



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

CONSUMER DRIVEN HEALTH PLAN  
LOW DEDUCTIBLE (PPO)  
EXCLUSIVE PROVIDER ORGANIZATION (PPO)  
HEALTH PLAN OF NEVADA (HMO)



# Today's Topics

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- 1. PEBP Fundamentals
- 2. Completing Your Enrollment
- 3. Summary of Plan Changes
- 4. Medical Plan Options and Rates
- 5. Plan Design
- 6. Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs)
- 7. Flexible Spending Accounts
- 8. Additional Benefits
- 9. Voluntary Products
- 10. Call to Action and Important Timeframes



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# PEBP Fundamentals

# Resources

- <https://www.pebp.nv.gov>
- Meetings & Events Page
- What's New Page
- Open Enrollment Page
- Benefit Guides
- Training Videos
- Premium Rates
- Plan Comparisons



	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Organization Plan (EPO)	Health Plan of Nevada (HMO)
In-Network				
Service Area	Global		Northern Nevada	Southern Nevada
Annual Deductible (Medical and Prescription* included)	\$1,700 Individual \$3,400 Family	\$300 Individual \$600 Family	\$100 Individual \$200 Family	Tier 4 prescription drug coverage (see Prescription Overview)
Co-insurance	You pay 20% after Deductible	You pay 20% after Deductible	You pay 20% after Deductible	N/A
Market (GOOPM)	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member GOOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member GOOPM	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member GOOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member GOOPM
Office	You pay 20% after Deductible	\$30 Copay per visit	\$20 Copay per visit	\$25 Copay per visit
	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
	You pay 20% after Deductible	\$80 copay per visit	\$50 copay per visit	\$50 copay per visit
	\$49 medical visit Doctor on Demand	\$10 Copay medical visit Doctor on Demand	\$10 Copay medical visit Doctor on Demand	\$0 Copay 24/7 Advice Nurse NowClinic
	You pay 20% after Deductible	\$750 Copay per visit	\$600 Copay per visit	\$600 Copay per visit
	You pay 20% after Deductible	You pay 20% after Deductible	\$600 Copay per admit	\$600 Copay per admit
	You pay 20% after Deductible	\$500 Copay per visit	\$350 Copay per visit	\$350 Copay per visit Ambulatory Surgical Facility \$50 Copay
	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

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



**BENEFIT GUIDE**  
**JULY 1, 2026 –**  
**JUNE 30, 2027**  
**PLAN YEAR 2027**



# Public Employees' Benefits Program



## Where to Find Information

Visit the [PEBP](#) website to access forms, newsletters, program materials, and details on meetings or trainings.



## Who We Are

PEBP administers comprehensive health and life insurance benefits for Nevada's public employees, serving over 70,000 covered lives.



## Leadership Structure

PEBP is overseen by a 11-member Board appointed through multiple statutory processes and operates with a staff of 34 full-time employees.



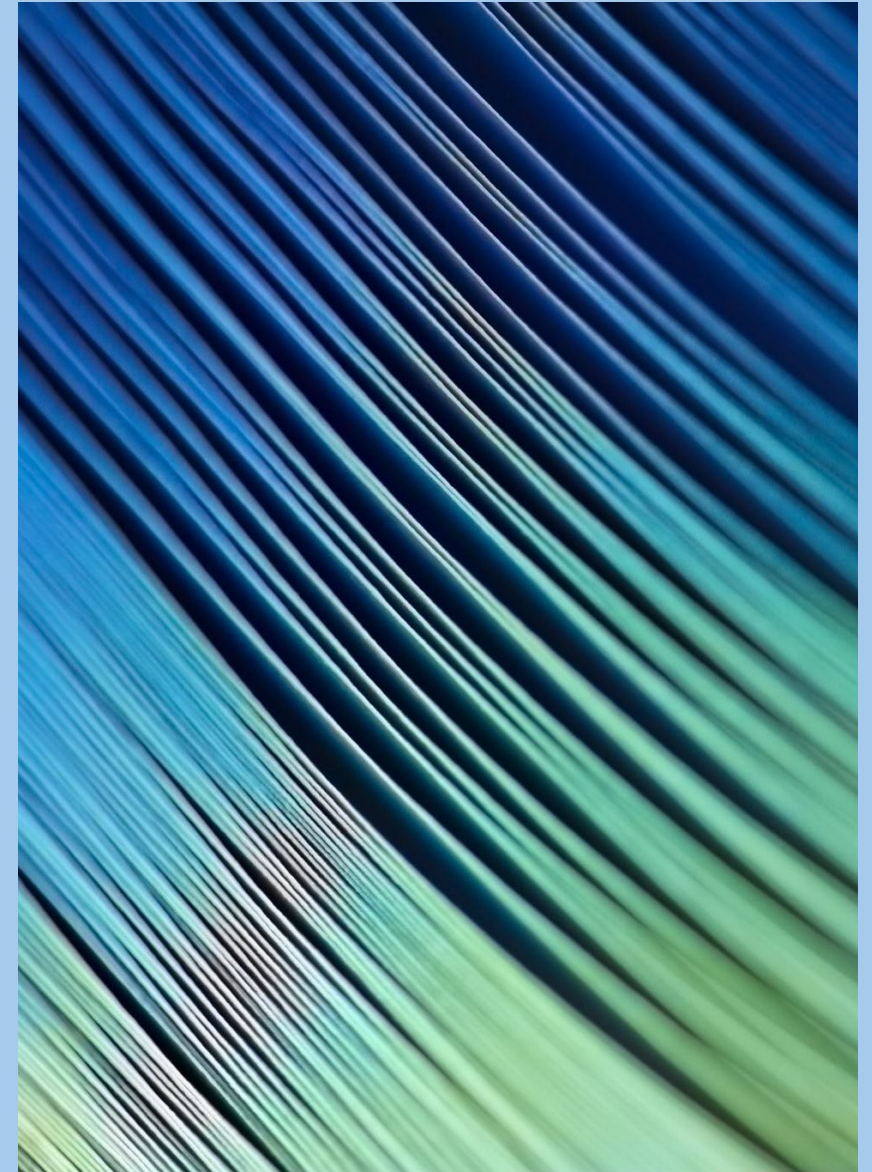
## How We're Funded

PEBP is funded primarily through participant and employer contributions, with budget requirements submitted to the Legislature each biennium.



