

# Shopper's Guide



**Plan Year 2025**

**July 1, 2024 – June 30, 2025**



***Open Enrollment is***  
**April 2 – May 15, 2024**

# PEIA SUMMARY OF MATERIAL MODIFICATIONS

## Important Notice

**Effective July 1, 2024, for PEIA Plan Year 2025**

This Summary of Material Modification (“SMM”) describes changes to the PEIA health plans required by the Consolidated Appropriations Act of 2021, including the “No Surprises Act”.

The following material changes were made for the PEIA Plan for Plan Year 2025:

1. PEIA increased premiums for non-Medicare retirees will increase by 10 percent.
2. PEIA increased premiums for active State employees by 10.5 percent.
3. PEIA increased premiums for non-State employees by 14 percent.
4. PEIA updated its Notice of Privacy Practices to comply with State and Federal laws.
5. PEIA added Memorial Health System to its Network of providers.
6. PEIA will implement a comprehensive Wellness Program benefit for active members and non-Medicare retirees.
7. PEIA will allow members a third opportunity to participate in the PEIA Weight Management Program.

The above list of changes may not include all changes made to the PEIA Plans but is a summary of the “material modifications” to the Plan as defined by the No Surprises Act. If you have specific questions about your coverage(s) or your family situation, please feel free to contact PEIA Customer Service at 304-558-7850 or [PEIA.Help@wv.gov](mailto:PEIA.Help@wv.gov).

For more information on the “No Surprises Act”, please visit:

<https://www.cms.gov/files/document/nosurpriseactfactsheet-final508.pdf>

## The Fine Print

This Shopper’s Guide is not intended to be a formal statement of benefits. It is designed to provide general information about the available plans. It is intended to be a first step in helping you choose the most appropriate health benefit plan for you and your family. Actual benefits may be more specific and, on occasion, may change during the plan year.

Questions about benefits, limitations, costs, providers, or restrictions, should be directed to the individual plans for answers. If you enroll in a managed care plan, the plan you select will send you an “evidence of coverage” booklet with more complete details of your benefits.

PEIA cannot guarantee the quality of services offered by the various plans, so please gather information and make your decision carefully. Before enrolling, assure yourself that the plan you choose offers a level of care and convenience with which you and your family will feel comfortable.

Also, be aware that the continuing participation of managed care network providers is not guaranteed throughout the Plan Year. If a provider chooses to withdraw from a managed care network, the member may be required to receive services from another participating provider.

We have tried to ensure that the information in this booklet is accurate. If, however, a conflict arises between this guide and any formal plan documents, laws or rules governing the plans, the latter will necessarily control.

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## TIPS FOR A SUCCESSFUL OPEN ENROLLMENT

1. Read through **“What’s Important for 2025”** to get a quick overview of the changes for the coming Plan Year.
2. Review the side-by-side comparison of the plans in the **“Benefits At-A-Glance”** charts.
3. Check page 9 to be sure you’re eligible to enroll in the plan you want. The PEIA PPB Plans A, B and C are available in all areas. PEIA PPB Plan D is open to WV residents only and covers only services provided in WV. The Health Plan is available in all West Virginia counties. If you live out of state, remember you must live in one of the counties listed on page 9 to enroll in The Health Plan.
4. Check the premium table for your employer type (State agency, county board of education, non-State agency, retiree, etc.) and for the type of coverage you have (employee only, family, etc.) to find the premium for the plan you want.
5. If you want to change plans, you have two choices: go to **peia.wv.gov** and click on the **“Manage My Benefits”** button and follow the instructions (remember, your deadline is midnight on May 15, 2024) or call PEIA for a Transfer Form at **1-877-676-5573**. Make any changes or plan selections you wish and return it to your benefit coordinator no later than the close of business on May 15, 2024. If you need to update your tobacco status, you may do so by using the options above or by calling **1-877-676-5573** and by following the prompts.

## WHAT’S IMPORTANT FOR 2025?

### PEIA PPB Plans

#### All PEIA PPB Plans Active employee:

- “Family with Eligible Spouse” is now called “Family with Spousal Surcharge” to help eliminate confusion for our members who are subject to the spousal surcharge. If you previously submitted a Spousal Surcharge Affidavit, and your status has not changed, you do not need to submit a new affidavit during this open enrollment. Your previous affidavit remains in effect.
- Plan C Deductibles increased to \$1,600 for employee only and \$3,200 for employee with children and family policy tiers per IRS guidelines.
- Memorial Health System, with its main campus in Marietta, Ohio, is returning to the PEIA network effective immediately. The new contract includes hospitals and provider practices owned by Memorial Health System, and as always, services provided in-network in West Virginia or the contiguous counties of surrounding states are covered at the highest benefit level in PEIA PPB Plans A, B and C. For PEIA participants, this means lower out-of-pocket costs and fewer prior authorizations for covered services delivered at Memorial Health System.

#### All PEIA PPB Plans Active employees and non-Medicare Retirees:

- Premiums are increasing for active employees and non-Medicare retirees. Check the premium tables for the new rates.
- New Optional Virgin Pulse Wellness Program: Additional information will be sent to members, posted on our website at [peia.wv.gov](http://peia.wv.gov), and shared via our social media channels. Check out page 28 for more information.
- Our Notice of Privacy Practices (located on pages 59-60 of this booklet) has been updated. Please note that in accordance with West Virginia Code §5-16-8, PEIA is required to provide certain health benefits and services which require PEIA to disclose and/or share PEIA member information with third parties for the administration and management of said services. PEIA has

contracted with Virgin Pulse to be the State's Wellness Program provider. You may receive phone calls, e-mails, or texts from Virgin Pulse informing you of this new benefit.

- Effective July 1, 2024, all immunizations will be covered through both Express Scripts (ESI) and UMR.
- Immunizations will be covered by Express Scripts as follows:
  - Affordable Care Act (ACA) mandated immunizations will be covered in full.
  - Preferred Immunizations on the ESI National Preferred Formulary with Exclusions will have the Preferred Drug copay.
  - Non-Preferred Immunizations on the ESI National Preferred Formulary with Exclusions have the non-preferred drug copay.
  - Immunizations that are formulary exclusions will not be covered.
- Coverage through the medical benefit (UMR) will not change.
- **Mountaineer Flexible Benefits (FBMC) Changes:**
  - PayFlex is now Inspira Financial. Members can continue to use their PayFlex cards until the expiration date or can contact Inspira for a new card.
  - New carrier (MetLife) for Long- and Short-term disability
    - New Long- and Short-term disability plan designs
    - New rates for both Long- and Short-term disability.
  - Three new voluntary benefits now offered by Sun Life:
    - Critical Illness
    - Accident
    - Hospital Indemnity
  - The new annual Health Care FSA contribution limit will be \$3,200.
  - The new annual HSA contribution limit for individuals will be \$4,150.
  - The new annual HSA contribution limit for individuals with family HDHP will be \$8,300.

## **The Health Plan HMOs and POS**

- The Health Plan's enrollment and service area has expanded! See the list of counties on page 9 or pick up a copy of the new service area map at the Benefit Fairs or view it on [www.healthplan.org](http://www.healthplan.org).
- The Health Plan is an available option in all 55 WV counties for active employees and retirees without Medicare.
- The Health Plan is headquartered in Wheeling, WV, and has offices in Morgantown, Charleston, and Massillon, Ohio.
- The Health Plan will continue to offer three plan designs: HMO Plan A, HMO Plan B, and a Point of Service Plan C.
- Copays will not change on the three plans offered by The Health Plan and are the same three plans as offered in 2022-2023.
- Please see The Health Plan's ad in this Shopper's Guide regarding The Health Plan's Preferred Lab Network. Members who choose LabCorp may receive covered lab services at little or no out-of-pocket costs.
- Please see The Health Plan's ad in this Shopper's Guide regarding Healthiest You, a Tele-medicine program, for all three plans.
- Please review this Shopper's Guide for a listing of benefits. For questions or for a list of The Health Plan's provider network, please call The Health Plan at **888.847.7902**, email: **information@healthplan.org**, visit **www.healthplan.org** or attend a benefit fair near you.



## HAS YOUR ADDRESS CHANGED? LET PEIA KNOW!

If your address has changed, you can update your records with PEIA by sending the address change in writing to **601 57th St., SE, Suite 2, Charleston, W.Va. 25304-2345** or by going on the agency's website, **peia.wv.gov**, and logging into **"Manage My Benefits"**. PEIA DOES NOT accept address changes over the phone.

## TERMS YOU NEED TO KNOW

**Affordable Care Act (ACA) Out-of-Pocket Maximum:** The Affordable Care Act places a limit on how much you must spend for healthcare in any plan year before your plan starts to pay 100% for covered essential health benefits. This limit includes deductibles (medical and prescription), coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits. This limit does not include premiums, balance billing amounts borne by the member for non-network providers and other out-of-network cost-sharing, or spending for non-essential health benefits. The maximum out-of-pocket cost for Plan Year 2025 can be no more than the rates set by the federal government for individual and family plans. Because PEIA's plans have out-of-pocket maximums that are substantially lower than the ACA required limits, the ACA out-of-pocket maximum should never come into play for most PEIA PPB Plan members.

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

**COBRA:** Gives employees the right to continue health insurance coverage after employment terminates. See your Summary Plan Description for full details.

**Coinsurance:** The percentage of the allowed amount that you pay when you use certain benefits.

**Comprehensive Care Partnership (CCP) Program:** The CCP was created to keep members well by promoting the use of primary care health services, identifying health problems early, and maintaining control of any chronic conditions. Any member enrolled in a CCP receives his or her primary care from the chosen CCP provider, who is responsible for providing prevention services, routine sick care, and coordination of care with specialists when needed. CCP members have reduced or no copayments, deductible or coinsurance for specified covered services from their CCP provider. Office visits to a provider other than your CCP have a \$40 copay, except for urgent care, which has a \$50 copay. Only PEIA PPB Plan A, B or D members are eligible to participate in the CCP Program. PEIA PPB Plan C members and Medicare primary members are not eligible to enroll in the CCP Plan.

**Coordination of Benefits (COB):** Health plans use COB to determine which plan will pay benefits first, and to make sure that together they do not pay more than 100% of your bill. Be sure to ask the managed care plans about COB before you make your choice.

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

**Deductible:** The dollar amount you pay before a plan begins paying benefits. Not all services are subject to the deductible, so check the **"Benefits At-A-Glance"** charts.

**Explanation of Benefits (EOB):** Forms issued by health plans when medical claims are paid. Most plans do not issue EOB's for services where the only patient responsibility is the copay. If you need an EOB, please call the number on the back of your insurance card to request one or log into your account and print an EOB.

**Express Scripts:** PEIA's prescription drug benefit manager (PBM). Express Scripts processes and pays prescription drug claims and helps manage the prescription drug benefit.

**Health Maintenance Organization (HMO):** HMOs manage health care by coordinating the use of health care services through PCPs. If you join an HMO, you'll pick your PCP from their list, and then you'll receive all of your non-emergency care from network providers. Ask the HMOs about their rules.

**Health Savings Account (HSA):** A health savings account (HSA) is a tax-exempt trust or custodial account that you set up with a qualified HSA trustee to pay or reimburse certain medical expenses you incur. No permission or authorization from the IRS is necessary to establish an HSA. When you set up an HSA, you will need to work with a trustee. A qualified HSA trustee can be a bank, an insurance company, or anyone already approved by the IRS to be a trustee of individual retirement arrangements (IRAs) or Archer MSAs. The HSA works in conjunction with a High Deductible Health Plan.

**High Deductible Health Plan (HDHP):** An IRS-qualified High Deductible Health Plan (HDHP) is a plan that includes a higher annual deductible than typical health plans, and out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses. The HDHP deductible includes both medical services and prescription drugs under a single deductible. Out-of-pocket expenses include copayments and other amounts, but do not include premiums. PEIA PPB Plan C is the only HDHP offered during this open enrollment.

**Medicare Advantage and Prescription Drug (MAPD) Plan:** PEIA Medicare retirees' benefits are administered through Humana, Inc.'s MAPD Plan. This plan includes prescription coverage through a Humana Medicare Part D plan.

## *LabCorp is the exclusive independent laboratory provider for The Health Plan*

Members of The Health Plan pay the lowest applicable out-of-pocket costs through the LabCorp network.



The Health Plan is proud to offer the quality and convenience of **LabCorp**, including:

- Easy-to-use online & web-based tools for:
  - Scheduling appointments
  - Streamlined check-in
  - Advance out-of-pocket cost estimates
  - Access to test results
  - Simplified billing/payment
- Routine lab work, clinical testing and other services
- Nearly 5,000 frequently requested, specialty and genetic tests

*Find locations near you  
at [labcorp.com](https://www.labcorp.com)*

**PEIA Network:** The self-insured PPO plans offered by PEIA cover care based on where you live, and where you receive your care. To determine which out-of-state providers are PPO providers, call UMR at **1-888-440-7342** or go online to **www.umar.com**. For full details of the benefits, see your Summary Plan Description.

Not all providers in the United Health Care (UHC) PPO network may participate with PEIA. **Kings Daughters Medical Center and Our Lady of Bellefonte hospitals in Kentucky remain out-of-network for PEIA**, regardless of their network status with the UHC PPO network. Also, **PEIA does not use the UHC PPO network in Washington County, Ohio (with the exception of Memorial Hospital System, which is now in-network for PEIA members), or in Boyd County, Kentucky**. PEIA reserves the right to remove providers from the network, so not all providers listed on the UHC PPO website may be available to you.

**Primary Care Physician (PCP):** A provider in a network who coordinates members' health care. PCPs are usually family doctors, general practice physicians, internists, or pediatricians. Some plans allow OB/GYNs to be PCPs for women in the plan. PCPs must provide coverage for their practices 24 hours-a-day, 7 days-a-week so you can reach them if you need care.

**Public Employees Insurance Agency (PEIA):** The State agency that arranges for health and life insurance benefits for West Virginia's public employees. PEIA administers the PEIA PPB Plans, and contracts with all of the managed care plans that are offered to public employees.

**Spousal Surcharge:** PEIA is required by law to apply a monthly spousal surcharge to active employees of State agencies, colleges, universities, and county boards of education if your spouse is eligible for employer-sponsored coverage through his/her employer, but has chosen PEIA coverage instead. The spousal surcharge will be added to health insurance premiums each month. If your spouse is eligible for coverage as an employee of a PEIA-participating agency, has Medicare, Medicaid, TRICARE or is retired, the spousal coverage surcharge does not apply.

**UMR:** UMR processes medical claims, provides customer service for both policyholders and health care providers, handles precertification for certain services, provides utilization management, care management and access to out-of-state care with their national UHC networks.

## ELIGIBILITY RULES

This section offers general information about eligibility that you may need during Open Enrollment. For complete eligibility details, please refer to your PEIA Summary Plan Description at **peia.wv.gov**.

### Who is eligible to transfer or enroll during Open Enrollment?

**Current Members.** Current enrollees in any PEIA-sponsored managed care plan or the PEIA PPB Plan or PEIA-sponsored life insurance only (no health insurance), may join any plan for which they qualify during this open enrollment.

**Eligible Non-Members.** An employee or non-Medicare retiree who is eligible for benefits may enroll in any health plan for which they qualify during open enrollment.

**Eligible Dependents.** You and your enrolled dependents must all live in the service area of a plan (if the plan has a service area) to be eligible to enroll for that plan's benefits. The only exception to this rule is made for full-time students living out of the service area. You may enroll the following dependents:

- your legal spouse (Remember, if you divorce, you must remove your ex-spouse from your health



- and life insurance plans immediately. An ex-spouse is NOT eligible for coverage under the plan.);
- your biological children, adopted children, or stepchildren under age 26; or
  - other children for whom you are the court-appointed guardian to age 18.

Two Public Employees Who Are Married To Each Other, and who are both eligible for benefits under PEIA may elect to enroll as follows:

1. as “Family with Employee Spouse” in any plan.
2. as “Employee Only” and “Employee and Child(ren)” in the same or different plans.
3. as “Employee Only” in the same or different plans if there are no children to cover.

You may both be policyholders in the same plan, but only one may enroll the children. All children must be enrolled under the same policyholder, and a child may not be enrolled for health coverages as both a policyholder (as a public employee in his or her own right) and as a dependent child. To qualify for the Family with Employee Spouse premium, both employees MUST have basic life insurance.

**Retired or Retiring Deputy Sheriffs Under Age 55.** Premium rates for all plans are listed on page 39 of this guide.

**Retiring Employees:** If you are considering retiring during the plan year, your choice this open enrollment will be an important one. At the time of retirement, you may drop dependents from your coverage (if you so choose), or you may drop health coverage completely, but you may not change plans during the plan year unless you move outside a managed care plan’s service area or unless you’ll be eligible for Medicare – age 65 or disabled – in which case you will be provided PEIA’s Medicare benefit.

**Transferring Employees:** If you transfer between State agencies during the plan year, remember that you can only change plans if you transfer out of the service area of the plan you’re currently in. The PEIA PPB Plans A, B and C have an unlimited service area, so you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB Plan D is available only to WV residents, so if you are enrolled in Plan D and move out of state during a plan year, you will be required to change plans. Transfer from a State agency to a non-State agency may permit a change in coverage, which will be considered if you appeal in writing to the director of PEIA. Transfer between participating employers in the Plan does not constitute a qualifying event.

