

PEIA

THE BASICS

2018

PEIA

PEIA OFFERS:

- Life Insurance
 - Dependent
 - Optional
- Health Insurance
 - 7 Plans

FRINGE BENEFITS

- Dental Insurance
- Vision Insurance
- Hearing Insurance
- Long/Short Term Insurance
- Legal Insurance
- Flexible/Dependent Care Spending Accounts
- Health Spending Account

HOW ARE THEY DIFFERENT?

PLAN A

- Higher Premiums than Plan B
- Deductibles and Out of Pocket Maximum (OOPM) are salary based for State Agencies and based on Tier 4 for Non-State agencies
- Offers in state care and out of state care
- In-state is covered at 80/20
- Out of state is covered at 70/30 in surrounding counties (except Washington and Boyd counties) if at Aetna Network facility and Pre-approved



HOW ARE THEY DIFFERENT?

PLAN B



- Lower Premiums than Plan A
- Deductibles and OOPM are higher than Plan loosely based on Tier 9 from Plan A for State Agencies and Non-State Agencies
- Offers in state care and out of state care
- In-state is covered at 70/30
- Out of state is covered at 65/35 in surrounding counties (except Washington and Boyd counties) if at Aetna Network facility and Pre-approved

HOW ARE THEY DIFFERENT?

PLAN C



- Premiums that are not salary based
- Deductibles are 1,300 for single and doubled for a family (For State)
 - Prescription and Medical deductibles are combined
- Deductibles are 1,700 for single and 3,000 for a family (For Non-state)
 - Prescription and Medical deductibles are combined
- OOPM are 2,500 for single and doubled for a family
- Offers in state care and out of state care
- In-state is covered at 80/20
- Out of state is covered at 80/20 if at Aetna Network facility and Pre-approved
 - There is no OOM and no protection for balance billing for non-network services

HOW ARE THEY DIFFERENT?

PLAN D



- Higher Premiums than Plan B, but lower than Plan A
- Deductibles and Out of Pocket Maximum (OOPM) are salary based for State Agencies and based on Tier 4 for Non-State agencies
- In-state is covered at 80/20
- Offers ONLY in state care
- Exceptions are an emergent situation or with approval from HealthSmart when care is unavailable in WV
- Out of state is covered at 70/30 in an emergent situation or if Aetna Network facility and Pre-approved by HealthSmart

FACE TO FACE DIABETIC PROGRAM

- Members and dependents sign an agreement stating they will make regular visits to a participating provider of their choosing for counseling services regarding diabetes. These counseling sessions help participants get the best diabetes care available as the provider works with them to ensure they:
 - Are current on all recommended testing and treatment
 - Know how to properly take prescribed medicines
 - Have a physical activity and nutrition plan that will assist in achieving optimal health

Members enrolled in the program also benefit from waived co-payments for some diabetes-related prescription drugs and supplies.

Participants are responsible for their deductibles and 75% co-insurance of any non-preferred medications.



WEIGHT MANAGEMENT PROGRAM

PARTICIPANTS RECEIVE:

- Individualized services from a registered dietician and exercise professionals;
- Baseline assessments with monthly follow-ups;
- Personal training;
- Monthly staff check-ins; and
- Access to a participating fitness facility.
- **For more information, call 1-866-688-7493.**

To enroll in the program on-line, go to [Weight Management Enrollment](#)

AS A PARTICIPANT, YOU WILL BE OBLIGATED TO DO THE FOLLOWING:

- To complete monthly check-ins with WVU CPASS via phone, text or email;
- To know and follow monthly schedule of appointments;
- To keep all scheduled appointments or to provide 24 hours notice to your provider of a cancellation. Failure to do so could mean that you will be charged for the missed appointment;
- To pick one facility and exercise 2-3 times per week for the required 10 times per month;
- To cooperate with the monthly measurements;
- To pay your facility copayment when due;
- To notify your assigned staff support member if you are experiencing problems which are interfering with your participation;
- To maintain courteous behavior;
- To keep a food journal to be reviewed by your facility's staff; and
- To meet all compliance standards.

HEALTHY TOMORROWS

- Policyholders with PEIA PPB plans or retirees in the Non-Medicare PEIA PPB plans must meet these requirements by **May 15, 2019**:
- Bloodwork done between April 2, 2018, and May 15, 2019, with values in the acceptable range or a Doctor's certification that the numbers can't be met for a medical reason.
- The penalty for not meeting these requirements will be the same as in previous years, \$500 added to your medical deductible for Plan Year 2020.

The doctor must fill out the highlighted portions of the form.

If you do not fall within the standards on the right column for your Cholesterol, Blood Pressure and Glucose, you will have an additional \$500 deductible.

The doctor may check the last box before his signature for the member to avoid the additional deductible.

Instructions for Provider

- 1. Please mark an "x" in the appropriate box to report the biometric values below.
- 2. Complete the contact information, mark an "x" in the appropriate box in the Medical Certification, sign and date.
- 3. Return completed form to patient or mail to the address below.

All fields are REQUIRED; forms missing data will be rejected. Right hand column reflects PEIA standard.

Blood Pressure: Systolic: greater than 140 ☐ less than or equal to 140 ☐

Diastolic greater than 90 ☐ less than or equal to 90 ☐

Total Cholesterol: greater than 245 ☐ less than or equal to 245 ☐

Glucose: greater than 125 ☐ less than or equal to 125 ☐

Waist Circumference (in inches): Male >40 ☐ less than or equal to 40 ☐

Waist circumference must be reported, but does not affect deductible.

Female >35 ☐ less than or equal to 35 ☐

Provider Contact

Name of Provider: _____ Phone Number: _____

Address: _____

Medical Certification: (Please mark an "x" in the appropriate box.) I certify that the patient indicated above:

- ☐ has received the measurements indicated above, and meets the standards set by PEIA.
- ☐ has received the measurements indicated above, and does not meet the standard set by PEIA
- ☐ in my best medical judgement, is unable to meet the blood pressure, cholesterol and/or glucose standards set by PEIA because of a unique clinical circumstance with this member. Therefore, I request this member not be subject to the penalty because they are not able, medically, to make the lifestyle or medication changes required to get them to goal.

(Signature of Provider or Authorized Representative)

(Date of Service)

Please return this form to: **PEIA Healthy Tomorrows, 601 57th St, SE, Charleston, WV 25304-2345**

MANAGE MY BENEFITS

What Cannot be changed in Manage My Benefits

- Social Security Number
- Birthdate
- Hire date

Anything else can be updated and added on Manage My Benefits

MANAGE MY BENEFITS

Logging into your account is the best way to know

- What plan you have
- If you are listed as tobacco free
- Who is covered and how they are covered
- Your Healthy Tomorrows status
- Make changes to your coverage or those of your dependents.

MANAGE MY BENEFITS

- Update Coordination of Benefits
- Update Beneficiary
- If you or a member are locked out of MMB:
 - Wait 15 minutes and try again
 - Use your 3 security questions
 - Do not cut and paste the temporary passwords, type them in