NEVADA PEBP
Public Employees' Benefits Program

NEVADA HEALTH AUTHORITY
*Ensuring affordable, reliable health care for Nevada*

# Plan Year 2027
# New Hire Orientation

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

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# Today's Topics

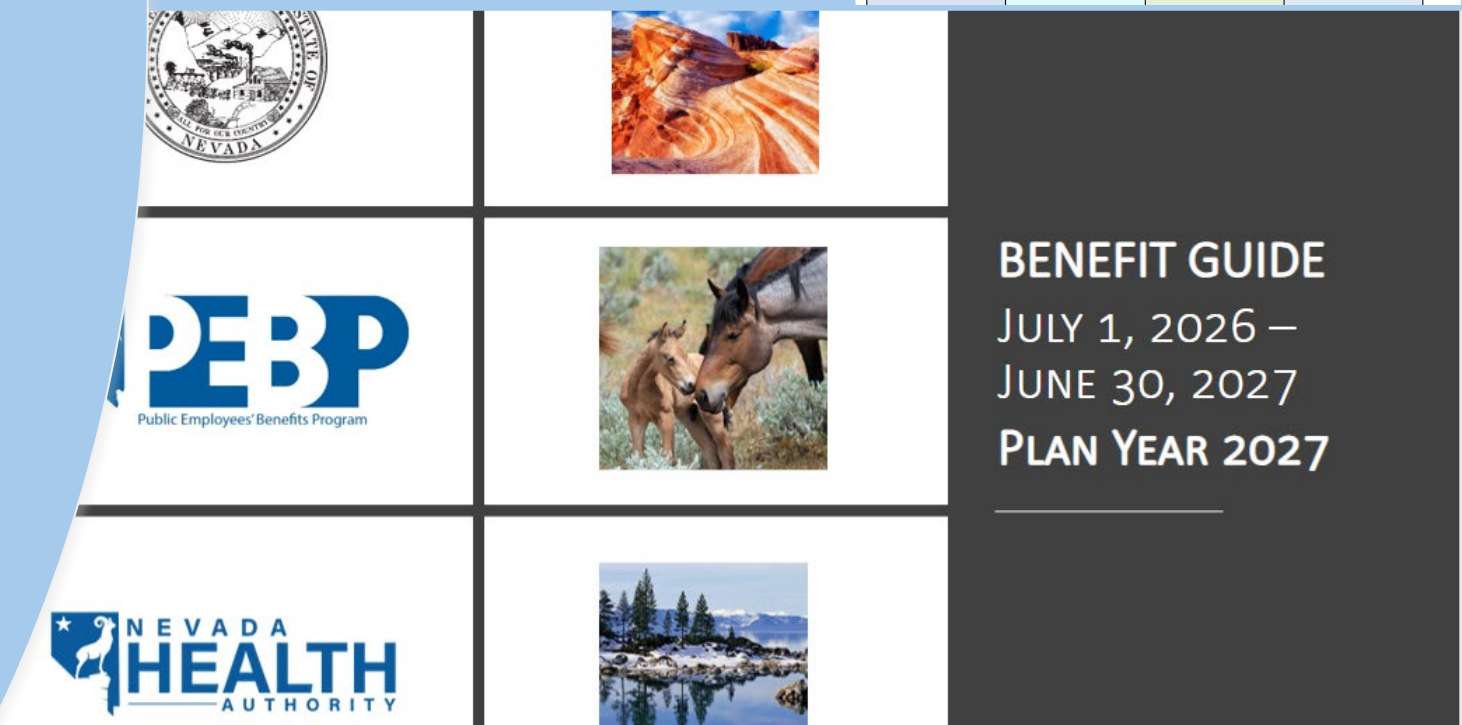
- PEBP Fundamentals
- Completing Your New Hire Event
- Medical Plan Rates and Options
- Plan Design
- Spending Accounts
- Benefits Available to All Active Participants
- Contact Information

# PEBP Fundamentals

Public Employees' Benefits Program

# Resources

- https://www.pebp.nv.gov
- Meetings & Events Page
- What's New Page
- Open Enrollment Page
- Benefit Guides
- Training Videos
- Premium Rates
- Plan Comparisons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# Public Employees' Benefits Program

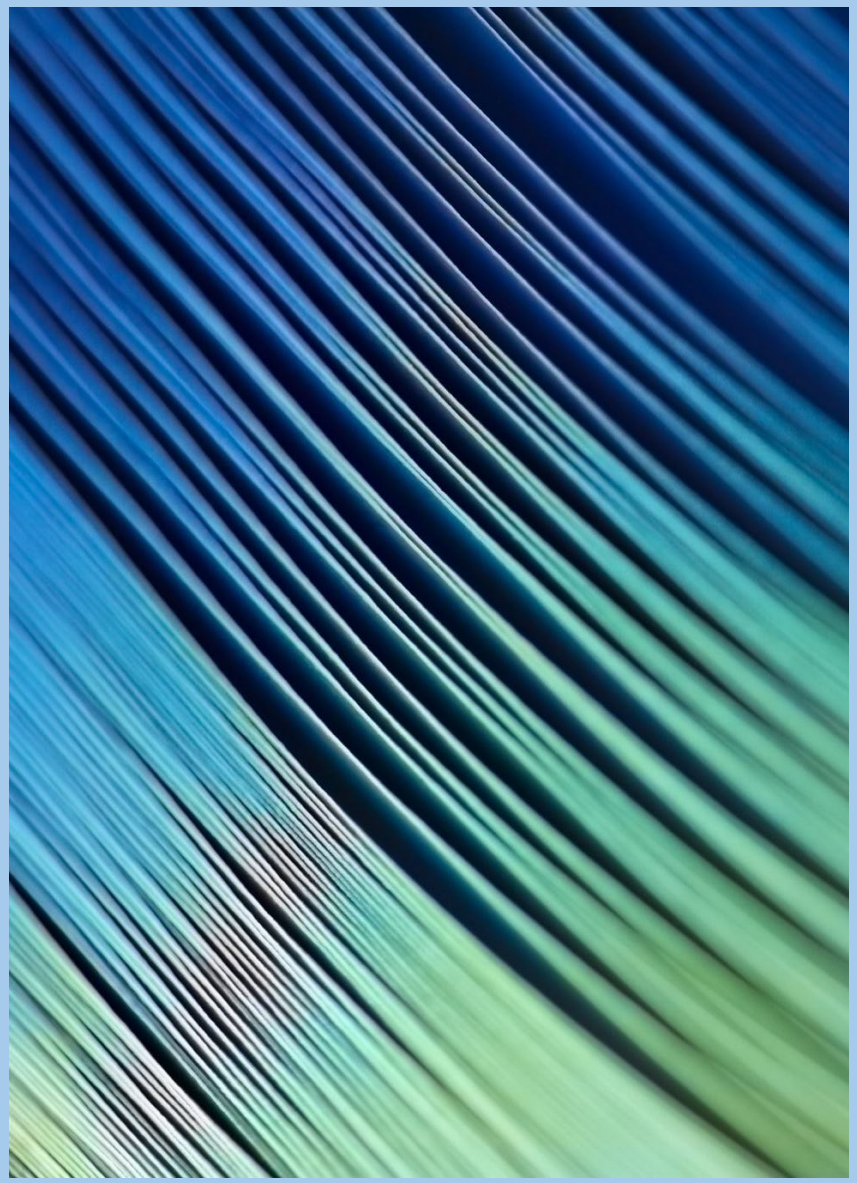
**Where to Find Information**
Visit the PEBP website to access forms, newsletters, program materials, and details on meetings or trainings.

**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.



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# Plan Year 2027

July 1, 2026 – June 30, 2027


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# Coverage Effective Date

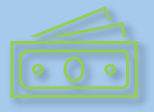
Employees MUST enroll or decline coverage no later than the last day of the month coverage is scheduled to become effective

| Date of Hire | Coverage Effective Date | Date Enrollment Must Be Completed | Dates Supporting Documents Must Be Submitted | Default Coverage Date |
|---|---|---|---|---|
| June 1st | June 1st | June 30th | June 30th | June 30th<br><br>Coverage Effective June 1st |
| June 2nd | July 1st | July 31st | July 31st | July 31st<br><br>Coverage Effective July 1st |

Failure to enroll or decline coverage will result in coverage being defaulted to *self-only coverage on the CDHP with HRA.*

**You will pay a monthly premium for default coverage.**

# 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 1st – June 30th) 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.

