Pre-Medicare & Age-In

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

NEVADA PEBP
Public Employees' Benefits Program

Today's Topics

- Required PEBP Forms
- PEBP's Medicare Requirements
- PEBP Dental Plan Option
- Enrollment Options
- Who is Via Benefits
- CDHP HRA vs Via Benefits HRA
- How the Via Benefits HRA Works
- Maintaining Enrollment Through Via

PEBP Required Forms

Approximately 2 months before your 65th birthday, PEBP will mail you:

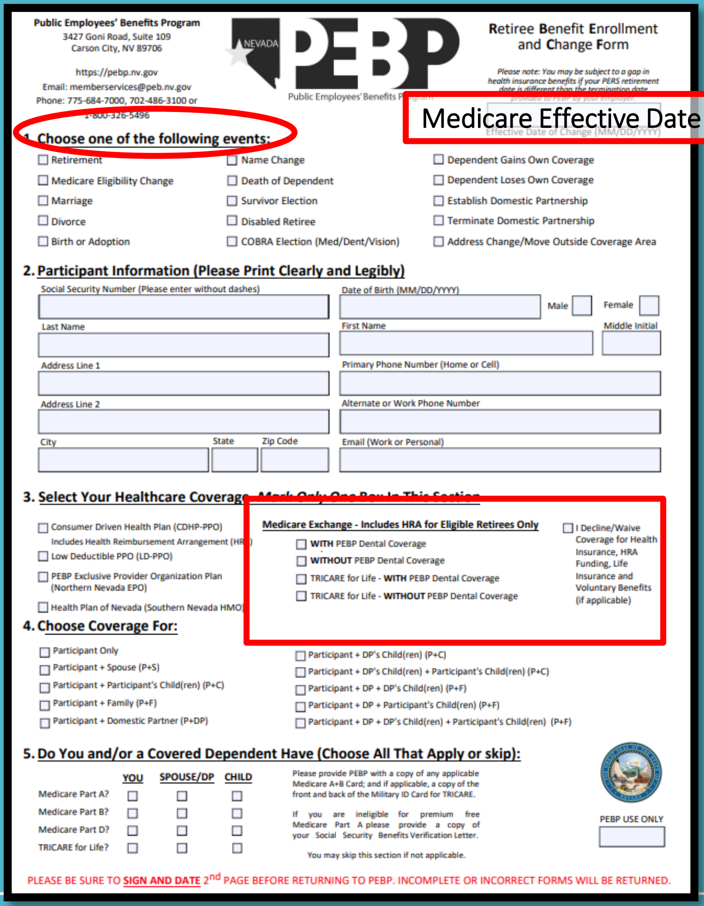
Happy Birthday Letter

PEBP and Medicare Guide

Retiree Benefit Enrollment and Change Form (RBECF)

Also available on PEBP's website at https://www.pebp.nv.gov/

Retiree Benefit Enrollment and Change Form (RBECF)



Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706

https://pebp.nv.gov
Email: memberservices@peb.nv.gov
Phone: 775-684-7000, 702-486-3100 or 1-800-326-5496

PEBP
Public Employees' Benefits Program

Retiree Benefit Enrollment and Change Form

Please note: You may be subject to a gap in health insurance benefits if your PERS retirement date is different than the termination date provided to PEBP by your employer.

Effective Date of Change (MM/DD/YYYY)

1. Choose one of the following events:

- ☐ Retirement
- ☐ Medicare Eligibility Change
- ☐ Marriage
- ☐ Divorce
- ☐ Birth or Adoption
- ☐ Name Change
- ☐ Death of Dependent
- ☐ Survivor Election
- ☐ Disabled Retiree
- ☐ COBRA Election (Med/Dent/Vision)
- ☐ Dependent Gains Own Coverage
- ☐ Dependent Loses Own Coverage
- ☐ Establish Domestic Partnership
- ☐ Terminate Domestic Partnership
- ☐ Address Change/Move Outside Coverage Area

2. Participant Information (Please Print Clearly and Legibly)

Social Security Number (Please enter without dashes) | Date of Birth (MM/DD/YYYY) | Male ☐ | Female ☐
Last Name | First Name | Middle Initial
Address Line 1 | Primary Phone Number (Home or Cell)
Address Line 2 | Alternate or Work Phone Number
City | State | Zip Code | Email (Work or Personal)

3. Select Your Healthcare Coverage – *Mark Only One Box In This Section*

- ☐ Consumer Driven Health Plan (CDHP-PPO) Includes Health Reimbursement Arrangement (HRA)
- ☐ Low Deductible PPO (LD-PPO)
- ☐ PEBP Exclusive Provider Organization Plan (Northern Nevada EPO)
- ☐ Health Plan of Nevada (Southern Nevada HMO)

Medicare Exchange - Includes HRA for Eligible Retirees Only

- ☐ **WITH** PEBP Dental Coverage
- ☐ **WITHOUT** PEBP Dental Coverage
- ☐ TRICARE for Life - **WITH** PEBP Dental Coverage
- ☐ TRICARE for Life - **WITHOUT** PEBP Dental Coverage

☐ I Decline/Waive Coverage for Health Insurance, HRA Funding, Life Insurance and Voluntary Benefits (if applicable)

4. Choose Coverage For:

- ☐ Participant Only
- ☐ Participant + Spouse (P+S)
- ☐ Participant + Participant's Child(ren) (P+C)
- ☐ Participant + Family (P+F)
- ☐ Participant + Domestic Partner (P+DP)
- ☐ Participant + DP's Child(ren) (P+C)
- ☐ Participant + DP's Child(ren) + Participant's Child(ren) (P+C)
- ☐ Participant + DP + DP's Child(ren) (P+F)
- ☐ Participant + DP + Participant's Child(ren) (P+F)
- ☐ Participant + DP + DP's Child(ren) + Participant's Child(ren) (P+F)

5. Do You and/or a Covered Dependent Have (Choose All That Apply or skip):

	YOU	SPOUSE/DP	CHILD
Medicare Part A?	☐	☐	☐
Medicare Part B?	☐	☐	☐
Medicare Part D?	☐	☐	☐
TRICARE for Life?	☐	☐	☐

