

Human Resource Services

Online Benefits Enrollment

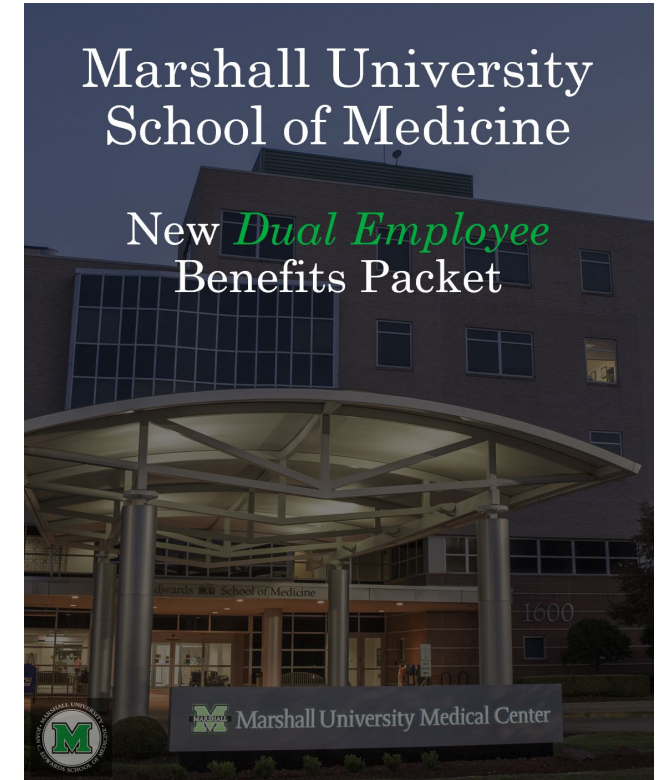




Congratulations on your new position with Marshall University!

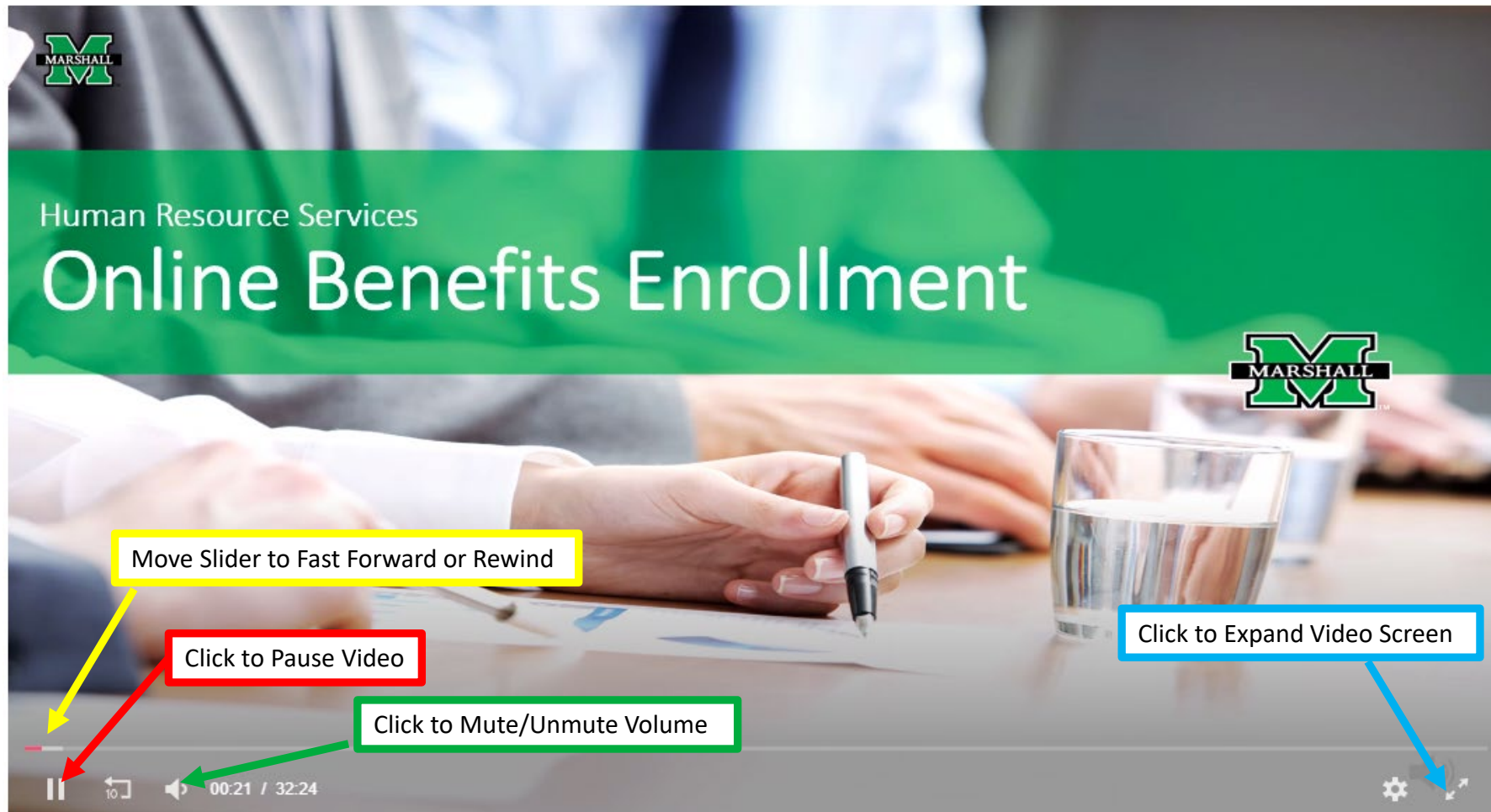
Please make sure and review one of the following packets prior to enrolling in benefits :

- [New Employee Benefits Packet](#) (for *Marshall Employees*)
- [New Dual Employees Benefits Packet](#) (for those employed by *Marshall University and Marshall Health*)





The video will proceed automatically. At times, there will be instructional audio. You can also fast forward or pause the video for your needs. The image below shows how to control the session.





In the first section of the presentation, we will complete the online enrollment for PEIA.

Please make sure you have gathered personal information for yourself and your dependents.



The documents mentioned in this presentation will be listed below the video on the [Benefits Enrollment website](#).

Documents for Benefits Enrollment

Marshall Employees Only

- New Employee Benefits Packet - [Online](#), [Download](#)
- Benefits Presentation - [Download](#)

Marshall Dual Employees

- Dual Employee Benefits Packet - [Online](#), [Download](#)
- Benefits Presentation (MU Presentation Only) - [Download](#)

PEIA	▼
FBMC	▼
TIAA	▼







Disclaimers

This online benefit presentation is a brief overview and for information purposes only, read all online materials from benefit providers as each provider maintains its own legal statement of benefits.