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# Completing Your New Hire Event

You must enroll or decline coverage in your E-PEBP portal

# Who is Eligible for Coverage?

| Legal Spouse or Domestic Partner | Children/ Stepchildren | Disabled Dependent Child | Children under Legal Guardianship |
|---|---|---|---|
| If not eligible for group coverage through their own employer<br><br>Significantly inferior exception:<br>A catastrophic plan with a deductible of $5,000 or more not paired with an HSA/HRA<br>*By adding a spouse or domestic partner, you attest under penalty of perjury per NRS 199.145 that they are not offered group employer coverage unless significantly inferior and PEBP reserves the right to request additional documentation. | May be covered from birth through the last day of the month the child reaches age 26 | A child of any age with a disability incapable of self-support | Children under permanent legal guardianship to age 19<br>Continue to age 26 if:<br>1. Resides with participant<br>2. Unmarried<br>3. Full-time student<br>4. Participant provides over one half of support<br>5. The dependent is a child, brother, sister, step-brother, step-sister, grandchild or a descendant of such a relative |

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# Required Supporting Documents

| 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*

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# Accessing Your E-PEBP Portal


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

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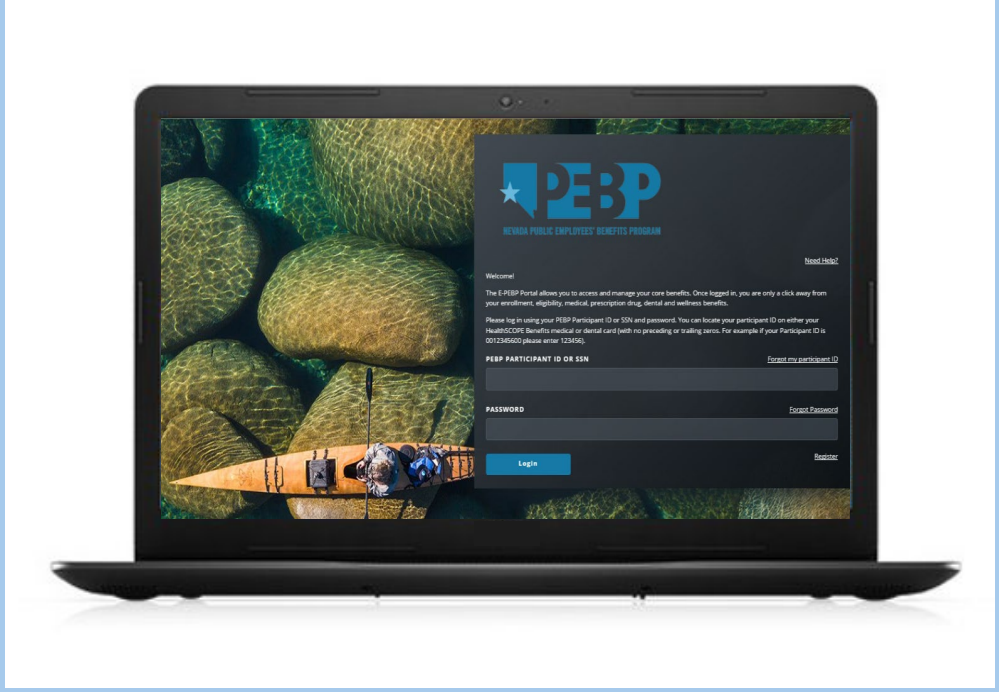
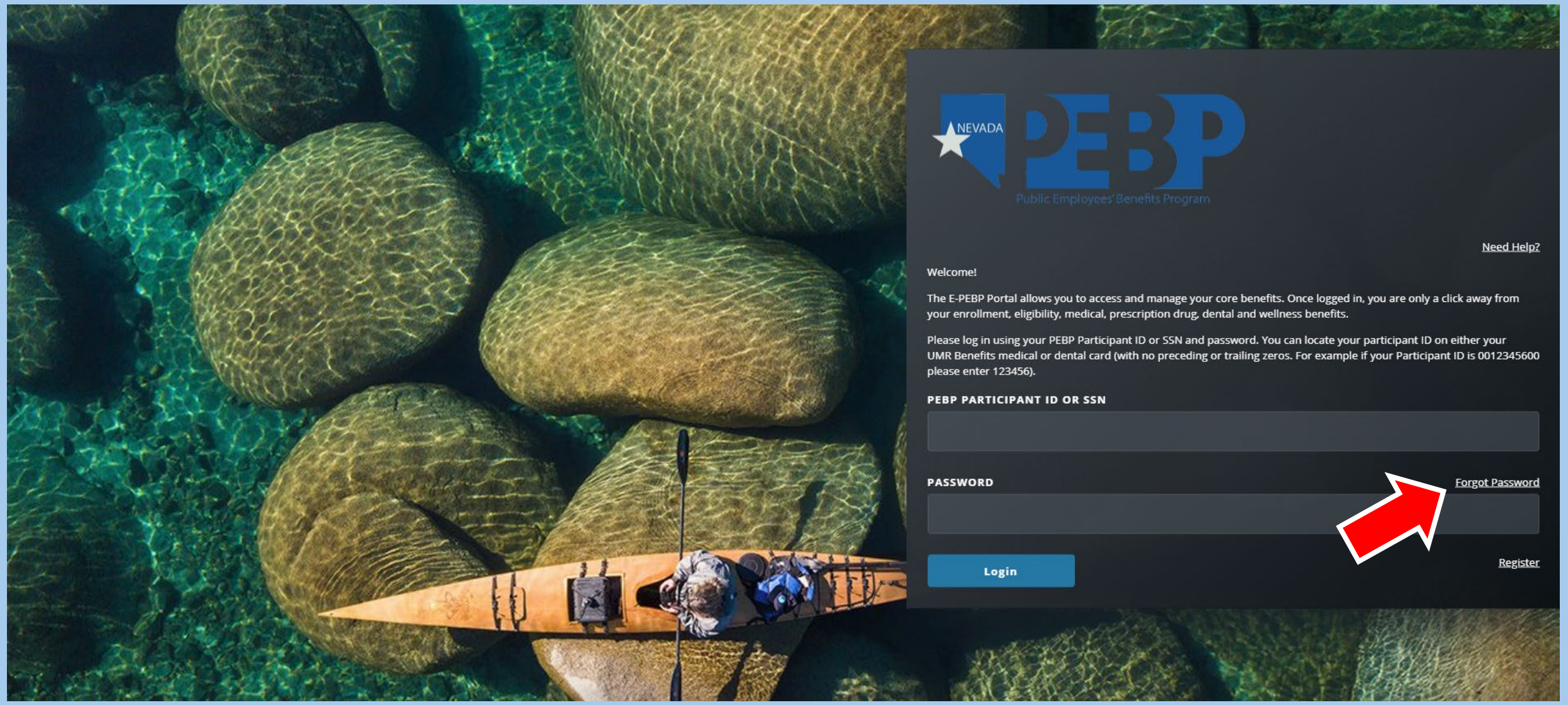
# E-PEBP Portal Features

- Send a Secure Message
- Complete New Hire Event
- Elect Beneficiaries
- Upload Supporting Documents
- Enroll in Voluntary Products



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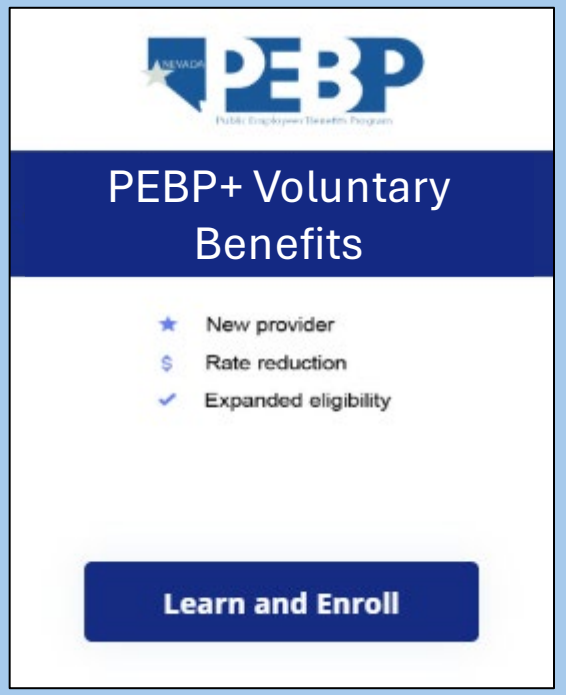
Home

Name, here are some things you may do next:

NEW HIRE
You have 38 days to complete this event.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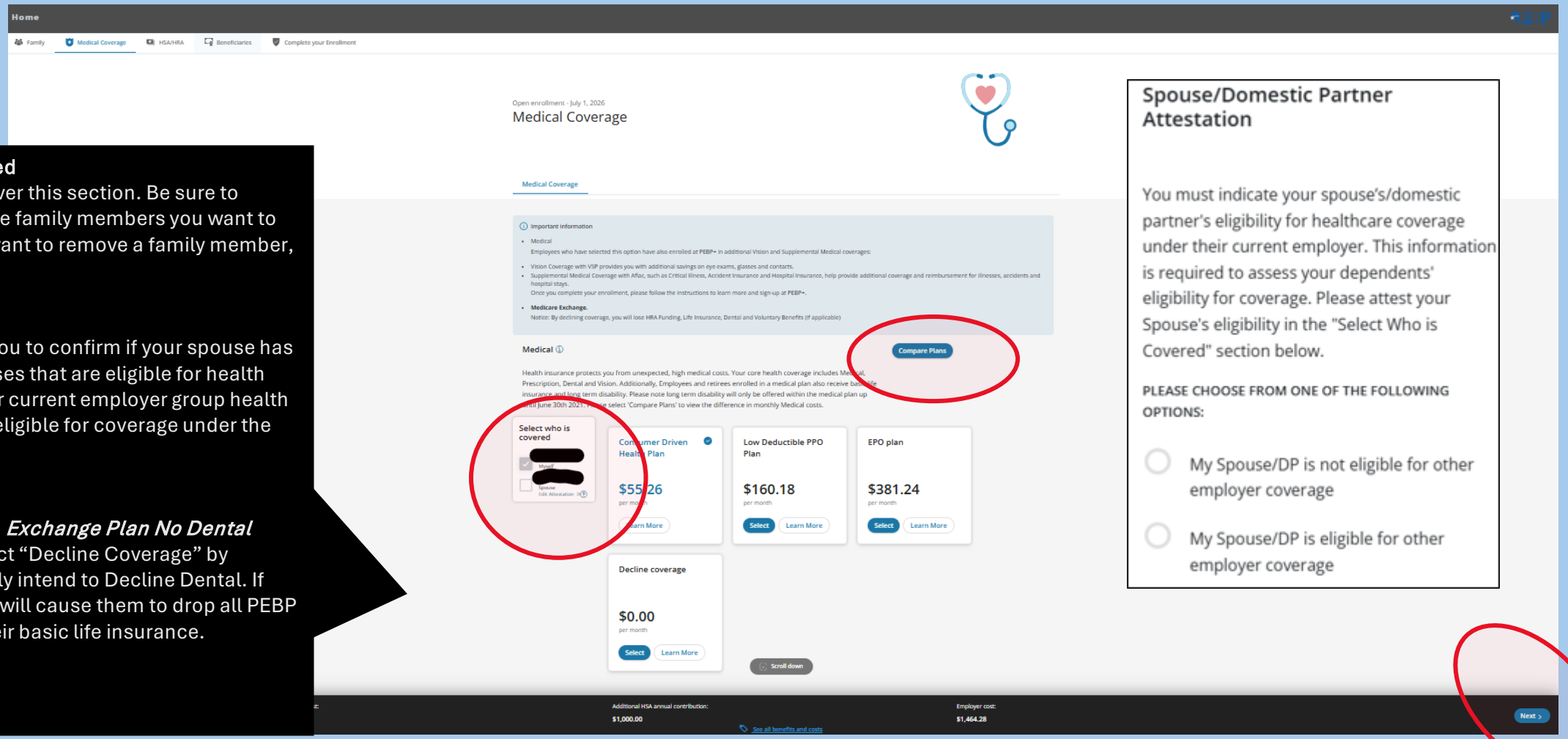
# SELECT MEDICAL COVERAGE

