Nevada Public Employees' Benefit Program (PEBP)

Results of Nevada PEBP Retiree Plan Offerings

Nevada Revised Statute 287.04347

July 2026

Segal

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Theresa Carsten
Executive Officer
Nevada Heath Authority
Public Employees' Benefit Program
3427 Goni Road, Suite 109
Carson City, NV 89706

Re: NV PEBP: Retiree Medical Legislation Analysis of NRS 287.04347

Dear Ms. Carsten:

At the request of Nevada Public Employees' Benefits Program (NV PEBP), Segal has performed an analysis pursuant to Nevada Revised Statue 287.04347. Segal has collaborated with Via Benefits who provided supporting information for Medicare retirees participating in the PEBP Via Benefits program. The attached report incorporates underlying assumptions incorporated into the analysis and details of the results.

In summary, the premiums paid by members participating in Via Benefits, including eligible HRA contributions, are lower than under PEBP programs, incorporating all eligible subsidies. In addition, PEBP retirees can find plans in the individual market that are at least equal to actuarial values as PEBP programs, in many cases, higher actuarial values for lower premiums, after consideration of eligible subsidies and HRA contributions.

Please see the attached report and let us know a convenient time to discuss the results. We would be pleased to address any questions.

Regards,

Debbie Donaldson, FSA, MAAA
Senior Vice President

cc: Stacie Weeks, Director, Nevada Health Authority
Brandee Mooneyhan, Lead Insurance Counsel, PEBP
Amy McClendon, FSA, MAAA, Vice President, Segal
Trevis Parson, Senior Managing Director, Chief Actuary, Via Benefits
Christopher Garcia, Senior Director Client Management, Via Benefits

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Overview

Nevada Public Employees' Benefits Program (PEBP) engaged Segal Consulting in coordination with Via Benefits to provide an analysis to support requirements outlined in NRS 287.04347. Segal determined the actuarial value (AV) of medical and pharmacy benefits offered under the PEBP Program. For comparison, Via Benefits provided the AV of benefits offered under traditional Medicare, various individual Medicare Supplement Plan offerings along with Part D, and individual Medicare Advantage plans with Part D (MAPD) that are offered to Medicare eligible retirees in Nevada under Via Benefits. This comparison satisfies NRS 287.04347(1)(a).

The analysis indicated that from an actuarial perspective, Medicare benefits offered to retirees in the individual market under Via Benefits tend to provide a higher actuarial value as compared to benefits offered to retirees in the PEBP program. This is largely due to the underlying traditional Medicare program Parts A and B and standalone Part D which have a combined actuarial value of 81%. Segal determined actuarial values, both medical and pharmacy combined in Nevada, range from 86% to 94% in actuarial value for the individual market plans available to PEBP members and were included in this study.

In addition, to comply with NRS 287.04347(2), premiums offered under PEBP program were compared to premiums offered with comparable as possible actuarial values for Medicare Supplement plans as well as Part D coverage in regions with largest Via Benefits PEBP membership concentration by age brackets. Additionally, Via Benefits provided MAPD plan actuarial values with $0 premiums offered in Nevada for comparison. Lastly, dental and vision premiums offered under Medicare Advantage Plans were analyzed for regions with largest PEBP membership concentration.

For Via Benefits, the largest membership concentrations were in the Clark and Washoe Counties and Carson City. The premiums analyzed and utilized incorporates benefit offerings in these counties when compared to premiums offered under PEBP programs in this report. Subsides for both PEBP plan retirees and HRA service-related contributions were considered and compared across the various retiree groups and incorporated when comparing premiums for retirees under PEBP program and Via Benefits.

From a premium perspective, in most scenarios reviewed, premiums available through Via Benefits were lower than premiums under the PEBP plan offerings for Medicare eligible retirees. Actuarial values were equal to or greater than PEBP plans through Via Benefits, taking into consideration eligible PEBP subsidies for various retiree groups.

NRS 287.04347 Excerpt

Below is the excerpt of the Nevada Revised Statute 287.04347 used as a guideline for the analysis:

1. To the extent that money and resources are available for this purpose, on or before August 31 of each even-numbered year, the Board shall:

(a) Compile a report concerning the cost for a retired state employee to obtain coverage through the Program under Medicare that is actuarially comparable to the coverage provided through the Program but not under Medicare; and

(b) Submit the report to the Director of the Legislative Counsel Bureau for transmittal to the Interim Finance Committee.

2. The report compiled pursuant to subsection 1 must consider, without limitation:

(a) The cost of the lowest premium charged in this State for coverage pursuant to Medicare Part B, 42 U.S.C. §§ 1395j et seq.;

(b) The average cost in this State to obtain a Medicare supplemental policy that provides comparable benefits to those provided under the applicable plan of health insurance offered under the Program;

(c) The average cost in this State to obtain coverage of prescription drugs under Medicare Part D, 42 U.S.C. §§ 1395w-101 et seq.; and

(d) The average cost in this State to obtain dental and vision coverage, other than limited coverage, through a Medicare Advantage Plan under Medicare Part C, 42 U.S.C. §§ 1395w-21 et seq.

3. The Board may utilize the resources of the Authority, including, without limitation, the Office of Data Analytics of the Authority and persons and entities with which the Authority has contracted, to prepare the report required by this section.

Analysis Background

Segal was directed by PEBP staff, and in collaboration with Via Benefits, to analyze benefits and premiums under the PEBP Plans to those offered to Medicare eligible members in the individual market through Via Benefits for retirees residing in Nevada. This analysis is based on NRS 287.04347. The analysis incorporates PEBP Program Plan Year 2026 premiums and benefit offerings. For the Via Benefits plans, premiums are provided on a calendar year basis to coincide with Medicare plan year schedule, and therefore, our analysis incorporates 2026 calendar year Nevada plan offerings and premiums under Via Benefits.

Associated Subsidies to Offset Total Premiums

Based on eligibility, there are different subsidies offered to retirees under PEBP benefit program. These annual subsidies to eligible members are used to offset the total premium for a given plan year and can vary by amount depending on eligibility criteria. For PEBP members participating in Via Benefits, there are annual Health Reimbursement Account (HRA) contributions made by PEBP that may be available to certain retiree groups meeting certain eligible criteria. For some retirees, the HRA contributions are based on years of service as an active employee eligible for PEPB benefits. We have summarized these groups below:

Retirees Participating in the PEBP Plan (not Participating in Via Benefits Program)

Retired Prior to January 1, 1994

Retiree premiums reflect a Base Subsidy or is equal to the Total Premium less Base Subsidy. If eligible for Part B, rates are reduced by Part B Subsidy, but not less than $0.

Retired January 1, 1994 or After

Retiree premiums reflect Base Subsidy and Years of Service Subsidy, except:

- Retirees with less than fifteen years of service who are not disabled and were initially hired by their last employer on or after January 1, 2010 and before or on December 31, 2011

or

- Retirees hired on or after January 1, 2012.

These two groups of retirees are not eligible for the Base Subsidy or the Years of Service Subsidy and will be charged full annual premium.

If eligible for Part B, rates are reduced by Part B Subsidy, but not less than $0.

To receive years of service (YOS) credit from a non-State or local participating agency, the retiree's last employer must be a current PEBP participating agency and have a hire date prior to 2012.

