



CAMPUS CONVERSATION

PEIA Update

April 26, 2023

WHAT WE WILL COVER TODAY

- ✓ How today will work
- ✓ Presentation from Rob Alsop, Cris DeBord and Toni Christian
- ✓ **Discussion:** Q&A session

PEIA PREMIUM INCREASE

PEIA AND PLAN YEAR 2024 CHANGES

- ✓ The **West Virginia Public Employees Insurance Agency (PEIA)** is the State agency that provides health and life insurance benefits for West Virginia's public employees.
- ✓ On **March 30**, the **PEIA Finance Board** adopted an updated plan as a result of **West Virginia Senate Bill 268**, which will result in substantial changes, effective **July 1**:
 - ✓ Employee premiums will increase **24.2%** in aggregate.
 - ✓ Employer premiums will increase **22.3%** in aggregate across **PEIA** and the **Retiree Health Benefit Trust (RHBT)**.
 - ✓ **Spousal Surcharge**: a monthly surcharge will apply to **Family** coverage if the employee's spouse has other eligible coverage available through their employer but has chosen **PEIA** coverage instead. This will result in a new coverage type, **Family with Eligible Spouse**.
 - ✓ Increasing reimbursement to providers to a minimum of **110%** of **Medicare's** reimbursement.
 - ✓ Removed reduction in employee basic life coverage by age.

EMPLOYER AND EMPLOYEE TOTAL PREMIUM INCREASES

	FY2023 ANNUAL COST	FY2024 ANNUAL COST	ANNUAL INCREASE
Employer Premiums*	\$44,061,744.96	\$56,177,967.24	\$12,116,222.28
Employee Premiums**	\$15,121,224.00	\$21,233,088.00	\$ 6,111,864.00***
Grand Totals (Employer Premiums + Employee Premiums) to PEIA	\$59,182,968.96	\$77,411,055.24	\$ 18,228,086.28

* Includes health and basic life.

** Includes Spousal surcharge and no tobacco-free discount.

*** Total spousal surcharge of employee cost: \$3,803,288 (62.2%).

BACKGROUND

WVU EMPLOYEES AND PEIA

Plans and Employee Numbers

PLAN	EMPLOYEES PER PLAN	PERCENT PER PLAN
PEIA PPB Plan A	3,050	53%
PEIA PPB Plan B	1,658	29%
PEIA PPB Plan C	429	7%
PEIA PPB Plan D	88	2%
Health Plan A	257	4%
Health Plan B	254	4%
Health Plan C	32	1%
Total	5,768	

- ✓ All benefits-eligible employees are offered to enroll in the University-sponsored health insurance upon hire or during annual **Open Enrollment**.
- ✓ WVU has **~7,108** benefits-eligible employees.
- ✓ **5,768 (81%)** of benefits-eligible employees are enrolled in health insurance.
- ✓ **1,340 (19%)** of benefits-eligible employees are not enrolled in health insurance.

IMPORTANT TERMS

Deductible	The dollar amount you pay before your plan begins paying benefits. Not all services are subject to the deductible.
Coinsurance	The percentage of the allowed amount that you pay when you use certain benefits.
Copayments	A set dollar amount that you pay when you use certain services.
Premiums	The amount you pay for your health insurance every month. Your monthly premium is split between two pays each month.
Tobacco-Free Premium Discount	PEIA offers a premium discount to policyholders who verify through a tobacco affidavit that you and all enrolled family members have been tobacco-free (by Jan. 1 for Plan Year 2024). This includes cigarettes, cigars, pipes and chewing and/or smokeless tobacco, including e-cigarettes and/or tobacco vaping oils.
Out-of-Pocket Maximums	The limit on what you pay on top of your premiums during the plan year (July 1 – June 30) for deductibles, coinsurance and copays.

HEALTH INSURANCE PLAN OPTIONS

PEIA BREAKDOWN

Plans

PEIA

1. PPB Plan A
2. PPB Plan B
3. PPB Plan C (QHDP)
4. PPB Plan D

PPB = Preferred Provider Benefit

The Health Plan

1. Plan A
Managed Care (HMO)
2. Plan B
Managed Care (HMO)
3. Plan C
Point of Service

Coverage Types

1. Employee Only
2. Employee and Child(ren)
3. Family
4. Family with Employee Spouse
5. Family with Eligible Spouse (New)

Salary Tiers

- PEIA has 10 salary tiers; new ranges will be implemented **Aug. 1**.
- Salary tiers determine premiums, deductibles and out-of-pockets for PEIA plans **A, B and D** (excluding **PEIA PPB Plan C**) and premiums for **The Health Plan** plans.