## How to Contact Us

Send a secure message through the [E-PEBP](#) portal or call our Member Services Unit at 775-684-7000, 702-486-3100, 1-800-326-5496.



**Plan Year 2027**  
 July 1, 2026 – June 30, 2027

# 2026

# 2027

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# Open Enrollment

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

Changes made will be effective **July 1, 2026**

## Options during open enrollment:

- Decline coverage
- Modify HSA Contributions
- Change health plan option
- Add or delete dependent(s)
- Switch from HRA to HSA or vice versa
- Designate basic life insurance beneficiaries
- Enroll or decline voluntary benefits
- Enroll in an FSA

## Participants are **NOT** required to do anything if they wish to remain on the same plan and coverage tier:

- Participant Only
- Participant + Spouse or DP
- Participant + Child(ren)
- Participant + Family



# Who is Eligible for Coverage?

Legal Spouse or Domestic Partner	Children/ Stepchildren	Disabled Dependent Child	Children under Legal Guardianship
<p>If not eligible for group coverage through their own employer</p> <p><u>Significantly inferior exception:</u> A catastrophic plan with a deductible of \$5,000 or more not paired with an HSA/HRA</p>	<p>May be covered from birth through the last day of the month the child reaches age 26</p>	<p>A child of any age with a disability incapable of self-support</p>	<p>Children under permanent legal guardianship to age 19 Continue to age 26 if:</p> <ol style="list-style-type: none"><li>1. Resides with participant</li><li>2. Unmarried</li><li>3. Full-time student</li><li>4. Participant provides over one half of support</li><li>5. The dependent is a child, brother, sister, step-brother, step-sister, grandchild or a descendant of such a relative</li></ol>



# Required Supporting Documents

Due by June 15<sup>th</sup>, 2026

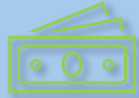
Copies of Certified Required Documents	Spouse	DP	Children	Step-children	Disabled Child Over Age 26	Permanent Legal Guardianship
Social Security Number	X	X	X	X	X	X
Copy of Certified Marriage Certificate	X			X		
Copy of Certified Domestic Partner Certification		X				
Copy of Certified Birth Certificate			X	X		
Certification of Disabled Dependent Child and Verification of Continuous Health Insurance Since Age 26					X	
Copy of Legal Guardianship Papers Signed by Judge						X

**Trouble uploading documents in your E-PEBP Portal?**

<https://www.pebp.nv.gov> > Contact Us page > Supporting Documents > Secure Document Upload Form



# Key Terms



## Deductible

The annual amount you pay before your plan starts to pay.

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## Copay

A flat \$ amount you pay for covered services like doctor visits.

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%

## Coinsurance

After your deductible is met, you share responsibility for payments with the insurance company. You pay a %, and PEBP pays a %.

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## Out-of-Pocket Maximum (OPM)

The most you pay during a plan year (July 1<sup>st</sup> – June 30<sup>th</sup>) before your health insurance begins to pay 100% of the allowed amount.

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## Premium



The amount you pay to obtain a health insurance plan. Most members premiums are automatically deducted from their paycheck. Premiums are separate from your deductible, copay, coinsurance and OPM.

# Summary of Plan Changes

# Plan Year 2027 Benefit Changes



	DESCRIPTION OF ENHANCEMENT/CLARIFICATION	CDHP	LD	EPO	HPN
1.	<b>Speech Therapy covered for individuals through age 26, with visitation limits and exclusions for treatment of stuttering and stammering removed.</b>	●	●	●	
2.	<b>One wig covered for patients diagnosed with alopecia up to \$350 per plan year.</b>	●	●	●	
3.	<b>Revised provisions relating to Autism Spectrum Disorder in accordance with Senate Bill 257 of the 2025 Legislative Session.</b>	●	●	●	
4.	<b>Noninvasive prenatal screening is covered in accordance with Senate Bill 344 of the 2025 Legislative Session.</b>	●	●	●	
5.	<b>Prior authorizations are removed for biopsies, MRIs, and dialysis.</b>	●	●	●	

# Plan Year 2027 Benefit Changes



	DESCRIPTION OF ENHANCEMENT/CLARIFICATION	CDHP	LD	EPO	HPN
6.	Breast cancer screening includes additional imaging and/or pathology covered at 100% as preventive services.	●	●	●	
7.	Diagnostic breast imaging is covered at 100% as preventive services, after the deductible has been met.	●			
8.	Diagnostic colonoscopies are covered at 100% as preventive services, after the deductible has been met.	●			
9.	Diagnostic breast imaging is covered at 100% as preventive services.		●	●	
10.	Diagnostic colonoscopies are covered at 100% as preventive services.		●	●	

# Medical Plan Rates and Options

# Medical Plan Options

## Consumer Driven Health Plan Preferred Provider Organization (CDHP PPO)

- Available Nationwide
- Always paired with a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA)



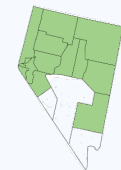
## Low Deductible Plan (LD PPO)