**Mid-Year Plan Changes:** The only time you can change plans during the plan year is if you move out of the service area of your plan so that accessing care is unreasonable. Since the PEIA PPB Plans A, B and C have an unlimited service area, you will not be permitted to transfer out of them during the plan year, even if you move. PEIA PPB Plan D is available only to WV residents, so if you are enrolled in Plan D and move out of state during a plan year, you will be required to change plans.

**Physician Withdrawal from A Plan:** If you’re in an HMO and your PCP withdraws from the plan, you must choose another PCP. A physician’s departure does not qualify you to change plans. Although most networks are stable, a physician can choose to withdraw from any plan at any time with 60 days’ notice, so you need to be aware of that possibility when you make your selection.

**Death:** If a death occurs during a plan year, to continue coverage, the survivors must remain in the plan they were enrolled in at the time of the death for the balance of the plan year. Survivors can only change plans during the plan year if the affected dependents move out of the service area of the plan so that accessing care is unreasonable. Surviving dependent children may continue coverage, but are subject to the same age limitations as any other dependent children in the plan. Surviving spouses may continue coverage as long as they do not re-marry; if remarriage occurs, it must be reported to PEIA, and surviving spouse coverage will be terminated.

**Divorce:** If a divorce occurs, the ex-spouse and any affected stepchildren must be removed immediately from your health and life insurance plans. If a court requires you to continue coverage on those former dependents, you must find coverage through COBRA or from an insurer other than PEIA.

**Terminated Coverage:** If your coverage terminates due to loss of employment or cancellation of coverage, you **MUST** cease using your medical ID card. Any claims incurred after the termination date will be the responsibility of the person incurring the claims, and may be considered fraud.

**Special Enrollment:** If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within the month of or the two months following the date you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within the month of or the two months following the marriage, birth, adoption or placement for adoption by contacting your benefit coordinator or calling **1-888-680-7342**. You also may go online at **peia.wv.gov**, click on the **green "Manage My Benefits"** button to log in and enroll a dependent.

**Eligibility Audits:** From time-to-time PEIA may conduct eligibility audits to verify that policyholders and dependents in the plan qualify for coverage. If you are audited, you will have to produce documentation for the dependents in question. If you cannot prove that the dependent qualifies for coverage, coverage will be terminated retroactively to the date the dependent would otherwise have been terminated, and PEIA will pursue reimbursement of any medical or prescription drug claims paid during the time the dependent was ineligible.

## PLAN YEAR 2025 BENEFIT FAIRS

Benefit fairs afford you the opportunity to chat with representatives of the plans, to ask questions, to gather information about your options, and to discuss your life insurance. Following are times, dates, and locations of the 2025 benefit fairs.

We will be offering two Virtual Open Enrollment Update Sessions via Google Meet to provide members with updated open enrollment information. If you have specific questions about your account or benefits, please contact PEIA and/or our partners directly or visit an in-person benefit fair in your area.

DATE and TIME	LOCATION
<b>Wednesday, April 10</b> 3:00 p.m. – 4:00 p.m.	<b>Virtual Open Enrollment Update Session</b> <b>Google Meeting ID:</b> meet.google.com/qej-ovtx-yen <b>Call In Number:</b> (US) +1 971-301-5590, PIN: 978 945 135#
<b>Tuesday, April 16</b> 3:00 p.m. – 6:00 p.m.	<b>Charleston</b> Holiday Inn Express– Charleston/Civic Center, 100 Civic Center Drive, Charleston, WV 25301
<b>Wednesday, April 17</b> 3:00 p.m. – 7:00 p.m.	<b>Beckley</b> Tamarack, 1 Tamarack Park, Beckley, WV 25801
<b>Thursday, April 18</b> 3:00 p.m. – 6:00 p.m.	<b>Huntington</b> Cabell County Public Library 455 9th St. Huntington, WV 25701
<b>Tuesday, April 23</b> 3:00 p.m. – 7:00 p.m.	<b>Martinsburg</b> Holiday Inn Express, 301 Foxcroft Ave., Martinsburg, WV 25401
<b>Wednesday, April 24</b> 3:00 p.m. – 7:00 p.m.	<b>Morgantown</b> Holiday Inn University, 1188 Pineview Dr, Morgantown, WV 26505
<b>Thursday, April 25</b> 3:00 p.m. – 7:00 p.m.	<b>Wheeling</b> West Virginia Northern Community College J. Michael Koon Auditorium (1st floor of the B&O Building), 1704 Market Street, Wheeling, WV 26003
<b>Tuesday, April 30</b> 3:00 p.m. – 7:00 p.m.	<b>Parkersburg/Mineral Wells</b> Comfort Inn, 167 Elizabeth Pike, Mineral Wells, WV 26150
<b>Thursday, May 2</b> 9:00 a.m. – 10:00 a.m.	<b>Virtual Open Enrollment Update Session</b> <b>Google Meeting ID:</b> meet.google.com/vft-ztgo-ewb <b>Call in Number:</b> (US) +1 413-561-7676, PIN: 705 669 821#

## PLANS' SERVICE AREA

The PEIA PPB Plans are available nationwide. The Health Plan is available in these counties outside West Virginia:

MARYLAND	OHIO						PENNSYLVANIA
Garrett	Adams	Coshocton	Hamilton	Licking	Noble	Stark	Beaver
	Allen	Crawford	Hardin	Logan	Paulding	Summit	Fayette
	Ashland	Cuyahoga	Harrison	Lorain	Perry	Trumbull	Greene
	Ashtabula	Defiance	Henry	Lucas	Pickaway	Tuscarawas	Washington
	Athens	Delaware	Highland	Madison	Pike	Vinton	
	Belmont	Fairfield	Hocking	Mahoning	Portage	Washington	
	Brown	Fayette	Holmes	Medina	Putnam	Wayne	
	Butler	Franklin	Jackson	Meigs	Richland	Wyandot	
	Carroll	Fulton	Jefferson	Monroe	Ross		
	Clermont	Gallia	Knox	Morgan	Scioto		
	Clinton	Geauga	Lake	Morrow	Seneca		
	Columbian	Guernsey	Lawrence	Muskingum	Shelby		

## BENEFITS AT-A-GLANCE

**Please note: In the Benefits At-A-Glance charts for PEIA PPB Plans A & B:**

**"In WV"** means in West Virginia. For PEIA PPB Plans A, B, and C, THIS INCLUDES IN-NETWORK CARE IN CONTIGUOUS COUNTIES OF SURROUNDING STATES, which still does not require advance approval from UMR.

**OOSWA** means Out-of-State with advance approval from UMR.

**OOSNA** means Out of State Not Approved by UMR.

Benefit Description	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Annual Deductible	\$600 Individual \$1,200 Family Goes toward out-of-pocket maximum	\$1,000 Individual \$2,000 Family Goes toward out-of-pocket maximum	In: \$1,200/\$2,400 Out: \$2,400/\$4,800 Goes toward out-of-pocket maximum	Varies by salary and employer type. (See premium charts.)	Twice the in-network deductible
Annual out-of-pocket maximum	Single-\$6,850 Family-\$13,700 Includes Rx copays.	Single-\$6,850 Family-\$13,700 Includes Rx copays.	Single-\$6,850 Family-\$13,700 Out: Single: -\$10,000 Family - \$20,000 Includes Rx copays.	Varies by salary, employer type, and coverage tier. (See premium charts.)	Twice the in-network out-of-pocket maximum
<b>PHYSICIAN SERVICES</b>					
Adult routine physical examination	Covered in full per health care reform	Covered in full per health care reform	In: Covered in full Out: 40% coinsurance after deductible	Covered in full	NOT COVERED
Diagnostic x-ray, lab and testing	20% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR
Mammograms, Pap smears, and prostate cancer screenings	Covered in full per health care reform	Covered in full per health care reform	In: Routine covered in full Out: Deductible + 40%	Covered in full	NOT COVERED
Physician inpatient visits	\$100 copay + 15% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible	In: \$100 copay + deductible + 30% Out: Deductible + 50%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Physician office visits – primary care	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived	In: \$10 copay/visit; deductible waived Out: Deductible + 40%	In WV: \$20 copay/visit only OOSWA: \$20 copay/visit only OOSNA: \$20 copay/visit only	NOT COVERED Unless approved in advance by UMR.
Physician Office Visits – specialty care	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	In WV: \$40 copay/visit only OOSWA: \$40 copay/visit only OOSNA: \$40 copay/visit only	NOT COVERED Unless approved in advance by UMR

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved</b> IN ADVANCE by UMR
Varies by salary and employer type. (See premium charts.)	Twice the in-net- work deductible.	\$1,600 employee only/ \$3,200 family combined medical/ prescription deductible; services on the Preventive Care List covered without deductible	No Out-of-Network Coverage	Varies by salary and employer type (See premium charts.)
Varies by salary, employer type, and coverage tier. (See premi- um charts.)	Twice the in-network out-of-pocket maximum	\$2,500 employee only. \$5,000 employee and child(ren), family, or family with employee spouse (This is a combined medical and prescription out-of- pocket maximum.)	No Out-of-Network Coverage. There is no out-of-pocket maximum for out-of- network services.	Varies by salary, employer type, and coverage tier (See premium charts.)
Covered in full	NOT COVERED	Covered in full	NOT COVERED	Covered in full
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: deductible + 20% OOSWA: deductible + 30%
Covered in full	NOT COVERED	Covered in full	NOT COVERED	Covered in full
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: deductible + 20% OOSWA: deductible + 30%
In WV: \$20 copay/visit only OOSWA: \$20 copay/visit only OOSNA: \$20 copay/visit only	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	\$20 copay office visit only
In WV: \$40 copay/visit only OOSWA: \$40 copay/visit only OOSNA: \$40 copay/visit only	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	\$40 copay office visit only

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.



<b>Benefit Description</b>	<b>The Health Plan HMO Plan A</b>	<b>The Health Plan HMO Plan B</b>	<b>The Health Plan POS (in &amp; out of network)</b>	<b>PEIA PPB Plan A In-Network</b>	<b>PEIA PPB Plan A Out-of-Network</b>
Prenatal care	\$40 copay (initial visit only); deductible waived	\$40 copay (initial visit only); deductible waived	In: \$40 copay initial visit only; deductible waived Out: Deductible + 40%	In WV: Covered in full after deductible OOSWA: Covered in full after deductible OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Second surgical opinion	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 copay office visit only	NOT COVERED Unless approved in advance by UMR.
Voluntary sterilization	Men 30% coinsurance after deductible; women covered in full per health care reform	Men 30% coinsurance after deductible; women covered in full per health care reform	In: Men Deductible + 30% Out: Deductible + 40% In: Women covered in full. Out: Deductible + 40%	In WV: Deductible + 20% for men; women covered in full per health care reform OOSWA: Deductible + 30% for men; women covered in full per health care reform OOSNA: 2x deductible + 40% for men; women covered in full per health care reform	NOT COVERED Unless approved in advance by UMR.
Well child exams	Covered in full per health care reform	Covered in full per health care reform	In: Covered in full Out: Deductible + 40%	Covered in full	NOT COVERED Unless approved in advance by UMR.
Well child immunizations (birth through 21)	Covered in full per health care reform	Covered in full per health care reform	In: Covered in full Out: Deductible + 40%	Covered in full	NOT COVERED Unless approved in advance by UMR.
<b>INPATIENT SERVICES</b>					
Semi-private room; ancillaries; therapy services; x-ray, lab, surgical services, and general nursing care	\$100 copay + 15% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible	In: \$100 copay + Deductible + 30% Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Inpatient occupational, physical, or speech therapy*	15% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Maternity care (delivery)	\$100 copay + 15% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible	In: \$100 copay + deductible + 30% Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved</b> IN ADVANCE by UMR
In WV: Covered in full after deductible OOSWA: Covered in full after deductible OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	Covered in full after deductible
\$40 copay office visit only	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	\$40 copay office visit only
In WV: Deductible + 30% for men; women covered in full per health care reform OOSWA: Deductible + 35% for men; women covered in full per health care reform OOSNA: 2x deductible + 50% for men; women covered in full per health care reform	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20% for men; women covered in full per health care reform	NOT COVERED Unless approved in advance by UMR.	Deductible + 20% for men; women covered in full per health care reform
Covered in full	NOT COVERED Unless ap- proved in ad- vance by UMR.	Covered in full	NOT COVERED Unless approved in advance by UMR.	Covered in full
Covered in full	NOT COVERED Unless ap- proved in ad- vance by UMR.	Covered in full	NOT COVERED Unless approved in advance by UMR.	Covered in full
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.

<b>Benefit Description</b>	<b>The Health Plan HMO Plan A</b>	<b>The Health Plan HMO Plan B</b>	<b>The Health Plan POS (in &amp; out of network)</b>	<b>PEIA PPB Plan A In-Network</b>	<b>PEIA PPB Plan A Out-of-Network</b>
Rehabilitation*	Covered in full days 1-30; 20% days 31 + after deductible	Covered in full days 1-30; 30% days 31 + after deductible	In: \$0 days 1-30, deductible + 30% / days 31 + Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Skilled Nursing*	\$35 copayment/day after deductible	\$35 copayment/day after deductible	In: Deductible + \$35 copay/day Out: Deductible + 40%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
<b>HOSPITAL OUTPATIENT SERVICES</b>					
Ambulatory/out-patient surgery	\$100 copay + 15% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible	In: \$100 copay + deductible + 30% Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Pre-admission testing, diagnostic x-ray and lab	20% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Advanced Imaging services: CT Scans, MRA, MRI	20% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
<b>MENTAL HEALTH &amp; CHEMICAL DEPENDENCY SERVICES</b>					
Outpatient chemical dependency*	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Outpatient mental health*	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived	\$10 copay/visit; deductible waived Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Inpatient chemical dependency (including partial hospitalization) *	\$100 copay + 15% coinsurance/admission after deductible	\$100 copay + 30% coinsurance/admission after deductible	In: \$100 copay + deductible + 30% Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
Inpatient detoxification*	\$100 copay + 15% coinsurance/admission after deductible	\$100 copay + 30% coinsurance/admission after deductible	In: \$100 copay + deductible + 30% Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved</b> IN ADVANCE by UMR
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.

<b>Benefit Description</b>	<b>The Health Plan HMO Plan A</b>	<b>The Health Plan HMO Plan B</b>	<b>The Health Plan POS (in &amp; out of network)</b>	<b>PEIA PPB Plan A In-Network</b>	<b>PEIA PPB Plan A Out-of-Network</b>
Inpatient mental health (including partial hospitalization)*	\$100 copay + 15% coinsurance/admission after deductible	\$100 copay + 30% coinsurance/admission after deductible	In: \$100 copay + deductible + 30% Out: Deductible + 50%	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30% OOSNA: \$600 copay + 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.
<b>OUTPATIENT THERAPIES</b>					
Chiropractic*	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	In WV: First 20 visits: \$20 copay <sup>1</sup> . Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30% OOSNA: Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Occupational therapy*	Visit 1-20: \$40 copay/visit after deductible. Visits 21+: 50% coinsurance/visit after deductible	Visit 1-20: \$40 copay/visit after deductible. Visits 21+: 50% coinsurance/visit after deductible	In: Visits 1-20: \$40 copay/visit after deductible. Visits 21 +: deductible + 50% Out: Deductible + 40%	In WV: First 20 visits: \$20 copay. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30% OOSNA: Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Physical therapy*	Visit 1-20: \$40 copay/visit after deductible. Visits 21+: 50% coinsurance/visit after deductible	Visit 1-20: \$40 copay/visit after deductible. Visits 21+: 50% coinsurance/visit after deductible	In: visits 1-20: \$40 copay/visit after deductible. Visits 21 +: deductible + 50% Out: Deductible + 40%	In WV: First 20 visits: \$20 copay. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30% OOSNA: Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Speech therapy*	Visit 1-20: \$40 copay/visit after deductible. Visits 21+: 50% coinsurance/visit after deductible	Visit 1-20: \$40 copay/visit after deductible. Visits 21+: 50% coinsurance/visit after deductible	In: visits 1-20: \$40 copay/visit after deductible. Visits 21 +: deductible + 50% Out: Deductible + 40%	In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30% OOSNA: Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.

<sup>1</sup> First two visits covered in full for back pain.



PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved</b> IN ADVANCE by UMR
In WV: \$100 copay + deductible + 30% OOSWA: \$100 copay + deductible + 35% OOSNA: \$600 copay + 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: \$100 copay + deductible + 20% OOSWA: \$100 copay + deductible + 30%
In WV: First 20 visits: \$20 copay <sup>1</sup> . Visits over 20, if pre-certified: \$25 copay + de- ductible + 30% coinsurance OOSWA: Copays shown above + deductible + 35% OOSNA: Copays shown above + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: First 20 visits: \$20 copay <sup>1</sup> . Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30%
In WV: First 20 visits: \$20 copay. Visits over 20, if pre-certified: \$25 copay + de- ductible + 30% coinsurance OOSWA: Copays shown above + deductible + 35% OOSNA: Copays shown above + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: First 20 visits: \$20 copay. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30%
In WV: First 20 visits: \$20 copay. Visits over 20, if pre-certified: \$25 copay + de- ductible + 30% coinsurance OOSWA: Copays shown above + deductible + 35% OOSNA: Copays shown above + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: First 20 visits: \$20 copy. Visits over 20, if pre-certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30%
In WV: First 20 visits: \$10 copay + deductible + 30%. Visits over 20, if pre-certified: \$25 copay + deductible + 30% coinsurance OOSWA: Copays shown above + deductible + 35% OOSNA: Copays shown above + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if pre- certified: \$25 copay + deductible + 20% coinsurance OOSWA: Copays shown above + deductible + 30%

<sup>1</sup> First two visits covered in full for back pain.