The Base, Years of Service and Part B Subsidy can change year to year. For 2026, the Base Subsidy for retirees was $564.90 for retiree only. The Part B Subsidy for 2026 is up to $145.30. The Years of Service Subsidy for 2026 is shown below:

Years of Service	Premium Differential	Years of Service	Premium Differential
5	+$520.50	13	+$104.10
6	+$468.45	14	+$52.05
7	+$416.40	15 (Base)	-
8	+$364.35	16	-$52.05
9	+$312.30	17	-$104.10
10	+$260.25	18	-$156.15
11	+$208.20	19	-$208.20
12	+$156.15	20	-$260.25

Medicare Eligible Retirees (Via Benefits Program)

Medicare eligible retirees are those who have Medicare Part A and B coverage and are participating in the Via Benefits Program. Members participating in Via Benefits will receive an annual HRA contribution who meet the following criteria:

Retired Prior to January 1, 1994

This group receives the Base (15 years of service) HRA contribution which is currently $13 per month times 15 years or $195 per month.

Retired January 1, 1994 or After

This group receives the Years of Service HRA contribution, except:

- Retirees with less than fifteen years of service who are not disabled and were initially hired by their last employer on or after January 1, 2010 and before or on December 31, 2011

or

- Retirees hired on or after January 1, 2012.

These two groups of retirees do not receive an Exchange HRA Years of Service Subsidy. The Years of Service Exchange Subsidy HRA contribution is $13 per month per year of service and is shown in the table below:

Years of Service	HRA Subsidy	Years of Service	HRA Subsidy
5	$65	13	$169
6	$78	14	$182
7	$91	15 (Base)	$195
8	$104	16	$208
9	$117	17	$221
10	$130	18	$234
11	$143	19	$247
12	$156	20	$260

Members should refer to PEBP issued Benefits Guide for specific details related to the plan. This document is intended to provide a summary of subsidies and is not intended to replace any benefit communication or documentation provided by PEBP. Retirees should rely on benefit information outlined and provided by PEBP regarding benefits. This document does not replace benefit information or documents provided by PEBP regarding member benefits and/or eligibility.

Assumptions

Actuarial Values

Actuarial values are a measurement of the percentage of healthcare expenses expected to be paid by the plan. Plans with higher values provide more generous benefits and require lower member cost sharing on average. Actuarial values determined by entity can vary slightly across models being used. In general, the results should be comparable and if variation occurs, is typically within a reasonable range due to nuances specific to the model being incorporated for the analysis.

For our analysis and premium comparison and per NRS 287.04347(1)(a), for the purpose of this analysis, it is assumed retirees participating in both PEBP programs and Via Benefits are paying Medicare Part B premiums. We have not incorporated Part B premiums in any of the analysis. We have included the Part B Subsidy for PEBP program premiums.

PEBP Plan

Segal developed PEBP actuarial values using the Optum Pricing model for medical and pharmacy benefits. Including in the pricing model were the following assumptions:

- The actuarial value is based on the estimated proportion of spend and incorporates 77% associated with medical on average; however, this ranges by plan between 64% and 80%.
- Actuarial values for each plan were calculated using a blend of in-network and out-of-network benefits, as applicable.

In addition, PEBP plans incorporate the following additional assumptions:

- For the Consumer Driven Health Plan (CDHP- PPO), the actuarial value incorporates the HRA annual contribution of $700 for the retiree.

Via Benefits

Via Benefits separately provided medical-only actuarial values for Traditional Medicare (A and B combined) and Medicare Supplement Plans, Rx-only actuarial values for Standard Part D and standalone Part D plans, and combined medical and Rx actuarial values for Medicare Advantage with Part D Plans. Via Benefits utilized proprietary data and modeling. In addition:

- Premiums provided by Via Benefits are new business rates for January 1 through March 31, 2026. Actual rates can vary depending on enrollment date, underwriting and any applicable household or other discounts.
- MAPD plan features (dental, vision) reflect the CMS Plan Benefit Package files; benefit limits and networks vary by plan.

- This information supports a third-party cost analysis; Via Benefits has not evaluated that analysis's assumptions, methods, or results but reviewed a draft of this report.

Other Assumptions

For combining Medicare Supplement and Part D plans, Segal assumed 60% of total medical and pharmacy spend was associated with the medical plan. This assumption was then applied by Segal to the medical only and Rx only actuarial values provided by Via Benefits to derive the combined medical and Rx actuarial values for the Medicare Supplement plans.

For Via Benefits, HRA contributions illustrating various years of service were included in premiums for comparison to similar years of service premiums for members participating in PEBP Program. For Medicare Supplement plus Part D premiums, a Part D premium of $35 was included in the analysis which is comparable to the average 2026 Part D premium of $34.50. Part D premiums can vary based on plan design, geographic location and actuarial value.

Medicare Supplement premiums vary by age, county, plan and carrier. We have used average age range of PEBP retirees participating in Via Benefits which is age 75-79.

The retiree only PEBP program premiums are shown in comparison to Medicare Plans offered through Via Benefits given Medicare premiums are provided as retiree only basis.

Analysis

Segal, in coordination with Via Benefits, analyzed the benefits offered to retirees under the PEBP Plans and under Via Benefits Program. The results are provided below:

Plan Actuarial Values (AVs)

To satisfy NRS 287.04347(1)(a), the actuarial values PEBP Plans and various plans offered in Nevada under Via Benefits is illustrated in this section. The chart below displays the actuarial values of benefit offerings under the PEBP Program.

CDHP = Consumer Drive Health Plan - Preferred Provider Organization (CDHP- PPO)
LDPPO = Low-Deductible Preferred Provider Organization Plan (LDPPO)
EPO = Exclusive Provider Organization Plan
HMO = Health Maintenance Organization Plan

PEBP 2026 Plan Year Medical/Rx Plans

Actuarial Value	CDHP - PPO	LDPPO	EPO	HMO
Medical	79%	84%	88%	91%
Pharmacy (Rx)	80%	91%	91%	92%
Medical + Rx	79%	85%	89%	91%

The total actuarial value combined for medical and pharmacy is based on the estimated proportion of spend. For PEBP plans, the premiums are determined by combining actives and retirees into a single risk pool for rating. We are using an estimated average 77% of total spend is associated with medical.

Under plans offered through Via Benefits in the Medical individual market, retirees can choose a benefit that best suits their insurance coverage needs. There are typically two types of benefits offerings for Medicare eligible retirees in the individual retiree market:

- **Medicare Supplement or Medigap Plans**: Provides additional benefits to cover out-of-pocket expenses not covered under traditional Medicare Parts A and B. There are a number of coverage level offerings available to Medicare eligible retirees under the Via Benefits Program. These offerings vary by plan design, carrier, age and zip code. Medicare Supplement plans are fee for service arrangements with no utilization or disease management. Depending on the coverage to supplement traditional Medicare, there are different cost sharing for services utilized and as a result, varying associated premiums depending on how generous of plan is chosen.
- **Medicare Advantage (MA) Plans**: Insurers provide benefits in lieu of traditional Medicare Part A and B. This type of plan offering is also known as Medicare Part C. Many MA plans cover benefits in addition to or more generous than traditional Medicare and can result in less member cost share as well when compared to traditional Medicare. There are various MA plan designs available to Nevada Medicare retirees within Via Benefits. MA plans can provide different member cost share when utilizing services and different premium levels. Utilization

management is typical in MA plans alongside care and disease management programs. In addition, there are different network options available such as HMO or national PPO options. All of these choices impact premiums which can vary by plan design, carrier and zip code. MA plans are not age rated. If also offered alongside a pharmacy benefit, the plan is known as a Medicare Advantage with Part D or MAPD plan. Again, under MAPD plans, there are various pharmacy benefits, networks, and drug formularies available, but plans must provide benefits at least equal to benefits covered under standard Part D. CMS issues specific rules and guidelines for MA and MAPD benefits and plan offerings.

