

# PEEHIP



Public Education Employees' Health Insurance Plan

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## *Open Enrollment Packet 2009-2010*

*Deadline August 31, 2009*

*Effective October 1, 2009*



## **Public Education Employees' Health Insurance Plan (PEEHIP)**

### **Office Location**

201 South Union Street  
Montgomery, AL 36104-0001  
[www.rsa-al.gov](http://www.rsa-al.gov)

### **Mailing Address**

P. O. Box 302150  
Montgomery, AL 36130-2150

### **Phone Numbers**

877-517-0020 or 334-517-7000  
Fax: 877-517-0021 or 334-517-7001

### **Student Verification**

877-517-0020, Extension 7149  
334-517-7000, Extension 7149

### **Flexible Spending Accounts**

877-517-0020  
334-517-7000

**Wellness Program (Offered by PEEHIP and administered by the Alabama Department of Public Health) will only offer flu vaccinations beginning October 1, 2009**

RSA Tower, Suite 900

P.O. Box 303170

Montgomery, AL 36130-3017

334-206-5300 or 800-252-1818

[www.adph.org](http://www.adph.org)

### **Tobacco Cessation Quitline**

800-QUIT-NOW

800-784-8669

## **Blue Cross Blue Shield of Alabama**

*Administrator of Hospital/Medical, Flexible Spending Accounts, Supplemental, & CHIP Plans*

450 Riverchase Parkway East

P.O. Box 995

Birmingham, AL 35298

[www.bcbsal.org/peehip1/](http://www.bcbsal.org/peehip1/)

### **Customer Service**

800-327-3994

### **Preadmission Certification**

800-354-7412

### **Flexible Benefits**

800-213-7930

### **Rapid Response to order ID cards, directories & claim forms**

800-248-5123

### **Fraud Hot Line**

800-824-4391

## **Express Scripts, Inc.**

P.O. Box 66773

St. Louis, MO 63166-6773

[www.express-scripts.com](http://www.express-scripts.com)

### **Curascript Specialty Pharmacy**

866-848-9870

Fax: 888-773-7386

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

### **Customer Service (Available 24 hours/day)**

866-243-2125

### **Prior Authorization for Step Therapy**

800-347-5841

Fax: 800-357-9577

### **Pharmacy Help Desk (Available 24 hours/day to assist pharmacists with PEEHIP questions)**

800-235-4357

## **VIVA Health Plan**

1222 14th Avenue South

Birmingham, AL 35205

205-558-7474

800-294-7780

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

## **Southland National Insurance Corporation**

*Administrator of Cancer, Dental, Indemnity, & Vision Optional Plans*

1812 University Blvd.

P.O. Box 1250

Tuscaloosa, AL 35403

800-476-0677

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

### **Delta Dental Customer Service**

*(Dental provider for Viva Health Plan)*

800-521-2651

# Open Enrollment Information

The Public Education Employees' Health Insurance Plan (PEEHIP) welcomes you to this year's Open Enrollment Packet. This packet is an important part of our commitment to provide PEEHIP members with valuable information about their health care benefits. This packet is designed to make it easy for you to find all the information you need to make an informed decision about your health plan selections. Please read this packet carefully and keep it with your other PEEHIP and retirement materials. We encourage you to review your PEEHIP coverage(s) and choose the plans that are right for you. **This is your once-a-year opportunity to enroll, make changes or terminate coverage during the 2009 Open Enrollment period. Open Enrollment begins July 1, 2009, and will end by the following deadlines:**

- ◆ The deadline for submitting **paper** Open Enrollment forms is **August 31, 2009**. Any paper forms postmarked after August 31, 2009, will not be accepted.
- ◆ The deadline for submitting **online** Open Enrollment changes is midnight of **September 10, 2009**. After September 10, 2009, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed.
- ◆ The deadline for enrollment or re-enrolling in a **Flexible Spending Account** online or on paper is **September 30, 2009**.
- ◆ No changes in coverage or tobacco status can be made from a phone call.

**Effective Date of Coverage:** All open enrollment elections approved by PEEHIP will have an effective date of **October 1, 2009**.

**New Open Enrollment web page:** PEEHIP created a new Open Enrollment web page designed to make it easy for you to find all the information you need to make an informed decision about your health plan selections. You will find FAQs, tutorials, deadlines, Open Enrollment Packets and other pertinent information about open enrollment. Go to [www.rsa-al.gov/PEEHIP/open-enroll.html](http://www.rsa-al.gov/PEEHIP/open-enroll.html) to learn more.

**Open Enrollment Packets:** The 2009-2010 packets will be made available on the new PEEHIP Open Enrollment web page by July 1, 2009. **IMPORTANT:** Beginning with the upcoming 2009-2010 Open Enrollment, PEEHIP will **not** be mailing an Open Enrollment packet to its members. Instead, active and retired members can view and/or download a copy of the Open Enrollment packet from the PEEHIP Open Enrollment web page at [www.rsa-al.gov/PEEHIP/open-enroll.html](http://www.rsa-al.gov/PEEHIP/open-enroll.html). Members can make their insurance changes through the online system at [www.rsa-al.gov](http://www.rsa-al.gov). For those members who do not have internet access and cannot download the information, an open enrollment packet can be mailed if the member contacts RSA Member Services at 877-517-0020.

**This year, make your Open Enrollment changes online!** Say good-bye to paperwork as PEEHIP's Member Online Services offers a simple, convenient way to enroll for and make change to your benefits electronically. **Almost one-third of all open enrollments submitted last year were made online and we anticipate and encourage a huge increase in online enrollments this year!** The online system is fast, free, secure and accurate! The online system operates in real-time so by the time you receive your Confirmation page, your open enrollment elections are already processed and in our system. Your Confirmation page confirms the date and time that your elections were saved and submitted to PEEHIP; gives a recap of your elections; displays your actual PEEHIP coverages; and provides your premium calculation so that you will know what your monthly out-of-pocket premium will be! **We encourage you to use the online system to make your Open Enrollment changes this year!**

## Helpful information about Open Enrollment:

- ◆ If you wish to continue the current insurance coverage you are enrolled in and do **not** want to make changes to your PEEHIP Hospital Medical or Optional Coverage plans, **members do not need to complete new forms**. You will automatically remain in your present insurance coverage.
- ◆ **Exception:** Eligible members must re-enroll each year to renew the **Flexible Spending Accounts, Federal Poverty Level Premium (FPL) discount**, or to re-enroll in the **PEEHIP CHIP** plan as these programs do not automatically renew each year without a new application. To re-enroll in the Flex plan, you can use the form in the back of this handbook or use the Member Online System at [www.rsa-al.gov](http://www.rsa-al.gov). Retired members are not eligible to enroll in the Flexible Spending plans. To re-enroll in the CHIP or FPL, you must complete the appropriate application in the back of this packet.
- ◆ Members enrolling in new insurance plans should receive their new ID cards no later than the last week in September.
- ◆ The new payroll deduction for changes made to your PEEHIP insurance coverage during Open Enrollment will be reflected in your September paycheck.
- ◆ All members covered by PEEHIP insurance should review their paycheck stub each month to ensure the proper amount has been deducted for their PEEHIP premiums.
- ◆ Active members electing to enroll in the Flexible Spending Accounts will have their first Flex contribution amount deducted from their October paycheck.
- ◆ All of the Open Enrollment forms are in the back of this packet and a self-addressed envelope is provided for your convenience.
- ◆ You are not required to complete the Tobacco Certification form every year unless you or your spouse have a change in your tobacco usage status. You can certify changes in tobacco usage status to PEEHIP by completing the tobacco usage questions on the HEALTH INSURANCE AND OPTIONAL STATUS CHANGE form and mail the form to the PEEHIP office.
- ◆ Waiting periods for pre-existing conditions will be waived for all new coverages effective October 1, 2009.

# New PEEHIP Policies, Benefit and Premium Changes Effective October 1, 2009

## Prescription Drug Changes

### ◆ *Expansion of the Step Therapy Program*

The PEEHIP prescription drug program includes Step Therapy for certain medications. Step Therapy is organized in a series of “steps” with your doctor approving your medications every step of the way. The first step drugs are usually the therapeutically equivalent generic drugs, and the second and third step drugs are generally the brand-name drugs. The Step Therapy program was implemented to keep PEEHIP sound and premiums and copayments at a reasonable and affordable level.

The PEEHIP Board in May 2009 approved an expansion of the Step Therapy drug program by adding three new drug classes effective October 1, 2009. The expansion of the Step Therapy will apply to new prescriptions written on or after **October 1, 2009**. Members who are currently taking the brand-name medications will be grandfathered in and will not be subject to the step therapy process if there has not been more than a 130-day lapse in the purchase dates. The drug classes and names of the medications that are part of the PEEHIP Step Therapy program can be found on the RSA Web site.

The Board also approved enhancements to an existing Step Therapy drug class effective June 1, 2009. Enhancements to the ARB drug class of the Step Therapy Program involve changing this drug class to a three-step program. This means that all of the non-preferred drug brands that were in Step 2 will move to the new Step 3. The preferred drugs that were in Step 2 will remain in Step 2. Members who are currently taking the preferred and non-preferred brand medications will be grandfathered in and will not be subject to the step therapy process if there has not been more than a 130-day lapse in the purchase dates. This drug class and the names of the medications that are part of this drug class in the PEEHIP Step Therapy program can be found on the RSA Web site.

### ◆ *Quantity Level Limit (QLL)*

Effective October 1, 2009, the PEEHIP Board approved certain medications to be included in the Drug Quantity Management program for the following conditions: Asthma, Allergies, Bone Conditions, Depression, Diabetes, Nausea/Vomiting, Heartburn/Ulcers, High Blood Pressure, High Blood Cholesterol, Hormone Supplementation, Infections, Mood Stabilizers, Migraines, Narcotics, Pain, Skin Conditions, and Urinary Conditions. Drug Quantity Management (DQM) is a program in your pharmacy benefit that is designed to make the use of prescription drugs safer and more affordable. It provides medicines you need for your health and the health of your family, while making sure you receive medication in the amount or quantity considered safe.

For the medications included in this program, you can receive an amount to last you a certain number of days. For instance, the program will provide a maximum of 30 pills for a medicine you take once a day. This gives you the right amount to take the daily dose considered safe and effective, according to guidelines from the U.S Food & Drug Administration (FDA). This program includes drugs that could have safety issues for you if the quantity is larger than the guidelines recommend. For instance, it includes drugs that are not easily measured out, like nasal sprays or inhalers. Additionally, the program also controls the cost of “extra” supplies that could go to waste in your medicine cabinet. Drugs that come in several strengths are also included in this program.

When you take fewer doses of a higher strength, you save because you pay fewer copayments. PEEHIP can save also as taking your prescribed dose in a higher strength pill also helps save costs because PEEHIP pays for fewer pills. By saving on drug costs, we can continue to control the rising cost of prescription drugs for everyone in the PEEHIP plan. All members taking one or more of these medications for a quantity greater than the new quantity level limit and who had or will have claims filed during the period February 1, 2009, through September 30, 2009, will receive notification in writing prior to the October 1, 2009, effective date of the quantity level limit change. This change does not affect drugs on the PEEHIP Maintenance List.