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.

<b>Benefit Description</b>	<b>The Health Plan HMO Plan A</b>	<b>The Health Plan HMO Plan B</b>	<b>The Health Plan POS (in &amp; out of network)</b>	<b>PEIA PPB Plan A In-Network</b>	<b>PEIA PPB Plan A Out-of-Network</b>
Massage therapy	NOT COVERED	NOT COVERED	NOT COVERED	In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if precertified: \$25 copay + deductible + 20% coinsurance. OOSWA: Copays shown above + deductible + 30% OOSNA: Copays shown above + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
<b>ALL OTHER MEDICAL SERVICES</b>					
Allergy testing and treatment	\$40 copay/visit after deductible	\$40 copay/visit after deductible	In: Deductible + \$40 copay/visit Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Bariatric surgery	NOT COVERED	NOT COVERED	NOT COVERED	In WV: \$500 copay + deductible + 20% coinsurance OOSWA: \$500 copay + deductible + 30% OOSNA: Not covered	NOT COVERED Unless approved in advance by UMR.
Cardiac Rehabilitation*	\$10 copay/visit after deductible	\$10 copay/visit after deductible	In: Deductible + \$10 copay/visit Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Dental services – accident related*	\$100 copay + 15% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible	In: \$100 copay + deductible + 30% Out: Deductible + 50%	In WV: \$500 copay + deductible + 20% coinsurance OOSWA: \$500 copay + deductible + 30% OOSNA: \$500 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Dental services – other*	NOT COVERED	NOT COVERED	NOT COVERED	Impacted teeth only. In WV: \$500 copay + deductible + 20% coinsurance OOSWA: \$500 copay + deductible + 30% OOSNA: \$500 copay + 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Diabetic supplies*	\$0 copay; deductible waived	\$0 copay; deductible waived	In: Covered in full Out: Deductible + 40%	Covered under prescription drug plan	Covered under prescription drug plan
Dialysis	20% coinsurance/visit after deductible	20% coinsurance/visit after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Except in an emergency or if approved in advance by UMR.

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved IN ADVANCE</b> by UMR
In WV: First 20 visits: \$10 copay + deductible + 30%. Visits over 20, if pre-certified: \$25 copay + deductible +30% coinsurance. OOSWA: Copays shown above + deductible + 35% OOSNA: Copays shown above + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: First 20 visits: \$10 copay + deductible + 20%. Visits over 20, if pre-certified: \$25 copay + deductible +20% coinsurance. OOSWA: Copays shown above + deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: \$500 copay + deductible + 30% coinsurance OOSWA: \$500 copay + deductible + 35% OOSNA: Not covered	NOT COVERED Unless ap- proved in ad- vance by UMR.	\$500 copay + deductible + 20% coinsurance	NOT COVERED Unless approved in advance by UMR.	In WV: \$500 copay + deductible + 20% coinsurance OOSWA: \$500 copay + deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: \$500 copay + deductible + 30% coinsurance OOSWA: \$500 copay + deductible + 35% OOSNA: \$500 copay + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: \$500 copay + deductible + 20% coinsurance OOSWA: \$500 copay + deductible + 30%
Impacted teeth only. In WV: \$500 copay + deductible + 30% coinsurance OOSWA: \$500 copay + deductible + 35% OOSNA: \$500 copay + 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	Impacted teeth only. In WV: \$500 copay + deductible + 20% coinsurance OOSWA: \$500 copay + deductible + 30%
Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan	Covered under prescription drug plan
In WV: deductible + 30% OOSWA: deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Except in an emergency or if approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.

<b>Benefit Description</b>	<b>The Health Plan HMO Plan A</b>	<b>The Health Plan HMO Plan B</b>	<b>The Health Plan POS (in &amp; out of network)</b>	<b>PEIA PPB Plan A In-Network</b>	<b>PEIA PPB Plan A Out-of-Network</b>
Durable Medical Equipment (DME)*	30% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: Deductible + 20% OOSWA: deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Emergency ambulance (medically necessary)	\$75 copay/transport after deductible	\$75 copay/transport after deductible	In: Deductible + \$75 copay/transport Out: Deductible + \$75 copay/transport	In WV: Deductible + 20% OOS: Deductible + 30%	Deductible + 30%
Emergency Room Treatment (Non-emergency)	NOT COVERED	NOT COVERED	NOT COVERED	\$100 copay + deductible + 20%	NOT COVERED Unless approved in advance by UMR.
Emergency services	\$250 copay/visit (waived if admitted); deductible waived	\$250 copay/visit (waived if admitted); deductible waived	In: \$250 copay/visit (waived if admitted); deductible waived Out: \$250 copay/visit (waived if admitted); deductible waived	In WV: Deductible + 20% OOS: Deductible + 30%	Deductible + 30% + amounts that exceed PEIA's fee schedule
Growth hormone*	Rx benefit: 30% or \$300, whichever is less per specialty drug	Rx benefit: 30% or \$300, whichever is less per specialty drug Generic Only	In & Out: Rx benefit: 30% or \$300 whichever is less per specialty drug. Generic Only.	Covered under specialty drug plan	Covered under specialty drug plan
Hearing exam	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	Covered under well child benefit only	NOT COVERED Unless approved in advance by UMR.
Home health services*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Home health supplies*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Hospice*	\$0 copay after deductible	\$0 copay after deductible	In: Covered in full after deductible Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Infertility services* No prescription coverage under any plan	30% coinsurance/visit after deductible (limitations apply)	30% coinsurance/visit after deductible (limitations apply)	In: Deductible + 30% (limitations apply) Out: Deductible + 40% (limitations apply)	NOT COVERED	NOT COVERED
Medical supplies*	30% coinsurance after deductible (limits may apply)	30% coinsurance after deductible (limits may apply)	In: Deductible + 30% (certain limits may apply) Out: Deductible + 50% (certain limits may apply)	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved IN ADVANCE</b> by UMR
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOS: Deductible + 30%	Deductible + 30%	Deductible + 20%	Deductible + 20%	Deductible + 20%; Out-of-Network Benefit: Deductible + 30%
\$100 copay + deductible + 30%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	\$100 copay + deductible + 20%
In WV: Deductible + 30% OOS: Deductible + 30%	Deductible + 30%	Deductible + 20%	Deductible + 20%	Deductible + 20% Out-of-Network Benefit: Deductible + 30%
Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan	Covered under specialty drug plan
Covered under well-child benefit only	NOT COVERED Unless ap- proved in ad- vance by UMR.	Covered under well- child benefit only	NOT COVERED Unless approved in advance by UMR.	Covered under well-child benefit only
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.



<b>Benefit Description</b>	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Podiatry*	\$40 copay/visit; deductible waived	\$40 copay/visit; deductible waived	In: \$40 copay/visit; deductible waived Out: Deductible + 40%	\$40 office visit copay; surgery- deductible + 20%	NOT COVERED Unless approved in advance by UMR.
Prosthetics*	30% coinsurance after deductible	30% coinsurance after deductible	In: Deductible + 30% Out: Deductible + 50%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Pulmonary rehabilitation*	\$10 copay/visit after deductible	\$10 copay/visit after deductible	In: Deductible + \$10 copay/visit Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Radiation and chemotherapy	20% coinsurance after deductible	20% coinsurance after deductible	In: Deductible + 20% Out: Deductible + 40%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
Transplants (non-experimental) *	\$100 copay + 15% coinsurance after deductible	\$100 copay + 30% coinsurance after deductible	In: \$100 copay + Deductible + 30% Out: Deductible + 50%	In WV: Deductible + 20% OOSWA: Deductible + 30% OOSNA: 2x deductible + 40%; additional \$10,000 deductible	NOT COVERED
Urgent Care	\$50 copay/incident; deductible waived	\$50 copay/incident; deductible waived	In: \$50 copay/incident; deductible waived Out: \$50 copay/incident; deductible waived	In WV: \$50 copay OOSWA: \$50 copay OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by UMR.
<b>PRESCRIPTION BENEFITS</b>					
Deductible	NONE	NONE	NONE	\$75 individual/ \$150 family	\$75 individual/ \$150 family
Annual Out-of-Pocket Maximum	Included in Medical out-of-pocket maximum	Included in Medical out-of-pocket maximum	Included in Medical out-of-pocket maximum	\$1,750 individual/ \$3,500 family	\$1,750 individual/ \$3,500 family
Generic Copayment	\$10 copayment	\$10 copayment	In & Out: \$10 copay	\$10	\$10 PEIA will reimburse ESI's allowed amount, less any member responsibility

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved</b> IN ADVANCE by UMR
\$40 office visit copay; surgery – deductible + 30%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	\$40 office visit copay; Surgery – deductible + 20%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%; additional \$10,000 deductible	NOT COVERED	Deductible + 20%	NOT COVERED	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: \$50 copay OOSWA: \$50 copay OOSNA: 2x deductible + 40%	NOT COVERED Unless ap- proved in ad- vance by UMR.	Deductible + 20%	NOT COVERED Unless approved in advance by UMR.	\$50 copay
\$150 individual/\$300 family	\$150 individual/ \$300 family	\$1,600 employee only/ \$3,200 family, combined medical and prescription deductible. Preventive Drug List covered without deductible	\$1,600 employee only/ \$3,200 family, combined medical and prescription deductible. Preventive Drug List covered without deductible	\$75 individual/\$150 family
\$1,750 individual/\$3,500 family	\$1,750 individu- al/ \$3,500 family	\$2,500 employee only/ \$5,000 family, combined medical and prescription out-of- pocket maximum.	NONE Member will always pay the prescription drug copayments. There is no out-of-pocket maximum for out-of- network services.	\$1,750 individual/ \$3,500 family
\$10	\$10 PEIA will reimburse ESI's allowed amount, less any member responsibility	\$10 after deductible, unless on Preventive Drug List	\$10 after deductible, unless on Preventive Drug List. PEIA will reimburse ESI's allowed amount, less any member responsibility	\$10

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.

<b>Benefit Description</b>	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Formulary Brand	50% coinsurance if generic is NOT available	NOT COVERED	NOT COVERED	\$25	\$25 PEIA will reimburse ESI's allowed amount, less any member responsibility
Non-Formulary	NOT COVERED	NOT COVERED	NOT COVERED	75% coinsurance	75% coinsurance PEIA will reimburse ESI's allowed amount, less any member responsibility
Specialty Medicines	30% coinsurance or \$300, whichever is less per specialty drug	30% coinsurance or \$300, whichever is less per GENERIC specialty drug	In & Out: Specialty drugs – 30% coinsurance or \$300 copay whichever is less per GENERIC specialty drug	\$0 copay for specialty medications eligible for the SaveOnSP program**. \$100 preferred; \$150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED
Maintenance Medication discount program details	90-day supply mail order; \$20 copay generic or 50% coinsurance if no generic	90-day supply; \$20 copayment Generic ONLY	90-day supply; \$20 copayment Generic ONLY	Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs	NOT COVERED
Family Planning	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	Contraceptive injections, IUD, diaphragms and sterilization (women) covered in full under medical benefit; oral contraceptives – covered in full under Rx benefit per health care reform	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

PEIA PPB Plan B In-Network	PEIA PPB Plan B Out-of- Network	PEIA PPB Plan C In-Network	PEIA PPB Plan C Out-of-Network	PEIA PPB Plan D In-Network OOSWA only applies when <b>benefit is approved</b> IN ADVANCE by UMR
\$30	\$30 PEIA will reimburse ESI's allowed amount, less any member responsibility	\$25 after deductible, unless on Preventive Drug List	\$25 after deductible, unless on Preventive Drug List. PEIA will reimburse ESI's allowed amount, less any member responsibility	\$25
75% coinsurance	75% coinsurance PEIA will reimburse ESI's allowed amount, less any member responsibility	75% coinsurance after deductible, unless on Preventive Drug List	75% coinsurance after deductible, unless on Preventive Drug List. PEIA will reimburse ESI's allowed amount, less any member responsibility	75% coinsurance
\$0 copay for specialty medications eligible for the SaveOnSP program**. \$100 preferred; \$150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED	\$0 copay for specialty medications eligible for the SaveOnSP program**. \$100 preferred; \$150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED	\$0 copay for specialty medications eligible for the SaveOnSP program**. \$100 preferred; \$150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance
Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs	NOT COVERED	Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay after deductible for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs. No deductible for drugs on Preventive Drug List	NOT COVERED	Drugs on Maintenance Drug list only covered in a 90-day supply. 90-day supply for two months' copay for generic and preferred brand drugs on PEIA's Maintenance Drug List. No discount for non-preferred brand name drugs
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	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

\*At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.

\*\* Enrollment in SaveOnSP is mandatory if the medication is eligible for the program. If you do not enroll, member cost of the drug will be 30% coinsurance.



# PLAN YEAR 2025

Mountaineer Flexible Benefits program is provided to you by Public Employees Insurance Agency (PEIA).



## WHAT'S NEW FOR 2025



SCAN ME

- **New Benefit Education Resources!**

Benefit Counselors will be available for telephone or in-person appointments to help you understand your benefit options and assist you with completing your enrollment for 2025.

- **Expanded Benefits** offered through Sun Life. Accident, Hospital, and Critical Illness are now available to provide financial assistance when you need it most.
- **Lower Premiums** for disability income protection with MetLife. Short-term disability maximum benefit amount is increased from \$750 to \$1,000 per week. The 70% long-term disability plan option will no longer be available to new enrollees. If you have enrolled, you can maintain your plan, or you can elect the new 60% benefit plan.
- **New Name** PayFlex is now Inspira Financial. If you have a PayFlex login and username, it will continue to work. PayFlex branded cards will remain active until the card expires.
- **New Limits** for Flexible Spending and Health Savings Account annual contribution. Healthcare FSA limit will increase to \$3,200. HSA contribution limits for individuals will be \$4,150. HSA contribution limits for individuals with family coverage will be \$8,300.



- Enroll with a benefit counselor; by visiting [myFBMC.com](https://myFBMC.com), or return your completed paper enrollment form to your Benefit Coordinator by **May 15, 2024**, to enroll or make changes to your benefits.
- If you do not make changes for the new plan year, all benefits will continue as currently enrolled and your premiums will be adjusted to reflect any new rates.

**Open Enrollment for active and retirees will be April 2 – May 15.**

**See your 2025 Flexible Benefits Guide for more details.**



## PEIA PPB PLAN C

Plan C is the IRS-qualified High Deductible Health Plan (HDHP) offered by PEIA to all eligible active employees. The plan offers lower premiums, but a high deductible that must be met before the plan begins to pay. The plan is designed to work with either a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). The policyholder is responsible for choosing and enrolling for an HSA or HRA.

The benefits of Plan C are shown in the “**Benefits At-A-Glance**” charts. With the HDHP, the medical and prescription drug deductibles are combined, and, for family coverage, the entire family deductible must be met before the plan begins to pay on any member of the family for either medical or prescription services. There are prescription drugs on the Preventive Drug List that are covered with a copayment before the deductible is met. For a copy of the Preventive Drug List, go to [peia.wv.gov](http://peia.wv.gov), visit a benefit fair, or call 1-877-676-5573.

## PEIA PPB PLAN D

**PEIA PPB Plan D is the West Virginia ONLY plan.** Members enrolling in this plan must be West Virginia residents, and all care provided under this plan must be provided in West Virginia. The benefits (copayments, coinsurance, deductible and out-of-pocket maximum) of Plan D are identical to PEIA PPB Plan A, and the premiums are lower than Plan A. The difference is that the only care allowed outside the State of West Virginia will be emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia.

For policyholders who are West Virginia residents but who have dependents who reside outside West Virginia (such as students attending college out-of-state), PEIA PPB Plan D will cover those out-of-state dependents for emergency care to stabilize the patient, and a limited number of procedures that are not available from any health care provider inside West Virginia. All other services must be provided within West Virginia. If you have dependents living outside West Virginia, this plan may not be the best option for you.

## SPOUSAL SURCHARGE

PEIA is required by law to apply a monthly spousal surcharge to active employees of State agencies, colleges, universities, and county boards of education if your spouse is eligible for employer-sponsored coverage through his/her employer, and has PEIA coverage. The spousal surcharge will be added to health insurance premiums each month. If your spouse is eligible for coverage as an employee of a PEIA-participating agency, has Medicare, Medicaid, TRICARE or is retired, the spousal coverage surcharge does not apply. For more information, please review the Summary Plan Description. If you submitted a Spousal Surcharge Affidavit, and your status has not changed, you do not need to submit a new affidavit during this open enrollment. Your previous affidavit is still in effect.