- Medicare Part D plans can be offered alongside Medicare Supplement plans. There are CMS minimum requirements as the Part D benefit offering and carriers can offer more generous benefits. There can be differing premiums associated with benefit offerings, zip codes and carrier.

Approximately 68% of PEBP members residing in Nevada and participating in a Via Benefits medical plan have chosen a Medicare Supplement Plan. Of these members, 81% have also elected Part D. There were 31% of PEBP Medicare Via Benefits retirees that elected MAPD plans. The remaining 1% of PEBP retirees under Via Benefits have only elected a Part D plan.

Medicare medical plan offerings typically have higher actuarial values given underlying Medicare Part A and B cover the majority of medical expenses. Below are some ranges of actuarial values provided to Medicare eligible retirees for plans offered in Nevada with Via Benefits. Medicare Supplement plans provide a variety of plan offerings choices with medical actuarial values ranging from 90% to 100% medical actuarial value. Below is a sample of actuarial values after Rx is incorporated:

Via Benefits Individual Market Sample Medicare Supplement and Part D

Actuarial Value	Traditional Medicare A/B	Medicare Supplement Plan A	Medicare Supplement, Plan B, D, G	Medicare Supplement, Plan C, F*	Medicare Supplement, Plan G, High Deductible	Medicare Supplement Plan K	Medicare Supplement, Plan L	Medicare Supplement, Plan N
Medical	83%	95%	98%	100%	90%	91%	94%	97%
Trad. Part D	79%	79%	79%	79%	79%	79%	79%	79%
Med + Rx**	81%	89%	90%	91%	86%	86%	88%	90%

*Plans C and F cover Medicare Part B Deductible; Plan F covers Part B excess charges; Closed to newly Medicare eligible beginning 1/1/2020

**Derived by Segal assuming 60% of spend for Medical, 40% for Rx

Similar to Medicare Supplement plans, Part D plan offering can vary in actuarial values and as such, premiums can vary by plan carrier and zip code. An individual plan's actuarial value can be above or below standard Part D depending on the plan's cost sharing structure and the prescription cost distribution used to price it. Below is a sample actuarial values of Part D plan offerings in Nevada to Medicare Part D eligible members.

Via Benefits Individual Market Sample Part D Plans

Part D Plan	Actuarial Value (AV)
Standard Part D	79%
Humana Basic Rx Plan	82%
Humana Value Rx Plan	83%
Humana Premier Rx Plan	86%
HealthSpring Extra Rx	78%
AARP Medicare Rx Saver from UHC	77%

For MAPD plans and similar to individual Medical Supplemental and PEBP plan offerings, the more generous the benefit offering and network access, typically, the higher the premium. Benefit offerings for MAPD plans can vary by carrier, geographic location, network and plan design. Below are actuarial values for MAPD offerings in Nevada with Via Benefits with a $0 premium:

MAPD Plan	Medical out-of-pocket Maximum	Actuarial Value (AV)
Anthem Blue Cross and Blue Shield Medicare Advantage (HMO- POS)	$1,250	94%
Aetna Medicare Signature HMO	$3,400	90%
UnitedHealthcare AARP PPO	$6,700	88%

Hence, the tables above indicate that the benefits provided under individual Medicare offerings provide plans that are at least as generous and many more generous than plans offered under PEBP. Higher actuarial values translate into more generous benefits and networks or less out of pocket expenses paid by members when medical and/or pharmacy services are utilized. As noted above, the premiums associated with the MAPD actuarial values indicate $0 premiums paid. While MAPD plans shown above can be considered comparable to PEBP plans, these plans come with a $0 premium. Hence, the lowest premium offered to Medicare eligible retirees on the individual market in Nevada is $0. The next component will be to compare the premiums offered under Medicare plans as compared to PEBP, incorporating various subsidies.

Comparison of Medical premiums

Per NRS 287.04347(2)(b) and (2)(c), it requests a determination of the average cost in Nevada for Medicare Supplement plans and for Part D coverage. Statewide average costs are not available. Therefore, the report illustrates premiums for various individual Supplemental plus Part D plan offerings with comparable actuarial values to PEBP Plans. The illustrations focus on the top three most areas with the highest concentration of PEBP participating in Via Benefits and incorporating the average age

for PEBP Via Benefits members residing in Nevada. In addition, it is important to take note of the varying subsidies offered to PEBP retirees within the PEBP plans as well as HRA contributions for Via Benefit retirees when comparing premiums offered under PEBP programs to Via Benefits. Lastly, we have also assumed in our exhibits the Part B subsidy for PEBP program retirees.

For this analysis, this analysis relies on PEBP premiums for July 1, 2025 to June 30, 2026 plan year. Medicare plans run on a calendar year, so the premiums included are offerings under Via Benefits in Nevada for 2026 calendar year. In addition, Medicare Supplemental plan premiums are attained age rated. Both Medicare Supplemental Plans and MAPD plans premiums can vary by carrier, plan and by geographic location. Hence, our analysis provides plan premiums under various carriers and the top counties of PEBP retirees under Via Benefits.

PEPB Programs – PY2026 Premiums - Retiree only

For comparison purposes to Via Benefit offerings, the Part B subsidy is added to the subsidies offered to retirees who participate in the PEBP plan as an offset to the total monthly amount paid by a retiree for premiums. Part B monthly premiums were not included in the rates shown below.

	PEBP CDHP with Rx*	PEBP LDPPO with Rx	PEBP EPO/HMO with Rx
Combined Medical/Rx AV	79%	85%	89%/91%
Retiree Groups			
- Retired Prior to 1/1/94	$133	$460	$297
- Retired 1/1/94 or after with less than 15 Years of Service and hired between 1/1/2010 and 12/31/2011 OR -Hired 1/1/2012 and after	$698	$734	$862
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 5 years of service	$653	$690	$818
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 10 years of service	$393	$430	$558
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 15 years of service	$133	$169	$297
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 20 years of service	$0	$0	$37

*PEBP premium for each retiree group adjusted by Part B subsidy of up to $145.30, but premium may be no less than $0.

Sample Via Benefits Medicare Supplement Premiums

Background

For the Medicare Supplement or Medigap Plans offered in the individual retiree market, premiums vary by geography, age, plan design, as well as carrier. Before we compare premiums available for individual Medicare Supplement plans under Via Benefits, the tables below indicate age bands for PEBP members participating in Via Benefits as of June 2026. In addition, a table illustrates for those PEBP retirees residing in Nevada, the portion of PEBP Via Benefit retirees by County. For this analysis, Via Benefits provided 2026 premiums available in Clark and Washoe Counties as well as Carson City which are top three PEBP dense membership areas geographically within Nevada. Via Benefits provided an age and geographic distribution of Medicare membership within Nevada which is shown below.