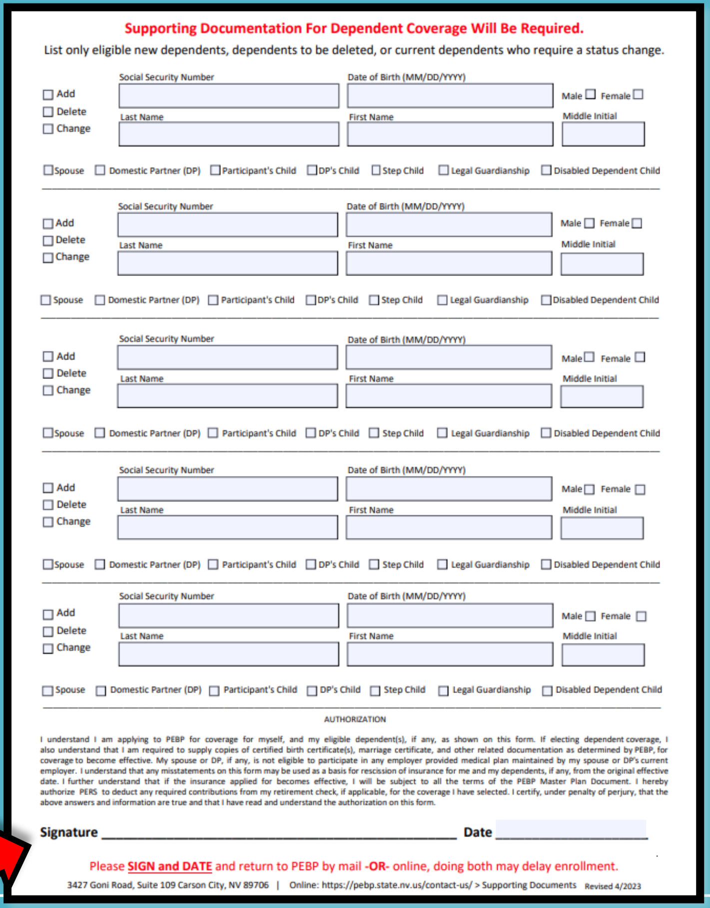
Please provide PEBP with a copy of any applicable Medicare A+B Card; and if applicable, a copy of the front and back of the Military ID Card for TRICARE.

If you are ineligible for premium free Medicare Part A please provide a copy of your Social Security Benefits Verification Letter.

You may skip this section if not applicable.

PEBP USE ONLY

PLEASE BE SURE TO **SIGN AND DATE** 2nd PAGE BEFORE RETURNING TO PEBP. INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED.



Supporting Documentation For Dependent Coverage Will Be Required.

List only eligible new dependents, dependents to be deleted, or current dependents who require a status change.

☐ Add ☐ Delete ☐ Change
Social Security Number | Date of Birth (MM/DD/YYYY) | Male ☐ Female ☐
Last Name | First Name | Middle Initial
☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

☐ Add ☐ Delete ☐ Change
Social Security Number | Date of Birth (MM/DD/YYYY) | Male ☐ Female ☐
Last Name | First Name | Middle Initial
☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

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Last Name | First Name | Middle Initial
☐ Spouse ☐ Domestic Partner (DP) ☐ Participant's Child ☐ DP's Child ☐ Step Child ☐ Legal Guardianship ☐ Disabled Dependent Child

AUTHORIZATION

I understand I am applying to PEBP for coverage for myself, and my eligible dependent(s), 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 DP, if any, is not eligible to participate in any employer provided medical plan maintained by my spouse or DP'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 hereby authorize PERS to deduct any required contributions from my retirement check, if applicable, for the coverage I have selected. I certify, under penalty of perjury, that the above answers and information are true and that I have read and understand the authorization on this form.

Signature ______________________ **Date** __________

Please **SIGN and DATE** and return to PEBP by mail **-OR-** online, doing both may delay enrollment.

3427 Goni Road, Suite 109 Carson City, NV 89706 | Online: https://pebp.state.nv.us/contact-us/ > Supporting Documents Revised 4/2023

Important Retiree Timeframes for PEBP Benefits

RETIREES	Termination Date	Retirement Date	Retiree Health Benefit Start Date	Benefit Impact
	May 30th	May 31st	June 1st	**NO BREAK IN COVERAGE**
	May 31st	June 1st	June 1st	
	When the retirement date occurs immediately after the termination date, without a gap, there is no break in coverage.			
	May 30th	June 3rd	July 1st	**BREAK IN COVERAGE**
	When termination/separation date and retirement date occur in different months the retiree will: 1. Be offered COBRA coverage, OR 2. Have a break in coverage & will lose ALL PEBP benefits			

Retiree resources are online at https://www.pebp.nv.gov/under Retiring Before and Retiring After Age 65

Retirees must fill out the Retiree Benefit Enrollment and Change Form (RBECF) and the Years of Service (YOS) form

Step 1: Enroll in Medicare

PEBP and Medicare Requirements

Premium-Free Medicare Part A

Everyone age 65 or older can *purchase* Medicare Part B

You or your spouse (or former spouse of 10 years) have at least 40 credits (10 years) of work in any job in which you paid Social Security taxes

-OR-

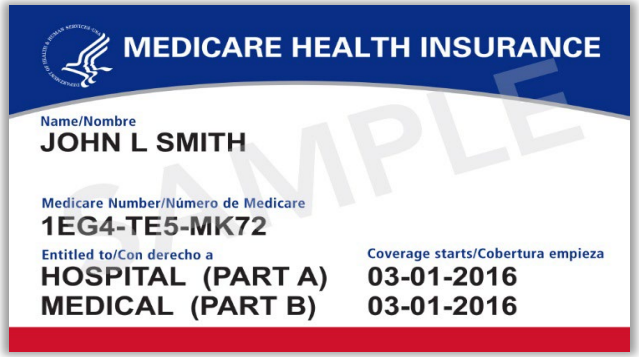
You are eligible for Railroad Retirement Benefits

