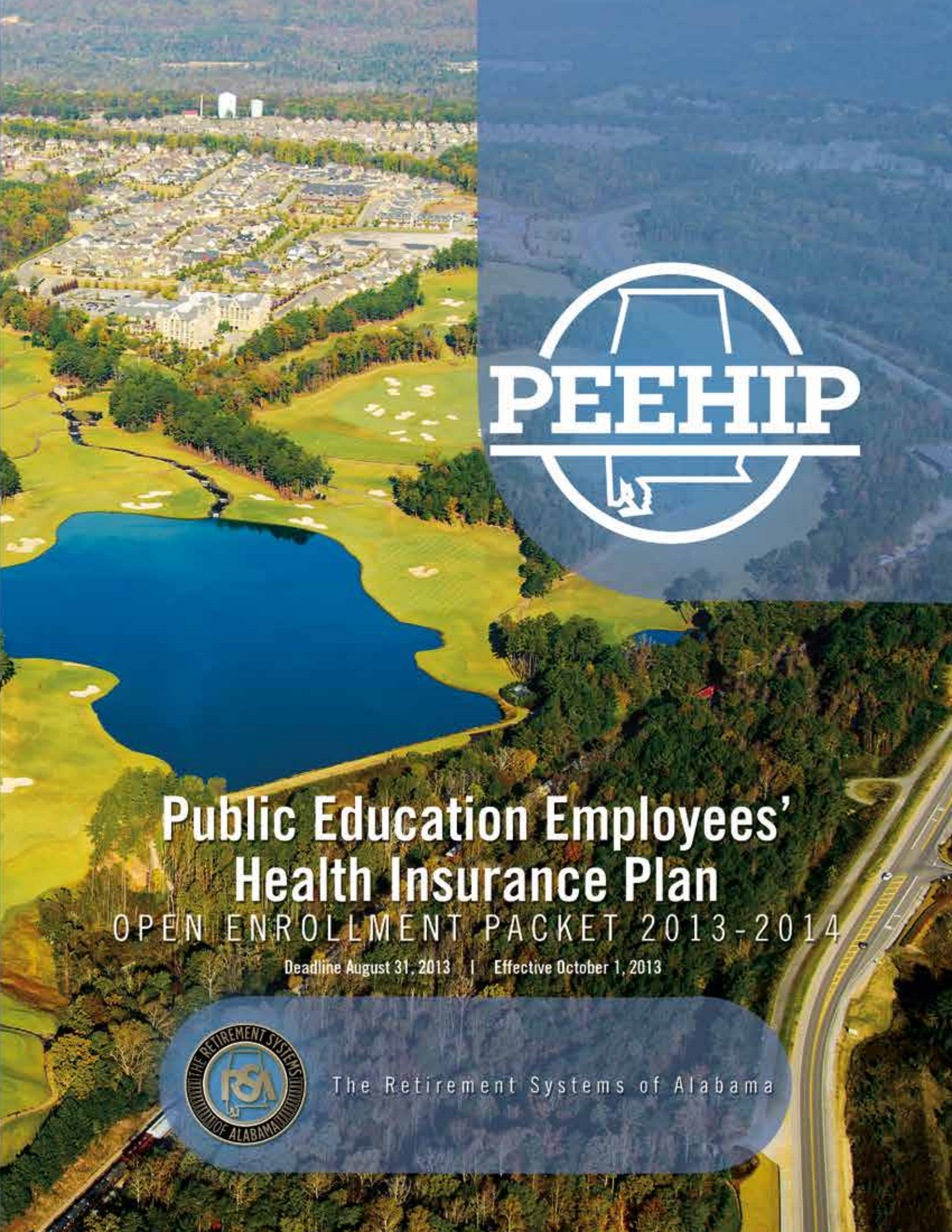

PEEHIP

Public Education Employees' Health Insurance Plan

OPEN ENROLLMENT PACKET 2013-2014

Deadline August 31, 2013 | Effective October 1, 2013

The Retirement Systems of Alabama

Contact PEEHIP
(Public Employees' Health Insurance Plan)

Phone 877.517.0020 · 334.517.7000

Fax 877.517.0021 · 334.517.7001

Email peehipinfo@rsa-al.gov

Because email submissions are unsecured, do not include confidential information like your Social Security number. Please include your full name, employer, home mailing address, and daytime phone number.

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

Website www.rsa-al.gov

Open Enrollment Webpage

www.rsa-al.gov/peehip/open-enroll.html

Member Online Services

Make your open enrollment elections online
https://mso.rsa-al.gov

Building Location

201 South Union Street
Montgomery, Alabama

Flexible Spending Accounts

877.517.0020 · 334.517.7000
www.rsa-al.gov/peehip/flex.html

Business Hours

8:00 a.m. - 5:00 p.m.
Monday - Friday

Please provide your full name and Social Security number or PID on all faxes and letters.

Additional Contact Information

Wellness Program and ALL Kids *(Administered by the Department of Public Health)*

RSA Tower, Suite 900
P.O. Box 303170
Montgomery, AL 36130-3017
www.adph.org/worksitewellness
334.206.5300 or 800.252.1818

Tobacco Cessation Quitline
800.QUIT.NOW
800.784.8669
www.alabamaquitnow.com

ALL Kids
P.O. Box 304839
Montgomery, AL 36130-4839
888.373.5437
www.adph.org/allkids

Blue Cross Blue Shield of Alabama - *Administrator of Hospital/Medical, Flexible Spending Accounts, & Supplemental Plans*

450 Riverchase Parkway East
P.O. Box 995
Birmingham, AL 35298
www.bcbsal.org/peehip/

Customer Service
800.327.3994

Preadmission Certification
800.248.2342

Rapid Response to order ID cards, directories & claim forms
800.248.5123

Flexible Spending Accounts
800.213.7930

Baby Yourself (Prenatal Wellness Program)
800.222.4379

Fraud Hot Line
800.824.4391

MedImpact - *Administrator of Core Pharmacy, Specialty, and EGWP Pharmacy Programs*

10680 Treena Street
San Diego, CA 92131
https://mp.medimpact.com/ala
https://www.medicaregenerationrx.com/peehip

Customer Service
(Available 24 hours/day)
877.606.0727

Pharmacy Help Desk
(Available 24 hours/day)
800.788.2949

Step Therapy Prior Authorization
(For Physician Use)
800.347.5841
Fax: 877.606.0728

VIVA Health Plan

417 20th Street North
Suite 1100
Birmingham, AL 35203
www.vivahealth.com/PEEHIP

Customer Service
205.558.7474
800.294.7780

Delta Dental Customer Service
(Dental provider for Viva Health Plan)
800.521.2651

Southland Benefit Solutions - *Administrator of Cancer, Dental, Indemnity, & Vision Optional Plans*

1812 University Blvd.
P.O. Box 1250
Tuscaloosa, AL 35403

Customer Service
800.476.0677
www.southlandnationalpeehip.com

Common PEEHIP Acronyms

PEEHIP	Public Education Employees' Health Insurance Plan	HIPAA	Health Insurance Portability and Accountability Act
BCBS	Blue Cross Blue Shield	ADPH	Alabama Department of Public Health
HMO	Health Maintenance Organization	CHIP	ALL Kids Children's Health Insurance Program
PPO	Preferred Provider Organization	SEIB	State Employees' Insurance Board
OE	Open Enrollment	FSA	Flexible Spending Accounts
OTC	Over the Counter	FPL	Federal Poverty Level
PMD	Preferred Medical Doctor	UCR	Usual Customary Rates
MOS	Member Online Services		

Introduction

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.

The information in this handbook is based on the Code of Alabama 1975, Title 16, Chapter 25A. This handbook is not intended as a substitute for the laws of Alabama governing PEEHIP nor will its interpretation prevail should a conflict arise between its contents and Chapter 25A. Furthermore, the laws summarized here are subject to change by the Alabama Legislature. Do not rely solely upon the information provided in this handbook to make any decision regarding your health care benefits, but contact PEEHIP with any questions you may have about your health care benefits.

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Availability of Summary Health Information

The Patient Protection and Affordable Care Act (PPACA) of 2010 created a new federal requirement for group health plans to provide the Summary of Benefits and Coverage (SBC) document to health plan members during Open Enrollment.

Health benefits represent a significant component of your compensation package. The benefits also provide important protection for you and your family in the case of illness or injury.

PEEHIP offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, PEEHIP makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about health coverage options in a standard format, to help you compare across options.

The SBC is available at **www.rsa-al.gov/peehip/sbc.html**. A paper copy is also available, free of charge, by calling Member Services toll-free at 877.517.0020.

Note: The SBC is meant as a summary only and the coverage examples in the SBC on pages 2 and 7 are for illustration purposes only and may not be representative of the actual charges for copayments or out-of-pocket expenses for the PEEHIP plan. For more detailed benefit information, see the PEEHIP Summary Plan Description (SPD) at **www.rsa-al.gov/peehip/peehip-pubs-forms.html.**

Making Your Health Benefit Elections

https://mso.rsa-al.gov/

This is your once-a-year opportunity to enroll, make changes, or terminate coverage during the 2013 Open Enrollment period.