- Available Nationwide



## Exclusive Provider Organization (Northern Nevada EPO)

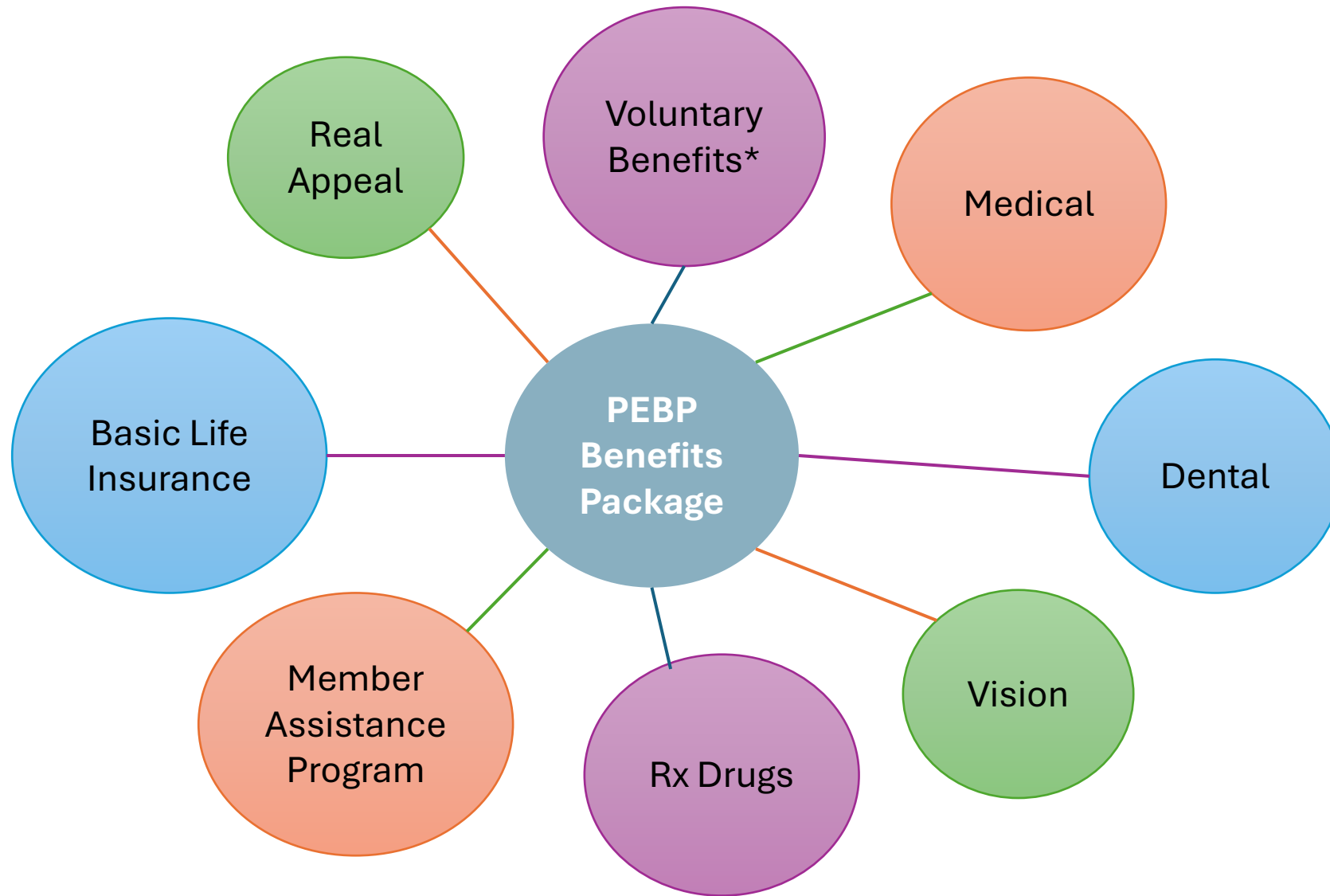
- Available in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln, and Elko counties



## Health Plan of Nevada Health Maintenance Organization (Southern Nevada HMO)

- Available in Clark, Esmeralda, and Nye counties





- **All included in your monthly premium, minus voluntary benefits.**
- If you decline coverage, you are not eligible for any of these benefits, \*but you may still enroll in voluntary products.

# Employee Monthly Premium Cost

State Rates Active Employees	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization (EPO) & Health Plan of Nevada (HMO)
Employee Only	\$55.26	\$160.18	\$381.24
Employee + Spouse/DP*	\$313.94	\$521.32	\$962.20
Employee + Child(ren)	\$152.28	\$295.60	\$599.10
Employee + Family	\$410.94	\$656.74	\$1,180.08

Central payroll employees: Health insurance/voluntary benefit premiums are split 50/50 between the first and second paycheck of each month. Deductions for your Health Savings Account or Flexible Spending Account are deducted on the second check of each month.

\*Domestic Partner rates are deducted on a post-tax basis.

# Employee Monthly Premium Cost

Non-State Rates Active Employees	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization (EPO) & Health Plan of Nevada (HMO)
Employee Only	\$912.35	\$1,386.45	\$1,325.22
Employee + Spouse/DP*	\$1,809.90	\$2,758.09	\$2,635.63
Employee + Child(ren)	\$1,248.93	\$1,900.82	\$1,816.62
Employee + Family	\$2,146.48	\$3,272.46	\$3,127.04

\*Domestic Partner rates are deducted on a post-tax basis.

Non-State Actives: Those whose last employer is a non-State public entity (a local government that is contracted with PEBP to provide coverage to their active employees pursuant to NRS 287.025).

--Subsidies for non-state active employees are determined by the employer and are not published here.

