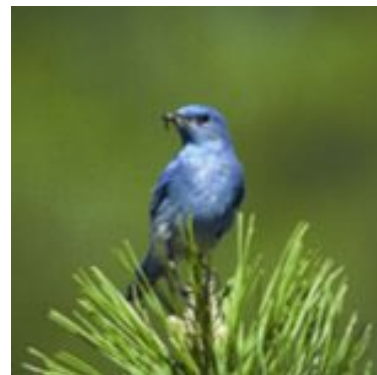




Plan Year 2027 New Hire Orientation

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



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



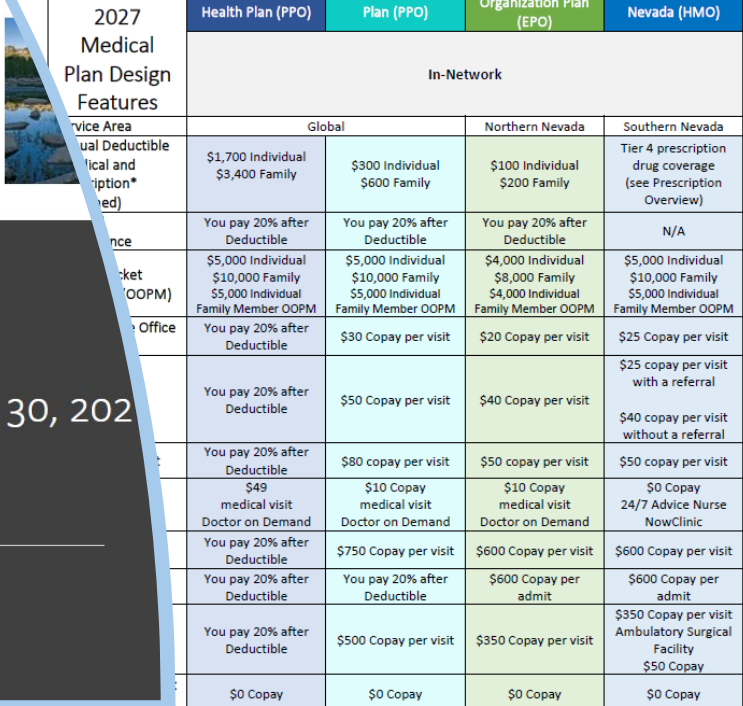
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PEBP Fundamentals

Resources

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












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

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

	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Organization Plan (EPO)	Health Plan of Nevada (HMO)
In-Network				
Service Area	Global		Northern Nevada	Southern Nevada
Annual Deductible (Individual and Family Member OOPM)	\$1,700 Individual \$3,400 Family	\$300 Individual \$600 Family	\$100 Individual \$200 Family	Tier 4 prescription drug coverage (see Prescription Overview)
Co-pay	You pay 20% after Deductible	You pay 20% after Deductible	You pay 20% after Deductible	N/A
Out-of-Pocket (OOPM)	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member OOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member OOPM	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member OOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member OOPM
Office Visit	You pay 20% after Deductible	\$30 Copay per visit	\$20 Copay per visit	\$25 Copay per visit
Specialty Visit	You pay 20% after Deductible	\$50 Copay per visit	\$40 Copay per visit	\$25 copay per visit with a referral \$40 copay per visit without a referral
Urgent Care	You pay 20% after Deductible	\$80 copay per visit	\$50 copay per visit	\$50 copay per visit
Emergency Room	\$49 medical visit Doctor on Demand	\$10 Copay medical visit Doctor on Demand	\$10 Copay medical visit Doctor on Demand	\$0 Copay 24/7 Advice Nurse NowClinic
Urgent Care	You pay 20% after Deductible	\$750 Copay per visit	\$600 Copay per visit	\$600 Copay per visit
Urgent Care	You pay 20% after Deductible	You pay 20% after Deductible	\$600 Copay per admit	\$600 Copay per admit
Urgent Care	You pay 20% after Deductible	\$500 Copay per visit	\$350 Copay per visit	\$350 Copay per visit Ambulatory Surgical Facility \$50 Copay
Urgent Care	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

