

Manage My Benefits Open Enrollment 2026

Visit the **PEIA Site**









All changes made during Open Enrollment must be finalized by May 15, 2026.

Charles Charles	in set to		June Fi	au
BAS) Web Application	on System			7
			State	Ð
ef Back	≡ Sum	nmary	Next	
Your Policyholder Information				
Polcyholder Tobacco Health	Dependenta	Spored Surcharge	CCP Optional Life	
fields marked with * are required.	Date of	Birth		
Month	Da	ч	Year	
03	18		1973	
First Name:	Middle I	nital:	Last Name:	
	~	^ Female		
Home Phone:			Work Phone:	
*				
		Use your home	phone here if you are relired or do not have a work phone	
Cell Phone:				
		Ve:	s, I would like to receive text messages	
service or call 304-558-7850. We will only send you up personally identifiable information (PII) and/or protecte messages include, but is not necessarily limited to: in reminders, and other general plan information. To requip outperson	dates on the status of your PB d health Information (PH) will formation about Open Enrollin est additional Information, text	EIA plans and/or events or be sent via text message, rent periods, Wellness Pro t "HELP" to the message y	promotions associated with PEIA plans. No Examples of what may be contained in text gram events, where to find documents, deadline ou receive or contact us by telephone at	
Supervision Supported mobile service providers include: Alitel (per Dobson (part of AT&T), Cellular One of East Central III Sprint), nTelos Witeless, Revol Wireless, Sprint, Strail Wireless, (PEIA would need to confirm and/or edit this	t of Verizon), Appalachian Wir Inols, Cellular South, Centenn ght Talk (Walilar), T-Nobile, U I list once we select a texting (eless, AT&T, Bluegrass C nial Wireless, Cincinnati B Inicel, US Cellular, Verizor vendor)	ellular, Boost Mobile, Celicom, Celiular One from iell, Cox Wireless, Immix Wireless, Nextel (part of n Wireless, Virgin Mobile USA, West Central	
We may modify or terminate our text messaging service without potice, without liability to you, any other user of	es from time to time, for any re	ason and without notice, is	ncluding the right to terminate text messaging of Lise from time to time without online. Please	
Policyholder Address				
Address Line 1:		Address Line 2:		
*				
City:			State:	
				I
a UNI- Caluell		A Linked Claims		
WV - Cabell	Ť	- United States	Tin Code Dive 4:	
21p Code:			Zip Gode Plus 4:	
	Effective	Date:		
Month	Da	y .	Year	
* 11	^ 01		* 2014	
heok which dependents also live at this address. RONALD H. THOMAS Z ELIZABETH A. THOMAS				
ef Back	≣ Sur	nmary	Next	ł

Make sure that your information is correct. If you have dependents that live with you at the address on file, they will be listed at the bottom of the screen.



Make sure your tobacco status is correct on the screen.

Please note: The screens you see will be personalized for each policyholder's coverage.

Benefits Administration System (BAS) Web Application							
≪ Back	≡ Summary	(Next ≽				
Policyholder Tobacco	Health Dependents Sp	oousal Surcharge CCP	Optional Life				
Your Health Coverage							
Please see menu above for the Shopper's	Guide for plan information.						
O NO HEALTH COVERAGE	• PEIA PPB PLAN A	O PEIA	O PEIA PPB PLAN B				
O PEIA PPB PLAN C 1	O PEIA PPB PLAN D ²	O THE	HEALTH PLAN HMO PLAN A				
O THE HEALTH PLAN HMO PLAN B	O THE HEALTH PLAN POS PLAN	NС					
¹ This plan has a high deductible and different plan design from other PPB Plans, so be sure you understand the benefits before enrolling. ² This plan has limited coverage outside the state of West Virginia, so be sure you understand the benefits before enrolling.							
H Back	≡ Summary		Next ≽				



RSHA

The screen will show what coverage you currently have. You may choose to leave it the same or change the plan and click "Next".

This screen shows your dependents. You may add or remove them here.

Spousal Surcharge

 If you completed the Spousal Surcharge Affidavit last year, you are not required to complete a new one for the coming plan year.



A is required by law to charge a spousal surcharge if your spouse is eligible for employer-sponsored coverage through his/her employer be erage instead. If applicable, the spousal surcharge will be added to your health insurance premium each month. If your spouse is eligible for PEIA-participating agency, has Medicare, Medicaid, or is retired, the spousal coverage surcharge is waived.

se mark the statement that applies to your spouse:

My spouse has health coverage (other than PEIA) available through his/her employer. (I understand that if my spouse is on my PEIA health premium surcharge will be applied to my premium.)

My spouse does not have health coverage available through his/her employer; is not employed, has Medicare, Medicaid or Tri-Care, is ret participating agency. (No surcharge will be applied.)

By checking this box and clicking "NEXT" below, I certify that the above information is true and correct and understand that providing 1 form is illegal and those who provide false information may be prosecuted. I also understand that if my spouse's employer-sponsored changes, it is my responsibility to notify PEIA in writing within the month of the change and the two following months. I acknowledge the the right to audit the information provided here and I may be required to provide documentation to support this information.

Comprehensive Care Partnership





ARSHA

For more information on the Comprehensive Care Partnership, please click here.

Optional Life Insurance





Review and Finalize

RSHA

Make sure all changes have been made. When complete, click "I'm ready to finalize."



To complete enrollment, please read and review before finalizing enrollment.



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, 2024, 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, 2024, 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, 2024, 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.

- I certify that the individuals enrolled for coverage on the previous pages are my legal dependents, and that they have not been made ineligible by an event such as divorce.

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

You also have the option to print before finalizing.







If you have questions about Open Enrollment, please contact <u>benefits@marshall.edu</u>.