Important Dates

Open Enrollment begins July 1, 2013, and will end by the following deadlines:

- The deadline for submitting **online** Open Enrollment changes at **https://mso.rsa-al.gov/** is midnight of **September 10, 2013**. After September 10, 2013, online Open Enrollment changes will not be accepted and the Open Enrollment link will be closed.
- The deadline for submitting **paper** Open Enrollment forms is **August 31, 2013**. Any paper forms postmarked after August 31, 2013, will not be accepted.
- The deadline for enrollment or re-enrollment in a **Flexible Spending Account** online or on paper is **September 30, 2013**.
- Effective Date of Coverage: All Open Enrollment elections approved by PEEHIP are effective October 1, 2013.

During Open Enrollment, You Can

- 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
- Enroll or Re-enroll in the Federal Poverty Level Discount Program
- Add or Update your Medicare Information
- Add or Update Retiree Employer Information
- Update your and your Spouse's Tobacco Usage Status
- Add Dependent(s) to Coverage such as a newborn child or new spouse
- Enroll your child(ren) (under the age of 26) to any PEEHIP plan or the VIVA Health Plan
- Cancel Dependent(s) from Coverage

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, **you do not need to complete new forms**. You will automatically remain enrolled in your present insurance coverage.

- **Exception:** Eligible members must re-enroll each year to renew the **Flexible Spending Accounts and Federal Poverty Level Premium (FPL) discount** program, 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**. Retired members are not eligible to enroll in the Flexible Spending plans. To re-enroll in the FPL program and receive a discount on your Hospital Medical premium, 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. However, the preferred method of enrolling or changing coverages is online through **https://mso.rsa-al.gov**.

- You are not required to certify your Tobacco Certification 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 New Enrollment and Status Change form and mailing the form to PEEHIP or online through **https://mso.rsa-al.gov**.

- Waiting periods for pre-existing conditions will be waived for all new coverages effective October 1, 2013.

How to Make Your 2013 Election

Online at **https://mso.rsa-al.gov/**

- You must first register and set up a User ID and Password.

- You will need Social Security numbers for you and your eligible dependents and your PID number.

- Once registered, click the link "Enroll or Change PEEHIP Coverages."

- Click the Open Enrollment option, Continue, and follow the on-screen prompts until you receive a confirmation page.

- Visit the PEHIP Open Enrollment webpage at **www.rsa-al.gov/PEEHIP/open-enroll.html** to learn more.

For those members who do not have internet access and cannot download the information, an Open Enrollment Packet can be mailed upon request. Please contact RSA Member Services at 877.517.0020 to request an Open Enrollment Packet.

New PEEHIP Policies, Benefit and Premium Changes Effective October 1, 2013

Premium Rate Changes

The PEEHIP Board met in May and voted minimal premium changes as mandated by Federal COBRA Law. The dependent audit and other cost-saving initiatives as well as careful management of the PEEHIP program allowed PEEHIP to have minimal rate changes and very minor benefit changes.

PEEHIP Prescription Drug Changes

The PEEHIP Board approved some changes to the prescription drug formulary and added prior authorizations (PA) and quantity level limits (QLL) on certain medications and made minor changes in the Step Therapy program. Any members affected by these changes will be sent a letter from PEEHIP. More detailed information about the prescription drug changes can be found in the June edition of the *PEEHIP Advisor*.

VIVA Health Plan Benefit Changes

- Primary care physician copay - $30
- Added a $25 copay for days 2-5 for all types of Inpatient hospital stays
- Calendar year deductible - $300 per individual; $900 maximum per family
- Calendar year coinsurance - $2000 per individual; $6000 maximum per family

Worksite Wellness Program

The Worksite Wellness program will continue for fiscal year 2014 to allow active and retired members and covered dependents to participate in free health screenings provided by the Alabama Public Health Department (ADPH) nurses. The program includes health screenings and colorectal screenings. Members who meet the age and medical criteria can receive an osteoporosis screening. The ADPH nurses will continue to administer flu vaccines to covered members and spouses. Children covered on PEEHIP can receive the flu vaccinations at their own school locations. There is 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. The Alabama Tobacco Quitline now offers online counseling at **www.alabamaquitnow.com**.

The PEEHIP Wellness program is intended to identify early detection and help members achieve a healthy lifestyle. The program assists members and their families make voluntary behavior changes, which will potentially improve or even eliminate their health risks and enhance their productivity and wellness. Additional information can be obtained on the ADPH website at **www.adph.org/worksitewellness** or by calling 800.252.1818 and asking for the Wellness division.

Southland Benefits Optional Plan Changes

PEEHIP Cancer Plan

- Limit of $5000 per year for blood and plasma for leukemia.
- New cancer surgical procedures will be added to the cancer schedule.
- Physician recommended observation period that is greater than 24 hours will qualify as an Inpatient stay.

PEEHIP Indemnity Plan

- Physician recommended observation period that is greater than 24 hours will qualify as an Inpatient stay.

PEEHIP Vision Plan

- Southland will provide at no cost its Vision Choice plan to all PEEHIP members who participate in any of the PEEHIP optional plans. Members who use Vision Choice providers will save approximately 20%.

Flex Changes Effective October 1, 2013

The maximum annual amount for Health Care Spending Accounts will decrease to $2,500 beginning October 1, 2013. The maximum annual amount for the Dependent Care Account remains at $5,000 if single or married filing a joint return or $2,500 if married filing a separate return.

PEEHIP now offers the Flex Debit Card as a reimbursement option with its Health Care Flexible Spending Account. There is no additional charge to members for this reimbursement option.

Additional information about the PEEHIP Flexible Spending Accounts program can be found on page 25 of this packet and on the PEEHIP Flex website at **www.rsa-al.gov/peehip/flex.html**.

Coordination of Benefits and Retiree Employment Verification Audit

To ensure claims are properly processed, PEEHIP will conduct a Coordination of Benefits (COB) audit in July 2013. The audit will collect other insurance information on our members and their covered dependents, and verify retiree employment information for members who retired on or after October 1, 2005. Members involved in the audit will be notified in July and will be required to complete their audit by August 30, 2013.

Children

PEEHIP offers dependent hospital medical coverage (at the member's option) to children up to age 26. Members are allowed to enroll their child(ren) during the annual Open Enrollment period which begins July 1 and ends August 31 for an October 1 effective date. Maternity benefits are not covered for children of any age regardless of marital status.

In accordance with the Federal Health Care Reform Legislation, the following children are eligible for coverage under any of the PEEHIP plans.

1. A married or unmarried child if the child is your biological child, legally adopted child, foster child, or stepchild without conditions of residency, student status or dependency. A foster child is any child placed with you by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

2. The eligibility requirements for any other children such as grandchildren must meet the same requirements as foster children and must be placed with you by decree or other order of any court of competent jurisdiction, for example, legal custody, legal guardianship. **However, PEEHIP is not required and will not provide coverage for a child of a child receiving dependent coverage.** Also, maternity benefits are not covered for children of any age regardless of marital status.

3. The eligibility requirements for permanently incapacitated dependents age 26 and over remain the same.

Documents Required by PEEHIP

Every member who enrolls dependent(s) on his or her PEEHIP coverage(s) is required to certify to PEEHIP their dependent's eligibility. Certification will require appropriate documents to support your dependent's eligibility. Required documents are a marriage certificate and one additional document to show proof of current marital status for a spouse; a birth certificate for a natural child; a certificate of adoption for an adopted child; a marriage certificate and a birth certificate for a step child; a placement authorization for a foster child; a court order signed by a judge appointing legal guardianship or legal custody for other children who are not biological, adopted or step children. Enrollments cannot be processed without the appropriate documentation as explained above. PEEHIP is not bound by a court order to insure dependents who do not meet PEEHIP guidelines.

Baby Yourself Program

Blue Cross and Blue Shield of Alabama and PEEHIP offer Baby Yourself, a prenatal wellness program for expectant mothers. This program is part of your PEEHIP Hospital Medical coverage and is available at no cost to you. PEEHIP strongly encourages all expectant mothers covered under the PEEHIP Hospital Medical plan to sign up for Baby Yourself today. If you are a soon-to-be expectant mother, please sign up as soon as you confirm your pregnancy. PEEHIP encourages you to sign up for the program with each pregnancy even if you have already participated. When you sign up, you will receive:

- Support from an experienced Blue Cross registered nurse
- Educational information by telephone and email during your pregnancy
- Useful gifts that encourage healthy habits, proper prenatal care, and help you understand the changes and challenges of pregnancy

PEEHIP will waive the $200 deductible for the delivery of your baby for those members **enrolling in the first trimester** and completing the program. The $25 copay for days 2 through 5 will still apply.

The vast majority of mothers who delivered premature babies did not participate in the PEEHIP Baby Yourself program. The goal of Baby Yourself is to have healthy mothers and babies at delivery. If you are pregnant, please enroll today in Baby Yourself by calling 800.222.4379 or registering online at **www.bcbsal.com/baby**.

Premium Rates 2013 - 2014 Plan Year

The primary source of funding for PEEHIP comes from the Legislature's annual appropriation. **For fiscal year 2014, PEEHIP will receive level funding of $714 for the third fiscal year in a row.** This amount must provide insurance coverage to roughly 300,000 active and retired members and their covered dependents.