# Retiree Monthly Premium Cost

<b>RETIRES INITIAL HIRE DATE, RETIREMENT DATE AND EARNED YEARS OF SERVICE ARE NEEDED TO DETERMINE ELIGIBILITY</b>	<b>Retiree Coverage for Employees <i>Initially Hired Between</i> January 1, 2010 – December 31, 2011</b>	Must have at least 15 years of service to qualify for a subsidy or Exchange HRA
	<b>Retiree Coverage for Employees <i>Initially Hired On or After</i> January 1, 2012</b>	May participate but <b>will not</b> qualify for a subsidy or an Exchange HRA, and will be charged the full unsubsidized rate
	<b>Retiree Coverage for Employees <i>Initially Hired Before</i> January 1, 2010</b>	May participate and <b>may</b> qualify for a subsidy or Exchange HRA

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

# Retiree Monthly Premium Cost State, Non-Medicare

<b>State Retirees Non-Medicare</b>	<b>Consumer Driven Health Plan (PPO)</b>	<b>Low Deductible Plan (PPO)</b>	<b>Exclusive Provider Organization Plan (EPO) &amp; Health Plan of Nevada (HMO)</b>
Retiree Only	\$278.06	\$372.66	\$588.56
Retiree + Spouse/DP	\$702.82	\$892.40	\$1,324.38
Retiree + Child(ren)	\$437.34	\$567.56	\$864.50
Retiree + Family	\$862.10	\$1,087.30	\$1,600.34
Surviving/Unsubsidized Dependent	\$813.26	\$1,057.50	\$1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	\$1,115.02	\$1,450.88	\$1,788.58

<b>Subsidy for Retirees Enrolled in the CDHP/LD/EPO/HPN Plan</b>	
Years of Service	Subsidy
5	+\$525.00
6	+\$472.50
7	+\$420.00
8	+\$367.50
9	+\$315.00
10	+\$262.50
11	+\$210.00
12	+\$157.50
13	+\$105.00
14	+\$52.50
15 (base)	-
16	-\$52.50
17	-\$105.00
18	-\$157.50
19	-\$210.00
20	-\$262.50



# Retiree Monthly Premium Cost Non-State, Non-Medicare

<b>Non-State Retirees Non-Medicare</b>	<b>Consumer Driven Health Plan (PPO)</b>	<b>Low Deductible Plan (PPO)</b>	<b>Exclusive Provider Organization Plan (EPO) &amp; Health Plan of Nevada (HMO)</b>
Retiree Only	\$278.06	\$372.66	\$588.56
Retiree + Spouse/DP	\$702.82	\$892.40	\$1,324.38
Retiree + Child(ren)	\$437.34	\$567.56	\$864.50
Retiree + Family	\$862.10	\$1,087.30	\$1,600.34
Surviving/Unsubsidized Dependent	\$906.06	\$1,380.16	\$1,318.94
Surviving/Unsubsidized Spouse + Child(ren)	\$1,242.64	\$1,894.54	\$1,810.34

# Plan Design

# How Co-Insurance Works

Member pays  
100% until the  
**deductible** is met

Member pays  
20% until **out-  
of-pocket max** is  
met

Plan pays  
**100%**  
of eligible  
medical/prescription  
expenses

PEBP Plan	Medical Deductible	Out-of-Pocket Maximum
<b>Consumer Driven Health Plan (PPO)</b>	\$1,700 Individual \$3,400 Family	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member
<b>Low Deductible Plan (PPO)</b>	\$300 Individual \$600 Family	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member
<b>Exclusive Provider Organization Plan (EPO)</b>	\$100 Individual \$200 Family	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member
<b>Health Plan of Nevada (HMO)</b>	N/A With exception of Tier 4 for prescription drug coverage	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION (EPO)	HEALTH PLAN OF NEVADA (HMO)
<b>Medical Coinsurance</b>	You pay 20% after Deductible	You pay 20% after Deductible	You pay 20% after Deductible	N/A
<b>Primary Care Office Visit</b>	You pay 20% after Deductible	\$30 Copay per visit	\$20 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>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	You pay 20% after Deductible	\$600 Copay per admit	\$600 Copay per admit
<b>Out-Patient Hospital</b>	You pay 20% after Deductible	\$500 Copay per visit	\$350 Copay per visit	\$350 Copay per visit Ambulatory Surgical Facility \$50 Copay
<b>Affordable Care Act Preventive Services</b>	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

# Medical Benefits Overview

Plan Year 2027	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
<b>Preferred Generic</b>	You pay 20% after Deductible	\$10 Copay 30-day supply	\$10 Copay 30-day supply	\$10 Copay 30-day retail supply
		\$20 Copay 90-day retail and mail	\$20 Copay 90-day retail and mail	\$25 Copay 90-day mail
<b>Preferred Brand</b>	You pay 20% after Deductible	\$40 Copay 30-day supply	\$40 Copay 30-day supply	\$40 Copay 30-day retail supply
		\$80 Copay 90-day retail and mail	\$80 Copay 90-day retail and mail	\$100 Copay 90-day mail
<b>Non-Formulary</b>	You pay 100% of the cost of medication	\$75 Copay 30-day supply	\$75 Copay 30-day supply	\$75 Copay 30-day retail supply
		\$150 Copay 90-day retail and mail	\$150 Copay 90-day retail and mail	\$187.50 Copay 90-day mail
<b>Specialty (30-day supply)</b>	You pay 20% after Deductible; for drugs not on the SaveOnSP program, there is \$100 min/\$250 max	You pay 30% after Deductible; for drugs not on the SaveOnSP program, there is \$100 min/\$250 max	You pay 20% after Deductible; for drugs not on the SaveOnSP program, there is \$100 min/\$250 max	You pay 20% Coinsurance
<b>ACA Preventive Medications</b>	\$0	\$0	\$0	\$0
<b>CDHP Preventive Medications</b>	You pay 20%, not subject to Deductible	N/A	N/A	N/A

# Prescription Benefits Overview

# Prescription Benefits Overview

Available to Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO) & Exclusive Provider Organization Plan (EPO) Participants



## 30-Day Express Advantage Network (EAN) Program

Use in-network pharmacies for short-term medications.

## Smart90 Program

For medications you take regularly for ongoing conditions. Get them mailed to you or pick them up from a EAN pharmacy.

## Accredo Specialty Drug Program

Specialty drugs are used to treat complex conditions, such as cancer, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, rheumatoid arthritis, etc.

## Price Your Medication Tool/ Find a Pharmacy

We're partnering with PEBP - Nevada Public Employees' Benefits Program to manage your pharmacy benefits.