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

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

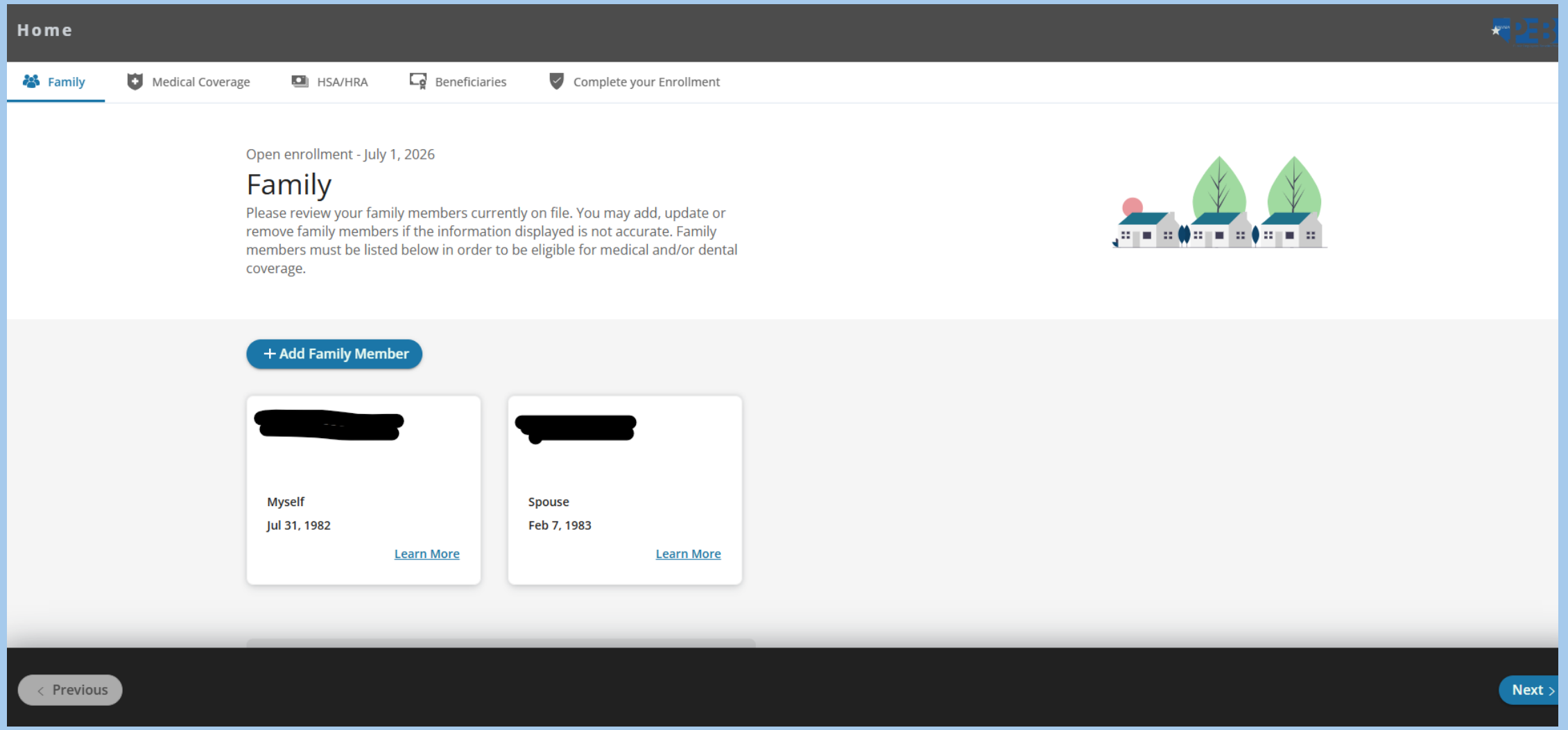
**Spouse Attestation**
Will pop up, and ask you to confirm if your spouse has other coverage. Spouses that are eligible for health coverage through their current employer group health plan are typically not eligible for coverage under the PEBP Plan.