**Flu Medications – Quantity Level Limit (QLL) Changes.** The PEEHIP prescription plan covers the antiviral medications **Tamiflu** and **Relenza** in quantities that are safe and effective and the plan utilizes a “per prescription” QLL that will cover one course of treatment per prescription copayment. Additionally, PEEHIP utilizes a “per days supply” QLL of two treatments per flu season. Clinical overrides on the QLL are available for patients who travel to flu-infected locales and for patients needing additional courses of therapy if there has been a CDC-confirmed influenza outbreak in their community. To obtain a clinical override, the doctor’s office may call the ESI Prior Authorization Department toll free at 800-347-5841 for a Prior Authorization Review. These QLLs are needed to avert over-utilization of antiviral medications which can contribute to viral resistance, making these medications ineffective, and to prevent inappropriate increases in demand for these medications that are available in limited supplies if a widespread influenza outbreak were to occur.

### **Premium Changes**

The PEEHIP Board voted in May 2009 to keep the out-of-pocket premium rates for the PEEHIP Hospital Medical coverage for active and retired members at the same level as the premium rates for the 2008-2009 plan year. Members who retired on or after October 1, 2005, may experience rate adjustments because their premiums are subject to the sliding scale. Sliding scale premiums are based on years of service and the cost of the insurance program. Also, non-Medicare members and dependents may experience a modest increase in premium rates effective January 1, 2010, if the Medicare Part B premium increases.

Active members who are not tobacco users will continue to pay \$2 per month for single hospital medical coverage and \$134 per month for family hospital medical coverage or Viva Health Plan. The \$752 monthly allocation amount that is currently funded by the Education Trust Fund (ETF) for each active employee will remain the same for the new plan year beginning October 1, 2009.

Due to statute or Board policy, the rates applicable to COBRA, Leave of Absence and Surviving Spouse as well as to the tobacco surcharge will increase effective October 1, 2009, as follows:

**COBRA and Leave of Absence Rates:** Effective October 1, 2009, the monthly premium for members enrolled in COBRA or on a leave-of-absence plan will increase to \$405 per month for the single hospital medical coverage and \$968 per month for the family coverage. The supplemental plan will increase to \$135 per month.

**Surviving Spouse Rates:** Effective October 1, 2009, the monthly premium for surviving spouses enrolled in hospital medical coverage will increase as follows:

- ◆ Single coverage and less than age 65: \$598
- ◆ Family coverage and surviving spouse and dependent are both less than age 65: \$730
- ◆ Family coverage and surviving spouse is less than age 65 and dependent is age 65 or older: \$689
- ◆ Single coverage and age 65 or older: \$313
- ◆ Family coverage and surviving spouse is age 65 or older and dependent is less than age 65: \$445
- ◆ Family coverage and surviving spouse and dependent are both age 65 or older: \$404

**Tobacco Surcharge:** The monthly tobacco premium for a covered member or spouse will increase to \$25 per month on October 1, 2009. The tobacco surcharge applies to the hospital medical plan and Viva Health Plan and not to the optional coverage plans. The PEEHIP Board policy regarding the tobacco surcharge requires that the tobacco premium be raised each year by the same percentage increase as the medical inflation rate.

### **Worksite Wellness Program**

The PEEHIP Board voted to discontinue the PEEHIP Worksite Wellness Program and the Weight Watchers program for PEEHIP members. However, members can still receive a free flu vaccination through the Worksite Wellness program but can not receive the free health screenings or the discount on the Weight Watchers program. These programs will end October 1, 2009, or earlier if the funding is not available.

## Member Online Services – It’s Fast, FREE, Secure and Accurate!

PEEHIP’s new and improved Member Online Services offers a simple, convenient way to enroll for and make changes to your benefits electronically. **Almost one-third of all open enrollments submitted last year were made online and we anticipate and encourage a huge increase in online enrollments this year!** The online system is fast, free, secure and accurate and operates in real-time. By the time you receive your Confirmation page, your Open Enrollment elections are already processed and in our system. Your Confirmation page confirms the date and time that your elections were saved and submitted to PEEHIP; gives a recap of your elections; displays your actual PEEHIP coverages; and provides your premium calculation so that you will know what your monthly out-of-pocket premium will be! **We encourage you to use the online system to make your Open Enrollment changes this year!**

The Open Enrollment link to enroll online will be available beginning July 1, 2009, and remain available through the **entire** Open Enrollment period ending September 10, 2009. To make your open enrollment elections online:

1. Go to [www.rsa-al.gov](http://www.rsa-al.gov) and click Member Online Services
2. Enter your User ID and Password at the Log In page
3. If you do not have a User ID and Password, click “Register Now” and follow the onscreen prompts to create your own User ID and Password
4. Once you successfully log in, click the link “Enroll or Change PEEHIP Coverages” from the PEEHIP menu found at the left of your screen
5. Click the open enrollment option and then click Continue and follow the on-screen prompts until you receive your Confirmation page

No more paper forms, envelopes, stamps or last minute runs to the post office when you use the RSA’s Member Online Services system! RSA and PEEHIP continually strive to improve the services we provide to our members. Use the electronic Member Online Services system and we all benefit in terms of greater efficiency and effectiveness as well as savings in time and costs!

### PEEHIP Members Can Do the Following Online:

- ◆ **Year Round:**
  - ◇ View your Current Coverages
  - ◇ View and/or Update your Contact Information (address, phone number, email and marital status)
  - ◇ Update your Student Dependent’s Status
- ◆ **During Open Enrollment (for an October 1 effective date):**
  - ◇ Enroll, Change or Cancel your Hospital Medical Plan
  - ◇ Enroll, Change or Cancel your Optional Coverage Plans (cancer, dental, indemnity and vision)
  - ◇ Add, Update or Cancel your Other (non-PEEHIP) Group Insurance Coverage Information
  - ◇ Enroll or Re-enroll in Flexible Spending Accounts
  - ◇ Add or Update your Medicare Information
  - ◇ Add or Update Retiree Employer Information
  - ◇ Update your and your Spouse’s Tobacco Usage Status
  - ◇ Update your Student Dependent’s Status
  - ◇ Add Dependent(s) to Coverage such as a newborn child or new spouse
  - ◇ Cancel Dependent(s) from Coverage
- ◆ **Outside of Open Enrollment - Coverage for new dependents can be added through the online system for the following four Qualifying Life Events (QLE) (for an effective date of the date of the event or the 1st of the month following the date of the event):**
  - ◇ Adoption of a Child
  - ◇ Birth of a Child
  - ◇ Legal Custody of a Child
  - ◇ Marriage of a Subscriber

# Premium Rates

## PEEHIP Premium Rates 2009 – 2010 Plan Year

The following monthly premiums are effective October 1, 2009 - September 30, 2010. **These premium rates do not include the \$25 monthly tobacco surcharge.**

### Full-time Active Members

#### PEEHIP Hospital Medical or HMO Plan

Coverage	Allocation - Cost to State	Monthly Out-of-Pocket Cost
Single \$754	\$752	\$ 2
Family \$886	\$752	\$134

#### COBRA and Leave of Absence Rates

Single	\$405
Family	\$968

### Retired Members

The premiums listed in the charts below show a retiree's out-of-pocket cost after subtracting the retiree allocation. These rates apply only to members who retired prior to October 1, 2005, or members who retired on or after October 1, 2005, with 25 years of service. All members who retired on or after October 1, 2005, are subject to the Retiree Sliding Scale premium based on years of service. These retirees may experience a rate adjustment effective October 1, 2009. The sliding scale premium rates can be found on the PEEHIP Web site at [www.rsa-al.gov](http://www.rsa-al.gov). Click on Premiums and then Retiree Sliding Scale Premium Rates. **Also, non-Medicare members and dependents may experience a modest increase in premium rates effective January 1, 2010.**

Type of Contract	*Retiree Monthly Out-of-Pocket Premium	Cost to State on Behalf of the Retiree
Individual Coverage/ Non-Medicare Eligible Retired Member	\$ 97.54	\$500.46
Family Coverage/Non-Medicare Eligible Retired Member and Non-Medicare Eligible Dependent(s)	\$284.94	\$836.06
Family Coverage/Non-Medicare Eligible Retired Member and Dependent Medicare Eligible	\$188.54	\$723.46
Individual Coverage/ Medicare Eligible Retired Member	\$ 1.14	\$311.86
Family Coverage/Medicare Eligible Retired Member and Non-Medicare Eligible Dependent(s)	\$188.54	\$647.46
Family Coverage/Medicare Eligible Retired Member and Dependent Medicare Eligible	\$ 92.14	\$534.86

  

Out-of-Pocket if Retiree and Retired Spouse Combine Allocations	*Retiree Monthly Out-of-Pocket Premium	Cost to State on Behalf of the Retiree
Retiree <65, Dependent <65	\$164.94	\$956.06
Retiree <65, Dependent >65	\$ 68.54	\$843.46
Retiree >65, Dependent <65	\$ 68.54	\$767.46
Retiree >65, Dependent >65	\$ 0.00	\$627.00

*\*This rate applies to the PEEHIP Hospital Medical or the Viva Health Plan and is the monthly amount that will be deducted from a retiree's check. The VIVA Health Plan is not available to retired members who are Medicare eligible or dependents who are Medicare eligible.*

## Surviving Dependent Monthly Premiums for the 2009-2010 Plan Year

Type of Contract	Monthly Premium for PEEHIP Hospital Medical or the VIVA Health Plan
Individual Coverage/Non-Medicare-eligible Survivor	\$598
Family Coverage/Non-Medicare-eligible Survivor and Non-Medicare-eligible Dependents	\$730
Family Coverage/Non-Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$689
Individual Coverage/Medicare-eligible Survivor	\$313
Family Coverage/Medicare-eligible Survivor and Non-Medicare-eligible Dependent(s)	\$445
Family Coverage/Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$404
Optional (Each)	\$38

If a husband or wife retired on or after October 1, 2005, and they decide to combine their insurance allocations and carry family coverage, the out-of-pocket costs must be calculated by a PEEHIP or TRS counselor because of the infinite combinations of rates. It is usually more cost effective for a husband and wife who are both PEEHIP eligible to combine their allocations and carry family coverage instead of carrying two individual policies.

The state allocation can be used to purchase the PEEHIP Supplemental Plan or **two** optional plans at no cost to the retiree if the retiree is not using the allocation for one of the hospital medical plans or combining allocations. Additional optional plans can be purchased for \$38.00 per month per plan. Full-time active members can use their allocation to purchase the PEEHIP Supplemental Plan or **four** Optional Plans in lieu of the hospital medical plan.

### Optional Coverage: Active and Retired Members

Cancer	\$38/month	Individual or Family Coverage
Indemnity	\$38/month	Individual or Family Coverage
Dental	\$38/month	Individual or Family Coverage
Vision	\$38/month	Individual or Family Coverage

If a member or dependent is under age 65 and eligible for Medicare coverage due to a disability, the PEEHIP office must receive a copy of the Medicare card before the premiums can be reduced. However, PEEHIP will pay secondary to Medicare once our office becomes aware of your Medicare eligibility regardless of whether our office has received your Medicare card. Medicare eligible members and dependents should have Medicare Part A and Part B to have adequate coverage with PEEHIP.

Medicare rules require a Medicare-eligible, active PEEHIP member who is covered on their spouse's PEEHIP **retired** contract to have Medicare as the primary payer on the active PEEHIP member. Therefore, the active Medicare-eligible member will need Medicare Part A and Part B coverage.

If the active member does not want Medicare as his or her primary payer and does not want to enroll in Medicare Part B until retirement, he or she will have to be insured on their own PEEHIP **active** contract and will not be able to combine allocations with the retired PEEHIP-eligible spouse. When the active Medicare-eligible member retires, he or she will need to enroll in Medicare Part B. The effective date of Medicare Part B needs to be the date of retirement to avoid a lapse in coverage. Active members must wait and enroll during Open Enrollment.

