



PEBP

Public Employees' Benefits Program



NEVADA

HEALTH

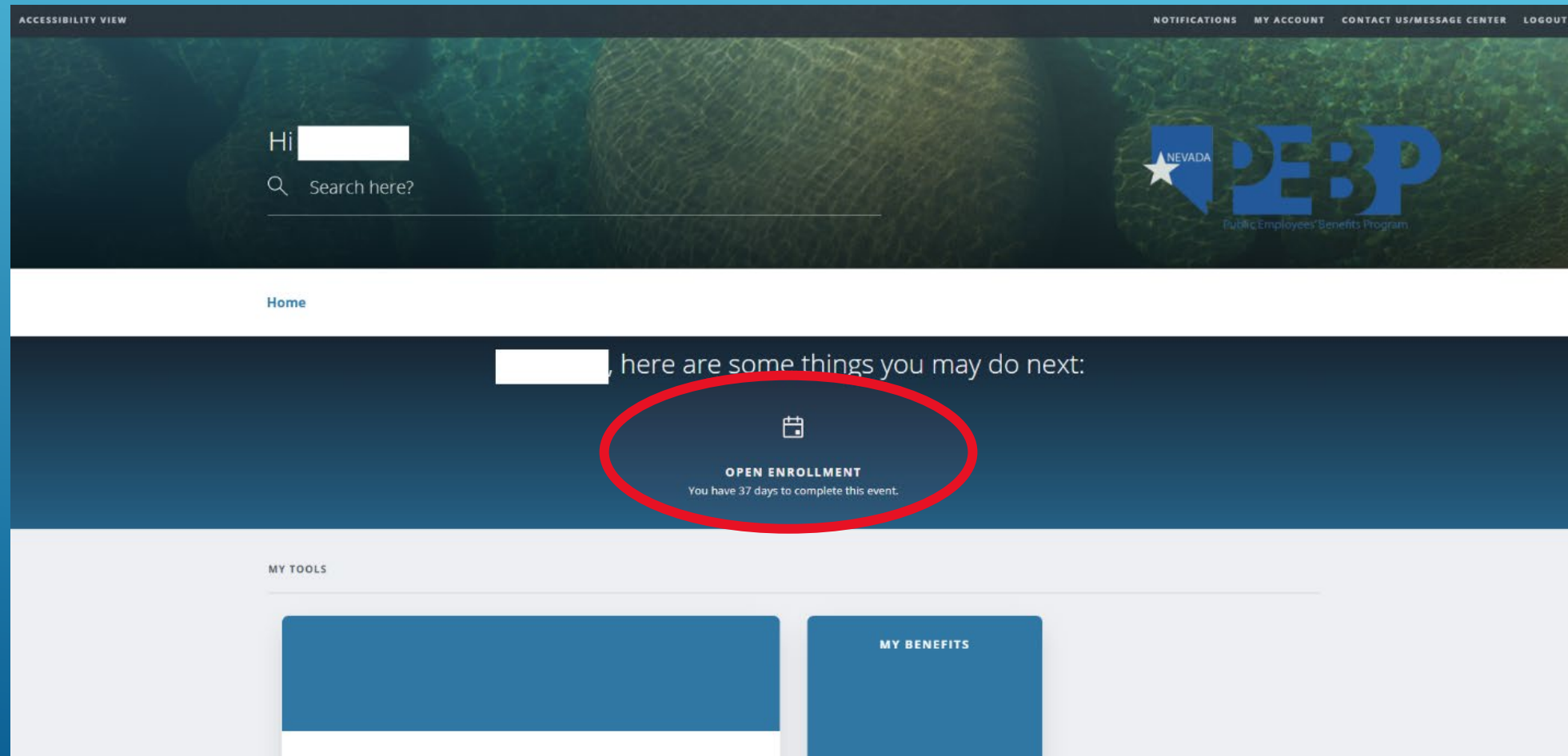
AUTHORITY

COMPLETING YOUR OPEN ENROLLMENT (OE) LIVE EVENT GUIDE

Walk through of how to complete an event
from start to finish in your E-PEBP Portal.

OPEN ENROLLMENT EVENT

Please log into your [E-PEBP Portal](#). There, you will be able to view your OE event, and how many days you have to complete your event. Click on **OPEN ENROLLMENT**.