Public Employees' Benefits Program



Where to Find Information

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



Who We Are

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



Leadership Structure

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



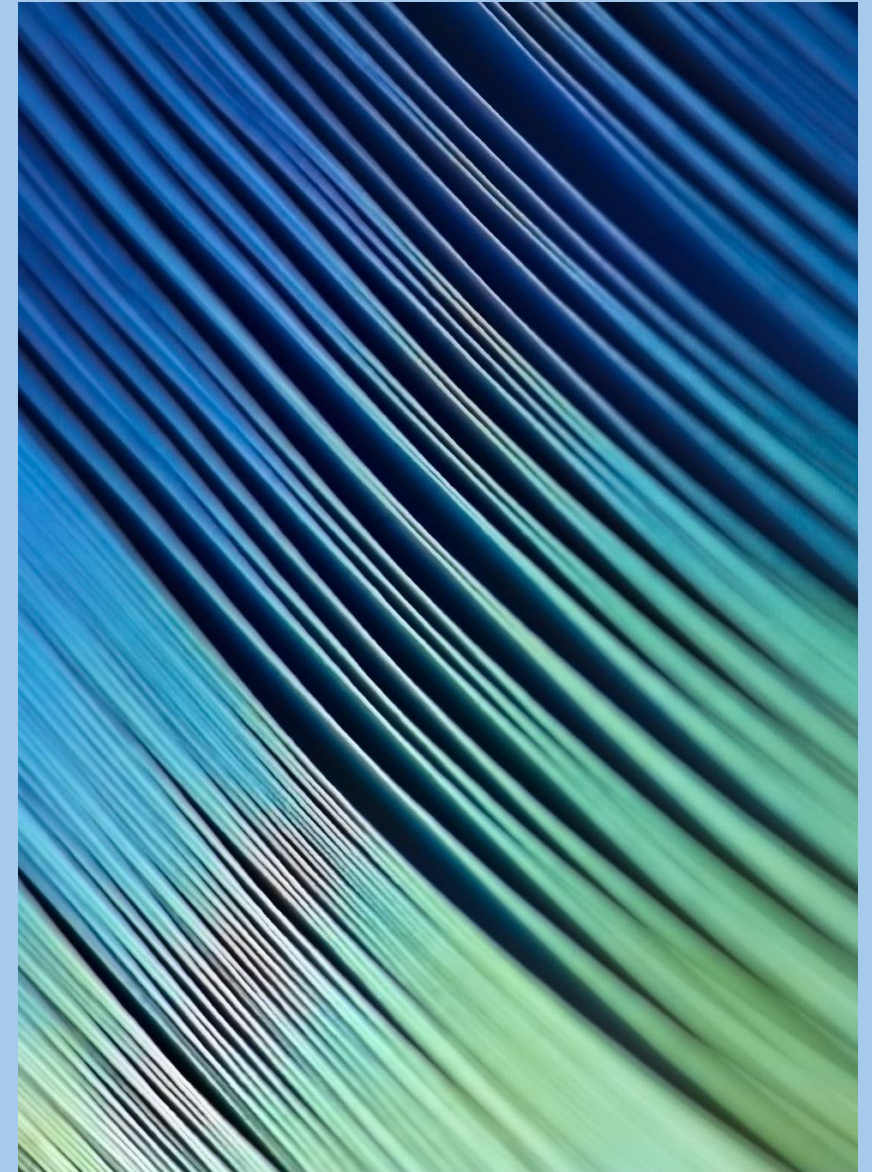
How We're Funded

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



How to Contact Us

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



Plan Year 2027

July 1, 2026 – June 30, 2027

2026

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2027

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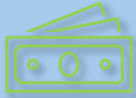
Coverage Effective Date

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 1 st	June 1 st	June 30 th	June 30 th	June 30 th Coverage Effective June 1 st
June 2 nd	July 1 st	July 31 st	July 31 st	July 31 st Coverage Effective July 1 st

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.



Copay

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

%

Coinsurance

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



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.

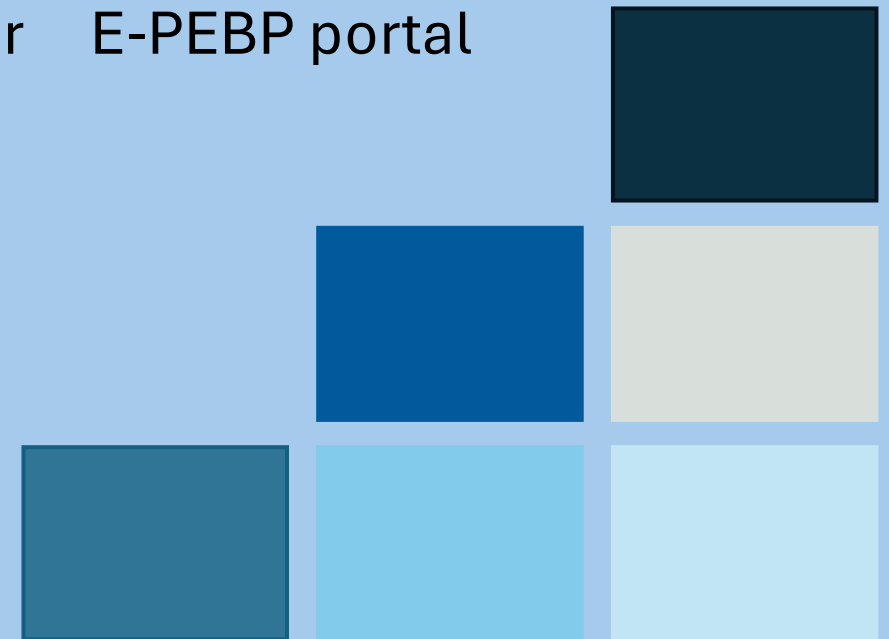
Premium



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.

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 <u>Significantly inferior exception:</u> A catastrophic plan with a deductible of \$5,000 or more not paired with an HSA/HRA *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 <u>permanent</u> legal guardianship to age 19 Continue to age 26 if: 1. Resides with participant 2. Unmarried 3. Full-time student 4. Participant provides over one half of support 5. The dependent is a child, brother, sister, step-brother, step-sister, grandchild or a descendant of such a relative