We strive to keep all information up to date but in certain circumstances it may not. **Please read/review all online material from the benefit providers when choosing the best options that will suit your needs. If any information is different from presentation, the benefit provider's information will prevail.**

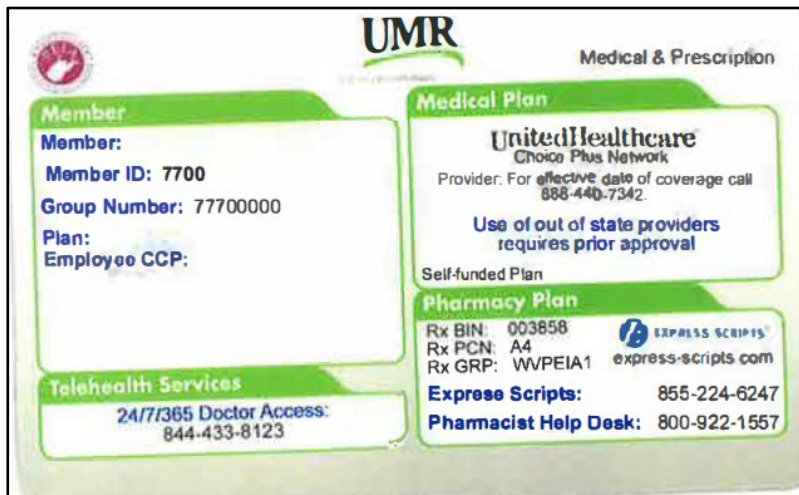
Human Resource Services cannot make recommendations to which provider or coverage an employee should select. Human Resource Services will provide sufficient, objective, and factual information to assist in making the best decision that meets your needs.



If your dependents do not have social security numbers, you will be unable to enroll electronically in the PEIA system. Please reach out to benefits@marshall.edu and we will send you the paper forms to enroll in medical coverage.



- Coverage will begin on the first day of the month following enrollment. For example, enrollment occurs on October 26, benefits will be in force as of November 1st.
- Premiums will be taken out each pay day. For example, your monthly premium is \$151, each pay would deduct \$75.50 for the medical insurance.
- Cards will be issued for your medical insurance. Please allow 2 -3 weeks processing time.



UMR is the third-party administrator that handles medical claim processing, case management, utilization management, precertification, prior approval and customer service for the PEIA PPB Plans.





Before attempting to log in to the PEIA system, please have the following handy:

1. Dependent(s) Information – including date(s) of birth and social security number(s)
2. Documentation
 - Marriage Certificate to add a spouse
 - Birth Certificate(s) to add dependent children

If you do not have the documentation handy, these documents can be emailed to benefits@marshall.edu

Please note: Coverages cannot be approved until we receive the required documentation.





Eligible Dependents

The policyholder's

- Legal Spouse
- Biological or adopted children, and stepchildren under the age of 26, and
- Other children for whom the policyholder is a court-appointed guardian to age 18.

***In order to add eligible dependents, proper documentation must be uploaded to PEIA. To add a spouse, a marriage certificate is the required documentation. To add children, a birth certificate is the required documentation.**



WWW.WVPEIA.COM

In order to begin the online enrollment, please log on to [PEIA](http://www.wvpeia.com).

A screenshot of the West Virginia Public Employees Insurance Agency (PEIA) website. The browser address bar shows 'http://www.peia.wv.gov/Pages/default...'. The website header includes the West Virginia state logo and the text 'State Agency Directory | Online Services'. The main title is 'West Virginia Public Employees Insurance Agency'. A navigation menu contains links for 'Members', 'Health Plans', 'Partners', 'Wellness Tools', 'Forms & Downloads', 'FAQ', and 'Contact PEIA'. The main content area features an 'Open Enrollment' announcement, a 'Manage My Benefits' button, and sections for 'Popular Resources' and 'I want to...'. Below this are three large buttons for 'Active Members', 'Non-Medicare Retirees', and 'Medicare Retirees'. A 'PEIA Partners' section lists 'Health Care Providers', 'Benefit Coordinators', 'Finance Board', and 'Financial Reports'. A 'News Center' section lists recent news items with dates and 'read more' links. The footer contains a list of site links and copyright information for 2017.



**Benefits Administration System
(BAS) Web Application**

Please login


Username:

Password: Passwords are case sensitive

I hereby certify that I am the authorized Member User whose credentials are being used to access this account. I understand that unauthorized access, including access by spouses and/or dependents and/or Agents, or the use of another person's User ID and password to gain access is a violation of the security provisions for this site.

[Login](#)


[Forgot your username or password?](#)
[Don't have a Username? Register to get started!](#)



If you are transferring from another agency that is covered by PEIA, you do not have to complete anything in Manage My Benefits. Your coverage will transfer to the university.

Click on Register to get started.



A banner for the Benefits Administration System (BAS) Web Application. It features a blue sky with white clouds and a golden dome building. The text 'Benefits Administration System (BAS) Web Application' is on the left, and the PEIA logo is on the right.

**Benefits Administration System
(BAS) Web Application**

PEIA
WEST VIRGINIA
PUBLIC EMPLOYEES INSURANCE BOARD

Please select all that apply:

I am applying for PEIA coverage for the first time.


I currently have PEIA coverage (as a policyholder or dependent).

I have previously had PEIA coverage (as a policyholder or dependent).

I am the Benefit Coordinator and/or Web Contributions Coordinator for an agency.

I am a member of PEIA Staff.

[Continue ▶](#)

A large orange arrow pointing to the left, highlighting the 'Continue' button.

Chose the box that applies to you and click continue.



User Information

First Name: Last Name:

SSN:

Verify SSN:

Date of Birth:

Use Format: MMDDYYYY

Type in your name, social security number, and birthdate. Start in the first box to the far left for your birthdate and SSN, and it will tab over automatically.

Web Usage Terms of Agreement

[\[Printer Friendly\]](#)

Registration for PEIA Benefit Administration System Web Application
Thank you for registering to use the PEIA Benefit Administration System Web Application. Your registration process is your agreement to the terms listed below.

Authorization to Conduct Electronic Transactions
By completing the registration process, I agree to be bound by the choices I make on the PEIA Online Enrollment System.

I further agree that by completing this registration process I am agreeing to use a digital mark in lieu of a written signature to authorize any and/or all additions, deletions, corrections and/or changes made by me via this portal.



I understand that this portal allows access to and/or may collect personally identifiable information (pii) in an electronic format and that PEIA has put safeguards in place to ensure the privacy, security, and integrity of the information accessed and/or collected via this portal. If you have any questions, comments, and/or concerns about the privacy, security, and/or integrity of your pii, please feel free to contact the PEIA Privacy Officer at 304-558-7850.



To use this digital mark I agree.

1. That I will not share with any other person(s) the password, code or other security key required for use of the mark;
2. That the use of the mark represents confirmation of a record;
3. To notify the PEIA immediately once I become aware that the security key is compromised; and
4. That I understand that the provisions of W. Va. Code § 20-2-10 prescribe the penalties for the unauthorized disclosure of a password, identifying code, personal information, or other confidential information.

I Agree Disagree

Verification

I'm not a robot  

I'm not a robot  

Click on the I Agree and click on the box to confirm you are not a robot. The green check will appear and then you will click "continue".





Information
This is what you will use to log into the Benefits Administration Web Application.

Username:

Password Strength

Weak

Password:

Verify Password:

- At least 4 characters in length, but not longer than 20 characters.
- We suggest not using your email address.

Contact Information

- Email addresses can not be shared between accounts (e.g., between a husband and wife who are both PEIA policyholders).
- If you do not have an email address, check with your Internet Service Provider (ISP) as many provide free email accounts to their subscribers.

Email Address:

Verify Email:

Create a username and password for yourself. This account is for the policyholder only.

Enter an email address that you have access to. You will have to confirm your identity by a validation email at that address.

This account is for the policyholder only.





