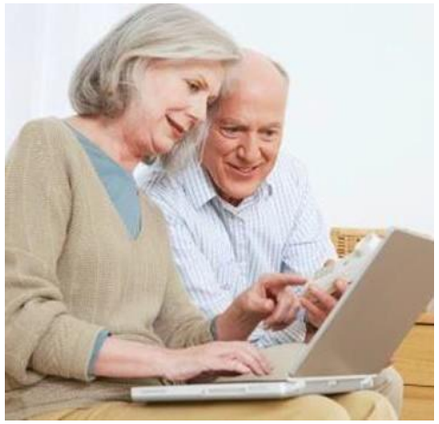
NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

775-684-7000

or 1-800-326-5496

www.pebp.state.nv.us



VIA BENEFITS™

1-888-598-7545

Mon-Fri: 5AM to 6PM PST

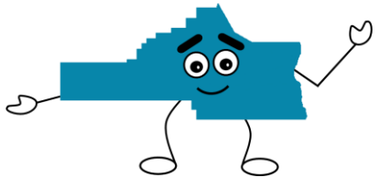
www.My.ViaBenefits.com/PEBP

MEDICARE GUIDE

July 1, 2021 – June 30, 2022

PLAN YEAR 2022

Welcome



Carson City County and his friends are here to help!

Keep an eye out for different counties throughout this guide for additional important information!

Soon you or your covered dependent will be eligible for Medicare. As a retiree or a covered dependent of a retiree who is aging into Medicare, you will have new options for your medical, dental, prescription drug, and vision coverage.

What is changing? When you are retired and become eligible for premium-free Medicare Part A you will need to enroll in Part A and purchase Medicare Part B. In most cases, you must transition into a medical plan offered through the Medicare Exchange, Via Benefits. Via Benefits gives you access to a Medicare marketplace which offers Medicare Advantage Plans (PPO and HMO plans) and Medigap (supplement) Plans.

Eligible retirees enrolled in a medical plan through Via Benefits will qualify for a monthly contribution to a Via Benefits Health Reimbursement Arrangement (HRA) account. The contribution is based on the retiree's date of hire, retirement date and years of service, beginning with 5 years up to a maximum of 20 years. If you are eligible for the HRA allocation, your first Via Benefits HRA contribution will begin when your medical plan becomes effective through Via Benefits. For Via Benefits HRA contribution amounts, refer to the PEBP HRA Funding section of this guide.

For more information and details on eligibility or plan benefits, please refer to the applicable Master Plan Document, Summary of Benefits and Coverage document or Evidence of Coverage. These documents are available by logging on to your E-PEBP Portal at www.pebp.state.nv.us or by calling PEBP and requesting a copy be mailed to you. We encourage you to review key terms and definitions before you begin.

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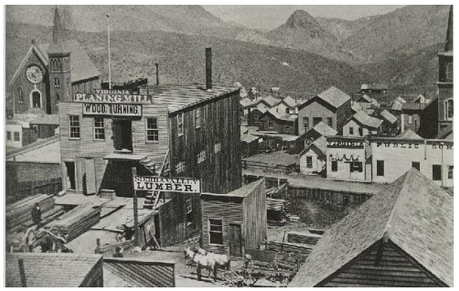

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Important: Per NRS 287.0475 Basic life insurance may not be reinstated and will be forfeited if a retired employee declines group coverage through Via Benefits or does not pay their premiums for Medicare Part B. You will lose your $7,500 basic life insurance if you enroll in a plan outside of Via Benefits.

This interactive guide will explain the PEBP Medicare requirements, enrollment options, and timeframes. PEBP has very specific enrollment timeframe requirements for Medicare. It is very important that you read and understand these requirements. If you have questions, you may send a secure message through your E-PEBP Portal or call PEBP Member Services at 775-684-7000 or 1-800-326-5496, use option 2 to reach a customer service representative.

Note: Active employees and eligible dependents are not required to enroll in Medicare until retirement. See the Enrollment and Eligibility section of this guide for more details.

Who is Via Benefits?