Explore your plan options.

- CDHP Plan - Individual Coverage
- CDHP Plan - Family Coverage
- Exclusive (EPO) Plan
- Low Deductible PPO Plan



Plan Year 2027	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
<b>Vision Exam</b>	Plan pays 80% after deductible One screening every 24 months	\$10 Copay One screening every 12 months Maximum Benefit of \$100	\$10 Copay One screening every 12 months Maximum Benefit of \$100	\$10 copay  Maximum benefit of \$100 per annual exam
<b>Hardware Lenses</b>	Not covered*	\$10 Copay Maximum Benefit of \$100 every 24 months	\$10 Copay Maximum Benefit of \$100 every 24 months	\$10 Copay every 12 months
<b>Hardware Frames</b>	Not covered*			Maximum Benefit of \$100 every 24 months
<b>Hardware Contact Lenses</b>	Not covered*	\$10 Copay Maximum Benefit of \$100 every 24 months	\$10 Copay Maximum Benefit of \$100 every 24 months	Maximum Benefits of \$250 every 12 months (subject to limitation)

# Vision

# Benefits

# Overview

No benefit limitation for dependents under 19.

# Dental Benefits Overview

CDHP, LD, EPO & HMO Participants		
BENEFIT CATEGORY	In-Network	Out-of-Network
<b>Individual Plan Year Maximum</b> No plan year max for dependents under 19	\$2,000 per person	\$2,000 per person
<b>Plan Year Deductible</b>	\$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, tooth implants	You pay 50% coinsurance after deductible is met	
<b>Orthodontia (adults and children)</b>	Not Covered	Not Covered

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- + • Spending Accounts

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Flexible Spending Account (FSA)

Health Savings Account (HSA)

Health Reimbursement Arrangement (HRA)

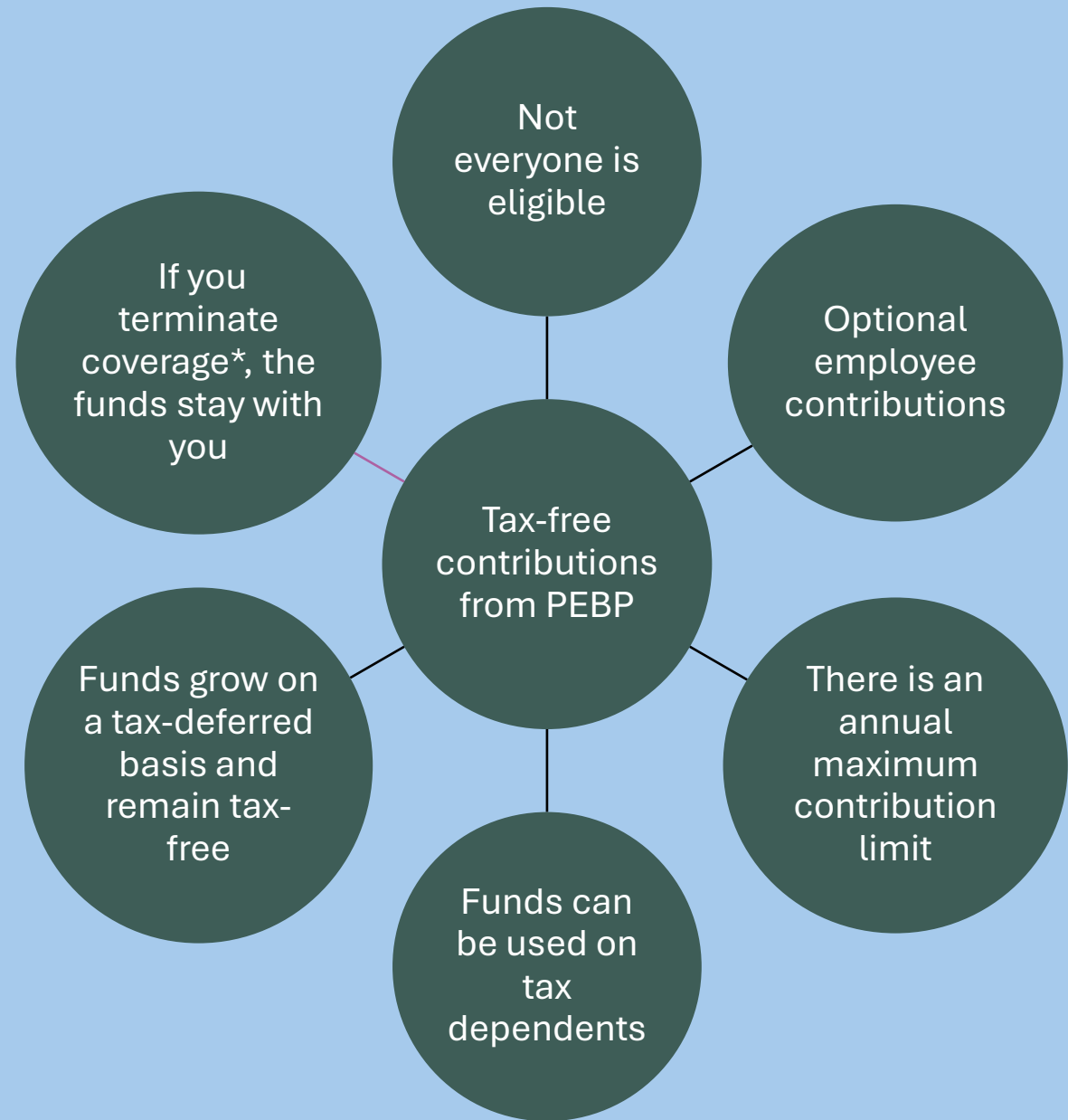
# HSA/HRA Employer Contributions

Plan Year 2027 HSA/HRA Annual Contribution Amounts	Consumer Driven Health Plan (PPO) HSA/HRA Account	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Base Employer Contribution for Participant	\$700	N/A	N/A	N/A
Employer Contribution for Dependents	\$200 (up to three dependents)	N/A	N/A	N/A
Total Employer Contribution Amount	Up to \$1,300	N/A	N/A	N/A