The health insurance premiums set by the PEEHIP Board are another source of funding for the insurance program. The following monthly premiums are effective October 1, 2013 - September 30, 2014. **These rates do not include the $28 monthly tobacco premium.**

Full-time Active Members

PEEHIP Hospital Medical or VIVA Health Plan

Coverage Type	Active Employee Monthly Out-of-Pocket Premium*	Cost to State on Behalf of Active Employee
Single	$ 15	$380
Family	$177	$800

PEEHIP Supplemental Medical Plan

Single or Family	$0

**This monthly amount will be deducted from an active employee's paycheck.*

COBRA and Leave of Absence

Hospital Medical or VIVA Health Plan

Single	$403
Family	$997

Supplemental Medical Plan

Single or Family	$154

Tobacco Premium

Active and Retired Members	
Member or Spouse	$28

Tobacco Premium applies to the Hospital Medical and VIVA Health plans only.

Retired Members

The monthly premiums listed in the chart 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, and before January 1, 2012, 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. Members who retired on or after January 1, 2012, are subject to the sliding scale premiums which are based on age at retirement, years of service, and the cost of the insurance program. These retirees will experience a rate adjustment effective October 1, 2013. The sliding scale premium rates can be found on the PEEHIP website at **www.rsa-al.gov**. Click on Premiums and then Retiree Sliding Scale Premium Rates.

Type of Contract	*Retiree Monthly Out-of-Pocket Premium	Cost to State on Behalf of the Retiree
Individual Coverage/ Non-Medicare Eligible Retired Member	$151	$528
Family Coverage/Non-Medicare Eligible Retired Member and Non-Medicare Eligible Dependent(s)	$391	$860
Family Coverage/Non-Medicare Eligible Retired Member and Only Dependent Medicare Eligible	$250	$768
Individual Coverage/ Medicare Eligible Retired Member	$ 10	$308
Family Coverage/Medicare Eligible Retired Member and Non-Medicare Eligible Dependent(s)	$250	$640
Family Coverage/Medicare Eligible Retired Member and Only Dependent Medicare Eligible	$109	$548

**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 retired members who have dependents who are Medicare eligible.*

Surviving Dependent

Type of Contract	Monthly Premium for PEEHIP Hospital Medical or the VIVA Health Plan
Individual Coverage/Non-Medicare Eligible (NME) Survivor	$679
Family Coverage/NME Survivor and NME Dependents	$870
Family Coverage/NME Survivor and Only Dependent Medicare Eligible (ME)	$839
Individual Coverage/ME Survivor	$318
Family Coverage/ME Survivor and NME Dependent(s)	$516
Family Coverage/Medicare-eligible Survivor and Only Dependent Medicare-eligible	$485
Optional (Each) - Cancer, Indemnity, Vision, and Single Dental	$ 38
Family Dental Premium	$ 45

Active or retired members who are not enrolled in the Hospital Medical or VIVA Health Plan and are not insured on their spouse's PEEHIP Hospital Medical Plan can use their state allocation for the Optional Plans or the PEEHIP Supplemental Medical Plan. Full-time active employees will continue to receive all four Optionals at no cost and retirees will continue to receive two Optionals at no cost. If active or retired members choose to use their state allocation for the PEEHIP Supplemental Medical Plan in lieu of the Optional or PEEHIP Hospital Medical Plan, the active or retired allocation will continue to cover the full cost of the PEEHIP Supplemental Medical Plan.

Optional Coverage: Active and Retired Members

Cancer	$38/month	Individual or Family Coverage
Dental	$38/month	Individual Coverage
	$45/month	Family Coverage
Indemnity	$38/month	Individual or Family Coverage
Vision	$38/month	Individual or Family Coverage

Medicare Eligibility Policies

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. **Refunds will not be processed for retroactive premiums.** 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 must 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 must have Medicare Part A and Part B coverage.

If the active member who is insured as a dependent on a retired contract does not want Medicare as his primary payer and does not want to enroll in Medicare Part B until retirement, the active member has the option of enrolling in a separate PEEHIP contract as an active member. However, when the active Medicare-eligible member retires, he or she must enroll in Medicare Part B to have adequate coverage with PEEHIP. The effective date of Medicare Part B must be the date of retirement to avoid a lapse in coverage.

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: $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. There will be an additional copay of $25 for days 2-5.
- 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: $150 facility copay for outpatient surgery and $150 facility copay for medical emergencies and hemodialysis. There is no copay required for **accident** related services rendered within 72 hours after the accident.
- Non-medical emergencies will be paid under major medical at 80% of the allowable charge after a $300 calendar year deductible.

Major Medical Benefits *(Administered by Blue Cross)*

- Deductible: $300 deductible per person per calendar year; maximum of 3 deductibles per family per year or $900.
- Coinsurance: After you pay the $300 deductible, the plan pays 80% of the Usual Customary Rates (UCR) of covered expenses for the first $2,000 and 100% UCR thereafter. You pay the applicable 20%.
- 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)

- $5 Copay Per Test: Outpatient diagnostic lab and pathology (including pap smears).
- $30 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 MedImpact)*

- Participating Pharmacy: When you choose a Participating Pharmacy you pay the following:
  - $6 for any covered generic prescription drug (30-day supply)
  - $7 copay per prescription for generic drug if filled at Walgreens retail pharmacies (30-day supply)
  - $40 for any covered preferred brand drug (The preferred brand drug list can be found on the PEEHIP website at **www.rsa-al.gov**.) (30-day supply)
  - $60 for any covered non-preferred brand drug (30-day supply)

- Approved maintenance drugs may be purchased up to a 90-day supply for one copayment of $12 for generic, $14 if filled at Walgreens, $80 for preferred and $120 for non-preferred. The drug must be on the approved PEEHIP maintenance list and must be prescribed as a maintenance drug. First fill for a maintenance drug will be a 30-day supply.

- Participating pharmacies will file all claims for you. Most major pharmacy chains in-state and out-of-state participate with the PEEHIP MedImpact prescription drug plan.

- The PEEHIP prescription drug plan includes Step Therapy, prior authorization, and quantity level limitations 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.

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.**

PEEHIP Hospital Benefits *(Administered by Blue Cross)*

Benefit	Medicare Pays	PEEHIP Pays	YOU Pay
Inpatient Hospital Charges	All but the Part A deductible per admission. All but applicable coinsurance after 60 days.	All but $200 per admission and daily $25 copayment for days 2-5. Applicable coinsurance after 60 days.	A $200 deductible, copay of $25 per day for days 2-5 and any personal charges (such as private room, telephone, TV, etc.).

PEEHIP Non-Hospital Benefits

Benefit	Medicare Pays	PEEHIP Pays	YOU Pay
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 $30 copay for physician visit.	The Part B deductible, a copay up to $30 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 MedImpact)*

- Effective January 1, 2013, the PEEHIP prescription drug plan was changed to a Medicare Part D plan for dependents covered under PEEHIP. This change did not affect PEEHIP active members, non-Medicare eligible members, or members already enrolled in another Medicare Part D plan. Medicare GenerationRx (Employer PDP) is a Medicare approved Part D sponsor and is sponsored by Stonebridge Life Insurance Company.

- Medicare-eligible retirees and Medicare eligible dependents must use their Medicare GenerationRx prescription drug ID card for prescription drug coverage. Medicare members need to continue to use their current PEEHIP ID card and their Medicare Part A and B card for hospital and medical coverage.

- The Medicare-eligible retiree's spouse or other covered dependents who are not Medicare eligible will remain in the PEEHIP (non-Medicare) prescription drug plan.

- Participating Pharmacy: When you choose a Participating Pharmacy you pay the following:

  - $6 for any covered generic prescription drug (30-day supply)

  - $7 copay per prescription for generic drug if filled at Walgreens retail pharmacies (30-day supply)

  - $40 for any covered preferred brand drug (The preferred brand drug list can be found on the PEEHIP Medicare GenerationRx website at **https://www.medicaregenerationrx.com/peehip**) (30-day supply)

  - $60 for any covered non-preferred brand drug (30-day supply)

  - Approved maintenance drugs may be purchased up to a 90-day supply for one copayment of $12 for generic, $14 if filled at Walgreens, $80 for preferred and $120 for non-preferred. The drug must be on the approved PEEHIP maintenance list and must be prescribed as a maintenance drug. First fill for a maintenance drug will be a 30-day supply.

- Participating pharmacies will file all claims for you. Most major pharmacy chains in-state and out-of-state participate with the PEEHIP MedImpact prescription drug plan.

- The PEEHIP prescription drug plan includes Step Therapy, prior authorization, and quantity level limitations for certain medications.

- Medicare Part B covered medications are excluded from coverage under the PEEHIP prescription drug benefit but will be covered under the Medicare Part B benefit.

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 website at **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.

- Medicare Part B covered medications are excluded from coverage under the PEEHIP prescription drug benefit but will be covered under the Medicare Part B benefit.

