



# Non-Medicare Retiree Premium Assistance Program

## Plan Year 2018 July 1, 2017 through June 30, 2018

Each year at this time, the PEIA offers Premium Assistance to retired employees and surviving dependents who qualify. Premium assistance reduces the monthly premium payment for the retiree or surviving dependent. Premium assistance is available to non-Medicare retirees with at least 5 years of service.

The premium assistance program pays part of your health insurance premium if your gross income is less than 250% of the Federal Poverty Level (FPL). To qualify for premium assistance you must meet **all** of the following criteria:

- you must have 5 or more years of service,
- you must be enrolled in the PEIA Preferred Benefit Plan (PPB) Plan A or B, and
- your household income during calendar year 2016 must have been at or below 250% of the FPL.

The chart below shows the income amounts and corresponding poverty level. Find the number of people in your household, then look across the chart to find your total annual household income. The gray box above your income will tell you your percentage of the FPL, and that will determine the amount of assistance you may receive.

<b>Federal Poverty Level</b>				
Individuals in Household	<100%	100%-150%	150%-200%	200% - 250%
1	\$12,060 or less	\$12,061 – 18,090	\$18,091 – 24,120	\$24,121– 30,150
2	\$16,240 or less	\$16,241 – 24,360	\$24,361 – 32,480	\$32,481 – 40,600
3	\$20,420 or less	\$20,421 – 30,630	\$30,631 – 40,840	\$40,841 – 51,050
4	\$24,600 or less	\$24,601 – 36,900	\$36,901 – 49,200	\$49,201 – 61,500
Each additional person add	\$4,180	\$6,270	\$8,360	\$10,450

Find your poverty level and your years of service in the chart below. This will show you the dollar amount of the premium reduction for which you are eligible. For example, if you had 20 years of service, your income is \$16,500 and you are the only individual in your household, then your poverty level is 100%-150%. In the chart below, go to the column labeled “100-150% of FPL” and the row labeled 15–24. You are eligible for a monthly premium reduction of \$50.

<b>Policyholder Only Monthly Premium Reduction</b>				
This amount will be deducted from your monthly premium for non-Medicare coverage. If the amount of the reduction is greater than the premium, then the premium due will be \$0.				
Years of Service	<100% of FPL	100-150% of FPL	150-200% of FPL	200–250% of FPL
5-14	\$51	\$34	\$19	\$13
15-24	\$65	\$50	\$31	\$19
25+	\$88	\$74	\$46	\$24

<b>Policyholder with Dependents Monthly Premium Reduction</b>				
This amount will be deducted from your monthly premium for non-Medicare coverage. If the amount of the reduction is greater than the premium due, then the premium due will be \$0.				
Years of Service	<100% of FPL	100-150% of FPL	150-200% of FPL	200–250% of FPL
5-14	\$76.50	\$51.00	\$28.50	\$19.50
15-24	\$97.50	\$75.00	\$46.50	\$28.50
25+	\$132.00	\$111.00	\$69.00	\$36.00

### **Sick and Annual Leave or Years of Service Credits**

If you are using sick or annual leave or years of service credits to get free or reduced premiums, **please do not fill out this form -- unless** you will run out of credits before June 30, 2018. If your credits will run out before June 30, 2018, you may apply now. If your application is approved, premium assistance will begin when your credits end.

### **Deadline for Application**

If you want your assistance to begin on July 1, 2017, we must receive your application before June 5, 2017. Applications will be processed in the order received. You may apply for assistance at any time during the year, but if we receive your application after June 5, 2017, we will process it as quickly as possible and, if you qualify, your premium reduction will be effective the first day of the month following the date of your approval. PEIA will not issue credit for previous months' premiums. You will receive a letter informing you of your approval or denial of your application.

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## **PLAN YEAR 2018 PREMIUM ASSISTANCE PROGRAM APPLICATION INSTRUCTIONS**

Please read all instructions carefully BEFORE completing the application.