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



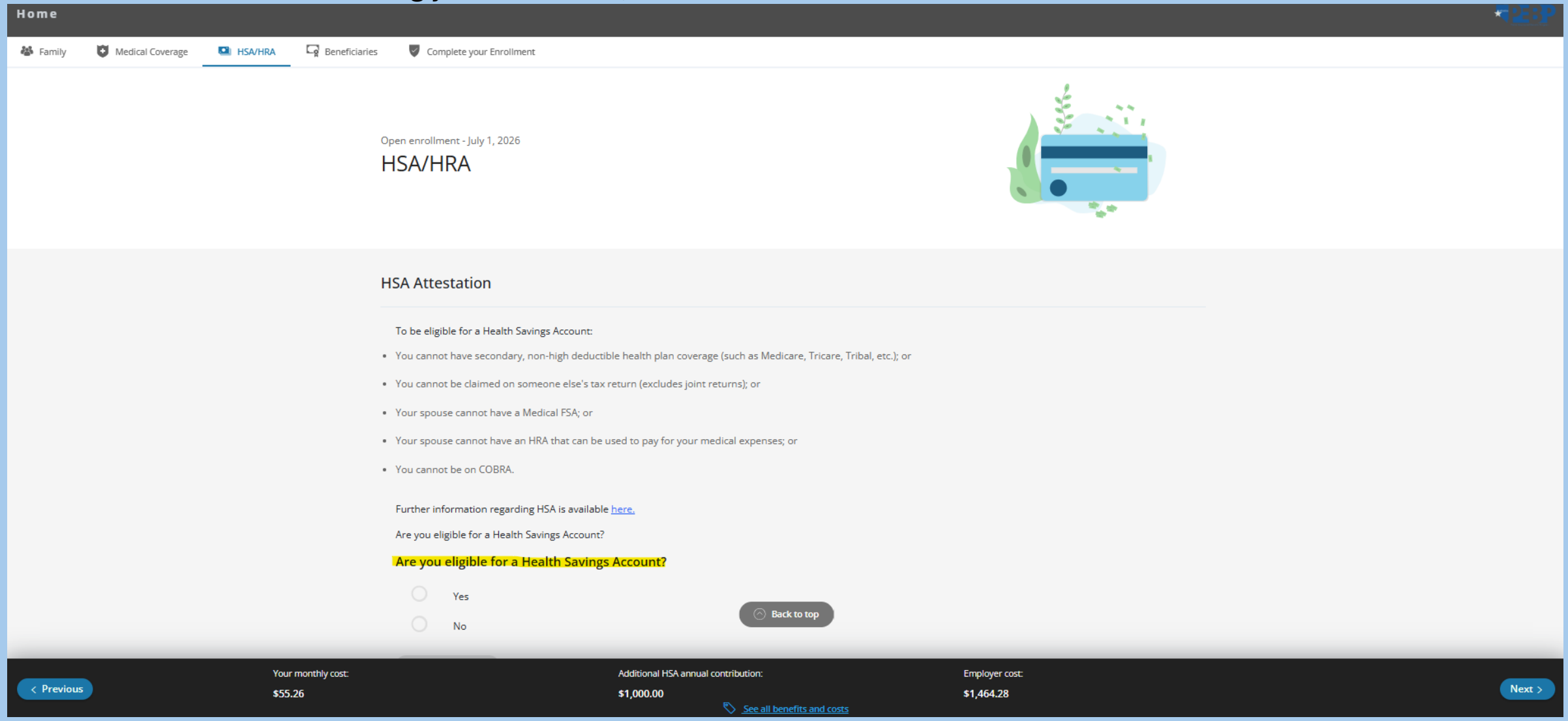
# ADD FAMILY MEMBERS

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



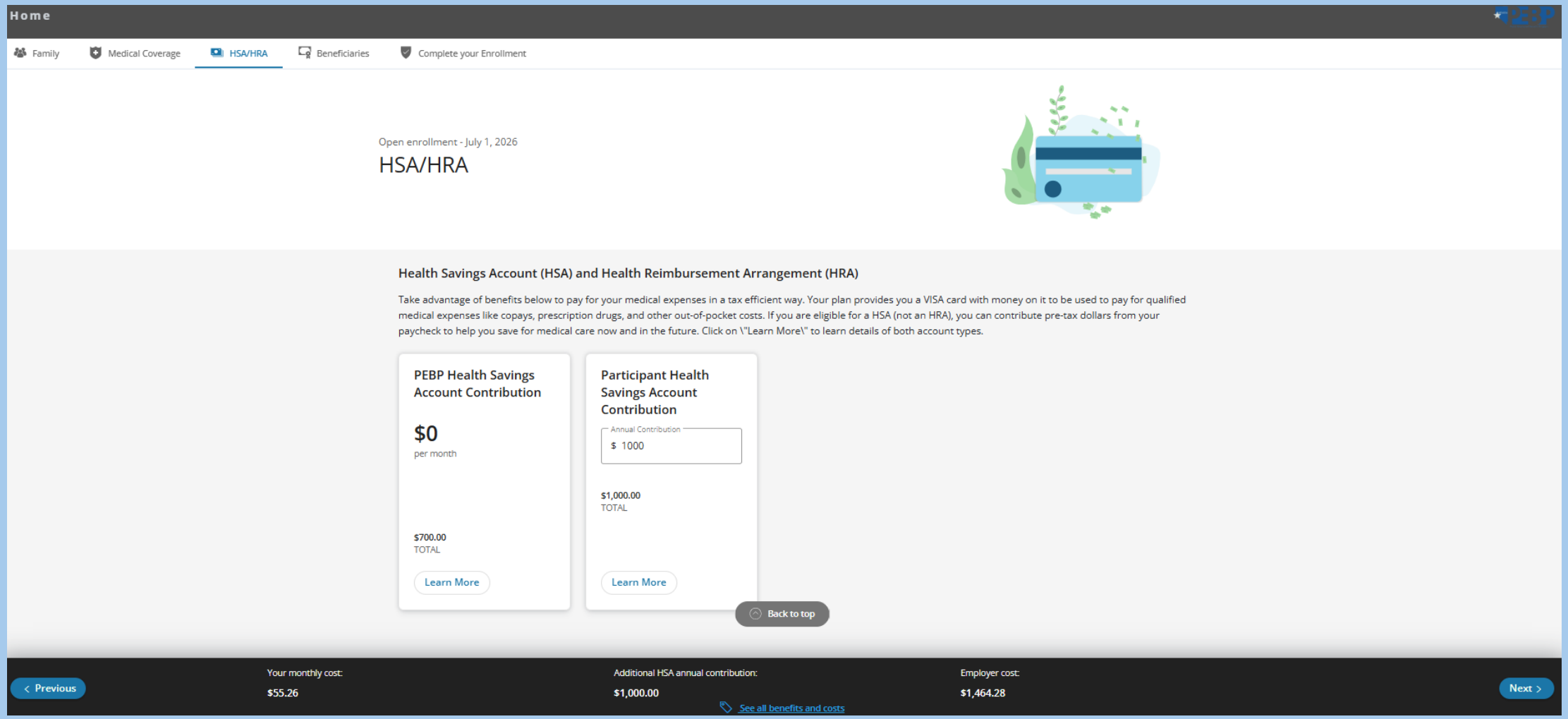
# HSA/HRA ELIGIBILITY & SETUP

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



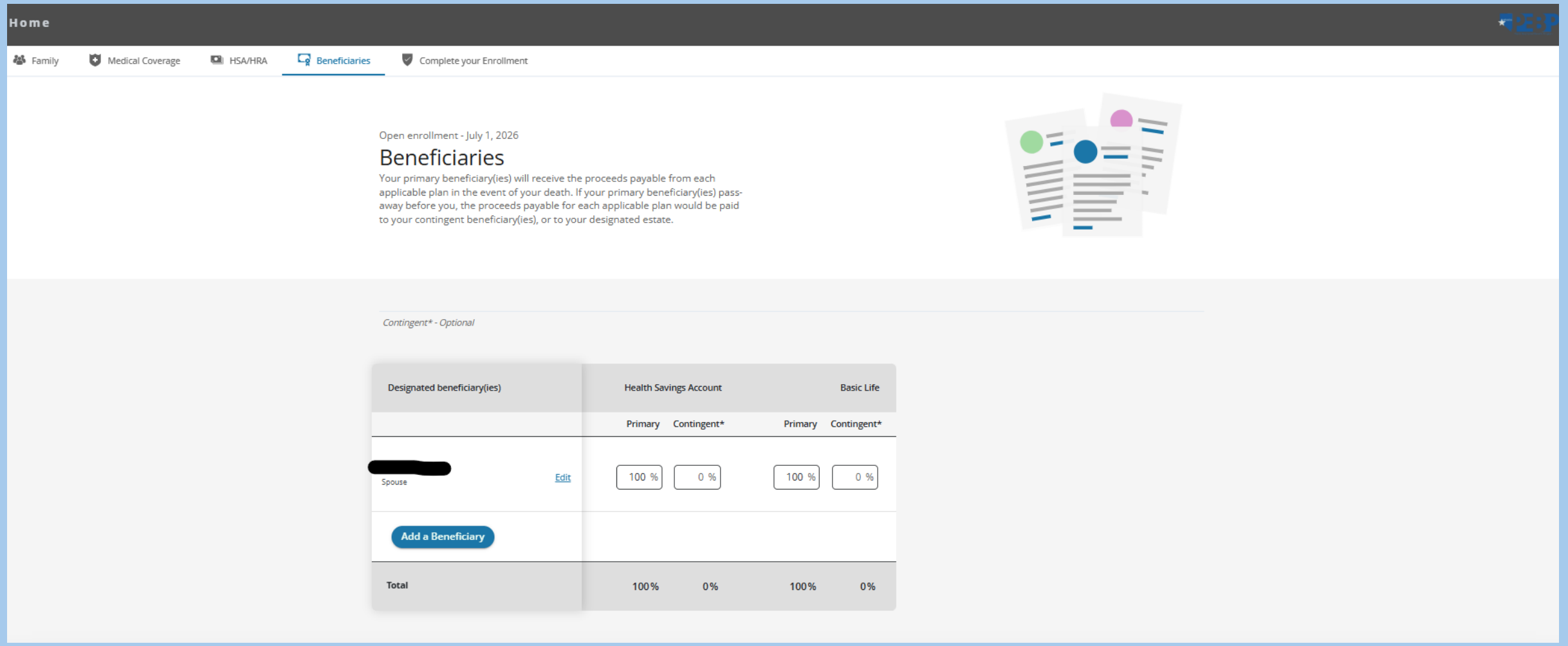
# HSA/HRA CONTRIBUTIONS

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



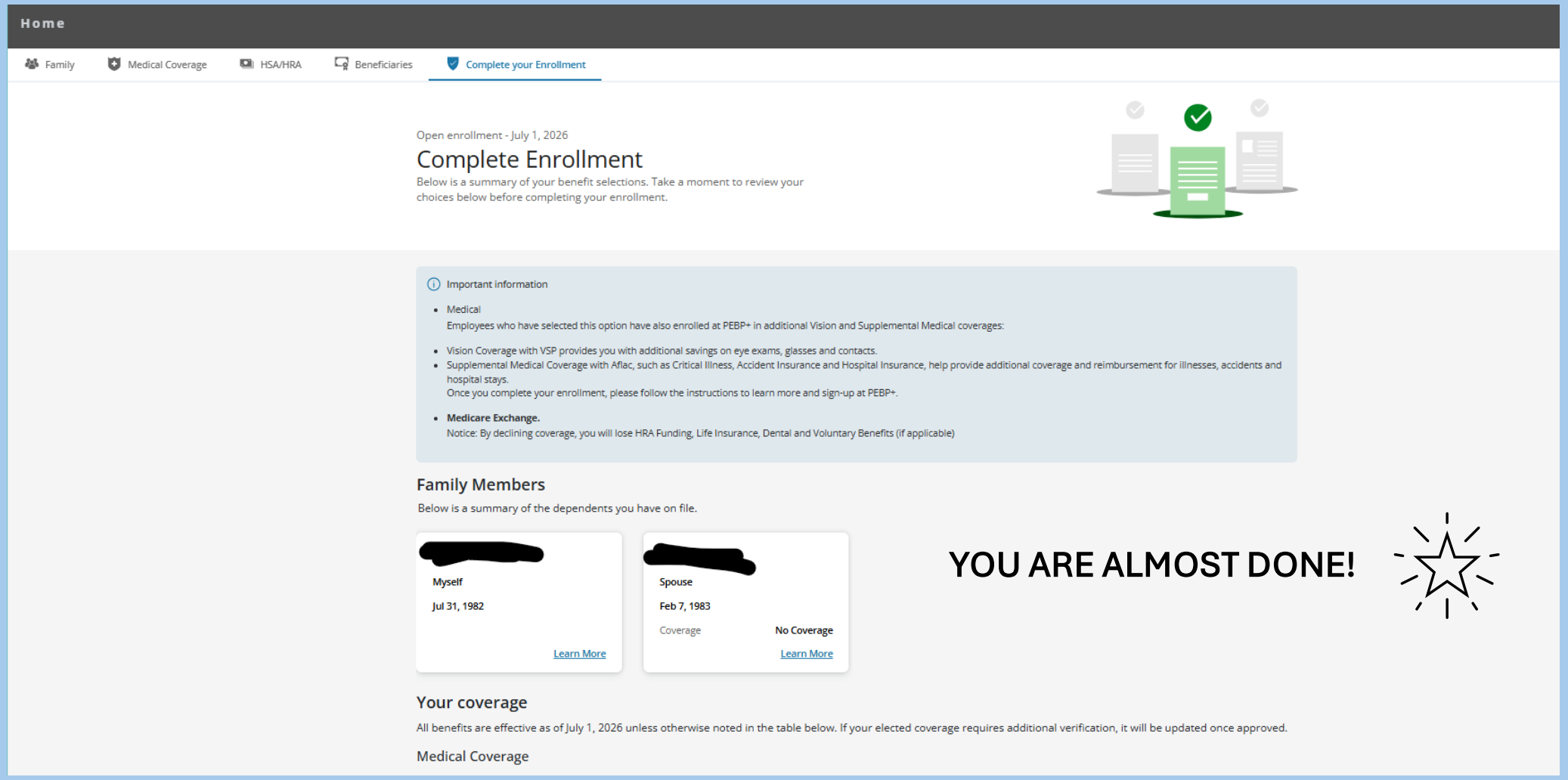
# ADD YOUR BENEFICIARIES (REQUIRED)