Spousal Surcharge

PLAN	MONTHLY SURCHARGE
PPB and HP Plans A	\$149
PPB and HP Plans B	\$139
PPB Plan C	\$141
PPB Plan D and HP Plan C	\$147

PLAN COMPARISON: BENEFITS

BENEFIT	PEIA PPB PLANS				HEALTH PLAN		
	A	B	C	D	A	B	C
In-Network	\$\$\$	\$	\$	\$	\$\$\$	\$	\$
Monthly Premium	Varies by Salary and Coverage Type	Varies by Salary and Coverage Type	Flat Amount Dependent on Coverage Type Selected	Varies by Salary and Coverage Type			
	Varies by Salary and Coverage Type	Varies by Salary and Coverage Type*	\$1,500 (S) \$3,000 (F)	Varies by Salary and Coverage Type	\$600 (S) \$1,200 (F)	\$1,000 (S) \$2,000 (F)	\$1,200 (S) \$2,400 (F)
Annual Out-of-Pocket Maximum	Varies by Salary and Coverage Type	Varies by Salary and Coverage Type*	\$2,500 (S) \$5,000 (F)	Varies by Salary and Coverage Type	\$6,850 (S) \$13,700 (F)	\$6,850 (S) \$13,700 (F)	\$6,850 (S) \$13,700 (F) (OON Differs)
			Varies by Salary and Coverage Type		Varies by Salary and Coverage Type	Varies by Salary and Coverage Type	Varies by Salary and Coverage Type
Coinsurance	80% / 20%	70% / 30%	80% / 20%	80% / 20%	Varies	Varies	Varies

• New for Plan Year 2024, **PEIA PPB Plan B** Deductibles and Out-of-Pockets have been adjusted to have amounts at each salary tier.

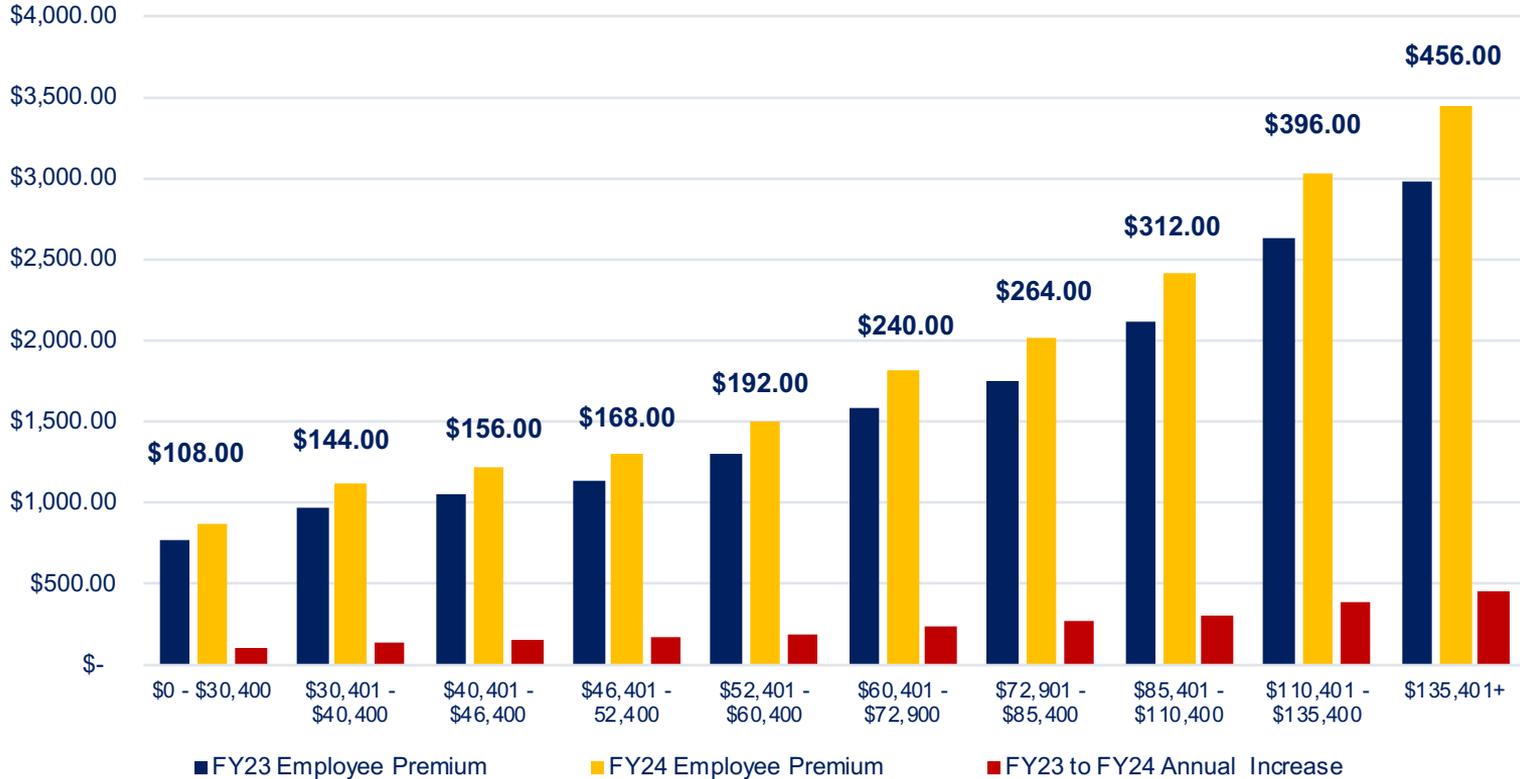
** Info is not all encompassing of benefits (in and out of network). Refer to the **PEIA Shopper's Guide** for more information.