PEBP Via Benefits Nevada Retirees by Age Band and County

Age Band	Percent of Medicare Retirees
Under 65	1.4%
65-69	17.4%
70-74	25.5%
75-79	27.1%
80-84	18.7%
85-89	7.4%
90+	2.5%

County	Percent of Via Benefits PEBP Retirees in Nevada
Clark	35.2%
Washoe	24.3%
Carson City	17.7%
Storey	5.1%
Elko	3.2%
Lyon	3.2%
Douglas	2.9%
Churchill	2.7%
All other Nevada counties	5.7%

In the charts below, Via Benefits provided carrier offerings available in Nevada in the individual market, ranked by the number of distinct Medicare Supplement plans offered in Nevada on a statewide basis and then alphabetically:

Rank	Carrier	No. of Plans (Medigap Plans)
1	UnitedHealthcare	8 (A, C, D, F, G, K, L, N)
2	Aetna	6 (A, B, F, G, GH, N)
3	Humana	5 (A, F, G, GH, N)
4	Monitor Life Medicare Supplement	5 (A, F, G, GH, N)
5	Mutual of Omaha	5 (A, F, G, GH, N)
6	Anthem	4 (A, F, G, N)
7	CIGNA	4 (A, F, G, N)

Medigap and Part D premiums will vary by age, county, carrier, and plan. For premium comparisons under Via Benefits to eligible PEBP retirees, we have focused on the top three geographic Nevada retiree dense counties participating in Via Benefits, namely Clark and Washoe Counties, and Carson City. For the Medigap plans, Via Benefits provided 2026 premiums for a range of actuarial value Medigap plans plus Part D that are most similar to PEBP plan offering: Plan G (most popular election for recent PEBP retirees), Plan K and Plan HD-G.

For Part D plans, premiums can vary by actuarial values and geographic region. However, we found limited premium variability by plan across Nevada. Via Benefits noted that premiums were consistent across Clark, Washoe Counties and Carson City. Note that Part D premiums are community rates and don't vary by age like Medicare Supplement or Medigap plans. The following table provides a sample of lowest premiums of top three carriers providing most Part D plans in Nevada along with their actuarial values:

Plan	Actuarial Value	Premium
Standard Part D	79%	≈$35
Humana Basic Rx Plan	82%	$0
Humana Value Rx Plan	83%	$44
Humana Premier Rx Plan	86%	$149
HealthSpring	78%	$53
UnitedHealthcare	77%	$77

Sample 2026 Individual Medicare Supplement Plan Premiums offered by Via Benefits

In the charts below, 2026 plan premiums by top three counties provided by five-year age bands for Plans G (AV = 98%), Plan K (91%) and Plan HD-G (90%) as provided by Via Benefits for the following top-ranked carriers as defined in the prior section: UnitedHealthcare, Aetna and Humana.

For comparison purposes, the analysis shown later incorporates a Part D premium of $35 in our analysis, although members may elect a more generous actuarial value plan at $0. The premiums shown below do not incorporate any HRA subsidies.

Clark County – Medicare Supplement Plans by Age Band

Age band	UnitedHealthcare (UHC) Plan G	Aetna Plan G	Humana Plan G	UHC Plan K	Aetna Plan HD-G	Humana Plan HD-G
65–69	$173	$175	$196	$68	$61	$52
70–74	$210	$196	$219	$82	$68	$58
75–79	$257	$231	$263	$101	$80	$70
80–84	$294	$270	$316	$115	$94	$84
85–89	$296	$314	$367	$116	$109	$98
90–94	$296	$360	$412	$116	$125	$110
95–99	$296	$409	$455	$116	$142	$121

Washoe County and Carson City – Medicare Supplement Plans by Age Band

Age band	UnitedHealthcare (UHC) Plan G	Aetna Plan G	Humana Plan G	UHC Plan K	Aetna Plan HD-G	Humana Plan HD-G
65–69	$162	$162	$178	$64	$56	$47
70–74	$196	$181	$199	$77	$63	$53
75–79	$241	$214	$239	$95	$74	$64
80–84	$275	$250	$288	$108	$87	$76
85–89	$276	$291	$334	$109	$101	$89
90–94	$276	$333	$374	$109	$116	$100
95–99	$276	$379	$413	$109	$132	$110

Medicare Supplemental Monthly Premium Plan comparison to PEBP Plans

To compare PEBP plan premiums including subsidies available to various retiree groups to similar actuarial value plans offered on the individual Medicare market by Via Benefits, we compared age band of 75-79 given that is the largest PEBP retiree concentration participating in Via Benefits in Nevada. For this analysis, we included a Part D Plan premium of $35.

Plan G plus Part D Monthly Premiums vs. PEBP EPO/HMO

For the first analysis, EPO/HMO plans with an actuarial value of 90% for Medical/Rx combined is compared to Plan G with a Part D premium. We have incorporated various Plan G premiums in top three Via Benefits membership counties plus an estimated Part D premium of $35 per month This includes HRA contributions eligible to PEBP Via Benefit retirees. This is compared with various premiums offered including subsidies for the PEBP plan retirees as well as for members participating in Via Benefits, including various HRA contributions. For PEBP Plan, it is assumed members are eligible for Part B subsidy. Note, we have highlighted in green premiums which are less that PEBP plan offerings. We are also showing negative values when HRA contributions exceed premiums given this money is contributed into the HRA account. Please see PEBP Benefit Guide for additional details on HRA accounts.

	PEBP EPO/HMO with Rx*	Clark County UHC Plan G + Part D	Clark County Aetna Plan G + Part D	Clark County Humana Plan G + Part D	Washoe/ Carson City- UHC Plan G + Part D	Washoe/ Carson City – Aetna Plan G + Part D	Washoe/ Carson City – Humana Plan G + Part D
Combined Medical/Rx AV**	89%/91%	90%	90%	90%	90%	90%	90%
Retiree Groups							
- Retired Prior to 1/1/94	$297	$97	$71	$103	$81	$54	$79
- Retired 1/1/94 or after with less than 15 Years of Service and hired between 1/1/2010 and 12/31/2011 OR -Hired 1/1/2012 and after	$862	$292	$266	$298	$276	$249	$274
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 5 years of service	$818	$227	$201	$233	$211	$184	$209
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 10 years of service	$558	$162	$136	$168	$146	$119	$144

	PEBP EPO/HMO with Rx*	Clark County UHC Plan G + Part D	Clark County Aetna Plan G + Part D	Clark County Humana Plan G + Part D	Washoe/ Carson City- UHC Plan G + Part D	Washoe/ Carson City – Aetna Plan G + Part D	Washoe/ Carson City – Humana Plan G + Part D
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 15 years of service	$297	$97	$71	$103	$81	$54	$79
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 20 years of service	$37	$32	$6	$38	$16	-$11	$14

*PEBP premium for each retiree group adjusted by Part B subsidy of up to $145.30, but premium may be no less than $0

**Derived by Segal assuming 60% of spend for Medical, 40% for Rx

The above chart indicates lower premiums, or comparable, in all subsidy categories for Medicare Supplement Plan G premiums with Part D ($35) for these three counties using average age band of 75-79 as compared to EPO/PPO plan premiums. These plans all have comparable actuarial values including Part B subsidy in all subsidy categories. Note that Via Benefits indicated Plan G is the highest participating Medicare Supplement plan for recent PEBP retirees based on available plans.

At higher age bands, members could be paying higher premiums under a Plan G than under PEBP program for retirees with twenty years of service. However, as noted later in this report, there are lower cost options available under MAPD plans.

Medicare Supplemental Plan K with Part D at ages 75-79 compared to LDPPO Monthly Premiums, including any subsidies

To compare the PEBP LDPPO plan including Rx with an AV of 85%, we compared Plan K with Part D AV of 86% For this analysis, we have incorporated Plan K premiums in Nevada top three PEPB retiree counties plus an estimated Part D premium of $35 per month. This is compared with LDPPO premiums offered including subsidies for the PEBP plan members, including Part B subsidy and includes for HRA benefits to eligible PEBP Via Benefits retirees. Note, we have highlighted green premiums which are less than PEBP plan premiums for a given subsidy group. For Plan K, only UHC provided an offer in the State of Nevada.