-OR-

You are under age 65 and approved for Social Security Disability Benefits

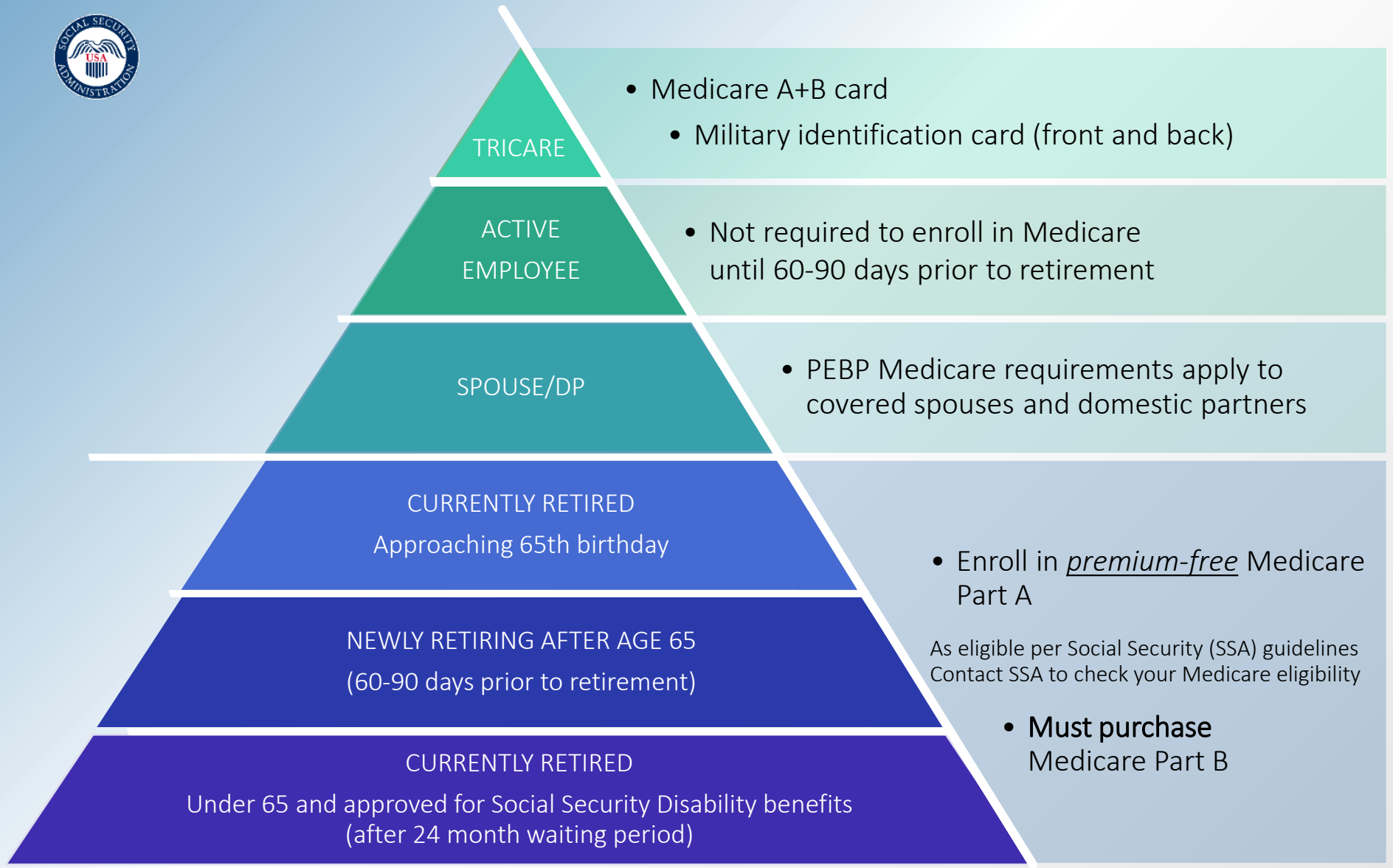
Please call the Social Security Administration (SSA) to verify your Medicare Eligibility

1-800-772-1213



Social Security

PEBP's Medicare Requirements



Step 2: PEBP Enrollment Options

Sending in Your Paperwork

Active Employee Not Yet Retiring

Not required to enroll in Medicare

If Medicare is obtained, submit copy of card to PEBP

CDHP HSA → HRA

Active employees enrolled in a PEBP plan have credible coverage, meaning that it is at least as good as Medicare provides and will not cause you to incur a Medicare late enrollment penalty.

Retired with Medicare A+B and No Covered Dependents

Must enroll at VIA Benefits

Medicare A+B Covering Non-Medicare Dependent(s)

Retiree *may* stay on PEBP PPO, EPO or HMO with dependent(s)

OR

Retiree *may* enroll at Via Benefits

Dependent(s) may terminate coverage or stay on a PEBP plan at full unsubsidized rate

Medicare A+B Enrolled in TRICARE for Life

Not required to enroll at Via Benefits

Submit your Military ID (front and back) to PEBP

Enrollment period: you must submit your Medicare card and RBECF to PEBP within 60 days of the Medicare effective date

Eligibility Scenarios

PEBP Dental Option

- Must be enrolled in a Via Benefits supplemental medical plan/TRICARE for Life to have the option to elect the PEBP dental plan
- Same dental coverage you had as an active employee or a pre-Medicare retiree
- Dental coverage effective for the *entire* plan year
- Mail in or upload the RBECF to enroll (or decline) in PEBP dental
- Monthly dental premium will be automatically deducted from your PERS pension
- No PERS pension? Pay online or set up automatic payments through your E-PEBP Portal

Monthly PY27 PEBP Dental Plan Rates

July 1, 2026 – June 30, 2027

	State Retiree	Non-State Retiree
Retiree only	$55.85	$52.74
Retiree + Spouse/DP*	$111.70	$105.48
Surviving/Unsubsidized Spouse/DP*	$55.85	$52.74

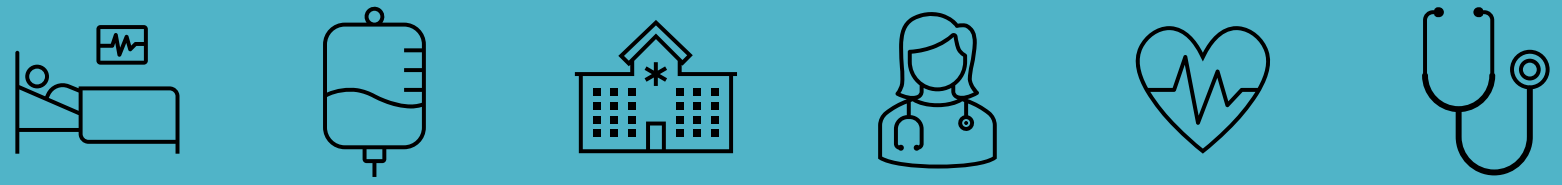
*Spouse/DP must be enrolled in Medicare in order to elect PEBP dental

You've Already

Enrolled in Medicare A+B (original Medicare) through Social Security, as eligible
Medicare A provides about 80% hospital coverage and
Medicare B provides about 80% medical coverage
Medicare will be your primary coverage ✓

Provided proof of your Medicare enrollment by sending a copy of your Medicare A & B card to PEBP ✓

Submitted your RBECF (and YOS Form if newly retiring) to elect or decline PEBP dental and changed your status to "Medicare Eligible" ✓



What's Next

Prepare

- Read through PEBP materials two months prior to your 65th birthday or your retirement after age 65. Gather information about your preferred doctors and the medications you're taking

Call

- Call Via Benefits at **1-888-598-7545** to schedule an appointment with a certified licensed benefit advisor, or set up your profile online at **www.My.ViaBenefits.com/PEBP** and browse your Medicare options

Enroll

- Complete enrollment by calling and speaking to a licensed benefit advisor, or complete your enrollment at www.My.ViaBenefits.com/PEBP

Wait

- Via Benefits will now manage your new plan and funding account. Wait four weeks from your effective date for your funding packet to arrive from Via Benefits

Step 3 & 4: Who is Via Benefits

Your Future Coverage

VIA BENEFITS™

First and largest private Medicare Market Exchange Company

Personalized options with plans from a nationwide network

19th Enrollment Season

1,000+ plan options

aetna · BlueCross BlueShield · Health Net · UnitedHealthcare · VSP · Anthem · DELTA DENTAL · EXPRESS SCRIPTS · AARP

2 Million + Retirees

Unbiased advocacy with a 98 % satisfaction rate

Never any fees for services

Licensed Advisors provide guidance and ongoing advocacy

Via Benefits Process

Consultative Process

A Licensed Benefit Advisor will assist you and recommend plans that meet your needs and fit your budget

