

# Monthly Premiums: Employee or Employee/Child

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below.

EMPLOYEE ONLY	Index Code	Salary Range	Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B				
			Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	
	1	\$-	\$20,000	\$64	\$49	\$23	\$8	\$40	\$7	\$37	\$22	\$100	\$800	\$28	\$13	\$500	\$2,000
	2	20,001	30,000	\$79	\$64	\$35	\$20	\$53	\$9	\$52	\$37	\$150	\$1,100	\$35	\$20	\$500	\$2,000
	3	30,001	36,000	\$86	\$71	\$42	\$27	\$58	\$13	\$59	\$44	\$200	\$1,250	\$39	\$24	\$500	\$2,000
	4	36,001	42,000	\$92	\$77	\$44	\$29	\$62	\$17	\$65	\$50	\$225	\$1,500	\$41	\$26	\$500	\$2,000
	5	42,001	50,000	\$106	\$91	\$64	\$49	\$75	\$31	\$79	\$64	\$250	\$1,750	\$49	\$34	\$1,000	\$2,000
	6	50,001	62,500	\$128	\$113	\$76	\$61	\$97	\$49	\$101	\$86	\$375	\$1,800	\$61	\$46	\$1,000	\$2,000
	16	62,501	75,000	\$141	\$126	\$85	\$70	\$110	\$56	\$114	\$99	\$400	\$1,850	\$68	\$53	\$1,000	\$2,000
	7	75,001	100,000	\$168	\$153	\$106	\$91	\$137	\$72	\$141	\$126	\$425	\$1,900	\$83	\$68	\$1,000	\$2,000
	8	100,001	125,000	\$209	\$194	\$143	\$128	\$178	\$116	\$182	\$167	\$500	\$2,000	\$128	\$113	\$1,000	\$2,000
	9	125,001	+	\$237	\$222	\$171	\$156	\$206	\$144	\$210	\$195	\$600	\$2,250	\$156	\$141	\$1,000	\$2,000

EMPLOYEE/CHILD	Index Code	Salary Range	Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B				
			Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	
	1	\$-	\$20,000	\$195	\$165	\$125	\$95	\$88	\$27	\$80	\$50	\$200	\$800	\$51	\$21	\$1,000	\$4,000
	2	20,001	30,000	\$218	\$188	\$144	\$114	\$111	\$43	\$103	\$73	\$300	\$1,100	\$63	\$33	\$1,000	\$4,000
	3	30,001	36,000	\$227	\$197	\$148	\$118	\$120	\$47	\$112	\$82	\$400	\$1,250	\$67	\$37	\$1,000	\$4,000
	4	36,001	42,000	\$239	\$209	\$153	\$123	\$132	\$55	\$124	\$94	\$450	\$1,500	\$72	\$42	\$1,000	\$4,000
	5	42,001	50,000	\$271	\$241	\$180	\$150	\$164	\$81	\$156	\$126	\$500	\$1,750	\$99	\$69	\$1,500	\$4,000
	6	50,001	62,500	\$311	\$281	\$220	\$190	\$204	\$119	\$196	\$166	\$750	\$1,900	\$139	\$109	\$1,500	\$4,000
	16	62,501	75,000	\$342	\$312	\$245	\$215	\$235	\$144	\$227	\$197	\$800	\$1,850	\$164	\$134	\$1,500	\$4,000
	7	75,001	100,000	\$401	\$371	\$298	\$268	\$294	\$197	\$286	\$256	\$850	\$1,900	\$217	\$187	\$1,500	\$4,000
	8	100,001	125,000	\$461	\$431	\$363	\$333	\$354	\$262	\$346	\$316	\$1,000	\$2,000	\$282	\$252	\$1,500	\$4,000
	9	125,001	+	\$514	\$484	\$412	\$382	\$407	\$311	\$399	\$369	\$1,200	\$2,250	\$331	\$301	\$1,500	\$4,000

\* To qualify for the Tobacco-free Preferred Premium for all of Plan Year 2009, you and all enrolled family members must have been tobacco free by January 1, 2008. If your tobacco status has not changed, you do not need to complete a Tobacco Affidavit. We will assume your status has not changed from the last plan year.

Note: You can do your enrollment online at any time April 1-30, just go to [www.wvpeia.com](http://www.wvpeia.com) and click on the "Online Open Enrollment" button. If you used the site last year, just enter your e-mail address and password and proceed. If you don't remember your password, choose "Forgot Password?". If you didn't use the site last year, click on "Need to Register?" and follow the instructions.

