



# Plan Year 2027 Open Enrollment May 1 – 31, 2026

## WHAT MEDICARE RETIREES CAN CHANGE

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Is Your Phone Number and Mailing Address Up-To-Date?

Log on to your [E-PEBP Portal](#) to send a secure message

Call Member Services: (775) 684-7000, (702) 486-3100 or (800) 326-5496

# Today's Topics

PEBP Fundamentals

Upcoming Changes

The Enrollment Process

Dental Plan

Monthly Exchange HRA Contribution

Voluntary Benefits

Contact Information

# Open Enrollment

Complete your open enrollment event between May 1<sup>st</sup> through May 31<sup>st</sup> online in your E-PEBP Portal. Supporting documents for dependents due no later than June 15<sup>th</sup>.

Changes made are effective July 1, 2026

**If you do not want to make any changes NO action is required.**

## Coverage tier:

- Participant Only
- Participant + Spouse or DP

## Options during open enrollment:



- Enroll in or decline PEBP dental coverage
- Add or delete dependent(s)
  - Spouse/DP must be enrolled in Medicare to enroll in PEBP dental
- Designate basic life insurance beneficiaries
- Enroll or decline voluntary retiree benefits




# PEBP Fundamentals

Plan Year 2027 Medical Plan Design Features	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (PPO)	Health Plan of Nevada (HMO)
	In-Network			
Service Area	Global	Northern Nevada	Southern Nevada	Tier 4 prescription drug coverage (see Prescription Overview)
<b>Annual Deductible (Medical and prescription* combined)</b>	\$1,700 Individual \$1,400 Family	\$300 Individual \$600 Family	\$300 Individual \$300 Family	
<b>Medical Coinsurance</b>	You pay 20% after Deductible	You pay 20% after Deductible	You pay 20% after Deductible	N/A
<b>Out-of-Pocket Maximum (OOPM)</b>	\$5,000 Individual \$10,000 Family Family Member OOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member OOPM	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member OOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member OOPM
<b>Primary Care Office Visit</b>	You pay 20% after Deductible	\$30 Copay per visit	\$30 Copay per visit	\$25 Copay per visit
<b>Specialist Care Office Visit</b>	You pay 20% after Deductible	\$50 Copay per visit	\$40 Copay per visit	\$25 copay per visit with a referral \$40 copay per visit without a referral
<b>Urgent Care Visit</b>	You pay 20% after Deductible	\$80 copay per visit	\$50 copay per visit	\$50 copay per visit
<b>Telemedicine**</b>	\$50 medical visit Doctor on Demand	\$10 Copay medical visit Doctor on Demand	\$20 Copay medical visit 24/7 Advice Nurse NewClinic Doctor on Demand	\$0 Copay
<b>Emergency Room Visit</b>	You pay 20% after Deductible	\$750 Copay per visit	\$600 Copay per visit	\$600 Copay per visit
<b>In-Patient Hospital</b>	You pay 20% after Deductible	\$600 Copay per admit	\$600 Copay per admit	\$600 Copay per admit
<b>Outpatient Surgery</b>	You pay 20% after Deductible	\$500 Copay per visit	\$350 Copay per visit Ambulatory Surgical Facility \$25 Copay	\$350 Copay per visit Ambulatory Surgical Facility \$25 Copay
<b>Affordable Care Act Preventive Services</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

\* Copayment assistance for specialty drugs will not apply toward your Deductible and Out-of-Pocket Maximum.  
\*\* Doctor on Demand for the CDDP is subject to the deductible. Copays apply after the deductible is met.

**PREMIUM RATES**  
JULY 1, 2026 – JUNE 30, 2027  
PLAN YEAR 2027








**PEBP & MEDICARE GUIDE**  
PLAN YEAR 2027  
July 1, 2026 – June 30, 2027




# PEBP & Medicare Guide

<https://www.pebp.nv.gov>

Open Enrollment page

Getting to Know Your Plan page

# 2026

# 2027



# Plan Year 2027

July 1, 2026 – June 30, 2027

# Important Details

Basic Life Insurance	Cap on Exchange HRA	HRA Funding
<p>State and non-State retirees enrolled in PEBP coverage receive \$12,500 in basic life insurance. Reinstated coverage through Late Enrollment forfeits Basic Life Insurance.</p>	<p>Medicare Exchange HRA balances are capped at \$8,000 on May 31<sup>st</sup> each year. Although you can accrue more than \$8,000 throughout the plan year, any balances over \$8,000 will be reduced to the limit.</p>	<p>Medicare retirees eligible for an HRA will continue to receive \$13 per month per year of service.</p>
<b>PEBP Dental</b>	The Plan Year Maximum Dental Benefit is \$2,000 per person.	