Licensed BenefitAdvisors

What to Expect

PEBP has chosen Via Benefits to work with you as you approach age 65 or will be retiring after age 65 and become eligible for Medicare. Via Benefits is not an insurance company. They are a resource that gives you access to a Medicare marketplace that includes a wide variety of plans from the nation's leading health insurers. They will assist you with your enrollment options and help you transition from your current group coverage (PEBP) to a medical plan offered through Via Benefits. The individual insurance plan(s) you purchase from Via Benefits will replace the group plan you currently have through PEBP.

Via Benefits also administers the Health Reimbursement Account (HRA) and reimbursements to eligible Medicare retirees.

VIA BENEFITS™

#1	120+	1.9+ million	9 out of 10	15TH
The first and largest private Medicare company	Insurance companies	Retirees serviced	Retirees reported they would work with **Via Benefits** again	Year of service

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What to Expect

LICENSED BENEFIT ADVISORS

To help you decide which individual plan(s) are right for you, you will have the assistance and expertise of a Via Benefits Licensed Benefit Advisor. During your enrollment, your Benefit Advisor will help you compare, select and enroll in the plan(s) that fit your needs and budget.

The Benefit Advisors and easy-to-use optional online tools will guide you through the individual Medicare market ensuring you confidently choose the plan that fits your needs.

During your enrollment call, your Benefit Advisor will ask questions in order to find the plan(s) that fit your needs. To simplify this process, have answers to the questions on the Via Benefits checklist ready. Space is provided in the Notes section of this guide to write the answers to questions your Benefit Advisor will ask.

Licensed Benefit Advisors are licensed by state departments of insurance and must be certified by the health insurance carriers before they can enroll retirees into their products.

Licensed BenefitAdvisor

An employee who works for Via Benefits and provides support to participants in selecting individual Medicare plans, resolving claim issues and changing Medicare plans, if necessary.

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What to Expect from Via Benefits

Personalized, Step-by-Step Guidance

Licensed Benefit Advisors and easy-to-use online tools will guide you step by step through the Via Benefits marketplace.

Unbiased, Objective Support

You will receive unbiased support from Licensed Benefit Advisors who are trained to be your objective advocates. Their compensation is never tied to your plan selection.

Quality Plan Options

Via Benefits works with leading national and regional insurance companies to ensure you have quality plans to choose from.

Efficient, Accurate Enrollment

Once you have selected a plan, an application data processor will assist you with completion of your application to ensure it is processed correctly.

Support After You Enroll

When you purchase a Medicare plan through Via Benefits, they will continue to be your advocate for the lifetime of your enrollment.

Timeframes
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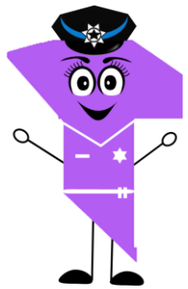
Via Benefits Check List
Self Quiz

How to Prepare

During the specified enrollment period, you have the opportunity to supplement your original Medicare coverage with medical and prescription drug coverage purchased from Via Benefits. The insurance plan(s) you purchase from Via Benefits will replace the PEBP group plan.

Your new individual plan will supplement or replace the coverage provided by original Medicare Parts A+B with supplemental medical and prescription drug coverage. This supplemental coverage is available to everyone who is Medicare-eligible, regardless of income.

Before your call with Via Benefits to complete your enrollment, take a few moments to research the plans available to you and consider your health care priorities. You can create an online account at www.my.viabenefits.com/pebp to help narrow your options and find plans that meet your specific needs.



In this section you will also find important timeframes in which you or your Medicare eligible dependent are required to follow. Failure to submit copies of the Medicare Part A+B card (or Part A denial letter and Part B card) and TRICARE for Life military ID (if applicable) within the required timeframe will result in termination of all PEBP-sponsored benefits including medical, prescription drug, dental, vision, basic life insurance, HRA contribution, and any voluntary products. For detailed information please review the Enrollment and Eligibility section.

Retirees' retiree coverage ends on the last day of the month in which:
The retiree no longer meets the definition of a retiree; PEBP is notified of voluntary declination of coverage; A retiree and/or his dependents fail to enroll in/and maintain Medicare Part B coverage; Retiree was covered under a medical plan through the Medicare Exchange; or the plan is discontinued.

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The same rules apply to your covered dependents.