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
<b>Who is Eligible</b>	Fulltime active state employees covered under the CDHP, LD, EPO or HMO plan. NSHE employees are ineligible for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer.		
<b>Examples of Covered Expenses</b>	Qualified medical, dental and vision expenses such as: <ul style="list-style-type: none"> <li>• Chiropractor</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Orthodontia</li> <li>• Copays</li> </ul>	Qualified dental and vision expenses such as: <ul style="list-style-type: none"> <li>• Vision exams</li> <li>• LASIK surgery</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Dental services</li> <li>• Orthodontia</li> </ul>	Qualified dependent care expenses such as certain: <ul style="list-style-type: none"> <li>• Preschool expenses</li> <li>• Nursery school expenses</li> <li>• Childcare in your home</li> <li>• Licensed home childcare</li> </ul>
<b>IRS Annual Allowed Maximum Calendar Year Contribution</b>	\$3,400	\$3,400	\$7,500 per household (\$3,750 if married - filing separate)
<b>Can you have an HSA</b>	No	Yes	Yes
<b>Do funds roll over from year to year</b>	Carry over up to \$680. Funds more than \$680 are forfeited.	Carry over up to \$680. Funds more than \$680 are forfeited.	No carry over. All excess funds will be forfeited.
<b>Enrollment is not automatic. You must re-enroll each year if you want to participate in a Flexible Spending Account and pay a \$3.15 per month administration fee.</b>			

# Flexible Spending Accounts

# Health Savings Account



# HSA Contribution Limits & Eligibility

HSA Contribution Limits	
	2026
Individual Coverage	\$4,400
Family Coverage	\$8,750
Catch-Up Contribution (Aged 55 or older)	\$1,000



To be eligible to **establish and contribute** to an HSA on pre-tax basis, employees must meet the following criteria:

1. You are an active employee covered under the Consumer Driven Health Plan

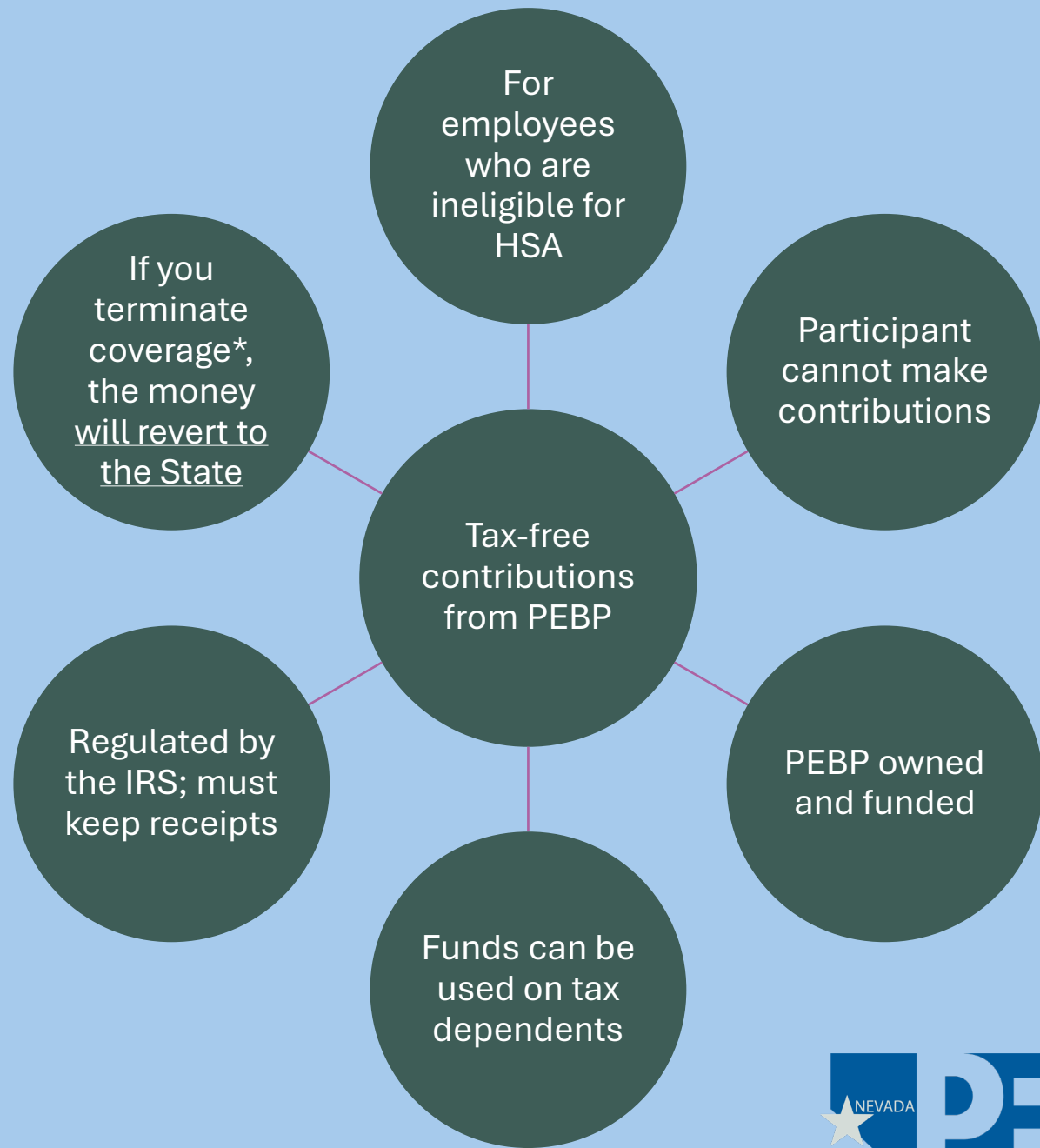
2. You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA, etc.) unless the coverage is also an IRS qualified high-deductible health plan

3. You or your spouse cannot be enrolled in a Medical Flexible Spending Account (unless this is a limited purpose FSA), or have an HRA

4. You cannot be claimed on someone else's tax return (excludes joint returns)

# Health Reimbursement Arrangement

**Reminder:** Legislative HRA funds for non-CDHP members from PY24 & PY25 must be used by 6/30/2026. Any unused funds will expire, so please be sure to use them before the deadline.