# **PEEHIP HOSPITAL MEDICAL COVERAGE (Administered by Blue Cross)** (Coverage for Active Members and Non-Medicare Eligible Retirees)

## **Hospital Benefits** (Administered by Blue Cross)

- ◆ Inpatient Hospitalization: Services are covered in full for 365 days without a dollar limit.
- ◆ Deductible: \$100 for each admission. You are also responsible for the difference between private and semi-private accommodations and other non-medical items, such as TV, phone, etc.
- ◆ Preadmission Certification (PAC): All admissions will be subject to Preadmission Certification by completing a BLUE CROSS BLUE SHIELD OF ALABAMA PREADMISSION CERTIFICATION form. Emergency admissions must be certified by the first business day following the admission by calling 800-354-7412.
- ◆ Inpatient Rehabilitation: Coverage in a rehabilitation facility limited to one admission per illness or accident; one per lifetime with a 60-day maximum. Precertification is required.
- ◆ Outpatient Hospital Charges: \$75 facility copay for outpatient surgery and \$25 facility copay for medical emergencies and hemodialysis. There is no copay required for accident related services rendered within 72 hours after the accident.

## **Major Medical Benefits** (Administered by Blue Cross)

- ◆ Deductible: \$100 deductible per person per calendar year; maximum of 3 deductibles per family per year.
- ◆ Maximum: \$1,000,000 lifetime maximum for each covered member.
- ◆ Coinsurance: After you pay the \$100 deductible, the plan pays 80% of the Usual Customary Rates (UCR) of covered expenses for the first \$2,000 and 100% UCR thereafter.
- ◆ Covered Services: Physician services for medical and surgical care when you do not use a PMD physician; laboratory and X-rays, (outpatient MRI's must be precertified); ambulance service; blood and blood plasma; oxygen, casts, splints and dressings; prosthetic appliances and braces; podiatrist services; physical therapy; allergy testing and treatments; semi-private room and other hospital care after basic hospital benefits expire.

## **Preferred Medical Doctor (PMD)**

- ◆ \$3 Copay Per Test: Outpatient diagnostic lab and pathology (including pap smears).
- ◆ \$20 Copay Per Visit: Doctor's office visits and consultations; one routine preventive visit each year for adults age 19 and over.

## **PPO Blue Card Benefits** (Out-of-State Providers)

- ◆ The Blue Card PPO program offers "PMD-like" benefits when members access out-of-state providers if the physician or hospital is a participant in the local Blue Cross PPO program in that state. This program allows members to receive PMD benefits such as well baby care, routine physicals and routine mammograms when accessing out-of-state PPO providers.

## **Non-Participating Hospitals and Outpatient Facilities**

- ◆ Currently there are no non-participating inpatient or outpatient facilities in Alabama. However, when choosing a hospital or outpatient facility located outside Alabama, you may want to consider checking with the facility first to determine if they are a Blue Cross and Blue Shield participating provider. With your health plan benefits, you have the freedom to choose your health care provider.
- ◆ To maximize your coverage and minimize your out-of-pocket expenses, you should always use network providers for services covered by your health plan. Your out-of-pocket expenses will be significantly higher in a non-participating hospital or facility. When you choose a network provider, you don't have to worry about extra out-of-pocket expenses.

## **Out-of-Country Coverage**

- ◆ If you receive medical treatment outside of the United States and the services are medically necessary, PEEHIP will pay primary under the major medical benefits. All PEEHIP deductible and coinsurance amounts and contract limitations will apply. The claims must be stated in U.S. dollars and filed with Blue Cross of Alabama.

## **Pharmacy Program** (Administered by Express Scripts)

- ◆ Participating Pharmacy: When you choose a Participating Pharmacy you pay the following:
  - ◆ \$5 for any covered generic prescription drug
  - ◆ \$30 for any covered preferred brand drug (The preferred brand drug list can be found on the PEEHIP Web site at [www.rsa-al.gov](http://www.rsa-al.gov).)
  - ◆ \$50 for any covered non-preferred brand drug
- ◆ Participating pharmacies will file all claims for you. Most major pharmacy chains in-state and out-of-state participate with the PEEHIP Express Scripts prescription drug plan.

- ◆ Members and covered dependents must use Curascripts for all specialty medications.
- ◆ The PEEHIP prescription drug plan includes Step Therapy and prior authorization for certain medications.

### **Non-Participating Pharmacy**

- ◆ There are no benefits if you use a non-participating pharmacy in Alabama.
- ◆ Coverage outside Alabama: You will file the claim and be reimbursed at the Participating Pharmacy rate less the appropriate copay.

### **Excluded Services**

- ◆ Coverage is not provided for nursing home costs, vision and dental care (except accidental injuries), cosmetic surgery, hearing aids and experimental procedures.

### **Wellness Program** *(Administered by the Alabama Department of Public Health)*

Members and dependents covered by the PEEHIP Hospital Medical Plan, Viva Health Plan or optional plans can receive flu vaccinations by the Public Health Department nurses at different sites during the year. However, the health screening tests and Weight Watchers programs have been discontinued effective October 1, 2009, or sooner if the funding is depleted. The PEEHIP Wellness Program includes a smoking cessation toll-free Quitline (800-784-8669) which is available 24-hours a day providing live counseling from 8:00 a.m. until 8:00 p.m., Monday through Friday.

### **PEEHIP MEDICARE PLUS (Administered by Blue Cross)** *(Coverage for Medicare Eligible Retirees)*

This plan is a supplement to hospital and medical benefits provided under Medicare Parts A and B and is available to Medicare eligible retirees. This coverage is similar in nature to C-Plus and other Medicare supplemental insurance plans. It provides hospital and non-hospital benefits as outlined below. This plan does not provide benefits for custodial care such as help in walking, eating, bathing and dressing. Members must have Medicare Part A and Part B, and Medicare must be your primary payer for claims. Most Medicare eligible members and dependents should not enroll in the new Medicare Part D program if they are also enrolled in the PEEHIP Medicare Plus Coverage.

#### **PEEHIP Hospital Benefits** *(Administered by Blue Cross)*

<b>Benefit</b>	<b>Medicare Pays</b>	<b>PEEHIP Pays</b>	<b>YOU Pay</b>
Inpatient Hospital Charges	All but the Part A deductible per admission. All but applicable coinsurance after 60 days.	All but \$100 per admission. Applicable coinsurance after 60 days.	A \$100 deductible and any personal charges (such as private room, telephone, TV, etc.).

#### **PEEHIP Non-Hospital Benefits**

<b>Benefit</b>	<b>Medicare Pays</b>	<b>PEEHIP Pays</b>	<b>YOU Pay</b>
Outpatient Hospital Charges	80% of Medicare's approved amount after the Medicare Part B deductible.	20% of Medicare's approved amount after the member meets Medicare Part B deductible and the \$20 copay for physician visit.	The Part B deductible, a copay up to \$20 for physician visits, any charges not covered by Medicare or PEEHIP, and charges above the Medicare allowable amount when using unassigned providers.

### **Pharmacy Program** *(Administered by Express Scripts)*

- ◆ Participating Pharmacy: When using a Participating Pharmacy you pay the following:
  - ◇ \$5 for any covered generic prescription drug
  - ◇ \$30 for any covered preferred brand drug (The preferred brand drug list can be found on the PEEHIP Web site at [www.rsa-al.gov](http://www.rsa-al.gov).)
  - ◇ \$50 for any covered non-preferred brand drug
- ◆ Participating pharmacies will file all claims for you. Most major pharmacy chains in-state and out-of-state participate with the PEEHIP Express Scripts prescription drug plan.
- ◆ Members and covered dependents must use Curascripts for all specialty medications.
- ◆ The PEEHIP prescription drug plan includes Step Therapy and prior authorization for certain medications.

## Non-Participating Pharmacy

- ◆ There are no benefits if you use a non-participating pharmacy in Alabama.
- ◆ Coverage outside Alabama: You will file the claim and be reimbursed at the Participating Pharmacy rate less the appropriate copay.

## Out-of-State Coverage

- ◆ When you receive medical treatment outside Alabama, Medicare of that state is responsible for the payment of the claim. When you receive the Explanation of Medicare Benefits statement from that state, you must send Blue Cross a copy of the statement attached to a completed claim form in order for Blue Cross to consider the charges for payment. Always list your identification number on the claim form. Claim forms can be found on the PEEHIP Web site at [www.rsa-al.gov](http://www.rsa-al.gov).

## Out-of-Country Coverage

- ◆ If you receive medical treatment outside the United States, Medicare may not make payment. In this situation, if the services are medically necessary, PEEHIP will pay primary under the major medical benefits. All PEEHIP deductible and coinsurance amounts and contract limitations will apply. The claims must be stated in U.S. dollars and filed with Blue Cross of Alabama.

## Non-Participating Hospitals and Outpatient Facilities

- ◆ Currently there are no non-participating inpatient or outpatient facilities in Alabama. However, when choosing a hospital or outpatient facility located outside Alabama, you may want to consider checking with the facility first to determine if they are Blue Cross and Blue Shield participating providers. With your health plan benefits, you have the freedom to choose your health care provider.
- ◆ To maximize your coverage and minimize your out-of-pocket expenses, you should always use network providers for services covered by your health plan. Your out-of-pocket expenses will be significantly higher in a non-participating hospital or facility. When you choose a network provider, you don't have to worry about extra out-of-pocket expenses.

## Excluded Services

- ◆ Coverage is not provided for nursing home costs, charges in excess of Medicare allowed charges, vision and dental care (except accidental injuries), cosmetic surgery, hearing aids, and experimental procedures.

## Viva Health Plan Option

### Description of Plan

The VIVA Health Plan is a Hospital Medical plan option available to active employees and non-Medicare-eligible retirees who do not have Medicare-eligible dependents; in addition, the members must live in the VIVA Health service area listed below and use providers in the VIVA Health network.

In addition to medical benefits, the VIVA Health plan option also includes dental benefits, vision benefits, and an extensive formulary. Except in situations described below, all care must be received from Participating Physicians. With VIVA Health, PEEHIP members have access to 69 hospitals and over 5,200 physicians statewide. A brief explanation of benefits is below, and a comparison of the two plan options is on page 15.

**The VIVA Health plan is not available to retired members who are Medicare eligible or to Medicare-eligible dependents.**

### Hospital Benefits

- ◆ Inpatient Hospitalization: Services are covered in full for 365 days without a dollar limit
- ◆ Copay: \$200 for each admission. You are also responsible for the difference between private and semi-private accommodations and other non medical items such as TV, phone, etc.
- ◆ Prior Authorization: All inpatient admissions require authorization from VIVA Health prior to receiving services. Emergency admissions must be certified within 24 hours or as soon as reasonably possible for the admission to a covered service.
- ◆ Inpatient Rehabilitation: Coverage in a rehabilitation facility requires a referral from a Participating Physician and prior approval of the Medical Director. Coverage is limited to 60 days per calendar year and is covered 100% by VIVA Health
- ◆ Outpatient Hospital Charges: \$75 facility copay for outpatient surgery and \$50 copay for emergency room services. The emergency room copay is waived if admitted to hospital within 24 hours.

## Major Medical Benefits

- ◆ There is no deductible on this plan
- ◆ Maximum: \$1,000,000 lifetime maximum benefit per member
- ◆ Covered Services: Physician service for medical and surgical care when you use a Participating Physician; diagnostic, x-ray, and laboratory procedures; ambulance services; blood and blood plasma; oxygen, casts, splints and dressings; prosthetic appliances and braces; physical therapy; allergy testing and physician services; semi-private room and other hospital care after basic hospital benefits expire.

## Participating Physicians

- ◆ \$0 copay per test after physician visit copay has been paid. Includes outpatient diagnostic, x-ray, and laboratory procedures
- ◆ \$15 copay for Primary Care Physician visit
- ◆ \$30 copay for Specialty Care. No referral required.