Security Questions

If you forget your password, we will ask for the answer to your security questions.

- Enter an answer that is memorable, but not easy to guess.
- Answers should be a minimum of 4 characters long but not more than 30 characters.
- Enter answers that are not likely to change over time.

What was your childhood nickname?	▼	Christopher
What was your favorite place to visit as a child?	▼	thinking log
What was the name of your first stuffed animal?	▼	Pooh


[Continue ▶](#)

Answer the security questions. You can click on the drop-down arrows to change the questions.
Be sure to choose questions you know the answers to and will remember the answers.
Click Continue.





**Benefits Administration System
(BAS) Web Application**



Thank you, WINNIETHEPOOH!

To ensure that your email address is correct and that you can receive email from PEIA, you must validate your email address. A validation email has been sent to **EYORE@SAD.COM**.

[Wrong email address? Login with your new username & password to change it.](#)

Before you will be able to fully use your online account, you must click the link provided in the email. You should receive the email within a few minutes, but it can take up to 24 hours.

Please make sure to check your spam/junk email folders. The email will be sent from **Peia.Eligibility@wv.gov**.

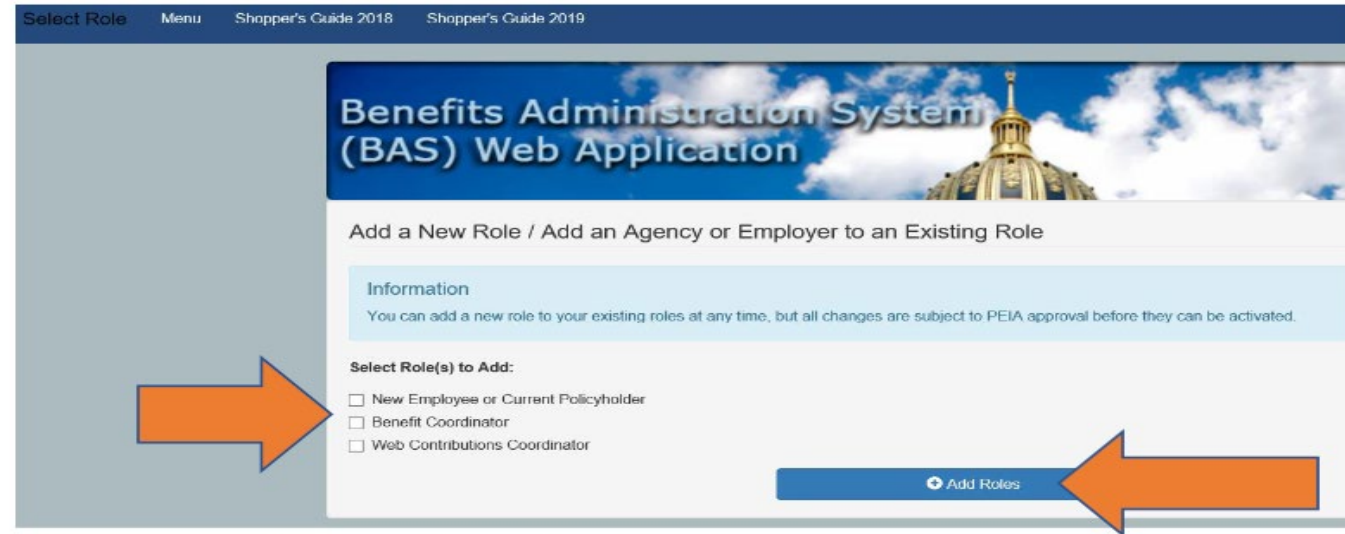
At this point, you will log into your email address and click on the link to verify your identity.



The screenshot shows the login page for the Benefits Administration System (BAS) Web Application. The header includes the title 'Benefits Administration System (BAS) Web Application' and the logo for the West Virginia Public Employees Insurance Agency (PEIA). Below the header, there is a 'Please login' section with two input fields: 'Username:' containing 'winniethepooh' and 'Password:' with masked characters. A checkbox is checked, certifying the user as the authorized Member User. A blue 'Login' button is positioned below the fields. At the bottom, there are links for 'Forgot your username or password?' and 'Don't have a Username? Register to get started!'. A large orange arrow points to the checkbox.

The system will then require you to log back into the Manage my Benefits system with the username and password you just created. You will need to check the box that certifies that you are the policyholder before you click Login.

You will need to click on Select Role in the top left-hand corner.



Select New Employee or Policyholder and click on Add Roles.



If your employer does not automatically show up, click on Select my Employer.



All Agencies/Employers

Instructions
You can search by Agency Name using the search box, or by clicking the starting letter to view the alphabetical list of Agencies.
Once you find the correct agency, click the agency name.

Search Names:

-OR-
Name Begins With:
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Search Results:

ABC COMMISSION ACCOUNTANCY, BOARD OF ADDISON (WEBSTER SPRINGS), TOWN OF

Search for the first word in your new employer's name or choose a letter. Be sure to choose the correct agency.

Benefits Administration System (BAS) Web Application

Policyholder: Your Employer

If you are unable to locate your Agency's name, please contact your Benefit Coordinator for assistance.

AGRICULTURE


Benefit Coordinator(s) for this agency:

[Redacted]

Once you find the correct name, click the agency name and click Save & Continue.

Role Management

– Active Roles

[Log In](#) **Policyholder** 


Your Current Roles

Click the **Log In** button to log in as that role.

– Add a New Role / Add an Agency or Employer to an Existing Role

Select Role(s) to Add:

Benefit Coordinator
 Web Contributions Coordinator

[Add Roles](#) 

Information

You can add a new role to your existing roles at any time, but all changes are subject to PEIA approval before they can be activated.

➤ On the following screen, you will log onto Manage My Benefits.



All Agencies/Employers

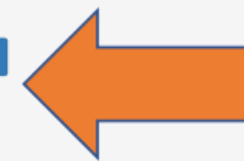
Instructions
You can search by Agency Name using the search box, or by clicking the starting letter to view the alphabetical list of Agencies.
Once you find the correct agency, click the agency name.

Search Names:

.OR.
Name Begins With:
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Search Results:

ABC COMMISSION	ACCOUNTANCY, BOARD OF	ADDISON (WEBSTER SPRINGS), TOWN OF
--------------------------------	---------------------------------------	--



Search for the first word in your new employer's name or choose a letter. Be sure to choose the correct agency.

Benefits Administration System (BAS) Web Application

Policyholder: Your Employer

If you are unable to locate your Agency's name, please contact your Benefit Coordinator for assistance.

AGRICULTURE

Benefit Coordinator(s) for this agency:
[REDACTED]





Life Insurances

PEIA Basic Life Insurance is provided to employees at no cost and paid by the employer. This is a \$10,000 life insurance policy with accidental death and dismemberment benefits. Employees may enroll for basic, optional and dependent life insurance, even if they choose not to take any health insurance through PEIA. ***Please note: After initial enrollment period a statement of health form is required.***

If you are electing any of the medical plans, you must sign up for Basic Life Insurance.



You may opt to enroll in Basic Life Insurance even if you do not wish to enroll in Health Insurance.

Please enter the required information below to continue establishing your New Employee/Policyholder account.

