

# What's Important for 2016

## Healthy Tomorrows

The Finance Board voted to implement the 3-year Healthy Tomorrows initiative for active employees and non-Medicare retirees in the PEIA PPB Plans.

**YEAR ONE - During Open Enrollment this year (April 2 – May 15, 2015), policyholders must designate a primary care physician (PCP) to avoid the \$500 deductible penalty for Plan Year 2016. You can do this two ways:**

- Go online to [www.wvpeia.com](http://www.wvpeia.com), click on the green Manage My Benefits button, log in or register to use the site. When you're asked, make sure you designate that you're on the site for Open Enrollment. The Open Enrollment script will walk you through the process, and you'll designate your PCP.
- Call the PEIA Open Enrollment Helpline, **1-877-676-5573**, and follow the prompts to order a "Pick a PCP" form. One will be mailed to your home address on the next business day.

**NOTE:** If you are enrolled in either the Medical Home or Comprehensive Care Partnership program, you have already named a primary care physician and do not have to take any additional steps to meet this requirement.

**YEAR TWO** – Policyholders must see their primary care physician after reporting their doctor's name to PEIA. Your primary care physician must test your blood pressure, blood glucose, cholesterol and waist circumference and report it to PEIA on the Healthy Tomorrows Reporting Form before the end of Open Enrollment (May 15, 2016) next year. The Healthy Tomorrows Reporting Form is on page 63 of this Shopper's Guide.

**YEAR THREE** – Policyholders must have your blood pressure, blood glucose and cholesterol within an acceptable range or have a physician's certification that those numbers cannot be met. In any year that you do not comply with the initiative, you will face an additional \$500 medical deductible.

**NOTE:** PEIA covers an annual physical for members at no cost. Bring the Adult Annual Physical and Screening Examination Form on page 61 to your doctor.

## Active Employee/Non-Medicare Retiree Benefit Changes

**The following benefit changes will affect active employees and non-Medicare retirees and their enrolled dependents beginning July 1, 2015:**

- Increase family out-of-pocket maximum for PEIA PPB Plans A and D from 1.5 times to twice the employee-only amount.
- Increase deductible by \$25 single and \$50 family. Change applies to all PPB Plans.

- Increase Primary Care Office Visit copayment from \$15 to \$20 per visit. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase Specialist Office Visit copayment from \$25 to \$40 per visit. Change applies to PPB Plans A, B and D, but not Plan C.
- Add \$100 copay per admission to existing deductible and 20% coinsurance for inpatient hospital care. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase outpatient surgery copay from \$50 to \$100. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase emergency room copay to \$100 with no discount. Change applies to PPB Plans A, B and D, but not Plan C.
- Increase generic drug copay for 30-day supply from \$5 to \$10 and for 90-day supply (maintenance only) from \$10 to \$20. Change applies to all PPB Plans (Plan C only after deductible is met and for medications on the Preventive Drug List).
- Increase preferred drug copay for 30-day supply by \$10 and for 90-day supply (maintenance only) by \$20. Change applies to all PPB Plans (Plan C only after deductible is met and for medications on the Preventive Drug List).

### **Medicare Retiree Benefit Changes**

**The following benefit changes will affect Medicare retirees in the Humana Plan or the PEIA Special Medicare**

**Plan, beginning on January 1, 2016:**

- Increase deductible by \$75 per person
- Increase Outpatient Surgery copayment by \$50
- Increase copayment for office visits to PCPs and Specialists by \$10 and \$20, respectively

Medicare retirees in the PEIA Special Medicare Plan will also pay the increased prescription drug copayments noted in the Active Employee/Non-Medicare Retiree Benefit Adjustments section above. Humana members will see no change in prescription copayments.

### **Aetna Back as Out-of-State Network Administrator**

On March 1, 2015, PEIA's out-of-state network changed back to Aetna Signature Administrators (ASA) from the HealthSmart network. You can locate network providers using ASA's DocFind: [www.aetna.com/asa](http://www.aetna.com/asa). If you prefer, you may call HealthSmart Benefit Solutions, Inc. at **304-353-7820** or **888-440-7342** for information about participating out-of-state providers. Remember, if you live in West Virginia or the bordering county of a surrounding state, you must have prior approval to seek care out-of-state beyond the bordering counties, except in an emergency.

Not all providers in the ASA network may participate with PEIA. Kings Daughters Medical Center and Our Lady of Bellefonte hospitals in Kentucky remain out-of-network for PEIA, regardless of their status with the ASA PPO network. Also, PEIA does not use the ASA PPO network in Washington or Cuyahoga Counties, Ohio, or in Boyd County,

Kentucky. PEIA reserves the right to remove providers from the network, so not all providers in the network may be available to you.

### **Pathways to Wellness**

The PEIA Pathways to Wellness program now offers fitness, nutrition and stress management classes at participating worksites through collaborations with Marshall University's College of Health Professions, the West Virginia University Extension Service and the West Virginia State University Extension Service. For updated information and a specific list of services please visit the Web site:

[www.peiapathways.com](http://www.peiapathways.com).

### **Surviving Dependent Premium Determination Change**

Beginning July 1, 2015, surviving dependents enrolling in the PEIA plan will pay premiums based on the years of service earned by the deceased policyholder. Current surviving dependents, and those who are enrolled before July 1, 2015, will be grandfathered under the previous benefit and continue to pay premiums based on 25 or more years of service.

## **The Health Plan**

The Health Plan serves all 55 counties in West Virginia. Active employees and non-Medicare retirees who live or work in West Virginia are eligible. Below is a summary of the changes for Plan Year 2016:

- The Health Plan PPO - New Preferred Provider Organization (PPO) Plan. This plan replaces HMO Plan C. If you currently are in HMO Plan C, review this carefully to decide if you want to be covered by this new and different plan.
- Cost sharing – Primary care office visit copays are \$5 per visit for 2016. Specialist office visit copays are \$40 per visit. Other cost sharing has also changed, including out-of-pocket maximums. Review the Benefits At-A-Glance charts on pages 12-27 to learn more.