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*

Accessing Your E-PEBP Portal



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

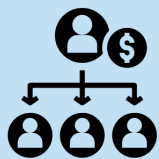
E-PEBP Portal Features



Send a Secure
Message



Complete New
Hire Event



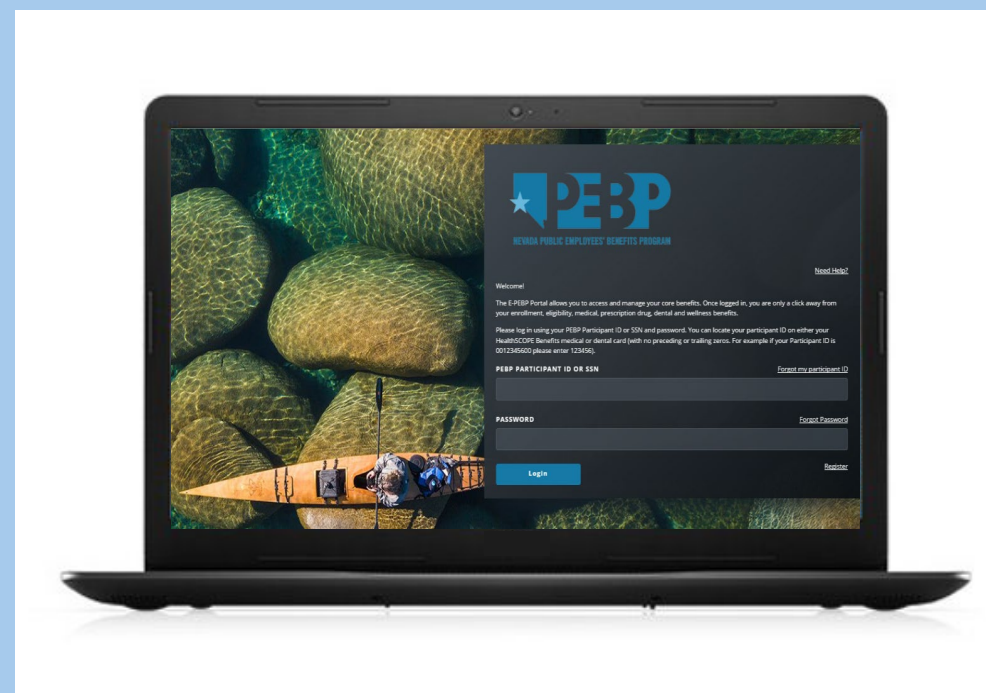
Elect
Beneficiaries

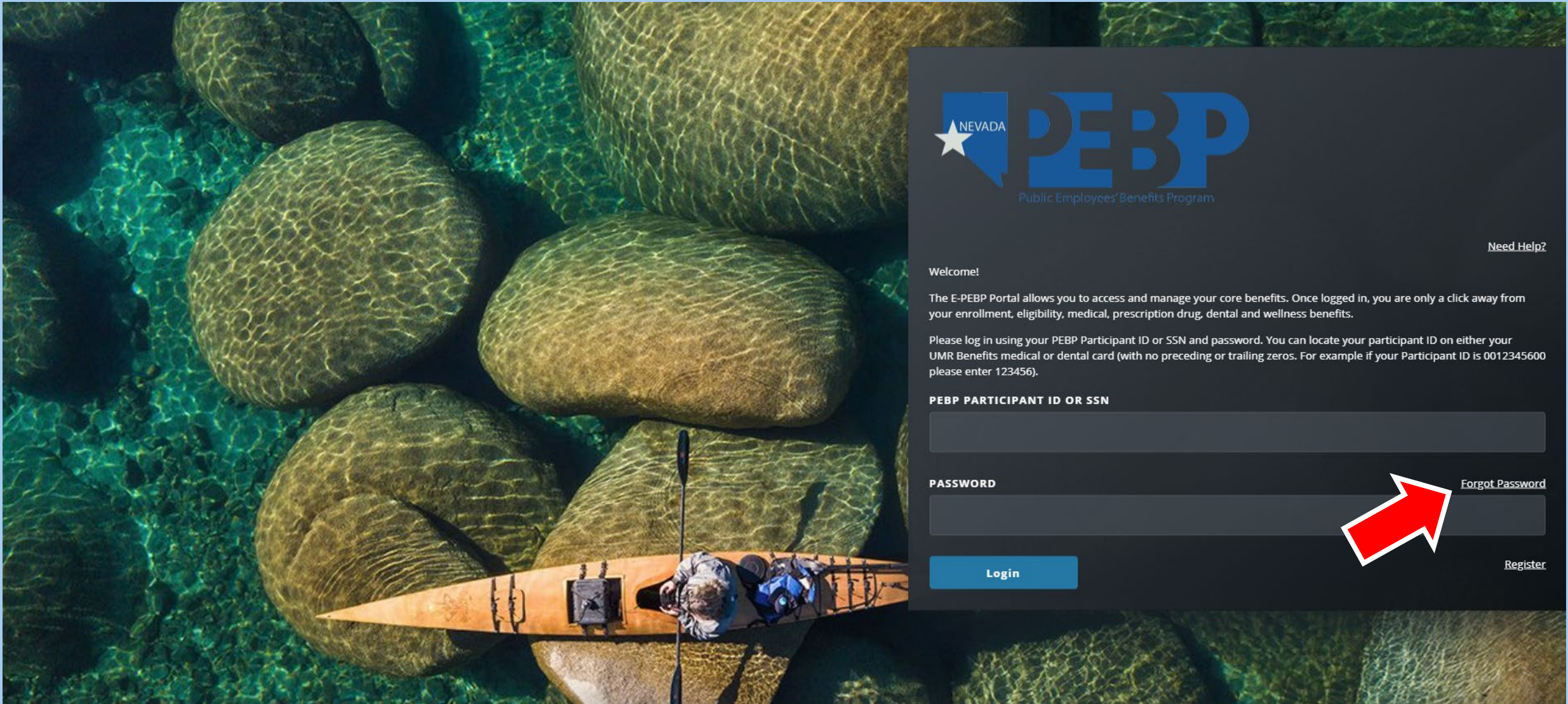


Upload
Supporting
Documents



Enroll in
Voluntary
Products





[Need Help?](#)

Welcome!

The E-PEBP Portal allows you to access and manage your core benefits. Once logged in, you are only a click away from your enrollment, eligibility, medical, prescription drug, dental and wellness benefits.

Please log in using your PEBP Participant ID or SSN and password. You can locate your participant ID on either your UMR Benefits medical or dental card (with no preceding or trailing zeros. For example if your Participant ID is 0012345600 please enter 123456).

PEBP PARTICIPANT ID OR SSN

PASSWORD

[Forgot Password](#)



Login

[Register](#)



Hi Name

Search here?



Home

Name, here are some things you may do next:



NEW HIRE

You have 38 days to complete this event.

MY TOOLS



MY BENEFITS

Quick Actions



PEBP+ Voluntary Benefits

- ★ New provider
- \$ Rate reduction
- ✓ Expanded eligibility

Learn and Enroll

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.

