



LAURA RICH  
Executive Officer

STEVE SISOLAK  
Governor

STATE OF NEVADA  
**PUBLIC EMPLOYEES' BENEFITS PROGRAM**  
901 S. Stewart Street, Suite 1001 | Carson City, Nevada 89701  
Telephone 775-684-7000 | 1-800-326-5496 | Fax 775-684-7028  
www.pebp.state.nv.us

LAURA FREED  
Board Chair

**AGENDA ITEM**

- Action Item
- Information Only

**Date:** March 24, 2022

**Item Number:** IV.VIII

**Title:** Proposed Revisions to Plan Documents for Plan Year 2023

**SUMMARY**

This report will go over the benefit changes to the Master Plan Document's for plan year 2023 for the Consumer Driven Health Plan, Low Deductible Plan, and the EPO Premier Plan.

**REPORT**

OVERALL CHANGES

There were several updates and changes implemented across the plan documents:

- Plan documents were updated to match the approved benefit changes from the Board Meeting on December 2, 2021. This was agenda item 7. The proposed changes that were selected by the Board were Option #2.
- Plan documents dates were updated to reflect the appropriate period for Plan Year 2023: July 1, 2022 through June 30, 2023.
- Augmentation Devices were included under the definition of Durable Medical Equipment by the request of the Third-Party Administrator.
- The Autism Spectrum Disorders Services benefits are limited to a maximum actuarial value of \$72,000 per Plan Year according to NRS 695G.1645. A review of the Mental Health Parity and Addiction Equity Act (MHPAEA) revealed the NRS cap on autism benefits cannot be imposed. Therefore, the cap was removed.

- Information regarding the Healthcare Bluebook Pricing Tool and Healthcare Bluebook Incentive Reward was removed from the plan documents due to contract termination.
- Information in the Participant Contact Guide was updated according to vendor contracts.

#### BENEFIT CHANGES BY PLAN TYPE

The following changes were made specific to the listed plans and are noted on the Master Plan Documents, respectively.

#### **Consumer Driven Health Plan**

- The Health Savings Accounts (HSA) contribution limits were updated per IRS guidelines.
- The HSA administrator information was updated to reflect the new vendor.
- The Utilization Management was updated for continuity between plans for the following:
  - Added “Delivery of Services”
  - Added “Pregnancy”
  - Added “Second Opinion”
- The following benefits were enhanced:
  - Mammogram benefits were enhanced to include services beginning at age 35 for members with a high-risk of breast cancer to comply with USPFTF standards.
- The following Prescription Drug Benefits was updated for continuity between plans.
  - Prescription Retail Drugs information was added.
  - The Generics Preferred Program was added for continuity between plans.
- Benefit Limitations and Exclusions were expanded for continuity between plans or for compliance with federal law to include the following topics:
  - Expenses That Do Not Accumulate Toward Your Out-of-Pocket Maximum
  - Benefit Limitations
  - Lifetime Maximum
  - Chronic Medication Synchronization
  - Continued Medical Treatment
  - Contraception or its Therapeutic Equivalent
  - Controlled Substance or Intoxicated
  - Cosmetic Services and Surgery
  - Dental Services
  - Experimental and/or Investigational Services
  - Fertility and Infertility Treatment
  - Foot/Hand Care
  - Home Health Care
  - Human Papillomavirus Vaccine
  - Intensive Outpatient Program
  - Internet/Virtual Office Visit
  - Medically Necessary Emergency Services
  - Ophthalmic Products
  - Orally Administered Chemotherapy

- Partial Hospitalization Service
- Prostate Screening
- Telehealth
- Topical Ophthalmic Products
- Other Benefit Exclusions

### **Low Deductible Plan**

The approved plan design reduced the Low Deductible's deductible to zero. Therefore, the Low Deductible Plan is also referred to as the PPO Plan.

The Utilization Management was updated for continuity between plans for the following:

- "Pregnancy" was added

The following benefits were enhanced:

- Mammogram benefits were enhanced to include services beginning at age 35 for members with a high-risk of breast cancer Benefits: Mammogram benefits were enhanced to include services beginning at age 35 for members with a high-risk of breast cancer.

Benefit Limitations and Exclusions were expanded for continuity between plans or for compliance with federal law to include the following topics:

- Gym Fees
- Hair

### **Premier Plan**

The title was updated to include "Exclusive Provider Organization."

The Utilization Management was updated for continuity between plans for the following:

- "Pregnancy" was added
- "Other Exceptions" was added

Benefit Limitations and Exclusions were expanded for continuity between plans or for compliance with federal law to include the following topics:

- Growth Hormone
- Gym Fees
- Hair
- Prophylactic Surgery or Treatment
- Prospective Payment System (PPS)