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To: PEIA-Eligible Public Employees

From: Ted Cheatham

Date: March 17, 2014

Re: **New Benefit Opportunity with WVCHIP**

There's a new benefit opportunity available to some public employees. Since West Virginia has expanded coverage under the Children's Health Insurance Program (CHIP), your children may now be eligible for the program. The expansion makes CHIP benefits available to children of public employees who otherwise meet CHIP eligibility guidelines. CHIP covers children in families up to 300% of the Federal Poverty Level (around \$71,550 for a family of four).

CHIP offers similar benefits to PEIA's (its benefit package was modeled after the PEIA), with additional dental and vision benefits at no additional costs. There are very modest copays for some services. If your family income is above 211% of the FPL (around \$50,324 for a family of four) you must pay a monthly premium of \$35 for one child and \$71 for two or more children. For families below 211% FPL, no premiums are paid. Either way, your family's cost-share under CHIP is limited to 5% of your family's yearly income. You can see the family size and qualifying income guidelines at <http://www.chip.wv.gov/eligibility/Pages/default.aspx>.

A quick comparison on the back of this memo shows the services for which CHIP charges a copay, and the amount of cost-sharing for those same services under PEIA. Remember CHIP has no deductibles. For covered services not listed here, CHIP pays 100% and PEIA, in most cases, pays only 80% after your deductible.

If your children qualify for CHIP, you can drop PEIA coverage on your children during PEIA's Open Enrollment in April with the change effective July 1, 2014. Your children's CHIP coverage will start on July 1. **Please note: if there are two adults on your PEIA coverage, the PEIA premium will not decrease if your children move to CHIP, so you should consider this when making your decision.** However, you may still save money by enrolling your child on CHIP due to premium savings for dental and vision coverage (purchased separately under PEIA) and lower out-of-pocket costs (there are no deductibles!).

Starting March 19, you can visit www.wvinroads.org and apply. You should do this **as soon as possible** to see if your children are eligible for CHIP before the April 30 Open Enrollment deadline with PEIA. You can then decide whether to enroll your kids on CHIP or keep them on your PEIA coverage.

If you have questions about CHIP eligibility, please contact your local WVDHHR office, or the WVCHIP HelpLine at 1-877-982-2447.

WVCHIP-PEIA Benefit Comparison

Medical Services & Prescription Benefits	WVCHIP Gold	WVCHIP Blue	WVCHIP PREMIUM	PEIA PPB Plan A	PEIA PPB Plan B	PEIA PPB Plan D
Generic Prescriptions	No Copay	No Copay	No Copay	\$5 per 30-day supply after \$75 deductible	\$5 per 30-day supply after \$150 deductible	\$5 per 30-day supply after \$75 deductible
Listed Brand Prescriptions	\$5	\$10	\$15	\$15 per 30-day supply after \$75 deductible	\$20 per 30-day supply after \$150 deductible	\$15 per 30-day supply after \$75 deductible
Non-listed Brand Prescriptions	Full Retail Cost	Full Retail Cost	Full Retail Cost	75% coinsurance after \$75 deductible	75% coinsurance after \$150 deductible	75% coinsurance after \$75 deductible
Multisource Prescriptions	No Copay	\$10	\$15	75% coinsurance after \$75 deductible	75% coinsurance after \$150 deductible	75% coinsurance after \$75 deductible
Medical Home Physician Visit	No Copay	No Copay	No Copay	\$10	\$10	\$10
Physician Visit (Non-medical home)	\$5	\$15	\$20	\$15	\$15	\$15
Immunizations	No Copay	No Copay	No Copay	No Copay	No Copay	No Copay
Hospital/Inpatient Services	No Copay	\$25	\$25	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Services (per procedure)	No Copay	\$25	\$25	\$50 copay + deductible + 20% coinsurance	\$50 copay + deductible + 20% coinsurance	\$50 copay + deductible + 20% coinsurance
Emergency Department (is waived if admitted)	No Copay	\$35	\$35	Emergent: \$50 copay + deductible + 20% coins Non-emergent: \$100 copay + deductible + 20%	Emergent: \$50 copay + deductible + 20% Non-emergent: \$100 copay + deductible + 20%	Emergent: \$50 copay + deductible + 20% Non-emergent: \$100 copay + deductible + 20%
Vision Services	No Copay	No Copay	No Copay	Not covered	Not covered	Not covered
Dental Benefit	No Copay	No Copay	*\$25 Copay for some non-preventive services	Not covered	Not covered	Not covered