PLAN COMPARISON: PRESCRIPTION BENEFITS

BENEFIT	PEIA PPB PLANS				HEALTH PLANS		
	A	B	C	D	A	B	C
In-Network							
Deductible	\$75 (S)	\$150 (S)	Combined Medical and Prescription	\$75 (S)	None	None	None
	\$150 (F)	\$300 (F)		\$150 (F)			
Annual Out-of-Pocket Maximum	\$1,750 (S)	\$1,750 (S)	Combined Medical and Prescription	\$1,750 (S)	Included in Medical OOPM	Included in Medical OOPM	Included in Medical OOPM
	\$3,500 (F)	\$3,500 (F)		\$3,500 (F)			
Generic Drug Co-pay	\$10	\$10	\$10 After Deductible (Unless on Preventative Drug List)	\$10	\$10	\$10	\$10
Brand Name Cost: Formulary List	\$25	\$30	\$25 After Deductible (Unless on Preventative Drug List)	\$25	50% Coinsurance If Generic is Not Available	Not Covered	Not Covered
Brand Name Cost: Non-Formulary List	75% Coinsurance	75% Coinsurance	75% Coinsurance After Deductible (Unless on Preventative Drug List)	75% Coinsurance	Not Covered	Not Covered	Not Covered

* Info is not all encompassing of benefits (in and out of network). Refer to the **PEIA Shopper's Guide** for more information.