\*Terminating coverage includes declining PEBP coverage or by leaving state service.

# Additional Benefits



### Overview

- Access to top-quality Centers of Excellence
- Pre-screened, high-performing surgeons and facilities
- Personalized care coordination
- Dedicated concierge support
- Bundled pricing
- No surprise billing
- Travel benefits available for eligible procedures

### Procedures & Benefits Covered

- Bariatric surgery
- Joint replacements (hip, knee)
- Spine surgery
- Cardiac procedures
- Additional approved specialty procedures
- Little to no out-of-pocket cost for many procedures
- Lower overall medical costs through
- Improved outcomes, reduced complications

Visit <https://info.carrumhealth.com/pebp/>

Call (888)855-7806

An exclusive membership for Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (EPO) participants with 2nd.MD, a virtual expert consultation and medical navigation service for \$0 copay.

Connects you with the leading specialists in their respective fields to answer questions, like:

- *“Do I have the right diagnosis?”*
- *“Am I getting the best treatment for my medical condition?”*
- *“Is this surgery or procedure the best option for me?”*
- *“Is the medicine I’m taking right for me?”*

Connect with 2<sup>nd</sup> MD’s Care Team:

- Call: 866-841-2575
- Visit: [www.2nd.MD/pebp](http://www.2nd.MD/pebp)
- Download the 2nd.MD App





## Take Control of Your Pain

Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (and EPO) participants and your eligible dependents have access to Hinge Health's programs for muscle and joint pain for **\$0 copay**.



### Sign up for help with any of the following:

- Addressing pain or limited movement
- Recovery from a past injury
- Reducing stiffness in achy joints
- Women's pelvic health and menopause

### Each program is custom tailored. You could receive:

- Virtual visits anytime, anywhere
- Unlimited 1-on-1 health coaching
- Motion-tracking technology for instant form correction

**\$0**  
cost to you



Scan the QR code to learn more or apply at [hinge.health/nevadapebp](https://hinge.health/nevadapebp) or call (855)902-2777

Participants must be 18 years and older.



Consumer Driven  
Health Plan

Urgent Medical Care  
\$59  
Mental Health Therapy  
\$88 (25 minutes)

Low Deductible Plan

Urgent Medical Care  
\$10  
Mental Health Therapy  
\$20 (25 minutes)  
\$30 (50 minutes)

Exclusive Provider  
Organization Plan

Urgent Medical Care  
\$10  
Mental Health Therapy  
\$20 (25 or 50 minutes)



Hand-picked doctors  
from top medical  
schools with 15 years  
average experience.



Doctors Available

**24/7/365**



Some of the conditions that  
can be treated:

- Cold & Flu
- Asthma & Allergies
- Bronchitis & Sinus Issues
- Rashes & Skin Issues
- Eye Issues

18 out of Top 20 ER  
cases can be treated  
using Doctor On  
Demand



Prescriptions sent  
directly to your  
pharmacy of choice,  
excluding narcotics

We take insurance!  
Have a visit for \$59  
or less.

**\$59**  
**OR LESS**

# NowClinic<sup>®</sup> Virtual Visits

**Secure video chat with a provider from your computer or mobile device for a \$0 copay.**

**No appointment needed** to get care for non-life-threatening and non-urgent medical conditions, such as:

- Allergies
- Bladder infection
- Bronchitis
- Pink eye
- Sinus infections
- Viral illnesses

**Appointment required** for consultations, follow up care or meetings scheduled by providers, including:

- Behavioral health
- Specialties
- Health education
- Case management

**Enroll and get care.** Download the **NowClinic app** or go to [NowClinic.com](https://www.nowclinic.com) and sign up. Visit your health plan's website to learn how to schedule an appointment and get information on same-day medication delivery using NowClinic.



# 24/7 Advice Nurse

**Health care advice. Just a phone call away.**

*Get health care advice at no additional cost to you.*

If you're unsure about your condition, our 24/7 advice nurse may be able to help. Our nurse is available to answer questions, provide self-care advice and help you decide whether to seek care, or schedule an appointment with your provider.



**Call 1-800-288-2264**  
(This number is listed on the back of your ID card)



Virtual Visits



Urgent Care



Emergency room



Schedule an appointment with your provider



Provide self-care advice

# Urgent Care House Call

## Get on-demand health care at home.

Urgent care house calls can treat most things urgent care centers can for the same cost.

**Available seven days a week.** Urgent care house calls include the tools necessary to provide advanced medical care in the comfort of your home. Most prescriptions can be sent to your chosen pharmacy.

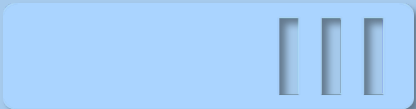
## Some of the things home urgent care visits are good for...

- Migraine headaches
- Cuts that need stitches and skin infections
- Urinary tract infections
- Flu and pneumonia
- Dehydration, IV placements and IV fluids
- Asthma attacks, COPD and respiratory infections



Call **1-800-288-2264** to see if an urgent care house call is appropriate for you and set up your appointment.