# PEBP Dental Plan

Medicare  
Exchange  
Participants and  
Eligible  
Dependents

## Medicare Exchange Participants

BENEFIT CATEGORY	In-Network	Out-of-Network
<b>Individual Plan Year Maximum</b> (applies to basic and major services)	\$2,000 per person	\$2,000 per person
<b>Plan Year Deductible</b> (applies to basic and major services only)	\$100 per person or \$300 per family (3 or more)	\$100 per person or \$300 per family (3 or more)
<b>Preventive Services</b> Routine cleanings (4/plan year) Exams (4/plan year) Bitewing X-rays (2/plan year)	<ul style="list-style-type: none"> <li>• Covered 100%</li> <li>• Not subject to deductible</li> <li>• Does not apply towards individual plan year max</li> </ul>	<ul style="list-style-type: none"> <li>• Covered 80%</li> <li>• Not subject to deductible</li> <li>• Does not apply towards individual plan year max</li> </ul>
<b>Basic Services</b> Periodontal, fillings, extractions, root canals, full-mouth X-rays	You pay 20% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
<b>Major Services</b> Bridges, crowns, dentures, implants	You pay 50% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
<b>Orthodontia</b>	Not Covered	Not Covered

# Dental Benefits Overview

# PEBP Dental Option

To enroll or decline PEBP Dental plan coverage:

- Retiree has a medical plan through Via Benefits or has TRICARE for Life
- Enroll or decline Coverage in your E-PEBP Portal. *Reminder: “Decline Coverage” vs. “Exchange Plan – No Dental”* Via retirees often select “Decline Coverage” by mistake when they only intend to decline dental coverage. Selecting “Decline Coverage” in error will end all PEBP Benefits, including basic life insurance. **Do NOT select the “Decline Coverage” option unless you intend to terminate all PEBP benefits.**
- PEBP Dental coverage is effective for the *entire* plan year (July 1-June 30)
- For eligible retirees: Dental premium is deducted from your PERS pension check and reimbursed to you automatically. If you pay your premium directly to PEBP monthly, your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.
  - If you do not receive a PERS pension check, you may pay online or set up automatic payments through your E-PEBP Portal.

## Plan Year 2027 PEBP Dental Plan Rates July 1, 2026 – June 30, 2027

Monthly Premium Rates	State Retiree	Non-State Retiree
Retiree only	\$55.85	\$52.74
Retiree + Spouse/DP*	\$111.70	\$105.48
Surviving/Unsubsidized Spouse/DP*	\$55.85	\$52.74

**\*Spouse/DP must be enrolled in Medicare in order to elect PEBP dental.**

Monthly  
Exchange  
HRA  
Contribution

VIA Benefits

# Via Benefits Exchange HRA Contribution

Medicare retirees will continue to receive \$13 per month per year of service.

<b>Exchange – Monthly HRA Contribution</b>	
Medicare Retirees Enrolled in Via Benefits	
<b>Years of Service</b>	<b>Contribution</b>
5	\$65
6	\$78
7	\$91
8	\$104
9	\$117
10	\$130
11	\$143
12	\$156
13	\$169
14	\$182
<b>15 (base)</b>	<b>\$195</b>
16	\$208
17	\$221
18	\$234
19	\$247
20	\$260

## RETIREE MEDICARE EXCHANGE HRA CONTRIBUTION ELIGIBILITY

- Exchange participants who retired **BEFORE January 1, 1994**, receive the 15-year (base) HRA contribution.
- Exchange participants who retired **ON OR AFTER January 1, 1994**, receive the HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
- Retirees with *less than 15 years of service*, who were hired by their last employer **ON OR AFTER January 1, 2010**, and who are not disabled do not receive an Exchange HRA contribution.
- Retirees who were initially hired **ON OR AFTER January 1, 2012**, do not receive an Exchange HRA.

NOTE: In order to receive years of service (YOS) credit from a non-State or local government participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.