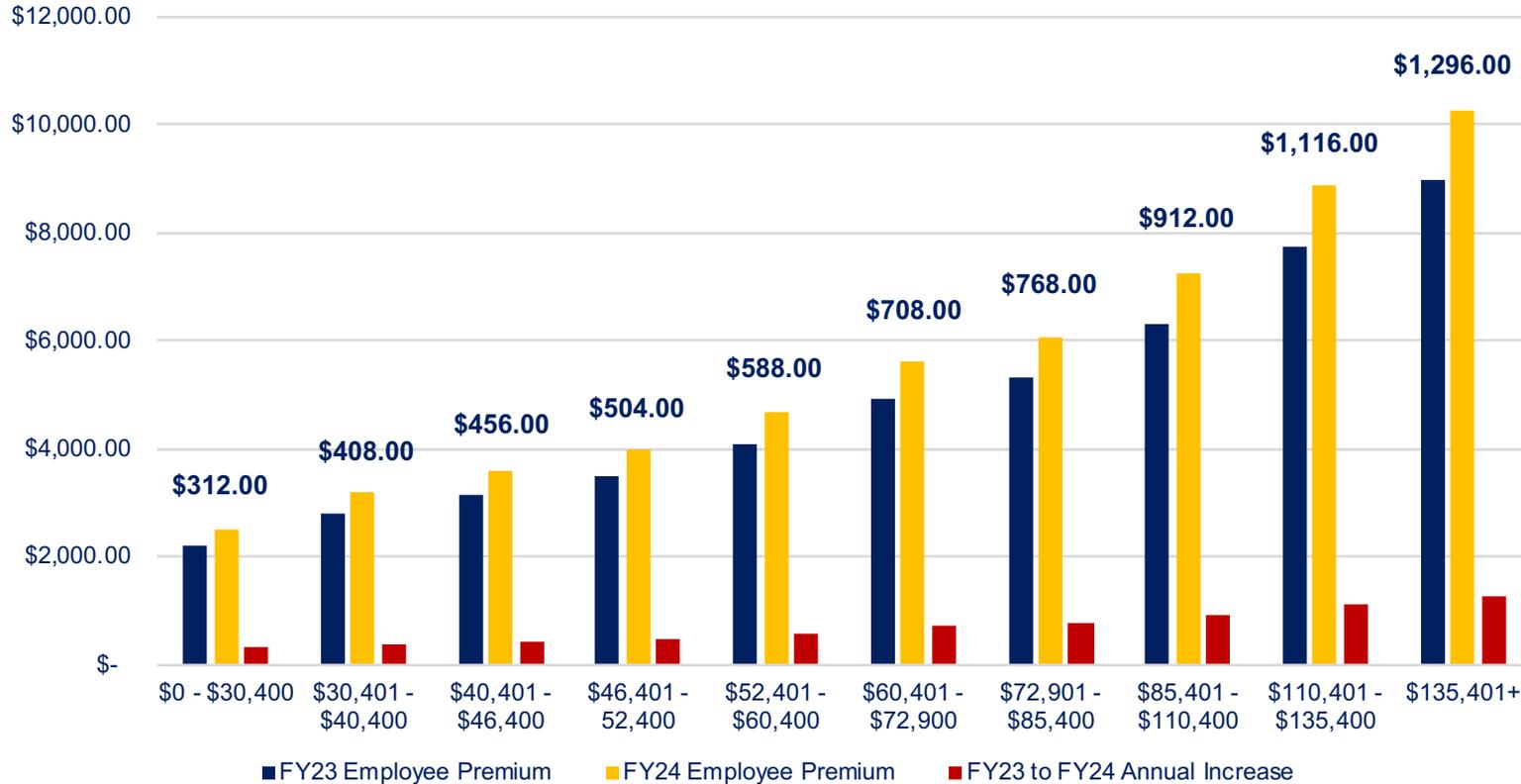
PEIA PLAN A: EMPLOYEE-ONLY COST



*Employee only coverage with no tobacco discount

SALARY TIERS	EMPLOYEES PER TIER
\$0 - \$30,400	109
\$30,401 - \$40,400	209
\$40,401 - \$46,400	126
\$46,401 - \$52,400	175
\$52,401 - \$60,400	187
\$60,401 - \$72,900	224
\$72,901 - \$85,400	109
\$85,401 - \$110,400	128
\$110,401 - \$135,400	40
\$135,401+	46

PEIA PLAN A: FAMILY COST



*Family coverage with no tobacco discount and no spousal surcharge

SALARY TIERS	EMPLOYEES PER TIER
\$0 – \$30,400	122
\$30,401 – \$40,400	162
\$40,401 – \$46,400	76
\$46,401 – \$52,400	156
\$52,401 – \$60,400	117
\$60,401 – \$72,900	174
\$72,901 – \$85,400	126
\$85,401 – \$110,400	114
\$110,401 – \$135,400	86
\$135,401+	71