	PEBP LDPPO with Rx*	Clark County UHC Plan K + Part D	Washoe/Carson City- UHC Plan K + Part D
Combined Medical/Rx AV**	85%	86%	86%
Retiree Groups			

	PEBP LDPPO with Rx*	Clark County UHC Plan K + Part D	Washoe/Carson City- UHC Plan K + Part D
- Retired Prior to 1/1/94	$460	-$59	-$65
- Retired 1/1/94 or after with less than 15 Years of Service and hired between 1/1/2010 and 12/31/2011 OR -Hired 1/1/2012 and after	$734	$136	$130
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 5 years of service	$690	$71	$65
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 10 years of service	$430	$6	$0
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 15 years of service	$169	-$59	-$65
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 20 years of service	$0	-$124	-$130

*PEBP premium for each retiree group adjusted by Part B subsidy of up to $145.30, but premium may be no less than $0

**Derived by Segal assuming 60% of spend for Medical, 40% for Rx

The above chart indicates lower premiums in all subsidy categories for Medicare Supplement Plan K premiums with Part D ($35 per month) for these three counties using average age band of 75-79 as compared to LDPPO plan premiums including Part B subsidy in all subsidy categories. These plans all have comparable actuarial values.

Medicare Supplemental Plan G High Deductible (Plan G-HD) with Part D at ages 75-79 compared to HDHP with Rx Monthly Premiums, including any subsidies

The CDHP plan with Rx has an actuarial value of 79%. There is no plan offered by Via Benefits that compares to this actuarial value given traditional Medicare A/B paired with standard Part D has an estimated actuarial Value of 81%. For comparison purposes, we illustrated the premiums for a high-deductible plan offered on the individual Medicare plan on Via Benefits in Nevada that is called a Plan G-HD. This plan, including Part D, has an actuarial value of 86%. As with similar illustrations, we have included Part B subsidy and other subsidies (base and service related) for eligible PEBP retirees and HRA contributions at various categories for Via Benefits.

	PEBP CDHP with Rx*	Clark County Aetna Plan G- HD + Part D	Clark County Humana Plan G-HD + Part D	Washoe/Carson City – Aetna Plan G-HD + Part D	Washoe/Carson City – Humana Plan G-HD + Part D
Combined Medical/Rx AV**	79%	86%	86%	86%	86%

	PEBP CDHP with Rx*	Clark County Aetna Plan G- HD + Part D	Clark County Humana Plan G-HD + Part D	Washoe/Carson City – Aetna Plan G-HD + Part D	Washoe/Carson City – Humana Plan G-HD + Part D
Retiree Groups					
- Retired Prior to 1/1/94	$133	-$80	-$90	-$86	-$96
- Retired 1/1/94 or after with less than 15 Years of Service and hired between 1/1/2010 and 12/31/2011 OR -Hired 1/1/2012 and after	$698	$115	$105	$109	$99
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 5 years of service	$653	$50	$40	$44	$34
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 10 years of service	$393	-$15	-$25	-$21	-$31
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 15 years of service	$133	-$80	-$90	-$86	-$96
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 20 years of service	$0	-$145	-$155	-$151	-$161

*PEBP premium for each retiree group adjusted by Part B subsidy of up to $145.30, but premium may be no less than $0

**Derived by Segal assuming 60% of spend for Medical, 40% for Rx

Even with a higher actuarial value, benefits offered under Via Benefits High-Deductible Plan G Medicare Supplement Plan plus Part premium ($35 per month) at average age band 75-79 in top three PEBP member dense counties have lower premiums than compared to the PEBP CDHP plan premiums adjusted for eligible subsidies. Note, the PEBP Plan HRA contribution of $700 for CDHP members was incorporated into the actuarial value.

Medicare Advantage Plans with Part D (MAPD) compared to PEBP Plans

In addition to Medicare Supplement plans with Part D offered to PEBP Medicare retirees participating in Via Benefits, there are also Medicare Advantage with Part D (MAPD) Plans. Many of these plans are available with a $0 monthly premium. As noted previously, MAPD plans are community rated with benefit designs and networks that vary across counties and carriers. Below is a comparison of MAPD offerings in Nevada under Via benefits as compared to PEBP plan offerings. PEBP plan offerings are compared to MAPD $0 premiums with various HRA contributions and including Part B premiums. The MAPD premiums and actuarial values were selected as $0-premium plans spanning low, mid, and high medical out-of-pocket maximums.

	PEBP CHDP with Rx	PEBP LDPPO with Rx	PEBP EPO/HMO with Rx	Anthem MAPD HMO – POS	Aetna MAPD HMO	AARP MAPD UHC PPO
Combined Medical/Rx AV	79%	85%	89%/91%	94%	90%	88%
Retiree Groups						
- Retired Prior to 1/1/94	$133	$460	$297	-$195	-$195	-$195
- Retired 1/1/94 or after with less than 15 Years of Service and hired between 1/1/2010 and 12/31/2011 OR -Hired 1/1/2012 and after	$698	$734	$862	$0	$0	$0
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 5 years of service	$653	$690	$818	-$65	-$65	-$65
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 10 years of service	$393	$430	$558	-$130	-$130	-$130
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 15 years of service	$133	$169	$297	-$195	-$195	-$195
Retired 1/1/94 or after, not hired between 1/1/2010 and 12/31/2011, with 20 years of service	$0	$0	$37	-$260	-$260	-$260

Note the negative numbers are reflective of monthly HRA dollars allocated to various retiree groups which are offsetting the retiree only premiums associated with the illustrated plans. For MAPD plans, it is the networks that can vary in addition to plan design, with differing actuarial values and all offering $0 premiums. Members with MAPD plans are required to pay Part B premiums similar to Medicare Supplement plans.

Dental and Vision Premiums

NRS 287.04347(2)(d) requested the average cost in Nevada to obtain dental and vision coverage, other than limited coverage through a Medicare Advantage plan. PEBP Program offers limited dental and vision benefits as part of premiums for medical and Rx coverage. Members enrolled with Via Benefits may participate in PEBP Dental Plan with a member only premium of $53.18 per month for State retiree or $50.31 for a non-state retiree. Vision costs are considered part of medical when determining premiums for PEBP programs and are not separately isolated.

Via Benefits noted that there are 41 MAPD plans available in Nevada. All of these plans offer supplemental dental and routine vision (eye exams and/or eyewear). The difference in offerings tend to be in dental plan offerings. Of the 41 MAPD plans that offer dental benefits, Via Benefits noted that five

plans offer preventive dental coverage only with a $0 premium. The other dental plan offerings are comprehensive including major services with an average monthly premium of $7.94. Comprehensive vs. preventive only is determined from CMS PBP section B16c (comprehensive dental benefit descriptions).