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 one of the VIVA Health approved service areas shown on page 20 and must 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 some situations described below, all care must be received from Participating Physicians. With VIVA Health, PEEHIP members have access to 71 hospitals and over 6,200 physicians statewide. A brief explanation of benefits is below, and a comparison of the two plan options is on page 28.

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 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. **There will be an additional copay of $25 for days 2-5.**
- 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 be 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: $125 facility copay for outpatient surgery and $150 copay for emergency room services. The emergency room copay is waived if admitted to hospital within 24 hours.
- Skilled Nursing Facilities, Speech, Occupational and Physical Therapy: Member coinsurance is 20%

Major Medical Benefits

- **Major medical deductible per calendar year is $300 per person; $900 maximum per family,**
- **Calendar year coinsurance limits are $2,000 per individual; $6,000 maximum per family.**
- There is no lifetime maximum on this plan.

- 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
- **$30 copay for Primary Care Physician visit**
- $30 copay for Specialty Care. No referral required.
- Preventive services are covered at 100% with no copay.

Dental Benefits

- Deductible: $50 per person/$150 per family deductible applies to Basic & Major Services
- Maximum deductible: $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.

Pharmacy Program

- Participating Pharmacy: When you choose a Participating Pharmacy you pay the following:
  - $5 preferred generic drugs
  - $20 non-preferred generic drugs
  - *$40 for any covered preferred brand drug

- *$65 for any covered non-preferred brand drug

  ** When an appropriate grade generic is available and a brand name is chosen, the copayment will be the brand name copayment plus the cost differential between the brand and generic drugs.*

- Participating pharmacies will file all claims for you.

Non-Participating Pharmacy

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

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.

- Emergency medical care, including Hospital emergency room services and emergency ambulance services will be covered twenty four hours per day, seven days per week, if provided by an appropriate health professional whether in **OR** out of the Service Area if the following conditions exist:

  1. The Member has an emergency medical condition; and

  2. treatment is medically necessary; and

  3. treatment is sought immediately after the onset of symptoms (within twenty-four hours of occurrence) or referral to a Hospital emergency room is made by a participating physician.

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 listed below. Also, you can go to the VIVA website at **www.whyviva.com** to find providers in the VIVA Health network.

Autauga	Chilton	Dallas	Houston	Mobile	Shelby
Baldwin	Clarke	Dekalb	Jefferson	Monroe	Talladega
Bibb	Cleburne	Elmore	Lawrence	Montgomery	Tallapoosa
Blount	Conecuh	Etowah	Lee	Morgan	Tuscaloosa
Bullock	Coosa	Fayette	Lowndes	Perry	Walker
Butler	Crenshaw	Geneva	Macon	Pickens	Washington
Calhoun	Cullman	Hale	Madison	Pike	Wilcox
Cherokee	Dale	Henry	Marion	St. Clair	Winston

PEEHIP Supplemental Medical 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.
- Actively employed members who are enrolled in Tricare or Champus as their primary coverage cannot enroll in the PEEHIP Supplemental Plan.

ALL Kids Children's Health Insurance Program (CHIP)

The Federal Health Care Reform legislation allows public education employees to participate in the ALL Kids CHIP program administered by the Alabama Department of Public Health (ADPH). Therefore, PEEHIP no longer offers its CHIP program.

Eligibility for ALL Kids must be determined annually. Children may be eligible if they are:

- An Alabama resident
- Under age 19
- A U.S. Citizen or an eligible immigrant
- Not covered by other group health insurance*

** If a child has group health insurance that is voluntarily dropped, there is usually a three-month waiting period before that child can be eligible for ALL Kids.*

If you want to apply for ALL Kids for your child, submit your application to ADPH now! For more information about ALL Kids, go to **www.adph.org** or call 888.373.KIDS (5437).

How to apply:

- Complete an application online at **www.adph.org** or download a paper application from the ADPH website. You may also call 888.373.5437 to have an application mailed to you.
- ALL Kids will determine eligibility for your children and will let you know if:
  - your child is eligible and is being enrolled in ALL Kids,
  - your child is under income and your application is being forwarded to Medicaid, or
  - your child is over income and not otherwise eligible.

Monthly Gross Income Guidelines for Medicaid and ALL Kids

	Children Under 6 Years	
Family Size	Medicaid	ALL Kids
1	0-$1,274	$1,275-$2,873
2	0-$1,720	$1,721-$3,878
3	0-$2,165	$2,166-$4,883
4	0-$2,611	$2,612-$5,888
5	0-$3,056	$3,057-$6,893
	Children Ages 6-19 Years	
Family Size	Medicaid	ALL Kids
1	0-$958	$959-$2,873
2	0-$1,293	$1,294-$3,878
3	0-$1,628	$1,629-$4,883
4	0-$1,963	$1,964-$5,888
5	0-$2,298	$2,299-$6,893

Frequently Asked Questions about the ALL Kids Program

What is ALL Kids? ALL Kids is Alabama's Child Health Insurance Program (CHIP) and is administered by the Alabama Department of Public Health. ALL Kids provides low-cost, comprehensive health care coverage for children under age 19. Benefits include regular check-ups and immunizations, sick child doctor visits, prescriptions, vision and dental care, hospitalization, mental health and substance abuse services, and much more.

How much will ALL Kids cost? ALL Kids premiums are $52 or $104 per year per child, depending on the family income. ALL Kids copays range from $3-$28 for office visits and pharmacy depending on the covered benefit and family income.

How long can my child stay on ALL Kids? ALL Kids provides 12 months of eligibility, unless the child turns 19 or moves out of state. Eligibility for coverage must be re-determined annually.

My child is 19 but is going to college, can you still cover him? No, ALL Kids cannot cover a child beyond his 19th birthday.

My spouse will still need dependent coverage, will my monthly premium be the same if I change my children to ALL Kids or can my children have both? A child cannot be covered by both. To continue covering your spouse, you will pay the same monthly premium for dependent coverage in PEEHIP, plus, there will be a small yearly premium for ALL Kids , per child. Copays will be lower in ALL Kids. You will have to make the decision whether to move your eligible children to ALL Kids or leave them on existing coverage.

Does ALL Kids offer dental coverage? Yes.

Does ALL Kids offer orthodontia coverage? ALL Kids covers orthodontia for limited conditions.

My child has a pre-existing condition, is there a waiting period? No, there is no waiting period for a pre-existing condition.

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.
- **Limit of $5,000 per year for blood and plasma for leukemia**
- **Added new surgical procedures to the cancer schedule**
- **Plan will allow any physician recommended observation period that is greater than 24 hours to qualify as an inpatient stay.**

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.
- **Plan will allow any physician recommended observation period that is greater than 24 hours to qualify as an inpatient stay.**

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.

Southland will provide at no cost its Vision Choice plan to all PEEHIP members who participate in any of the Optional plans. Members who use Vision Choice providers will save approximately 20%.

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 online through Member Online Services or on the New Enrollment and Status Change form, 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)*

We are all looking for ways to increase our spendable income and participating in PEEHIP's Flexible Spending Account program is one way that really works! You save money by not paying taxes on the contribution amount you elect. The PEEHIP Flexible Spending Accounts program is available to all active members of PEEHIP and is also a great way to offset the costs of your out-of-pocket copayments and deductibles. Retired members are not eligible to participate in any of the Flexible Spending Accounts. PEEHIP offers a Flex Debit Card that can be used as a reimbursement option with the Health Care Spending Account, and there is no additional charge for members to use this debit card.

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, 2013, for an effective date of October 1, 2013. 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 can easily enroll in the Flexible Spending Accounts by using the Member Online Services system at **www.rsa-al.gov**. Members can also 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, 2013. More information is available at **www.bcbsal.org/peehip1/preferredBlue/index.cfm** and at **www.rsa-al.gov/peehip/flex.html**.

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
- Physician co-pays
- Vision care including Lasik and Prelex surgery
- Hearing care
- Deductibles
- Orthodontia
- Coinsurance
- OTC medications are eligible expenses only with a prescription.

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 including the increase in copayments and deductibles. 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 **$2,500 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. This saves you time and you get reimbursed quicker because you don't have to submit a claim form for reimbursement! 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 2½ 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.

If you terminate employment or retire before the end of the plan year, your Flexible Spending Accounts will terminate the first day of the following month.

When a member retires or terminates employment before the end of the plan year, the member must use or incur the money in his or her Flex account by the Flex termination date. For example, if a member retires June 1, and the Flex account terminates September 1, the member must incur the covered expenses by September 1. Claims must be filed within 105 days from the end of the plan year.

Comparison of Benefits

Effective October 1, 2013 – September 30, 2014

(Changes are in bold)

This is a summary of your group benefits. Please be sure to read the entire "Summary Plan Booklet" for a complete list of benefits, limitations and exclusions.