## HOW A COMPREHENSIVE CARE PARTNERSHIP (CCP) CAN SAVE YOU MONEY

PEIA offers a healthcare program that allows members to receive specified primary care services while paying less. This program, called the Comprehensive Care Partnership (CCP) Program, is designed to promote quality of care, preventive services, and appropriate use of health services to identify health problems early and maintain control of chronic conditions.

The CCP program is available to PEIA PPB Plan A, B and D insureds. CCP members have reduced or no copayments, for office visits and some CCP's waive deductible or coinsurance for specified covered services. Check with your CCP for details of their waived cost-sharing. Office visits to a provider other than your CCP provider have a \$40 copay, and urgent care, which has a \$50 copay. CCP providers are expected to provide primary care services, coordination of care, and some CCP locations also provide specialty care services and/or laboratory services. To find a participating physician in PEIA's CCP program, go to [peia.wv.gov](http://peia.wv.gov) and click "**Find a Form or Document**" and Provider Directory under Documents.

## TOBACCO-FREE PREMIUM DISCOUNT

PEIA offers a premium discount on all health and optional life insurance to active and retired policyholders who verify through a tobacco affidavit that all enrolled family members are tobacco-free. Tobacco-free plan members subtract \$25 from the premium for employee-only coverage or \$50 from the employee/child, family or family with employee spouse premium. To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2025, you and all enrolled family members must have been tobacco-free (Includes cigarettes, cigars, pipes, and chewing and/or smokeless tobacco; including e-cigarettes and/or vaping oils derived from tobacco) by January 1, 2024.

If your doctor certifies on a form provided by PEIA, that it is unreasonably difficult due to a medical condition for you to become tobacco-free or it is medically inadvisable for you to become tobacco free, PEIA will work with you for an alternative way to qualify for the tobacco-free discount. Send all such doctors' certifications and requests for alternative ways to receive the discount to:

**PEIA Discount Alternatives, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345.**

## WELLNESS PROGRAMS

PEIA provides various care management programs including the Face-to-Face Diabetes Management Program and the Face-to-Face Weight Management Program. From time-to-time, PEIA offers limited wellness pilot programs or initiatives, such as Wondr Health, for members in the PEIA PPB Plans. Policyholders are encouraged to visit the PEIA website frequently or keep their e-mail address up to date in the Manage My Benefits system to insure they receive electronic notice of upcoming opportunities. For more information about available wellness programs, visit our website at [peia.wv.gov](http://peia.wv.gov) or refer to the Summary Plan Description booklet

### **New Voluntary Wellness Program – Virgin Pulse**

PEIA's newest wellness program, powered by Virgin Pulse, will help our members live better and achieve their health goals through a fun and engaging experience. Virgin Pulse is one of the top health, wellbeing, and navigation platforms available today, and PEIA is excited to share this newest wellness tool with our members who wish to participate. Additional information will be sent to members via mail, e-mail, our website News Center at [peia.wv.gov](http://peia.wv.gov), and our social media channels.

In accordance with West Virginia Code §5-16-8, PEIA is required to provide certain health benefits and services which require PEIA to disclose and/or share PEIA member information with third parties for the administration and management of said services. PEIA has contracted with Virgin Pulse to be the State's Wellness Program provider. You may receive phone calls, e-mails, or texts from Virgin Pulse informing you of this new benefit.



**Sign up  
starting  
July 2024!**

# The next big thing

## **WHAT'S ON THE HORIZON?**

Your new wellbeing program will be here soon!  
Find your balance, get daily inspiration and  
experience the rewards of living your best life.

**Look for an email from Virgin Pulse to sign up.**



0622

Public Employees  
Insurance Agency

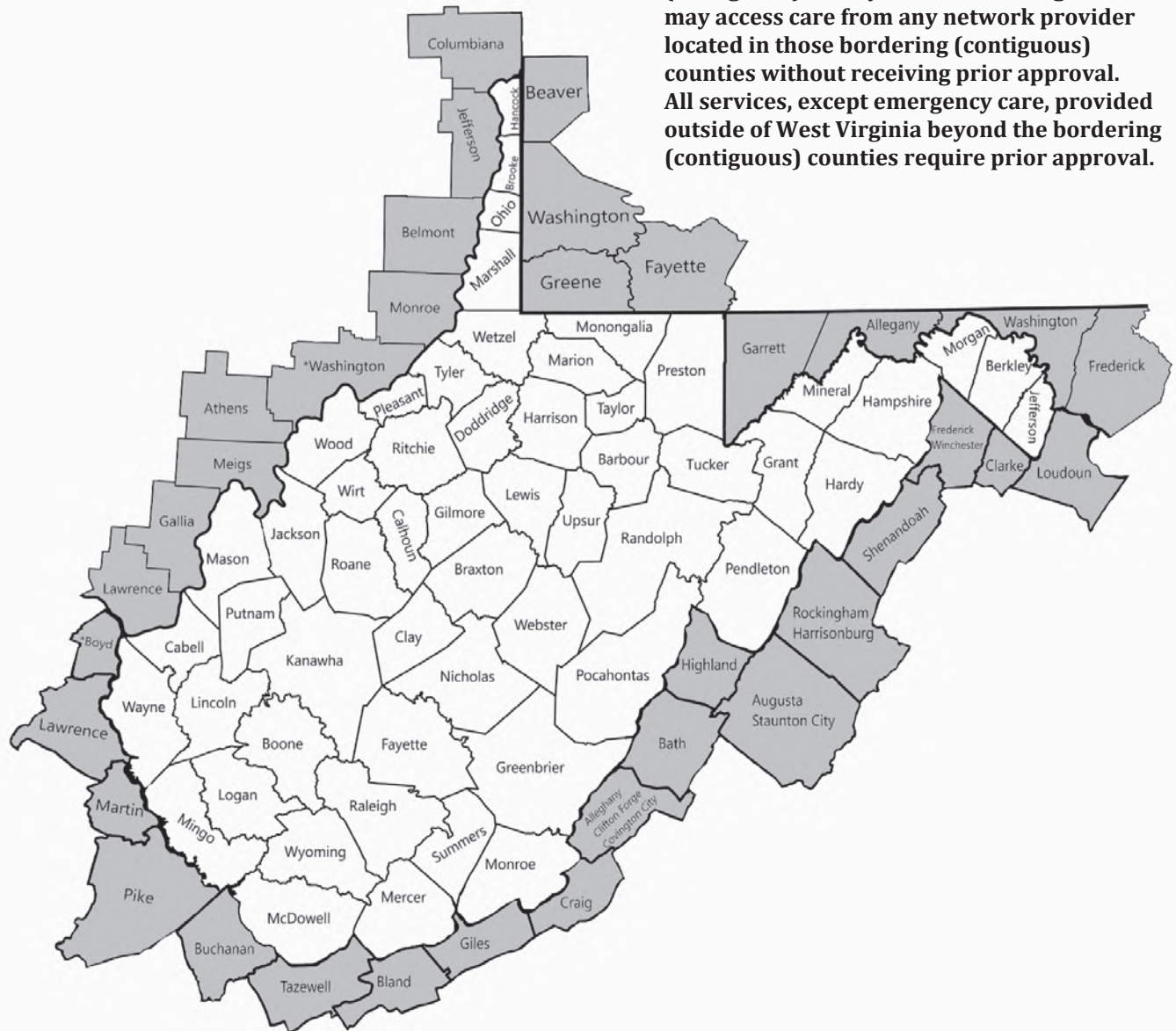


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# PEIA PPB Plans A, B and C:

## Contiguous Counties

PEIA PPB plans A, B and C participants who live in West Virginia or a bordering (contiguous) county of a surrounding state may access care from any network provider located in those bordering (contiguous) counties without receiving prior approval. All services, except emergency care, provided outside of West Virginia beyond the bordering (contiguous) counties require prior approval.



**PLEASE NOTE:** Not all providers in the United Health Care (UHC) PPO network may participate with PEIA. Kings Daughters Medical Center and Our Lady of Bellefonte hospitals in Kentucky remain out-of-network for PEIA, regardless of their network status with the UHC PPO network. Also, PEIA does not use the UHC PPO network in Washington County, Ohio (with the exception of Memorial Health System, which is now in-network for PEIA members), or in Boyd County, Kentucky.

## COINSURANCE FOR IN-NETWORK AND OUT-OF-NETWORK BENEFITS FOR PEIA PPB PLANS

For this table, in-state means inside WV; bordering county means a contiguous county of a surrounding state, and out-of-state means outside WV beyond the bordering counties.

Where you get care	Where you live		
	WV Resident	Bordering county resident	Out-of-state resident
<b>In-state, in-network</b>	Plan A: 20% Plan B: 30% Plan C: 20% Plan D: 20%	Plan A: 20% Plan B: 30% Plan C: 20% Plan D: N/A	Plan A: 20% Plan B: 30% Plan C: 20% Plan D: N/A
<b>Bordering county, in-network</b>	Plan A: 20% Plan B: 30% Plan C: 20% Plan D: Not Covered	Plan A: 20% Plan B: 30% Plan C: 20% Plan D: N/A	Plan A: 20% Plan B: 30% Plan C: 20% Plan D: N/A
<b>Out-of-state, in-network with UMR approval (Higher Level of Benefit)</b>	Plan A: 30% Plan B: 35% Plan C: 20% Plan D: Not Covered	Plan A: 30% Plan B: 35% Plan C: 20% Plan D: N/A	Plan A: 30% Plan B: 35% Plan C: 20% Plan D: N/A
<b>Out-of-state, out-of-network with UMR approval*</b>	Plan A: 30% + amounts that exceed Reasonable and Customary Plan B: 35% + amounts that exceed Reasonable and Customary. Plan C: 20%	Plan A: 30% + amounts that exceed Reasonable and Customary Plan B: 35% + amounts that exceed Reasonable and Customary. Plan C: 20%	Plan A: 30% + amounts that exceed Reasonable and Customary Plan B: 35% + amounts that exceed Reasonable and Customary. Plan C: 20%
<b>Out-of-state, in network without UMR approval (Lower Level of Benefit)</b>	Plan A: 40% + up to a \$500 copayment . Plan B: 50% + up to a \$500 copayment Plan C: 20%	Plan A: 40% + up to a \$500 copayment Plan B: 50% + up to a \$500 copayment Plan C: 20%	Plan A: 30% Plan B: 35% Plan C: 20%
<b>Out-of-state, out-of-network without UMR approval*</b>	Not Covered except for a medical emergency.	Not Covered except for a medical emergency.	Not Covered except for a medical emergency.

\*PEIA PPB Plan D has NO coverage for out-of-state services. Plan D members cannot receive services outside WV, except in a medical emergency or when UMR determines that a needed service is not available within WV. In these cases, out-of-state care is covered as in-network care.

\*Prior approval is generally only provided if services are not available in West Virginia.



## MONTHLY PREMIUMS: EMPLOYEE ONLY

The premiums listed here are for employees of State agencies, colleges and universities and county boards of education with no enrolled dependents. Premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$25 per month to policyholders who are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on "Manage My Benefits".

Salary Range	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$119	\$58	\$75	\$81	\$325	\$1,800	\$54	\$430	\$2,400	\$103	\$1,600	\$2,500	\$68	\$325	\$1,800
\$30,401 - \$40,400	\$141	\$65	\$97	\$103	\$375	\$2,100	\$61	\$490	\$2,800				\$85	\$375	\$2,100
\$40,401 - \$46,400	\$150	\$69	\$106	\$112	\$425	\$2,250	\$65	\$560	\$3,000				\$94	\$425	\$2,250
\$46,401 - \$52,400	\$157	\$72	\$113	\$119	\$450	\$2,500	\$68	\$600	\$3,400				\$99	\$450	\$2,500
\$52,401 - \$60,400	\$176	\$79	\$132	\$138	\$475	\$2,750	\$75	\$620	\$3,600				\$117	\$475	\$2,750
\$60,401 - \$72,900	\$206	\$91	\$162	\$168	\$600	\$2,800	\$87	\$790	\$3,700				\$142	\$600	\$2,800
\$72,901 - \$85,400	\$224	\$100	\$180	\$186	\$625	\$2,850	\$96	\$830	\$3,700				\$157	\$625	\$2,850
\$85,401 - \$110,400	\$261	\$115	\$217	\$223	\$650	\$2,900	\$111	\$860	\$3,800				\$189	\$650	\$2,900
\$110,401 - \$135,400	\$316	\$160	\$272	\$278	\$725	\$3,000	\$156	\$960	\$4,000				\$235	\$725	\$3,000
\$135,401+	\$355	\$188	\$311	\$317	\$825	\$3,250	\$184	\$1,090	\$4,300				\$268	\$825	\$3,250

## MONTHLY PREMIUMS: EMPLOYEE AND CHILD(REN)

The premiums on this page are for employees of State agencies, colleges and universities and county board of education who have only the policyholder and dependent child(ren) on their policy. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to Employee and Child(ren) policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on "Manage My Benefits".

Salary Range	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$229	\$89	\$120	\$164	\$650	\$3,600	\$94	\$860	\$4,800	\$217	\$3,200	\$5,000	\$134	\$650	\$3,600
\$30,401 - \$40,400	\$260	\$100	\$151	\$195	\$750	\$4,200	\$105	\$1,000	\$5,500				\$160	\$750	\$4,200
\$40,401 - \$46,400	\$272	\$105	\$163	\$207	\$850	\$4,500	\$110	\$1,130	\$6,000				\$170	\$850	\$4,500
\$46,401 - \$52,400	\$288	\$110	\$179	\$223	\$900	\$5,000	\$115	\$1,190	\$6,600				\$184	\$900	\$5,000
\$52,401 - \$60,400	\$333	\$138	\$224	\$268	\$950	\$5,500	\$143	\$1,260	\$7,300				\$221	\$950	\$5,500
\$60,401 - \$72,900	\$387	\$180	\$278	\$322	\$1,200	\$5,600	\$185	\$1,580	\$7,400				\$267	\$1,200	\$5,600
\$72,901 - \$85,400	\$429	\$205	\$320	\$364	\$1,250	\$5,700	\$210	\$1,660	\$7,600				\$302	\$1,250	\$5,700
\$85,401 - \$110,400	\$511	\$258	\$402	\$446	\$1,300	\$5,800	\$263	\$1,720	\$7,700				\$371	\$1,300	\$5,800
\$110,401 - \$135,400	\$592	\$326	\$483	\$527	\$1,450	\$6,000	\$331	\$1,920	\$7,900				\$440	\$1,450	\$6,000
\$135,401+	\$666	\$377	\$557	\$601	\$1,650	\$6,500	\$382	\$2,140	\$8,600				\$502	\$1,650	\$6,500

You also can view your benefits in the Summary of Benefits and Coverage at [peia.wv.gov](http://peia.wv.gov). Call **1-877-676-5573**.

## MONTHLY PREMIUMS: FAMILY

The premiums on this page are for employees of State agencies, colleges and universities and county board of education. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on "Manage My Benefits".

Salary Range	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$283	\$209	\$234	\$235	\$650	\$3,600	\$146	\$860	\$4,800	\$373	\$3,200	\$5,000	\$185	\$650	\$3,600
\$30,401 - \$40,400	\$346	\$242	\$297	\$298	\$750	\$4,200	\$179	\$1,000	\$5,500				\$238	\$750	\$4,200
\$40,401 - \$46,400	\$380	\$259	\$331	\$332	\$850	\$4,500	\$196	\$1,130	\$6,000				\$266	\$850	\$4,500
\$46,401 - \$52,400	\$417	\$279	\$368	\$369	\$900	\$5,000	\$216	\$1,190	\$6,600				\$296	\$900	\$5,000
\$52,401 - \$60,400	\$481	\$319	\$432	\$433	\$950	\$5,500	\$256	\$1,260	\$7,300				\$350	\$950	\$5,500
\$60,401 - \$72,900	\$567	\$373	\$518	\$519	\$1,200	\$5,600	\$310	\$1,580	\$7,400				\$423	\$1,200	\$5,600
\$72,901 - \$85,400	\$610	\$402	\$561	\$562	\$1,250	\$5,700	\$339	\$1,660	\$7,600				\$458	\$1,250	\$5,700
\$85,401 - \$110,400	\$719	\$486	\$670	\$671	\$1,300	\$5,800	\$423	\$1,720	\$7,700				\$549	\$1,300	\$5,800
\$110,401 - \$135,400	\$869	\$595	\$820	\$821	\$1,450	\$6,000	\$532	\$1,920	\$7,900				\$674	\$1,450	\$6,000
\$135,401+	\$997	\$679	\$948	\$949	\$1,650	\$6,500	\$616	\$2,140	\$8,600				\$781	\$1,650	\$6,500

## MONTHLY PREMIUMS: FAMILY WITH EMPLOYEE SPOUSE

The premiums on this page are for employees of State agencies, colleges and universities and county board of education who are married to other benefit-eligible public employees. To qualify for these premiums, BOTH public employees must have Basic Life Insurance. The premiums are based on the average of the two employees' annual salaries. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on "Manage My Benefits".