# Disease Care Management



## Consumer Driven Health Plan (PPO)

- Diabetes Care Management Program
- Obesity Care Management Program
- Preventive Drug Program

## Low Deductible Plan (PPO)

- Obesity Care Management Program

## Exclusive Provider Organization Plan (EPO)

- Obesity Care Management Program

## Health Plan Of Nevada (HMO)

- Disease Management Program

Contact UMR

The image shows two overlapping forms from UMR. The top form is titled 'Diabetes Management' and includes sections for member information, biometric assessment (cholesterol, blood pressure, height, weight, glucose), and a signature line. The bottom form is titled 'Obesity Care Management Initial Evaluation Form' and includes personal information, lab work completed at the initial visit (blood pressure, cholesterol, blood glucose), and a signature line. Both forms have the PEBP and UMR logos.

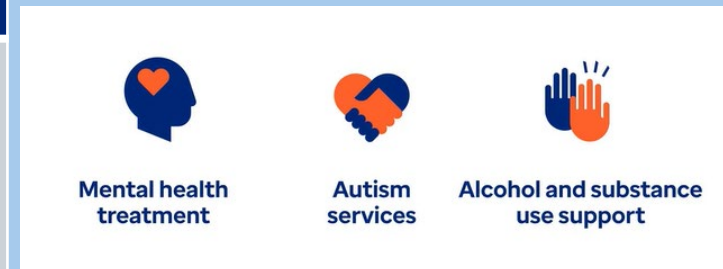
- Asthma
- Bone Disease
- COPD
- Heart Disease
- Malaria
- Blood Thinners
- Ace Inhibitors
- Cholesterol
- Smoking Cessation



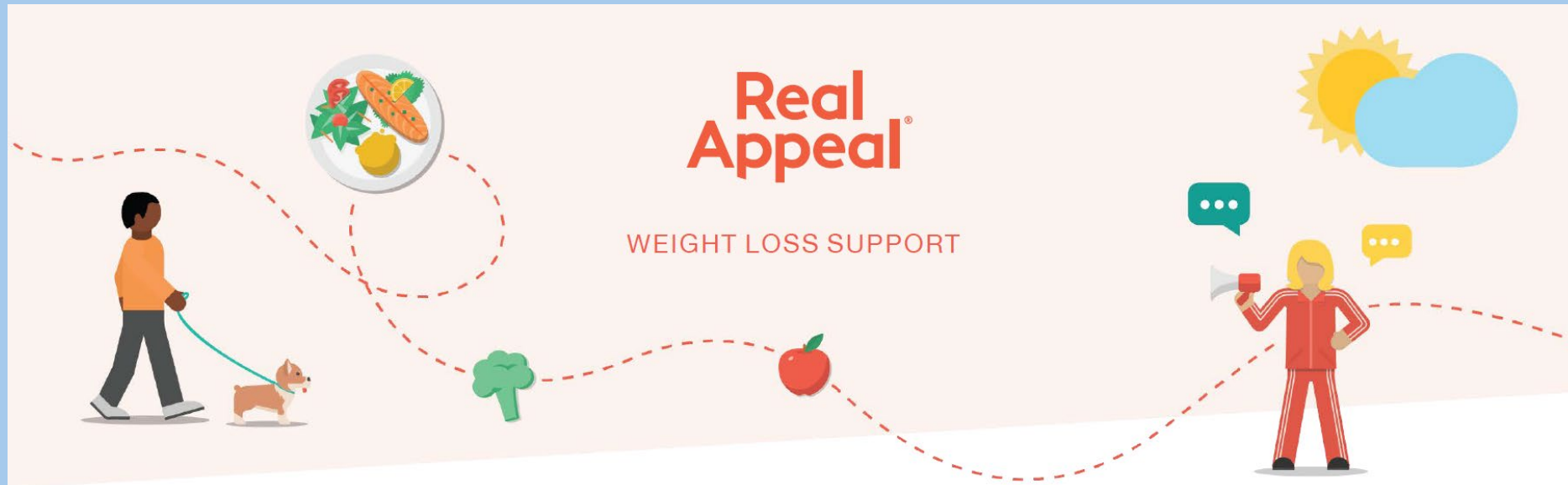
Basic Life Insurance	Class 1 (Employee)	Class 2 (Retiree)
State Active/Retiree	\$25,000	\$12,500
Non-State Active/Retiree		
Travel Assistance		
Emergency Travel Assistance Services Worldwide Medical Assistance Services		

### The Member Assistance Program

- Mental health treatment, autism services and alcohol and substance use support
- Legal and financial consultations



# Real Appeal



**\$0 copay**

**With Real Appeal, You'll Learn Ways to:**

- Eat healthier
- Stay active
- Fit healthy choices into your lifestyle
- Stay motivated
- Develop lasting, healthy habits

Visit [enroll.realappeal.com](https://enroll.realappeal.com) to get started.

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

Voluntary Products	Open Enrollment or Qualifying Life Event	Anytime
Accident Insurance*	X	
Buy-Up Vision Plan	X	
Critical Illness Plan*	X	
Hospital Indemnity Plan*	X	
Legal Plan	X	
Long Term Disability*	X	
Short Term Disability*	X	
Voluntary Life Insurance*		X
Auto, Home, and Renters Insurance		X
Identity Theft Protection		X
Pet Insurance		X

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

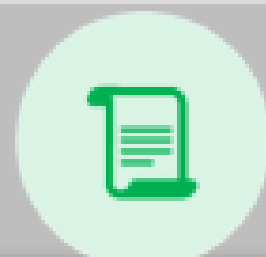
# Call to Action & Important Timeframes

# Important Timeframes

Open Enrollment  
May 1st—May 31st



Deadline to Upload  
Supporting Documents  
June 15th



Deadline to  
Complete Changes  
May 31st

Changes Become  
Effective  
July 1st

# Call to Action

- Don't wait until you are sick or in crisis to use your PEBP benefits.



# Carson Tahoe Health



**The contract with United Healthcare has been extended through 6/30/2027.**



**For more information, visit Carson Tahoe Health at, <https://www.carsontahoe.com/>**

# Thank You!

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- Call PEBP Member Services Unit:
- (775) 684-7000
- (702) 486-3100
- (800) 326-5496
  
- Send a secure message in your E-PEBP Portal