	PEEHIP - Traditional Plans (Administered by Blue Cross) Preferred Providers	VIVA Health Plan* (In approved areas only) (Available for Active and Non-Medicare Members Only.)
Preventive Medical	$0 copayment then covered in full	$0 copayment then covered in full
Well Baby Care	$0 copayment per visit (6 visits 1st year; 1 visit/yr. thru age 6; one exam every 2 yrs ages 7 - 18)	$0 copayment then covered in full
Routine Immunizations	$0 copayment then covered in full	$0 copayment then covered in full
Office Care		
Physician's Care	$30 per visit	**$30 per visit for primary care.** $30 for specialty care. Referrals are no longer necessary.
Lab Procedure	$5 per test	Covered in full (after office visit copayment)
Inpatient Facility (including Maternity)**		
Physician's Care	Covered in full	Covered in full
Inpatient/Hospital Services	$200 hospital copayment and a $25 copayment for days 2-5	Covered in full after $200 hospital services copayment and a **$25 copayment for days 2-5**
Outpatient Surgery	$150 copayment	$125 copayment, then covered in full
In-Hospital Care		
Surgeon	Covered in full	Covered in full
Physician Visits	Covered in full	Covered in full
Anesthesiologist	Covered in full	Covered in full
Emergency		
In Area/Out of Area Emergency Room Facility Charge	$150 per visit, accident within 72 hours covered 100%. Members are also responsible for the physician copayment and lab fees.	$150 emergency room visit for facility, waived if admitted within 24 hours; Physician's charges covered at 100%.

** VIVA Health Plan: No referral from a primary care physician (PCP) is required. Members must use providers and facilities in the VIVA Access Network.*

**** Maternity benefits are not available to children of any age.**

	PEEHIP - Traditional Plans (Administered by Blue Cross) Preferred Providers	VIVA Health Plan* (In approved areas only) (Available for Active and Non-Medicare Members Only.)
Calendar Year Deductible		
	Calendar year deductible $300 per individual; $900 maximum per family. Calendar year coinsurance out-of-pocket maximum $2,000 per individual; $6,000 maximum per family.	**Calendar year deductible $300 per individual; $900 maximum per family.** **Calendar year coinsurance out-of-pocket maximum $2,000 per individual; $6,000 maximum per family.**
Mental Health and Substance Abuse		
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.	Covered in full after $200 copayment and a **$25 copayment for days 2-5**.
Outpatient	$10 copayment for up to 20 outpatient visits at approved facilities.	Covered in full after $30 copayment.
Prescription Drugs	(Administered by MedImpact)	
	Generic - $6 copayment (30-day supply) $7 copay per prescription if filled at Walgreens retail pharmacies (30-day supply) Formulary (preferred brand name) drugs $40 copayment (30-day supply). Non-formulary (non-preferred brand name) drugs $60 copayment (30-day supply).	Generic - $5 preferred, $20 non-preferred Brand Name - *$40 preferred brand (formulary) Brand Name - *$65 non-preferred brand (non-formulary) *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.

	PEEHIP - Traditional Plans (Administered by Blue Cross) Preferred Providers	VIVA Health Plan* (In approved areas only) (Available for Active and Non-Medicare Members Only.)
	Approved Maintenance drugs covered for 90-day supply for one copayment of $12 for generic, $14 if filled at Walgreens, $80 for preferred, and $120 for non-preferred. The drug must be on the approved PEEHIP maintenance list and must be prescribed for 90 days. First fill for a new maintenance drug will be a 30-day supply. Certain medications have quantity level limits to comply with the FDA guidelines and to ensure drug safety for our members. Certain medications are subject to Step Therapy. Prior authorizations are required before covered members can receive certain medications. 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. Pharmacists must dispense generic drug unless physician indicates in longhand writing on the prescription "Do Not Substitute", "Medically Necessary", or "Dispense as Written." Retired members who are Medicare eligible or have Medicare-eligible dependents are provided prescription drug coverage through the Medicare Part D plan offered by PEEHIP and administered by Medicare GenerationRx.	Mail Order pharmacy is available. 90-day supply available with mail order - 2.5x copay 90-day supply at retail pharmacy for 3x copay. 90% coverage for self-administered injectibles, bio-technical and biological drugs and maximum out-of-pocket is $1,000 per member per calendar year for these drugs. Participating pharmacies only. Oral contraceptives are covered.

	PEEHIP - Traditional Plans (Administered by Blue Cross) Preferred Providers	VIVA Health Plan* (In approved areas only) (Available for Active and Non-Medicare Members Only.)
Other Services		
Out-of-State Coverage for Non-PPO Provider	Major Medical benefits apply - payable at 80% UCR after $300 yearly deductible	Only Emergency and Urgent Care Services and Prescription Benefits available
Out-of-State Coverage for PPO Provider	$30 copayment per visit. Members must use providers participating in the Blue Cross plan of that State.	Only Emergency and Urgent Care Services and Prescription Benefits available
Vision Examinations	Not Covered	Covered in full once each 12 months after a $30 copayment with participating provider.
Dental	Not Covered	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. The VIVA dental benefit is administered by Delta Dental. Type I – Preventive & Diagnostic – 100% of UCR Type II – Basic Services – 50% of UCR Type III – Major Services** - 25% of UCR Deductible (applies to Basic & Major Services) - $50 per person/$150 per family Calendar Year Max - $500 **12-month Waiting Period applies to Major Services

	PEEHIP - Traditional Plans (Administered by Blue Cross) Preferred Providers	VIVA Health Plan* (In approved areas only) (Available for Active and Non-Medicare Members Only.)
Spinal Service & Chiropractic Services	Participating Chiropractor – Covered at 80% of the allowed amount with no deductible. After 12 visits in a calendar year, services are subject to precertification. Member will owe 20% coinsurance. Non-participating Chiropractor-Covered under major medical at 80% of allowed amount. Member will owe 20% coinsurance, major medical deductible of $300 and charges over allowed amount. Limited to 12 annual visits per member.	Limited to 25 visits per calendar year. $30 copayment per visit.
Infertility Services	Benefits for infertility services are limited to a lifetime maximum of 8 artificial insemination attempts (whether successful or not). Benefits are not provided for IVF, ART, or GIFT. 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 IVF, ART, or GIFT.	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.

** VIVA Health Plan: No referral from a primary care physician (PCP) is required. Members must use providers and facilities in the VIVA Access Network.*

Important Notice from PEEHIP About Your Prescription Drug Coverage & Medicare

PEEHIP elected to continue providing prescription drug benefits to Medicare-eligible retirees and Medicare-eligible covered dependents even when these members are eligible for a separate Medicare Part D program. However, if a Medicare-eligible member or Medicare-eligible dependent chooses to enroll in a different Medicare Part D program, he or she will lose the PEEHIP prescription drug coverage.

Medicare-eligible members and Medicare-eligible dependents enrolled in PEEHIP still need Medicare Part A and Part B but not a separate Part D prescription drug plan. Medicare-eligible members and dependents should not enroll in a separate Medicare Part D program if they are also enrolled in the PEEHIP Medicare Plus Coverage. **Beginning January 1, 2013, PEEHIP began offering a group Medicare Part D plan called Medicare GenerationRx and automatically enrolled all Medicare-eligible members and Medicare-eligible dependents in the Medicare GenerationRx Part D program offered by PEEHIP unless they were already enrolled in a separate Medicare Part D plan or they chose not to participate.**

Creditable Coverage Notice 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 standard Medicare drug plan or keep your PEEHIP drug coverage.

If you are considering joining a standard 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 standard 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 standard Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a standard Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. 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 standard 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 standard Part D Medicare drug plan and drop your PEEHIP drug plan, your current PEEHIP drug coverage will terminate on the date that you enroll in a standard Medicare drug plan. Please be aware that you and your Medicare-eligible covered dependents will lose the PEEHIP drug coverage, and will not be able to get this coverage back until you drop the other standard Medicare Part D coverage. You cannot have PEEHIP prescription drug coverage and a standard Part D coverage at the same time. If you enroll in a standard Medicare Part D 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 October to join.

For More Information About This Notice Or Your Current 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 Your Options Under Medicare Prescription Drug Coverage…

- Visit **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-MEDICAR (800.633.4227). TTY users should call 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**, or call them at 800.772.1213 (TTY 800.325.0778).

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact PEEHIP at 877.517.0020 for further information. **Note:** You will receive this notice each year, and you can request a copy of this notice at any time.

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:

- Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.

The exemption from these federal requirements will be in effect for the plan year beginning October 1, 2013. The election will be for every subsequent plan year.

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 website at **www.rsa-al.gov**. In lieu of using a paper form, the preferred method of enrolling or changing coverage is online through Member Online Services at **https://mso.rsa-al.gov**.

New Enrollment and Status Change – The Health Insurance and Optional Enrollment Application and the Health Insurance and Optional Status Change form have been combined into one form. The combined form is the New Enrollment and Status Change form.

- This form is to be used if you are: 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.

- 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 – This form is to be used by eligible active and retired members to apply for the FPL premium discount. **Members must re-enroll in this program every year.** This program will not automatically renew each year without a new application. This form cannot be completed online through MOS. You must submit the paper form.

Coordination of Benefits (COB) Form – This form is to be used by an active or retired member if you, your spouse, and/or dependent children are covered under PEEHIP and have any other insurance coverage. This form is a request for other coverage information PEEHIP must have in order to provide proper coverage.

Retiree Employment Verification – This form is to be used by a retired member who is currently employed to verify employer health insurance benefits offered to its employees.

Important for New Employees
Enrollment in PEEHIP coverage must be completed within 30 days of the member's employment date. The Member Online System is the required method of enrollment for new employees.