Home

Family Medical Coverage HSA/HRA Beneficiaries Complete your Enrollment

Open enrollment - July 1, 2025
Medical Coverage

Important information

- Medical**
Employees who have selected this option have also enrolled at PEBP in additional Vision and Supplemental Medical coverages:
 • Vision Coverage with VSP provides you with additional savings on eye exams, glasses and contacts.
 • Supplemental Medical Coverage with Aflac, such as Critical Illness, Accident Insurance and Hospital Insurance, help provide additional coverage and reimbursement for illnesses, accidents and hospital stays.
 Once you complete your enrollment, please follow the instructions to learn more and sign up at PEBP+.
- Medicare Exchange.**
Notice: By declining coverage, you will lose HRA Funding, Life Insurance, Dental and Voluntary Benefits (if applicable)

Medical

Health insurance protects you from unexpected, high medical costs. Your core health coverage includes Medical, Prescription, Dental and Vision. Additionally, Employees and retirees enrolled in a medical plan also receive basic life insurance and long term disability. Please note long term disability will only be offered within the medical plan up until June 30th 2021. Please select 'Compare Plans' to view the difference in monthly Medical costs.

Select who is covered

☒ You ☐ Spouse (See Attestation)

Consumer Driven Health Plan
\$55.26 per month
[Learn More](#)

Low Deductible PPO Plan
\$160.18 per month
[Select](#) [Learn More](#)

EPO plan
\$381.24 per month
[Select](#) [Learn More](#)

Decline coverage
\$0.00 per month
[Select](#) [Learn More](#)

[Scroll down](#)

Additional HSA annual contribution: \$1,000.00
[See all benefits and costs](#)

Employer cost: \$1,464.28

[Next >](#)

Spouse/Domestic Partner Attestation

You must indicate your spouse's/domestic partner's eligibility for healthcare coverage under their current employer. This information is required to assess your dependents' eligibility for coverage. Please attest your Spouse's eligibility in the "Select Who is Covered" section below.

PLEASE CHOOSE FROM ONE OF THE FOLLOWING OPTIONS:

☐ My Spouse/DP is not eligible for other employer coverage

☐ My Spouse/DP is eligible for other employer coverage

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**.

Home

Family

Medical Coverage

HSA/HRA

Beneficiaries

Complete your Enrollment

Open enrollment - July 1, 2026

Family

Please review your family members currently on file. You may add, update or remove family members if the information displayed is not accurate. Family members must be listed below in order to be eligible for medical and/or dental coverage.



+ Add Family Member



Myself
Jul 31, 1982

[Learn More](#)



Spouse
Feb 7, 1983

[Learn More](#)

< Previous

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**.

Home

Family

Medical Coverage

HSA/HRA

Beneficiaries

Complete your Enrollment



Open enrollment - July 1, 2026

HSA/HRA

HSA Attestation

To be eligible for a Health Savings Account:

- You cannot have secondary, non-high deductible health plan coverage (such as Medicare, Tricare, Tribal, etc.); or
- You cannot be claimed on someone else's tax return (excludes joint returns); or
- Your spouse cannot have a Medical FSA; or
- Your spouse cannot have an HRA that can be used to pay for your medical expenses; or
- You cannot be on COBRA.

Further information regarding HSA is available [here](#).

Are you eligible for a Health Savings Account?

Are you eligible for a Health Savings Account?

☐ Yes

☐ No

[Back to top](#)

[< Previous](#)

Your monthly cost:

\$55.26

Additional HSA annual contribution:

\$1,000.00

[See all benefits and costs](#)

Employer cost:

\$1,464.28

[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**.

Home

Family

Medical Coverage

HSA/HRA

Beneficiaries

Complete your Enrollment

Open enrollment - July 1, 2026

HSA/HRA



Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA)

Take advantage of benefits below to pay for your medical expenses in a tax efficient way. Your plan provides you a VISA card with money on it to be used to pay for qualified medical expenses like copays, prescription drugs, and other out-of-pocket costs. If you are eligible for a HSA (not an HRA), you can contribute pre-tax dollars from your paycheck to help you save for medical care now and in the future. Click on \"Learn More\" to learn details of both account types.

PEBP Health Savings Account Contribution

\$0
per month

\$700.00
TOTAL

[Learn More](#)

Participant Health Savings Account Contribution

Annual Contribution

\$ 1000

\$1,000.00
TOTAL

[Learn More](#)

Back to top

[< Previous](#)

Your monthly cost:
\$55.26

Additional HSA annual contribution:

\$1,000.00

[See all benefits and costs](#)

Employer cost:

\$1,464.28

[Next >](#)

ADD YOUR BENEFICIARIES (REQUIRED)

Add at least one beneficiary to proceed. Make sure your allocation amounts (or percentages) are equal to 100%. Click **NEXT** when you are ready to continue.

Home

Family

Medical Coverage

HSA/HRA

Beneficiaries

Complete your Enrollment

Open enrollment - July 1, 2026

Beneficiaries

Your primary beneficiary(ies) will receive the proceeds payable from each applicable plan in the event of your death. If your primary beneficiary(ies) pass-away before you, the proceeds payable for each applicable plan would be paid to your contingent beneficiary(ies), or to your designated estate.

Contingent* - Optional

Designated beneficiary(ies)	Health Savings Account		Basic Life	
	Primary	Contingent*	Primary	Contingent*
Spouse Edit	100 %	0 %	100 %	0 %
Add a Beneficiary				
Total	100%	0%	100%	0%

Complete Enrollment:

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

Home

Family

Medical Coverage

HSA/HRA

Beneficiaries

Complete your Enrollment

Open enrollment - July 1, 2026

Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.