Summary

Medicare plan offerings (MAPD and Medicare Supplemental plans with Part D) generally provide higher actuarial values than the PEBP plan offerings, given Medicare A/B and D provide an actuarial value of approximately 81%. When comparing plans offered under Via Benefits with similar actuarial values of PEBP plans, the net premiums paid vary by applicable subsidy eligibility, plan design, county of residence, age, carrier and Medicare Plan type (Supplement or MAPD). Since premiums vary by county and age for Medicare Supplemental Plans, comparing premiums to PEBP can vary depending on retiree age and Nevada county of residence along with plan design and carrier. However, for the 75-79 age band, which represents the largest concentration of Via Benefits retirees as of June 2026, the analysis indicates that individual market options available to Medicare eligible PEBP retirees through Via Benefits often provide higher actuarial values at lower premiums compared to PEBP Plan premiums after reflecting applicable subsides and HRA contributions. For example, a member may enroll in a MAPD plan with a $0 monthly premium and a comparable actuarial value to a PEBP plan. By contrast, monthly premiums under the PEBP program may range for a retiree from $0 to $879, depending on applicable subsidy eligibility. For Medicare Supplement plans with Part D in the 75-79 age band, monthly premiums after reflecting applicable HRA contributions range from -$155 to $300 in Clark County or -$161 to $275 in Washoe County/Carson City.

Disclaimers

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Appendix

see Via Benefits, NV PEBP Medicare Coverage Legislative Report Support v5

Nevada PEBP — Medicare Retiree Coverage

Supporting Information for the Legislative Report

Prepared by Via Benefits (WTW) · July 1, 2026 · Plan year 2026

This document provides the actuarial values, premiums, and plan-feature counts requested to support Segal's analysis of Medicare coverage options for PEBP retirees. Figures reflect the PEBP Medicare-enrolled population of 11,881 members (average age 75.8, median age 76). The three Nevada counties with the greatest PEBP Medicare enrollment — Clark (4,177), Washoe (2,891), and Carson City (2,106) — frame the geographic detail.

1. Data Sources & Methodology

- Actuarial values are computed using Via Benefits' proprietary 2026 Medicare claims probability distribution (CPD) and Financial Impact Analysis modeling engine as of the time of this report. Actuarial value (AV) is reported as the plan-paid share of allowed cost: AV = 1 − E[member out-of-pocket] / E[allowed].
- Traditional Medicare and Medicare Supplement AVs are medical-only (Parts A & B); the standard Part D value is reported separately on the prescription-drug allowed base; MAPD AVs are combined medical + Rx.
- Premiums are taken directly from publicly available files as well as Via Benefits' quoting platform as of Q1 2026. Design features based on plan-data as filed. Medicare Supplement premiums vary by age; MAPD and Part D premiums are community-rated (do not vary by age).
- Dental and vision plan features are sourced from the CMS Plan Benefit Package (PBP) files (sections B16 dental, B17 eye exams & eyewear), joined to the Nevada MAPD plan list.
- All data reflected in this report is as of June 2026.

2. PEBP Medicare Population — Demographics & Plan Elections

The figures in this report are framed by the PEBP Medicare-enrolled census of 11,881 members (date of birth, ZIP code, and elected coverage). Average age is 75.8 and median age 76; 168 members are under 65 (Medicare by disability). Members reside across 17 Nevada counties.

Age distribution

Age band	Members	Share
Under 65	168	1.4%
65–69	2,072	17.4%
70–74	3,027	25.5%
75–79	3,218	27.1%
80–84	2,223	18.7%
85–89	875	7.4%
90+	298	2.5%

Plan elections

Coverage elected	Members	Share of population
MAPD (Medicare Advantage with Rx)	3,657	30.8%
Medicare Supplement (Medigap)	8,094	68.1%
— with a standalone Part D (PDP)	6,675	56.2%
Standalone vision elected	1,735	14.6%
Standalone dental elected	852	7.2%

A Medicare Supplement member pairs Medigap (medical) with a standalone Part D plan for drug coverage; MAPD bundles medical and Rx. Standalone dental/vision are ancillary policies elected alongside either. Medicare Supplement and MAPD together cover 98.8% of members; the remaining 146 (1.2%) elected a standalone Part D plan with no medical supplement (16 members appear under both MS and MAPD).

Geographic distribution

County	Members	Share
Clark	4,177	35.2%
Washoe	2,891	24.3%
Carson City	2,106	17.7%
Storey	611	5.1%
Elko	382	3.2%
Lyon	381	3.2%
Douglas	344	2.9%
Churchill	315	2.7%
All other Nevada counties	674	5.7%

The three highest-enrollment counties — Clark, Washoe, and Carson City — anchor the county-level premium detail in Section 8.

3. Traditional Medicare — 2026 Program Parameters

The values below are the statutory Medicare cost-sharing parameters used in the adjudication. A retiree in Traditional Medicare with no supplement is responsible for these amounts (Medicare has no annual out-of-pocket maximum).

Parameter	2026 Value
Part A hospital deductible (per benefit period)	$1,736
Part A coinsurance, days 61–90	$434 / day
Part A coinsurance, days 91+ (lifetime reserve)	$868 / day
Skilled nursing facility coinsurance, days 21–100	$217 / day
Part B annual deductible	$283
Part B coinsurance (after deductible)	20%
Part B standard monthly premium	$202.90
Part A hospice cost-sharing	5% coinsurance
Part D standard deductible	$615
Part D initial coinsurance (member)	25%
Part D annual out-of-pocket cap (TrOOP)	$2,100
Part D base beneficiary premium	$38.99

4. Medicare Supplement (Medigap) — Gaps Covered by Plan Letter

Medigap plans are standardized by letter. The grid shows which Medicare cost-sharing gaps each plan covers. Nevada offers Plans A, B, C, D, F, G, High-Deductible G, K, L, N. (Plans C and F are closed to those newly eligible for Medicare on or after January 1, 2020.)

Benefit / Gap	A	B	C	D	F	G	K	L	N
Part A coinsurance & 365 extra hospital days	✓	✓	✓	✓	✓	✓	50%	75%	✓
Part B coinsurance / copayment	✓	✓	✓	✓	✓	✓	50%	75%	Copay*
Blood (first 3 pints)	✓	✓	✓	✓	✓	✓	50%	75%	✓
Part A hospice coinsurance	✓	✓	✓	✓	✓	✓	50%	75%	✓
Skilled nursing facility coinsurance	—	—	✓	✓	✓	✓	50%	75%	✓
Part A deductible	—	✓	✓	✓	✓	✓	50%	75%	✓
Part B deductible	—	—	✓	—	✓	—	—	—	—
Part B excess charges	—	—	—	—	✓	✓	—	—	—
Foreign travel emergency	—	—	80%	80%	80%	80%	—	—	80%
Out-of-pocket limit (2026)	—	—	—	—	—	—	$8,000	$4,000	—

*✓ = 100% covered. * Plan N pays Part B coinsurance in full except a copay up to $20 per office visit and up to $50 per emergency-room visit. High-Deductible G (offered in NV) mirrors Plan G after a $2,950 annual deductible (2026).*

5. Actuarial Values — Plan-Paid Share of Allowed Cost

5a. Traditional Medicare (medical only)

Coverage	Actuarial value	Member share of allowed (medical)
Traditional Medicare, no supplement	82.7%	17.3% ($3,035)

5b. Medicare Supplement — combined Medicare + Medigap (medical only)

Important: each value below is the COMBINED actuarial value of Traditional Medicare PLUS the Medicare Supplement plan — that is, (Medicare's payment + the Medigap plan's payment) ÷ total allowed medical cost. The supplement is layered on top of Traditional Medicare's 82.7% base (Section 5a), so these figures are stated on the same basis as the Traditional Medicare and MAPD values and are directly comparable to them. They are NOT the share of Medicare's cost-sharing gap that the supplement fills — a plan shown at 95% does not cover 95% of the gap Medicare leaves. The "Added vs. Traditional alone" column isolates the coverage the supplement contributes on top of Original Medicare.