PEIA PPB: MONTHLY INCREASES

Salary Tiers as of Aug. 1, 2023, not including Tobacco-Free Discount

EMPLOYEE ONLY				
Salary Tiers	Plan A	Plan B	Plan C	Plan D
\$0 - \$30,400	\$ 9.00	\$ 6.00	\$ 10.00	\$ 9.00
\$30,401 - \$40,400	\$ 12.00	\$ 7.00		\$ 11.00
\$40,401 - \$46,400	\$ 13.00	\$ 7.00		\$ 12.00
\$46,401 - 52,400	\$ 14.00	\$ 8.00		\$ 13.00
\$52,401 - \$60,400	\$ 16.00	\$ 8.00		\$ 15.00
\$60,401 - \$72,900	\$ 20.00	\$ 10.00		\$ 18.00
\$72,901 - \$85,400	\$ 22.00	\$ 11.00		\$ 21.00
\$85,401 - \$110,400	\$ 26.00	\$ 12.00		\$ 25.00
\$110,401 - \$135,400	\$ 33.00	\$ 17.00		\$ 30.00
\$135,401+	\$ 38.00	\$ 21.00		\$ 35.00

FAMILY				
Salary Tiers	Plan A	Plan B	Plan C	Plan D
\$0 - \$30,400	\$ 26.00	\$ 16.00	\$ 40.00	\$ 21.00
\$30,401 - \$40,400	\$ 34.00	\$ 19.00		\$ 27.00
\$40,401 - \$46,400	\$ 38.00	\$ 21.00		\$ 30.00
\$46,401 - 52,400	\$ 42.00	\$ 23.00		\$ 34.00
\$52,401 - \$60,400	\$ 49.00	\$ 27.00		\$ 39.00
\$60,401 - \$72,900	\$ 59.00	\$ 33.00		\$ 48.00
\$72,901 - \$85,400	\$ 64.00	\$ 36.00		\$ 52.00
\$85,401 - \$110,400	\$ 76.00	\$ 45.00		\$ 62.00
\$110,401 - \$135,400	\$ 93.00	\$ 57.00		\$ 76.00
\$135,401+	\$ 108.00	\$ 66.00		\$ 88.00

EMPLOYEE AND CHILD(REN)				
Salary Tiers	Plan A	Plan B	Plan C	Plan D
\$0 - \$30,400	\$ 21.00	\$ 11.00	\$ 18.00	\$ 17.00
\$30,401 - \$40,400	\$ 25.00	\$ 12.00		\$ 21.00
\$40,401 - \$46,400	\$ 27.00	\$ 13.00		\$ 22.00
\$46,401 - 52,400	\$ 28.00	\$ 14.00		\$ 24.00
\$52,401 - \$60,400	\$ 34.00	\$ 17.00		\$ 28.00
\$60,401 - \$72,900	\$ 42.00	\$ 22.00		\$ 35.00
\$72,901 - \$85,400	\$ 46.00	\$ 25.00		\$ 39.00
\$85,401 - \$110,400	\$ 57.00	\$ 31.00		\$ 48.00
\$110,401 - \$135,400	\$ 67.00	\$ 39.00		\$ 57.00
\$135,401+	\$ 77.00	\$ 45.00		\$ 65.00

FAMILY WITH EMPLOYEE SPOUSE				
Salary Tiers	Plan A	Plan B	Plan C	Plan D
\$0 - \$30,400	\$ 22.00	\$ 12.00	\$ 34.00	\$ 17.00
\$30,401 - \$40,400	\$ 27.00	\$ 14.00		\$ 21.00
\$40,401 - \$46,400	\$ 30.00	\$ 16.00		\$ 23.00
\$46,401 - 52,400	\$ 33.00	\$ 18.00		\$ 26.00
\$52,401 - \$60,400	\$ 40.00	\$ 21.00		\$ 31.00
\$60,401 - \$72,900	\$ 47.00	\$ 25.00		\$ 38.00
\$72,901 - \$85,400	\$ 53.00	\$ 29.00		\$ 42.00
\$85,401 - \$110,400	\$ 67.00	\$ 39.00		\$ 54.00
\$110,401 - \$135,400	\$ 84.00	\$ 51.00		\$ 68.00
\$135,401+	\$ 97.00	\$ 60.00		\$ 79.00

