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.

OOSWA means Out-of-State with advance approval from HealthSmart. For PEIA PPB Plans A and B, THIS INCLUDES IN-NETWORK CARE IN CONTIGUOUS COUNTIES OF SURROUNDING STATES, which still does not require advance approval from HealthSmart.

OOSNA means Out of State Not Approved by HealthSmart.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (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
PHYSICIAN SERVICES					
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	In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 40%	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 HealthSmart
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%	In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 40%	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 HealthSmart.
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: 2x deductible + 40%	NOT COVERED Unless approved in advance by HealthSmart.

You also can view your benefits in the Summary of Benefits and Coverage at www.wvpeia.com. Call

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 benefit is approved IN ADVANCE by HealthSmart
Varies by salary and employer type. (See premium charts.)	Twice the in-network deductible.	$1,350 employee only/$2,700 family combined medical/ prescription deductible; services on the Preventive Care List covered without deductible	$1,350 employee only/$2,700 family combined medical/ prescription deductible; services on the Preventive Care List covered without deductible	Varies by salary and employer type (See premium charts.)
Varies by salary, employer type, and coverage tier. (See premium 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.)	None. You will always pay 20% coinsurance. There is no out-of-pocket maximum for out-of-network services.	Varies by salary, employer type, and coverage tier (See premium charts.)
PHYSICIAN SERVICES				
In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 50%	NOT COVERED	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule.	Covered in full
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: deductible + 20% OOSWA: deductible + 30%
In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 50%	NOT COVERED	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule	Covered in full
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: deductible + 20% OOSWA: deductible + 30%
In WV: $20 copay/visit only OOSWA: $20 copay/visit only OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$20 copay office visit only

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
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: 2x deductible + 40%	NOT COVERED Unless approved in advance by HealthSmart
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 HealthSmart.

Second surgical opinion	$40 copay/visit; deductible waived	$40 copay/visit; deductible waived	In: $40 copay/visit; deductible waived Out: Deductible + 40%	In WV: $40 copay office visit only OOSWA: $40 copay/visit only OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by HealthSmart.
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%	NOT COVERED Unless approved in advance by HealthSmart.
Well child exams	Covered in full per health care reform	Covered in full per health care reform	In: Covered in full Out: Deductible + 40%	In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by HealthSmart.
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%	In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by HealthSmart.
INPATIENT SERVICES					
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 HealthSmart.
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 HealthSmart.
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 HealthSmart.

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 benefit is approved IN ADVANCE by HealthSmart
In WV: $40 copay/visit only OOSWA: $40 copay/visit only OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$40 copay office visit only
In WV: Covered in full after deductible OOSWA: Covered in full after deductible OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Covered in full after deductible

In WV: $40 copay/visit only OOSWA: $40 copay/visit only OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$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%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20% for men; women covered in full per health care reform	Deductible + 20% + amounts that exceed PEIA's fee schedule	Deductible + 20% for men; women covered in full per health care reform
In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule	Covered in full
In WV: Covered in full OOSWA: Covered in full OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Covered in full	PEIA pays 100% of PEIA's fee schedule. You pay any amount that exceeds PEIA's fee schedule	Covered in full
INPATIENT SERVICES				
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 advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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 approved in advance by HealthSmart	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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 advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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.
1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 copay for each service if received outside of West Virginia.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
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 HealthSmart.
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 HealthSmart.
HOSPITAL OUTPATIENT SERVICES					
Ambulatory/	$100 copay + 15%	$100 copay + 30%	In: $100 copay +	In WV: $100 copay +	NOT COVERED

outpatient surgery	coinsurance after deductible	coinsurance after deductible	deductible + 30% Out: Deductible + 50%	deductible + 20% OOSWA: $100 copay + deductible + 30% [1] OOSNA: $600 copay + 2x deductible + 40% [1]	Except in an emergency or if approved in advance by HealthSmart.
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 HealthSmart.
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% [1] OOSNA: $100 copay + 2x deductible + 40% [1]	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.
MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES					
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 HealthSmart.
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 HealthSmart.
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 HealthSmart.
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 HealthSmart.