1

Important information

- Medical**
Employees who have selected this option have also enrolled at PEBP+ in additional Vision and Supplemental Medical coverages:
- Vision Coverage with VSP** provides you with additional savings on eye exams, glasses and contacts.
- Supplemental Medical Coverage with Aflac**, such as Critical Illness, Accident Insurance and Hospital Insurance, help provide additional coverage and reimbursement for illnesses, accidents and hospital stays.
Once you complete your enrollment, please follow the instructions to learn more and sign-up at PEBP+.
- Medicare Exchange.**
Notice: By declining coverage, you will lose HRA Funding, Life Insurance, Dental and Voluntary Benefits (if applicable)

Family Members

Below is a summary of the dependents you have on file.

Myself

Jul 31, 1982

[Learn More](#)

Spouse

Feb 7, 1983

Coverage

No Coverage

[Learn More](#)

Your coverage

All benefits are effective as of July 1, 2026 unless otherwise noted in the table below. If your elected coverage requires additional verification, it will be updated once approved.

Medical Coverage

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.

Notes

- Employees who have selected this option have also enrolled at PEBP+ in additional Vision and Supplemental Medical coverages:
 - Vision Coverage with VSP provides you with additional savings on eye exams, glasses and contacts.
 - Supplemental Medical Coverage with Aflac, such as Critical Illness, Accident Insurance and Hospital Insurance, help provide additional coverage and reimbursement for illnesses, accidents and hospital stays.
Once you complete your enrollment, please follow the instructions to learn more and sign-up at PEBP+.
 - **Medicare Exchange.**
Notice: By declining coverage, you will lose HRA Funding, Life Insurance, Dental and Voluntary Benefits (if applicable)

As a reminder, if you reopen your enrollment, it resets your event. You will need to complete the entire event again from start to finish. If you do not, your changes will not be saved.

Terms and Conditions

I have read, understand and agree to the Terms and Conditions related to the Health Savings Account.
I have read, understand and agree to the Custodial Agreement and Disclosure related to the Health Savings Account.
I understand I am applying to PEBP for coverage for myself, my spouse and/or my dependents, if any, as shown on this form. If electing dependent coverage, I also understand that I am required to supply copies of certified birth certificate(s), marriage certificate, and other related documentation as determined by PEBP, for coverage to become effective. My spouse or domestic partner, if any, is not eligible to participate in any employer provided medical plan maintained by the spouse or domestic partner's current employer. I understand that any misstatements on this form may be used as a basis for rescission of insurance for me and my dependents, if any, from the original effective date. I further understand that if the insurance applied for becomes effective, I will be subject to all the terms of the PEBP Master Plan Document. I

[Read full terms and conditions](#)

☐ I agree to the Terms and Conditions

[Go back and make changes](#)

Complete Enrollment

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

Completing Your Enrollment

Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.



Enrollment Confirmed

Event type: New Hire | July 1, 2025

[View my Enrollment Summary](#)



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.

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

Medical Plan Options

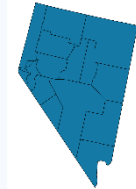
Consumer Driven Health Plan Preferred Provider Organization (CDHP PPO)

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



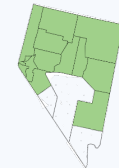
Low Deductible Plan (LD PPO)

- Available Nationwide



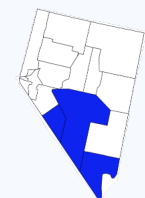
Exclusive Provider Organization (Northern Nevada EPO)

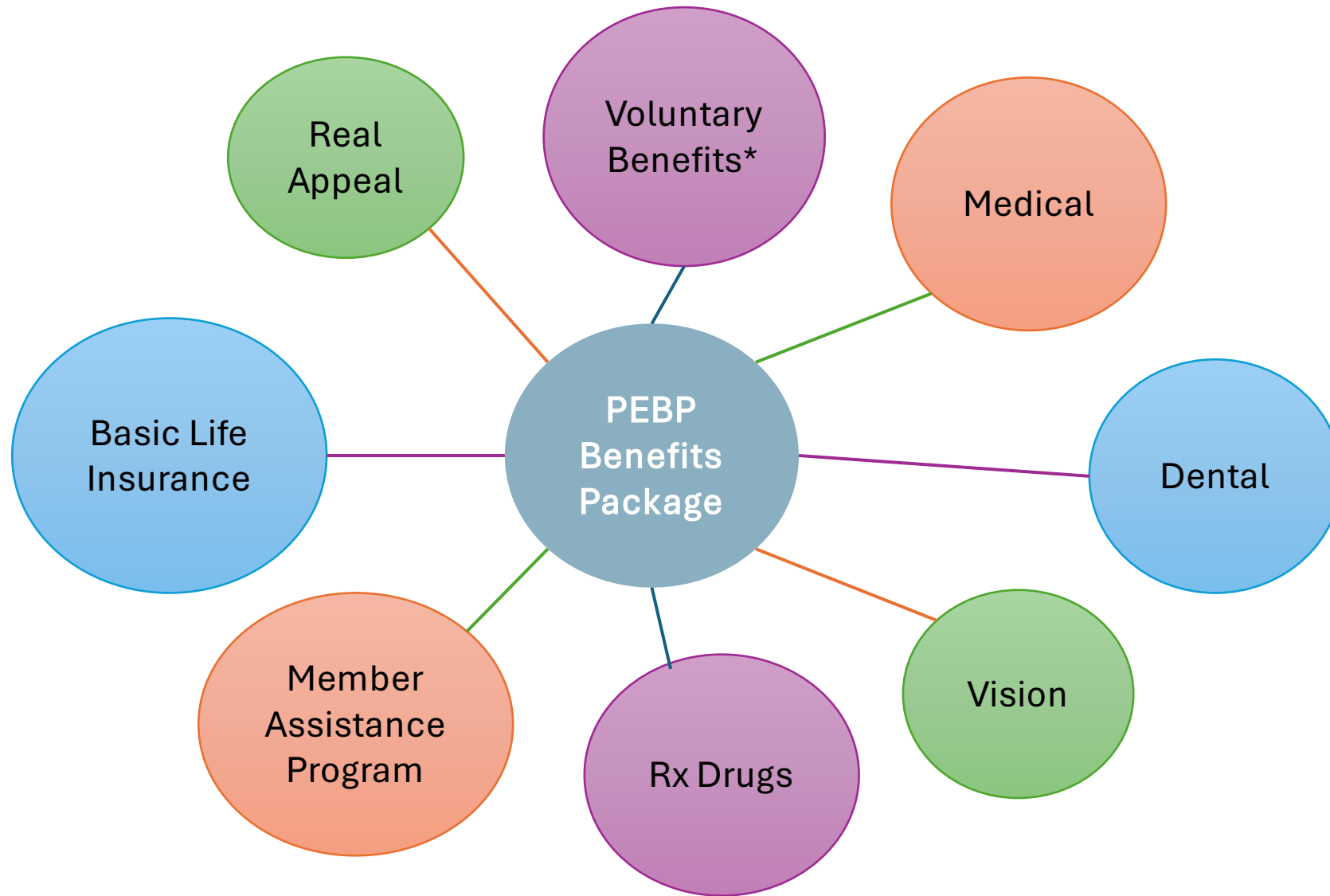
- Available in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln, and Elko counties



