The new plan year began on July 1, 2020 and will run through June 30, 2021. It is important to remember that, with the start of every new plan year, deductibles, out-of-pocket maximums, and benefit limits are reset. A new plan year also brings renewed Flexible Spending Account balances with your full annual contribution available as of July 1.

Policyholders may log on to Manage My Benefits to view their current benefits for Plan Year 2021. Now is a great time to review your contact information as well as your beneficiary information and update as needed. Confirmation letters have been mailed to members who are not signed up to receive electronic documents.

REMINDER: Other insurance information for you and your dependents MUST be updated annually. You can update your coordination of benefits information by calling UMR at 866-586-0613 or online at https://www.umr.com/. Simply log into your account and click “Other medical insurance” to update this information online.

During these uncertain times, it is more important than ever to stay healthy, both physically and mentally. In addition to wearing a mask while in public spaces, washing your hands regularly and maintaining social distance, we encourage everyone to try to eat healthy and balanced meals, maintain a regular sleep schedule, find ways to reduce stress, and stay physically active. While this sounds like a lot, even the smallest change can really make a huge difference in your daily life.

If you are suffering from fear, anxiety, or stress created by the pandemic, Optum, part of UnitedHealth Group, continues to offer its Emotional-Support Help Line. Professionally trained, mental health staff are there to provide support 24 hours a day, seven days a week.

Optum’s Emotional-Support Help Line number is 866-342-6892. The service is free of charge and open to all PEIA members.
COVID-19 Policy Information and Updates

PEIA will cover COVID-19 testing at a network provider at 100% of the contracted allowance for the remainder of the emergency period. This coverage is for members in PPB plans A, B, C and D, who meet CDC guidelines for testing. This information is updated periodically and can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html. Members who meet these guidelines will have no deductible or coinsurance for the actual test. Deductibles, copayments, and coinsurance will also be waived for any physician or facility services incurred in the process of being tested. Treatment of any members who test positive for the virus will be covered at normal benefit levels.

If you believe you have been exposed to or have symptoms consistent with COVID-19, please call your local health department, primary care provider or iSelectMD for further instructions.

For the duration of our COVID-19 policy, PEIA is allowing office visits, psychotherapy, out-patient therapies and other medical services, to be performed directly between the providers and patients via video conference or telephonically. Members can still access services through PEIA’s Telehealth vendor, iSelectMD by calling (844)433-8123.

For the latest on our COVID-19 and Hardship – Exigent Circumstances Policies, including effective dates, please visit https://peia.wv.gov/Pages/coronavirus.aspx.

Mountaineer Flexible Benefits Update
Extended FSA Deadlines and Election Rule Flexibility

In a typical plan year, Flexible Spending Account (FSA) contributions for Plan Year 2020 would have expired as of June 30, and then you would have had a grace period to spend any remaining balance that would have ended on September 15. Money left in the account as of September 16 would have been forfeited. But Plan Year 2020 was anything but typical!

As a result of the coronavirus pandemic, the IRS provided cafeteria plans like PEIA’s Mountaineer Flexible Benefits Plan some flexibility related to balances remaining in 2019-2020 healthcare flexible spending accounts (FSAs) or dependent care FSAs (DFSAs). The “grace period” for spending money left in your account from last Plan Year has been extended. PEIA has adopted these new deadlines:

» **Healthcare FSA Deadline:** November 30, 2020 – this means you can use money from your Plan Year 2020 account to pay for expenses incurred until the end of November 2020.

» **Dependent Care FSA Deadline:** December 31, 2020 -- this means you can use money from your Plan Year 2020 dependent care account to pay for expenses incurred until the end of December 2020.

As always, after the grace period ends, you then have a “run-out period” to submit claims that were incurred before the grace period deadline. We have extended the run-out period to March 30, 2021.

The election rules for healthcare FSAs and DFSAs have been relaxed until December 31, 2020. In addition to the normal changes allowed as a result of a qualifying event, employees are also now permitted to make one midyear election change to their health FSA or DFSA, for any reason or no reason at all, until December 31, 2020. This means that if you need to increase or decrease your FSA or DFSA contribution amount for the current plan year, you can do so between now and December 31, 2020. After that date, you must experience a qualifying event to change these benefits.

We hope you’ll take advantage of this flexibility to make your FSAs work for you!
Face-to-Face Program Updates

Face-To-Face Diabetes Program

Members who wish to continue in the Face to Face Diabetes Program may continue with program services as usual.

PEIA is continuing to allow visits by established Face to Face Diabetes Program participants to be performed directly between the patient and providers via video conference or telephonically. The member is responsible for faxing, emailing, mailing, or dropping off their A1C results prior to appointments as required by program policy. The provider should ensure they have the readings to review for the telemedicine visit. This real-time interaction must be between the licensed provider and the patient. Communication with other staff cannot be billed.

Remember, the Face-to-Face diabetes program is a two-year educational program, and graduations will take place on schedule.

Face-to-Face Weight Management Program

All members enrolled in PEIA’s Weight Management prior to July 1, 2020, will automatically have 6 months added to their program to account for the program pause during the COVID-19 pandemic. Members can begin where they left off in the service schedule if their participating gym is open. Current members who wish to drop the program due to COVID-19 need to notify PEIA Weight Management at weightmanagement@wv.gov or 1-866-688-7493. Members will be eligible to re-apply for their remaining months in the program at a later date using the online application.

Protecting Your Health Information

PEIA is required by law under the Health Insurance Portability and Accountability Act (HIPAA) to maintain the confidentiality, privacy, and security of our members’ protected health information (PHI). PEIA does not disclose information regarding ANY medical test (including COVID-19), diagnosis or treatment to our members’ employers, coworkers, or benefit coordinators, and does not require employers to track or report medical information regarding any test, diagnosis or treatment to PEIA, including any testing, treatment, or care related to COVID-19.

We strongly encourage participating employers to consider the legal ramifications of disclosing any employee’s confidential information, especially as it relates to a diagnosis of COVID-19. Notification of potential exposure can be made without naming the affected staff member.
Reminder!
This is just a reminder that if you or your dependent become eligible for Medicare before age 65, you should send a copy of your Medicare ID card to PEIA. Doing so could reduce your PEIA premium, and will make claims processing go much more smoothly. Thanks!

HealthSmartRx Solutions Drug Foundation Program

PEIA is partnering with HealthSmartRx Solutions to expand administration of specialty drug financial assistance programs to reduce costs for our members and the plan. If you are prescribed an affected medication, you will be contacted by a HealthSmartRx Solutions Representative who will assist you in continuing to get your medication at an affordable cost and will coordinate with CVS Caremark, your pharmacy benefit manager.

Once enrolled in the voluntary program, eligible members receive many support services available through HealthSmartRx Solutions including:

One-on-one support over the phone;

A focus on matching your case to the best option to reduce your costs;

Prescription coordination, connecting you with the dispensing pharmacy who will provide you the care you expect and deserve; and Prescription tracking.

Participation in this program is voluntary and is subject to the terms of the Summary Plan Description. Eligible members will be contacted directly by HealthSmartRx Solutions.

HealthSmartRx Solutions Drug Foundation Program

Medicare Health Insurance
JOHN L SMITH

HOSPITAL (PART A)
03-01-2015
MEDICAL (PART B)
03-01-2015

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