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 benefit is approved IN ADVANCE by HealthSmart
In WV: $100 copay + deductible + 30% OOSWA: $100 copay + deductible + 35% OOSNA: $600 copay + 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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 approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: $100 copay + deductible + 20% OOSWA: $100 copay + deductible + 30%
HOSPITAL OUTPATIENT SERVICES				
In WV: $100 copay + deductible + 30% OOSWA: $100 copay + deductible + 35% [1] OOSNA: $600 copay + 2x	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: $100 copay + deductible + 20% OOSWA: $100 copay + deductible + 30%

deductible + 50% [1]				
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% [1] OOSNA: $100 copay + 2x deductible + 50% [1]	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
MENTAL HEALTH & CHEMICAL DEPENDENCY SERVICES				
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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 advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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 advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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.
1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 copay for each service if received outside of West Virginia.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
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 HealthSmart.
OUTPATIENT THERAPIES					
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: $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 HealthSmart.

Occupational therapy*	Visit 1-20: $40 copay/ visit. Visits 21+: 50% coinsurance/visit after deductible	Visit 1-20: $40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	In: Visits 1-20: $40 copay/ visit. 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 HealthSmart.
Physical therapy*	Visit 1-20: $40 copay/ visit. Visits 21+: 50% coinsurance/visit after deductible	Visit 1-20: $40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	In: visits 1-20: $40 copay/visit. 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 HealthSmart.
Speech therapy*	Visit 1-20: $40 copay/ visit. Visits 21+: 50% coinsurance/visit after deductible	Visit 1-20: $40 copay/visit. Visits 21+: 50% coinsurance/visit after deductible	In: visits 1-20: $40 copay/visit. 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 HealthSmart.

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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 benefit is approved IN ADVANCE by HealthSmart
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 advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: $100 copay + deductible + 20% OOSWA: $100 copay + deductible + 30%
OUTPATIENT THERAPIES				
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 approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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: 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	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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%

deductible + 50%				
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 approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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: 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 approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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%

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.
1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 copay for each service if received outside of West Virginia.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
Massage Therapy*	Not Covered	Not Covered	Not Covered	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 HealthSmart.
ALL OTHER MEDICAL SERVICES					
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 HealthSmart.
Bariatric surgery	NOT COVERED	NOT COVERED	NOT COVERED	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 HealthSmart.
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 HealthSmart.
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 HealthSmart.
Dental services – other*	NOT COVERED	NOT COVERED	NOT COVERED	Impacted teeth only. In WV: $500 copay + deductible + 20% coinsurance	NOT COVERED Unless approved in advance by

				OOSWA: $500 copay + deductible + 30% OOSNA: $500 copay + 2x deductible + 40%	HealthSmart.
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% [1] OOSNA: 2x deductible + 40% [1]	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.
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% [1] OOSNA: 2x deductible + 40% [1]	NOT COVERED Unless approved in advance by HealthSmart.

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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 benefit is approved IN ADVANCE by HealthSmart
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 approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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%
ALL OTHER MEDICAL SERVICES				
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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 approved in advance by HealthSmart.	$500 copay + deductible + 20% coinsurance	$500 copay + deductible + 20% + amounts that exceed PEIA's fee schedule	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 approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
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 HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	Impacted teeth only. In WV: $500 copay + deductible + 20% coinsurance OOSWA: $500 copay + deductible + 30%

+ 50%				
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% [1] OOSNA: 2x deductible + 50% [1]	NOT COVERED Except in an emergency or if approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% [1] OOSNA: 2x deductible + 50% [1]	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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.
1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 copay for each service if received outside of West Virginia.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
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% OOSWA: Deductible + 30%	Deductible + 30% + amounts that exceed PEIA's fee schedule
Emergency Room Treatment (Non-emergency)	NOT COVERED	NOT COVERED	NOT COVERED	$100 copay + deductible + 20%	NOT COVERED
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	$100 copay + deductible + 20% (copay waived if admitted)	$100 copay + deductible + 30% (copay waived if admitted)
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	Cover 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 HealthSmart.
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 HealthSmart.
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 HealthSmart.
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 HealthSmart.
Infertility services* No prescription coverage under any plan	30% coinsurance/ visit/injection after deductible (limitations apply)	30% coinsurance/ visit/injection 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 HealthSmart.

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 HealthSmart.
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 HealthSmart.
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 HealthSmart.