Simplified Selection

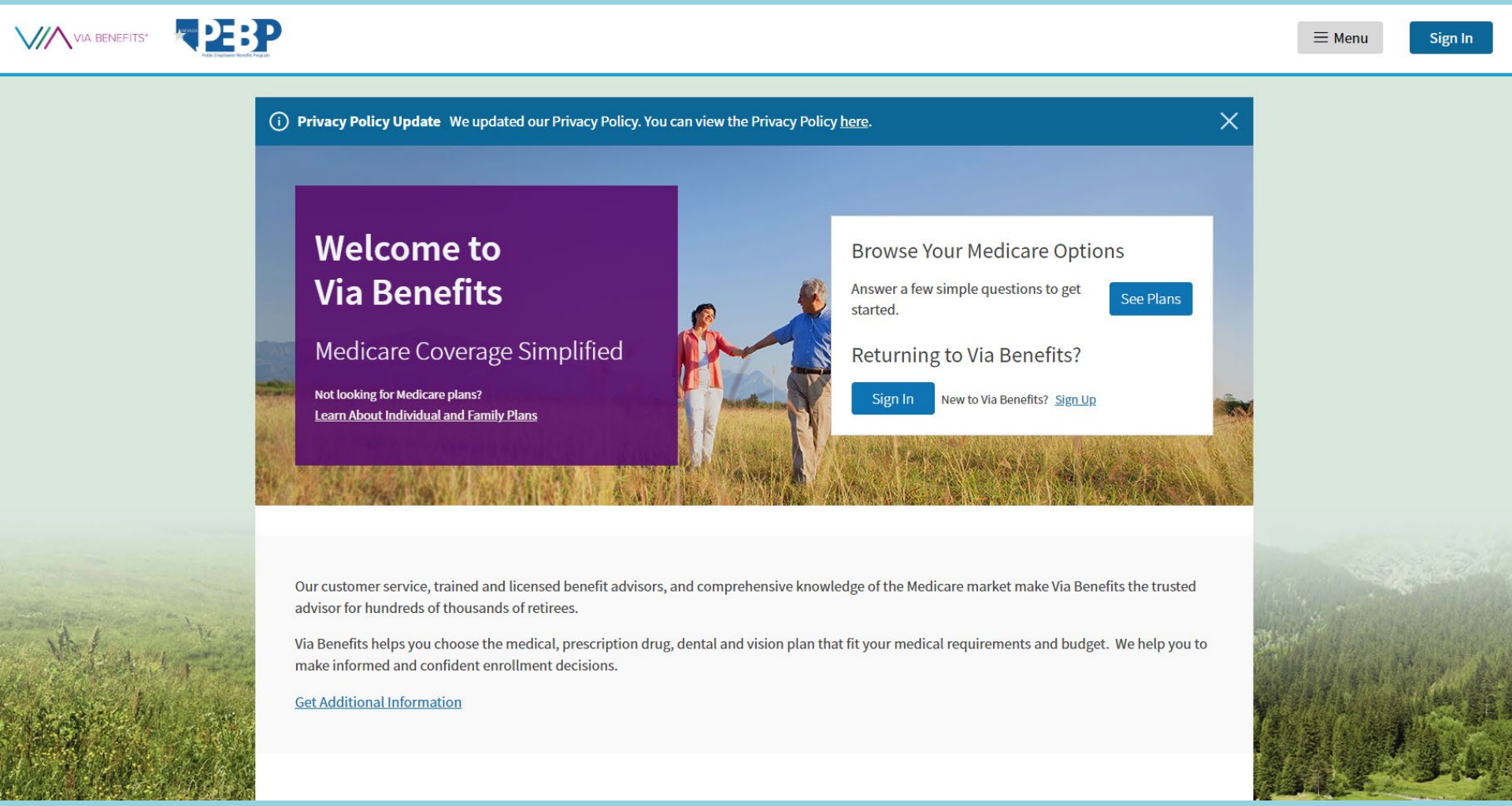
Advisors will explain the details of coverage and answer your questions

Effortless Enrollment

The insurance enrollment forms will be completed over the phone

Ongoing Advocacy

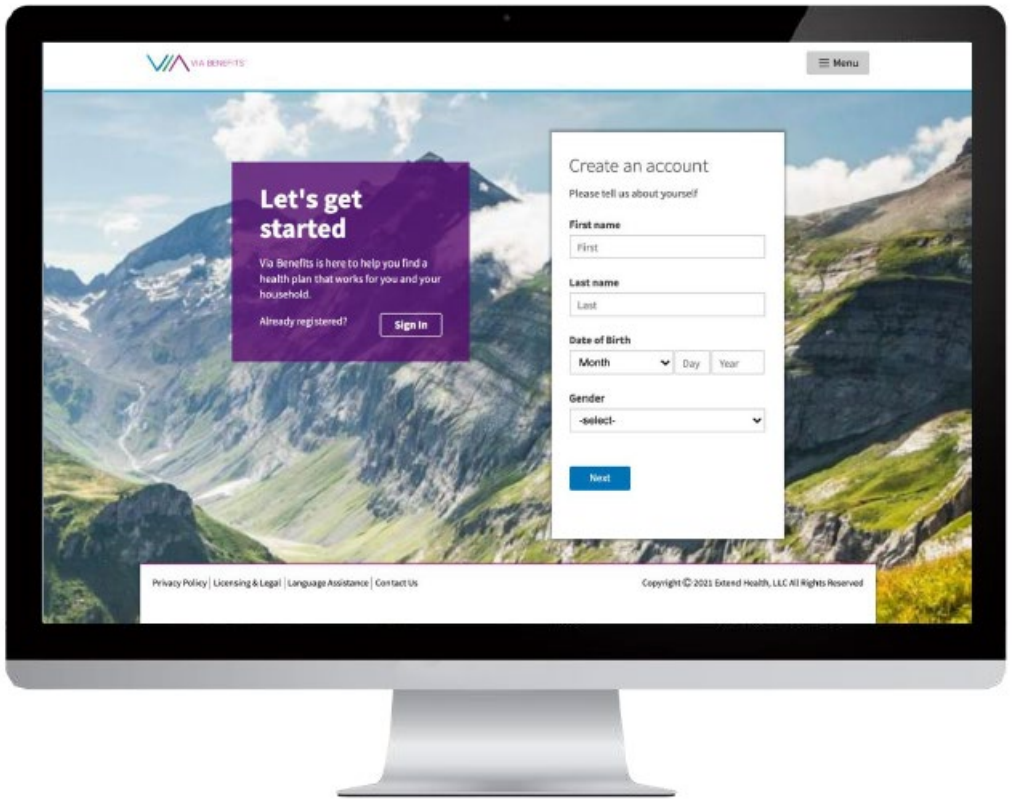
Dedicated specialist are a phone call away to help you with your new healthcare coverage



https://My.ViaBenefits.com/PEBP

Watch educational videos by visiting VIA Benefits' website

Create Your Via Benefits Profile



You'll be asked for:

- Name
- Date of Birth
- Gender

Then to Verify Your Account:

- Social Security Number
- Email Address
- Security code

For the security code:
Enter the 6 digit code sent to you via email

Create a password

Please submit to PEBP your Medicare card & RBECF before setting up your Via Benefits account

VIA BENEFITS™

Granting Caregivers' Permission

	Authorization to Release Personal Information (Limited)	Authorization to Release Personal Information (Full)	Financial Power of Attorney (POA)
PEBP	Allows a representative to get information only	N/A	Allows a representative to act on your behalf and make decisions
Via Benefits	Allows a representative to get information only	Allows a representative to act on your behalf	Allows a representative to act on your behalf and make decisions

VIA BENEFITS	PEBP
• Update personal information • Carrier and provider information • Exchange HRA reimbursements • Annual plan review	• Updating personal information • Billing issues with your PEBP dental plan (if enrolled) • Questions about retiree life insurance
Plan year runs from January through December	Plan year runs through July through June of the following year
Medicare open enrollment is October 15th– December 7th	PEBP open enrollment is generally during May

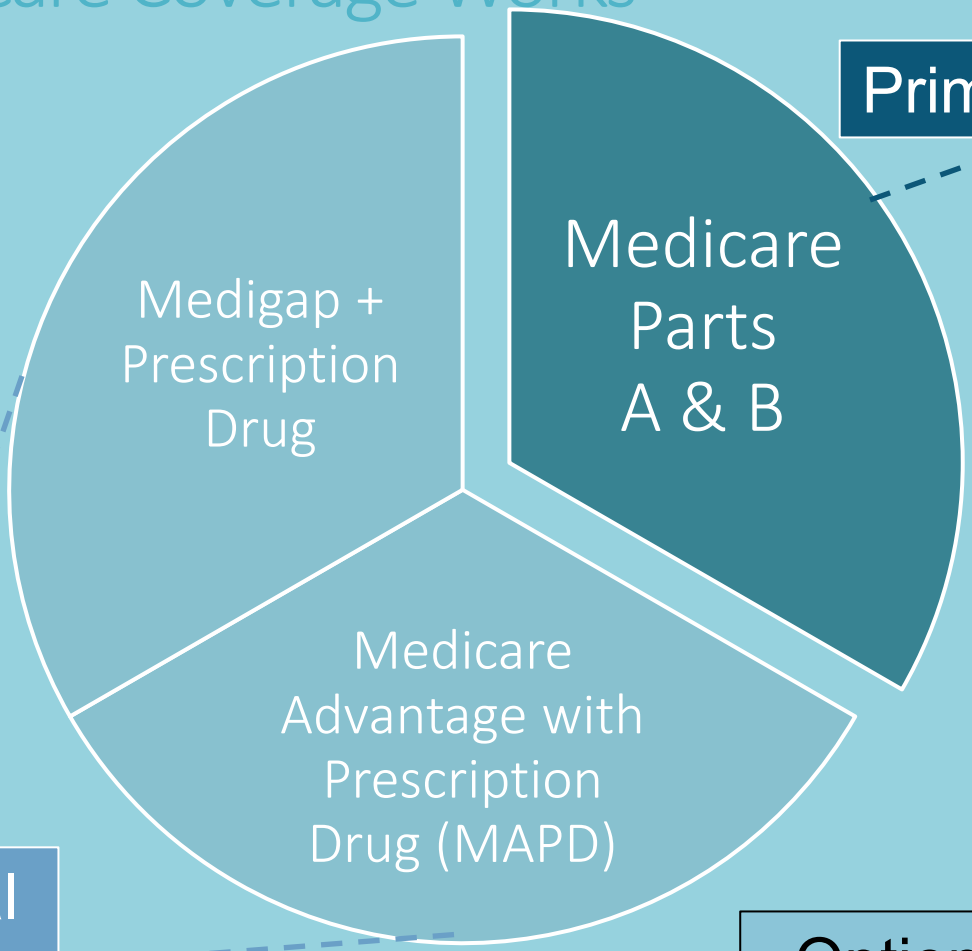
Via Benefits is Your Ongoing Advocate

No need to re-enroll during open enrollment unless you want to make plan changes.

Medicare Plan Types

Medicare Advantage Prescription Drug (MAPD) vs. Medigap Plans

How Medicare Coverage Works



Primary Coverage

Supplemental Coverage

Optional Coverage: Vision & Dental Plans

Medicare Advantage Prescription Drug (MAPD) Plans

MAPD plans are generally network based and copay driven

Medigap Plans										
Benefits	A	B	C	D	F	G	K	L	M	N
Medicare Part A **coinsurance** and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or **copayment**	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A **deductible**		100%	100%	100%	100%	100%	50%	75%	100%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
							Out-of-pocket limit in 2026			
							$7,220	$3,610		