Employee Information

Hire Date: **Date of Birth:**
Use format: MM/DD/YYYY (e.g. 04/20/2018)

First Name: **Middle Initial:** **Last Name:**

Gender: Female Male

Contact Information

Address: **Address Continued:**

City: **State:** **Zip/Postal Code:**
For addresses outside the United States, select "FN - Foreign Address"

County: **Country:**

Home Phone Number: **Work Phone Number:** **Cell Phone Number:**

I would like to receive text messages.

Enter your hire date and demographic information and click Save.

Benefits Administration System (BAS) Web Application

Basic Life

Our records indicate that you currently do not have Basic Life Insurance coverage. You must have Basic Life Insurance to enroll for Health Insurance or Optional/Dependent Life Insurance coverage.

Would you like to enroll in Basic Life Insurance coverage?
Employee Age Coverage Amount Under 65 \$10,000.00

Yes No

Click the Yes circle to enroll for your Basic Life Coverage and then click Save.



Life Insurance Beneficiaries

In order to add beneficiaries to your basic and optional life policies, please visit: mybenefits.metlife.com or you may complete a [paper form](#) and mail directly to MetLife.





social security number: 10/12/1956 DATE OF BIRTH: MM/DD/YYYY

First Name: CHRISTOPHER Middle Initial: Last Name: ROBIN

Generation: Gender: Male

Home Phone: (304)624-6246 Work Phone (999)999-9999 Cell Phone:

I would like to receive text messages.

Policyholder Address

For addresses outside the United States, select "FOREIGN ADDRESS" as your state.

Address: 624 STUFFED LANE Address 2: City: POOH HOLLOW

County: DODDRIDGE State: WEST VIRGINIA Country: UNITED STATES

Zip/Postal Code: 26246 Zip Plus 4: Effective Date: MM/DD/YYYY 05/01/2018

Coverage Attributes - Other Insurance

Do you have health insurance other than your coverage through PEIA?
No

Do you have prescription drug coverage other than what's provided through PEIA?
No

Do you have health care provided by Medicare?
No

Physician Info

Currently not enrolled in a health plan

Cancel Finalize

The next screen will confirm your demographic information.

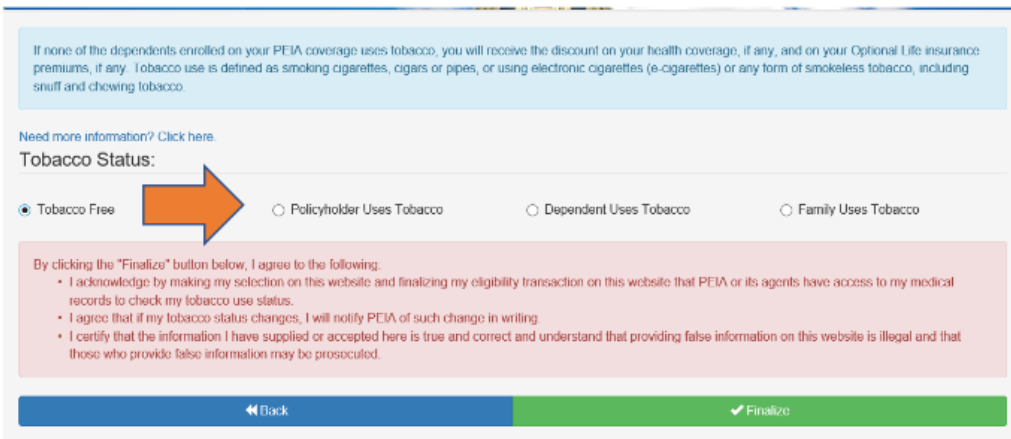
You will need to click the appropriate drop-down box to confirm you do not have other insurance that PEIA will coordinate claims with.

You will then click Finalize.





Then click continue.



Tobacco Free status gives the member a discount on their health and additional life insurance.

Tobacco-Free means you and your dependents (if covered) have not used tobacco products (Includes cigarettes, cigars, pipes, and chewing and/or smokeless tobacco; including e-cigarettes and/or vaping oils) in the last six months and will not use tobacco or related products for the next year.

Mark the appropriate circle and click Finalize.

Tobacco-free discounts:

- \$25 off a policy premium for **Employee Only Coverage**
- \$50 for **Employee and Children and Family Coverage**

Dependent Summary

No Dependents Found.

[+ Add New Dependent](#)

[No Dependents Needed >>](#)

If you wish to cover a legal dependent on life or health insurance, you will click add dependent.

If you do not wish to cover legal dependents at this time, click no dependent and continue with instructions.



social security number: Date of birth: MM/DD/YYYY

First Name: Middle Initial: Last Name:

Generation: Gender:

Home Phone: Work Phone (999)999-9999: Cell Phone:

I would like to receive text messages.

Policyholder Address

For addresses outside the United States, select "FOREIGN ADDRESS" as your state

Address: Address 2: City:

County: State: Country:

Zip/Postal Code: Zip Plus 4: Effective Date: MM/DD/YYYY

Coverage Attributes - Other Insurance

Do you have health insurance other than your coverage through PEIA?

Do you have prescription drug coverage other than what's provided through PEIA?

Do you have health care provided by Medicare?

Physician Info

Currently not enrolled in a health plan.

The next screen will confirm your demographic information.

You will need to click the appropriate drop-down box to confirm you do not have other insurance that PEIA will coordinate claims with.

You will then click Finalize.



Qualifying Events

Please check all qualifying events that apply

- | | |
|--|--|
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Birth of child | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Adding coverage for a dependent child | <input type="checkbox"/> Open enrollment under spouse's or dependent's employer's benefit plan |
| <input type="checkbox"/> Death of spouse or dependent | <input type="checkbox"/> Beginning of spouse's or dependent's employment |
| <input type="checkbox"/> End of spouse's or dependent's employment | <input type="checkbox"/> Unpaid leave of absence by employee, spouse or dependent |
| <input type="checkbox"/> Significant change in insurance for spouse, dependent or self | <input type="checkbox"/> Dependent child no longer eligible |
| <input type="checkbox"/> Change from full-time to part-time employment or vice versa for employee, spouse or dependent | <input type="checkbox"/> Newly hired |
| <input type="checkbox"/> Address change | <input type="checkbox"/> Court ordered dependent child |
| <input type="checkbox"/> Policyholder/spouse eligible for medicare | <input type="checkbox"/> New non-state agency |
| <input type="checkbox"/> Affordable care act | <input type="checkbox"/> Divorce audit |
| <input type="checkbox"/> Dependent audit | |

Continue ►►



Please add the date which you began work with Marshall University using the MMDDYYYY format.

Click the box that applies to the qualifying event that allows you to add coverage.



Health Insurance

There are seven health benefit plans that are available to employees offered by the West Virginia Public Employees Insurance Agency (PEIA).

Health Plans A & B (HMOs)

Health Plan C (POS)

PPB Plans A-D: Plan C is the High Deductible Health Plan and Plan D is the West Virginia ONLY plan where all care must be provided in WV.

The levels of coverage include *Employee Only, Employee and Child(ren), Family, Family with Employee Spouse, and Family with Eligible Spouse.*

Monthly premiums are based on the employee's annual salary and type of coverage elected.

All plans are eligible to receive a \$25 tobacco free discount for employee policies and a \$50 discount for employee and child(ren) and family policies.

Please note: Choosing your health insurance coverage is very important, you should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.