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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 benefit is approved IN ADVANCE by HealthSmart
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	Deductible + 35% + amounts that exceed PEIA's fee schedule	Deductible + 20%	Deductible + 20%	Deductible + 20%; Out-of-Network Benefit: Deductible + 30% + amounts that exceed PEIA's fee schedule
$100 copay + deductible + 30%	NOT COVERED	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$100 copay + deductible + 20%
$100 copay + deductible + 30% (copay waived if admitted)	$100 copay + deductible + 35% (copay waived if admitted)	Deductible + 20%	Deductible + 20%	$100 copay + deductible + 20% (copay waived if admitted) Out-of Network Benefit: $100 copay + deductible + 30% (copay waived if admitted)
Cover under specialty drug plan	Cover 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 approved in advance by HealthSmart.	Covered under well-child benefit only	Covered under well-child benefit only	Covered under well-child benefit only
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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 approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%

$40 office visit copay; surgery – deductible + 30%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$40 office visit copay: Surgery – deductible + 20%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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.

1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 copay for each service if received outside of West Virginia.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
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 HealthSmart.
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 HealthSmart.
Prescription Benefits					
Deductible	NONE	NONE	NONE	Plan A: $75 individual/ $150 family Plan B: $150 individual/ $300 family	Plan A: $75 individual/ $150 family Plan B: $150 individual/ $300 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 CVS Caremark's allowed amount, less any member responsibility
Formulary Brand	50% coinsurance if generic is NOT available	NOT COVERED	NOT COVERED	$25	$25 PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility

Non-Formulary	NOT COVERED	NOT COVERED	NOT COVERED	75% coinsurance	75% coinsurance PEIA will reimburse CVS Caremark'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	$100 preferred; $150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED

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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 benefit is approved IN ADVANCE by HealthSmart
In WV: Deductible + 30% OOSWA: Deductible + 35% OOSNA: 2x deductible + 50%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	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%	Deductible + 20% + amounts that exceed PEIA's fee schedule	In WV: Deductible + 20% OOSWA: Deductible + 30%
In WV: $50 copay OOSWA: $50 copay OOSNA: 2x deductible + 40%	NOT COVERED Unless approved in advance by HealthSmart.	Deductible + 20%	Deductible + 20% + amounts that exceed PEIA's fee schedule	$50 copay
Prescription Benefits				
Plan A: $75 individual/ $150 family Plan B: $150 individual/ $300 family	Plan A: $75 individual/ $150 family Plan B: $150 individual/ $300 family	$1,350 employee only/ $2,700 family, combined medical and prescription deductible. Preventive Drug List covered without deductible	$1,350 employee only/ $2,700 family, combined medical and prescription deductible. Preventive Drug List covered without deductible	$75 individual/ $150 family
$1,750 individual/ $3,500 family	$1,750 individual/ $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 CVS Caremark'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 CVS Caremark's allowed amount, less any member responsibility	$10
$30	$30 PEIA will reimburse CVS Caremark'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 CVS Caremark's allowed amount, less any member responsibility	$25
75% coinsurance	75% coinsurance PEIA will reimburse CVS	75% coinsurance after deductible, unless on	75% coinsurance after deductible, unless on	75% coinsurance

	Caremark's allowed amount, less any member responsibility	Preventive Drug List	Preventive Drug List. PEIA will reimburse CVS Caremark's allowed amount, less any member responsibility	
$100 preferred; $150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED	$100 preferred; $150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance	NOT COVERED	$100 preferred; $150 non-preferred after deductible; Specialty drugs covered under the medical benefit plan require payment of deductible and 20% coinsurance

* At least one plan has a limit on this benefit. Check with the plans for specific coverage limitations.
1. Members living in West Virginia or in a contiguous county of West Virginia also must pay a $25 copay for each service if received outside of West Virginia.

Benefit Description	Health Plan HMO Plan A	Health Plan HMO Plan B	Health Plan PPO (in & out of network)	PEIA PPB Plan A In-Network	PEIA PPB Plan A Out-of-Network
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	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic 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 benefit is approved IN ADVANCE by HealthSmart
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
Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full	Generic oral contraceptives are covered in full per health care reform; Mirena IUD covered in full