# Voluntary Benefits

Corestream

# PEBP+ Voluntary Benefits

To enroll in voluntary benefits, click PEBP+ on the E-PEBP portal.

Voluntary Products	Open Enrollment or Qualifying Life Event	Anytime
VSP Voluntary Vision	X	
Legal Services	X	
Retiree Critical Illness	X	
Retiree Accident* Insurance	X	
Retiree Voluntary Life Insurance*		X
Auto, Home, and Renters' Insurance		X
ID Theft Protection		X
Pet Insurance		X

Participants and eligible dependents do not need to be enrolled in a dental plan to enroll in voluntary products.

# Dates and Deadlines



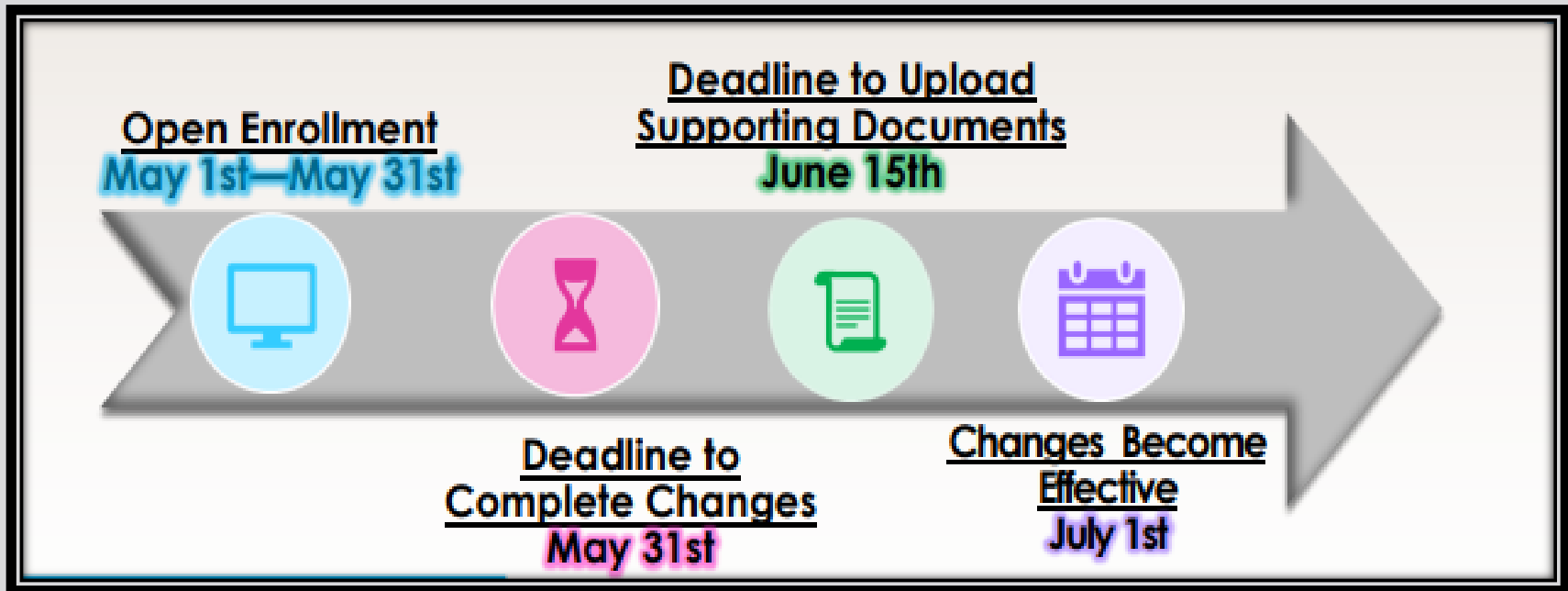
If you do not want to make any changes to your PEBP dental coverage NO action is required.



To make changes to your *medical plan* you must do so through Via Benefits during Medicare open enrollment from October 15<sup>th</sup> – December 7<sup>th</sup>.



Medigap policy holders can use the *Medicare Birthday Rule* to change plans without underwriting within 60 days of their birthday.



# Thank You!



**Call PEBP Member Services Unit:**

(775) 684-7000

(702) 486-3100

(800) 326-5496

**Send a secure message in your [E-PEBP Portal](#)**

**Contact Via Benefits:**

(888) 598-7545

<https://my.viabenefits.com/pebp>

