

# What's Important For 2009?

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## PEIA

**No More Annual Tobacco Affidavits!** Beginning with this Open Enrollment, you won't have to complete a tobacco affidavit every year. PEIA and Carelink will still base premiums on tobacco status, and you'll need to complete an affidavit if your status changes, but from year to year we will assume there's been no change. If you were tobacco free last year, and you don't send us an affidavit, we will assume you're tobacco free again this year.

**No More Automatic Mailing of Tobacco Affidavit/Transfer Forms!** Since you're not required to send us a tobacco affidavit, and very few people change plans from year to year, we've decided not to mail the Tobacco Affidavit/Transfer Form to every member this year. This mailing costs PEIA tens of thousands of dollars, and since very few members would actually use the form, we're scrapping the process.

So what if you need to make a change? There are several ways to take care of it.

1. If you have internet access at work or at home, log onto PEIA's Online Enrollment website and manage your account. You can change plans, add, change or remove dependents, or change your tobacco status. Once you've registered on the site you can check back in at any time to manage your account.
2. If you don't have internet access, you can see your benefit coordinator or call PEIA for a form.

**No More PPOs.** PEIA has chosen to stop offering the Carelink and Health Plan PPO options due to lack of enrollment. Both Carelink and the Health Plan will still offer their HMOs. If you are a member of one of those PPO plans we will send you a transfer form, since you will have to make a plan choice. **If you do not submit a transfer form, you will be transferred to the PEIA PPB Plan A on July 1, 2008.**

**Eligibility Audits.** PEIA will be conducting eligibility audits during Plan Year 2009 to verify that all enrolled dependents are eligible for coverage, and to verify tobacco status. We encourage you to take a close look at your eligibility information during the open enrollment to correct any extraneous information before the audits begin.

## THE HEALTH PLAN

The Health Plan is the only not-for-profit HMO in West Virginia. It is West Virginia's first and oldest HMO. The Health Plan maintains its Excellent Accreditation from the National Committee for Quality Assurance (NCQA). Less

- than 20% of all HMOs across the country receive this Excellent Accreditation.
- The Health Plan's service area has expanded! We are now offered in Calhoun and Webster counties in West Virginia.

- There are no plan design changes for HMO Plan A & HMO Plan B for Plan Year 2009.
- The Health Plan will no longer be offering our PPO plan. PPO members that want to remain with The Health Plan will need to choose between our HMO Plan A or HMO Plan B.
- Over-The-Counter medications (OTC). Call The Health Plan or visit us on the web at [www.healthplan.org](http://www.healthplan.org) regarding certain OTC medications. These OTC medications may be covered at a \$0 copay or reduced costs! Go to [www.healthplan.org](http://www.healthplan.org) to visit The Health Plan on the web. The Health Plan invites you to take advantage of the wealth of information and services offered here to enhance your well-being. A number of links to various wellness and disease management sites are found there.

## CARELINK

Preventive Care Services are now 100% covered with no office visit co-payment for HMO Plan A. These are services with a preventive diagnosis. Services include annual routine physicals, routine preventive colonoscopy, well-baby/well-child visits, annual gynecological exam and routine mammograms.

The HMO deductible is reduced to a single and family amount rather than a per member/person amount.

The Prescription Drug plan has seen big changes for the coming plan year:

- Tier 1-Generic co-payment reduced to \$5 (No annual limit)
- Tier 2-Preferred Brand co-payment increased to \$25
- Tier 3-Non-Preferred Brand co-payment increased to \$60
- Annual limit on drugs for Tier 2-Preferred Brand and Tier 3-Non-Preferred Brand. Plan payments will be limited to an annual maximum of \$5,000 for retail and mail-order combined.

Mail-order ninety (90) day supply prescriptions will continue to be dispensed as follows: one (1) co-payment for Tier 1-Generic; two (2) co-payments for Tier 2-Preferred Brand; and three (3) co-payments for Tier 3-Non-Preferred Brand. Retail is dispensed with one (1) co-payment per thirty (30) day supply.

Vision benefits will have a new provider network offered through an agreement with VSP's WellVision Program. The annual routine exam co-payment and reimbursement levels will remain the same. The network of doctors that must be used is the VSP Signature Network, which has doctors throughout West Virginia. For a listing of doctors visit the website at [www.vsp.com](http://www.vsp.com) or contact VSP at 1-800-877-7195.

Carelink offers the Passport Program for dependents who are enrolled in one of our plans and live outside the Carelink service area. The dependent may be attending school or living with another parent outside the service area. The Passport Program offers these members services from providers in our Coventry Health Care National Network. Call Customer Service at 1-800-348-2922 for details.