Salary Range	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$224	\$160	\$183	\$189	\$650	\$3,600	\$112	\$860	\$4,800	\$315	\$3,200	\$5,000	\$146	\$650	\$3,600
\$30,401 - \$40,400	\$271	\$181	\$230	\$236	\$750	\$4,200	\$133	\$1,000	\$5,500				\$186	\$750	\$4,200
\$40,401 - \$46,400	\$300	\$200	\$259	\$265	\$850	\$4,500	\$152	\$1,130	\$6,000				\$210	\$850	\$4,500
\$46,401 - \$52,400	\$325	\$212	\$284	\$290	\$900	\$5,000	\$164	\$1,190	\$6,600				\$231	\$900	\$5,000
\$52,401 - \$60,400	\$379	\$239	\$338	\$344	\$950	\$5,500	\$191	\$1,260	\$7,300				\$275	\$950	\$5,500
\$60,401 - \$72,900	\$448	\$281	\$407	\$413	\$1,200	\$5,600	\$233	\$1,580	\$7,400				\$334	\$1,200	\$5,600
\$72,901 - \$85,400	\$499	\$318	\$458	\$464	\$1,250	\$5,700	\$270	\$1,660	\$7,600				\$377	\$1,250	\$5,700
\$85,401 - \$110,400	\$620	\$412	\$579	\$585	\$1,300	\$5,800	\$364	\$1,720	\$7,700				\$477	\$1,300	\$5,800
\$110,401 - \$135,400	\$771	\$521	\$730	\$736	\$1,450	\$6,000	\$473	\$1,920	\$7,900				\$603	\$1,450	\$6,000
\$135,401+	\$884	\$605	\$843	\$849	\$1,650	\$6,500	\$557	\$2,140	\$8,600				\$698	\$1,650	\$6,500

You also can view your benefits in the Summary of Benefits and Coverage at [peia.wv.gov](http://peia.wv.gov). Call **1-877-676-5573**.

## MONTHLY PREMIUMS: FAMILY WITH SPOUSAL SURCHARGE

The premiums on this page are for employees of State agencies, colleges and universities and county board of education. The premiums are based on the employee's annual salary. The premiums listed here are charged monthly. For PEIA PPB Plans A and B, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below. PEIA offers a Tobacco-free Premium Discount of \$50 per month to family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on "Manage My Benefits". **PEIA is required to apply a spousal surcharge if your spouse is eligible for employer-sponsored coverage through his/her employer, and has PEIA coverage. The following premiums include the spousal surcharge for each plan.**

Salary Range	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$432	\$348	\$381	\$384	\$650	\$3,600	\$285	\$860	\$4,800	\$514	\$3,200	\$5,000	\$332	\$650	\$3,600
\$30,401 - \$40,400	\$495	\$381	\$444	\$447	\$750	\$4,200	\$318	\$1,000	\$5,500				\$385	\$750	\$4,200
\$40,401 - \$46,400	\$529	\$398	\$478	\$481	\$850	\$4,500	\$335	\$1,130	\$6,000				\$413	\$850	\$4,500
\$46,401 - \$52,400	\$566	\$418	\$515	\$518	\$900	\$5,000	\$355	\$1,190	\$6,600				\$443	\$900	\$5,000
\$52,401 - \$60,400	\$630	\$458	\$579	\$582	\$950	\$5,500	\$395	\$1,260	\$7,300				\$497	\$950	\$5,500
\$60,401 - \$72,900	\$716	\$512	\$665	\$668	\$1,200	\$5,600	\$449	\$1,580	\$7,400				\$570	\$1,200	\$5,600
\$72,901 - \$85,400	\$759	\$541	\$708	\$711	\$1,250	\$5,700	\$478	\$1,660	\$7,600				\$605	\$1,250	\$5,700
\$85,401 - \$110,400	\$868	\$625	\$817	\$820	\$1,300	\$5,800	\$562	\$1,720	\$7,700				\$696	\$1,300	\$5,800
\$110,401 - \$135,400	\$1,018	\$734	\$967	\$970	\$1,450	\$6,000	\$671	\$1,920	\$7,900				\$821	\$1,450	\$6,000
\$135,401+	\$1,146	\$818	\$1,095	\$1,098	\$1,650	\$6,500	\$755	\$2,140	\$8,600				\$928	\$1,650	\$6,500



## MONTHLY PREMIUMS: NON-STATE AGENCIES

Non-State agencies are counties, cities, towns, and other government bodies and agencies that qualify for coverage under PEIA pursuant to the West Virginia Code. By law, these agencies determine how much of the total monthly PEIA premium will be paid by their active employees. Employees should check with their employer to determine what their monthly employee contribution will be for the various plans and coverage types. PEIA offers a Tobacco-free Premium Discount of \$25 per month to employee only policyholders and \$50 per month to employee and children and family policyholders when all enrolled family members are tobacco-free. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on **"Manage My Benefits"**.

It is employee's option to choose PEIA PPB A, B, C or D or any of the managed care plans available in your area, although your employer may choose to limit the amount paid toward the premium. Check with your benefit coordinator to see how much (if any) your employer will be paying toward the premium for the plan you've chosen. To enroll in one of the managed care plans, you must live in the plan's service area. Check the chart on page 9 to see if you qualify for the plan you're considering.

Non-State	The Health Plan HMO HMO Plan A	The Health Plan HMO HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
Employee Only	\$970	\$618	\$662	\$740	\$450	\$2,500	\$664	\$725	\$3,000	\$471	\$1,600	\$2,500	\$701	\$450	\$2,500
Employee and Children	\$1,360	\$899	\$987	\$1,337	\$900	\$5,000	\$1,175	\$1,450	\$6,000	\$718	\$3,200	\$5,000	\$1,263	\$900	\$5,000
Family	\$2,231	\$1,478	\$1,591	\$1,578	\$900	\$5,000	\$1,386	\$1,450	\$6,000	\$974	\$3,200	\$5,000	\$1,447	\$900	\$5,000

## STATE FUNDED ELECTED OFFICIALS PREMIUMS

These premiums are paid by members of the WV Legislature, members of the WV Board of Education, and elected members of county boards of education who choose to enroll for PEIA coverage. By law, members of these groups are required to pay 100% of the premium for their coverage. PEIA PPB Plans A, B and C have an unlimited service area. PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV. The chart below details the premiums for all available plans, and deductibles and out-of-pocket maximums for the PPB plan options. Remember that the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed in the charts.

State-Funded Elected Officials	The Health Plan HMO HMO Plan A	The Health Plan HMO HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
Employee Only	\$839	\$674	\$769	\$801	\$450	\$2,500	\$520	\$725	\$3,000	\$648	\$1,600	\$2,500	\$679	\$450	\$2,500
Employee and Children	\$1,149	\$895	\$1,010	\$1,081	\$900	\$5,000	\$694	\$1,450	\$6,000	\$902	\$3,200	\$5,000	\$912	\$900	\$5,000
Family	\$1,829	\$1,531	\$1,717	\$1,763	\$900	\$5,000	\$1,153	\$1,450	\$6,000	\$1,510	\$3,200	\$5,000	\$1,382	\$900	\$5,000
Family with Employee Spouse	\$1,736	\$1,464	\$1,633	\$1,683	\$900	\$5,000	\$1,101	\$1,450	\$6,000	\$1,451	\$3,200	\$5,000	\$1,317	\$900	\$5,000
Family with Spousal Surcharge	\$1,978	\$1,670	\$1,864	\$1,912	\$900	\$5,000	\$1,292	\$1,790	\$6,000	\$1,651	\$3,200	\$5,000	\$1,529	\$900	\$5,000

PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details on page 28. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on **"Manage my Benefits"**.

## NON-MEDICARE PEIA PPB PLAN PREMIUMS

These premiums are offered to retired policyholders who are not yet eligible for Medicare. PEIA offers tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details on page 28. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on **"Manage My Benefits"**. If you are using accrued leave, 100% or 50% of these premiums is being paid by your former employer.

### Premiums, Deductibles and Out-of-Pocket Maximums

PPB	Non-Medicare Retired Policyholder Only (Plan A)			Non-Medicare Retired Policyholder Only (Plan B)			Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan A)			Non-Medicare Retired Policyholder with non-Medicare Dependents (Plan B)			Non-Medicare Retired Policyholder with Medicare Dependents (Plan A) <sup>1</sup>		
	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum	Monthly Premium	Annual Deductible	Out-of-Pocket Maximum
Unsubsidized Premium (Hired on or after July 1, 2010) <sup>3</sup>	\$1,271	\$525	\$1,500	\$1,118	\$925	\$3,000	\$3,026	\$1,050	\$3,000	\$2,658	\$1,850	\$6,000	\$2,120	\$675	\$2,700
5-9 years	\$1,019	\$525	\$1,500	\$896	\$925	\$3,000	\$2,424	\$1,050	\$3,000	\$2,129	\$1,850	\$6,000	\$1,698	\$675	\$2,700
10-14 years	\$786	\$525	\$1,500	\$691	\$925	\$3,000	\$1,828	\$1,050	\$3,000	\$1,604	\$1,850	\$6,000	\$1,265	\$675	\$2,700
15-19 years	\$550	\$525	\$1,500	\$485	\$925	\$3,000	\$1,235	\$1,050	\$3,000	\$1,084	\$1,850	\$6,000	\$834	\$675	\$2,700
20-24 years	\$412	\$525	\$1,500	\$363	\$925	\$3,000	\$878	\$1,050	\$3,000	\$771	\$1,850	\$6,000	\$578	\$675	\$2,700
25+years <sup>2</sup>	\$319	\$525	\$1,500	\$281	\$925	\$3,000	\$640	\$1,050	\$3,000	\$561	\$1,850	\$6,000	\$403	\$675	\$2,700

1. This rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.

2. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to non-Medicare surviving dependents enrolled before July 1, 2015, and to some non-Medicare disability retirees. Surviving dependents enrolled in the PEIA plan on or after July 1, 2015, pay premiums based on the years of service earned by the deceased policyholder. Surviving dependents enrolled before July 1, 2015, are grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

3. This premium rate is provided to all employees hired on or after July 1, 2010, even if they retire as a result of a disability. It also applies to those who retire with fewer than 5 years of service. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate: a) Active employees who were originally hired before July 1, 2010, with continuous coverage prior to July 1, 2010, and who have a break in service not greater than two years after July 1, 2010; and b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

Please note that there are no Plan B premiums for Non-Medicare retiree with Medicare dependents because this coverage is not available.

## Special Notice for Non-Medicare Retirees with Medicare Dependents:

PEIA has a contract with Humana to provide medical and prescription drug benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees. These benefits are for members whose primary insurance is Medicare. Because Medicare treats each Medicare beneficiary as an individual, and does not recognize “family” plans, this situation presents some unique challenges for PEIA when a family has both non-Medicare and Medicare members. In these cases, the non-Medicare family members will continue their coverage with PEIA in PEIA PPB Plan A, and the Medicare beneficiary(ies) will receive benefits from the Medicare Advantage and Prescription Drug (MAPD) plan. For details of the Medicare beneficiary’s plan design, see page 42.

### NON-MEDICARE RETIREE MANAGED CARE PREMIUMS

These premiums are offered to non-Medicare retirees who choose to enroll in a plan offered by The Health Plan. Non-Medicare retirees with Medicare-eligible dependents are not eligible to enroll for this plan. To enroll in The Health Plan, you must live in the plan’s service area. Check the chart on page 13. The PEIA PPB Plan A’s service area is unlimited, so you will not find it on the chart. PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details on page 31. To report a change in your tobacco status, call PEIA’s Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on “**Manage My Benefits**”.

	The Health Plan Plan A		The Health Plan Plan B		The Health Plan POS	
Years of Service	Single	Family	Single	Family	Single	Family
Unsubsidized Premium (Hired on or after July 1, 2010) <sup>2</sup>	\$1,359	\$2,574	\$1,026	\$1,905	\$1,096	\$2,024
5-9 Years	\$978	\$1,853	\$740	\$1,375	\$790	\$1,460
10-14 Years	\$854	\$1,618	\$647	\$1,202	\$690	\$1,276
15-19 Years	\$716	\$1,357	\$543	\$1,010	\$579	\$1,072
20-24 Years	\$601	\$1,139	\$457	\$850	\$487	\$902
25+ Years <sup>1</sup>	\$493	\$935	\$376	\$700	\$401	\$743

1. These rates are also provided to all non-Medicare retirees who retired prior to July 1, 1997, to non-Medicare surviving dependents enrolled before July 1, 2015, and to some non-Medicare disability retirees. Surviving dependents enrolled in the PEIA plan on or after July 1, 2015, pay premiums based on the years of service earned by the deceased policyholder. Surviving dependents enrolled before July 1, 2015, are grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

2. This premium rate is provided to all employees hired on or after July 1, 2010, even if they retire as a result of a disability. It also applies to those who retired with fewer than 5 years of service. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on or after July 1, 2010, will not be required to pay the unsubsidized rate: a) Active employees who were originally hired before July 1, 2010, and who have a break in service of not greater than two years after July 1, 2010; and b) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those cases, the original hire date will apply.

**Enroll online! It’s fast, free and easy!**

**Go to [peia.wv.gov](http://peia.wv.gov) and click on the Green “Manage My Benefits” button to get started!**

## DEPUTY SHERIFFS EARLY RETIREE PREMIUMS (AGES 50-55)

Deputy sheriffs have the right to retire prior to attaining age 55 and continue their health benefits by paying the premiums designated for them in the Shopper's Guide each year. At the time of retirement, these retirees must continue coverage in the plan in which they were covered as active employees until the next open enrollment, when they can choose any plan for which they are eligible. Retiring employees enrolled in PEIA PPB Plans C or D must choose either PEIA PPB Plan A or B upon retirement, since Plans C and D are not offered to retirees. Deputy Sheriff early retirees are not eligible for extended employer-paid insurance upon retirement. These premiums are paid in full by the retiree.

PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details on page 28. To report a change in your tobacco status, call PEIA's Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on **"Manage My Benefits"**.

	The Health Plan HMO Plan A Monthly Premium	The Health Plan HMO Plan B Monthly Premium	The Health Plan POS Monthly Premium	PEIA PPB Plan A Monthly Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-pocket Maximum	PEIA PPB Plan B Monthly Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-pocket Maximum
Employee only	\$1,143	\$804	\$1,054	\$635	\$450	\$2,500	\$586	\$725	\$3,000
Family	\$2,210	\$1,493	\$2,034	\$1,544	\$900	\$5,000	\$1,423	\$1,450	\$6,000

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\*Medicine is prescribed when medically necessary





## MEDICARE RETIREE BENEFITS

PEIA has a contract with Humana to provide benefits to Medicare-eligible retired employees and Medicare-eligible dependents of retired employees through its Medicare Advantage and Prescription Drug (MAPD) plan. Reach them at **1-800-783-4599**.

Reminder: This Open Enrollment is for active employees and non-Medicare retirees only. The plan year for Medicare retirees is January 1- December 31 each year, with open enrollment in October.

When a family has both Medicare and non-Medicare members, the Medicare beneficiary will receive benefits from the MAPD plan and the non-Medicare family members will be covered by PEIA PPB Plan A.

### Benefits for Medicare Beneficiaries

Humana provides MUCH more information to Medicare retirees, but here is an overview of how the medical benefits work for each Medicare beneficiary.

Plan Element	Humana/PEIA Plan 1 Plan Year 2024	Humana/PEIA Plan 2 Plan Year 2024
<b>MEDICAL BENEFITS</b>		
Medical Deductible	\$150	\$375
Medical Out-of-Pocket Maximum	\$1,200	\$1,950
Primary Care Copay	\$20	\$20
Specialist Copay	\$40	\$50
Inpatient Hospital Copay	\$100	\$150
Skilled Nursing Facility	\$0	\$0
Emergency Room	\$50	\$65
Ambulance	\$0	\$0
Outpatient/Office Surgery Copay	\$100	\$115
<b>PRESCRIPTION DRUG BENEFITS</b>		
Prescription Drug Deductible	\$75	\$150
Prescription Drug Out-of-Pocket Maximum	\$1,750	\$1,750
Generic Drug Copayment	\$5	\$5
Preferred Drug Copayment	\$15	\$20
Non-preferred Drug Copayment	50% coinsurance	50% coinsurance
Specialty Drug Copayment (Preferred Specialty Drug for the PEIA Special Medicare Plan)	\$100	\$100
Non-preferred Specialty Drug Copayment (PEIA Special Medicare Plan only)	n/a	n/a

Any provider that accepts Medicare may be used by those enrolled in the Humana plan. The Medicare retiree's non-Medicare dependents will have the benefits provided under PEIA PPB Plan A. See the **"Benefits At-A-Glance"** charts for details.

## MEDICARE RETIREE MONTHLY PREMIUM RATES

If you are a Medicare retiree with Non-Medicare dependents, the Medicare beneficiary has Medicare Retiree Benefit Design on the previous page. The non-Medicare dependents are enrolled in PEIA PPB Plan A and have the same deductible and out-of-pocket maximum as a non-Medicare retiree (see chart on page 38), and the benefits described in the **“Benefits At-A-Glance”** charts.

These premiums are for Medicare Plan Year 2024 (January-December). Medicare Plan Year 2025 rates will be published in the Medicare Shopper’s Guide which is published in October for Medicare Open Enrollment. The current Open Enrollment period is for active employees and non-Medicare retirees only. Medicare Open Enrollment will be held in October, and Medicare retirees will receive their Shopper’s Guide and information from Humana at that time.

PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details on page 28. To report a change in your tobacco status, call PEIA’s Open Enrollment Helpline or go to [peia.wv.gov](http://peia.wv.gov) and click on **“Manage My Benefits”**.

### Medicare Retiree Rates\*

Plan Year 2024 Rates	Medicare Policyholder Only	Medicare Policyholder Only	Medicare Policyholder with Non-Medicare Dependents <sup>1</sup>	Medicare Policyholder with Medicare Dependents <sup>2</sup>	Medicare Policyholder with Medicare Dependents <sup>2</sup>
	Humana/PEIA PLAN 1 <sup>1</sup>	Humana/PEIA PLAN 2 <sup>2</sup>	Humana/PEIA	Humana/PEIA PLAN 1 <sup>1</sup>	Humana/PEIA PLAN 2 <sup>2</sup>
Unsubsidized Premium (Hired on or after July 1, 2010) <sup>4</sup>	\$281	\$182	\$1,390	\$561	\$363
5 to 9 years	\$196	\$127	\$1,205	\$422	\$273
10 to 14 years	\$162	\$105	\$929	\$341	\$221
15 to 19 years	\$128	\$83	\$652	\$263	\$170
20 to 24 years	\$99	\$64	\$474	\$197	\$128
25 or more years <sup>3</sup>	\$81	\$52	\$359	\$144	\$93

1. This rate assumes one person on Medicare. If you have more than one, subtract \$22 for each additional Medicare Member.

2. This rate assumes two people on Medicare. If you have more than two, subtract \$22 for each additional Medicare Member.

3. These rates are also provided to all Medicare retirees who retired prior to July 1, 1997, to all Medicare surviving dependents prior to July 1, 2015, and to some Medicare disability retirees. Surviving dependents enrolling in the PEIA plan on or after July 1, 2015, pay premiums based on the years of service earned by the deceased policyholder. Surviving dependents enrolled before July 1, 2015, are grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

4. This premium rate applies to all employees hired on and after July 1, 2010, even if they retire as a result of a disability. It also applies to those who retired with fewer than 5 years of service. This rate represents the full premium with no subsidy from active employers or employees. Two classes of employees hired on and after July 1, 2010, will not be required to pay the unsubsidized rate: 1) active employees who were originally hired before July 1, 2010, and who have a break in service of fewer than two years after July 1, 2010; and 2) retired employees who retired before July 1, 2010, come back to active service after July 1, 2010, and then go back into retirement. In those two cases, the original hire date will apply.

\* Tobacco-free plan members subtract \$25 from the premium for employee only coverage or \$50 from the family premium. To qualify for the Tobacco-free Premium for all of Plan Year 2024, you and all enrolled family members must have been tobacco-free by July 1, 2023. If your tobacco status has changed, you MUST report the change.

**Enroll online! It’s fast, free and easy!**

**Go to [peia.wv.gov](http://peia.wv.gov) and click on the Green “Manage My Benefits” button to get started!**

## RETIRED EMPLOYEE ASSISTANCE PROGRAM

Retired employees whose total annual income is at or below 250% of the federal poverty level (FPL) may receive assistance in paying a portion of their PEIA monthly health premium based on years of active service, through a grant provided by PEIA called the Retired Employee Premium Assistance program. Applicants must be enrolled in the PEIA PPB Plan, the Special Medicare Plan or the Medicare Advantage and Prescription Drug (MAPD) plan. Applicant must report all income for their household including pension(s), social security, investment income, and/or other sources of income.

Managed care plan members are not eligible for this program. Retired employees using accrued sick and/or annual leave to pay their premiums are not eligible for this program until their accrued leave is exhausted. Applications are mailed to all eligible retired employees each spring.

Medicare-eligible retirees with 15 or more years of service who qualify for Premium Assistance may also qualify for Benefit Assistance. Benefit Assistance reduces the medical and prescription out-of-pocket maximums and most copayments. For additional information or for a copy of the application, call PEIA's customer service unit at **1-888-680-7342** or visit our website at **peia.wv.gov** and click on "**Forms and Downloads**".

## MEDICARE PART B AND PART D PREMIUMS FOR HIGHER INCOME BENEFICIARIES

Federal law affects how Medicare calculates monthly Medicare Part B (medical insurance) and Medicare Part D (prescription drug) premiums if you have a higher income. Higher-income beneficiaries pay higher premiums for Part B and prescription drug coverage.

This affects only a very small percentage of Medicare beneficiaries. To determine if you pay higher premiums, Social Security will use your most recent federal tax return information. If you must pay higher premiums, they will use a sliding scale to make the adjustments. They will base the sliding scale on your modified adjusted gross income (MAGI). Your MAGI is the total of your adjusted gross income and tax-exempt interest income.

Social Security will notify you if you have to pay more than the standard premium. Whether you pay the standard premium or a higher premium can change each year depending on your income. If you have to pay a higher amount for your Part B premium and you disagree (even if you get RRB benefits), call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**. You can also view more information by visiting **<https://www.ssa.gov/benefits/medicare/medicare-premiums.html>**. PEIA is bringing this to your attention because it may affect the premium you pay for PEIA's Medicare Advantage and Prescription Drug (MAPD) Plan, which includes a premium for your Medicare Part D (prescription drug) coverage.

## COBRA

COBRA entitles employees, retired employees, and covered dependent(s) to continue medical coverage, for 18 or 36 months, in certain cases when coverage would otherwise terminate, provided the employee, retired employee, and/or dependent(s) pays the full premium. The premiums for COBRA coverage are set by Federal law. UMR handles COBRA enrollment for all plans and will contact you if you become eligible.

### Your Enrollment Rights

During Open Enrollment you have the right to choose any plan for which you are eligible for the next plan year. To enroll in one of the managed care plans, you must live in the plan's service area (see page 9). PEIA PPB Plan D is limited to WV residents only, and covers only services provided within WV, except in an emergency or when the required care is not available in West Virginia. UMR will mail a transfer form to enrolled COBRA members. If you want to change plans, you must complete and return the transfer form to **UMR P.O. Box 30541 Salt Lake City, UT 84130-0541** before May 15, 2024.

### Tobacco-free Premium Discount

PEIA offers Tobacco-free plan members a premium discount of \$25 off the premium for employee-only coverage or \$50 off the family premium. See details on page 28. To report a change in your tobacco status, mark it on the Transfer Form mailed to you by UMR.

## COBRA Rates for State Agencies, Colleges, Universities and County Board of Education

	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS (Plan C)	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
Employee Only	\$856	\$687	\$784	\$817	\$450	\$2,500	\$530	\$725	\$3,000	\$661	\$1,600	\$2,500	\$693	\$450	\$2,500
Employee and Children	\$1,172	\$912	\$1,030	\$1,103	\$900	\$5,000	\$708	\$1,450	\$6,000	\$920	\$3,200	\$5,000	\$931	\$900	\$5,000
Family	\$1,865	\$1,562	\$1,751	\$1,798	\$900	\$5,000	\$1,176	\$1,450	\$6,000	\$1,540	\$3,200	\$5,000	\$1,410	\$900	\$5,000
<b>DISABILITY</b>															
Employee Only	\$1,259	\$1,011	\$1,154	\$1,202	\$450	\$2,500	\$779	\$725	\$3,000	\$972	\$1,600	\$2,500	\$1,019	\$450	\$2,500
Employee and Children	\$1,723	\$1,341	\$1,515	\$1,621	\$900	\$5,000	\$1,041	\$1,450	\$6,000	\$1,353	\$3,200	\$5,000	\$1,369	\$900	\$5,000
Family	\$2,743	\$2,297	\$2,576	\$2,644	\$900	\$5,000	\$1,729	\$1,450	\$6,000	\$2,265	\$3,200	\$5,000	\$2,073	\$900	\$5,000

## COBRA RATES FOR NON-STATE AGENCIES

	The Health Plan HMO Plan A	The Health Plan HMO Plan B	The Health Plan POS	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
Employee Only	\$990	\$631	\$676	\$755	\$450	\$2,500	\$678	\$725	\$3,000	\$481	\$1,600	\$2,500	\$716	\$450	\$2,500
Employee and Children	\$1,388	\$917	\$1,007	\$1,364	\$900	\$5,000	\$1,199	\$1,450	\$6,000	\$733	\$3,200	\$5,000	\$1,289	\$900	\$5,000
Family	\$2,276	\$1,508	\$1,623	\$1,610	\$900	\$5,000	\$1,414	\$1,450	\$6,000	\$994	\$3,200	\$5,000	\$1,476	\$900	\$5,000
<b>DISABILITY</b>															
Employee Only	\$1,455	\$927	\$993	\$1,110	\$450	\$2,500	\$996	\$725	\$3,000	\$707	\$1,600	\$2,500	\$1,052	\$450	\$2,500
Employee and Children	\$2,040	\$1,349	\$1,481	\$2,006	\$900	\$5,000	\$1,763	\$1,450	\$6,000	\$1,077	\$3,200	\$5,000	\$1,895	\$900	\$5,000
Family	\$3,347	\$2,217	\$2,387	\$2,367	\$900	\$5,000	\$2,079	\$1,450	\$6,000	\$1,461	\$3,200	\$5,000	\$2,171	\$900	\$5,000

## LIFE INSURANCE RATES: ACTIVES AND RETIREES

PEIA offers basic and optional decreasing term life insurance.

**Basic life insurance** premiums for active employees are paid by the employer. Retirees pay the monthly premium listed below for their basic life insurance. We've provided these rates for informational purposes only.

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

**Optional life insurance** premiums are paid by the active or retired policyholder. The rates are listed on the preceding pages.

Remember, you can view and/or change your current coverages by visiting [peia.wv.gov](http://peia.wv.gov), logging in to "Manage My Benefits" and following the instructions on the screen. Some limitations may apply.

For a complete description of the life insurance benefits, please see the Group Term Life Insurance Booklet.

Retired Employee's Basic Life Insurance Rates Retired Employee's Basic Life Monthly Premium		<b>Active Employee's Basic Life and AD&amp;D</b> Insurance Rate	
		Amount of Coverage	Monthly Premium
Under age 67 (\$5,000)	\$11.14	\$10,000	\$1.98
Age 67 and over (\$2,500)	\$5.56		

Retired Employee Dependent Life Insurance Monthly Premiums		<b>Active Employee Dependent Life and AD&amp;D</b> Insurance Monthly Premiums	
Plan 1 (\$5,000 Spouse/\$2,000 child)	\$8.42	Plan 1 (\$5,000 Spouse/\$2,000 child)	\$2.46
Plan 2 (\$10,000 Spouse/\$4,000 child)	\$16.80	Plan 2 (\$10,000 Spouse/\$4,000 child)	\$4.92
Plan 3 (\$15,000 Spouse/\$7,500 child)	\$25.28	Plan 3 (\$15,000 Spouse/\$7,500 child)	\$7.36
Plan 4 (\$20,000 Spouse/\$10,000 child)	\$33.70	Plan 4 (\$20,000 Spouse/\$10,000 child)	\$9.82
Plan 5 (\$40,000 Spouse/\$15,000 child)	\$67.40	Plan 5 (\$40,000 Spouse/\$15,000 child)	\$19.64



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# Lace up

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## ACTIVE EMPLOYEE'S OPTIONAL LIFE AND AD&D INSURANCE: TOBACCO-FREE

The Tobacco-free rates are charged to those who have submitted an affidavit stating that the policyholder does not use tobacco. To update your tobacco status, go to the web site, [peia.wv.gov](http://peia.wv.gov), and log into **"Manage My Benefits"** or call PEIA at **1-888-680-7342**.

Age	Plan 1		Plan 2		Plan 3		Plan 4	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.30	\$10,000	\$0.60	\$20,000	\$1.18	\$30,000	\$1.78
30-34	\$5,000	\$0.30	\$10,000	\$0.60	\$20,000	\$1.18	\$30,000	\$1.78
35-39	\$5,000	\$0.40	\$10,000	\$0.80	\$20,000	\$1.58	\$30,000	\$2.38
40-44	\$5,000	\$0.40	\$10,000	\$0.80	\$20,000	\$1.58	\$30,000	\$2.38
45-49	\$5,000	\$0.50	\$10,000	\$1.00	\$20,000	\$1.98	\$30,000	\$2.98
50-54	\$5,000	\$0.60	\$10,000	\$1.20	\$20,000	\$2.38	\$30,000	\$3.58
55-59	\$5,000	\$1.28	\$10,000	\$2.58	\$20,000	\$5.14	\$30,000	\$7.72
60-64	\$5,000	\$2.08	\$10,000	\$4.14	\$20,000	\$8.28	\$30,000	\$12.42
65-69	\$3,250	\$2.30	\$6,500	\$4.62	\$13,000	\$9.24	\$19,500	\$13.84
70+	\$2,250	\$2.66	\$4,500	\$5.32	\$9,000	\$10.64	\$13,500	\$15.98
Age	Plan 10		Plan 11		Plan 12		Plan 13	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$100,000	\$5.90	\$150,000	\$8.86	\$200,000	\$11.80	\$250,000	\$14.76
30-34	\$100,000	\$5.90	\$150,000	\$8.86	\$200,000	\$11.80	\$250,000	\$14.76
35-39	\$100,000	\$7.90	\$150,000	\$11.86	\$200,000	\$15.80	\$250,000	\$19.76
40-44	\$100,000	\$7.90	\$150,000	\$11.86	\$200,000	\$15.80	\$250,000	\$19.76
45-49	\$100,000	\$9.90	\$150,000	\$14.86	\$200,000	\$19.80	\$250,000	\$24.76
50-54	\$100,000	\$11.90	\$150,000	\$17.86	\$200,000	\$23.80	\$250,000	\$29.76
55-59	\$100,000	\$25.70	\$150,000	\$38.56	\$200,000	\$51.40	\$250,000	\$64.26
60-64	\$100,000	\$41.40	\$150,000	\$62.10	\$200,000	\$82.80	\$250,000	\$103.50
65-69	\$65,000	\$46.16	\$97,500	\$69.22	\$130,000	\$92.30	\$162,500	\$115.38
70+	\$45,000	\$53.24	\$67,500	\$79.86	\$90,000	\$106.48	\$112,500	\$133.08

Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
\$40,000	\$2.36	\$50,000	\$2.96	\$60,000	\$3.54	\$75,000	\$4.42	\$80,000	\$4.72
\$40,000	\$2.36	\$50,000	\$2.96	\$60,000	\$3.54	\$75,000	\$4.42	\$80,000	\$4.72
\$40,000	\$3.16	\$50,000	\$3.96	\$60,000	\$4.74	\$75,000	\$5.92	\$80,000	\$6.32
\$40,000	\$3.16	\$50,000	\$3.96	\$60,000	\$4.74	\$75,000	\$5.92	\$80,000	\$6.32
\$40,000	\$3.96	\$50,000	\$4.96	\$60,000	\$5.94	\$75,000	\$7.42	\$80,000	\$7.92
\$40,000	\$4.76	\$50,000	\$5.96	\$60,000	\$7.14	\$75,000	\$8.92	\$80,000	\$9.52
\$40,000	\$10.28	\$50,000	\$12.86	\$60,000	\$15.42	\$75,000	\$19.28	\$80,000	\$20.56
\$40,000	\$16.56	\$50,000	\$20.70	\$60,000	\$24.84	\$75,000	\$31.06	\$80,000	\$33.12
\$26,000	\$18.46	\$32,500	\$23.08	\$39,000	\$27.70	\$48,750	\$34.62	\$52,000	\$36.92
\$18,000	\$21.30	\$22,500	\$26.62	\$27,000	\$31.94	\$33,750	\$39.92	\$36,000	\$42.58
Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
\$300,000	\$17.70	\$350,000	\$20.66	\$400,000	\$23.60	\$450,000	\$26.56	\$500,000	\$29.50
\$300,000	\$17.70	\$350,000	\$20.66	\$400,000	\$23.60	\$450,000	\$26.56	\$500,000	\$29.50
\$300,000	\$23.70	\$350,000	\$27.66	\$400,000	\$31.60	\$450,000	\$35.56	\$500,000	\$39.50
\$300,000	\$23.70	\$350,000	\$27.66	\$400,000	\$31.60	\$450,000	\$35.56	\$500,000	\$39.50
\$300,000	\$29.70	\$350,000	\$34.66	\$400,000	\$39.60	\$450,000	\$44.56	\$500,000	\$49.50
\$300,000	\$35.70	\$350,000	\$41.66	\$400,000	\$47.60	\$450,000	\$53.56	\$500,000	\$59.50
\$300,000	\$77.10	\$350,000	\$89.96	\$400,000	\$102.80	\$450,000	\$115.66	\$500,000	\$128.50
\$300,000	\$124.20	\$350,000	\$144.90	\$400,000	\$165.60	\$450,000	\$186.30	\$500,000	\$207.00
\$195,000	\$138.46	\$227,500	\$161.52	\$260,000	\$184.60	\$292,500	\$207.68	\$325,000	\$230.76
\$135,000	\$159.70	\$157,500	\$186.32	\$180,000	\$212.94	\$202,500	\$239.56	\$225,000	\$266.18