THE HEALTH PLAN: MONTHLY INCREASE

Salary Tiers as of Aug. 1, 2023, not including Tobacco-Free Discount

EMPLOYEE ONLY			
Salary Tiers	Plan A	Plan B	Plan C
\$0 - \$30,400	\$ 9.00	\$ 7.00	\$ 11.00
\$30,401 - \$40,400	\$ 12.00	\$ 9.00	\$ 26.00
\$40,401 - \$46,400	\$ 13.00	\$ 9.00	\$ 31.00
\$46,401 - 52,400	\$ 14.00	\$ 10.00	\$ 36.00
\$52,401 - \$60,400	\$ 16.00	\$ 10.00	\$ 47.00
\$60,401 - \$72,900	\$ 20.00	\$ 12.00	\$ 64.00
\$72,901 - \$85,400	\$ 22.00	\$ 13.00	\$ 73.00
\$85,401 - \$110,400	\$ 27.00	\$ 14.00	\$ 95.00
\$110,401 - \$135,400	\$ 34.00	\$ 18.00	\$107.00
\$135,401+	\$ 39.00	\$ 23.00	\$120.00

FAMILY			
Salary Tiers	Plan A	Plan B	Plan C
\$0 - \$30,400	\$ 26.00	\$ 28.00	\$ 29.00
\$30,401 - \$40,400	\$ 33.00	\$ 31.00	\$ 59.00
\$40,401 - \$46,400	\$ 37.00	\$ 33.00	\$ 76.00
\$46,401 - 52,400	\$ 42.00	\$ 35.00	\$ 94.00
\$52,401 - \$60,400	\$ 48.00	\$ 38.00	\$ 118.00
\$60,401 - \$72,900	\$ 59.00	\$ 45.00	\$ 153.00
\$72,901 - \$85,400	\$ 64.00	\$ 48.00	\$ 167.00
\$85,401 - \$110,400	\$ 76.00	\$ 56.00	\$ 196.00
\$110,401 - \$135,400	\$ 93.00	\$ 69.00	\$ 244.00
\$135,401+	\$ 108.00	\$ 77.00	\$ 291.00

EMPLOYEE AND CHILD(REN)			
Salary Tiers	Plan A	Plan B	Plan C
\$0 - \$30,400	\$ 21.00	\$ 11.00	\$ 19.00
\$30,401 - \$40,400	\$ 25.00	\$ 12.00	\$ 37.00
\$40,401 - \$46,400	\$ 27.00	\$ 13.00	\$ 45.00
\$46,401 - 52,400	\$ 29.00	\$ 14.00	\$ 56.00
\$52,401 - \$60,400	\$ 35.00	\$ 17.00	\$ 74.00
\$60,401 - \$72,900	\$ 42.00	\$ 22.00	\$ 91.00
\$72,901 - \$85,400	\$ 47.00	\$ 25.00	\$108.00
\$85,401 - \$110,400	\$ 57.00	\$ 31.00	\$139.00
\$110,401 - \$135,400	\$ 68.00	\$ 39.00	\$160.00
\$135,401+	\$ 77.00	\$ 45.00	\$187.00

FAMILY WITH EMPLOYEE SPOUSE			
Salary Tiers	Plan A	Plan B	Plan C
\$0 - \$30,400	\$ 20.00	\$ 21.00	\$ 29.00
\$30,401 - \$40,400	\$ 26.00	\$ 23.00	\$ 55.00
\$40,401 - \$46,400	\$ 29.00	\$ 25.00	\$ 66.00
\$46,401 - 52,400	\$ 31.00	\$ 28.00	\$ 79.00
\$52,401 - \$60,400	\$ 38.00	\$ 31.00	\$106.00
\$60,401 - \$72,900	\$ 46.00	\$ 35.00	\$134.00
\$72,901 - \$85,400	\$ 51.00	\$ 38.00	\$149.00
\$85,401 - \$110,400	\$ 65.00	\$ 49.00	\$183.00
\$110,401 - \$135,400	\$ 82.00	\$ 61.00	\$231.00
\$135,401+	\$ 96.00	\$ 69.00	\$264.00