Health Plans A,B & Point of Sale (POS)

Health Plans A & B are Health Maintenance Organization plans (HMO). An HMO manages health care by coordinating the use of health care services through a Primary Care Physician (PCP). You must identify a Primary Care Physician. The point-of-sale plan is similar to an HMO. It requires the policyholder to choose an in-network Primary Care Physician (PCP) and obtain referrals from that doctor if they want the policy to cover a specialist's services.

An employee must be living in one of the designated areas to be eligible for this plan and must use the providers that participate in the Health Plan.

The designated areas include all West Virginia counties and select counties in Maryland, Ohio and Pennsylvania.

Please note: If your address does not fall in the areas where the Health Plan is available, you will not see the option online.

More information can be found on [The Health Plan website](#).



PEIA Plan Information

PEIA PPB Plan C

This is a High Deductible Health Plan (HDHP) and can be paired with the Health Savings Account (HCA). The HDHP premium is **not** salary based.

A HDHP is a plan that includes higher annual deductible than typical health plans. This plan also has higher out-of-pocket maximum that includes amounts paid toward the annual deductible and any coinsurance that you must pay for covered expenses.

The deductible in this plan is combined medical services and prescription drug costs, and must be met before the plan will pay for medical services or prescription drugs. The deductible does not include premiums.

PEIA PPB Plan D

This plan you must have all services and care in West Virginia. The only services/care allowed outside of West Virginia is emergency care to stabilize patients for transport back to a West Virginia facility.

This is a Preferred Provider Benefit (PPB) plan and is based on yearly base salary.

The benefits are identical to PPB Plans A and the premiums are lower than Plan A and include hospital services, medical services, surgery, durable medical equipment and supplies, and prescription drugs. The difference in these plans are the WV only services/care, deductibles and out-of-pocket maximums.

Monthly Premiums – Employee Only



Salary Range (Effective 8/1/2023)	The Health Plan Plan A	The Health Plan Plan B	The Health Plan POS	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$107	\$54	\$70	\$73	\$325	\$1,800	\$50	\$430	\$2,400	\$95	\$1,500	\$2,500	\$62	\$325	\$1,800
\$30,401 - \$40,400	\$127	\$61	\$90	\$93	\$375	\$2,100	\$57	\$490	\$2,800				\$79	\$375	\$2,100
\$40,401 - \$46,400	\$135	\$64	\$98	\$101	\$425	\$2,250	\$60	\$560	\$3,000				\$87	\$425	\$2,250
\$46,401 - \$52,400	\$142	\$67	\$105	\$108	\$450	\$2,500	\$63	\$600	\$3,400				\$92	\$450	\$2,500
\$52,401 - \$60,400	\$159	\$73	\$122	\$125	\$475	\$2,750	\$69	\$620	\$3,600				\$108	\$475	\$2,750
\$60,401 - \$72,900	\$186	\$85	\$149	\$152	\$600	\$2,800	\$81	\$790	\$3,700				\$130	\$600	\$2,800
\$72,901 - \$85,400	\$202	\$93	\$165	\$168	\$625	\$2,850	\$89	\$830	\$3,700				\$145	\$625	\$2,850
\$85,401 - \$110,400	\$236	\$106	\$199	\$202	\$650	\$2,900	\$102	\$860	\$3,800				\$174	\$650	\$2,900
\$110,401 - \$135,400	\$286	\$148	\$249	\$252	\$725	\$3,000	\$144	\$960	\$4,000				\$216	\$725	\$3,000
\$135,401+	\$321	\$175	\$284	\$287	\$825	\$3,250	\$171	\$1,090	\$4,300				\$247	\$825	\$3,250

Monthly Premiums – Employee & Children



Salary Range (Effective 8/1/2023)	The Health Plan Plan A	The Health Plan Plan B	The Health Plan POS	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$205	\$80	\$111	\$148	\$650	\$3,600	\$85	\$860	\$4,800	\$200	\$3,000	\$5,000	\$123	\$650	\$3,600
\$30,401 - \$40,400	\$233	\$90	\$139	\$176	\$750	\$4,200	\$95	\$1,000	\$5,500				\$147	\$750	\$4,200
\$40,401 - \$46,400	\$244	\$95	\$150	\$187	\$850	\$4,500	\$100	\$1,130	\$6,000				\$156	\$850	\$4,500
\$46,401 - \$52,400	\$259	\$100	\$165	\$202	\$900	\$5,000	\$105	\$1,190	\$6,600				\$169	\$900	\$5,000
\$52,401 - \$60,400	\$299	\$125	\$205	\$242	\$950	\$5,500	\$130	\$1,260	\$7,300				\$203	\$950	\$5,500
\$60,401 - \$72,900	\$349	\$163	\$255	\$292	\$1,200	\$5,600	\$168	\$1,580	\$7,400				\$246	\$1,200	\$5,600
\$72,901 - \$85,400	\$386	\$186	\$292	\$329	\$1,250	\$5,700	\$191	\$1,660	\$7,600				\$277	\$1,250	\$5,700
\$85,401 - \$110,400	\$460	\$234	\$366	\$403	\$1,300	\$5,800	\$239	\$1,720	\$7,700				\$341	\$1,300	\$5,800
\$110,401 - \$135,400	\$534	\$296	\$440	\$477	\$1,450	\$6,000	\$301	\$1,920	\$7,900				\$404	\$1,450	\$6,000
\$135,401+	\$601	\$342	\$507	\$544	\$1,650	\$6,500	\$347	\$2,140	\$8,600				\$462	\$1,650	\$6,500

Monthly Premiums – Family



Salary Range (Effective 8/1/2023)	The Health Plan Plan A	The Health Plan Plan B	The Health Plan POS	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$256	\$191	\$211	\$211	\$650	\$3,600	\$134	\$860	\$4,800	\$344	\$3,000	\$5,000	\$170	\$650	\$3,600
\$30,401 - \$40,400	\$313	\$221	\$268	\$268	\$750	\$4,200	\$164	\$1,000	\$5,500				\$219	\$750	\$4,200
\$40,401 - \$46,400	\$344	\$237	\$299	\$299	\$850	\$4,500	\$180	\$1,130	\$6,000				\$245	\$850	\$4,500
\$46,401 - \$52,400	\$378	\$255	\$333	\$333	\$900	\$5,000	\$198	\$1,190	\$6,600				\$273	\$900	\$5,000
\$52,401 - \$60,400	\$435	\$291	\$390	\$390	\$950	\$5,500	\$234	\$1,260	\$7,300				\$322	\$950	\$5,500
\$60,401 - \$72,900	\$513	\$341	\$468	\$468	\$1,200	\$5,600	\$284	\$1,580	\$7,400				\$389	\$1,200	\$5,600
\$72,901 - \$85,400	\$551	\$368	\$506	\$506	\$1,250	\$5,700	\$311	\$1,660	\$7,600				\$421	\$1,250	\$5,700
\$85,401 - \$110,400	\$649	\$445	\$604	\$604	\$1,300	\$5,800	\$388	\$1,720	\$7,700				\$505	\$1,300	\$5,800
\$110,401 - \$135,400	\$784	\$545	\$739	\$739	\$1,450	\$6,000	\$488	\$1,920	\$7,900				\$620	\$1,450	\$6,000
\$135,401+	\$900	\$622	\$855	\$855	\$1,650	\$6,500	\$565	\$2,140	\$8,600				\$718	\$1,650	\$6,500

Note: If you are covering a spouse PEIA is required to charge a monthly spousal surcharge if your spouse is eligible for employer-sponsored coverage through his/her employer, but has chosen PEIA coverage instead. If your spouse is eligible for coverage as an employee of a PEIA-participating agency, does not work, has Medicare, Medicaid or TRICARE/Champus OR is retired, the spousal coverage surcharge is not applicable.