Medigap plan	Combined AV (Medicare + plan)	Added vs. Traditional alone
Plan A	95.1%	+12.4 pts
Plan B	97.6%	+14.9 pts
Plan C	99.8%	+17.1 pts
Plan D	98.3%	+15.6 pts
Plan F	99.8%	+17.1 pts
Plan G	98.3%	+15.6 pts
High-Deductible G	90.4%	+7.7 pts
Plan K	90.8%	+8.2 pts
Plan L	94.3%	+11.6 pts
Plan N	97.0%	+14.4 pts

Combined medical-only AV = (Medicare + Medigap paid) ÷ medical allowed. Plans F and C are highest because they also cover the Part B deductible and Part B excess charges. Prescription-drug coverage is reported separately in 5c.

5c. Standard Part D prescription-drug benefit (Rx only)

Coverage	Actuarial value
Standard Part D defined benefit (2026)	78.6%

5d. Medicare Advantage Prescription Drug (MAPD) — three $0-premium plans (combined medical + Rx)

Plan (carrier)	Medical OOP max	Rx OOP max	Actuarial value
Anthem Medicare Advantage (HMO-POS) — Anthem Blue Cross and Blue Shield	$1,250	$2,100	93.5%
Aetna Medicare Signature (HMO) — Aetna Medicare	$3,400	$2,100	90.4%
AARP Medicare Advantage from UHC NV-0007 (PPO) — UnitedHealthcare	$6,700	$2,100	87.5%

All three carry a $0 monthly plan premium and are offered in Clark County; selected to span low, mid, and high medical out-of-pocket maximums. MAPD AV is combined (medical + Rx) because the product bundles both. Lower out-of-pocket maximum → higher actuarial value.

6. MAPD Plans Used — Design Summary

The three $0-premium MAPD plans priced in Section 5d are summarized below in side-by-side plan-design format (the layout used in the Via Benefits plan-comparison tool). They were selected to span low, mid, and high medical out-of-pocket maximums; lower cost-sharing corresponds to the higher actuarial value.

Benefit	Anthem Medicare Advantage (HMO-POS) — Anthem Blue Cross and Blue Shield · AV 93.5%	Aetna Medicare Signature (HMO) — Aetna Medicare · AV 90.4%	AARP Medicare Advantage from UHC NV-0007 (PPO) — UnitedHealthcare · AV 87.5%
Monthly plan premium	$0	$0	$0
Medical deductible	$0	$615 (combined med+Rx)	$0
Medical out-of-pocket max	$1,250	$3,400	$6,700
Inpatient hospital	$0	$320/day (days 1–6); then $0	$395/day (days 1–6); then $0
Skilled nursing facility	$0 (days 1–20); $218 (days 21–100)	$10 (days 1–20); $218 (days 21–100)	$0 (days 1–20); $218 (days 21–100)
Emergency room	$150	$150	$130
Ambulance	$250	$315	$290
Primary care visit	$0	$0	$0
Specialist visit	$0	$45 †	$45 †
Outpatient surgery	$0	$0	$0
Diagnostic / radiology	$0	$0	$35 †
Durable medical equipment	$0	$0	20% †
Rehabilitation (PT/OT)	$0	$20 †	$35 †
Rx deductible	$50	$615	$520
Rx out-of-pocket max (Part D cap)	$2,100	$2,100	$2,100
Rx – preferred generic (retail)	$0	$0	$0
Rx – generic (retail)	$10	$12	$10
Rx – preferred brand (retail)	25% †	24% †	16% †
Rx – non-preferred (retail)	30% †	25% †	35% †
Rx – generic (mail, 90-day)	$0	$0	$10
Rx – preferred brand (mail)	25% †	24% †	16% †

† Service is subject to the plan deductible before the cost-share applies. "$0" indicates the plan covers the service in full. Cost-shares are in-network.
Source: 2026 plan-design data (CMS / carrier filings).

7. Prevalence of MAPD Plans — Dental & Vision Benefits

Nevada has 41 MAPD plans. Both supplemental dental and routine vision are effectively universal in this market: 41 of 41 plans offer a supplemental dental benefit and 41 of 41 offer routine vision (eye exam and/or eyewear). The direct answer to the requested split is therefore:

MAPD plans in Nevada	Count	Average monthly premium
DO offer dental or vision	41	$6.98
Do NOT offer dental nor vision	0	$0.00
All MAPD plans	41	$6.98

"Offers dental" = CMS PBP coverage flag (section B16) indicates the plan provides a supplemental dental benefit; "offers vision" = supplemental eye-exam and/or eyewear benefit (section B17). Both are offered by all 41 plans, so no Nevada MAPD plan offers neither.

Because dental and vision are present in every plan, the feature that actually varies is the depth of the dental benefit. The breakdown below splits the plans by whether dental coverage extends beyond preventive care (cleanings, exams, x-rays) to comprehensive services (fillings, crowns, extractions, dentures):

Dental benefit depth	Count	Average monthly premium
Comprehensive dental (preventive + major services)	36	$7.94
Preventive dental only	5	$0.00
All MAPD plans	41	$6.98

Comprehensive vs. preventive-only determined from CMS PBP section B16c (comprehensive dental benefit descriptions). Of the 41 plans, 35 carry a $0 monthly premium.

8. Medicare Supplement Premiums by 5-Year Age Band

Medicare Supplement premiums are attained-age rated. The tables below show monthly premiums for Plan G, Plan K, and High-Deductible G across the top three counties, for the three Nevada carriers offering the most Medigap plans (UnitedHealthcare, Aetna, Humana). Among these three carriers, Plan G is offered by all three, Plan K only by UnitedHealthcare, and High-Deductible G only by Aetna and Humana. (MAPD premiums are community-rated and do not vary by age; Part D premiums are shown separately in Section 9.)

How the top three carriers were selected — carriers by plan count

The three carriers above were chosen as those offering the most distinct Medicare Supplement plans (letters) available in Nevada. The full ranking:

Rank	Carrier	Medigap plans (letters offered)
1	UnitedHealthcare	8 (A, C, D, F, G, K, L, N)
2	Aetna	6 (A, B, F, G, GH, N)
3	Humana	5 (A, F, G, GH, N)
4	Monitor Life Medicare Supplement	5 (A, F, G, GH, N)
5	Mutual of Omaha	5 (A, F, G, GH, N)
6	Anthem	4 (A, F, G, N)
7	CIGNA	4 (A, F, G, N)

Top three (UnitedHealthcare, Aetna, Humana) carry the premium detail below. Ties beyond rank 3 are broken alphabetically.

For reference, the Medicare Advantage (MAPD) market in Nevada is led by a different set of carriers by plan count (the MAPD design samples in Section 6 were chosen by out-of-pocket level, not carrier rank):

Rank	Carrier (MAPD)	MAPD plans offered
1	Aetna Medicare	13
2	Humana	10
3	UnitedHealthcare	10
4	Senior Care Plus	3
5	Wellcare	2
6	Anthem Blue Cross and Blue Shield	2
7	Champion Health Plan	1

Medicare Supplement monthly premiums by age — Clark County

Age band	UHC · G	Aetna · G	Humana · G	UHC · K	Aetna · HD-G	Humana · HD-G
65–69	$173	$175	$196	$68	$61	$52
70–74	$210	$196	$219	$82	$68	$58
75–79	$257	$231	$263	$101	$80	$70
80–84	$294	$270	$316	$115	$94	$84
85–89	$296	$314	$367	$116	$109	$98
90–94	$296	$360	$412	$116	$125	$110
95–99	$296	$409	$455	$116	$142	$121

Plan G covers all Part A/B gaps except the Part B deductible. Plan K covers 50% of most cost-sharing (annual out-of-pocket limit $8,000). High-Deductible G (HD-G) mirrors Plan G after a $2,950 annual deductible (2026). Among these three carriers, only UnitedHealthcare offers Plan K and only Aetna and Humana offer HD-G.