PEEHIP New Enroll/Status Chg
(06/13)
6U

Check One:
☐ Active Member
☐ Retired Member

NEW ENROLLMENT AND STATUS CHANGE

Public Education Employees' Health Insurance Plan
P. O. Box 302150 ♦ Montgomery, Alabama 36130-2150
334-517-7000 or 877-517-0020
You may submit information online at **https://mso.rsa-al.gov**

PEEHIP Subscriber Information

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

Social Security # or PID	First Name	Middle Initial	Last Name	Date of Birth	Sex
				_____/_____/_____	☐ M ☐ F

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed — Date Married: _____/_____/_____

Is your spouse employed? ☐ Yes ☐ No — Does your spouse have other health insurance coverage? ☐ Yes ☐ No

Mailing Address	City	State	ZIP Code

Is this a change of address?	Home Phone	Cell Phone	Work Phone
☐ Yes ☐ No	_____-_____-_____	_____-_____-_____	_____-_____-_____

Employer/School System	Date of Employment	Email Address
	_____/_____/_____	

Have you or your spouse used tobacco products within the last 12 months?*
This information is required for enrollment.

Member	Spouse
☐ Yes ☐ No	☐ Yes ☐ No

PEEHIP Coverage Information

(You will be billed for prorata premiums or premiums that are not deducted from your payroll or retirement check.)

For an effective date of coverage other than October 1, there is a 270 day waiting period for pre-existing conditions for dependents age 19 and over unless proof of previous coverage is received and approved by the PEEHIP office. PEEHIP will not automatically enroll or cancel any coverage(s).

Section A. New Enrollment

Basic Hospital/Medical
(PEEHIP plans are administered by Blue Cross and Blue Shield of AL)

Coverage Type: (*Select only one of the three plans*)
☐ PEEHIP Hospital/Medical
☐ VIVA Health Plan (HMO) (Primary Care Physician _____)
☐ PEEHIP Hospital/Medical Supplemental**(*Secondary Medical*)
***Complete Primary Insurance Information in Section D if choosing this plan. This plan is not a Medicare supplement & differs from Optional Plans.*

☐ Single or ☐ Family *(complete Section C)*

Requested Effective Date _____/_____/_____ ***(required)***

Optional Coverage Plans
(*administered by Southland National*)

Note: *Optional plans must be all Single or all Family*

Coverage Type(s):
☐ Cancer ☐ Dental ☐ Indemnity ☐ Vision

☐ Single or ☐ Family *(complete Section C)*

These plans must be retained for one year until the following October 1. PEEHIP will not automatically cancel any coverage(s).

Requested Effective Date _____/_____/_____ ***(required)***

Section B. PEEHIP Coverage Information

Coverage Type: (Only check boxes requiring a change)	**PEEHIP Hosp/Med**	****PEEHIP Supplemental**	**VIVA HMO**	**Cancer**	**Dental**	**Indemnity**	**Vision**
Change from Single to **Family** Coverage	☐	☐	☐	☐	☐	☐	☐
Add dependent(s) listed in Section C to Family Coverage	☐	☐	☐	☐	☐	☐	☐
Cancel Coverage	☐	☐	☐	☐	☐	☐	☐
Change from Family to **Single** Coverage	☐	☐	☐	☐	☐	☐	☐
Cancel dependent(s) listed in Section C from Family Coverage	☐	☐	☐	☐	☐	☐	☐

Reason for Status Change(s) *(check all that apply)*

Changes cannot be processed without the appropriate documentation as explained in the Member Handbook for starred (*) items.

Date change occurred ***(Required)*** _____/_____/_____

☐ Open Enrollment
☐ Adoption of a child* *(need adoption papers)*
☐ Birth of a child* *(need birth certificate)*
☐ Death of spouse/dependent* *(need death certificate)*
☐ Dependent loss of coverage* *(need proof of loss of coverage)*
☐ Divorce/Annulment/Legal Separation* *(need divorce decree)*
☐ FMLA/LOA
☐ Legal custody of a child* *(need legal custody papers)*
☐ Marriage* *(need marriage certificate & add'l proof of marriage)*
☐ Marriage of dependent child
☐ Termination of spouse/dependent employment*
☐ Commencement of spouse/dependent employment*
☐ Medicare/Medicaid entitlement* *(need copy of card)*

Note: Active members must have an IRS qualifying life event (QLE) to cancel their Hospital Medical or change their coverage outside of Open Enrollment because their premiums are pre-taxed. ***QLE changes must be submitted within 45 days of the QLE.***

Section C. Dependent Information *(only required for family coverage)*

Social Security Number is required for all dependents. Name must be entered as it appears on the Social Security card. Appropriate eligibility documents are required for all dependents: All children – birth certificates; spouses – marriage certificate & additional current marriage document; adopted children – certificate of adoption or papers from adoption agency showing intent to adopt; step children – also required is the marriage certificate showing member's spouse is married to member; foster and other children – also required is the placement authorization signed by a judge or final court order with judge's signature and seal. *(See handbook for more detail.)*

Name of Dependent *(F, M, L)*	Social Security #	Date of Birth	Relation to Subscriber	Sex	Handicapped
			☐ Husband ☐ Wife	☐ M ☐ F	N/A
			☐ Biological ☐ Adopted ☐ Step ☐ Other	☐ M ☐ F	☐ Yes ☐ No
			☐ Biological ☐ Adopted ☐ Step ☐ Other	☐ M ☐ F	☐ Yes ☐ No
			☐ Biological ☐ Adopted ☐ Step ☐ Other	☐ M ☐ F	☐ Yes ☐ No
			☐ Biological ☐ Adopted ☐ Step ☐ Other	☐ M ☐ F	☐ Yes ☐ No
			☐ Biological ☐ Adopted ☐ Step ☐ Other	☐ M ☐ F	☐ Yes ☐ No

Section D. Primary Insurance Information** *(Must be completed if choosing PEEHIP Hospital/Medical Supplemental)*

Name of Insurance Company	Phone Number	Contract/Policy #	Effective Date of Coverage
	_____-_____-_____		_____/_____/_____

Section E. Other Health Insurance Information *(Must be completed for enrollment)*

Are you, your spouse, or dependent children covered under any other Hospital, Medical, Dental, or Vision plan(s)? ☐ Yes* ☐ No

*If you answered yes, you must complete a separate COORDINATION OF BENEFITS (COB) form, available at www.rsa-al.gov.

Section F. Retiree Other Employer Information *(Must be completed if you retired after September 30, 2005)*

Are you a retiree and employed by another employer? ☐ Yes* ☐ No

*If you answered yes and you retired after September 30, 2005, and became employed by another employer, you must complete a separate RETIREE EMPLOYMENT VERIFICATION form available at www.rsa-al.gov.

Section G. Medicare Information

Are you or your covered dependent(s) eligible for Medicare? ☐ Yes* ☐ No

*If you answered yes, you must complete this section and provide a copy of the Medicare card(s) to PEEHIP before your monthly retiree premium can be reduced. **Note: As a retiree or a dependent on a retired account, you MUST have BOTH Part A and Part B to have adequate coverage with PEEHIP.** If you fail to timely enroll in Part A and B, you will have a lapse in coverage in your effective date for Part A and B is after your date of retirement. You are financially liable for medical costs incurred as PEEHIP will only pay 20% of the Medicare allowable fees.

Name	Medicare Card Number

Check the Medicare Part(s) for which you are eligible:

☐ Part A-Effective:_____/_____/_____ ☐ Part B-Effective:_____/_____/_____ ☐ Part D**-Effective:_____/_____/_____

Name	Medicare Card Number

Check the Medicare Part(s) for which you are eligible:

☐ Part A-Effective:_____/_____/_____ ☐ Part B-Effective:_____/_____/_____ ☐ Part D**-Effective:_____/_____/_____

***If you are enrolled in another Medicare Part D plan (other than PEEHIP's Medicare GenerationRx), you are not eligible for the PEEHIP prescription drug plan coverage.*

Section H. 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.

Member Signature _____ Date Signed _____/_____/_____

PEEHIP FSA
Enroll (5/13)
2H

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
Fax: 334-517-7001 or 877-517-0021
Web site: 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 or PID Number	First Name	Middle Name/Initial	Last Name

Mailing Address	City	State	ZIP Code

Date of Birth	Home Phone	Work Phone	Sex
_____/_____/_____	_____-_____-_____	_____-_____-_____	☐ Male ☐ Female

Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed

Employer/School System	Email Address	Date of Employment
		_____/_____/_____

Healthcare Flexible Spending Account Information

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

I choose: ☐ The Flex Debit Card ☐ Traditional Reimbursement (bump) ☐ Manual Reimbursement

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 $2,500 and the minimum annual amount is $120.
- Non-prescription over-the-counter medications are not eligible for reimbursement.