Please refer to the premiums on the next page for family with eligible spouse premium rates.





Monthly Premiums – Family with Employee Spouse

Salary Range (Effective 8/1/2023)	The Health Plan Plan A	The Health Plan Plan B	The Health Plan POS	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$205	\$148	\$170	\$170	\$650	\$3,600	\$103	\$860	\$4,800	\$290	\$3,000	\$5,000	\$135	\$650	\$3,600
\$30,401 - \$40,400	\$248	\$167	\$213	\$213	\$750	\$4,200	\$122	\$1,000	\$5,500				\$171	\$750	\$4,200
\$40,401 - \$46,400	\$274	\$184	\$239	\$239	\$850	\$4,500	\$139	\$1,130	\$6,000				\$193	\$850	\$4,500
\$46,401 - \$52,400	\$296	\$196	\$261	\$261	\$900	\$5,000	\$151	\$1,190	\$6,600				\$213	\$900	\$5,000
\$52,401 - \$60,400	\$345	\$221	\$310	\$310	\$950	\$5,500	\$176	\$1,260	\$7,300				\$253	\$950	\$5,500
\$60,401 - \$72,900	\$407	\$259	\$372	\$372	\$1,200	\$5,600	\$214	\$1,580	\$7,400				\$307	\$1,200	\$5,600
\$72,901 - \$85,400	\$453	\$293	\$418	\$418	\$1,250	\$5,700	\$248	\$1,660	\$7,600				\$346	\$1,250	\$5,700
\$85,401 - \$110,400	\$562	\$379	\$527	\$527	\$1,300	\$5,800	\$334	\$1,720	\$7,700				\$438	\$1,300	\$5,800
\$110,401 - \$135,400	\$698	\$479	\$663	\$663	\$1,450	\$6,000	\$434	\$1,920	\$7,900				\$554	\$1,450	\$6,000
\$135,401+	\$800	\$556	\$765	\$765	\$1,650	\$6,500	\$511	\$2,140	\$8,600				\$642	\$1,650	\$6,500



Monthly Premiums – Family with Eligible Spouse



Salary Range (Effective 8/1/2023)	The Health Plan Plan A	The Health Plan Plan B	The Health Plan POS	PEIA PPB Plan A Premium	PEIA PPB Plan A Annual Deductible	PEIA PPB Plan A Out-of-Pocket Maximum	PEIA PPB Plan B Premium	PEIA PPB Plan B Annual Deductible	PEIA PPB Plan B Out-of-Pocket Maximum	PEIA PPB Plan C Premium (not salary-based)	PEIA PPB Plan C Annual Deductible	PEIA PPB Plan C Out-of-Pocket Maximum	PEIA PPB Plan D Premium	PEIA PPB Plan D Annual Deductible	PEIA PPB Plan D Out-of-Pocket Maximum
\$0 - \$30,400	\$405	\$330	\$358	\$360	\$650	\$3,600	\$273	\$860	\$4,800	\$485	\$3,000	\$5,000	\$317	\$650	\$3,600
\$30,401 - \$40,400	\$462	\$360	\$415	\$417	\$750	\$4,200	\$303	\$1,000	\$5,500				\$366	\$750	\$4,200
\$40,401 - \$46,400	\$493	\$376	\$446	\$448	\$850	\$4,500	\$319	\$1,130	\$6,000				\$392	\$850	\$4,500
\$46,401 - \$52,400	\$527	\$394	\$480	\$482	\$900	\$5,000	\$337	\$1,190	\$6,600				\$420	\$900	\$5,000
\$52,401 - \$60,400	\$584	\$430	\$537	\$539	\$950	\$5,500	\$373	\$1,260	\$7,300				\$469	\$950	\$5,500
\$60,401 - \$72,900	\$662	\$480	\$615	\$617	\$1,200	\$5,600	\$423	\$1,580	\$7,400				\$536	\$1,200	\$5,600
\$72,901 - \$85,400	\$700	\$507	\$653	\$655	\$1,250	\$5,700	\$450	\$1,660	\$7,600				\$568	\$1,250	\$5,700
\$85,401 - \$110,400	\$798	\$584	\$751	\$753	\$1,300	\$5,800	\$527	\$1,720	\$7,700				\$652	\$1,300	\$5,800
\$110,401 - \$135,400	\$933	\$684	\$886	\$888	\$1,450	\$6,000	\$627	\$1,920	\$7,900				\$767	\$1,450	\$6,000
\$135,401+	\$1,049	\$761	\$1,002	\$1,004	\$1,650	\$6,500	\$704	\$2,140	\$8,600				\$865	\$1,650	\$6,500

PEIA is required to charge a monthly spousal surcharge if your spouse is eligible for employer-sponsored coverage through his/her employer, but has chosen PEIA coverage instead.





PEIA Comprehensive Care Partnership (CCP) Program

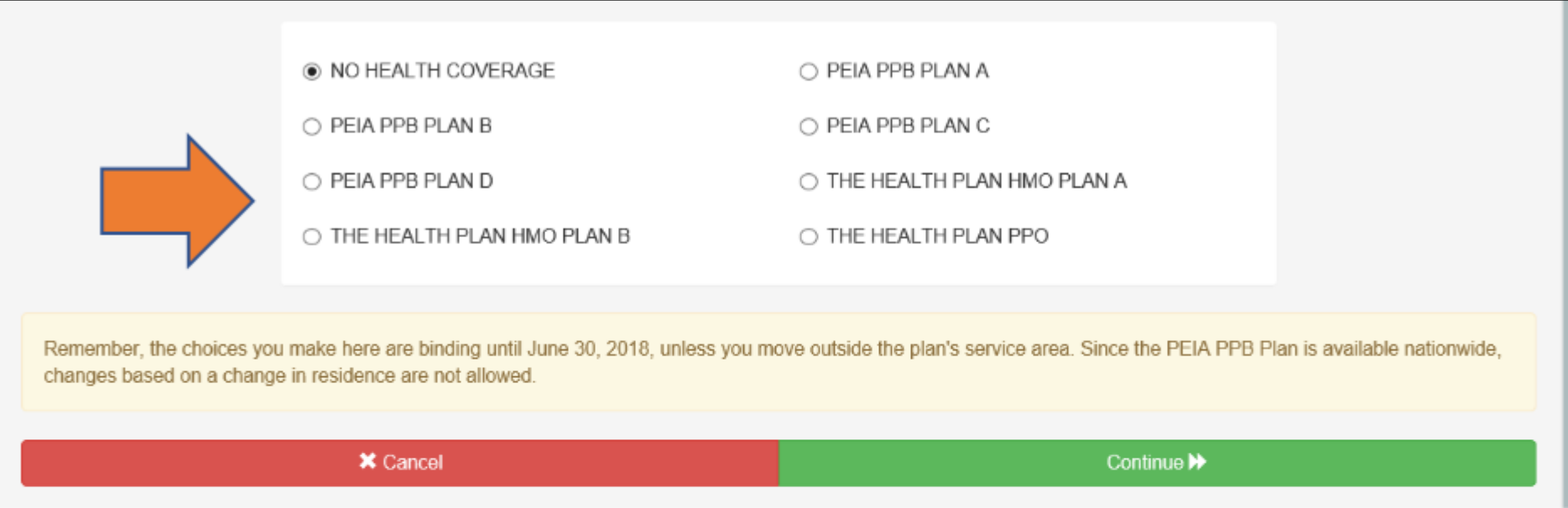
This program allows you to receive specified primary care services while paying less and is designed to promote quality of care, preventive services and use of health services to identify problems early and maintain control of chronic conditions. This option is available to PEIA PPB Plan A, B and D insureds.

