Profile displays for participants to control their automatic ACH payment information.



Billing History Payment History Payment Profile

Automatic Payments

☐ Turn ON automatic payments

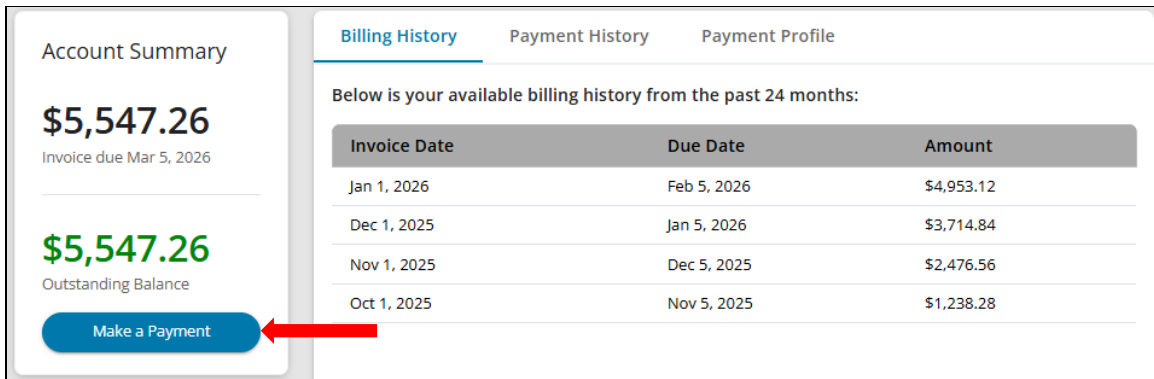
In this example, the automatic payment setting is **OFF**. Later, turn this setting to **ON** and select your bank account information.

Also in this example, no payment information exists for this member. The process of making a payment in the following section will create the banking information.

5.2 Make a Payment with a New Payment Method

5.2.1 Add a New Checking Account and Make a Payment

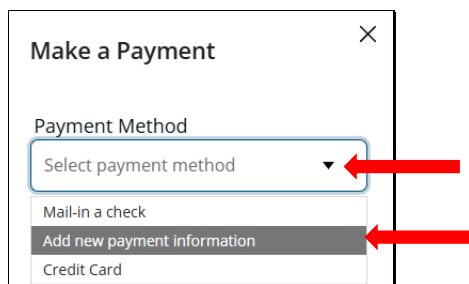
Use the Make a Payment button to enter a payment by check or online.



The screenshot shows the 'Account Summary' section on the left and the 'Billing History' section on the right. The 'Account Summary' displays a balance of \$5,547.26 with an invoice due on Mar 5, 2026. Below this, the same amount is shown as the 'Outstanding Balance'. A blue 'Make a Payment' button is located at the bottom of the summary section, with a red arrow pointing to it. The 'Billing History' section shows a table of invoices from the past 24 months.

Invoice Date	Due Date	Amount
Jan 1, 2026	Feb 5, 2026	\$4,953.12
Dec 1, 2025	Jan 5, 2026	\$3,714.84
Nov 1, 2025	Dec 5, 2025	\$2,476.56
Oct 1, 2025	Nov 5, 2025	\$1,238.28

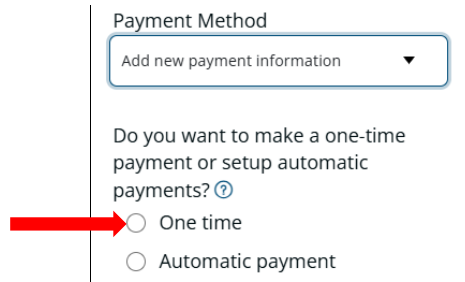
1. Click the **Make a Payment** button.
The Make a Payment panel opens.



The screenshot shows the 'Make a Payment' panel. The 'Payment Method' dropdown menu is open, displaying four options: 'Select payment method', 'Mail-in a check', 'Add new payment information', and 'Credit Card'. The 'Add new payment information' option is highlighted with a grey background and a red arrow. Another red arrow points to the dropdown arrow icon.