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

- Available in Clark, Esmeralda, and Nye counties





- All included in your monthly premium, minus voluntary benefits.

- If you decline coverage, you are not eligible for any of these benefits, *but you may still enroll in voluntary products.

Employee Monthly Premium Cost

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

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

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

Employee Monthly Premium Cost Non-State

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.

Plan Design

How Co-Insurance Works

Member pays
100% until the
deductible is met

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

Plan pays
100%
of eligible
medical/prescription
expenses

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

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION (EPO)	HEALTH PLAN OF NEVADA (HMO)
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 \$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 Ambulatory Surgical Facility \$50 Copay
Affordable Care Act Preventive Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

Medical Benefits Overview

Plan Year 2027	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Preferred Generic	You pay 20% after Deductible	\$10 Copay 30-day supply	\$10 Copay 30-day supply	\$10 Copay 30-day retail supply
		\$20 Copay 90-day retail and mail	\$20 Copay 90-day retail and mail	\$25 Copay 90-day mail
Preferred Brand	You pay 20% after Deductible	\$40 Copay 30-day supply	\$40 Copay 30-day supply	\$40 Copay 30-day retail supply
		\$80 Copay 90-day retail and mail	\$80 Copay 90-day retail and mail	\$100 Copay 90-day mail
Non-Formulary	You pay 100% of the cost of medication	\$75 Copay 30-day supply	\$75 Copay 30-day supply	\$75 Copay 30-day retail supply
		\$150 Copay 90-day retail and mail	\$150 Copay 90-day retail and mail	\$187.50 Copay 90-day mail
Specialty (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

Prescription Benefits Overview

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



30-Day Express Advantage Network (EAN) Program

Use in-network pharmacies for short-term medications.

Smart90 Program

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

Accredo Specialty Drug Program

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

Price Your Medication Tool/ Find a Pharmacy

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

Explore your plan options.

CDHP Plan - Individual Coverage

CDHP Plan - Family Coverage

Exclusive (EPO) Plan

Low Deductible PPO Plan



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

Vision Benefits Overview

No benefit limitation for dependents under 19.

Dental Benefits Overview

CDHP, LD, EPO & HMO Participants		
BENEFIT CATEGORY	In-Network	Out-of-Network
Individual Plan Year Maximum 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 Routine cleanings (4/plan year) Exams (4/plan year) Bitewing X-rays (2/plan year)	- Covered 100% - Not subject to deductible - Does not apply towards individual plan year max	- Covered 80% - Not subject to deductible - Does not apply towards individual plan year max
Basic Services 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 Bridges, crowns, dentures, tooth implants	You pay 50% coinsurance after deductible is met	
Orthodontia (adults and children)	Not Covered	Not Covered

- + • Spending Accounts

-

Flexible Spending Account (FSA)

Health Savings Account (HSA)