Add at least one beneficiary to proceed. Make sure your allocation amounts (or percentages) are equal to100%. Click NEXT when you are ready to continue.



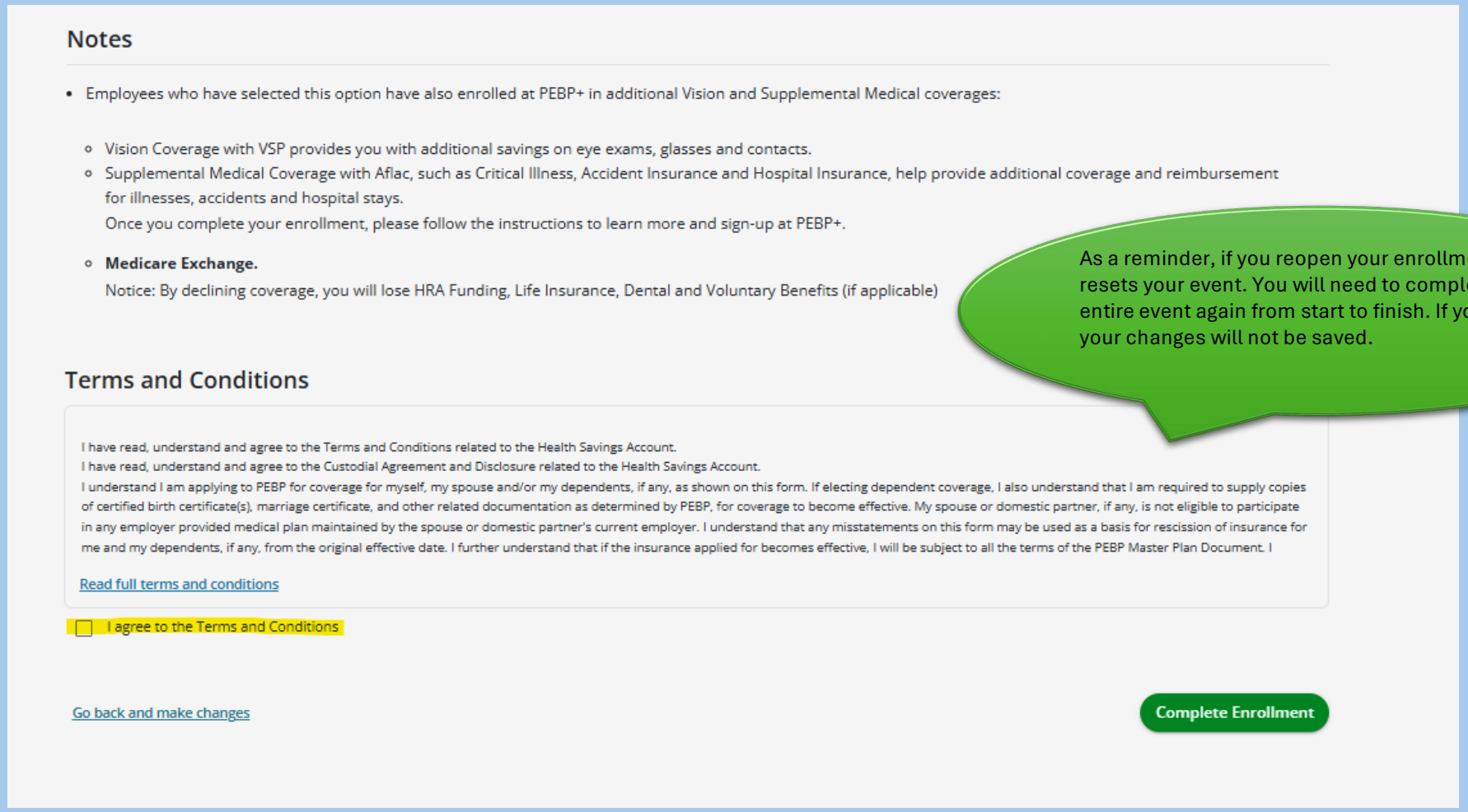
# Complete Enrollment:

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



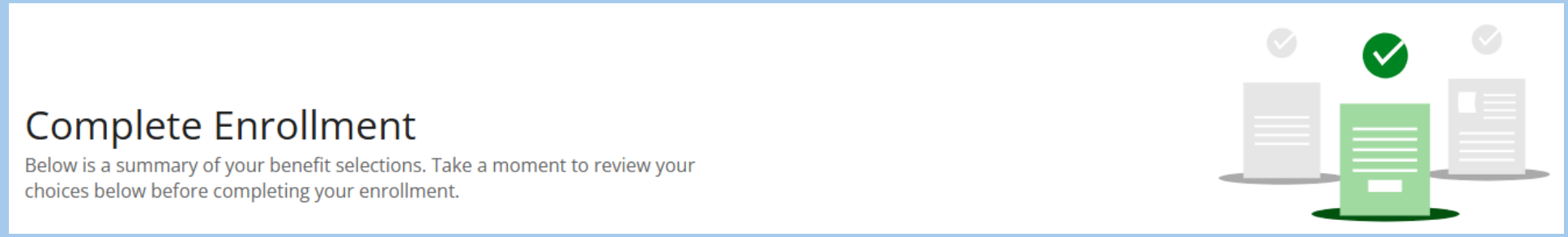

**YOU ARE ALMOST DONE!**

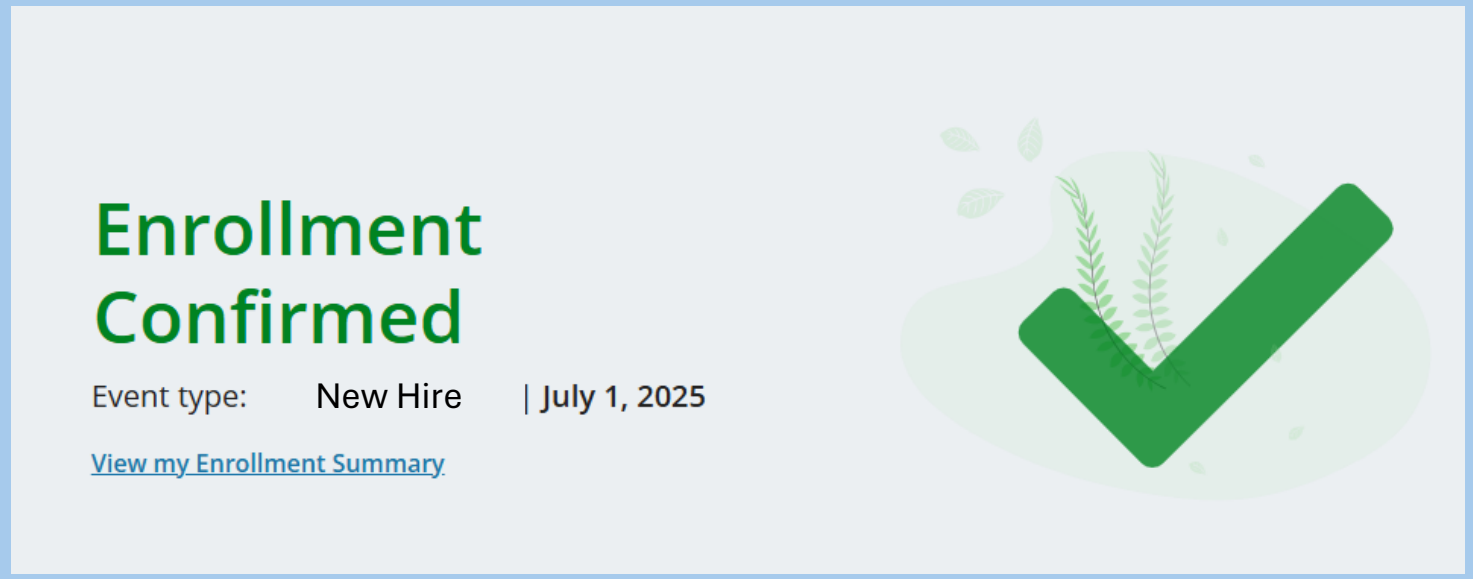
MEMEBERS **MUST** CHECK THE TERMS AND CONDITIONS BOX, THEN CLICK COMPLETE ENROLLMENT. IF BOTH ACTIONS ARE NOT COMPLETED, CHANGES WILL NOT BE SAVED AND YOUR EVENT WILL REMAIN PENDING. THIS STEP IS REQUIRED FOR YOUR CHANGES TO TAKE EFFECT FOR THE UPCOMING PLAN YEAR, OTHERWISE YOUR COVERAGE WILL REMAIN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




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

# Completing Your Enrollment




Once you have completed your new hire event, opening it again can cancel changes you've previously made. Please ensure each time you access the event you move all the way to the end and see the big green checkmark that shows you've completed the event.