Medigap Plans

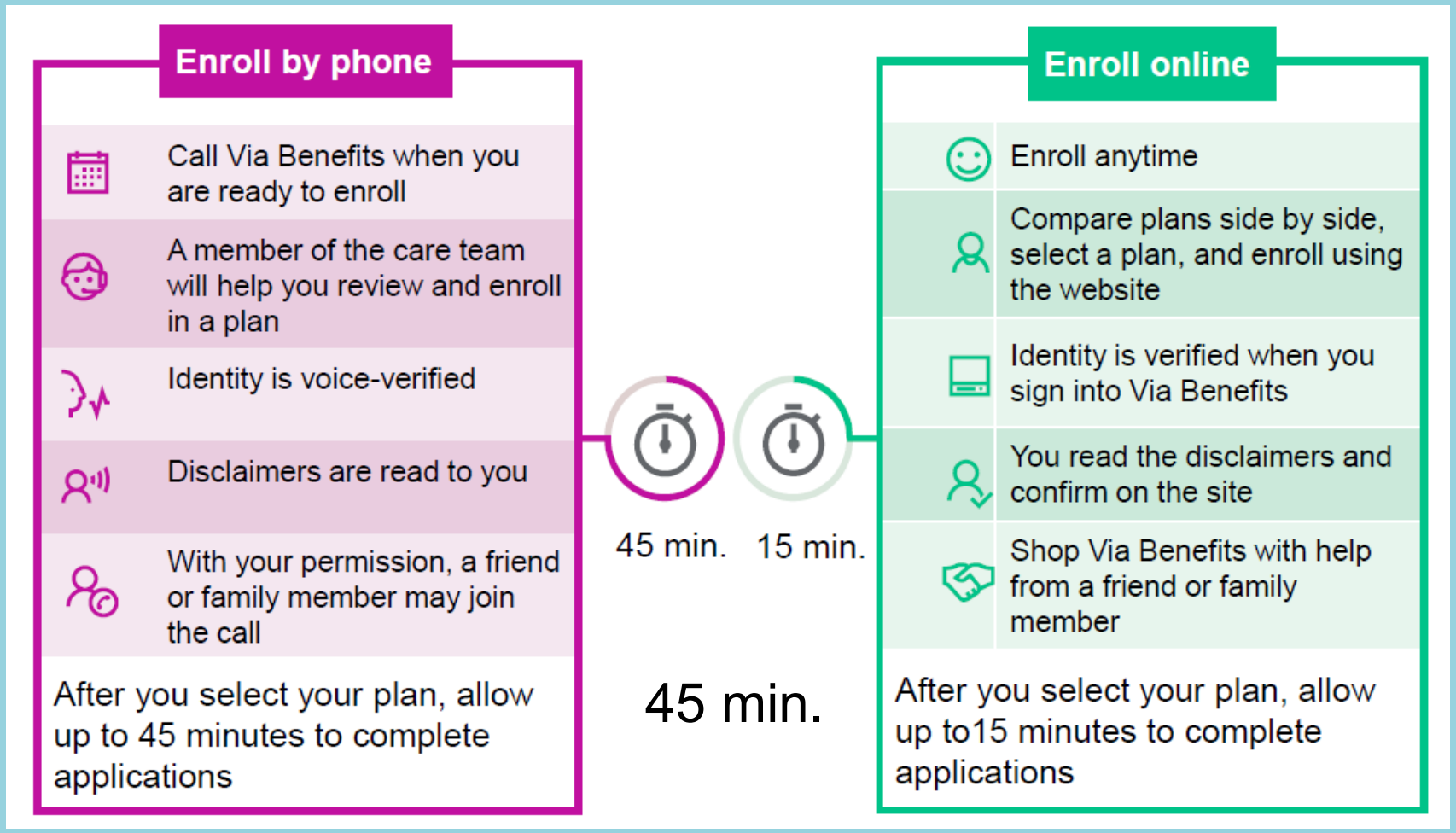
You can’t buy plans C and F if you were new to Medicare on or after January 1, 2020.

Medicare Advantage Prescription Drugs (MAPD)	Medicare Supplement Insurance (Medigap)
Healthy, not many doctor visits	Many doctor/specialist visits
Routine care in specific geographical area	Routine care anywhere in the USA that accepts Medicare
Pay copay or coinsurance for visits	Pay an upfront higher premium

Your initial transition to the Medicare Exchange with Via Benefits is a special enrollment period.

Medicare Plan Type Overview

VIA BENEFITS™



Selection Confirmation Letter this will confirm your plan choices

Communications from your confirmed insurance carrier you will receive a packet with your new insurance cards and information about your new plan benefits

Information about your new HRA funding account

VIA BENEFITS™

Step 5: Funding

Health Reimbursement Arrangement (HRA)

Exchange Health Reimbursement Arrangement (HRA)

Tax-free account
used to reimburse you for eligible health care expenses — you pay first and then get reimbursed

If you are eligible, PEBP will make a monthly contribution to a Health Reimbursement Arrangement (HRA)

You may use HRA funding to reimburse yourself and your spouse for eligible medical, prescription drug, dental, vision, and Medicare Part B premiums, as well as eligible out-of-pocket healthcare expenses

Your HRA funding will be available within four weeks of your effective date and monthly thereafter

Unused funds DO roll over*

*Subject to 365-day rolling reimbursement request submission deadline from the date the service was incurred.

Eligible Expenses

Premiums

- Medicare Medical
- Prescription
- Dental
- Vision
- Medicare Part B

Most Common Expenses

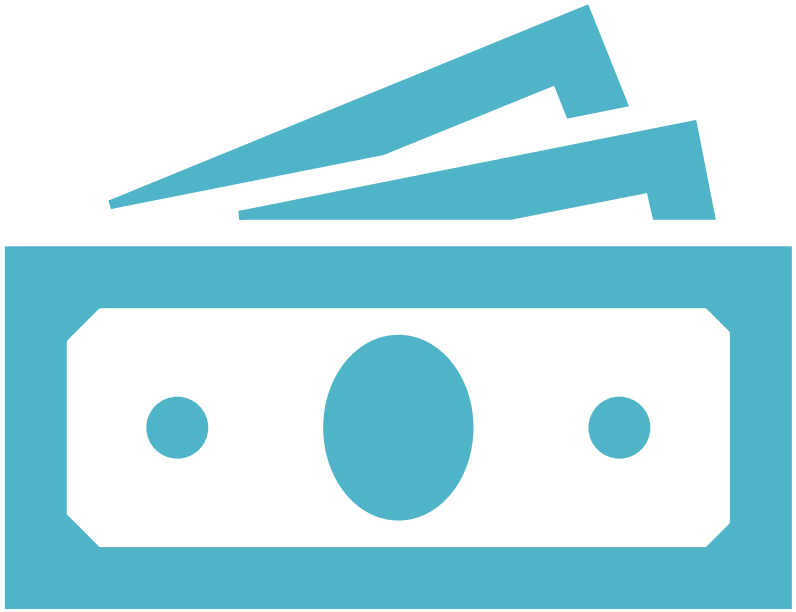
- Office Visit Copays
- Physician Service Copays
- Prescription Copays
- Deductibles
- Co-Insurance
- Dental Treatments
- Eye Exams
- Eyeglasses

Other Eligible Expenses

- Artificial Limbs and Teeth
- Ambulance Hire
- Chiropractor
- Contact Lenses
- Hearing Aids and Batteries
- Immunizations
- Laboratory Fees
- Medical Supplies and Equipment
- Oral Surgery
- Osteopath
- Psychiatrist
- Stop Smoking Programs
- Vaccines
- Wheelchair
- X-Rays

This is not an all-inclusive list of eligible expenses. The IRS's Publication 502 has the complete list.

PEBP Offers Two Separate HRAs



You will not get to keep the **CDHP HRA** when you enroll through Via Benefits.

Any HRA money left on the HSA Bank debit card reverts to the State.

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

VIA BENEFITS™

Consumer Driven Health Plan (CDHP PPO)

Funded on an annual basis in July

Participants will receive up to $1,300 for PY27

Prorated if hired/reinstated after 7/1

Once transitioned to Via Benefits, remaining funds are no longer available

Via Benefits HRA

- Funded monthly
- Funded according to the retirees'
  1. Hire Date
  2. Retirement Date
  3. YOS Credit (5-20 years)

On of May 31 of each year there is a cap on the available HRA balance of $8,000

How is my HRA Funded?

Eligibility for the Retiree Medicare Exchange HRA PEBP Contribution

Participants who retired **BEFORE January 1, 1994**, receive the 15-year ($195) base contribution.