ACCESSIBILITY VIEW NOTIFICATIONS MY ACCOUNT CONTACT US/MESSAGE CENTER LOGOUT

Hi [redacted]

Search here?

Home

[redacted], here are some things you may do next:

OPEN ENROLLMENT
You have 37 days to complete this event.

MY TOOLS

MY BENEFITS

ADD FAMILY MEMBERS

After selecting the OE link, this page will open. Here you can add your eligible family members (dependents). When you are finished, hit **NEXT**.

Home

Family Medical Coverage HSA/HRA Beneficiaries Complete your Enrollment

Open enrollment - July 1, 2026

Family

Please review your family members currently on file. You may add, update or remove family members if the information displayed is not accurate. Family members must be listed below in order to be eligible for medical and/or dental coverage.

+ Add Family Member

 Myself Jul 31, 1982 Learn More	 Spouse Feb 7, 1983 Learn More
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< Previous Next >

SELECT MEDICAL COVERAGE

Pick the plan that best fits your health needs. You can use the **Compare Plans** feature on this page to review and compare plans side by side. You can also decline coverage here. Once you have your plan selected, hit **NEXT**.

Select Who Is Covered

Members often skip over this section. Be sure to check the boxes for the family members you want to keep covered. If you want to remove a family member, uncheck the box.

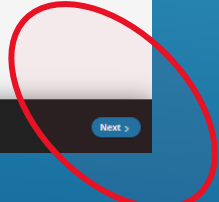
Spouse Attestation

Will pop up, and ask you to confirm if your spouse has other coverage. Spouses that are eligible for health coverage through their current employer group health plan are typically not eligible for coverage under the PEBP Plan.

For Retirees—

Decline Coverage vs. Exchange Plan No Dental
Via retirees often select “Decline Coverage” by mistake when they only intend to Decline Dental. If this is done in error, it will cause them to drop all PEBP benefits, including their basic life insurance.

The screenshot shows the 'Medical Coverage' selection page. At the top, there are navigation tabs for 'Family', 'Medical Coverage', 'HSA/HRA', 'Beneficiaries', and 'Complete your Enrollment'. The main heading is 'Open enrollment - July 1, 2026 Medical Coverage'. Below this is a section for 'Important information' with bullet points about medical coverage options. A 'Compare Plans' button is circled in red. Below the information is a 'Medical' section with a 'Select who is covered' box, also circled in red. This box contains checkboxes for 'Myself' (checked) and 'Spouse' (unchecked). To the right are three plan options: 'Consumer Driven Health Plan' (\$55.26 per month), 'Low Deductible PPO Plan' (\$160.18 per month), and 'EPO plan' (\$381.24 per month). Each plan has a 'Select' button and a 'Learn More' button. Below these is a 'Decline coverage' option for \$0.00 per month. At the bottom, there is a footer with 'Additional HSA annual contribution: \$1,000.00' and 'Employer cost: \$1,464.28'. A 'Next >' button is circled in red in the bottom right corner.



HSA/HRA ELIGIBILITY & SETUP


If you enroll in the Consumer Driven Health Plan, check your eligibility here. Scroll down for HSA details. Once you are finished making your selection, click **NEXT**.

Home PEBP

Family Medical Coverage **HSA/HRA** Beneficiaries Complete your Enrollment

Open enrollment - July 1, 2026

HSA/HRA



HSA Attestation

To be eligible for a Health Savings Account:

- You cannot have secondary, non-high deductible health plan coverage (such as Medicare, Tricare, Tribal, etc.); or
- You cannot be claimed on someone else's tax return (excludes joint returns); or
- Your spouse cannot have a Medical FSA; or
- Your spouse cannot have an HRA that can be used to pay for your medical expenses; or
- You cannot be on COBRA.

Further information regarding HSA is available [here](#).

Are you eligible for a Health Savings Account?

Are you eligible for a Health Savings Account?

Yes

No

[Back to top](#)

[See all benefits and costs](#)

< Previous Your monthly cost: \$55.26 Additional HSA annual contribution: \$1,000.00 Employer cost: \$1,464.28 Next >

HSA/HRA CONTRIBUTIONS


Select your contribution amount. HSA funds can be used for copays, prescriptions, and other qualified out-of-pocket costs. If you're HSA-eligible, contributions are taken pre-tax from your paycheck, and you'll receive a Visa card to pay for expenses. When you are done, click **NEXT**.