# PEBP+ Voluntary Benefits

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.**

# Medical Plan Rates and Options

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# Medical Plan Options

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

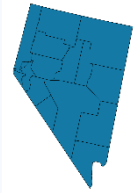
- Available Nationwide
- Always paired with a Health Savings Account (HSA) **or a** Health Reimbursement Arrangement (HRA)

UMR

## Low Deductible Plan (LD PPO)

- Available Nationwide

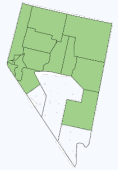
UMR



## 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

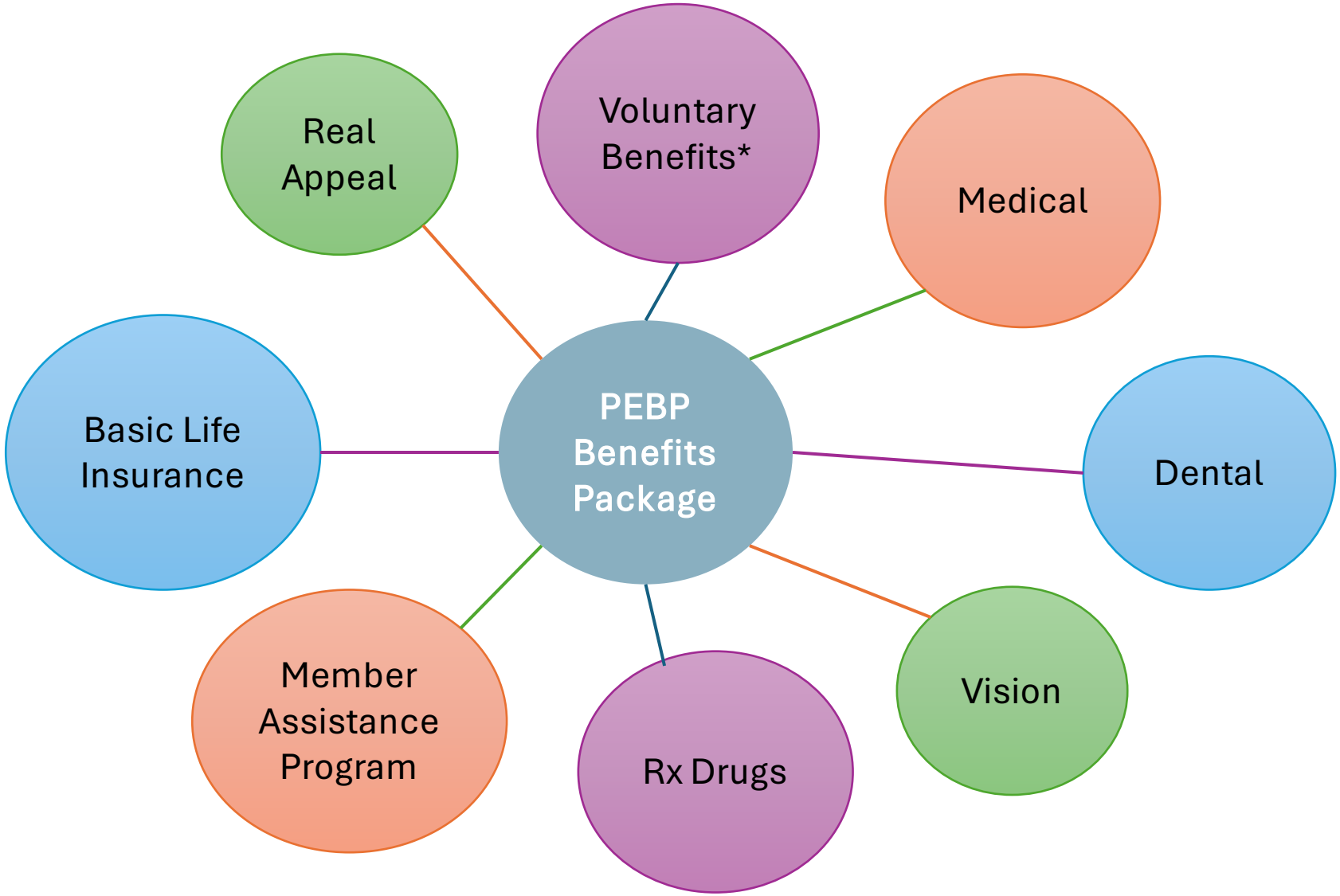
UMR



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

- Available in Clark, Esmeralda, and Nye counties

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company




- **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.

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# 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.

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# Employee Monthly Premium Cost Non-State

| 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.

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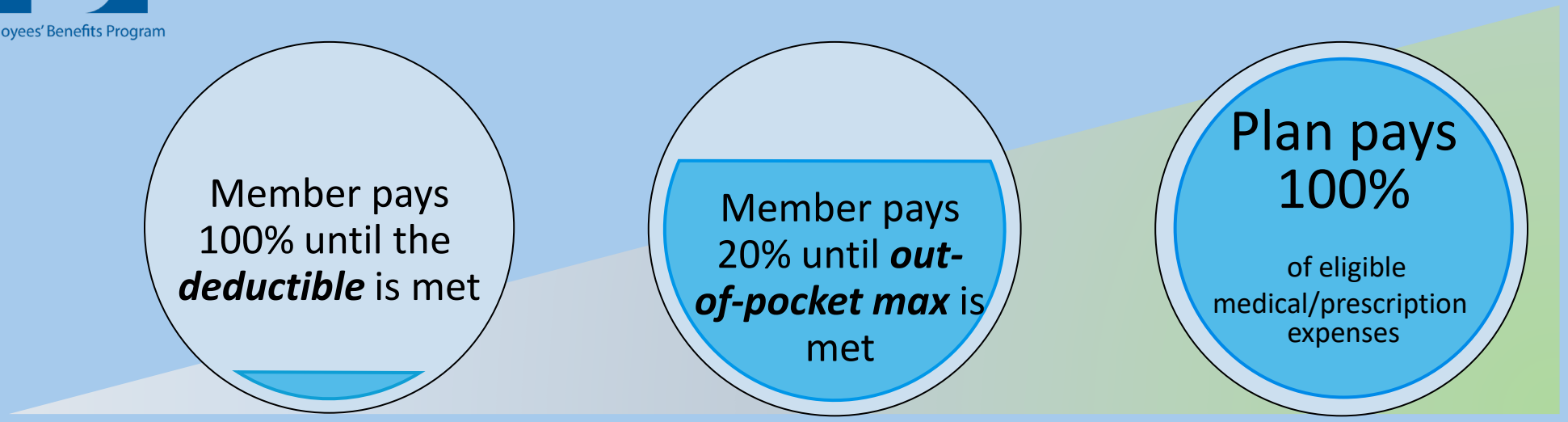
# Plan Design

Public Employees' Benefits Program

# How Co-Insurance Works




| PEBP Plan | Medical Deductible | Out-of-Pocket Maximum |
|---|---|---|
| Consumer Driven Health Plan (PPO) | $1,700 Individual<br>$3,400 Family | $5,000 Individual<br>$10,000 Family<br>$5,000 Individual Family Member |
| Low Deductible Plan (PPO) | $300 Individual<br>$600 Family | $5,000 Individual<br>$10,000 Family<br>$5,000 Individual Family Member |
| Exclusive Provider Organization Plan (EPO) | $100 Individual<br>$200 Family | $4,000 Individual<br>$8,000 Family<br>$4,000 Individual Family Member |
| Health Plan of Nevada (HMO) | N/A<br>With exception of Tier 4 for prescription drug coverage | $5,000 Individual<br>$10,000 Family<br>$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) |
|---|---|---|---|---|
| **Medical Coinsurance** | You pay 20% after Deductible | You pay 20% after Deductible | You pay 20% after Deductible | N/A |
| **Primary Care Office Visit** | You pay 20% after Deductible | $30 Copay per visit | $20 Copay per visit | $25 Copay per visit |
| **Specialist Care Office Visit** | You pay 20% after Deductible | $50 Copay per visit | $40 Copay per visit | $25 copay per visit with a referral<br><br>$40 copay per visit without a referral |
| **Urgent Care Visit** | You pay 20% after Deductible | $80 copay per visit | $50 copay per visit | $50 copay per visit |
| **Emergency Room Visit** | You pay 20% after Deductible | $750 Copay per visit | $600 Copay per visit | $600 Copay per visit |
| **In-Patient Hospital** | You pay 20% after Deductible | You pay 20% after Deductible | $600 Copay per admit | $600 Copay per admit |
| **Out-Patient Hospital** | You pay 20% after Deductible | $500 Copay per visit | $350 Copay per visit | $350 Copay per visit<br>Ambulatory Surgical Facility<br>$50 Copay |
| **Affordable Care Act Preventive Services** | $0 Copay | $0 Copay | $0 Copay | $0 Copay |

# Medical Benefits Overview

NEVADA PEBP
Public Employees' Benefits Program

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

# Prescription Benefits Overview

NEVADA PEBP
Public Employees' Benefits Program

# Prescription Benefits Overview

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

EXPRESS SCRIPTS®

**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.

**Price Your Medication Tool/ Find a 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.

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# Vision Benefits Overview

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

No benefit limitation for dependents under 19.