NEW COVERAGE TYPE: EFFECTIVE JULY 1

FAMILY: MONTHLY PREMIUMS*							
Salary Tiers**	The Health Plan			PEIA PPB			
	Plan A	Plan B	Plan C	Plan A	Plan B	Plan C	Plan D
\$0 - \$30,400	\$ 256.00	\$ 191.00	\$ 211.00	\$ 211.00	\$ 134.00	\$ 344.00	\$ 170.00
\$30,401 - \$40,400	\$ 313.00	\$ 221.00	\$ 268.00	\$ 268.00	\$ 164.00		\$ 219.00
\$40,401 - \$46,400	\$ 344.00	\$ 237.00	\$ 299.00	\$ 299.00	\$ 180.00		\$ 245.00
\$46,401 - \$52,400	\$ 378.00	\$ 255.00	\$ 333.00	\$ 333.00	\$ 198.00		\$ 273.00
\$52,401 - \$60,400	\$ 435.00	\$ 291.00	\$ 390.00	\$ 390.00	\$ 234.00		\$ 322.00
\$60,401 - \$72,900	\$ 513.00	\$ 341.00	\$ 468.00	\$ 468.00	\$ 284.00		\$ 389.00
\$72,901 - \$85,400	\$ 551.00	\$ 368.00	\$ 506.00	\$ 506.00	\$ 311.00		\$ 421.00
\$85,401 - \$110,400	\$ 649.00	\$ 445.00	\$ 604.00	\$ 604.00	\$ 388.00		\$ 505.00
\$110,401 - \$135,400	\$ 784.00	\$ 545.00	\$ 739.00	\$ 739.00	\$ 488.00		\$ 620.00
\$135,401+	\$ 900.00	\$ 622.00	\$ 855.00	\$ 855.00	\$ 565.00		\$ 718.00
FAMILY WITH ELIGIBLE SPOUSE: MONTHLY PREMIUMS*							
Salary Tiers**	The Health Plan			PEIA PPB			
	Plan A	Plan B	Plan C	Plan A	Plan B	Plan C	Plan D
\$0 - \$30,400	\$ 405.00	\$ 330.00	\$ 358.00	\$ 360.00	\$ 273.00	\$ 485.00	\$ 317.00
\$30,401 - \$40,400	\$ 462.00	\$ 360.00	\$ 415.00	\$ 417.00	\$ 303.00		\$ 366.00
\$40,401 - \$46,400	\$ 493.00	\$ 376.00	\$ 446.00	\$ 448.00	\$ 319.00		\$ 392.00
\$46,401 - \$52,400	\$ 527.00	\$ 394.00	\$ 480.00	\$ 482.00	\$ 337.00		\$ 420.00
\$52,401 - \$60,400	\$ 584.00	\$ 430.00	\$ 537.00	\$ 539.00	\$ 373.00		\$ 469.00
\$60,401 - \$72,900	\$ 662.00	\$ 480.00	\$ 615.00	\$ 617.00	\$ 423.00		\$ 536.00
\$72,901 - \$85,400	\$ 700.00	\$ 507.00	\$ 653.00	\$ 655.00	\$ 450.00		\$ 568.00
\$85,401 - \$110,400	\$ 798.00	\$ 584.00	\$ 751.00	\$ 753.00	\$ 527.00		\$ 652.00
\$110,401 - \$135,400	\$ 933.00	\$ 684.00	\$ 886.00	\$ 888.00	\$ 627.00		\$ 767.00
\$135,401+	\$ 1,049.00	\$ 761.00	\$ 1,002.00	\$ 1,004.00	\$ 704.00		\$ 865.00

- ✓ All current policyholders with family coverage will be required to complete an affidavit prior to **June 1** for the proper coverage type and premium to be effective **July 1**.
- ✓ **Family:** to qualify for this coverage, the employee's spouse must not have health coverage available through their employer, is unemployed, has **Medicare, Medicaid** or **Tri-Care**, is retired or works for a PEIA-participating agency.
- ✓ **Family With Eligible Spouse:** to qualify for this coverage, the employee's spouse is offered health coverage available through their employer but has chosen PEIA instead.
- ✓ If you do not complete the affidavit and do not remove your spouse from your plan, PEIA will assume your coverage type is **Family With Eligible Spouse**.
- ✓ If you complete **Open Enrollment** online, disregard the affidavit that was mailed to your house. If you aren't completing **Open Enrollment** online or making changes, please complete and mail back the affidavit that was mailed to your house. Please do not complete two forms.

* Tobacco-Free Discount has not been applied.