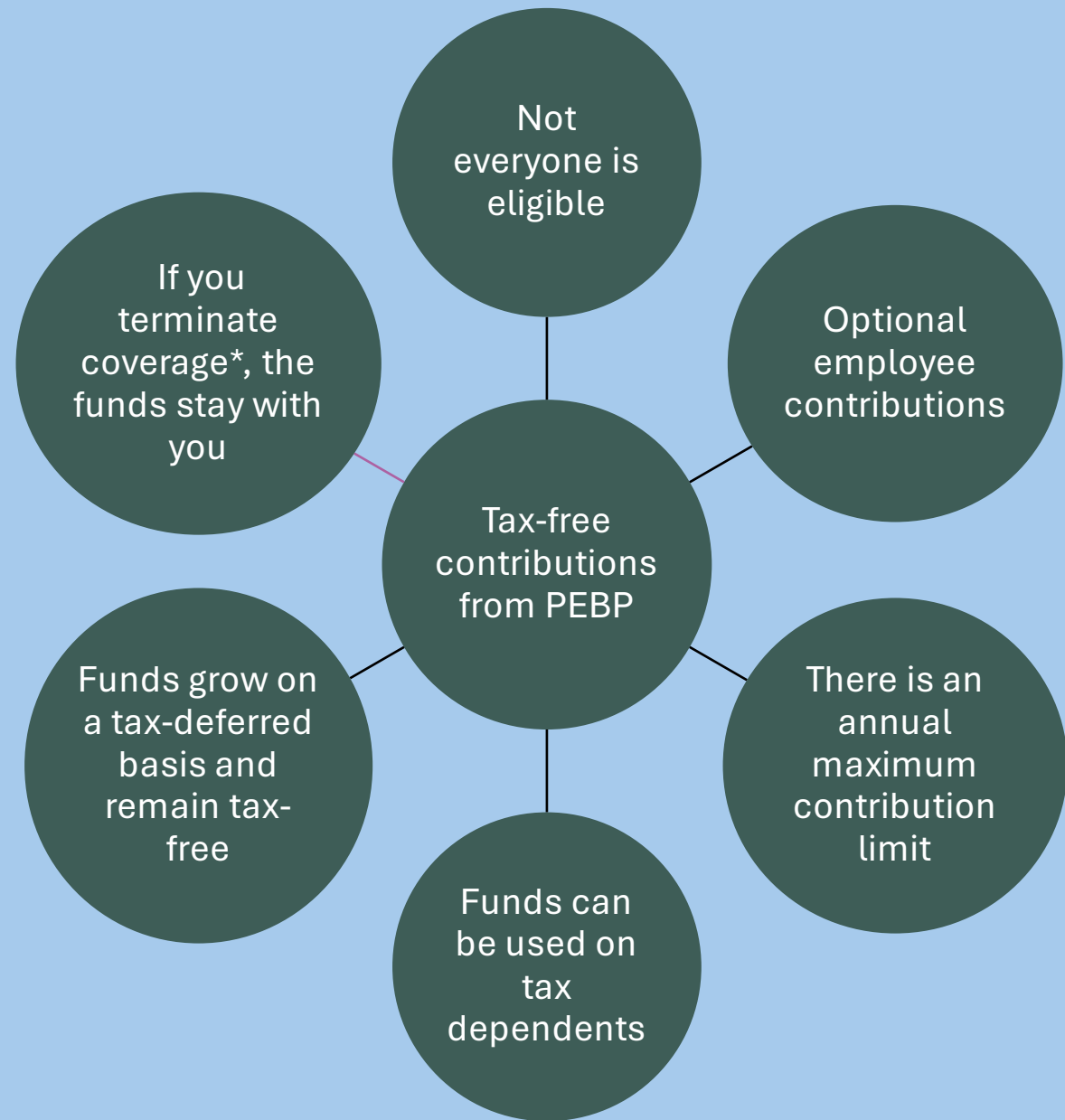
Health Reimbursement Arrangement (HRA)

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. 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: • Chiropractor • Glasses • Contact lenses • Orthodontia • Copays	Qualified dental and vision expenses such as: • Vision exams • LASIK surgery • Glasses • Contact lenses • Dental services • Orthodontia	Qualified dependent care expenses such as certain: • Preschool expenses • Nursery school expenses • Childcare in your home • Licensed home childcare
IRS Annual Allowed Maximum Calendar Year Contribution	\$3,400	\$3,400	\$7,500 per household (\$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

Health Savings Account



HSA Contribution Limits & Eligibility

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



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

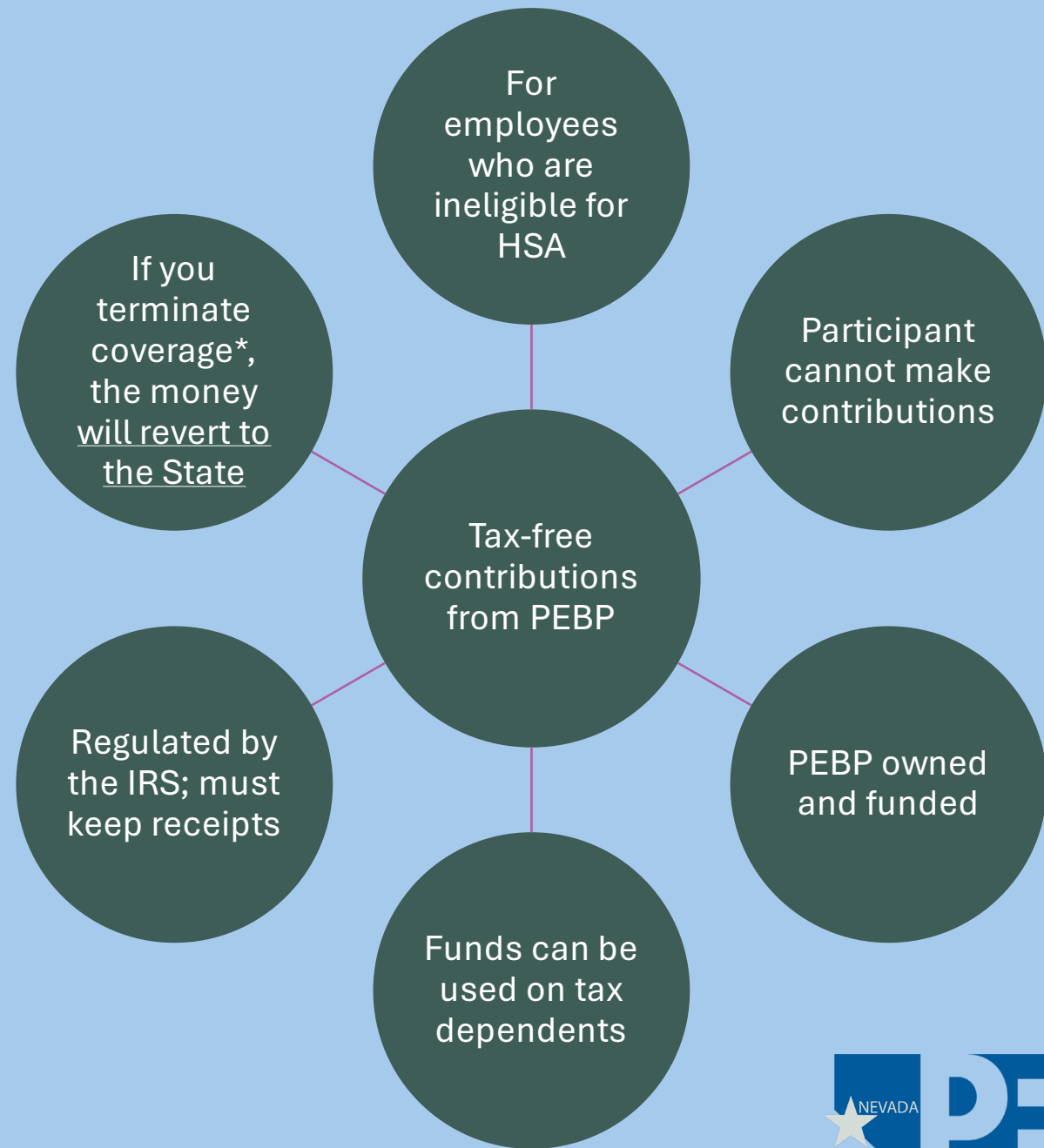
1. You are an active employee covered under the Consumer Driven Health Plan