2. Click the drop-down arrow in the **Payment Method** field, and select **Add new payment information**.
The Make a Payment panel expands.

For this example, make a one time payment.



Payment Method

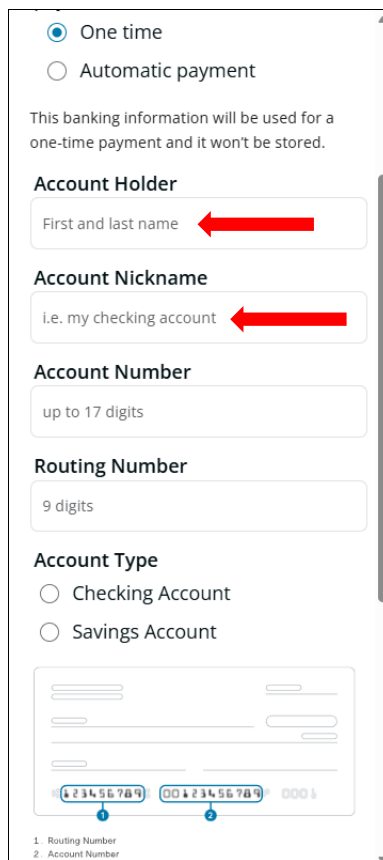
Add new payment information ▼

Do you want to make a one-time payment or setup automatic payments? ?

☒ One time

☐ Automatic payment

3. Click the **One time** option.
The panel expands to accept your bank account information.



☒ One time

☐ Automatic payment

This banking information will be used for a one-time payment and it won't be stored.

Account Holder

First and last name *

Account Nickname

i.e. my checking account *

Account Number

up to 17 digits

Routing Number

9 digits

Account Type

☐ Checking Account

☐ Savings Account

1. Routing Number
2. Account Number

Required fields are indicated with a red asterisk.

4. Enter your first and last name in the **Account Holder** field.
5. Enter a name for your account in the **Account Nickname** field.

Account Number

Routing Number

Account Type

☒ Checking Account

☐ Savings Account

1. Routing Number
2. Account Number

6. Enter your account number in the **Account Number** field.

7. Enter your bank's routing number in the **Routing Number** field.

Note: if the Routing Number is entered incorrectly, an error message displays upon payment submission.

Make a Payment

Error

- Invalid length: Routing Number

8. Select the **Checking Account** option in the **Account Type** field.

Account Type

☒ Checking Account

☐ Savings Account

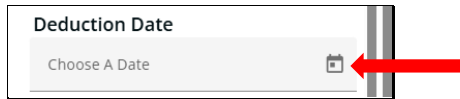
Amount

☐ Current Balance \$5,547.26

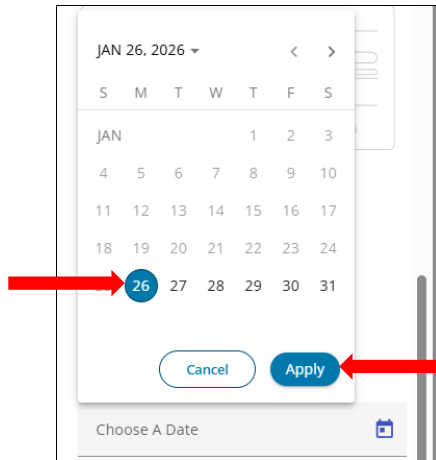
☒ Other Amount

\$ 500.00

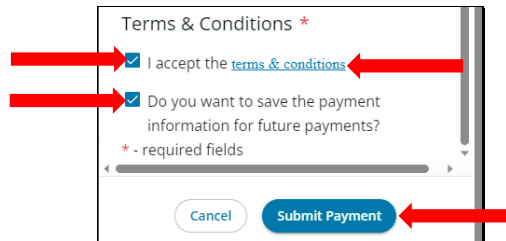
9. For this example, select the **Other Amount** option in the **Amount** field, and enter the amount below.