# Monthly Premiums: Family or Family/Employee Spouse

Premiums for employees of State agencies, colleges and universities and county boards of education are based on the employee's annual salary. The premiums listed here are charged monthly. For the PEIA PPB Plans, the out-of-network deductible and out-of-pocket maximum amounts are double the in-network amounts listed below.

FAMILY Index Code	Salary Range	Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum
1	\$- \$20,000	\$240	\$210	\$176	\$146	\$115	\$53	\$120	\$90	\$200	\$800	\$93	\$63	\$1,000	\$4,000
2	20,001 30,000	\$286	\$256	\$217	\$187	\$155	\$96	\$166	\$136	\$300	\$1,100	\$125	\$95	\$1,000	\$4,000
3	30,001 36,000	\$310	\$280	\$234	\$204	\$169	\$108	\$190	\$160	\$400	\$1,250	\$142	\$112	\$1,000	\$4,000
4	36,001 42,000	\$337	\$307	\$252	\$222	\$194	\$133	\$217	\$187	\$450	\$1,500	\$160	\$130	\$1,000	\$4,000
5	42,001 50,000	\$383	\$353	\$290	\$260	\$240	\$174	\$263	\$233	\$500	\$1,750	\$198	\$168	\$1,500	\$4,000
6	50,001 62,500	\$444	\$414	\$341	\$311	\$301	\$229	\$324	\$294	\$750	\$1,900	\$249	\$219	\$1,500	\$4,000
16	62,501 75,000	\$474	\$444	\$369	\$339	\$331	\$257	\$354	\$324	\$800	\$1,850	\$277	\$247	\$1,500	\$4,000
7	75,001 100,000	\$552	\$522	\$449	\$419	\$409	\$337	\$432	\$402	\$850	\$1,900	\$357	\$327	\$1,500	\$4,000
8	100,001 125,000	\$660	\$630	\$551	\$521	\$517	\$439	\$540	\$510	\$1,000	\$2,000	\$459	\$429	\$1,500	\$4,000
9	125,001 +	\$751	\$721	\$632	\$602	\$608	\$520	\$631	\$601	\$1,200	\$2,250	\$540	\$510	\$1,500	\$4,000

## FAMILY WITH EMPLOYEE SPOUSE

FAMILY Index Code	Salary Range	Carelink				Health Plan		PEIA PPB Plan A				PEIA PPB Plan B			
		Plan 1 Standard	Plan 1 Preferred*	Plan 2 Standard	Plan 2 Preferred*	Plan A	Plan B	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum	Standard	Preferred*	Annual Deductible	Out-of-Pocket Maximum
1	\$- \$20,000	\$209	\$179	\$144	\$114	\$86	\$27	\$88	\$58	\$200	\$800	\$63	\$33	\$1,000	\$4,000
2	20,001 30,000	\$242	\$212	\$173	\$143	\$113	\$57	\$121	\$91	\$300	\$1,100	\$83	\$53	\$1,000	\$4,000
3	30,001 36,000	\$264	\$234	\$190	\$160	\$131	\$70	\$143	\$113	\$400	\$1,250	\$100	\$70	\$1,000	\$4,000
4	36,001 42,000	\$281	\$251	\$202	\$172	\$145	\$82	\$160	\$130	\$450	\$1,500	\$112	\$82	\$1,000	\$4,000
5	42,001 50,000	\$319	\$289	\$227	\$197	\$178	\$112	\$198	\$168	\$500	\$1,750	\$137	\$107	\$1,500	\$4,000
6	50,001 62,500	\$369	\$339	\$275	\$245	\$225	\$158	\$248	\$218	\$750	\$1,900	\$177	\$147	\$1,500	\$4,000
16	62,501 75,000	\$406	\$376	\$323	\$293	\$262	\$193	\$285	\$255	\$800	\$1,850	\$213	\$183	\$1,500	\$4,000
7	75,001 100,000	\$492	\$462	\$413	\$383	\$348	\$280	\$371	\$341	\$850	\$1,900	\$300	\$270	\$1,500	\$4,000
8	100,001 125,000	\$600	\$570	\$516	\$486	\$456	\$383	\$479	\$449	\$1,000	\$2,000	\$403	\$373	\$1,500	\$4,000
9	125,001 +	\$681	\$651	\$596	\$566	\$537	\$463	\$560	\$530	\$1,200	\$2,250	\$483	\$453	\$1,500	\$4,000

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