Dependent Day Care Flexible Spending Account Information

I wish to enroll in the Dependent Day 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.**
- This plan is for:
  - licensed nursery school and daycare facilities
  - childcare in or outside your home
  - daycare for an elderly or disabled dependent
- 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 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 _____/_____/_____

PEEHIP FSA Change
(5/13)
2I

FLEXIBLE SPENDING ACCOUNT STATUS CHANGE

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

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 or PID Number	First Name	Middle Name/Initial	Last Name

Mailing Address	City	State	ZIP Code

Date of Birth	Home Phone	Work Phone	Email Address
_____/_____/_____	_____-_____-_____	_____-_____-_____	

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed

Reason for Status Change

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

- ☐ Marriage
- ☐ Marriage of dependent
- ☐ Birth of a child
- ☐ Adoption of a child
- ☐ Legal custody of a child
- ☐ Divorce/annulment
- ☐ Death of spouse/dependent
- ☐ Dependent loss of coverage
- ☐ Dependent no longer in daycare *(Dependent Care FSA only)*
- ☐ Significant change in medical benefits or premiums
- ☐ Termination of spouse/dependent employment
- ☐ Commencement of spouse/dependent employment
- ☐ Taking leave under the Family and Medical Leave Act
- ☐ Medicare/Medicaid entitlement
- ☐ Unpaid Leave of Absence
- ☐ Short plan year

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 $2,500 and the minimum annual amount is $120.

☐ Stop Payroll Deductions

Reimbursement Option Change can only be made by calling BCBS Flex at 800.213.7930.

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 _____/_____/_____

PEEHIP FPL
(5/13)
2G

FEDERAL POVERTY LEVEL ASSISTANCE APPLICATION (FPL)

ACTIVE OR RETIRED MEMBERS

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

This form is to be used to apply for the Federal Poverty Level Premium Assistance.

PEEHIP Subscriber Information - *Required*

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

Social Security Number or PID Number	First Name	Middle Name/Initial	Last Name

Mailing Address	City	State	ZIP Code

Home Phone	Work Phone	Date Received *(For internal use only)*
_____-_____-_____	_____-_____-_____	_____/_____/_____

Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Legally Separated ☐ Widowed

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 levels.

PEEHIP provides premium assistance to PEEHIP members with a combined family income of less than or equal to 300% 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 300% of the FPL	member pays 100% of the member contribution	
equal to or less than 300% but more than 250% of the FPL	member contribution reduced 10%	Member pays 90%
equal to or less than 250% but more than 200% of the FPL	member contribution reduced 20%	Member pays 80%
equal to or less than 200% but more than 150% of the FPL	member contribution reduced 30%	Member pays 70%
equal to or less than 150% 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%

2013 Federal Poverty Levels (FPL)

Family Size	100% of FPL	150% of FPL	200% of FPL	250% of FPL	300% of FPL
1	$11,490	$17,235	$22,980	$28,725	$34,470
2	$15,510	$23,265	$31,020	$38,775	$46,530
3	$19,530	$29,295	$39,060	$48,825	$58,590
4	$23,550	$35,325	$47,100	$58,875	$70,650
5	$27,570	$41,355	$55,140	$68,925	$82,710
6	$31,590	$47,385	$63,180	$78,975	$94,770
7	$35,610	$53,415	$71,220	$89,025	$106,830
8	$39,630	$59,445	$79,260	$99,075	$118,890

Coordination of Benefits (COB) Form

Request for Other Coverage Information

This form is a request for other coverage information we must have in order to update your insurance information and provide proper coverage.
INSTRUCTIONS: Print clearly in black ink . Complete the form in full, sign, and return it to PEEHIP using one of the following methods:
Online: https://mso.rsa-al.gov
Fax: 877-517-0021 (toll-free) (Please fax front and back of form)
Mail: PEEHIP, P.O. BOX 302150, Montgomery, AL 36130

If you, your spouse and/or dependent children are covered under PEEHIP and have any other insurance coverage, EXCLUDING MEDICARE AND PEEHIP, please indicate the other coverage on this form or go online at https://mso.rsa-al.gov . Failure to timely submit this form will result in your account being placed on claim hold and may cause a denial of medical and prescription claims.

SECTION A. SUBSCRIBER INFORMATION About You (Subscriber) and Your Spouse

SSN or PID:	Cell Phone Number: ( )	Telephone Number: ( )	Email Address:

SECTION B. OTHER INSURANCE COVERAGE INFORMATION, EXCLUDING MEDICARE AND PEEHIP, About You, Your Spouse, and/or Dependent Children (Check all that apply)

☐ Yes ☐ No - I have other insurance coverage
☐ Yes ☐ No - My spouse has other insurance coverage and/or provides other insurance coverage for my dependent children
☐ Yes ☐ No - My dependent children are covered through other insurance not provided by my current spouse

If you answered "Yes" to any of the above, you must complete the Insurance Company information below.
If you answered "No" to all of the above, skip to Section C.

LIST EACH INSURANCE COMPANY SEPARATELY (ATTACH ADDITIONAL SHEET(S) IF NEEDED)

Name of Policy Holder:	Date of Birth:	Contract/Policy Number:	Effective Date of Coverage:	Insurance Company Phone Number: ( )

Name of Insurance Company (check one):	Coverage Provided Through:	Type(s) of Coverage (check all that apply):
☐ Aetna ☐ Blue Cross Blue Shield ☐ Cigna ☐ Tricare ☐ United Health Care ☐ VA ☐ Other ···▶ Name: _____	☐ Current Employer ☐ Former Employer ☐ Other	☐ Hospital/Medical with Prescription Drug ☐ Dental ☐ Hospital/Medical without Prescription Drug ☐ Vision ☐ Prescription Drug Only ***Note:*** *HSA, HDHP, and HRA Plans are considered Hospital/Medical with Prescription Coverage*

Are you or any of your PEEHIP dependents covered as **dependents** on this insurance policy? ☐ Yes ···▶ *List each dependent below* ☐ No

Dependent(s) Name(s)	Effective Date(s) of Coverage	Relationship to Policy Holder	Are both parents married or living together?	Based on court decree, who is responsible for health care expenses? (check first that applies) **
		☐ Spouse ☐ Child ···▶ ☐ Stepchild ···▶	☐ Yes ☐ No ···▶	☐ You (PEEHIP Subscriber) or your Spouse is responsible ☐ Policy Holder or their Spouse is responsible ☐ You (PEEHIP Subscriber) or your Spouse has custody ☐ Policy Holder or their Spouse has custody ☐ Joint custody or no court decree
		☐ Spouse ☐ Child ···▶ ☐ Stepchild ···▶	☐ Yes ☐ No ···▶	☐ You (PEEHIP Subscriber) or your Spouse is responsible ☐ Policy Holder or their Spouse is responsible ☐ You (PEEHIP Subscriber) or your Spouse has custody ☐ Policy Holder or their Spouse has custody ☐ Joint custody or no court decree
		☐ Spouse ☐ Child ···▶ ☐ Stepchild ···▶	☐ Yes ☐ No ···▶	☐ You (PEEHIP Subscriber) or your Spouse is responsible ☐ Policy Holder or their Spouse is responsible ☐ You (PEEHIP Subscriber) or your Spouse has custody ☐ Policy Holder or their Spouse has custody ☐ Joint custody or no court decree

SEE REVERSE SIDE – THIS FORM CONTAINS MORE INFORMATION.

LIST EACH INSURANCE COMPANY SEPARATELY (ATTACH ADDITIONAL SHEET(S) IF NEEDED)				
Name of Policy Holder:	Date of Birth:	Contract/Policy Number:	Effective Date of Coverage:	Insurance Company Phone Number: ( )

Name of Insurance Company (check one):	Provided Through:	Type(s) of Coverage (check all that apply):
☐ Aetna ☐ Blue Cross Blue Shield ☐ Cigna ☐ Tricare ☐ United Health Care ☐ VA ☐ Other ···▶ Name: _____	☐ Current Employer ☐ Former Employer ☐ Other	☐ Hospital/Medical with Prescription Drug ☐ Dental ☐ Hospital/Medical without Prescription Drug ☐ Vision ☐ Prescription Drug Only ***Note:*** *HSA, HDHP, and HRA Plans are considered Hospital/Medical with Prescription Coverage*

Are you or any of your PEEHIP dependents covered as **dependents** on this insurance policy? ☐ Yes ···▶ *List each dependent below* ☐ No

Dependent(s) Name(s)	Effective Date(s) of Coverage	Relationship to Policy Holder	Are both parents married or living together?	Based on court decree, who is responsible for health care expenses? (check first that applies) **
		☐ Spouse ☐ Child ···▶ ☐ Stepchild ···▶	☐ Yes ☐ No ···▶	☐ You (PEEHIP Subscriber) or your Spouse is responsible ☐ Policy Holder or their Spouse is responsible ☐ You (PEEHIP Subscriber) or your Spouse has custody ☐ Policy Holder or their Spouse has custody ☐ Joint custody or no court decree
		☐ Spouse ☐ Child ···▶ ☐ Stepchild ···▶	☐ Yes ☐ No ···▶	☐ You (PEEHIP Subscriber) or your Spouse is responsible ☐ Policy Holder or their Spouse is responsible ☐ You (PEEHIP Subscriber) or your Spouse has custody ☐ Policy Holder or their Spouse has custody ☐ Joint custody or no court decree
		☐ Spouse ☐ Child ···▶ ☐ Stepchild ···▶	☐ Yes ☐ No ···▶	☐ You (PEEHIP Subscriber) or your Spouse is responsible ☐ Policy Holder or their Spouse is responsible ☐ You (PEEHIP Subscriber) or your Spouse has custody ☐ Policy Holder or their Spouse has custody ☐ Joint custody or no court decree

Action Required: If you have indicated that you, your spouse, or your dependent child is insured under another Insurance Plan, you are required to provide a copy of the front and back of the insurance card for each card.