## Dental Benefits

- ◆ Deductible:\$50 per person/\$150 per family deductible applies to Basic & Major Services
- ◆ Maximum: \$500 Calendar year maximum
- ◆ Type I Diagnostic/Preventive Services: 100% coverage of maximum plan allowance (MPA). Services include routine oral exams, fluoride treatments (children under 19), cleanings, x-rays (limitations may apply), sealants, and space maintainers
- ◆ Type II Basic Services: 50% coverage of MPA. Services include fillings, simple extractions, palliative services, general anesthesia, and non-surgical periodontics
- ◆ Type III Major Services: 25% coverage of MPA and a 12 month waiting period. Services include major restorative (crowns, bridges, and dentures), denture repair, endodontics (root canals), surgical periodontics, and surgical oral surgery (includes surgical extractions).

## Vision Exam Benefits

- ◆ Copay: One routine exam per year is covered in full after member pays a \$30 copay. Other treatments are covered when medically necessary for the treatment of illness or injury.
- ◆ Does not require a PCP referral

## Pharmacy Program

- ◆ Participating Pharmacy: When you choose a Participating Pharmacy you pay the following:
  - ◇ \$12 copay for any covered generic prescription drug
  - ◇ \$25 for any covered preferred brand drug
  - ◇ \$45 for any covered non-preferred brand drug
- ◆ Participating pharmacies will file all claims for you.
- ◆ Specialty drugs are covered 90% by VIVA Health, and members have an out of pocket maximum of \$1,000 per member per calendar year for biological drugs, biotechnical drugs, and specialty pharmaceuticals.
- ◆ \$3,000 maximum payment in drug costs per plan year per person.

## Non Participating Hospitals and Outpatient Facilities

- ◆ When choosing a Hospital, Outpatient Facility, or Provider you should first check to see if they are a participating provider/facility with VIVA Health. Your health plan benefits gives you the freedom to choose your healthcare provider among VIVA Health's contracted providers/facilities.
- ◆ To maximize your coverage and minimize your out-of-pocket expenses, you should always use network providers for services covered by your health plan. Your out-of-pocket expenses will be significantly higher in a non-participating hospital or facility. When you choose a network provider, you don't have to worry about extra out-of-pocket expenses.

## Non-Participating Pharmacy

- ◆ There are no benefits if you use a non-participating pharmacy in Alabama

## Excluded Services

- ◆ Coverage is not provided for cosmetic surgery, hearing aids, or experimental procedures. Other excluded services are listed in the Certificate of Coverage

## Service Area

Coverage with VIVA Health is available in the following areas:

Autauga	Chilton	Dekalb	Marion	Tuscaloosa
Baldwin	Clarke	Elmore	Mobile	Walker
Bibb	Cleburne	Fayette	Monroe	Washington
Blount	Conecuh	Greene	Montgomery	Winston
Bullock	Coosa	Hale	Perry	
Butler	Cullman	Jefferson	St. Clair	
Calhoun	Dale	Lawrence	Shelby	
Cherokee	Dallas	Madison	Talladega	

## PEEHIP SUPPLEMENTAL COVERAGE PLAN

### (Administered by Blue Cross)

The supplemental hospital medical plan will:

- ◆ Provide secondary coverage to the members and covered dependent(s) when primary coverage is provided by another employer.
- ◆ Only active and non-Medicare eligible retiree members are eligible to enroll in the Supplemental Plan.
- ◆ There is no premium cost for the plan when the member uses the state allocation for the Supplemental Plan.
- ◆ The Supplemental Plan covers most deductibles, copayments, and coinsurance not covered by the primary plan.
- ◆ Participants may elect individual or family coverage.
- ◆ PEEHIP hospital medical plan exclusions and limitations continue to be imposed such as exclusions for dental coverage, cosmetic surgery, limitation on infertility treatment, etc.
- ◆ The Supplemental Plan does not cover or pick up any cost of services excluded by the primary plan because the plan is strictly a supplemental plan.
- ◆ The Supplemental Plan cannot be used as a supplement to Medicare, the PEEHIP hospital medical plan, or the State or Local Governmental plans administered by the State Employees' Insurance Board (SEIB).
- ◆ The Supplemental Plan only supplements your primary insurance plan by covering the copay, deductible and/or coinsurance of your primary insurance plan or the preferred/participating allowance, whichever is less.
- ◆ To be eligible for reimbursement under the PEEHIP Supplemental Coverage Plan, the primary insurance plan must have either 1) applied the eligible charges to the deductible, or 2) made primary payment for the services rendered.
- ◆ For inpatient mental health and substance abuse services, there is a maximum allowance of 30 total days per member per plan year.
- ◆ For outpatient mental health and substance abuse services, there is a maximum allowance of 10 visits per member per plan year.
- ◆ The PEEHIP Supplemental Coverage Plan does not pay for amounts in excess of the allowed amount for services rendered by a non-preferred provider, amounts in excess of the maximums provided under the primary insurance plan, any services denied by the primary insurance plan, or any penalties or sanctions imposed by the primary insurance plan.
- ◆ PEEHIP members cannot be enrolled in the PEEHIP hospital medical plan and the PEEHIP Supplemental Plan.

# PEEHIP CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) (Administered by Blue Cross)

The following outlines PEEHIP's policies and procedures for determining when children of PEEHIP members qualify for CHIP:

- ◆ Member must be enrolled in the individual PEEHIP hospital medical plan.
- ◆ Member cannot carry family PEEHIP hospital medical plan and CHIP.
- ◆ Children must be under 19 years of age, eligible for the PEEHIP hospital medical plan coverage, and not in an institution.
- ◆ PEEHIP does not cover maternity benefits for dependent children in the PEEHIP hospital medical plan or in the CHIP plan. **PEEHIP does not cover dental or vision benefits in the PEEHIP hospital medical or in the CHIP plan.**
- ◆ Application is received during Open Enrollment or at the time of a qualifying event that would allow adding or deleting family coverage outside of Open Enrollment.
- ◆ Application must be accompanied by a complete, signed copy of the member's latest Federal Income Tax Return, along with copies of all pertinent W-2's and 1099's. If the member is married but filed a separate return, a copy of the spouse's latest Federal Income Tax Return, along with copies of all pertinent W-2's and 1099's, is also required.
- ◆ Application is prescreened for accuracy of the income records in relation to the income reported to the TRS for the member.
- ◆ Application is prescreened to determine if the child/children are covered by Medicaid. If the child/children are covered by Medicaid, they are not eligible for CHIP coverage.
- ◆ Family size is determined by the total number of persons who are exemptions on the Federal Tax Return.
- ◆ Income is determined as Total Income before any adjustment or deductions on the Federal Tax Return.
- ◆ **The income range for qualifying for the CHIP plan is 100% to 300% of the current Federal Poverty Level per family size. The Federal Poverty Level by family size is updated annually in February. PEEHIP will update the ranges used each Open Enrollment with the most current ranges issued.**
- ◆ If the applicant is determined to be under the income/family size qualification, the applicant will be notified of potential Medicaid eligibility.
- ◆ If the applicant is determined to be within the income/family size qualifications, the applicant's children under age 19 will be enrolled in CHIP.
- ◆ The yearly premium is \$50 per child with a maximum of \$150 yearly premium for three (3) or more children.
- ◆ If the application is determined to be over the income/family qualification, the applicant will be notified that he or she does not qualify for CHIP.
- ◆ Enrollment in the CHIP plan is only applicable for the year ending each September 30. **Eligible Members must re-enroll each Open Enrollment.**
- ◆ Coverage in the PEEHIP CHIP plan will terminate on the last day of the month in which any of the following events occur: covered child is no longer eligible as a dependent under CHIP, death of the covered child, nineteenth birthday of the covered child, notification to PEEHIP that covered child becomes covered by other health insurance, member enrolls in the family PEEHIP hospital medical or member terminates employment and, as a result, enrolls in the PEEHIP COBRA plan.

## OPTIONAL PLANS (Administered by Southland National)

*(Cancer, Dental, Hospital Indemnity, and Vision)*

There are four Optional plans offered through PEEHIP. A synopsis of these plans is provided below. More detailed information will be provided to those who enroll in the plan(s). Claims administration is provided through the Southland National Insurance Company. All Optional plans must be retained for the entire insurance year, i.e. until September 30. New employees employed during the Open Enrollment period cannot enroll in the Optional plans on their date of employment and cancel the plans October 1 of that same year.

If a member is enrolled in more than one of the Optional plans, the contracts must be all family or all single plans. Members enrolled in family optional plans cannot change to single Optional plans outside of the Open Enrollment period unless all dependent(s) become ineligible due to age, death or divorce. Listed below are merely summaries of benefits for the Optional plans. Members should refer to the PEEHIP Member Handbook for detailed information and limitations.

### Cancer Plan

- ◆ This plan covers cancer disease only.
- ◆ Benefits are provided regardless of other insurance.
- ◆ Benefits are paid directly to the insured unless assigned.
- ◆ Coverage provides \$250 per day for the first 90 consecutive days of hospital confinement, \$500 per day thereafter.
- ◆ Actual surgical charges are paid up to the amounts in the surgical schedule.
- ◆ The lifetime maximum benefit for radiation and chemotherapy coverage is \$10,000. This benefit covers actual charges for cobalt therapy, x-ray therapy, or chemotherapy injections (excluding diagnostic tests).
- ◆ Benefits are also provided for Hospice care, anesthesia, blood and plasma, nursing services, attending physician, prosthetic devices, and ambulance trips.

## Dental Plan

- ◆ This plan covers diagnostic and preventative services, as well as basic and major dental services.
- ◆ Diagnostic and preventative services are not subject to a deductible and are covered at 100% (based on Alabama reasonable and customary charges). These services include: oral examinations, teeth cleaning, fluoride applications for insured children up to age 19, space maintainers, x-rays, and emergency office visits.
- ◆ Routine cleaning visits are limited to two times per plan year.
- ◆ Basic and major services are covered at 80% for individual coverage and 60% for family coverage with a \$25 deductible for family coverage (based on the Usual Customary Rates (UCR) for Alabama). These services include: fillings, general anesthetics, oral surgery not covered under a Group Medical Program, periodontics, endodontics, dentures, bridgework, and crowns.
- ◆ The family coverage deductible for basic and major services is applied per person, per plan year with a maximum of three (3) per family.
- ◆ All dental services are subject to a maximum of \$1,250 per year for individual coverage and \$1,000 per person per year for family coverage. Dental coverage does not cover pre-existing dentures or bridgework, nor does it provide orthodontia benefits.
- ◆ The dental coverage does not cover the replacement of natural teeth removed before a member's coverage is effective.
- ◆ This plan does not cover temporary partials, implants, or temporary crowns.
- ◆ The dental plan administered by Southland National also offers a money-saving network program known as DentaNet. Under the DentaNet program, members have the opportunity to use network dentists but still have the freedom to use any dentist.
- ◆ Dental benefits under this plan will always be paid secondary to other dental plans.

## Hospital Indemnity Plan

- ◆ This plan provides a per-day benefit when the insured is confined to the hospital.
- ◆ The In-Hospital Benefit is \$150 per day for individual coverage and \$75 per day for family coverage.
- ◆ In-hospital benefits are limited to 365 days per covered accident or illness.
- ◆ Intensive care benefit is \$300 per day for individual coverage; \$150 per day for family coverage.
- ◆ Convalescent care benefit is \$150 per day for individual coverage; \$75 per day for family coverage.
- ◆ Convalescent care benefits are limited to a lifetime benefit of 90 days. This plan does not cover assisted living facilities.
- ◆ Cancer and maternity admissions are covered as any other illness.
- ◆ There is supplemental accident coverage for \$1,000. The reimbursement for an accident(s) is limited to a maximum of \$1,000 per contract year for each covered individual. There is no limit on the number of accident claims that can be filed per contract year.