A screenshot of a form field labeled "Deduction Date". Below the label is a text input field containing "Choose A Date" and a small calendar icon to its right. A red arrow points to the calendar icon.

10. Click the calendar icon in the **Deduction Date** field to choose a date.

A screenshot of a date picker calendar for January 2026. The calendar shows days of the week (S, M, T, W, T, F, S) and dates (1 through 31). The date "26" is selected and highlighted in blue. A red arrow points to the "26". Below the calendar are "Cancel" and "Apply" buttons. Another red arrow points to the "Apply" button. At the bottom of the calendar, there is a "Choose A Date" text and a small calendar icon.

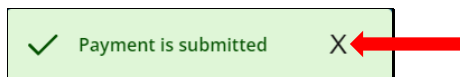
11. Select the date for your payment, and click the **Apply** button.

A screenshot of a "Terms & Conditions" section. It contains two checkboxes, both of which are checked. The first checkbox is labeled "I accept the [terms & conditions](#)". The second checkbox is labeled "Do you want to save the payment information for future payments?". Below the checkboxes is a note "* - required fields". At the bottom are "Cancel" and "Submit Payment" buttons. Red arrows point to each of the two checkboxes and the "Submit Payment" button.

12. Click the **I accept the terms & conditions** checkbox.
Click the terms & conditions link if you want to review the terms first.

13. Click the **Do you want to save the payment information for future payments?** checkbox.

14. Click the **Submit Payment** button.
The payment is submitted message displays.

A screenshot of a green success message box. It contains a green checkmark icon, the text "Payment is submitted", and a red "X" icon to close the message. A red arrow points to the "X" icon.

15. Click the **X** to close the message.

16. Go to **Payment History** to view the payment and its status.

Billing History

Payment History

Payment Profile

Below is your available payment history from the past 24 months:

Date Received	Amount	Source	Reference Number	Status	
Jan 26, 2026	\$500.00	One-time ACH	14	Scheduled	

17. Go to **Payment Profile** to view the new banking information you just established.

Billing History	Payment History	Payment Profile
-----------------	-----------------	------------------------

Stored Payment Information

This is the banking information on file that can be used to make one time or automatic payments.

Account Nickname	My Checking
Account Name	First Bank
Account Number	**** *1234
Routing Number	123456789
Account Type	Checking Account
Deduction Date	-

[Update payment info](#)

Automatic Payments

☐ Turn ON automatic payments

5.2.2 Add a New Credit Card Account and Make a Payment

Use the Make a Payment button to enter a payment by credit card.

Invoice Date	Due Date	Amount
Jan 1, 2026	Feb 5, 2026	\$4,953.12
Dec 1, 2025	Jan 5, 2026	\$3,714.84
Nov 1, 2025	Dec 5, 2025	\$2,476.56
Oct 1, 2025	Nov 5, 2025	\$1,238.28

1. Click the **Make a Payment** button.
The Make a Payment panel opens.

Make a Payment

Payment Method

Pay with "My Checking" ▼

Mail-in a check

Pay with "My Checking"

Add new payment information

Credit Card

2. Click the drop-down arrow in the **Payment Method** field, and select **Credit Card**.

Amount

☐ Current Balance \$5,547.26

☒ Other Amount

\$ 500.00

Deduction Date

Choose A Date

01/26/2026

3. Select the **Other Amount** option in the **Amount** field, and enter the amount below.
4. Select the date for your payment in the **Deduction Date** field, and click the **Apply** button.

Credit Card Payment

PEIA accepts online premium payments through the State Treasurer's secure payment portal. You will be able to see the actual fee once you are redirected to their site.

To proceed, click "Continue". Otherwise please select another payment method.

[Cancel](#) [Continue](#)

5. Click the **Continue** button.

The West Virginia Public Employees Insurance Agency screen opens in a new browser tab.

 **West Virginia
Public Employees Insurance Agency**

WV PEIA

Enter the required fields below then select the checkbox regarding the billing statement to continue to the payment information.