## ACTIVE EMPLOYEE'S OPTIONAL LIFE AND AD&D INSURANCE: TOBACCO USER

Age	Plan 1		Plan 2		Plan 3		Plan 4	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.40	\$10,000	\$0.80	\$20,000	\$1.58	\$30,000	\$2.38
30-34	\$5,000	\$0.40	\$10,000	\$0.80	\$20,000	\$1.58	\$30,000	\$2.38
35-39	\$5,000	\$0.50	\$10,000	\$1.00	\$20,000	\$1.98	\$30,000	\$2.98
40-44	\$5,000	\$0.50	\$10,000	\$1.00	\$20,000	\$1.98	\$30,000	\$2.98
45-49	\$5,000	\$0.70	\$10,000	\$1.38	\$20,000	\$2.76	\$30,000	\$4.14
50-54	\$5,000	\$0.90	\$10,000	\$1.78	\$20,000	\$3.56	\$30,000	\$5.34
55-59	\$5,000	\$2.08	\$10,000	\$4.14	\$20,000	\$8.28	\$30,000	\$12.42
60-64	\$5,000	\$3.36	\$10,000	\$6.72	\$20,000	\$13.42	\$30,000	\$20.14
65-69	\$3,250	\$3.84	\$6,500	\$7.68	\$13,000	\$15.38	\$19,500	\$23.06
70+	\$2,250	\$4.44	\$4,500	\$8.88	\$9,000	\$17.74	\$13,500	\$26.62
Age	Plan 10		Plan 11		Plan 12		Plan 13	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$100,000	\$7.90	\$150,000	\$11.86	\$200,000	\$15.80	\$250,000	\$19.76
30-34	\$100,000	\$7.90	\$150,000	\$11.86	\$200,000	\$15.80	\$250,000	\$19.76
35-39	\$100,000	\$9.90	\$150,000	\$14.86	\$200,000	\$19.80	\$250,000	\$24.76
40-44	\$100,000	\$9.90	\$150,000	\$14.86	\$200,000	\$19.80	\$250,000	\$24.76
45-49	\$100,000	\$13.80	\$150,000	\$20.70	\$200,000	\$27.60	\$250,000	\$34.50
50-54	\$100,000	\$17.80	\$150,000	\$26.70	\$200,000	\$35.60	\$250,000	\$44.50
55-59	\$100,000	\$41.40	\$150,000	\$62.10	\$200,000	\$82.80	\$250,000	\$103.50
60-64	\$100,000	\$67.10	\$150,000	\$100.66	\$200,000	\$134.20	\$250,000	\$167.76
65-69	\$65,000	\$76.90	\$97,500	\$115.34	\$130,000	\$153.80	\$162,500	\$192.24
70+	\$45,000	\$88.74	\$67,500	\$133.12	\$90,000	\$177.48	\$112,500	\$221.86

Plan 5		Plan 6		Plan 7		Plan 8		Plan 9	
Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
\$40,000	\$3.16	\$50,000	\$3.96	\$60,000	\$4.74	\$75,000	\$5.92	\$80,000	\$6.32
\$40,000	\$3.16	\$50,000	\$3.96	\$60,000	\$4.74	\$75,000	\$5.92	\$80,000	\$6.32
\$40,000	\$3.96	\$50,000	\$4.96	\$60,000	\$5.94	\$75,000	\$7.42	\$80,000	\$7.92
\$40,000	\$3.96	\$50,000	\$4.96	\$60,000	\$5.94	\$75,000	\$7.42	\$80,000	\$7.92
\$40,000	\$5.52	\$50,000	\$6.90	\$60,000	\$8.28	\$75,000	\$10.36	\$80,000	\$11.04
\$40,000	\$7.12	\$50,000	\$8.90	\$60,000	\$10.68	\$75,000	\$13.36	\$80,000	\$14.24
\$40,000	\$16.56	\$50,000	\$20.70	\$60,000	\$24.84	\$75,000	\$31.06	\$80,000	\$33.12
\$40,000	\$26.84	\$50,000	\$33.56	\$60,000	\$40.26	\$75,000	\$50.32	\$80,000	\$53.68
\$26,000	\$30.76	\$32,500	\$38.44	\$39,000	\$46.14	\$48,750	\$57.68	\$52,000	\$61.52
\$18,000	\$35.50	\$22,500	\$44.38	\$27,000	\$53.24	\$33,750	\$66.56	\$36,000	\$71.00
Plan 14		Plan 15		Plan 16		Plan 17		Plan 18	
Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
\$300,000	\$23.70	\$350,000	\$27.66	\$400,000	\$31.60	\$450,000	\$35.56	\$500,000	\$39.50
\$300,000	\$23.70	\$350,000	\$27.66	\$400,000	\$31.60	\$450,000	\$35.56	\$500,000	\$39.50
\$300,000	\$29.70	\$350,000	\$34.66	\$400,000	\$39.60	\$450,000	\$44.56	\$500,000	\$49.50
\$300,000	\$29.70	\$350,000	\$34.66	\$400,000	\$39.60	\$450,000	\$44.56	\$500,000	\$49.50
\$300,000	\$41.40	\$350,000	\$48.30	\$400,000	\$55.20	\$450,000	\$62.10	\$500,000	\$69.00
\$300,000	\$53.40	\$350,000	\$62.30	\$400,000	\$71.20	\$450,000	\$80.10	\$500,000	\$89.00
\$300,000	\$124.20	\$350,000	\$144.90	\$400,000	\$165.60	\$450,000	\$186.30	\$500,000	\$207.00
\$300,000	\$201.30	\$350,000	\$234.86	\$400,000	\$268.40	\$450,000	\$301.96	\$500,000	\$335.50
\$195,000	\$230.68	\$227,500	\$269.14	\$260,000	\$307.58	\$292,500	\$346.02	\$325,000	\$384.48
\$135,000	\$266.22	\$157,500	\$310.60	\$180,000	\$354.96	\$202,500	\$399.34	\$225,000	\$443.70

## Prepare for life's unexpected outcomes with Life insurance.



### Plan for the future with services provided at no additional cost to you.

MetLife provides more than just life insurance. Enrolled WV PEIA employees have access to valuable services that can help you and your loved ones navigate what life may bring.

#### Digital Estate Planning<sup>1</sup>

- Last will and testament
- Advance directive
- Durable financial power of attorney

Go to [members.legalplans.com](https://members.legalplans.com). Create an account using email and password of your choice.

#### In-Person Will Preparation<sup>2\*</sup>

- Will
- Living will
- Power of attorney

Get started at [legalplans.com/estateplanning](https://legalplans.com/estateplanning).

#### Online Will Preparation<sup>3\*\*</sup>

- Complete state-specific documents
- Edit, download and print for easy execution

Visit [WillsCenter.com](https://WillsCenter.com) and register as a new user.

#### Funeral Discounts and Planning Services<sup>4</sup>

- Access the largest network of funeral homes and cemeteries
- Pre-plan with a licensed counselor
- Receive a discount on funeral services

Call 1-866-853-0954 or go to [finalwishesplanning.com](https://finalwishesplanning.com).

#### Additional benefits:

- Coverage for your eligible loved ones
- Additional coverages, including AD&D
- Value-added services at no additional cost
- Active employee and retirees are eligible

#### Life insurance can help provide income to your loved ones that can be used for:

- Final expenses
- Income replacement
- Mortgage and other debts
- Childcare/education costs
- Other expenses



### Prepare your family for life's unexpected outcomes.

Scan now to explore your life insurance coverage options and additional benefits or visit [metlife.com/WV-PEIA/](https://metlife.com/WV-PEIA/).

<sup>1</sup>Available for Optional Life participants

<sup>2</sup>Available for Basic and Optional Life participants

<sup>3</sup>Digital Estate Planning is not included with dependent life coverages. Domestic Partnerships are not currently supported; however, members in a domestic partnership may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not available in all states. Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.

<sup>4</sup>Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

<sup>5</sup>WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters. WillsCenter.com is available to anyone regardless of affiliation with MetLife. Funeral Assistance is not available in New York. Funeral Assistance services are provided through an agreement with LifeWorks. US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife.

<sup>6</sup>Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. SCI offers planning services, expert assistance, and bereavement travel services to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers have been pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for funeral services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the funeral services discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

<sup>7</sup>AD&D insurance does not include payment for certain losses as described in more detail in your certificate. Specific information pertaining to your insurance can be obtained by contacting your benefits administrator.

Like most group insurance policies, MetLife group life insurance policies contain certain exclusions, limitations and requirements for maintaining coverage in force.

Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166  
L0222020154[exp0224][All States][DC, GU, MP, PR, VI]  
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## RETIRED EMPLOYEE'S OPTIONAL LIFE INSURANCE: TOBACCO-FREE

The Tobacco-free rates are charged to those who have previously submitted an affidavit stating that the policyholder does not use tobacco.

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
<30	\$5,000	\$0.40	\$10,000	\$0.80	\$15,000	\$1.18	\$20,000	\$1.58	\$30,000	\$2.38
30-34	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.48	\$20,000	\$1.98	\$30,000	\$2.98
35-39	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.48	\$20,000	\$1.98	\$30,000	\$2.98
40-44	\$5,000	\$0.88	\$10,000	\$1.78	\$15,000	\$2.66	\$20,000	\$3.54	\$30,000	\$5.32
45-49	\$5,000	\$1.18	\$10,000	\$2.38	\$15,000	\$3.56	\$20,000	\$4.74	\$30,000	\$7.12
50-54	\$5,000	\$1.98	\$10,000	\$3.94	\$15,000	\$5.92	\$20,000	\$7.88	\$30,000	\$11.82
55-59	\$5,000	\$3.26	\$10,000	\$6.52	\$15,000	\$9.76	\$20,000	\$13.02	\$30,000	\$19.54
60-64	\$5,000	\$4.74	\$10,000	\$9.48	\$15,000	\$14.20	\$20,000	\$18.94	\$30,000	\$28.42
65-69	\$3,250	\$5.38	\$6,500	\$10.76	\$9,750	\$16.14	\$13,000	\$21.52	\$19,500	\$32.30
70 +	\$2,500	\$11.54	\$5,000	\$23.08	\$7,500	\$34.60	\$10,000	\$46.14	\$15,000	\$69.22
Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
<30	\$40,000	\$3.16	\$50,000	\$3.96	\$75,000	\$5.92	\$100,000	\$7.90	\$150,000	\$11.86
30-34	\$40,000	\$3.96	\$50,000	\$4.96	\$75,000	\$7.42	\$100,000	\$9.90	\$150,000	\$14.86
35-39	\$40,000	\$3.96	\$50,000	\$4.96	\$75,000	\$7.42	\$100,000	\$9.90	\$150,000	\$14.86
40-44	\$40,000	\$7.08	\$50,000	\$8.86	\$75,000	\$13.28	\$100,000	\$17.70	\$150,000	\$26.56
45-49	\$40,000	\$9.48	\$50,000	\$11.86	\$75,000	\$17.78	\$100,000	\$23.70	\$150,000	\$35.56
50-54	\$40,000	\$15.76	\$50,000	\$19.70	\$75,000	\$29.56	\$100,000	\$39.40	\$150,000	\$59.10
55-59	\$40,000	\$26.04	\$50,000	\$32.56	\$75,000	\$48.82	\$100,000	\$65.10	\$150,000	\$97.66
60-64	\$40,000	\$37.88	\$50,000	\$47.36	\$75,000	\$71.02	\$100,000	\$94.70	\$150,000	\$142.06
65-69	\$26,000	\$43.06	\$32,500	\$53.82	\$48,750	\$80.74	\$65,000	\$107.64	\$97,500	\$161.46
70 +	\$20,000	\$92.28	\$25,000	\$115.36	\$37,500	\$173.02	\$50,000	\$230.70	\$75,000	\$346.06



## RETIRED EMPLOYEE'S OPTIONAL LIFE INSURANCE: TOBACCO-USER

Age	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$5,000	\$0.50	\$10,000	\$1.00	\$15,000	\$1.48	\$20,000	\$1.98	\$30,000	\$2.98
30-34	\$5,000	\$0.70	\$10,000	\$1.38	\$15,000	\$2.08	\$20,000	\$2.76	\$30,000	\$4.14
35-39	\$5,000	\$0.88	\$10,000	\$1.78	\$15,000	\$2.66	\$20,000	\$3.54	\$30,000	\$5.32
40-44	\$5,000	\$1.38	\$10,000	\$2.76	\$15,000	\$4.14	\$20,000	\$5.52	\$30,000	\$8.28
45-49	\$5,000	\$2.08	\$10,000	\$4.14	\$15,000	\$6.22	\$20,000	\$8.28	\$30,000	\$12.42
50-54	\$5,000	\$3.56	\$10,000	\$7.10	\$15,000	\$10.66	\$20,000	\$14.20	\$30,000	\$21.30
55-59	\$5,000	\$5.52	\$10,000	\$11.04	\$15,000	\$16.56	\$20,000	\$22.08	\$30,000	\$33.12
60-64	\$5,000	\$7.40	\$10,000	\$14.80	\$15,000	\$22.18	\$20,000	\$29.58	\$30,000	\$44.38
65-69	\$3,250	\$7.68	\$6,500	\$15.38	\$9,750	\$23.06	\$13,000	\$30.76	\$19,500	\$46.14
70 & over	\$2,500	\$16.96	\$5,000	\$33.92	\$7,500	\$50.88	\$10,000	\$67.84	\$15,000	\$101.76
Age	Plan 6		Plan 7		Plan 8		Plan 9		Plan 10	
	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium	Amount of Coverage	Monthly Premium
Under 30	\$40,000	\$3.96	\$50,000	\$4.96	\$75,000	\$7.42	\$100,000	\$9.90	\$150,000	\$14.86
30-34	\$40,000	\$5.52	\$50,000	\$6.90	\$75,000	\$10.36	\$100,000	\$13.80	\$150,000	\$20.70
35-39	\$40,000	\$7.08	\$50,000	\$8.86	\$75,000	\$13.28	\$100,000	\$17.70	\$150,000	\$26.56
40-44	\$40,000	\$11.04	\$50,000	\$13.80	\$75,000	\$20.70	\$100,000	\$27.60	\$150,000	\$41.40
45-49	\$40,000	\$16.56	\$50,000	\$20.70	\$75,000	\$31.06	\$100,000	\$41.40	\$150,000	\$62.10
50-54	\$40,000	\$28.40	\$50,000	\$35.50	\$75,000	\$53.26	\$100,000	\$71.00	\$150,000	\$106.50
55-59	\$40,000	\$44.16	\$50,000	\$55.20	\$75,000	\$82.80	\$100,000	\$110.40	\$150,000	\$165.60
60-64	\$40,000	\$59.16	\$50,000	\$73.96	\$75,000	\$110.92	\$100,000	\$147.90	\$150,000	\$221.86
65-69	\$26,000	\$61.52	\$32,500	\$76.90	\$48,750	\$115.34	\$65,000	\$153.80	\$97,500	\$230.68
70 & over	\$20,000	\$135.68	\$25,000	\$169.60	\$37,500	\$254.40	\$50,000	\$339.20	\$75,000	\$508.80

## PEIA's PREMIUM CONVERSION PLAN: MAKE YOUR CHOICES FOR PLAN YEAR 2025

It's open enrollment time for PEIA's Section 125 Premium Conversion Plan, an IRS-approved plan which allows eligible public employees to pay health and life insurance premiums with pre-tax dollars. Through this plan your premiums for health coverage and life insurance are deducted from your pay before taxes are calculated, so your taxable income is lower, and you pay less tax. Each year at this time we hold an Open Enrollment period to allow you to make changes in your coverage or to get in or out of the Premium Conversion Plan.

This section answers Commonly Asked Questions about the Premium Conversion Plan and will serve to guide you through the enrollment process.

### Commonly Asked Questions

---

#### Who participates in the Premium Conversion Plan?

If you are an active employee of a State Agency, college, or university (except WVU) or one of the county boards of education that participates in PEIA's Premium Conversion plan, and you pay premiums for health or life insurance, those premiums are deducted before taxes are calculated, unless you signed a form waiving your participation in this plan.

You may have been in the program for several years without realizing it. To determine if you are paying your premiums before or after tax, check your pay stub or contact your payroll office.

#### When is Open Enrollment?

Open Enrollment is from April 2 – May 15, 2024, for Plan Year 2025 (July 1, 2024 – June 30, 2025).

#### Are there rules I have to follow?

Yes. The IRS sets limits on the program, and says that if you agree to participate in the plan, you can only change the amount of pre-tax premium you pay during Open Enrollment. Under the IRS rules, you must pay the same amount of premium each month during the year, unless you have a qualifying event and the consistency rule is satisfied. Documentation of these events is required.

Qualifying events are:

- marriage or divorce of the employee;
- death of the employee's spouse or dependent;
- birth, placement for adoption, or adoption of the employee's child;
- commencement or termination of employment of the employee's spouse or dependent;
- a change from full-time to part-time employment status, or vice versa, by the employee or his or her spouse, or dependent;
- commencement of or return to work from an unpaid leave of absence taken by the employee or spouse; a significant change in the health coverage of the employee or spouse attributable to the spouse's employment;
- annulment;
- change in the residence or work site of the employer, spouse, or dependent;
- loss of legal responsibility to provide health coverage for a child or foster child who is a dependent;

- a dependent loses eligibility due to age; or
- employment change due to strike or lock-out.