NEVADA PEBP
Public Employees' Benefits Program

# Dental Benefits Overview

| CDHP, LD, EPO & HMO Participants | | |
|---|---|---|
| **BENEFIT CATEGORY** | **In-Network** | **Out-of-Network** |
| **Individual Plan Year Maximum**<br>No plan year max for dependents under 19 | $2,000 per person | $2,000 per person |
| **Plan Year Deductible** | $100 per person or $300 per family (3 or more) | $100 per person or $300 per family (3 or more) |
| **Preventive Services**<br>Routine cleanings (4/plan year)<br>Exams (4/plan year)<br>Bitewing X-rays (2/plan year) | • Covered 100%<br>• Not subject to deductible<br>• Does not apply towards individual plan year max | • Covered 80%<br>• Not subject to deductible<br>• Does not apply towards individual plan year max |
| **Basic Services**<br>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 |
| **Major Services**<br>Bridges, crowns, dentures, tooth implants | You pay 50% coinsurance after deductible is met | |
| **Orthodontia (adults and children)** | Not Covered | Not Covered |

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Public Employees' Benefits Program

# Spending Accounts

Flexible Spending Account (FSA)
Health Savings Account (HSA)
Health Reimbursement Arrangement (HRA)

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Public Employees' Benefits Program

# 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 |

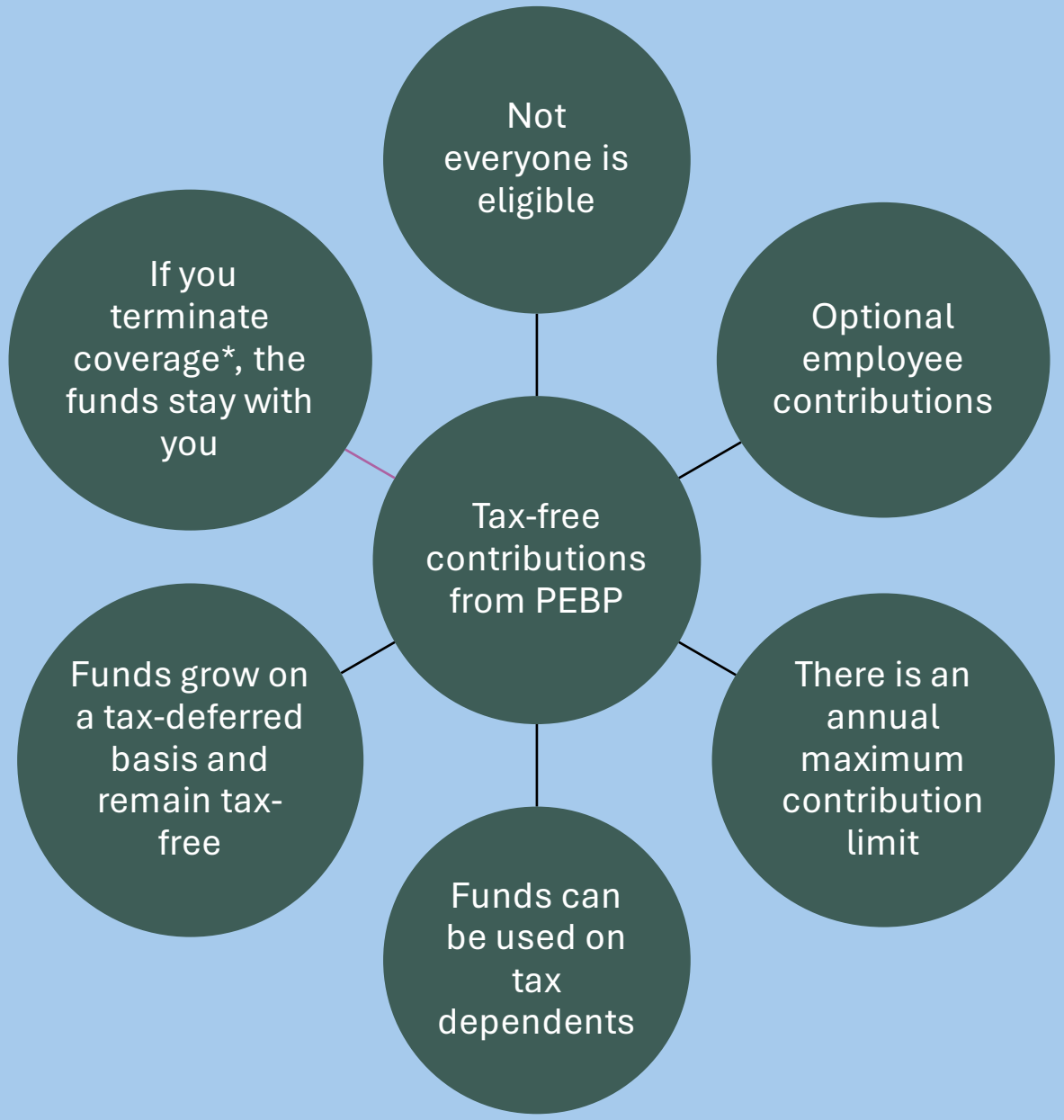
| | Health Care FSA | Limited Purpose FSA | Dependent Care FSA |
|---|---|---|---|
| **Who is Eligible** | Fulltime active state employees covered under the CDHP, LD, EPO or HMO plan.<br>NSHE employees are ineligible for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer. | | |
| **Examples of Covered Expenses** | Qualified medical, dental and vision expenses such as:<br>• Chiropractor<br>• Glasses<br>• Contact lenses<br>• Orthodontia<br>• Copays | Qualified dental and vision expenses such as:<br>• Vision exams<br>• LASIK surgery<br>• Glasses<br>• Contact lenses<br>• Dental services<br>• Orthodontia | Qualified dependent care expenses such as certain:<br>• Preschool expenses<br>• Nursery school expenses<br>• Childcare in your home<br>• Licensed home childcare |
| **IRS Annual Allowed Maximum Calendar Year Contribution** | $3,400 | $3,400 | $7,500 per household<br>($3,750 if married - filing separate) |
| **Can you have an HSA** | No | Yes | Yes |
| **Do funds roll over from year to year** | 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. |
| **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.** | | | |

# Flexible Spending Accounts

NEVADA PEBP
Public Employees' Benefits Program

hsabank™
A Division of Webster Bank, N.A., Member FDIC

# Health Savings Account




NEVADA PEBP
Public Employees' Benefits Program

*Terminating coverage includes leaving the CDHP PPO (by declining coverage or switching plans) or by leaving state service

# 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 |

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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)

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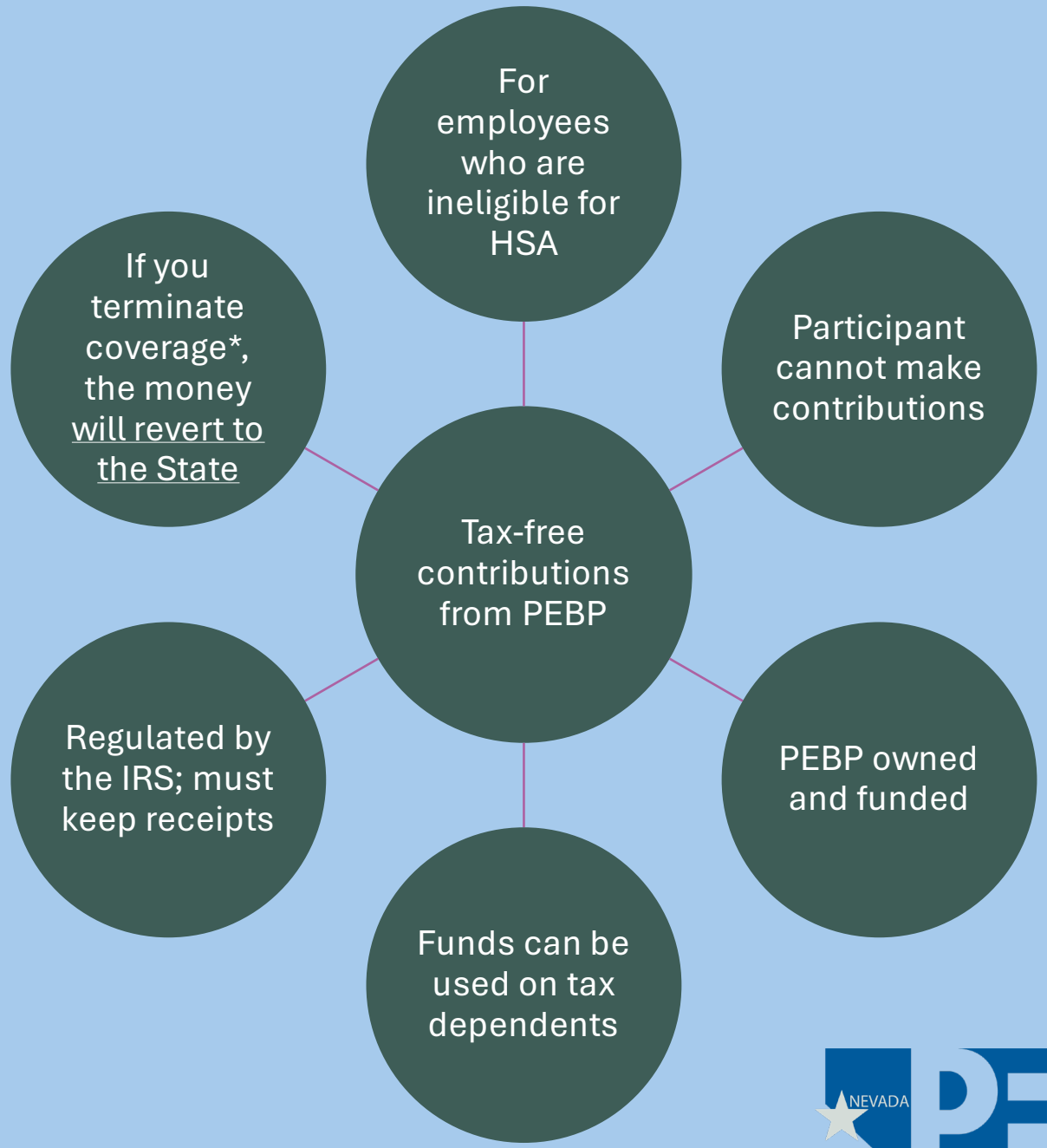
# Health Reimbursement Arrangement