☒ Credit Card
☐ Check

Payment Amount: **\$500.00**

Company:

First Name:

Last Name:

☐ Outside of US

Address:

City:

State: WV

Zip Code:

Phone:

Email:

[Cancel](#)

6. Select the **Credit Card** option, and complete the required fields (indicated with a red outline).
7. Scroll to the bottom of the screen to see the credit card information fields.

☒ I understand that my billing statement will say WVPEIA.

Card Holder Name: If different than above

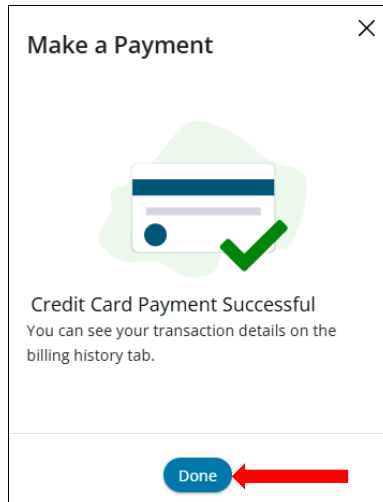
   

Card Number

Expiration Date

CVV

8. Enter the appropriate credit card information, and click the **Pay** button.
The WVPEIA tab closes, and the system confirms the successful payment.



9. Click the **Done** button.
10. Go to **Payment History** to view the payment and its status.

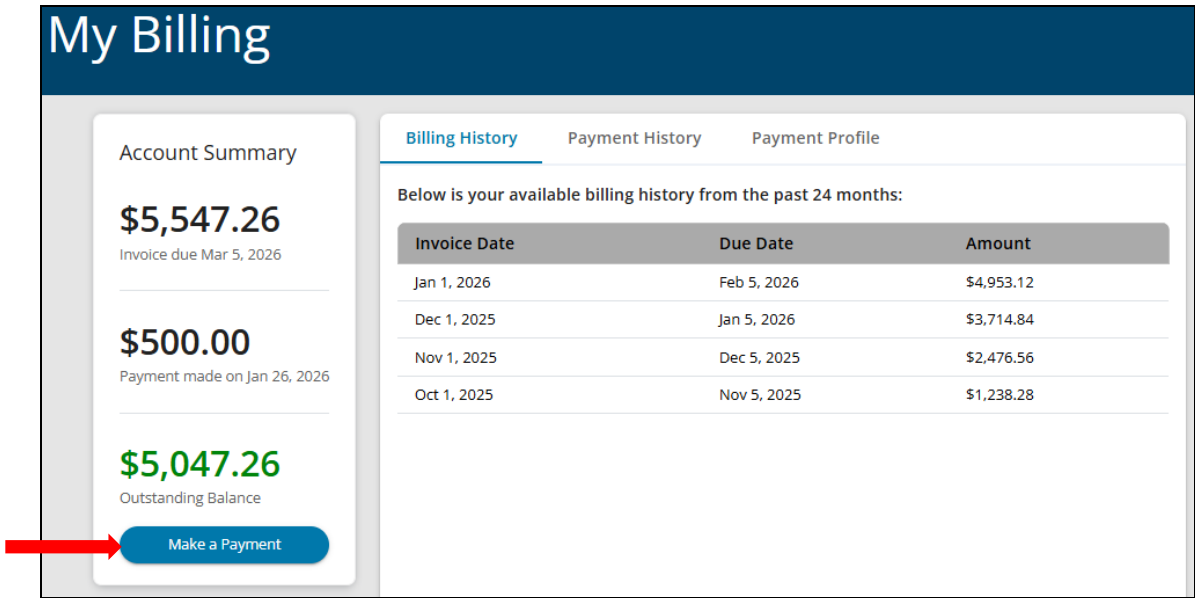
Billing History Payment History [Payment Profile](#)

Below is your available payment history from the past 24 months:

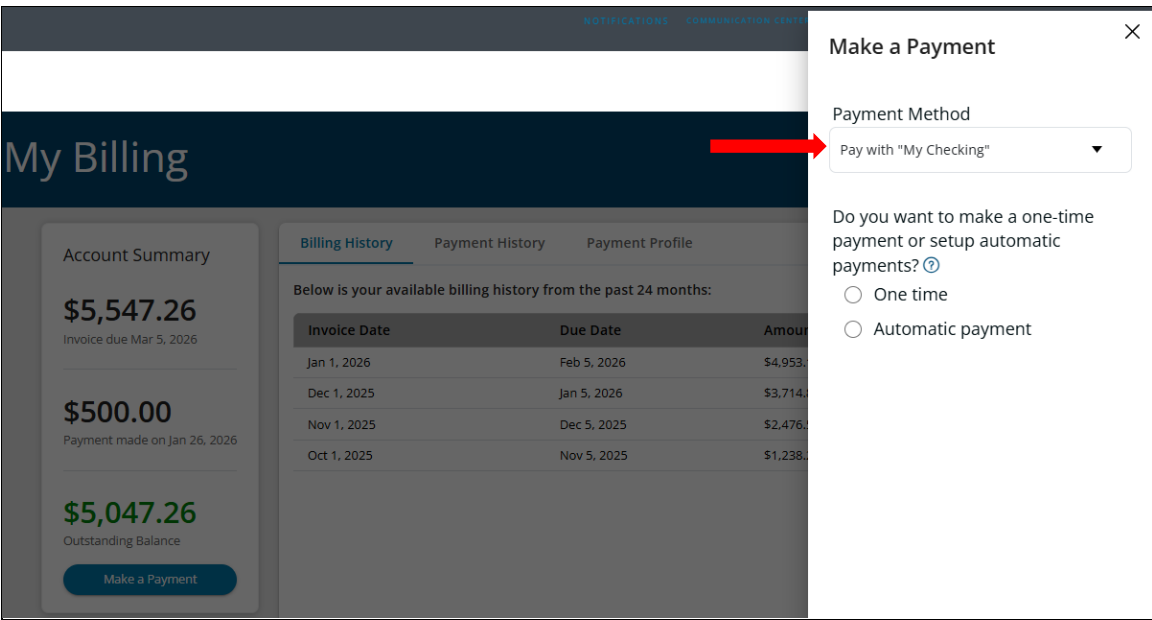
Date Received	Amount	Source	Reference Number	Status
Jan 26, 2026	\$500.00	Credit Card	6cd3a50f-898e-4845-ae1b-d358d937c97201262026163202	Complete
Jan 26, 2026	\$500.00	One-time ACH	14	Scheduled 

5.3 Make a Payment with an Established Payment Method

Use the Make a Payment button to enter a payment by check with the account you created in section 5.2.1.



1. Click the **Make a Payment** button.
The Make a Payment panel opens.



Note that the system defaults to the previously entered checking account.

Do you want to make a one-time payment or setup automatic payments? ⓘ

☒ One time

☐ Automatic payment

2. Select the **One time** option in the **Do you want to make a one-time payment or update automatic payments?** Field.

The panel expands to display the banking information on file.

Account Nickname

My Checking

Account Number

*****5789

Amount

☒ Current Balance \$5,047.26

☐ Other Amount

\$

3. Select the **Other Amount** option, and enter the amount below.

Amount

☐ Current Balance \$5,047.26

☒ Other Amount

\$ 500.00

Deduction Date

Choose A Date

01/26/2026

4. Select the date for your payment in the **Deduction Date** field.

Terms & Conditions *

☒ I accept the [terms & conditions](#)

* - required fields

5. Click the checkbox to accept the **Terms & Conditions**, and then click the **Submit Payment** button. The Payment is submitted message displays.

✓ Payment is submitted X

6. View the **Payment History** to see the payment.

Billing History <u>Payment History</u> ← Profile				
Below is your available payment history from the past 24 months:				
Date Received	Amount	Source	Reference Number	Status
Jan 26, 2026	\$500.00	Credit Card	6cd3a50f-898e-4845-ae1b-d358d937c97201262026163202	Complete
Jan 26, 2026	\$500.00	One-time ACH	14	Scheduled  
→ Jan 26, 2026	\$500.00	One-time ACH	15	Scheduled  