## Vision Care Plan

This plan provides coverage for:

- ◆ One examination in any 12-month period (actual charges up to \$40)
- ◆ One new prescription or replacement prescription for lenses per plan year (up to \$50 for single vision, \$75 for bifocals, \$100 for trifocals, and \$125 for Lenticular)
- ◆ One new prescription or replacement of contacts per plan year (up to \$100 for contact lenses)
- ◆ One new or replacement set of frames per plan year (up to \$60)
- ◆ Either glasses or contacts, but not both in any plan year
- ◆ Disposable contact lenses
- ◆ Vision benefits under this plan will always be paid secondary to other vision plans.

Remember, this is only a summary of benefits. Members should refer to the appropriate benefit booklet for detailed information and limitations.

## Coordination of Benefits

If an employee is enrolled in the dental and/or vision plans provided by PEEHIP and is also entitled to any other dental or vision coverage, the total amount that is payable under all plans will not be more than 100% of the covered expenses. In addition, PEEHIP will coordinate benefits with other dental and vision coverages. A member must correctly complete the Additional Group Health Insurance Coverage Information section of the HEALTH INSURANCE AND OPTIONAL ENROLLMENT APPLICATION and update PEEHIP when changes are made.

Members and dependents are legally required to notify PEEHIP of other coverage. Also, employers must inform PEEHIP when other insurance coverage of any kind is provided to employees by their system. Claims incurred and filed on the PEEHIP dental and vision plans administered by Southland National are always paid secondary to other dental and vision plans.

## **Flexible Spending Accounts** *(Administered by Blue Cross)*

The PEEHIP Flexible Spending Accounts program is available to all **active** members of PEEHIP. Retired members are not eligible to participate in any of the Flexible Spending Accounts. The PEEHIP Flexible Spending Accounts consist of the following three programs:

1. **Premium Conversion Plan** requires all active members to pay premiums for PEEHIP using pre-tax dollars. This plan is strictly a function of the payroll system in which the member no longer has to pay federal and state of Alabama income taxes on their health insurance premium.
2. **Dependent Care Flexible Spending Account** allows eligible active members the opportunity to pay dependent care expenses using pre-tax dollars.
3. **Health Care Flexible Spending Account** allows eligible employees to set aside tax-free money in an account to pay themselves back for eligible health care expenses incurred by them and their dependents.

The open enrollment deadline for the Flexible Spending Accounts is September 30, 2009, for an effective date of October 1, 2009. Members who are currently enrolled in a Flexible Spending Account through their employer are allowed to enroll in the PEEHIP spending accounts at the end of their employer's plan year. **To continue the Flex Plan, members currently enrolled in the PEEHIP Flexible Spending Accounts must re-enroll every year.** These programs do not automatically renew each year.

To enroll in the Flexible Spending Accounts, members must complete the FLEXIBLE SPENDING ACCOUNT ENROLLMENT APPLICATION located in the back of this packet and return the form to the PEEHIP office prior to October 1, 2009. Members can also easily enroll in the Flexible Spending Accounts by using the Member Online Services system at [www.rsa-al.gov](http://www.rsa-al.gov). More information is available at [www.bcbsal.org/peehip1/preferredBlue/index.cfm](http://www.bcbsal.org/peehip1/preferredBlue/index.cfm).

Listed below are some of the eligible expenses that can be paid from your Flexible Benefits Account:

### Health Care Flexible Spending Account

- ◆ Prescription drug co-pays as well as over-the-counter medications
- ◆ Physician co-pays
- ◆ Vision care including Lasik and Prelex surgery
- ◆ Hearing care
- ◆ Deductibles
- ◆ Orthodontia
- ◆ Coinsurance

### Dependent Care Flexible Spending Account

- ◆ Licensed nursery school and day care facilities for children
- ◆ Child care in or outside your home
- ◆ Day care for an elderly or disabled dependent

To determine how much per year you want to contribute to your Flexible Spending Account(s), you should assess what your expenses were the year before and determine if these expenses will occur again and then add in any new expenses. Your annual contributions must be whole dollars. The maximum annual amount for the Dependent Care Account is \$5,000 if single or married filing a joint return or \$2,500 if married filing a separate return; and \$5,000 for the Health Care Account. The funds are deducted from your pay before taxes are withheld and deposited into your account.

If your medical and/or dental insurance is with any PEEHIP medical or optional plan, your out-of-pocket expenses for medical and/or dental services will automatically apply to your Flexible Spending Account. If you have medical, dental or secondary coverage with another insurance plan, you will need to file a REQUEST FOR REIMBURSEMENT form with appropriate documentation and provide documentation of what the other carrier paid.

The out-of-pocket money is reimbursed to you from your account. You may even elect to have it deposited directly into your checking or savings account. Amounts unused and unspent in the Health Care Flexible Spending Account as of September 30 can be used to pay for out-of-pocket medical expenses incurred during the 2 ½ month grace period ending December 15. Expenses for both the Health Care Flexible Spending Account and Dependent Care Flexible Spending Account can be submitted to Blue Cross by January 15 following the end of the plan year. If you do not use the money in your account from the previous plan year by the end of the grace period, you will lose it.

**COMPARISON OF BENEFITS**  
**EFFECTIVE OCTOBER 1, 2009 – SEPTEMBER 30, 2010**

*(Changes are in bold)*

	<b>PEEHIP - Traditional Plans</b> (Administered by Blue Cross) Preferred Providers	<b>VIVA Health Plan*</b> (In approved areas only) (Available for Active and Non-Medicare Members Only.)
<b>Preventive Medical</b>	\$20 copayment then covered in full	\$15 copayment then covered in full
Well Baby Care	\$20 copayment per visit (6 visits 1st year; 1 visit/yr. thru age 6; one exam every 2 yrs ages 7 - 18)	\$15 copayment then covered in full
Routine Immunizations	\$20 copayment then covered in full	\$15 copayment then covered in full
<b>Office Care</b>		
Physician's Care	\$20 per visit	\$15 per visit for primary care. \$30 for specialty care. Referrals are no longer necessary.
Lab Procedure	\$3 per test	Covered in full (after office visit copayment)
<b>Maternity</b>		
Physician's Care	Covered in full	\$30 copayment (initial visit only) then covered in full
Inpatient	\$100 hospital copayment	Covered in full after \$200 copayment
Hospital Services	\$100 copayment per admission	\$200 copayment per admission
Outpatient Surgery	\$75 copayment	\$75 copayment, then covered in full
<b>In-Hospital Care</b>		
Surgeon	Covered in full	Covered in full
Physician Visits	Covered in full	Covered in full
Anesthesiologist	Covered in full	Covered in full
<b>Emergency</b>		
In Area/Out of Area Emergency Room	\$25 per visit, accident within 72 hours covered 100%	\$50 emergency room visit for facility, waived if admitted within 24 hours; Physician's charges covered at 100%.
<b>Mental Health and Substance Abuse</b>		
Inpatient	Copayments: Days 1-9 \$0, days 10-14 \$15, days 15-19 \$20, days 20-24 \$25, days 25-30 \$30. Maximum of 30 days per member per fiscal year at approved facilities. Limit of one substance abuse admission per year and two admissions per lifetime.	Mental Health covered at 50%. Maximum benefit for mental health is 30-day combined maximum for mental health/substance abuse per calendar year. Substance abuse is limited to detox only. Maximum of 3 days/occurrence with 50% coverage.
Outpatient	\$10 copayment for up to 20 outpatient visits at approved facilities.	100% coverage after \$50 copayment per visit. Subject to 20-visit combined maximum for mental health/substance abuse per calendar year.

	<b>PEEHIP - Traditional Plans</b> (Administered by Blue Cross) Preferred Providers	<b>VIVA Health Plan*</b> (In approved areas only) (Available for Active and Non-Medicare Members Only.)
Prescription Drugs	<p>(Administered by Express Scripts.)</p> <p>Generic - \$5 copayment</p> <p>Formulary (preferred brand name) drugs \$30 copayment.</p> <p>Non-formulary (non-preferred brand name) drugs \$50 copayment.</p> <p>Approved Maintenance drugs covered for 90-day supply. First fill for a new maintenance drug will be a 30-day supply.</p> <p><b>Certain medications have quantity level limits to comply with the FDA guidelines and to ensure drug safety for our members.</b></p> <p><b>Certain medications are subject to Step Therapy.</b></p> <p><b>Prior authorizations are required before covered members can receive certain medications.</b></p> <p>No benefits available when a non-participating pharmacy in the State of Alabama is used. Out-of-State non-participating pharmacies are paid at the participating pharmacy rate. Members pay difference in cost plus appropriate copayments.</p> <p>Pharmacists must dispense generic drug unless physician indicates in longhand writing on the prescription "Do Not Substitute", "Medically Necessary", or "Dispense as Written."</p>	<p>Generic - \$12 copayment</p> <p>Brand Name - *\$25 preferred brand (formulary)</p> <p>*\$45 non-preferred (non-formulary)</p> <p>*When an appropriate grade generic is available and brand name is chosen, the copayment will be the brand name copayment plus the cost differential between the brand and generic drugs.</p> <p>50% coverage for Mental Health drugs.</p> <p>90% coverage for self-administered injectibles, bio-technical and biological drugs.</p> <p>\$3,000 maximum payment in drug costs, per plan year, per person.</p> <p>Participating pharmacies only. Mail Order pharmacy is available.</p> <p>Oral contraceptives are covered subject to the appropriate copayment.</p>

<b>PEEHIP - Traditional Plans</b> (Administered by Blue Cross) Preferred Providers		<b>VIVA Health Plan*</b> (In approved areas only) (Available for Active and Non-Medicare Members Only.)
<b>Other Services</b>		
Out-of-State Coverage for Non-PPO Provider	Major Medical benefits apply - payable at 80% UCR after \$100 yearly deductible	Only Emergency and Urgent Care Services and Prescription Benefits available
Out-of-State Coverage for PPO Provider	\$20 copayment per visit. Members must use providers participating in the Blue Cross plan of that State.	N/A
Vision Examinations	Not Covered	Covered in full once each 12 months after a \$30 copayment with participating provider.
Dental	Not Covered	<p>The Dental Plan allows you to seek treatment from any licensed dentist. The plan reimburses a percentage of eligible expenses based on usual, customary and reasonable (UCR) fees.</p> <p><b>The VIVA dental benefit is administered by Delta Dental.</b></p> <p>Type I – Preventive &amp; Diagnostic – 100% of UCR</p> <p>Type II – Basic Services – 50% of UCR</p> <p>Type III – Major Services** - 25% of UCR</p> <p>Deductible (applies to Basic &amp; Major Services) - \$50 per person/\$150 per family</p> <p>Calendar Year Max - \$500</p> <p>**12-month Waiting Period applies to Major Services</p>
Spinal Service & Chiropractic Services	<p>Participating Chiropractor – Covered at 80% of the allowed amount with no deductible. After 12 visits in a calendar year, services are subject to precertification.</p> <p>Non-participating Chiropractor- Covered under major medical at 80% of allowed amount. Member will owe 20% coinsurance, major medical deductible and charges over allowed amount.</p>	<p>Limited to 10 visits per calendar year.</p> <p>\$30 copayment per visit.</p>
Infertility Services	<p>Benefits for medically necessary infertility services are available for artificial insemination and related services.</p> <p>Benefits for medications for infertility treatment are provided with a 50% copay up to a lifetime maximum payment of \$2,500 for PEEHIP per member contract. Members will pay 100% of the medications after the \$2,500 lifetime maximum is reached. Benefits are not provided for Assisted Reproductive Technology (ART).</p>	<p>Coverage for infertility services is limited to initial consultation and one counseling session only. Testing is limited to semen analysis, HSG and endometrial biopsy (covered once during the Member’s lifetime). Treatment for infertility is not a Covered Service.</p>

\* VIVA Health Plan: No referral from a primary care physician (PCP) is required.  
Members must select a PCP and use participating physicians and specialists. Members must use participating hospitals.