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

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

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

Health Reimbursement Arrangement



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

Additional Benefits



Overview

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

Procedures & Benefits Covered

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

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





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

\$0
cost to you



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.



Consumer Driven
Health Plan

Urgent Medical Care
\$59

Mental Health Therapy
\$88 (25 minutes)

Low Deductible Plan

Urgent Medical Care
\$10

Mental Health Therapy
\$20 (25 minutes)
\$30 (50 minutes)

Exclusive Provider
Organization Plan

Urgent Medical Care
\$10

Mental Health Therapy
\$20 (25 or 50 minutes)



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

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



24/7 Advice Nurse

Health care advice. Just a phone call away.

Get health care advice at no additional cost to you.

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



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



Virtual Visits



Urgent Care



Emergency room



Schedule an
appointment
with your
provider



Provide self-
care advice

Urgent Care House Call

Get on-demand health care at home.

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

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

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

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



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

Disease Care Management

Consumer Driven Health Plan (PPO)

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

Low Deductible Plan (PPO)

- Obesity Care Management Program

Exclusive Provider Organization Plan (EPO)

- Obesity Care Management Program

Health Plan Of Nevada (HMO)

- Disease Management Program

Contact UMR

The image shows two forms from UMR (United Medical Resources) for disease management. The first form is titled 'Diabetes Management' and the second is 'Obesity Care Management Initial Evaluation Form'. Both forms include sections for member information, biometric assessment, and a signature section. The Diabetes Management form includes a table for biometric assessment with columns for Total Cholesterol, LDL (Bad) Cholesterol, HDL (Good) Cholesterol, Triglyceride Level, Fasting Glucose, Blood Pressure, Height (inches), Weight (lbs), Last eye exam, and Last dental exam. The Obesity Care Management form includes a table for lab work completed at initial visit with columns for Test, Value, and Date of Test. Both forms also include a section for the member's signature and a section for the health care provider's signature.

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



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

The Member Assistance Program

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



Mental health
treatment



Autism
services

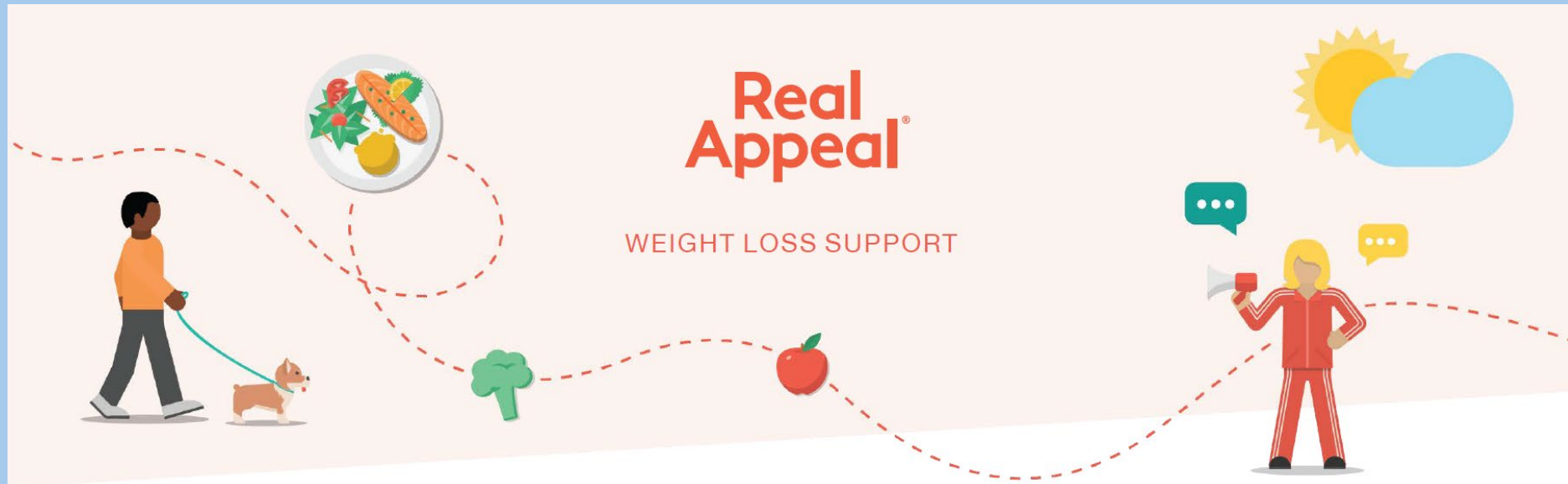


Alcohol and substance
use support

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.

Call to Action

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



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

