

# Open Enrollment Instructions

## Manage My Benefits



# Open Enrollment Instructions

## Manage My Benefits



West Virginia  
**Public Employees Insurance Agency**  
Benefiting People Who Serve

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**Plan Year 2022 Open Enrollment**  
April 2, 2021 - May 15, 2021

**Open Enrollment**  
View the Shopper's Guide for Plan Year 2022...

### Manage My Benefits

Make changes without filling out a paper form...click here



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Go to  
[www.peia.gov](http://www.peia.gov)



# Open Enrollment Instructions

## Manage My Benefits

Benefits Administration System  
(BAS) Web Application

Please login

Username:

Password:

[Login](#)

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



If you are unsure of your log on information, please click the link below.

If this is your first time registering with PEIA, click the “get started” link.

If you are unable to access your account, please contact [benefits@marshall.edu](mailto:benefits@marshall.edu)

# Open Enrollment Instructions

## Manage My Benefits

Benefits Administration System  
(BAS) Web Application



Welcome to the Manage My Benefits website!

If you are here for Open Enrollment, please click "Open Enrollment" below.

If you have had a qualifying event and need to make a coverage change to be effective before 7/1/2021, please click "Other Changes" to enter the year-round module.

Open Enrollment

Other Changes





# Open Enrollment Instructions

## Manage My Benefits



### Benefits Administration System (BAS) Web Application



#### It's Open Enrollment Time!

From 04/02/2021 through 05/15/2021 you can make changes to your existing coverage without a qualifying event (such as marriage or the birth of a new dependent).

Don't worry if you do not have time to go through all of Open Enrollment on this visit. We'll save your progress. Just return on or before 05/15/2021 to finalize your changes.

[Begin Open Enrollment](#)

# Open Enrollment Instructions

## Manage My Benefits



Fields marked with \* are required.

<b>Month</b>	<b>Date of Birth</b>	<b>Year</b>
03	<b>Day</b>	1973
	18	
<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>
*		*
<b>Generation:</b>	<b>Gender:</b>	
	* Female	
<b>Home Phone:</b>	<b>Work Phone:</b>	
*		
Use your home phone here if you are retired or do not have a work phone		
<b>Cell Phone:</b>	<input checked="" type="checkbox"/> Yes, I would like to receive text messages	

If a mobile number is provided, we may text you information about the West Virginia Public Employees Insurance Agency. The West Virginia Public Employees Insurance Agency does not charge to send or receive text messages as part of our membership process(es). However, depending on your wireless carrier and/or plan(s), message and data rates may apply. Please consult with your wireless carrier for applicable text messaging fees.

Once your mobile device has been activated, you may reply "STOP" to The West Virginia Public Employees Insurance Agency (XXXXXX) to opt-out of the service or call 304-558-7850. We will only send you updates on the status of your PEIA plans and/or events or promotions associated with PEIA plans. No personally identifiable information (PII) and/or protected health information (PHI) will be sent via text message. Examples of what may be contained in text messages include, but is not necessarily limited to: information about Open Enrollment periods, Wellness Program events, where to find documents, deadline reminders, and other general plan information. To request additional information, text "HELP" to the message you receive or contact us by telephone at 304-558-7850.

Supported mobile service providers include: Alltel (part of Verizon), Appalachian Wireless, AT&T, Bluegrass Cellular, Boost Mobile, Cellcom, Cellular One from Dobson (part of AT&T), Cellular One of East Central Illinois, Cellular South, Centennial Wireless, Cincinnati Bell, Cox Wireless, Immix Wireless, Nextel (part of Sprint), nTelos Wireless, Revol Wireless, Sprint, Straight Talk (WalMart), T-Mobile, Unicef, US Cellular, Verizon Wireless, Virgin Mobile USA, West Central Wireless. (PEIA would need to confirm and/or edit this list once we select a texting vendor)

We may modify or terminate our text messaging services from time to time, for any reason and without notice, including the right to terminate text messaging without notice, without liability to you, any other user or a third party. We reserve the right to modify these Terms of Use from time to time without notice. Please review these Terms of Use from time to time so that you are timely notified of any changes.

Please verify contact information is correct. If not, please make changes as needed.



You will need to opt in/opt out of receiving text messages from PEIA.



# Open Enrollment Instructions

## Manage My Benefits

### Benefits Administration System (BAS) Web Application



◀ Back      Summary      Next ▶

Policyholder   Tobacco   Health   Dependents   CCP   Optional Life   Beneficiary

#### Your Tobacco Status

If none of the dependents enrolled on your PEIA coverage uses tobacco, you will receive the discount on your health coverage, if any, and on your Optional Life insurance premiums, if any. Tobacco use is defined as smoking cigarettes, cigars or pipes, or using electronic cigarettes (e-cigarettes) or any form of smokeless tobacco, including snuff and chewing tobacco.