# **Important Notice from Public Education Employees' Health Insurance Plan (PEEHIP) About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PEEHIP and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan or keep your PEEHIP drug coverage. If you are considering joining a Medicare drug plan, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEEHIP has determined that the prescription drug coverage offered by the PEEHIP is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing PEEHIP coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

## ***When Can You Join A Medicare Drug Plan?***

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## ***What Happens To Your Current PEEHIP Coverage If You Decide to Join A Medicare Drug Plan?***

If you do decide to join a Medicare drug plan and drop your PEEHIP drug plan, your current PEEHIP drug coverage will terminate on the date that you enroll in a Medicare drug plan. Please be aware that you and your covered dependents will lose the PEEHIP drug coverage and you will not be able to get this coverage back until you drop the Medicare Part D coverage. You cannot have PEEHIP prescription drug coverage and Part D coverage at the same time.

If you enroll in a Medicare drug plan, you and your dependents will still be eligible for your current PEEHIP **health** benefits but will have no **prescription drug** coverage under PEEHIP.

## ***When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?***

You should also know that if you drop or lose your current coverage with PEEHIP and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

## ***For More Information About This Notice Or Your Current Prescription Drug Coverage...***

Contact the PEEHIP office at 877-517-0020 for further information. NOTE: You will receive this notice each year and you may request a copy of this notice at any time.

## ***For More Information About Your Options Under Medicare Prescription Drug Coverage...***

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- ◆ Visit [www.medicare.gov](http://www.medicare.gov)
- ◆ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- ◆ Call 800-MEDICARE (800-633-4227). TTY users should call 1-877-486-2048.

An exception may apply to certain “low-income” individuals who may be eligible for prescription drug subsidies, and thus may be better off applying for a subsidy and Part D (two separate steps). For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 800-772-1213 (TTY 800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

## Notice to Enrollees in a Self-Funded Non-Federal Governmental Group Health Plan

Under a Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirements listed below. However, the law also permits State and local governmental employers that sponsor health plans to elect to exempt a plan from these requirements for any part of the plan that is “self-funded” by the employer, rather than provided through a health insurance policy. The Public Education Employees’ Health Insurance Board has elected to exempt the **Public Education Employees’ Health Insurance Program** from the following requirements:

3. Prohibitions against discriminating against individual participants and beneficiaries based on health status. A group health plan may not discriminate in enrollment rules or in the amount of premiums or contributions it requires an individual to pay based on certain health status-related factors: health status, medical condition (physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability, and disability.
4. Parity in the application of certain limits to mental health benefits. Group health plans (of employers that employ more than 50 employees) offering mental health benefits may not set annual or lifetime dollar limits on mental health benefits that are lower than limits for medical and surgical benefits. A plan that does not impose an annual or lifetime dollar limit on medical and surgical benefits may not impose that type of limit on mental health benefits. These requirements do not apply to benefits for substance abuse or chemical dependency.

The exemption from these federal requirements will be in effect for the plan year beginning October 1, 2009. The election will be for every subsequent plan years.

HIPAA also requires the Plan to provide covered employees and dependents with a “certificate of creditable coverage” when they cease to be covered under the Plan. There is no exemption from this requirement. The certificate provides evidence that you were covered under this Plan, because if you can establish your prior coverage, you may be entitled to certain rights to reduce or eliminate a preexisting condition exclusion if you join another employer’s health plan, or if you wish to purchase an individual health insurance policy.

For more information regarding this notice, please contact PEEHIP.

# FORMS

Mail forms to: Public Education Employees' Health Insurance Plan  
P.O. Box 302150  
Montgomery, AL 36130-2150

A self-addressed envelope is included in this packet to return forms to PEEHIP. Do not send any forms to Blue Cross Blue Shield, VIVA, or Southland National. When completing these forms, make sure the name of the subscriber and dependents is the same as the name on their Social Security card. Forms may also be downloaded from our Web site at [www.rsa-al.gov](http://www.rsa-al.gov).

**HEALTH INSURANCE AND OPTIONAL ENROLLMENT APPLICATION** – This form is to be used if you are: a **new** employee; an active or retired member who is **not** enrolled in any coverage; or an active or retired member who wants to **enroll** in one or more Optional Coverage Plans that you are not enrolled in, or are not enrolled in a Hospital Medical Plan and want to enroll. Any **changes** to existing coverages are to be made on the HEALTH INSURANCE AND OPTIONAL STATUS CHANGE form.

**HEALTH INSURANCE AND OPTIONAL STATUS CHANGE** – This form is to be used if you are an active or retired member currently enrolled in PEEHIP and you want to make changes to your existing coverage, and/or to certify or change your or your spouse's tobacco status. Examples: change from single to family coverage or vice-versa; cancel coverage; change your Hospital Medical Plan; add or cancel a dependent to or from family coverage. **Important:** You must provide the Requested Effective Date or the form will be returned to you for completion.

**FLEXIBLE SPENDING ACCOUNT ENROLLMENT APPLICATION** – This form is to be used if you are an **active** member and you wish to enroll or re-enroll in the Health Care and/or Dependent Care Flexible Spending Accounts. **Important:** You must re-enroll in these programs **every year** as these programs will **not** automatically renew each year without a new enrollment application. The **Health Care Account** allows members to pay for non-covered health care expenses with pre-tax dollars. The **Dependent Care Account** allows members to pay for dependent care expenses with pre-tax dollars.

**FLEXIBLE SPENDING ACCOUNT STATUS CHANGE** – This form is to be used if you are an **active** member and you enrolled or re-enrolled in a Flexible Spending Account(s) during Open Enrollment and subsequently wish to make a **change** to the annual contribution amount of your Flexible Spending Account(s) **before** the end of Open Enrollment or during the year if you have a qualifying life event.

**FEDERAL POVERTY LEVEL ASSISTANCE (FPL) APPLICATION AND CHILDREN'S HEALTH INSURANCE PLAN (CHIP) APPLICATION** – This form is to be used by eligible active and retired members to apply for the FPL premium discount and/or to enroll or re-enroll in the PEEHIP CHIP plan. **Members must re-enroll in these programs every year.** These programs will not automatically renew each year without a new application.

## IMPORTANT FOR NEW EMPLOYEES

The HEALTH INSURANCE AND OPTIONAL ENROLLMENT APPLICATION must be completed within 30 days of the member's employment date.

# ONLINE FORMS

PEEHIP's new and improved **Member Online Services** offers a simple, convenient way to enroll for and make changes to your benefits electronically in one integrated process. The online system is fast, free, secure and accurate! Just click the Member Online Services link from the RSA web site at [www.rsa-al.gov](http://www.rsa-al.gov) and enter your User ID and Password to access the online system. If you do not already have these, just click "Register Now" at the Log In screen and follow the on-screen prompts to create your own User ID and Password. **We encourage you to use the online system to make your Open Enrollment changes this year! During your online session you will receive your monthly out-of-pocket premium calculation, and at the end of your online session you will receive a Confirmation page confirming that your open enrollment elections were successfully saved and submitted to PEEHIP.**

## PEEHIP Members Can Do the Following Online:

- ◆ **During Open Enrollment (for an October 1 effective date):**
  - ◇ Enroll, Change or Cancel your Hospital Medical Plan
  - ◇ Enroll, Change or Cancel your Optional Coverage Plans (cancer, dental, indemnity and vision)
  - ◇ Add, Update or Cancel your Other (non-PEEHIP) Group Insurance Coverage Information
  - ◇ Enroll or Re-enroll in Flexible Spending Accounts
  - ◇ Add or Update your Medicare Information
  - ◇ Add or Update Retiree Employer Information
  - ◇ Update your and your Spouse's Tobacco Usage Status
  - ◇ Update your Student Dependent's Status
  - ◇ Add Dependent(s) to Coverage such as a newborn child or new spouse

- ◇ Cancel Dependent(s) from Coverage
- ◆ **Outside of Open Enrollment** - Coverage for new dependents can be added through the online system for the following four **Qualifying Life Events (QLE) (for an effective date of the date of the event or the 1st of the month following the date of the event):**
  - ◇ Adoption of a Child
  - ◇ Birth of a Child
  - ◇ Legal Custody of a Child
  - ◇ Marriage of a Subscriber
- ◆ **Year Round:**
  - ◇ View your Current Coverages
  - ◇ View and/or Update your Contact Information (address, phone number, email and marital status)
  - ◇ Update your Student Dependent's Status



# HEALTH INSURANCE AND OPTIONAL ENROLLMENT APPLICATION



**Public Education Employees' Health Insurance Plan**  
**P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150**  
**334-517-7000 or 877-517-0020**  
**Web site: [www.rsa-al.gov](http://www.rsa-al.gov)**

**Check One:**

- Active Member  
 Retired Member

This form is to be used to enroll in new coverages.

Any other changes are to be made on the Health Insurance and Optional Status Change Form.  
 In lieu of completing and mailing this form, you can make your changes online using the Web site above.

**Please print and complete the front and back of form.**

PEEHIP Subscriber Information					
<i>Name must be entered as shown on your Social Security card.</i>					
Social Security Number ____-____-____		First Name		Middle Name/Initial	Last Name
Mailing Address			City	State	ZIP Code
Date of Birth ____/____/____	Home Phone ____-____-____	Work Phone ____-____-____	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed					
Employer/School System				Date of Employment ____/____/____	
<b>Have you or your spouse used tobacco products within the last 12 months?*</b> <input type="checkbox"/> Yes <input type="checkbox"/> No      Member      Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					

*\*This information is required for enrollment.*

PEEHIP Coverage Information	
<i>For an effective date of coverage other than October 1, there is a 270 day waiting period for pre-existing conditions unless proof of previous coverage is received and approved by the PEEHIP office.</i>	
<b>Basic Hospital/Medical</b> <i>(Select only one of the three plans)</i> <b>Note:</b> PEEHIP plans are administered by Blue Cross and Blue Shield of AL Coverage Type: <input type="checkbox"/> PEEHIP Hospital/Medical <input type="checkbox"/> PEEHIP Hosp/Med Supplemental** <i>(see Group Health on back)</i> <i>This plan is not a Medicare supplement &amp; differs from Optional Plans.</i> <input type="checkbox"/> VIVA Health Plan (HMO) <input type="checkbox"/> Single or <input type="checkbox"/> Family	<b>Optional Coverage(s)</b> <i>(administered by Southland National)</i> <b>Note:</b> Optional plans must be all Single or all Family Coverage Type(s): <input type="checkbox"/> Cancer <input type="checkbox"/> Dental <input type="checkbox"/> Indemnity <input type="checkbox"/> Vision <input type="checkbox"/> Single or <input type="checkbox"/> Family <b>Requested Effective Date</b> ____/____/____ <i>(required)</i>
<b>Requested Effective Date</b> ____/____/____ <i>(required)</i> Primary Care Physician <i>(HMO only)</i>	
<b>Optional coverage(s) must be retained for one year until the following October 1. The PEEHIP office will not automatically cancel any coverage(s). All cancellations must be indicated on the Health Insurance Status Change form.</b>	

Dependent Information <i>(only required for family coverage)</i>					
<b>Note:</b> Social Security Number is required for all dependents. <i>Name must be entered as it appears on the Social Security card.</i> Enrollments cannot be processed without the appropriate documentation as explained in the Member Handbook for any starred (*) items.					
Name of Dependent <i>(First, MI, Last)</i>	Social Security Number	Date of Birth	Relationship to Subscriber	Sex	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Common-Law*	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ Marriage Date
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* <i>(must complete other side)</i> <input type="checkbox"/> Handicapped*
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* <i>(must complete other side)</i> <input type="checkbox"/> Handicapped*
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* <i>(must complete other side)</i> <input type="checkbox"/> Handicapped*
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* <i>(must complete other side)</i> <input type="checkbox"/> Handicapped*
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* <i>(must complete other side)</i> <input type="checkbox"/> Handicapped*

**Student Verification** (only necessary to complete for dependent children **between the ages of 19 and 25**)

If full-time student, list dependent's first name and university, college, or accredited vocational school.