** New Salary Tiers effective Aug. 1.

PEIA PPB PLAN C

- ✓ **PPB Plan C** is an **IRS-qualified high-deductible health plan (HDHP)**. It has lower premiums but a high deductible that must be met before the plan begins to pay.
- ✓ **PPB Plan C** is the only **PPB** plan that does not base monthly premiums, deductibles and out-of-pockets on salary tiers.
- ✓ **HDHPs** are designed to work with a **Health Savings Account (HSA)**. **PPB Plan C** is the only plan eligible for an **HSA**.
- ✓ **HSA** is a tax-free account that can be used to pay or reimburse health care expenses you incur now or in the future.

HSA FEATURES

- / An **HSA** offers triple tax savings:
 - / **Contributions** via **payroll deduction** are **pre-tax**
 - / **Interest earned** on your account is **tax-free**
 - / **Withdrawals** for qualified **medical expenses** are **tax-free**
- / Unlike a **flexible spending account (FSA)**, the funds do not have to be spent in the plan year they are deposited, and your balance rolls over each year.
- / **Portability** – your account remains if you change health plans, leave your employer and/or retire.
- / Employees have the option of selecting one of two **HSA** vendors:
 - / **TIAA HSA** administered by **Health Equity** (Webinar on **April 27** at **1 p.m.**)
 - / **Mountaineer Flexible Benefits (FBMC)** in partnership with **PayFlex**
- / If you are enrolled in **Medicare**, you are not eligible for an **HSA**.

PEIA COMPARISON TOOL



- Visit peia.wv.gov/members/pages/oe.aspx or use the QR code.
- Select the hyperlink under **Plan Comparison Tools**.
- Complete the following page as it pertains to you:

The screenshot shows the 'Benefits Administration System (BAS) Web Application' interface. At the top, there is a header with the text 'Benefits Administration System (BAS) Web Application' and the PEIA logo. Below the header, the page title is 'Health Plan Comparison Details'. A yellow box contains an 'Important' notice: 'Our deductibles and out of pocket limits vary by salary, employer type, and tier. Some plans may not be available outside the state of West Virginia. Please contact PEIA at 1-888-680-7342 for more information.' Below this, a note states: '**If you are an employee of a State agency, college, university or county board of education (including teachers and service personnel), the salaries here reflect the \$2,300 salary increase for next fiscal year. Please be sure to add \$2,300 to your current salary when choosing a salary tier.**' The form includes four dropdown menus: 'Employer Type' (with a note: 'Non-State Agencies would include Towns & Cities, Public Service Districts, and County Commissions.'), 'Salary Range' (with a note: 'If both you and your spouse are PEIA Policyholders, remember to select the average of your two salaries.'), 'Coverage Level', and 'Plan Year' (set to 2024). At the bottom, there are two buttons: a red 'Cancel' button and a green 'Continue' button with a right-pointing arrow.

Disregard. This salary memo does not apply to WVU.

PEIA OPEN ENROLLMENT

- ✓ **Open Enrollment** occurs annually from **April 2** to **May 15**.
- ✓ The **only time** you may make changes to your benefits **without a qualifying life event**.
- ✓ Employees are encouraged to review current benefits and dependents.
 - ✓ **Divorce is a qualifying event that ends dependent eligibility.**
 - ✓ Your ex-spouse and stepchildren must be removed from all coverages immediately. Divorce must be reported within 30 days of the date of the final divorce decree.
- ✓ If you claim the **PEIA tobacco-free discount**, are you and your dependents still tobacco-free?

RESOURCES

- ✓ The **PEIA Shopper's Guide** is available at:
peia.wv.gov/Forms-Downloads/Pages/Shopper's-Guides.aspx
- ✓ Additional **Open Enrollment** information is available at:
talentandculture.wvu.edu/benefits-and-compensation/open-enrollment
- ✓ Need assistance or have questions? Contact **WVU Shared Services** at **304-293-6006** or sharedservices@mail.wvu.edu

QUESTIONS?

Please post your question in the Q&A box at the bottom of your screen.

STAY INFORMED

- ✓ Stay tuned for additional Campus Conversations.
- ✓ An archived version of this Campus Conversation will be available at bureaucracybusters.wvu.edu/campus-conversations.
- ✓ You may submit questions to campusconversation@mail.wvu.edu.