



NEW EMPLOYEES -

Enroll ONLINE for PEEHIP Coverages!

IT'S FAST - FREE - ACCURATE - SECURE - TIMELY!

WHEN to enroll

- » You must complete the enrollment process **online** within 30 calendar days of your date of hire.
- » If you miss the deadline to enroll, you must wait until the next Open Enrollment period.
- » First month's payment due at enrollment.

HOW to enroll online

- » Go to www.rsa-al.gov, click MOS Login and enter your User ID and Password on the Log In page.
- » If you do not have a User ID and Password, click "Register Now" and follow the on-screen prompts.
- » Once you successfully log in, click "Enroll or Change PEEHIP Coverages" from the PEEHIP menu at the left of your screen.
- » Click "New Employees" and follow the on screen prompts until you receive a Confirmation page.

WHAT YOU NEED to enroll

- » Your PID number, obtained from your RSA new account letter or through Member Online Services at www.rsa-al.gov.
- » Social Security numbers for you and your eligible dependents.

To view, print, and/or download the Summary of Benefits and Coverage, visit www.rsa-al.gov/index.php/members/peehip/benefits-policies/



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

PRESORTED
FIRST CLASS MAIL
US POSTAGE PAID
MONTGOMERY, AL
PERMIT NO. 402

IMPORTANT INFORMATION for New Employees:



**Enroll ONLINE for
PEEHIP Coverages**

For more information, visit our website:
[www.rsa-al.gov/index.php/members/peehip/
new-employees/](http://www.rsa-al.gov/index.php/members/peehip/new-employees/)

Premium Rates (Active, LOA, and COBRA Members)

October 1, 2017 – September 30, 2018

The following insurance premiums are the base rates set by the PEEHIP Board. Base rates are before the wellness and tobacco premiums are applied, if applicable.

Insurance premiums are calculated by PEEHIP, not by the employer. If a payroll deduction is in question, members should contact PEEHIP rather than their employer. Premiums are paid with pre-tax dollars and are excludable from federal and state income taxes under Sections 105(b) or 106 of the Internal Revenue Code for active employees. PEEHIP premiums are deducted in the month prior to the month of coverage (i.e. the premium for October's insurance coverage is deducted in September). Flexible Spending Account contributions are deducted in the current month (i.e. the contribution for October is deducted in October).

- ◆ Premiums and/or FSA contributions not payroll deducted at the proper time will be deducted from your next available paycheck.
- ◆ Those who do not receive a check large enough to cover the amount of their total premium shall submit their monthly premium payment directly to PEEHIP (i.e. new employee who has not begun receiving a paycheck, members on Leave of Absence or COBRA.)
- ◆ Failure to pay premiums timely will result in a cancellation of coverage if you are **not actively employed** by a PEEHIP employer, or your account will be placed on **claim hold** if you are actively employed with a PEEHIP employer.

PEEHIP Hospital Medical Plan & VIVA Health Plan (Base Rate*)

Active Member		Member on LOA/COBRA	
Single	\$ 30	Single	\$ 464
Family (without Spouse)	\$ 207	Family	\$1,185
Family (with Spouse*)	\$ 307		

**Includes \$100 per month spousal surcharge*

Note: The spousal surcharge does not apply to spouses who are independently eligible for PEEHIP.

Tobacco Premium

Active/Retired Member, LOA/COBRA, Surviving Dependent and Covered Spouses

Member	\$ 50
Spouse	\$ 50

The tobacco premium applies only to the PEEHIP Hospital Medical and VIVA Health plans. Refer to the [Wellness Program](#) section to learn how you and/or your spouse can receive the non-tobacco user discount.

Wellness Premium

Active/Retired (Non-Medicare-Eligible) Members, Covered Spouses, LOA/COBRA, Surviving Dependent

Member	\$ 50
Spouse	\$ 50

The wellness premium applies only to the Blue Cross Blue Shield Hospital Medical Group #14000 plan for non-Medicare-eligible active and retired members, non-Medicare-eligible members on LOA or COBRA, and non-Medicare-eligible spouses on active or retired contracts. Refer to the [Wellness Program](#) section to learn how you and/or your spouse can receive a wellness premium waiver.

Optional Coverage Plan Premiums

Cancer, Indemnity, and Vision	Single or Family (cost per plan)	\$ 38
Dental	Single	\$ 38
Dental	Family	\$ 50