Name	School	Term Attending	Hours Enrolled
Name	School	Term Attending	Hours Enrolled

**Combining of Allocations**

Allocations can only be combined at certain times and only if your spouse is independently eligible for PEEHIP.

I wish to  transfer  receive the state insurance allocation  to  from my spouse.

Spouse's Social Security Number: \_\_\_\_\_ Effective Date of Combining Allocations: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional (Non-PEEHIP) Group Health Insurance Coverage Information\*\***This section must be completed if the member elects the PEEHIP Supplemental Plan **or** if the member or dependent(s) have other group health, dental, or vision coverage currently in effect.

Name of Insurance Company	Policy Number
Name of Policy Holder	Relationship to Policy Holder
Policy Effective Date ____/____/____	Type of Coverage <input type="checkbox"/> Single <input type="checkbox"/> Family

**Medicare Information**

This section must be completed if you or your dependents are eligible for Medicare.

Name	Medicare Card Number
Check the Medicare Part(s) for which you are eligible: <input type="checkbox"/> Part A-Effective: ____/____/____ <input type="checkbox"/> Part B-Effective: ____/____/____ <input type="checkbox"/> Part D*-Effective: ____/____/____	
Name	Medicare Card Number
Check the Medicare Part(s) for which you are eligible: <input type="checkbox"/> Part A-Effective: ____/____/____ <input type="checkbox"/> Part B-Effective: ____/____/____ <input type="checkbox"/> Part D*-Effective: ____/____/____	

*\*If you are enrolled in Medicare Part D, you are not eligible for the PEEHIP prescription drug plan coverage.***Retiree Other Employer Information**

The following fields must be completed by PEEHIP members who retire after September 30, 2005.

Pursuant to Act 2004-649, if you retire after September 30, 2005, and become employed by another employer and the other employer provides at least 50% of the cost of single health insurance coverage, you are required to use the other employer's health benefit plan for primary coverage. You may enroll in the PEEHIP Supplemental Plan or the PEEHIP Optional Plans.

Are you employed?  Yes  No If yes, please complete the employer information below.

Employer	Date of Employment ____/____/____	Last Day Employed ____/____/____	
Mailing Address	City	State	ZIP Code

Are you eligible for health insurance with your employer?  Yes  NoIf yes, will your employer pay at least 50% of the cost of single health insurance coverage?  Yes  No

Name of Insurance Company	Policy Effective Date ____/____/____	Type of Coverage <input type="checkbox"/> Single <input type="checkbox"/> Family
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**PEEHIP Subscriber Certification**

Under penalties of perjury, I declare that I have examined this form and statements, and to the best of my knowledge and belief, they are true and correct. I further understand that there is mandatory utilization review and I do hereby release any information necessary to evaluate, administer and process claims for benefits to any person, entity or representative acting on the Plan's behalf. I also agree to periodic tobacco usage testing and agree to notify the PEEHIP office if my or my spouse's tobacco status changes or if my employment status changes. I also agree to have premiums deducted from my retirement check or paycheck for any prior months that are due but were not deducted at the proper time.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please mail the completed form to the address located on the front of this form.**

# HEALTH INSURANCE AND OPTIONAL STATUS CHANGE



**Check One:**

- Active Member  
 Retired Member

**Public Education Employees' Health Insurance Plan**  
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150  
334-517-7000 or 877-517-0020  
Web site: [www.rsa-al.gov](http://www.rsa-al.gov)

This form is to be used to make changes to your existing insurance coverages and to certify or change your tobacco status.  
In lieu of completing and mailing this form, you can make your changes online using the Web site above.

**Please print and complete the front and back of form.**

### PEEHIP Subscriber Information

Name must be entered as shown on Social Security card. **All address changes must be made on the Retirement Systems of Alabama Address Change forms.**

Social Security Number ____-____-____	First Name _____	Middle Name/Initial _____	Last Name _____
Date of Birth ____/____/____	Daytime Phone ____-____-____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Legally <input type="checkbox"/> Member <input type="checkbox"/> Spouse

**Have you or your spouse used tobacco products within the last 12 months?\***  Yes  No  Yes  No

*\*This information is required for enrollment.*

Please complete the following fields if you have changed your name or changed employers.

Previous Full Name (First, MI, Last) / Previous School System _____	New Full Name (First, MI, Last) / New School System _____	Date of Employment Transfer ____/____/____
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### PEEHIP Coverage Information

For an effective date of coverage other than October 1, there is a 270 day waiting period for pre-existing conditions unless proof of previous coverage is received and approved by the PEEHIP office. The PEEHIP office will not automatically cancel any coverage(s). **All cancellations must be indicated on the Health Insurance Status Change form.**

Coverage Type: (Only check boxes requiring a change)	PEEHIP Hosp/Med	PEEHIP Supplemental	VIVA HMO	(Optional plans must be all Single or all Family)			
				Cancer	Dental	Indemnity	Vision
Change from Single to <b>Family</b> Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add dependent(s) listed below to Family Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancel Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change from Family to <b>Single</b> Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancel dependent(s) listed below from Family Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Requested Effective Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date must be included or form will be returned)  
**Note: You will be billed for prorata premiums or for premiums that are not deducted.**

### Reason for Status Change(s)

Changes cannot be processed without the appropriate documentation as explained in the member handbook for starred (\*) items. **Active members must have an IRS qualifying event to cancel their hospital medical or change their coverage outside of Open Enrollment because their premiums are pre-taxed.**

- |   |   |
|---|---|
| <input type="checkbox"/> Adoption of a child* (need adoption papers)                  | <input type="checkbox"/> Legal custody of a child* (need custody papers)    |
| <input type="checkbox"/> Birth of a child* (need birth certificate)                   | <input type="checkbox"/> Marriage* (need marriage certificate)              |
| <input type="checkbox"/> Death of spouse/dependent* (need death certificate)          | <input type="checkbox"/> Marriage of dependent child                        |
| <input type="checkbox"/> Dependent age 19 or older changing student status*           | <input type="checkbox"/> Open Enrollment                                    |
| <input type="checkbox"/> Dependent loss of coverage* (need proof of loss of coverage) | <input type="checkbox"/> Termination of spouse/dependent employment*        |
| <input type="checkbox"/> Divorce/Annulment* (need divorce decree)                     | <input type="checkbox"/> Commencement of spouse/dependent employment*       |
|   | <input type="checkbox"/> Medicare/Medicaid entitlement* (need copy of card) |

**Date change occurred (Required)** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Dependent Information (only required for family coverage)

**Note:** Social Security Number is required for all dependents. Name must be entered as it appears on the Social Security card. Enrollments cannot be processed without the appropriate documentation as explained in the Member Handbook for any starred (\*) items.

Name of Dependent (First, MI, Last)	Social Security Number	Date of Birth	Relationship to Subscriber	Sex	
			<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Common-Law*	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ Marriage Date
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* (must complete other side) <input type="checkbox"/> Handicapped*
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* (must complete other side) <input type="checkbox"/> Handicapped*
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* (must complete other side) <input type="checkbox"/> Handicapped*
			<input type="checkbox"/> Biological <input type="checkbox"/> Adopted* <input type="checkbox"/> Step* <input type="checkbox"/> Other*	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Student* (must complete other side) <input type="checkbox"/> Handicapped*

**Student Verification** (only necessary to complete for dependent children **between the ages of 19 and 25**)*If full-time student, list dependent's first name and university, college, or accredited vocational school.*

Name	School	Term Attending	Hours Enrolled
Name	School	Term Attending	Hours Enrolled

**Combining of Allocations***Allocations can only be combined at certain times and only if your spouse is independently eligible for PEEHIP.*I wish to  transfer  receive the state insurance allocation  to  from my spouse.

Spouse's Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Effective Date of Combining Allocations: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Additional (Non-PEEHIP) Group Health Insurance Coverage Information**This section must be completed if the member elects the PEEHIP Supplemental Plan **or** if the member or dependent(s) have other group health, dental, or vision coverage currently in effect.

Name of Insurance Company	Policy Number
Name of Policy Holder	Relationship to Policy Holder
Policy Effective Date ____/____/____	Type of Coverage <input type="checkbox"/> Single <input type="checkbox"/> Family

**Medicare Information**

This section must be completed if you or your dependents are eligible for Medicare.

Name	Medicare Card Number
Check the Medicare Part(s) for which you are eligible: <input type="checkbox"/> Part A-Effective: ____/____/____ <input type="checkbox"/> Part B-Effective: ____/____/____ <input type="checkbox"/> Part D*-Effective: ____/____/____	
Name	Medicare Card Number
Check the Medicare Part(s) for which you are eligible: <input type="checkbox"/> Part A-Effective: ____/____/____ <input type="checkbox"/> Part B-Effective: ____/____/____ <input type="checkbox"/> Part D*-Effective: ____/____/____	

*\*If you are enrolled in Medicare Part D, you are not eligible for the PEEHIP prescription drug plan coverage.***Retiree Other Employer Information**

The following fields must be completed by PEEHIP members who retire after September 30, 2005.

Pursuant to Act 2004-649, if you retire after September 30, 2005, and become employed by another employer and the other employer provides at least 50% of the cost of single health insurance coverage, you are required to use the other employer's health benefit plan for primary coverage. You may enroll in the PEEHIP Supplemental Plan or the PEEHIP Optional Plans.

Are you employed?  Yes  No If yes, please complete the employer information below.

Employer	Date of Employment ____/____/____	Last Day Employed ____/____/____	
Mailing Address	City	State	ZIP Code

Are you eligible for health insurance with your employer?  Yes  NoIf yes, will your employer pay at least 50% of the cost of single health insurance coverage?  Yes  No

Name of Insurance Company	Policy Effective Date ____/____/____	Type of Coverage <input type="checkbox"/> Single <input type="checkbox"/> Family
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**PEEHIP Subscriber Certification**

Under penalties of perjury, I declare that I have examined this form and statements, and to the best of my knowledge and belief, they are true and correct. I further understand that there is mandatory utilization review and I do hereby release any information necessary to evaluate, administer and process claims for benefits to any person, entity or representative acting on the Plan's behalf. I also agree to periodic tobacco usage testing and agree to notify the PEEHIP office if my or my spouse's tobacco status changes or if my employment status changes. I also agree to have premiums deducted from my retirement check or paycheck for any prior months that are due but were not deducted at the proper time.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

# FLEXIBLE SPENDING ACCOUNT ENROLLMENT APPLICATION

## ACTIVE MEMBERS ONLY

**Public Education Employees' Health Insurance Plan**  
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150  
334-517-7000 or 877-517-0020

Web site: [www.rsa-al.gov](http://www.rsa-al.gov)



In lieu of completing and mailing this form, you can make your changes online using the Web site above.

