PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

601 57th Street SE
Suite 2
Charleston, WV 25304
888-680-7342
peia.help@wv.gov
www.peia.wv.gov

Thank you for your interest in the Humana/PEIA Plan. Enclosed you will find the Transfer Form to move your coverage to Humana/PEIA Plan 1. There are a few things you should be aware of as you make your decision:

1. Humana cannot give you credit for any deductibles or out-of-pocket maximums you have already met this plan year in any other plan. Your medical and prescription drug deductibles will start over when you join Humana/PEIA Plan 1.

2. With Humana/PEIA Plan 1, your third tier (non-preferred) prescriptions require 50% coinsurance, instead of the 75% coinsurance charged in the PEIA Plans.

3. You must continue to be enrolled for Medicare Parts A and B and pay the Medicare Part B premium to be eligible for Medicare retiree benefits with PEIA/Humana.

4. You CANNOT enroll in another Medicare Part D plan when you are in the Humana Plan. If you do, ALL of your medical and prescription benefits through PEIA/Humana will be terminated.

5. With the Humana/PEIA Plan 1 you receive a SilverSneakers gym membership at no additional cost to you.

6. If you have a hire date that is prior to July 1, 2010,Your premiums for Humana/PEIA Plan 1 are based on your years of service as reported by CPRB (or your last employer, if you don't participate in a state retirement plan) and who you are covering on your plan. For details, see the most recent Benefits Guide or call PEIA's customer service unit at the number above.

We hope this information is valuable. If you wish to transfer your membership to Humana, please complete the enclosed form and return it to PEIA immediately. We will work with Humana and Medicare to get your membership transferred as quickly as possible.

Sincerely,

Your PEIA Team

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Humana Enrollment Transfer Form

This form allows you to transfer FROM PEIA's Special Medicare Plan TO the Humana/PEIA Plan 1.

Social Security Number: _____

Name: _____

Address: _____

City: _____ State:_____ Zip:_____

Home Phone: (_____)_____

E-mail Address: _____

Fax Number: _____

Medicare ID Number (from your red, white and blue Medicare Card):_____

By signing below I agree and understand that I will be transferred to PEIA's Medicare Advantage and Prescription Drug (MAPD) Plan administered by Humana and I will receive a new identification card from Humana. I also understand that this transfer must be reviewed and accepted by Humana and Medicare.

_____ _____
Member's Signature Date

Mail your completed form to and a copy of your Medicare card with part A and B to :
PEIA
ATTN: Humana Transfer Unit
601 57th Street, Suite 2
Charleston, WV 25304