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

NEVADA PEBP
Public Employees' Benefits Program

# Additional Benefits

Public Employees' Benefits Program

# Carrum Health

| Overview | Procedures & Benefits Covered |
| --- | --- |
| • Access to top-quality Centers of Excellence<br>• Pre-screened, high-performing surgeons and facilities<br>• Personalized care coordination<br>• Dedicated concierge support<br>• Bundled pricing<br>• No surprise billing<br>• Travel benefits available for eligible procedures | • Bariatric surgery<br>• Joint replacements (hip, knee)<br>• Spine surgery<br>• Cardiac procedures<br>• Additional approved specialty procedures<br>• Little to no out-of-pocket cost for many procedures<br>• Lower overall medical costs through<br>• Improved outcomes, reduced complications |

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

Call (888)855-7806

Public Employees' Benefits Program

# 2nd MD

**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 2nd MD's Care Team:

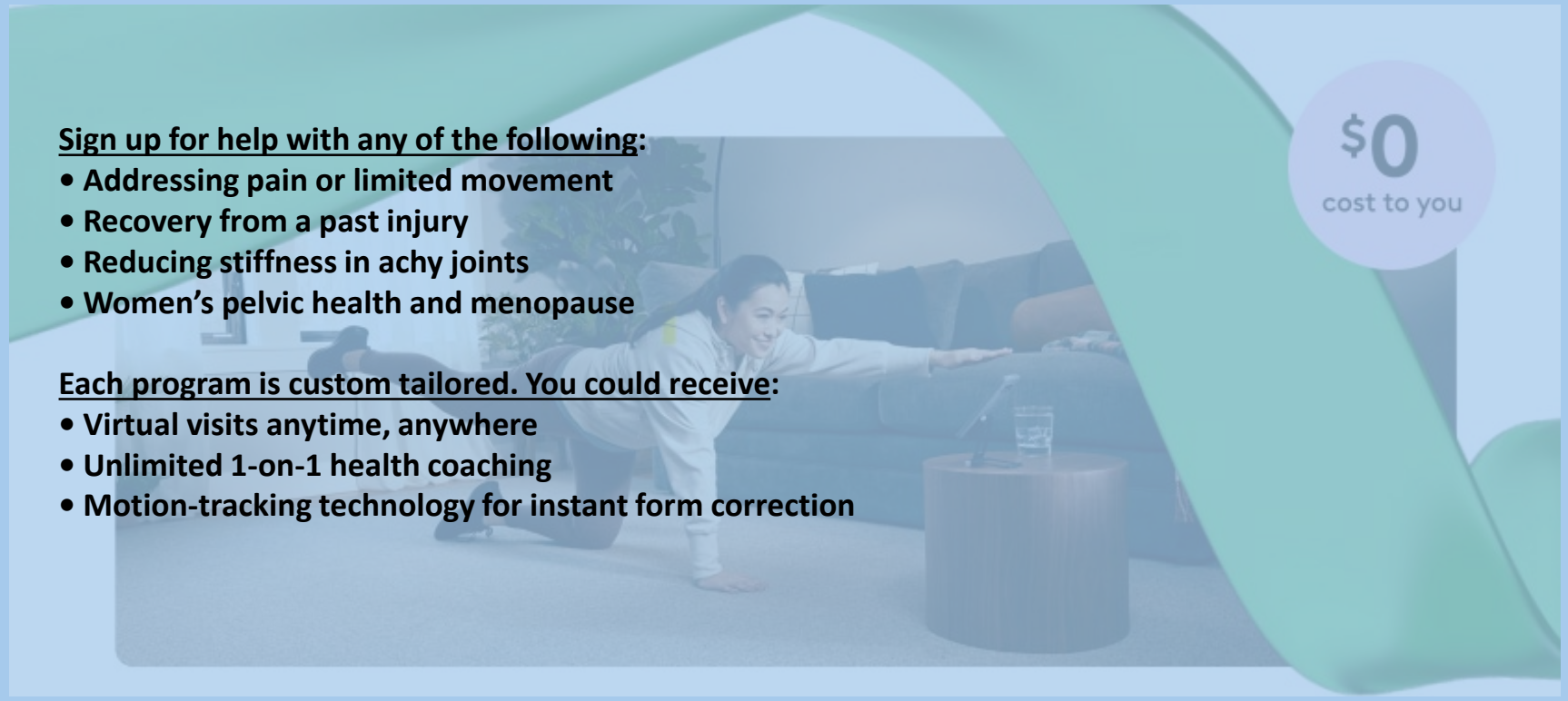
- Call: 866-841-2575
- Visit: www.2nd.MD/pebp
- Download the 2nd.MD App


Public Employees' Benefits Program

# Hinge Health

## 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**

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

Participants must be 18 years and older.

NEVADA PEBP
Public Employees' Benefits Program

## 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)

dr. on demand

NEVADA PEBP
Public Employees' Benefits Program

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

**4.8/5**

★★★★★

Average Doctor Star Rating

**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® 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 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

Public Employees' Benefits Program

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

## 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

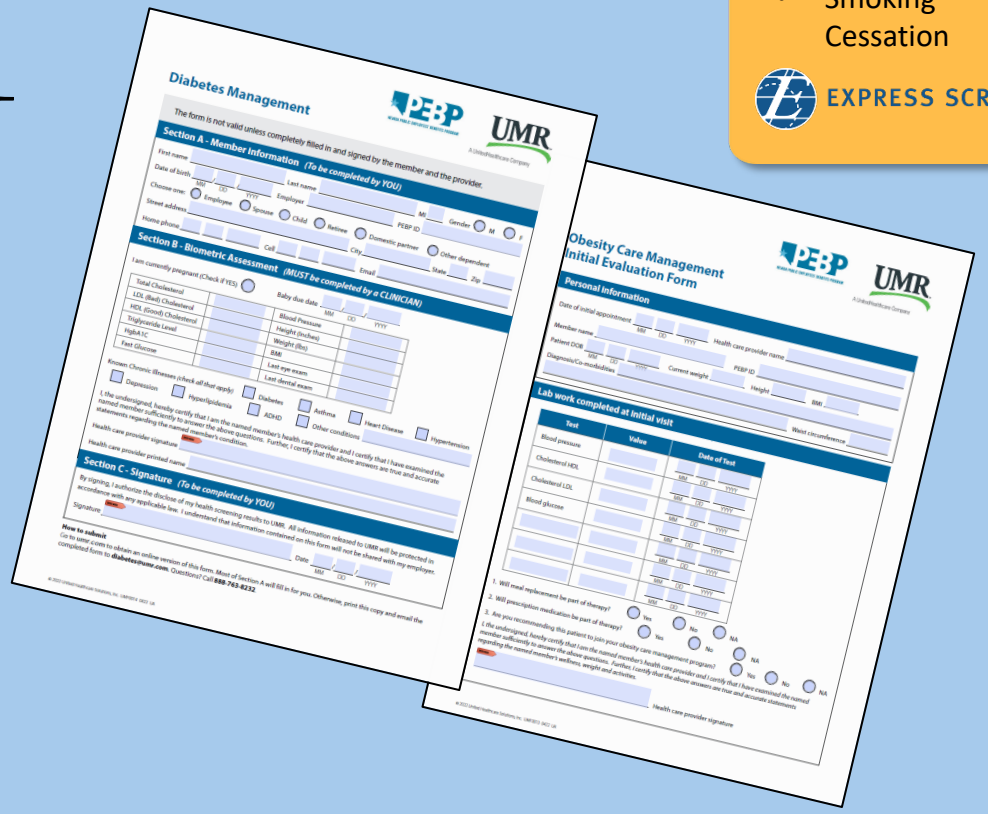
## Exclusive Provider Organization Plan (EPO)

- Obesity Care Management Program

## Health Plan Of Nevada (HMO)

- Disease Management Program

Contact UMR




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

EXPRESS SCRIPTS®

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

## The Member Assistance Program

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


Basic Life Insurance, the Member Assistance Program & Travel Assistance
(https://www.pebp.nv.gov)

# 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 to get started.**

NEVADA PEBP
Public Employees' Benefits Program

# Call to Action

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

NEVADA PEBP
Public Employees’ Benefits Program

# Thank You!

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

- Send a secure message in your E-PEBP Portal