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PEBP

Family Medical Coverage HSA/HRA Beneficiaries Complete your Enrollment

Open enrollment - July 1, 2026

HSA/HRA



Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA)

Take advantage of benefits below to pay for your medical expenses in a tax efficient way. Your plan provides you a VISA card with money on it to be used to pay for qualified medical expenses like copays, prescription drugs, and other out-of-pocket costs. If you are eligible for a HSA (not an HRA), you can contribute pre-tax dollars from your paycheck to help you save for medical care now and in the future. Click on "Learn More" to learn details of both account types.

PEBP Health Savings Account Contribution

\$0

per month

\$700.00
TOTAL

Learn More

Participant Health Savings Account Contribution

Annual Contribution

\$ 1000

\$1,000.00

TOTAL

Learn More

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< Previous

Your monthly cost:

\$55.26

Additional HSA annual contribution:

\$1,000.00

Employer cost:

\$1,464.28

Next >

See all benefits and costs

ADD YOUR BENEFICIARIES (REQUIRED)

Add at least one beneficiary to proceed. Make sure your allocation amounts (or percentages) are equal to 100%. Click **NEXT** when you are ready to continue.


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PEBP

Family Medical Coverage HSA/HRA Beneficiaries Complete your Enrollment

Open enrollment - July 1, 2026

Beneficiaries

Your primary beneficiary(ies) will receive the proceeds payable from each applicable plan in the event of your death. If your primary beneficiary(ies) pass away before you, the proceeds payable for each applicable plan would be paid to your contingent beneficiary(ies), or to your designated estate.



Contingent - Optional*

Designated beneficiary(ies)	Health Savings Account		Basic Life	
	Primary	Contingent*	Primary	Contingent*
<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> Spouse Edit	100 %	0 %	100 %	0 %
<div style="background-color: #0070c0; color: white; padding: 5px 10px; border-radius: 5px; display: inline-block;">Add a Beneficiary</div>				
Total	100 %	0 %	100 %	0 %

COMPLETE ENROLLMENT:

On this screen is a summary of your benefits. Take a moment to review.

Home

Family
Medical Coverage
HSA/HRA
Beneficiaries
Complete your Enrollment

Open enrollment - July 1, 2026

Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.

Important information

- Medical**
Employees who have selected this option have also enrolled at PEBP+ in additional Vision and Supplemental Medical coverages:
- Vision Coverage with VSP provides you with additional savings on eye exams, glasses and contacts.
- Supplemental Medical Coverage with Aflac, such as Critical Illness, Accident Insurance and Hospital Insurance, help provide additional coverage and reimbursement for illnesses, accidents and hospital stays.
Once you complete your enrollment, please follow the instructions to learn more and sign-up at PEBP+.
- Medicare Exchange.**
Notice: By declining coverage, you will lose HRA Funding, Life Insurance, Dental and Voluntary Benefits (if applicable)

Family Members

Below is a summary of the dependents you have on file.

<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <p>Myself Jul 31, 1982</p> <p style="text-align: right;">Learn More</p>	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> <p>Spouse Feb 7, 1983</p> <p>Coverage No Coverage</p> <p style="text-align: right;">Learn More</p>
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YOU ARE ALMOST DONE!

Your coverage

All benefits are effective as of July 1, 2026 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Medical Coverage

MEMEBERS **MUST** CHECK THE **TERMS AND CONDITIONS BOX**, THEN CLICK **COMPLETE ENROLLMENT**. IF BOTH ACTIONS ARE NOT COMPLETED, CHANGES WILL NOT BE SAVED AND YOUR EVENT WILL REMAIN PENDING. THIS STEP IS REQUIRED FOR YOUR CHANGES TO TAKE EFFECT FOR THE UPCOMING PLAN YEAR, OTHERWISE YOUR COVERAGE WILL REMAIN UNCHANGED.

