



PEIA Healthy Tomorrows Pick a PCP Form Plan Year 2016

PEIA ID # (from medical ID card)	7	7	0	0						
-------------------------------------	---	---	---	---	--	--	--	--	--	--

Policyholder Name: _____

Address _____

City, State, Zip _____

For Plan Year 2016 (July 1, 2015 – June 30, 2016), the PEIA Finance Board has authorized a deductible increase of \$500 for any active employee or non-Medicare retired policyholder who does not name a primary care provider (PCP) during this Open Enrollment period (April 2 – May 15, 2015). **Only the policyholder is required to name a PCP**, not enrolled dependents.

All active employee and non-Medicare retired policyholders in PEIA PPB Plans A, B, C and D must name a PCP. You may name any provider you want as your PCP. To help with naming a PCP, PEIA has a PCP directory online at <http://www.peia.wv.gov/services/Pages/Open-Enrollment.aspx>.

1. If you have your PCP's number from the online directory, please write it neatly here:

--	--	--	--	--	--	--

2. If your physician is not listed in the directory or you can't access the directory, you may print the physician's name and address in the space below.

Physician's Name: _____

Address: _____

City, State, Zip: _____

I certify that this information is correct. I understand that providing false information on this form is illegal and that those who provide false information may be prosecuted.

Policyholder Signature _____ Date _____

Please return this form no later than May 15, 2015, to:

PEIA, Pick a PCP Unit, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345