Status Change Event	Documentation Required
Divorce	Copy of the divorce decree showing the date the divorce is final.
Marriage	Copy of valid marriage license or certificate.
Birth of child	Copy of child's birth certificate.
Adoption	Copy of adoption papers.
Adding coverage for a dependent child	Copy of child's birth certificate.
Adding coverage for any other child who resides with policyholder	Copy of court-ordered guardianship papers.
Open enrollment under spouse's or dependent's employer's benefit plan	Copy of printed material showing Open Enrollment dates and the employer's name.
Death of spouse or dependent	Copy of the death certificate.
Beginning of spouse's or dependent's employment	Letter from the spouse's employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's or dependent's employment	Letter from the employer stating the termination or retirement date, what coverage was lost, and dependents that were covered.
Significant change in health coverage due to spouse's or dependent's employment	Letter from the insurance carrier indicating the change in insurance coverage, the effective date of that change, and dependents covered.
Unpaid leave of absence by employee, spouse, or dependent	Letter from your, your spouse's, or your dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave.
Change from full-time to part-time employment or vice versa for policyholder, spouse, or dependent	Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.

**Consistency Rule:** The change in benefit elections must be on account of, and consistent with, a change in status that affects eligibility for coverage under the cafeteria plan.

### Open Enrollment Under Other Employer's Plan

You may make a change in your plan when your spouse or dependent changes coverage during his or her plan's open enrollment if:

- the other employer's plan permits mid-year changes under this event, and
- the other employer's plan year is different from PEIA's.

You may not make a change in your coverage until the next Open Enrollment period unless you have a qualifying event. To make a change in your coverage, go to [peia.wv.gov](http://peia.wv.gov) and click on the **"Manage My Benefits"** button or get a Change-in-Status form from your benefit coordinator.

### What should I do if I want to get in or out of the Premium Conversion Plan?

You have four choices:

1. If you opted out of the Premium Conversion Plan previously, and you want to stay out, you don't have to do anything. You will remain out of the Premium Conversion Plan for the coming year.
2. If you opted out of the Premium Conversion Plan previously, and want back in, complete the

form on page 56, sign, date and return it to your payroll clerk by May 15, 2024.

3. If you are in the Premium Conversion Plan, and want to stay in, you don't need to do anything. You will remain in the Premium Conversion Plan for the coming year.
4. If you are in the Premium Conversion Plan and you want to opt out and pay taxes on your premiums, complete the form on page 56, and return it to your benefit coordinator by May 15, 2024.

### **Can I make changes in my coverage now?**

Yes. During Open Enrollment you can add or drop dependents for any reason. Go to **peia.wv.gov** and click on the **"Manage My Benefits"** button or call PEIA for an Open Enrollment Transfer Form, and get it to your benefit coordinator by May 15, 2024.

### **Can I make changes during the plan year?**

You may not make a change in the middle of plan year unless you have a qualifying Status Change Event listed in the chart on page 54. You will have to provide documentation of the Status Change Event.

### **Will I have to pay taxes on the premium later?**

Because this is an IRS-approved program, you never have to pay taxes on the money you save through the Premium Conversion Plan.

### **Why would I want to opt out of the plan?**

If you are fewer than ten years from retirement, you may want to opt out. Since your Social Security tax is assessed after your premiums are deducted under the Premium Conversion Plan, you contribute less to Social Security, and it could lower your benefits upon retirement. Generally, the amount you save through premium conversion outweighs the amount you lose in Social Security. If you have questions, consult your tax advisor.

### **What if I have more questions?**

If you have questions about the Premium Conversion Plan, please consult your tax advisor.

### **What do I do if I have a qualifying event during the plan year?**

Go to **peia.wv.gov** and click on the **"Manage My Benefits"** button, or contact your benefit coordinator for a Change-In-Status form, complete, sign, and return it to your benefit coordinator during the month of the family status change event or the following two calendar months. You will need to include documentation of the status change as indicated in the chart on page 54.

### **Should I have two plans?**

If you have two insurance plans, you may want to consider whether it makes sense to keep them both. If both you and your spouse work outside the home and have group health coverage through your employers, you need to look carefully at the plans you have to be sure you are getting value for the premiums you are paying. The two issues you need to deal with relate to Coordination of Benefits. You need to determine: (1) which plan is primary and which is secondary; and (2) how the plans pay as secondary payers.

Coordination of Benefits (COB)

Coordination of Benefits is the process used by insurance companies to determine which plan will pay first, and how much it will pay. The kind of COB you have depends on the kind of plan you're in.

By law, the PEIA PPB Plan coordinates benefits with all other insurance plans – even medical payments made under an automobile policy, or other individual policy. The only plans we don't coordinate benefits with are individual policies which make per diem payments of less than \$100 and have limited benefits. PEIA uses the "carve-out" method for coordinating benefits as the secondary plan, which means that if the other plan pays as much as PEIA would have paid, then we pay nothing.

The HMOs offered by PEIA use "traditional" Coordination of Benefits, which means that they may pay up to 100% for services, but you will have to follow their rules to receive benefits.

Why bring up COB now?

We know that most people who encounter problems with the Premium Conversion plan want to make changes because they didn't understand how the PEIA PPB Plan works as a secondary payer. Often, they want to drop the PEIA PPB Plan as a secondary coverage, but this is not considered a qualifying event, so we can't allow it during the plan year.

During Open Enrollment (April 2 – May 15, 2024), you can make any changes, even if they're not the result of qualifying events.

Where can I learn more about COB?

If you're in the PEIA PPB Plan, read your Summary Plan Description for details of PEIA's Coordination of Benefits policy. If you're in a managed care plan, read your certificate of coverage or check with your plan for more details.



Premium Conversion Plan Form/Plan Year 2025

I, \_\_\_\_\_, wish to make the following changes in my Premium Conversion Plan participation:

☐ Opt INTO the Plan. I understand that by participating in this plan, I will reduce my tax liability, but I may be limiting my ability to make changes in my coverage throughout the plan year.

☐ Opt OUT of the Plan. I understand that by opting out of the plan, I am agreeing to pay my premiums on a post-tax Basis, thereby increasing my tax liability. This election may not be changed until the next open enrollment.

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature

Date

Please return to your Benefit Coordinator. **DO NOT mail it to PEIA!!!**

# West Virginia Public Employees Insurance Agency (PEIA) HIPAA Notice of Privacy Practices

Effective date of this notice: July 1, 2024

If you have questions about this notice, please contact the person listed under "Who to Contact". THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

## Summary

In order to provide you with benefits, PEIA will receive personal information about your health, from you, your physicians, hospitals, pharmacies, and others who provide you with health care services. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

We use members' health information to provide benefits, including making claims payments and providing customer service. We disclose members' information to health care providers to assist them in providing you with treatment or to help them receive payment. We may disclose information to other insurance companies as necessary to receive payment or coordinate benefits. We may use the information within our organization to evaluate quality and improve health care operations, and we may make other uses and disclosures of members' information as required or allowed by law or as permitted by PEIA policies.

## Kinds Of Information That This Notice Applies To

This notice applies to any information that is created, received, used, or maintained by PEIA or its Business Associates that relates to the past, present, or future physical or mental health, healthcare, or payment for the healthcare of an individual.

## Who Must Abide by This Notice

- PEIA
- All employees, staff, students, volunteers, contractors, and other personnel who work for and/or under the direct control of PEIA.

The people and organizations to which this notice applies (referred to as "we," "our," and "us") have agreed to abide by its terms and have been trained in their roles and responsibilities. We may share your information with each other for the purpose(s) of treatment, and as necessary for payment and healthcare operations activities as described below.

## Our Legal Duties

- We are required by law to ensure the confidentiality, integrity, and availability of all PHI we create, use, receive, maintain or transmit;
- We are required to provide this notice of our privacy practices and legal duties regarding health information to anyone who asks for it.
- We are required to respond to your requests or concerns within a timely manner.
- Implement administrative, physical and technical safeguards to ensure compliance with this notice
- We are required to abide by the terms of this notice until we officially adopt a new notice.

## How We May Use or Disclose Your Health Information.

This notice describes how we may use your personal, protected health information, or disclose it to others, for a number of different reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information. But any time we use your information, or disclose it to someone else, it will fit one of the reasons listed here.

**1. Treatment.** We may use your health information to provide you with medical care and services. This means that our employees, staff, students, volunteers and others whose work is under our direct control, may read your health information to learn about your medical condition and use it to help you make decisions about your care. For instance, a health plan nurse may take your blood pressure at a health fair and use the results to discuss with your health issues. We will also disclose your information to others to provide you with options for medical treatment or services. For instance, we may use health information to identify members with certain chronic illnesses, and send information to them or to their doctors regarding treatment alternatives.

**2. Payment.** We will use your health information, and disclose it to others, as necessary to make payment for the health care services you receive. For instance, an employee in our customer service department or at our claims processing administrators may use your health information to help pay your claims. And we may send information about you and your claim payments to the doctor or hospital that provided you with the health care services. We will also send you information about claims we pay and claims we do not pay (called an "explanation of benefits"). The explanation of benefits will include information about claims we receive for the subscriber and each dependent that are enrolled together under a single contract or identification number. Under certain circumstances, you may receive this information confidentially: see the "Confidential Communication" section in this notice. We may also disclose some of your health information to companies with whom we contract for payment-related services. For instance, if you owe us money, we may give information about you to a collection company that we contract with to collect bills for us. We will not use or disclose more information for payment purposes than is necessary.

**3. Health Care Operations.** We may use your health information for activities that are necessary to operate this organization. This includes reading your health information to review the performance of our staff. We may also use your information and the information of other members to plan what services we need to provide, expand, or reduce. We may also provide health information to students who are authorized to receive training here. We may disclose your health information as necessary to others who we contract with to provide administrative services or health care coverage. This includes our third-party administrators, available managed care plans, wellness programs, lawyers, auditors, accreditation services, and consultants, for instance. These third-parties are called "Business Associates" and are held to the same standards as PEIA with regard to ensuring the privacy, security, integrity, and confidentiality of your personal information. If, in the course of healthcare operations, your confidential information is transmitted electronically, PEIA requires that information to be sent in a secure and encrypted format that renders it unreadable and unusable to unauthorized users.

**4. For Purposes of Providing Certain Health and Wellness Services.** West Virginia Code §5-16-8 requires PEIA to provide certain health benefits and services which require PEIA to disclose and/or share PEIA member information with third parties for the administration and management of said services.

**5. Legal Requirement to Disclose Information.** We will disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the state health care system. For instance, we may be required to disclose your health information, and the information of others, if we are audited by state auditors. We will also disclose your health information when we are required to do so by a court order or other judicial or administrative process. We will only disclose the minimum amount of health information necessary to fulfill the legal requirement.

**6. Public Health Activities.** We will disclose your health information when required to do so for public health purposes. This includes reporting certain diseases, births, deaths, and reactions to certain medications. It may also include notifying people who have been exposed to a disease.

**7. To Report Abuse.** We may disclose your health information when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

**8. Law Enforcement.** We may disclose your health information for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We must also disclose your health information to a federal agency investigating our compliance with federal privacy regulations. We will only disclose the minimum amount of health information necessary to fulfill the investigation request.

**9. Specialized Purposes.** We may disclose the health information of members of the armed forces as authorized by military command authorities. We may disclose your health information for a number of other specialized purposes. We will only disclose as much information as is necessary for the purpose. For instance, we may disclose your information to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation); or for national security, intelligence, and protection of the president. We also may disclose health information about an inmate to a correctional institution or to law enforcement officials, to provide the inmate with health care, to protect the health and safety of the inmate and others, and for the safety, administration, and maintenance of the correctional institution.

**10. To Avert a Serious Threat.** We may disclose your health information if we decide that the disclosure is necessary to prevent serious harm to the public or to



an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

**11. Family and Friends.** Under specific circumstances covered by policy, we may disclose your health information to a member of your family or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you object.

**12. Research.** We may disclose your health information in an appropriately de-identified format in connection with approved medical research projects. Federal rules govern any disclosure of your health information for research purposes without your authorization.

**13. Information to Members.** We may use your health information to provide you with additional information. This may include sending newsletters or other information to your address. This may also include giving you information about treatment options, alternative settings for care, or other health-related options that we cover.

**14. Health Benefits Information.** If your enrollment in PEIA's health plan is offered through your employer, your employer may receive limited information, as necessary, for the administration of their health benefit program. The employers will not receive any additional information unless it has been de-identified or you have authorized its release.

**15. PEIA will not release, disclose, exchange, and/or sell your health information for use in marketing or for-profit ventures by third parties.**

## Your Rights

**1. Authorization.** We may not use or disclose your health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your health information for any other reason without your authorization. We will only disclose the minimum amount of health information necessary to fulfill the authorization request. If you authorize us to use or disclose your health information in additional circumstances, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your health information, or about how to revoke an authorization, contact the person listed under "Who to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization. If the authorization is to permit disclosure of your information to an insurance company as a condition of obtaining coverage, other law may allow the insurer to continue to use your information to contest claims or your coverage, even after you have revoked the authorization.

**2. Request Restrictions.** You have the right to ask us to restrict how we use or disclose your health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

**3. Confidential Communication.** If you believe that the disclosure of certain information could endanger you, you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your health information to a different address rather than to home. Or you may ask us to speak to you personally on the telephone rather than sending your health information by mail. We will agree to any reasonable request.

**4. Inspect And Receive a Copy of Health Information.** You have a right to inspect the health information about you that we have in our records, and to receive a copy of it. This right is limited to information about you that is kept in records that are used to make decisions about you and certain specific exclusions do apply. For instance, this includes claim and enrollment records. If you want to review or receive a copy of these records, you must make the request in writing. We will accept electronic request for releases of information in the form of e-mails or other electronic means. If you choose, you may receive your records in an electronic format but PEIA has the right to make sure that electronic information is delivered in a safe, secure, and confidential format. We may charge a fee for the cost of copying, mailing and/or e-mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Who to Contact" at the end of this notice. We will respond to your request within 30 days. We may deny you access to certain information. If we do, we will give you the reason, in writing. We will also explain how you may appeal the decision.

**5. Amend Health Information.** You have the right to ask us to amend health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We will respond to your request in writing within 30 days. We may deny your request if we did not create the information, if it is not part of the records we use to make decisions about you, if the information is something you would not be permitted to inspect or copy, or if it is complete and accurate.

**6. Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. This accounting will list the times we have given your health information to others. The list will include dates of the disclosures, the names of the people or organizations to whom the information was disclosed, a description of the information, and the reason. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. You must tell us the time period you want the list to cover. You may not request a time period longer than six years. We cannot include disclosures made before April 14, 2003. Disclosures for the following reasons will not be included on the list: disclosures for treatment, payment, or health care operations; disclosures for national security purposes; disclosures to correctional or law enforcement personnel; disclosures that you have authorized; and disclosures made directly to you.

**7. Paper Copy of this Privacy Notice.** You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Who to Contact" at the end of this notice.

**8. Complaints.** You have a right to complain about our privacy practices, if you think your privacy has been violated. You may file your complaint with the person listed under "Who to Contact" at the end of this notice. You may also file a complaint directly with the: Region III, Office for Civil Rights, U.S. Department of Health and Human Services, 150 South Independence Mall West, Suite 372, Public Ledger Building, Philadelphia, PA 19106-9111. All complaints must be in writing. We will not take any retaliation against you if you file a complaint.

## Our Right to Change This Notice

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any health information which we already have, as well as to health information we receive in the future. Before we make any change in the privacy practices described in this notice, we will write a new notice including the change. The new notice will include an effective date. We will make the new notice available to all subscribers within 60 days of the effective date.

## Who to Contact

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
  - If you have any questions about the privacy and security of your records, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current notice of privacy practices.

Privacy Officer, West Virginia Public Employees Insurance Agency, 601 57th St. SE, Charleston, WV 25304-2345, 304-558-7850 or 1-888-680-7342

Copies of this notice are also available at the reception desk of the PEIA office at the address above. This notice is also available by e-mail.

Send an e-mail to: [PEIA.Help@wv.gov](mailto:PEIA.Help@wv.gov)

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Reviewed: January 22, 2024





# Public Employees Insurance Agency

## Who to call with Questions

Who	Why	Phone	Website
<b>PEIA</b>	Answers to questions about the PEIA PPB Plans and eligibility for all plans	<b>877-676-5573</b> (toll-free)	<b>peia.wv.gov</b>
<b>The Health Plan</b>	Answers to questions about The Health Plan's Benefits	<b>800-624-6961</b> (toll-free) or <b>888-847-7902</b>	<b>www.healthplan.org</b>
<b>MetLife</b>	Answers to questions about adding, changing or removing life insurance beneficiaries or to file a life insurance claim	<b>888-466-8640</b> (toll-free)	<b>https://www.metlife.com/WV-PEIA/</b>
<b>Mountaineer Flexible Benefits</b>	Dental, vision, disability insurance, flexible spending accounts, etc.	<b>844-559-8248</b> (toll-free)	<b>www.myfbmc.com</b>

Join PEIA!