### PEEHIP Subscriber Information

*Name must be entered as shown on your Social Security card.*

Social Security Number  _____-_____-_____	First Name	Middle Name/Initial	Last Name
Mailing Address		City	State      ZIP Code
Date of Birth  ____/____/____	Home Phone  ____-____-_____	Work Phone  ____-____-_____	

### Healthcare Flexible Spending Account Information

I wish to enroll in the Health Care Flexible Spending Account.  Yes     No

Monthly Contribution Amount    \$ \_\_\_\_\_ × 12 months =    \$ \_\_\_\_\_ Annual Contribution Amount.

I understand that:

- PEEHIP will divide this amount by 12 (pay periods) and will reduce my pay by this amount during those pay periods during the plan year.
- Do not include health insurance premiums in your annual election amount.
- The maximum annual amount cannot exceed \$5,000 and the minimum annual amount is \$120.

### Dependent Care Flexible Spending Account Information

I wish to enroll in the Dependent Care Flexible Spending Account.  Yes     No

Monthly Contribution Amount    \$ \_\_\_\_\_ × 12 months =    \$ \_\_\_\_\_ Annual Contribution Amount.

I understand that:

- PEEHIP will divide this amount by 12 (pay periods) and will reduce my pay by this amount during those pay periods during the plan year.
- Do not enroll in the Dependent Care Flexible Spending Account for reimbursement of out-of-pocket medical costs for dependents. You must use the Healthcare Flexible Spending Account instead.
- The maximum annual amount cannot exceed:
  - \$5,000 if single or married filing a joint return, or
  - \$2,500 if married filing a separate return.
- The minimum annual amount is \$120.
- Remember to factor in the summer childcare costs.

### PEEHIP Subscriber Certification

I understand that:

- I cannot change or revoke any of my elections on this compensation redirection agreement at any time during the plan year (Oct. 1 – Sep. 30) unless I have a qualifying change in status.
- During the Annual Open Enrollment Period, I will be given the opportunity to enroll in the plan for the upcoming plan year (Oct. 1 – Sep. 30). I must enroll each year during the Open Enrollment period since participation in the plan for subsequent years is not automatic, even if I want to contribute the same amount as the previous year.
- Amounts unused and unspent in the Healthcare Flexible Spending Account as of September 30 can be used to pay for out-of-pocket medical expenses incurred during the 2 ½ month grace period ending December 15.
- Expenses for both the Healthcare Flexible Spending Account and Dependent Care Flexible Spending Account can be submitted to Blue Cross by January 15 following the end of the plan year.

I hereby certify that I have completely read and fully understand the terms and conditions of the Flexible Spending Account and all information furnished is true and complete.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_



## FLEXIBLE SPENDING ACCOUNT STATUS CHANGE

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#### PEEHIP Subscriber Information

*Name must be entered as shown on your Social Security card.*

Social Security Number ____-____-____	First Name	Middle Name/Initial	Last Name
Mailing Address	City	State	ZIP Code
Date of Birth ____/____/____	Home Phone ____-____-____	Work Phone ____-____-____	

**Marital Status**

- Single     
  Married     
  Divorced     
  Legally Separated     
  Widowed

#### Reason for Status Change

I certify that I have incurred the following change in status:

- |   |  |
|---|--|
| <input type="checkbox"/> Marriage                   | <input type="checkbox"/> Significant change in medical benefits or premiums  |
| <input type="checkbox"/> Marriage of dependent      | <input type="checkbox"/> Termination of spouse/dependent employment          |
| <input type="checkbox"/> Birth of a child           | <input type="checkbox"/> Commencement of spouse/dependent employment         |
| <input type="checkbox"/> Adoption of a child        | <input type="checkbox"/> Taking leave under the Family and Medical Leave Act |
| <input type="checkbox"/> Legal custody of a child   | <input type="checkbox"/> Medicare/Medicaid entitlement                       |
| <input type="checkbox"/> Divorce/annulment          | <input type="checkbox"/> Unpaid Leave of Absence                             |
| <input type="checkbox"/> Death of spouse/dependent  | <input type="checkbox"/> Short plan year                                     |
| <input type="checkbox"/> Dependent loss of coverage |  |

**Date qualifying event occurred (Required)** \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: PEEHIP must be notified within 45 days of the occurrence of the qualifying event.*

#### Healthcare Flexible Spending Account Information

Healthcare Flexible Spending Account Change Request:

*Note: Cannot be less than the amount already payroll deducted or paid in reimbursements.*

- New Annual Election Amount \$ \_\_\_\_\_ × 12 months = \$ \_\_\_\_\_ Annual Amount  
 Maximum amount cannot exceed \$5,000 and the minimum annual amount is \$120.
- Stop Payroll Deductions

#### Dependent Care Flexible Spending Account Information

Dependent Care Flexible Spending Account Change Requested:

*Note: Cannot be less than the amount already payroll deducted or paid in reimbursements.*

- New Annual Election Amount \$ \_\_\_\_\_ × 12 months = \$ \_\_\_\_\_ Annual Amount  
 Maximum amount cannot exceed \$5,000 if single or married filing a joint return, \$2,500 if married filing separate returns. The minimum annual amount is \$120.
- Stop Payroll Deductions

#### PEEHIP Subscriber Certification

I understand that Federal regulations prohibit me from changing the election I have made after the beginning of the plan year, except under special circumstances. I understand that the change in my benefit election must be necessary or appropriate as a result of the status change under the regulations issued by the Department of the Treasury. I hereby certify under penalties of perjury that the information furnished in this form is true and complete to the best of my knowledge.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_



**FEDERAL POVERTY LEVEL ASSISTANCE APPLICATION (FPL)  
AND  
CHILDREN'S HEALTH INSURANCE PROGRAM APPLICATION (CHIP)**



**I'm applying for:**

FPL

CHIP

FPL and CHIP

**Public Education Employees' Health Insurance Plan**  
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150  
334-517-7000 or 877-517-0020  
Web site: [www.rsa-al.gov](http://www.rsa-al.gov)

This form is to be used to apply for the Federal Poverty Level Premium Assistance and/or to apply/enroll in PEEHIP CHIP.

**PEEHIP Subscriber Information - Required**

*Name must be entered as shown on your Social Security card.*

Social Security Number ____-____-____	First Name	Middle Name/Initial	Last Name
Mailing Address		City	State      ZIP Code
Home Phone ____-____-____	Work Phone ____-____-____	Date Received <i>(For internal use only)</i> ____/____/____	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed			

**Children's Health Insurance Plan Applicants Only**

**Note:** Social Security Number is required for all household members. Name must be entered as it appears on the Social Security card.

Is any child covered under Medicaid?     Yes     No    If yes, which child(ren)?

Names of Household Members <i>Line A - PEEHIP Subscriber Line B - Subscriber's Spouse Lines C-F - Children under 19 years of age living in your home</i>	Social Security Number	Date of Birth	Age	Sex	Relationship to PEEHIP Subscriber
A.	____-____-____	____/____/____		<input type="checkbox"/> M <input type="checkbox"/> F	Self
B.	____-____-____	____/____/____		<input type="checkbox"/> M <input type="checkbox"/> F	Spouse
C.	____-____-____	____/____/____		<input type="checkbox"/> M <input type="checkbox"/> F	
D.	____-____-____	____/____/____		<input type="checkbox"/> M <input type="checkbox"/> F	
E.	____-____-____	____/____/____		<input type="checkbox"/> M <input type="checkbox"/> F	
F.	____-____-____	____/____/____		<input type="checkbox"/> M <input type="checkbox"/> F	

**Requested Effective Date**    \_\_\_\_/\_\_\_\_/\_\_\_\_ *(required)*

If you do not qualify for CHIP, do you wish to enroll children under the PEEHIP Hospital/Medical Plan?     Yes     No

Do any of these dependent children have other health insurance coverage?     Yes     No

If yes, which child(ren)? *(A copy of the insurance card is required.)*

**Instructions**

1. A **signed** copy of your prior year's Federal Income Tax Return Form 1040, 1040A, or 1040EZ along with copies of all supporting 1099's and W-2's must be attached. If you were married and did not file a joint return, you must also file a copy of your spouse's prior year's Federal Income Tax Return Form 1040, 1040A, or 1040EZ along with copies of all supporting 1099's and W-2's in order for this application to be processed.
2. You must reapply for this assistance every year during Open Enrollment.
3. Any Federal Poverty Level assistance application received and/or postmarked after the close of Open Enrollment (September 1) will be effective for the first day of the second month after the receipt and approval of the application.

**PEEHIP Subscriber Certification - Required**

I declare that the above information and the accompanying tax returns and supporting 1099's and W-2's are true, complete, and accurate. I understand that submitting false or misleading information on this application is a crime punishable under state and federal law. I also understand that if any statements or accompanying tax returns and supporting 1099's and W-2's are found to be incorrect, incomplete, false, or misleading, I will be required to repay all discounts plus interest. This certification authorizes the Alabama Department of Revenue (or corresponding agency of the state of member's residency) to release to PEEHIP all of the member's and his/her spouse's tax returns in the agency's records for the current and prior tax year.

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Signature \_\_\_\_\_ Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail the completed form to the address located on the top of this form.  
See reverse for FPL discounts and levels.

## FEDERAL POVERTY LEVEL ASSISTANCE PROGRAM (FPL)

PEEHIP provides premium assistance to PEEHIP members with a combined family income of less than or equal to 200% of the Federal Poverty Level (FPL) as defined by Federal Law. To qualify for the FPL assistance, PEEHIP members must furnish acceptable proof of total income based on their most recently filed Federal Income Tax Return. Certification of Income Level will be effective for the plan year only, and re-certification will be required annually during Open Enrollment. The premium reduction does not automatically renew each year. The premium reduction will apply only to the hospital medical premium or HMO premium and only applies to active and retired members. The FPL premium discount is not available to members who are on a Leave of Absence, COBRA or surviving spouse contract.

### Federal Poverty Level Premium Discount:

Over 200% of the FPL	member pays 100% of the member contribution	
equal to or less than 200% but more than 175% of the FPL	member contribution reduced 10%	Member pays 90%
equal to or less than 175% but more than 150% of the FPL	member contribution reduced 20%	Member pays 80%
equal to or less than 150% but more than 125% of the FPL	member contribution reduced 30%	Member pays 70%
equal to or less than 125% but more than 100% of the FPL	member contribution reduced 40%	Member pays 60%
equal to or less than 100% of the FPL	member contribution reduced 50%	Member pays 50%

### 2009 Federal Poverty Levels (FPL)

Family Size	100% of FPL	125% of FPL	175% of FPL	200% of FPL	300% of FPL
1 member	\$10,830	\$13,538	\$18,953	\$21,660	\$32,490
2 members	\$14,570	\$18,213	\$25,498	\$29,140	\$43,710
3 members	\$18,310	\$22,888	\$32,043	\$36,620	\$54,930
4 members	\$22,050	\$27,563	\$38,588	\$44,100	\$66,150
5 members	\$25,790	\$32,238	\$45,133	\$51,580	\$77,370
6 members	\$29,530	\$36,913	\$51,678	\$59,060	\$88,590
7 members	\$33,270	\$41,588	\$58,223	\$66,540	\$99,810
8 members	\$37,010	\$46,263	\$64,768	\$74,020	\$111,030
For each additional person, add	\$3,740	\$4,675	\$6,545	\$7,480	\$11,220











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Montgomery, AL 36130-2150**

PRESORTED  
FIRST CLASS MAIL  
US POSTAGE PAID  
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