### **SECTION I - RETIREE/SURVIVING DEPENDENT**

- **Name** – Use your full name, including middle initial.
- **Social Security Number (SSN)** – Fill in the correct SSN or we cannot process your application.
- **Address** – Provide your complete mailing address. (If address has changed, please check the box on the address line so we may update our records.)
- **Phone Number** (include area code).
- **Marital Status** – please check appropriate box. If separated, please check married.
- **Years of Service at the Time of Retirement/Retirement Date** – Applications without this information cannot be processed. Surviving Dependents must report the Years of Service of the deceased policyholder. If the policyholder was retired at the time of death, report years of service and retirement date. If death occurred while an active employee, then give years of service and the month and year of death.

### **SECTION II – SPOUSE & HOUSEHOLD INFORMATION**

If married, you must complete spouse's name and SSN. Also, indicate the number of individuals you have covered on your PEIA health insurance and the number of individuals living in your household.

### **SECTION III – GROSS ANNUAL INCOME FOR 2016**

This section must include All Household Income from 2016, before any deductions. Everyone in the household who has an income must report that information on the application.

**Income:** Complete the sections that apply to you.

- **State Pension\*** – Yearly amount you and the members of your household (if applicable) receive from the WV Consolidated Public Retirement Board.
- **Other Pension\*** – Yearly amount of pensions you and the members of your household (if applicable) receive from other sources (Example: TIAA/CREF).
- **Social Security\*** – Yearly amount for you and the members of your household
- **Wages\*** – Total amount of any income earned during 2016 for you and the members of your household.
- **Other Income\*** – Total amount of any other income received during 2016, for all members of your household (Example: Rent, Dividends, Royalties, Interest, Alimony, etc.).
- **Subtotal** – Total each column.
- **Grand Total** – All subtotal amounts.

**\* Include spouse and any other members of your household, if applicable**

**THIS APPLICATION MUST BE SIGNED AND DATED!** Applications without a signature and date will be returned without processing.

### **ATTACHMENTS**

- If you have copies of W2s, 1099s or any official year-end statements, you must attach these to verify your income.
- If you file taxes, a copy of your 2016 Federal tax return (first page) is acceptable. All income must be reported on the tax return.
- If you file taxes and your Social Security benefit amount is not on the form, then you must provide a copy of your SSA-1099.

### **SUBMITTING YOUR APPLICATION**

Please separate the Application Form and submit only the application to PEIA (address is on the application).

State of West Virginia  
Public Employees Insurance Agency  
Plan Year 2018  
Non-Medicare Retired Employees Premium Assistance Program  
- Application Form -

PLEASE PRINT OR TYPE

**SECTION I - RETIREE/SURVIVING DEPENDENT**

Name (First, Middle Initial, Last)	Social Security Number
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Address (If New Address Check Box)

City	State	Zip	County
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Phone Number (including Area Code) (      )	Marital Status (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed
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Years of Service at the Time of Retirement

**SECTION II - SPOUSE & HOUSEHOLD INFORMATION**

Spouse Name (First, Middle Initial, Last)	Spouse Social Security Number
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How Many Individuals on your PEIA insurance? Circle one - 1   2   3   4   5   6   7	How Many Individuals In Your Household? Circle one - 1   2   3   4   5   6   7
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**SECTION III - GROSS ANNUAL INCOME FOR 2016**

	List Your Income Below	List Spouse's Income Below	List Income of Other Dependents Below
State Pension	\$	\$	\$
Other Pension (If any)	\$	\$	\$
Social Security	\$	\$	\$
Wages (If any)	\$	\$	\$
Other Income	\$	\$	\$
Subtotal	\$	\$	\$
Total Gross Household Income for 2016 (include your income, income for your spouse and all other dependents that live in your household)			\$ <input style="width: 50px;" type="text"/>

***To avoid delays in processing, you must send proof of all income for 2016 with this application. It will NOT be processed without supporting documentation.***

I understand that if, as a result of withholding information or providing inaccurate information, I receive assistance to which I am not entitled, such assistance will be subject to recovery by PEIA and I may be subject to legal action. I declare that I have examined my responses and affirm that they are true, correct and complete.

\_\_\_\_\_ Date

<b>MAIL COMPLETED FORM TO:</b> PEIA Retiree Assistance Program 601 57 <sup>th</sup> St, SE, Suite 2 Charleston, WV 25304-2345 OR Fax to 1-877-233-4295	<b>FOR PEIA USE ONLY:</b> Approved: _____ Disapproved: _____ Effective Date: _____ Number in Household: _____
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