**** If applicable, you must provide a copy of the section of the Court Order/Divorce Decree pertaining to health coverage or other documents to support your response.**

SECTION C. SUBSCRIBER SIGNATURE

Statement: 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. It is fraudulent to submit information you know to be false or knowingly omit important facts. Criminal and/or civil penalties can result from such an act. If any of the above information is untrue, I agree to reimburse PEEHIP for any money it was induced to pay as a result of the information I provided. Receipt and/or completion of this form is not a guarantee of eligibility. I further authorize the release of any pertinent information from any source available to PEEHIP to verify the status of my employment.

X _____

Subscriber's Signature Date

HELPING YOU UNDERSTAND WHY THE INFORMATION IS NEEDED

COORDINATION OF BENEFITS. WHAT IS IT? Coordination of Benefits is designed to keep your rates as low as possible by eliminating excess payments. It keeps the cost of your medical care down without affecting the way you receive care. Oftentimes, members and their dependents are covered by two insurance plans. Working spouses cover each other and children are often covered on both parents' plan. When a PEEHIP subscriber is covered by more than one health plan, the payment of his/her benefits is coordinated between the two plans.

HOW COORDINATION WORKS. If you have more than one plan and you receive services or supplies that are covered under both plans, this is how your benefits are coordinated:

The primary plan pays the full extent of its benefits. PEEHIP uses the first of the following rules that applies:

1. The benefits of the plan that covers you as an employee will be paid before the plan that covers you as a dependent. However, if you are eligible for Medicare coverage and Medicare is primary to your plan and your spouse has active coverage through an employer, then your plan pays third
2. For claims on dependent children, the benefits of the parent's plan whose birthday falls earlier in the calendar year will be primary (this is known as the birthday rule) unless the parents are separated or divorced, in which case:
   a. If a court decree species one parent cover the child's medical care, that parent's plan is primary
   b. If there is no court decree specifying coverage, the plan covering the parent with custody will be primary.
   c. However, if the parent with custody remarries, the plan covering that parent will be primary; the plan covering the step-parent will be secondary, and the plan covering the parent without custody will be third.
   d. If a court decree specifies joint custody but does not say which parent covers the child's medical care, then the birthday rule is used.
3. The benefits of a plan covering you as an active employee are primary over the benefits of a plan covering you as a retired employee.
4. If you are the policy holder on two contracts, the plan that has covered you longer is primary.

2U

Public Education Employees' Health Insurance Plan
P. O. Box 302150
Montgomery, Alabama 36130-2150
(334) 517-7000 or (877) 517-0020
www.rsa-al.gov

Under Alabama law, Code of Alabama 1975, Section 16-25A-5.2(1), employees who retire after September 30, 2005, and who become employed by an employer that provides employees at least 50 percent of the cost of single health insurance coverage and that qualify to receive other employer group health insurance coverage through that employer shall be required to use the employer's health benefit plan for primary coverage and the Public Education Employees' Health Insurance Plan may provide supplemental secondary coverage. If you are required to take your new employer's health insurance, the Public Education Employees' Health Insurance Plan (PEEHIP) offers supplemental and optional coverages at little to no cost. Please visit the PEEHIP website, www.rsa-al.gov, or contact PEEHIP for more information on the supplemental and optional coverages.

You can re-enroll in PEEHIP without a break in coverage if your new employer stops paying at least 50% of the cost of single coverage or if you should lose your other employer's health insurance coverage due to termination or ineligibility.

All employees who retired after September 30, 2005, are required to complete the form on the reverse side of this letter and return it to PEEHIP (forms should be faxed to 1-877-517-0021 or mailed to PEEHIP, P O BOX 302150, Montgomery, AL 36130). Your employer must also complete the Employer Information Sections C and D of the Retiree Employment Verification form (on back) if applicable. You must also contact PEEHIP about subsequent employment changes if other group health insurance coverage is made available to you.

Any employee or retiree who knowingly and willfully submits materially false information to PEEHIP shall repay all claims and other expenses incurred by the plan related to false or misleading information submitted by the employee or retiree, in addition to a charge based on the applicable interest rate (Code of Alabama 1975, Section 16-25A-20).

If you or your covered dependents are under age 65 and Medicare eligible, it is imperative that you notify the PEEHIP office and provide a copy of your or your dependent's Medicare card to ensure that medical and prescription drug claims are being processed correctly and you are paying the lower PEEHIP premium.

Thank you for your cooperation.

SEE REVERSE SIDE AND COMPLETE THE RETIREE EMPLOYMENT VERIFICATION FORM.

PEEHIP REV
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Retiree Employment Verification

This form is to be completed by the PEEHIP Retiree and his/her current employer (if applicable) to verify employer health insurance benefits offered to its employees.

The PEEHIP Retiree must return this completed, signed, and dated form to PEEHIP using one of the following methods:
Online: https://mso.rsa-al.gov **Fax:** 1-877-517-0021 (toll-free)
Mail: PEEHIP, P O BOX 302150, Montgomery, AL 36130

SECTION A. PEEHIP RETIREE INFORMATION

Retiree's Name:	Social Security Number or PID:

Are you currently employed? ☐ Yes ☐ No ***(If "No". skip to Section B)***

Name of Retiree's Employer:	Employer's Telephone #: ( )	Date of Hire (MM/DD/YYYY):

Employer's Address 1:	Employer's Address 2:	City:	State:	Zip Code:

1. Does your current employer offer health insurance coverage: ☐ Yes ☐ No ***(If "No", skip to Section B.)***
2. Are you currently eligible, or will become eligible after a specified waiting period, for health insurance benefits through your current employer? ☐ Yes ☐ No*
   a. If you are eligible for your employer's health insurance, you must indicate the date you became/will become eligible for benefits (MM/DD/YYYY): _____
3. Does your employer contribute at least 50% or more of the cost of single health insurance coverage? ☐ Yes ☐ No*

ACTION REQUIRED:** ***If you answered "No" to questions 2 or 3, you must have your current employer complete Section C and D before submittin the completed, signed, and dated form to PEEHIP.

SECTION B. PEEHIP RETIREE SIGNATURE

Statement: 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. It is fraudulent to submit information you know to be false or knowingly omit important facts. Criminal and/or civil penalties can result from such an act. If any of the above information is untrue, I agree to reimburse PEEHIP for any money it was induced to pay as a result of the information I provided. Receipt and/or completion of this form is not a guarantee of eligibility. I further authorize the release of any pertinent information from any source available to PEEHIP to verify the status of my employment.

X _____ _____

Retiree's Signature **Date**

SECTION C. EMPLOYER INFORMATION (To be completed by Current Employer only)

Employee Hire Date: (MM/DD/YYYY):	Employee Status: ☐ Full-time ☐ Part-time

Is the person, named above as the Employee, eligible for your company's Health Insurance Coverage? ☐ Yes ☐ No

If "Yes", please provide the Single Employee monthly premium contribution information below:

Important Note: *If your company pays for, reimburses, or intends to pay or reimburse the person, named above as the Employee, either directly or indirectly, including through a Health Reimbursement Arrangement (HRA) or Section 125 Plan (Cafeteria Plan), that amount should be reflected in the monthly premiums.*

Total Monthly Single Premium:	Employee Share of Monthly Single Premium:	Company Share of Monthly Single Premium:

If "NO", please indicate why employee is not eligible:

☐ Benefits not offered ☐ Part-time employee (not eligible for benefit) ☐ Other, please explain: _____

SECTION D. EMPLOYER SIGNATURE (To be completed and signed by Current Employer only)

Statement: Under penalties of perjury, I hereby certify that the above answers are true and correct. I further understand that omission of important facts, or a false or fraudulent statement or representation, made in order to procure coverage under a health benefit plan, including a public plan such as the Public Education Employee's Health Insurance Plan (PEEHIP), for a person who is ineligible for such plan, is a violation of the anti-fraud provision of the Health Insurance Portability and Accountability Act, to which civil and criminal penalties, including imprisonment, can apply.

_____ _____

Printed Name of Company Representative Providing Verification **Title**

_____ _____

Signature of Company Representative Providing Verification **Date**

EMPLOYER: Please return this Employment Verification Form to your Employee. The Employee must submit this form to PEEHIP. Thank you for your cooperation.

SEE REVERSE SIDE FOR INSTRUCTIONS

*Cover photo: **RTI Ross Bridge,** Hoover, Alabama*

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2013

PEEHIP

Deadline August 31, 2013 | Effective October 1, 2013

PUBLIC EDUCATION EMPLOYEES'
HEALTH INSURANCE PLAN
P. O. Box 302150
Montgomery, Alabama 36130-2150
www.rsa-al.gov