Members who enroll will have reduced or no copayments, deductibles or coinsurance for specified covered services from their CCP provider.

The form will need to be sent to PEIA for processing. New insurance cards will be mailed reflecting the change.

The [Comprehensive Care Partnership](#) Enrollment form can be found [HERE](#).



A screenshot of a web-based health plan selection interface. On the left, a large orange arrow points to a white selection box. Inside the box, there are two columns of radio button options. The first column includes 'NO HEALTH COVERAGE' (selected), 'PEIA PPB PLAN B', 'PEIA PPB PLAN D', and 'THE HEALTH PLAN HMO PLAN B'. The second column includes 'PEIA PPB PLAN A', 'PEIA PPB PLAN C', 'THE HEALTH PLAN HMO PLAN A', and 'THE HEALTH PLAN PPO'. Below the selection box is a yellow warning box with text about binding choices until June 30, 2018. At the bottom are two buttons: a red 'Cancel' button and a green 'Continue' button with a right-pointing arrow.

NO HEALTH COVERAGE

PEIA PPB PLAN A

PEIA PPB PLAN B

PEIA PPB PLAN C

PEIA PPB PLAN D

THE HEALTH PLAN HMO PLAN A

THE HEALTH PLAN HMO PLAN B

THE HEALTH PLAN PPO

Remember, the choices you make here are binding until June 30, 2018, unless you move outside the plan's service area. Since the PEIA PPB Plan is available nationwide, changes based on a change in residence are not allowed.

[Cancel](#) [Continue](#)

Click on the circle that identifies the Health Plan you wish.

Then click Continue.

If you choose The Health Plan HMO plan A or B, you will be directed to a screen to choose a Primary Care Physician.



Required Documentation

Some documentation may be required before your proposed coverage changes can be fully processed.

Event Required Documentation	Marriage Copy of valid marriage license or certificate
------------------------------	---

Documentation Previously Uploaded to PEIA

None found. Only files uploaded with the Manage My Benefits Uploader can be listed.

If you have access to a scanner, you can upload your documentation to your Benefit Coordinator & PEIA securely through our site. Otherwise, you may need to supply a hard copy of your documentation directly to your Benefit Coordinator.

Would you like to upload documentation from your computer now?

The screen will advise you what documentation PEIA will need to add coverage for the qualifying event you have chosen.

What type of document do I need to upload?
Generally, your selected Qualifying Events determines what documentation is required for you. [Click here](#) to view a list of required documentation for all Qualifying Events.
For additional help in determining what documents you need, please contact your Benefit Coordinator or PEIA.

My Recent Qualifying Events

Event	Marriage
Event Date	02/21/2018
Documents	Copy of valid marriage license or certificate

File Restrictions:

- Only files with the following extensions are allowed: .jpg, .jpeg, .gif, .pdf, .bmp.
- Please make sure that each file you are trying to upload is less than 4MB in size.

File 1

Type of File: (Required)

Dependent/Policyholder: (Optional)

File:

You will need to scan the file into your computer and then browse to choose it and upload it. The dropdowns allow you to choose what type of file and for whom the documentation is needed.





Health Coverage	
Current: No Coverage	Proposed: PEIA PPB PLAN B

CHRISTOPHER ROBIN	
Current: No Coverage	Proposed: Covered

By clicking the "Finalize" button below, I agree to the following:

- I accept the health plan enrollment choices indicated above effective through June 30, 2018, and authorize payroll deduction for my contribution.
- I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.
- I hereby authorize, for myself and my covered dependents, release to PEIA and to the plan I have selected all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.
- I understand that this change is binding through June 30, 2018, unless there is a qualifying event.
- I acknowledge by making my selection on this website and finalizing my eligibility transaction on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes before July 2018, I will notify PEIA of such change in writing.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[Edit](#) [Finalize](#)

You will then click Finalize to add health coverage.

As you can see, the screen shows what coverage you have selected and who will be covered.



Benefits Administration System (BAS) Web Application

The request to change your Health Benefits has been submitted.

[Continue](#)

Click Continue.



Life Insurances

Optional Life Insurance can be purchased up to \$500,000. Premiums are paid by the employee. You may opt up to \$100,000 guaranteed coverage as a new employee. If you opt in to these plans after the initial hire period, you will be subject to completion of a statement of health prior to approval.

Dependent Life Insurance can be purchased with five different plans. The plans range from \$5,000 to \$40,000 for a spouse and \$2,000 to \$15,000 for each eligible child. As a new employee, you may opt up to \$20,000 for spouse and \$10,000 child(ren) guaranteed coverage. If you opt in to these plans after the initial hire period, you will be subject to completion of a statement of health prior to approval.

You should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.

Benefits Administration System (BAS) Web Application



Optional Life

PEIA offers up to \$500,000 of optional term life insurance coverage for active employees. New employees may choose up to \$100,000 of coverage (the guaranteed issue, or GI, amount) without providing any medical information. Amounts greater than the GI amount require Evidence of Insurability and approval by the life insurance carrier. If you select an amount greater than the GI amount, the GI amount will be issued until a decision has been made on the additional coverage. In this case, you will receive a written decision from the life insurance carrier.

Do you wish to enroll for optional life insurance coverage?

Yes No

[Continue](#)

If you select No to Optional Life Insurance and click Continue, you will be taken to the below screen.

Benefits Administration System (BAS) Web Application



Enrollment Menu

Premium Discounts	View/Print My Current Coverage
Policyholder Summary	Dependent Summary
Manage My Health Benefits	Manage My Optional Life Insurance
Manage Dependent Life Insurance	Beneficiary Summary
My Documentation	

From here, you can choose any of the above options to add another dependent, add or change beneficiary information, look at your proposed coverage, discounts or upload documentation.

Optional life rates can be found in your Shoppers' Guide beginning on page 46.

As a new employee, you may opt up to \$100,000 worth of coverage without a statement of health.

If you choose to add coverage after your initial hire period, a statement of health must be completed and approved by MetLife.

Benefits Administration System (BAS) Web Application



Optional Life

Choose the amount of coverage.

* Example: Plan Option Coverage Amount

- | | | |
|---|---|---|
| <input type="radio"/> 956: \$500,000.00 | <input type="radio"/> 955: \$450,000.00 | <input type="radio"/> 954: \$400,000.00 |
| <input type="radio"/> 953: \$350,000.00 | <input type="radio"/> 952: \$300,000.00 | <input type="radio"/> 951: \$250,000.00 |
| <input type="radio"/> 950: \$200,000.00 | <input type="radio"/> 900: \$150,000.00 | <input type="radio"/> 800: \$100,000.00 |
| <input type="radio"/> 750: \$80,000.00 | <input type="radio"/> 700: \$75,000.00 | <input type="radio"/> 650: \$60,000.00 |
| <input type="radio"/> 600: \$50,000.00 | <input type="radio"/> 500: \$40,000.00 | <input type="radio"/> 400: \$30,000.00 |
| <input type="radio"/> 300: \$20,000.00 | <input type="radio"/> 200: \$10,000.00 | <input type="radio"/> 100: \$5,000.00 |

✕ Cancel

✓ Save

If you select Yes to adding Optional Life Insurance, you will click the circle directly in front of the amount you wish to apply for. As a new employee, members may choose up to \$100,000 of Optional Life Insurance without answering any health questions.