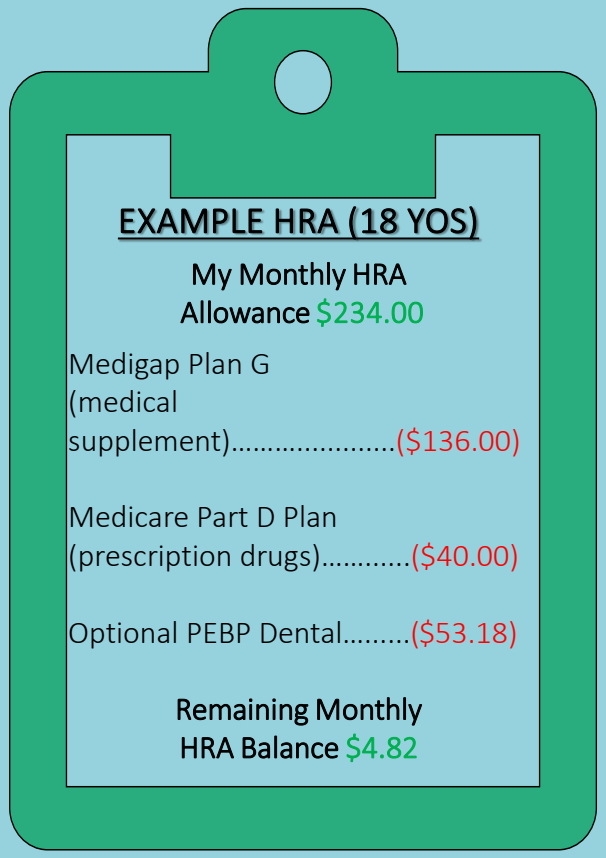
Participants who retired **ON OR AFTER January 1, 1994**, the monthly contribution is based on years of service.

Participants who were hired **ON OR AFTER January 1, 2012**, do not receive a contribution. Those hired between 2010 – 2012 must have a minimum of 15 years to receive a contribution or retire under a long-term disability plan.

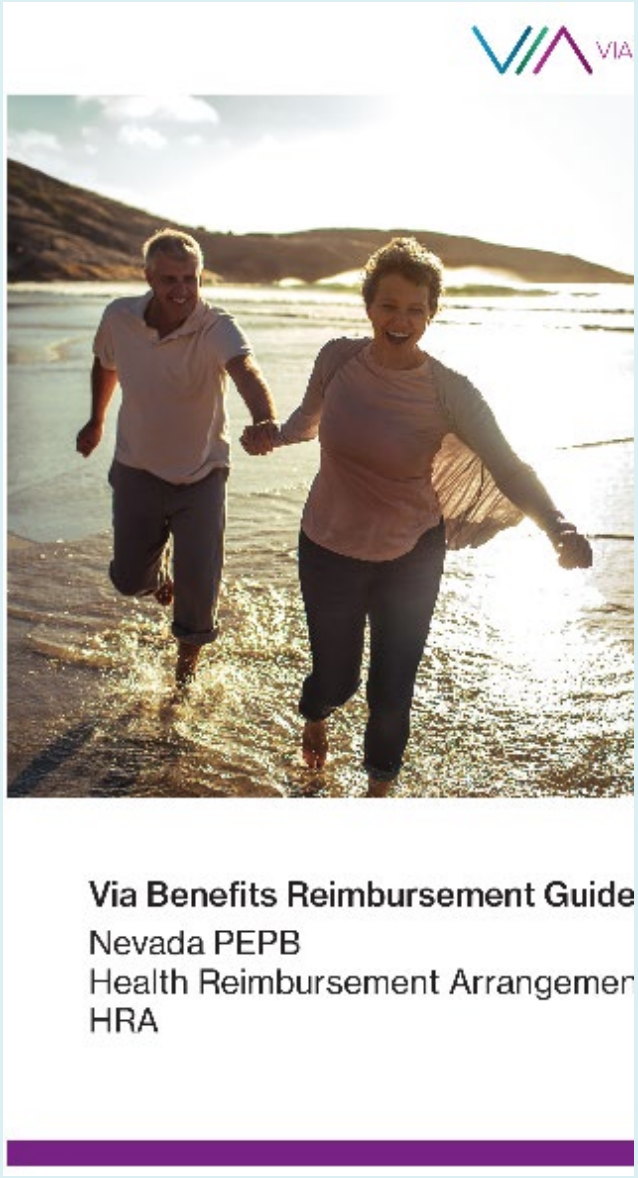
Spouses/domestic partners do not receive an Exchange HRA or additional funding.

How is my HRA Funded?

PY 2027 HRA Contribution		PY 2027 HRA Contribution	
Years of Service	Contribution	Years of Service	Contribution
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



- PEBP will automatically establish your Exchange-HRA after your qualified medical plan through Via Benefits is effective
- Once established, you will receive the Via Benefits-HRA funding kit with information on how to use the Exchange-HRA, usually within four weeks from your *effective* date

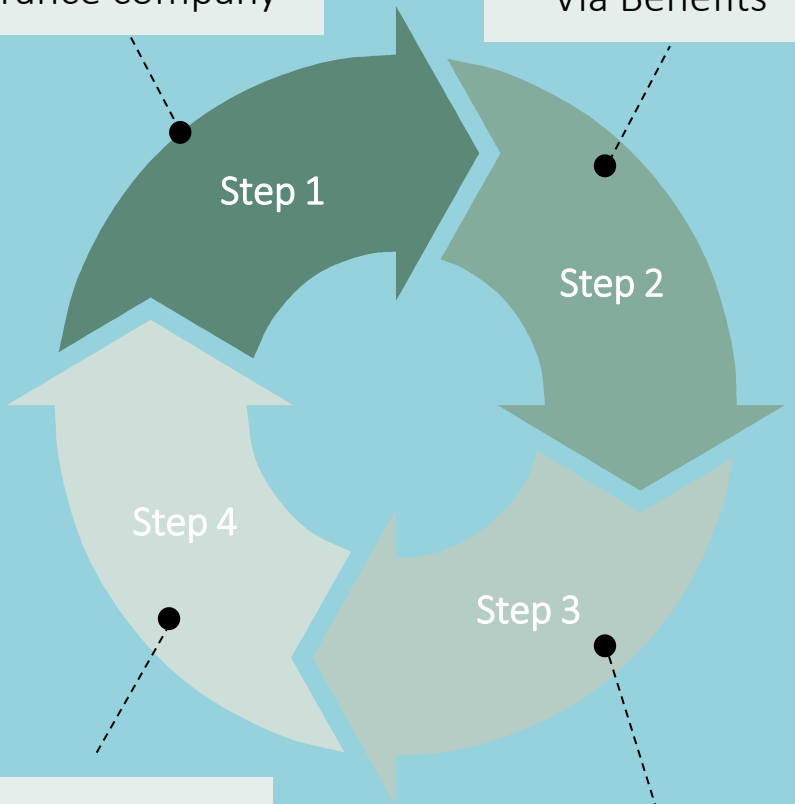


Qualify for your Health Reimbursement Arrangement

- *You **must** be enrolled in Medicare Parts A and B to enroll in a plan through Via Benefits*
- *You **must** enroll in a medical plan through Via Benefits before the enrollment period ends to have access to the Exchange HRA **(within 60 days from the Medicare effective date)***
- *You **must remain enrolled through Via Benefits** to continue to have access to the Exchange HRA or risk permanently forfeiting the rights to the HRA, basic life insurance and PEBP dental*
- *Your Via Benefits HRA allocation amount is based three criteria:*
    1. *Your date of hire*
    2. *Your date of retirement*
    3. *Earned YOS credit (5-20 years)*

