

What's Important for 2020?

For Marshall University Employees Only

Note: You must complete form to make any change (add, cancel or change plans). If no action, all coverage will remain the same.

PEIA

The deadline for open enrollment is May 15th

PEIA PPB Plans

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

- No premium increase
- Plan A 80/20 coinsurance for approved, in-network services in counties which border WV (Boyd County, KY and Washington County, OH are still excluded)
- Plan B 70/30 coinsurance for approved, in-network services in counties which border WV (Boyd County, KY and Washington County, OH are still excluded)
- Facility fee limits eliminated
- \$25 copay for out-of-state services removed
- New appeal process for third-tier non-preferred drug to allow for a potential reduced cost
- Healthy Tomorrows bloodwork and reporting requirements suspended for Plan Year 2020 – No action required by May 15, 2019.
- New wellness programs: Pilot project – Naturally Slim (weight loss and health); Diabetes Prevention Project – evaluating services; other programs are being explored
- UMR, a UnitedHealthcare company, is our new third-party administrator (TPA)
- Life insurance offer for Plan Year 2020
- Dependent Life Insurance Premiums increase

New Third-Party Administrator, Effective 7/1/2019

After a national search, PEIA has selected UMR, a UnitedHealthcare company, as our new third-party administrator (TPA). This move will generate an estimated \$9.2M in first-year savings. UMR is the nation's largest TPA, servicing 2,800 customers and 4.5M members.

PEIA will be serviced from the UMR Customer Service Center in downtown Charleston. UMR will provide utilization management and care management, including five community care nurses placed regionally around the State focusing on member education and engagement. UMR will also manage out-of-state contracts with their national UHC networks.

- **New cards will be sent for PPB Plans, so please make sure that your current address is correct, or you may not receive your new card.**

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, www.wvpeia.com, and logging into **Manage My Benefits**. PEIA DOES NOT accept address changes over the phone.

Annual Physical

PEIA covers an annual physical for members at no cost (State and network rules apply). There is a form at the back of this Shopper's Guide that you may take to your annual physical office visit; it explains what is covered in full as a part of the visit, and how the physician's office needs to bill to have the visit reimbursed correctly.

iSelectMD Telehealth Benefit

iSelectMD is PEIA's telehealth benefit provider. Telehealth allows you to connect with a physician via phone or video chat when you have a non-emergent medical condition that needs treatment. With just one simple phone call, members are connected to state licensed, board-certified physicians who are ready to resolve non-emergency health issues 24 hours a day for only a \$10 copay. For additional information, please refer to page 6 in the Shopper's Guide.

Life Insurance Open Enrollment Option

During Open Enrollment, we will be offering an opportunity for certain active employees to increase their optional life insurance coverage by one plan level with no evidence of insurability required; for example, if you currently have Plan 5, you can increase to Plan 6. This option will be offered to members whose coverage is currently below Plan 10, PEIA's guaranteed issue amount, which is \$100,000 for active employees under age 65. We regret that we are unable to offer this opportunity to policyholders who do not currently have optional life insurance, to spouses or dependents of policyholders, or to policyholders who currently have Plan 10 or greater. We are also unable to offer this opportunity to our retired members.

The Health Plan HMOs and POS

- 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 and Charleston.
- The Health Plan will continue to offer three plan designs: HMO Plan A, HMO Plan B and a new Point of Service Plan C (POS) that replaces the PPO Plan C.
- Copays will not change on Plan A and Plan B.
- The POS will have the same copays as the PPO; however, if selecting this Plan, you will need to select a Primary Care Physician (PCP).
- The Health Plan has modified its out-of-state Tertiary network for July 1, 2019. Tertiary network will include Cleveland Clinic, Allegheny Health System and Pittsburgh Children's Hospital.
- If you are currently enrolled in The Health Plan's PPO Plan C and wish to continue in the new POS Plan C, you do not need to do anything. Your coverage will continue automatically in the

POS Plan C July 1, 2019; however, you are asked to select a PCP. This can be done by simply calling The Health Plan at (888) 847.7902.

- Please see The Health Plan's ad in this Shoppers Guide.
- Please review this Shoppers Guide for a listing of benefits.

For a complete listing of The Health Plan Provider Directory for PEIA enrollees, please call The Health Plan at (888) 847.7902, email information@healthplan.org, visit www.healthplan.org, or attend a benefit fair near you.

Mountaineer Flexible Benefits

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What's new?

Get ready for benefits open enrollment! Here's what's changing for your upcoming Mountaineer Flexible Benefits Plan Open Enrollment:

- The maximum Healthcare FSA contribution increased to \$2,700 – a \$50 increase from 2018. See page 20 for details.
- The 2019 annual HSA contribution limit for individuals will be \$3,500 – a \$50 increase from 2018.
- The 2019 annual HSA contribution limit for individuals with family will be \$7,000 – a \$150 increase from 2018.
- Healthcare FSA card transactions under \$150 will no longer require supporting documentation to be approved.
- Healthcare FSA card transactions for dental claims will no longer require supporting documentation to be approved.