Notes

- Employees who have selected this option have also enrolled at PEBP+ in additional Vision and Supplemental Medical coverages:
 - Vision Coverage with VSP provides you with additional savings on eye exams, glasses and contacts.
 - Supplemental Medical Coverage with Aflac, such as Critical Illness, Accident Insurance and Hospital Insurance, help provide additional coverage and reimbursement for illnesses, accidents and hospital stays.
Once you complete your enrollment, please follow the instructions to learn more and sign-up at PEBP+.
 - **Medicare Exchange.**
Notice: By declining coverage, you will lose HRA Funding, Life Insurance, Dental and Voluntary Benefits (if applicable)

As a reminder, if you reopen your enrollment, it resets your event. You will need to complete the entire event again from start to finish. If you do not, your changes will not be saved.

Terms and Conditions

I have read, understand and agree to the Terms and Conditions related to the Health Savings Account.
I have read, understand and agree to the Custodial Agreement and Disclosure related to the Health Savings Account.
I understand I am applying to PEBP for coverage for myself, my spouse and/or my dependents, if any, as shown on this form. If electing dependent coverage, I also understand that I am required to supply copies of certified birth certificate(s), marriage certificate, and other related documentation as determined by PEBP, for coverage to become effective. My spouse or domestic partner, if any, is not eligible to participate in any employer provided medical plan maintained by the spouse or domestic partner's current employer. I understand that any misstatements on this form may be used as a basis for rescission of insurance for me and my dependents, if any, from the original effective date. I further understand that if the insurance applied for becomes effective, I will be subject to all the terms of the PEBP Master Plan Document. I

[Read full terms and conditions](#)

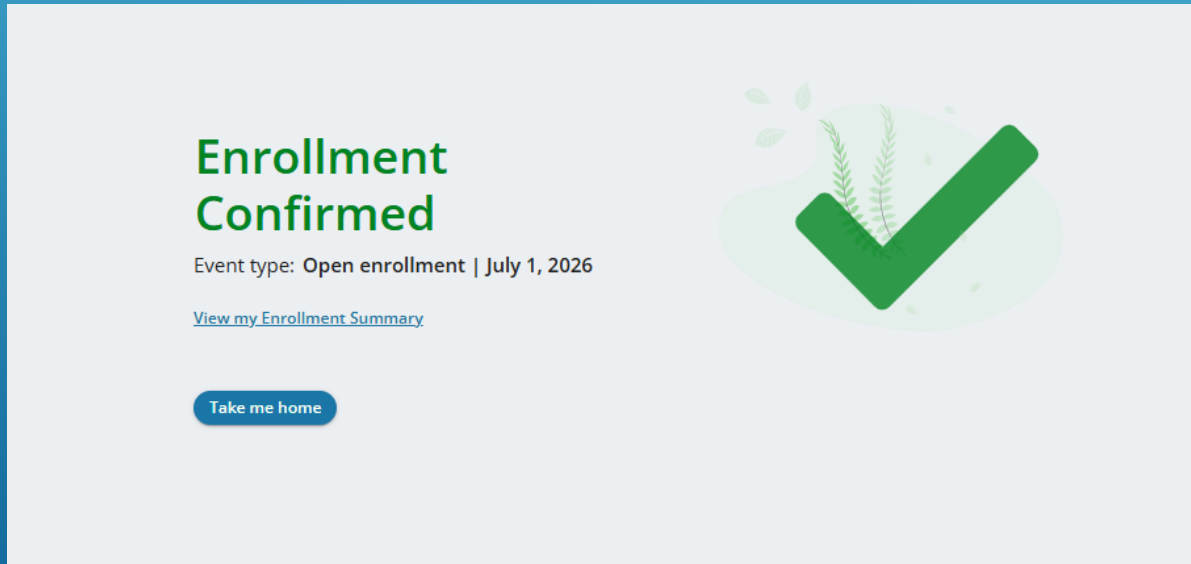
I agree to the Terms and Conditions

[Go back and make changes](#)

Complete Enrollment

Tip: Save or print your confirmation form from the E-PEBP portal for your records.

- ▶ You did it –
- ▶ Your OE Event is complete!
- ▶ Congratulations!



WE ARE HERE TO HELP!!

CALL PEBP MEMBER SERVICES UNIT:
(775) 684-7000
(702) 486-3100
(800) 326-5496

SEND A SECURE MESSAGE IN YOUR [E-PEBP](#) PORTAL.

CHECKOUT THE [PEBP](#) WEBSITE FOR UPDATED PLAN INFORMATION REGARDING THE UPCOMING PLAN YEAR.