Reimbursement Options

1. Auto-Reimbursement
2. Recurring Premium Reimbursement
3. One-Time (Manual) Reimbursement Request



Medicare Part B Premium Reimbursement Enhancement

Automate your Medicare Part B reimbursement	The standard Medicare Part B premium amount in 2025 of **$202.90 per month.**	To activate this reimbursement type, you can: • Call Via Benefits • Activate this option online at www.my.viabenefits.com/PEBP • Activate this option on your mobile app

Please note:

If you have a Medicare Part B Premium that is greater or less than the standard premium amount, a claim form and supporting documentation is required.

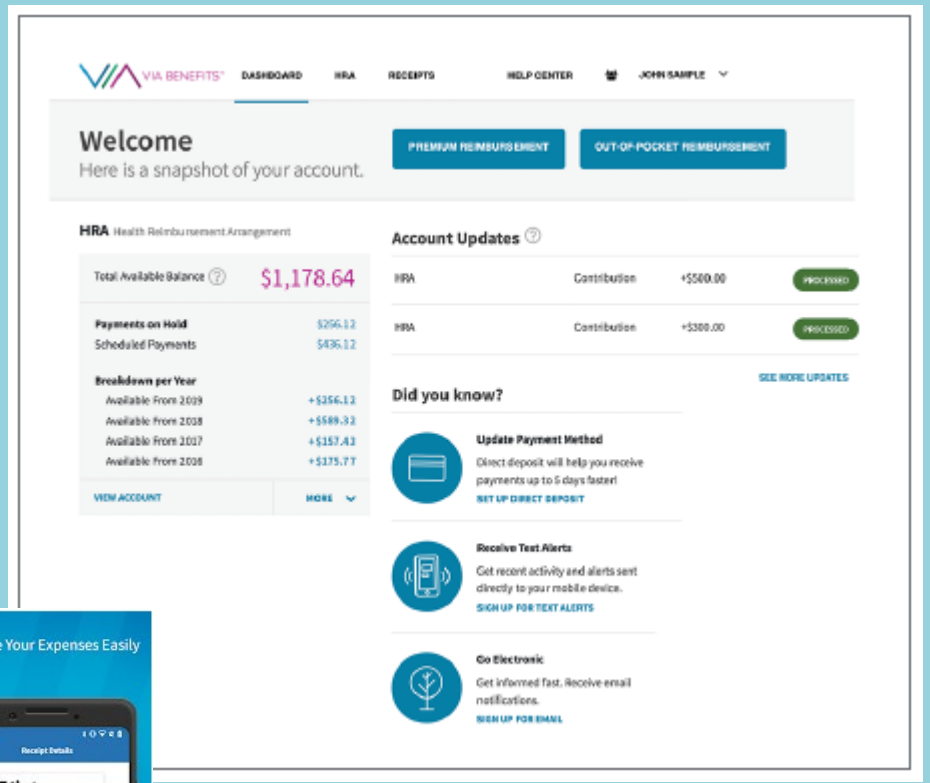
If you have a Tricare exception to qualify for the HRA, this reimbursement option is not available.

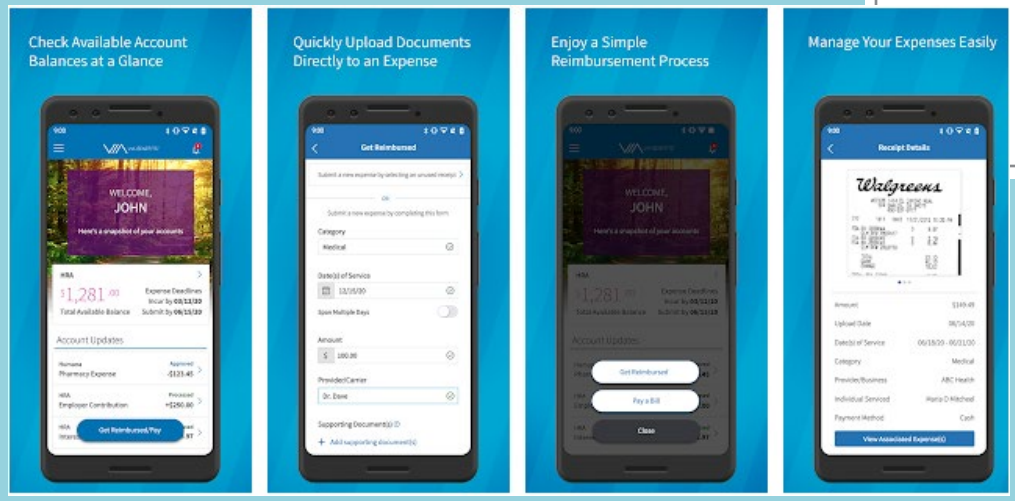
Your Via Benefits Account

Maximize Your Account Online

Sign in, Set Up, and Automate

- Sign onto your online account
- Set up Direct Deposit
- Automate your reimbursements
- Go paperless
- Submit reimbursement requests





www.My.ViaBenefits.com/PEBP

It's as easy as 1-2-3-4-5

1. Three months prior to your 65th Birthday or retirement after age 65:
   Apply for Medicare *free* Part A (as eligible) and purchase Medicare Part B

2. Submit to PEBP: Medicare Parts A and B card, RBECF, and for those newly retiring, the YOS Form
   PEBP, 3427 Goni Road, Suite 109, Carson City, NV 89706
   https://pebp.nv.gov **> Contact Us > Supporting Documents**

3. Contact Via Benefits to complete your profile and schedule an enrollment appointment with a Licensed Benefit Advisor:
   Call **1-888-598-7545** or visit **www.My.ViaBenefits.com/PEBP**
   You will need: Medicare card, preferred doctor(s) and prescription drugs

4. Complete your enrollment over the phone or complete your enrollment online.
   Automate the HRA reimbursement process as much as possible.

5. Eligible participants will wait four weeks from their new plan effective date for their Reimbursement Guide from Via Benefits.
   Set up direct deposit to expedite reimbursement from your HRA.

Thank You!

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

Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706

Upload your retirement documents via our secure document upload form on our Contact Us page at https://www.pebp.nv.gov/contact-us/

Send a secure message in your E-PEBP Portal

Contact Via Benefits:
(888) 598-7545
https://my.viabenefits.com/pebp

Social Security Administration
1-800-772-1213
www.ssa.gov