Then select Save.

Premiums for optional and dependent life will be taken out like your health insurance.



Benefits Administration System (BAS) Web Application

Optional Life Proposed Changes

Name: CHRISTOPHER ROBIN
SSN: XXX-XX-7777

Coverage	Enrolled
Current: No Coverage Proposed: \$100,000.00	Current: No Coverage Proposed: Covered

By clicking the "Finalize" button below, I agree to the following:

- I accept the Optional Life insurance enrollment choices indicated above and authorize payroll deduction for my contribution.
- I understand that PEIA may change the number of plans offered or the types, levels or costs of benefits.
- I hereby authorize release to PEIA and to the life insurer all information needed to process claims, determine coverage, investigate complaints, evaluate plan performance or any other process involved in payment of claims.
- I acknowledge by making my selection on this website and finalizing my enrollment on this website that PEIA or its agents have access to my medical records to check my tobacco use status.
- I agree that if my tobacco status changes, I will notify PEIA of such change in writing.
- I certify that the information I have supplied or accepted here is true and correct and understand that providing false information on this website is illegal and that those who provide false information may be prosecuted.

[Edit My Changes](#) [Finalize Changes](#)

You will then see what your proposed Optional life is. You will need to click Finalize.

Benefits Administration System (BAS) Web Application

The request to update your Optional Life Insurance has been submitted.

[Continue](#)

If you click the continue button, it will return you to the screen that allows you to add another dependent, add or change beneficiary information, look at your proposed coverage, discounts or upload documentation.



Optional Life Insurance Beneficiaries

In order to add beneficiaries to your basic and optional life policies, please visit: mybenefits.metlife.com or you may complete a [paper form](#) and mail directly to Metlife.



Enrollment Menu

- Premium Discounts ⓘ
- View/Print My Current Coverage ⓘ
- Policyholder Summary ⓘ
- Dependent Summary ⓘ
- Manage My Health Benefits ⓘ
- Manage My Optional Life Insurance ⓘ
- Manage Dependent Life Insurance ⓘ
- Beneficiary Summary ⓘ
- My Documentation ⓘ

You may then print out a copy of all changes made.

[Click to Print This Page](#)

[Click to Close Window](#)

PENDING COVERAGE

POLICYHOLDER:	CHRISTOPHER ROBIN	SSN:	XXX-XX-7777
ADDRESS:	624 STUFFED LANE	DOB:	10/12/1956
CITY, STATE, ZIP:	POOH HOLLOW, WV 26246	PHYSICIAN:	
HOME PHONE:	304-624-6246	WORK PHONE:	
HEALTH PLAN:	PEIA PPB PLAN B	STATUS:	SUBMITTED
BASIC LIFE COVERAGE:	\$10,000.00	STATUS:	SUBMITTED
OPTIONAL LIFE COVERAGE:	\$100,000.00	STATUS:	SUBMITTED
DEPENDENT LIFE COVERAGE:	NO COVERAGE	STATUS:	NO PENDING CHANGES





PEIA: Reminders

- Have you uploaded required documents to the system (birth certificates and/or marriage certificates)?
- Did you add social security numbers for your dependents?
- Did you check coverages elected before attempting to log-off from the system?
- If you have additional information to be uploaded in the system, you may email it to benefits@marshall.edu . Please add the policy holder's name with all submitted information.



After the initial enrollment, when can I make changes to my benefits?

The Plan Year is based on the fiscal year, July 1 through June 30.

You can make changes to your benefits during open enrollment which is traditionally held during the month of April. Open enrollment affords employees the opportunity to change health insurance, add/drop optional or dependent life insurance, enroll in Mountaineer Flexible Benefits, etc. Changes during open enrollment begin with the effective date of July 1.

You cannot make changes to your benefits outside of open enrollment unless you have a qualifying event. Documentation must be provided to support your qualifying event. Please see the next slide for the eligible qualifying events and the documentation that is required.

You should review all online material in the [PEIA Shopper's Guide](#) as this presentation cannot cover all information.





Qualifying Life Events

Qualifying/Status Change Event	Documentation Required
Divorce	Copy of the divorce decree showing the date the divorce is final. Needs to be completed in the month the event is finalized.
Marriage	Copy of valid marriage license or certificate.
Birth of Child	Copy of child's birth certificate.
Adoption	Copy of adoption papers.
Adding coverage for a dependent child.	Copy of child's birth certificate.
Adding coverage for any other child who resides with policyholder.	Copy of court-ordered guardianship papers.
Open enrollment under spouse's or dependent's employer's benefit plan.	Copy of printed material showing Open Enrollment dates and the employer's name.

Qualifying/Status Change Event	Documentation Required
Death of spouse of dependent	Copy of the death certificate.
Beginning of spouse's or dependent's employment.	Letter from the employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's or dependent's employment.	Letter from the employer stating the termination or retirement date, what coverage was lost and dependents that were covered.
Significant change in health coverage due to spouse's or dependent's employment.	Letter from the insurance carrier indicated the change in insurance coverage, the effective date of that change, and dependents covered.
Unpaid leave of absence by employee, spouse or dependent.	Letter from your, your spouse's or dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave.
Change from full-time to part-time employment or vice versa for policyholder, spouse or dependent.	Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.

Documentation must be provided to support your qualifying event.





Qualifying Life Events

Qualifying/Status Change Event	Documentation Required
Divorce	Copy of the divorce decree showing the date the divorce is final. Needs to be completed in the month the event is finalized.
Marriage	Copy of valid marriage license or certificate.
Birth of Child	Copy of child's birth certificate.
Adoption	Copy of adoption papers.
Adding coverage for a dependent child.	Copy of child's birth certificate.
Adding coverage for any other child who resides with policyholder.	Copy of court-ordered guardianship papers.
Open enrollment under spouse's or dependent's employer's benefit plan.	Copy of printed material showing Open Enrollment dates and the employer's name.

Qualifying/Status Change Event	Documentation Required
Death of spouse of dependent	Copy of the death certificate.
Beginning of spouse's or dependent's employment.	Letter from the employer stating the hire date, effective date of insurance, what coverage was added, and what dependents are covered.
End of spouse's or dependent's employment.	Letter from the employer stating the termination or retirement date, what coverage was lost and dependents that were covered.
Significant change in health coverage due to spouse's or dependent's employment.	Letter from the insurance carrier indicated the change in insurance coverage, the effective date of that change, and dependents covered.
Unpaid leave of absence by employee, spouse or dependent.	Letter from your, your spouse's or dependent's personnel office stating the date the covered person went on unpaid leave or returned from unpaid leave.
Change from full-time to part-time employment or vice versa for policyholder, spouse or dependent.	Letter from the employer stating the previous hours worked, the new hours worked, and the effective date of the change.

Documentation must be provided to support your qualifying event.





This completes the PEIA portion of benefits enrollment. Please proceed to the next section