**Need more information? [Click here.](#)**

#### Tobacco Status:

Tobacco Free       Policyholder Uses Tobacco       Dependent Uses Tobacco       Family Uses Tobacco



◀ Back      Summary      Next ▶



# Open Enrollment Instructions

## Manage My Benefits

Benefits Administration System  
(BAS) Web Application



← Back   Summary   Next →

Policyholder   Tobacco   **Health**   Dependents   CCP   Optional Life   Beneficiary

### Your Health Coverage

Please see menu above for the [Shopper's Guide](#) for plan information.

NO HEALTH COVERAGE    PEIA PPB PLAN A    PEIA PPB PLAN B

PEIA PPB PLAN C <sup>1</sup>    PEIA PPB PLAN D <sup>2</sup>    THE HEALTH PLAN HMO PLAN A

THE HEALTH PLAN HMO PLAN B    THE HEALTH PLAN POS PLAN C

<sup>1</sup>This plan has a high deductible and different plan design from other PPB Plans, so be sure you understand the benefits before enrolling.  
<sup>2</sup>This plan has limited coverage outside the state of West Virginia, so be sure you understand the benefits before enrolling.

← Back   Summary   Next →



You will choose the health coverage plan you wish to enroll in for the new plan year. If you do not wish to make changes, you may choose “next”.



# Open Enrollment Instructions

## Manage My Benefits

A screenshot of a web application interface. At the top, there is a navigation bar with three buttons: 'Back' (left arrow), 'Summary' (hamburger menu), and 'Next' (right arrow). Below this is a horizontal menu with seven tabs: 'Policyholder', 'Tobacco', 'Health', 'Dependents' (highlighted in blue), 'CCP', 'Optional Life', and 'Beneficiary'. Below the tabs, the text 'Your Dependents' is visible.

+ Add a Dependent

On this page, you will review the dependents covered under your health plan. If you need to add a dependent to your coverage, please choose “add a dependent”. If you are making no changes, please choose “next”.

# Open Enrollment Instructions

## Manage My Benefits

The remaining pages will be customized to the coverages you have elected and will include:

- CCP (Comprehensive Care Plan)
- Optional Life Insurance
- Dependent Life Insurance
- Beneficiaries





# Open Enrollment Instructions

## Manage My Benefits



### Review & Finalize

Please review your changes below. You can finalize now or return later.  
You must finalize your Open Enrollment changes on or before 05/15/2021.

I'm ready to finalize ✓

Please make sure to review contact information, coverages, and beneficiaries and when are you finished, please click the "I'm ready to finalize" at the bottom of the page.

# Open Enrollment Instructions

## Manage My Benefits

### Benefits Administration System (BAS) Web Application



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

- I accept the Health & Life Insurance plan enrollment choices indicated above effective through June 30, 2022, 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, 2022, unless there is a qualifying event.
- I acknowledge by making my selection on this website and finalizing my open 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 before June 30, 2022, I will notify PEIA of such change.
- 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.

✘ No, Don't Finalize Yet

Yes, Finalize ✔





# Open Enrollment Instructions

## Manage My Benefits



Benefits Administration (BAS) Web Application

Would you like to print before you finalize?

Yes No Cancel

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

- I accept the Health & Life Insurance plan enrollment choices indicated above effective through June 30, 2022, 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, 2022, unless there is a qualifying event.
- I acknowledge by making my selection on this website and finalizing my open 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 before June 30, 2022, I will notify PEIA of such change.
- 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.

✘ No, Don't Finalize Yet Yes, Finalize ✔

You have an option to print your changes before you finalize.

# Open Enrollment Instructions

## Manage My Benefits



Benefits Administration System  
(BAS) Web Application

Thank you for using Open Enrollment!  
Your changes have been submitted.

Logout



Once you have finalized your changes, you will see the below box confirming your changes have been submitted.



# Open Enrollment Instructions

## Manage My Benefits



Peia.Eligibility@wv.gov

Your PEIA Enrollment application for Health Insurance for the Benefits Administration System (BAS) Web Application



You will receive an email confirmation when your changes have been approved.

# Open Enrollment Instructions

## Manage My Benefits



If you have any additional questions, contact your Benefits Team at [benefits@marshall.edu](mailto:benefits@marshall.edu) or 304-696-6455