Medicare Supplement monthly premiums by age — Washoe County

Age band	UHC · G	Aetna · G	Humana · G	UHC · K	Aetna · HD-G	Humana · HD-G
65–69	$162	$162	$178	$64	$56	$47
70–74	$196	$181	$199	$77	$63	$53
75–79	$241	$214	$239	$95	$74	$64
80–84	$275	$250	$288	$108	$87	$76
85–89	$276	$291	$334	$109	$101	$89
90–94	$276	$333	$374	$109	$116	$100
95–99	$276	$379	$413	$109	$132	$110

Plan G covers all Part A/B gaps except the Part B deductible. Plan K covers 50% of most cost-sharing (annual out-of-pocket limit $8,000). High-Deductible G (HD-G) mirrors Plan G after a $2,950 annual deductible (2026). Among these three carriers, only UnitedHealthcare offers Plan K and only Aetna and Humana offer HD-G.

Medicare Supplement monthly premiums by age — Carson City County

Age band	UHC · G	Aetna · G	Humana · G	UHC · K	Aetna · HD-G	Humana · HD-G

65–69	$162	$162	$178	$64	$56	$47
70–74	$196	$181	$199	$77	$63	$53
75–79	$241	$214	$239	$95	$74	$64
80–84	$275	$250	$288	$108	$87	$76
85–89	$276	$291	$334	$109	$101	$89
90–94	$276	$333	$374	$109	$116	$100
95–99	$276	$379	$413	$109	$132	$110

Plan G covers all Part A/B gaps except the Part B deductible. Plan K covers 50% of most cost-sharing (annual out-of-pocket limit $8,000). High-Deductible G (HD-G) mirrors Plan G after a $2,950 annual deductible (2026). Among these three carriers, only UnitedHealthcare offers Plan K and only Aetna and Humana offer HD-G.

When does premium "aging" stop? (illustrated for Plan G)

The age at which premiums stop increasing is carrier-specific, not a single statewide age:

- UHC: rises through age 81 ($172 at 65 → $296 at 99), then level
- Aetna: rises through age 99 ($173 at 65 → $430 at 99)
- Humana: rises through age 99 ($194 at 65 → $473 at 99)

In short, there is no uniform "aging stops at 75." One carrier levels off in the early 80s while others continue grading premiums to age 99. Washoe and Carson City share a single Medigap rating area and therefore show identical premiums.

9. Part D (Prescription Drug) Premiums

Standalone Part D (PDP) carriers were selected the same way as the Medicare Supplement carriers — the three carriers offering the most PDP plans in Nevada, with ties broken alphabetically: Humana, HealthSpring, UnitedHealthcare. Part D premiums are community-rated (they do not vary by age) and are set at the regional level, so each carrier's lowest premium is the same across all three counties. The table shows the lowest monthly premium offered by each carrier in each county.

County	Humana	HealthSpring	UnitedHealthcare
Clark	$0.00	$52.60	$76.70
Washoe	$0.00	$52.60	$76.70
Carson City	$0.00	$52.60	$76.70

Lowest monthly Part D premium per carrier. Premiums are identical across the three counties because Nevada is a single Part D region.

Part D actuarial values

Actuarial value — the plan-paid share of prescription-drug allowed cost — for each carrier's lowest-premium PDP, plus Humana's Value and Premier plans. Adjudication applies the standard-relative true-out-of-pocket (TrOOP): plan payments above what the defined standard benefit would pay count toward the member's out-of-pocket cap. The standard Part D defined benefit is 78.6% on this claims basis; an individual plan's value can sit above or below that depending on its cost-sharing structure and the prescription-cost distribution used to price it.

Carrier	Plan	Premium	Actuarial value
Humana	Humana Basic Rx Plan	$0.00	82.1%
Humana	Humana Value Rx Plan	$43.70	83.1%
Humana	Humana Premier Rx Plan	$148.70	86.4%
HealthSpring	HealthSpring Extra Rx	$52.60	77.5%
UnitedHealthcare	AARP Medicare Rx Saver from UHC	$76.70	76.8%

Part D actuarial value = 1 − E[member Rx OOP] / E[Rx allowed], Rx only (no medical). Reference: standard Part D defined benefit = 78.6%.

Humana Part D plans — design detail, premium & actuarial value

Humana offers the most Part D plans in Nevada. All three are shown below with design detail, monthly premium, and actuarial value. Each is available in all 17 Nevada counties at the same premium statewide (Nevada is a single Part D region).

Benefit / design	Humana Basic Rx Plan	Humana Value Rx Plan	Humana Premier Rx Plan
Monthly premium	$0.00	$43.70	$148.70
Rx deductible	$615	$601	$0
Rx out-of-pocket max (Part D cap)	$2,100	$2,100	$2,100
Preferred generic (retail / mail)	$0 / $0	$0 / $0	$0 / $0
Generic (retail / mail)	$1 / $0	$3 / $0	$10 / $0
Preferred brand (retail / mail)	25% / 20%	18% / 13%	$47 / $45
Non-preferred (retail / mail)	32% / 32%	34% / 34%	50% / 50%
Actuarial value	82.1%	83.1%	86.4%

Actuarial value = plan-paid share of prescription-drug allowed cost (Rx only, no medical), adjudicated with the standard-relative TrOOP. Reference: standard Part D defined benefit = 78.6%. Cost-shares are shown as retail / mail-order; coinsurance applies after the Rx deductible.

How the three Part D carriers were selected — carriers by plan count

Rank	Carrier (PDP)	PDP plans offered
1	Humana	3
2	HealthSpring	2
3	UnitedHealthcare	2
4	Wellcare	2
5	Aetna Medicare	1

Top three (selected for the premiums above) carry the most PDP plans; ties beyond rank 1 are broken alphabetically — the same rule used for the Medicare Supplement carriers in Section 8.

10. Independent Verification of 2026 Parameters & Plan Designs

Every statutory parameter used in this report was checked against the official 2026 CMS releases. All values match the published figures.

Sources: CMS, "2026 Medicare Parts A & B Premiums and Deductibles" fact sheet (Nov 14, 2025); CMS Final CY2026 Part D benefit parameters; CMS Plan K & L Out-of-Pocket Limits announcement. The standardized Medigap benefit grid in Section 4 was verified against the CMS / Medicare.gov standardized-benefits chart and matches for every plan letter offered in Nevada.

Notes & Limitations

- Actuarial values are model values reflecting Via Benefits' proprietary data and modeling; they are not a certification of any specific carrier's filed actuarial value for any individual plan.
- Premiums are new-business rates as of Q1 2026; actual rates depend on enrollment date, underwriting (if applicable), and any applicable household or other discounts.
- MAPD plan features (dental, vision) reflect the CMS Plan Benefit Package files; benefit limits and networks vary by plan.
- This information supports a third-party cost analysis; Via Benefits has not evaluated that analysis's assumptions, methods, or results.