TIMEFRAMES

I am retired and turning age 65, when do I sign up for Medicare?

- PEBP will require you to sign up for premium-free Medicare Part A and purchase Part B coverage approximately 90 days before your 65th birthday.
- If you sign up for premium-free Part A and purchase Part B within 90 days of your 65th birthday, your Part A and Part B coverage will start the 1st day of the month you turn 65, or the month before you turn 65 (if your birthday is the 1st day of the month).

I am retiring soon and I am 65 years old or older. When do I sign up for Medicare?

- PEBP will require you to sign up for premium-free Medicare Part A and purchase Part B coverage approximately 90 days before your retirement date to ensure you are enrolled in Part A+B on the date your PEBP retiree coverage becomes effective.
- Premium-free Medicare Part A and/or B coverage is not required until you are retired.

When am I required to enroll in a medical plan through Via Benefits?

- If you are retired, the requirement to enroll in a medical plan through Via Benefits will depend on whether you:
  - Qualify for premium-free Medicare Part A
  - Are covering a non-Medicare dependent; and/or
  - Have TRICARE for Life
- In most cases, you will need to enroll in a medical plan through Via Benefits within 60 days of your Medicare effective date.

Birthday occurs on the 1st day of the month	Birthday occurs between the 2nd and last day of the month	Approved for Medicare Parts A+B due to receiving Social Security Disability	Newly retiring employees aged 65 and older
Due by the last day of your birthday month	Due by last day of the month following your 65th birthday month	Due within 60 days of the Medicare Part A and B effective date	Due within 60 days of your retirement coverage effective date
When a copy of your Medicare A+B cards are due			
Birthday: May 1st Due Date: May 31st	Birthday: May 26th Due Date: June 30th	Medicare A+B Effective Date: September 1st Due Date: October 31st	Retirement Effective Date: August 1st Due Date: September 30th

Timeframes
Before Your Enrollment Call
Via Benefits Check List
Self Quiz

While you don't have to go online, the online tools are easy to use and can help reduce the amount of time you spend on the phone.

Before Your Enrollment Call

To help you prepare for your call, we encourage you to visit the Via Benefits website: www.My.ViaBenefits.com/pebp.

Create Your Account

- Creating an account allows you to save your prescription drug information, search for and save plans, and track the status of your applications.
- To create an account, simply click the *My Account* link on the Via Benefits website. If you're a first-time visitor, some information is required. If you're a returning visitor, enter your username and password.

Your Personal Profile

- Once your account is created, you're ready to shop for and compare plans. While shopping, you may be asked to confirm additional information about yourself in your account. Via Benefits refers to this information as your "personal profile" and providing it will simplify the enrollment process and expedite your enrollment call.
- You may be asked to confirm information that already appears in your personal profile. This information was provided to Via Benefits by PEBP and confirming that it is up-to-date helps ensure an accurate enrollment.
- You may review the status of your personal profile by clicking the Edit profile link on the My Account section of the Via Benefits website.

Have Your Information Ready

- After you have verified your personal information, you will be asked to add your current medications, preferred pharmacy, and doctor information to your account. Instructions on how to prepare this information are provided on the Notes section of this guide. Collecting and providing this information in advance will allow you to complete your personal profile more quickly and will help reduce the length of your enrollment call.
- If you choose not to complete your profile online, having this information ready for your call will ensure your enrollment is accurate and efficient, and will reduce the length of your enrollment call. Once you have provided the requested information, securely file this guide.

Timeframes
Before Your Enrollment Call
Via Benefits Check List
Self Quiz

Via Benefits Check List

Before you make your call, take a moment to ensure you have collected all the information that you will need to complete your Via Benefits enrollment. Consider the following questions:

- ❑ Is it important for you to keep your current doctors?
- ❑ How many doctors or specialists do you see, and how frequently?
- ❑ Do you have any medical conditions or upcoming treatments?
- ❑ Do you have a home in another part of the country, or do you travel often?
- ❑ Do you need routine care while away from home?
- ❑ Do you use mail order for prescriptions?
- ❑ Do you have a preferred pharmacy?
- ❑ Are you willing to pay copayments and deductibles if you can pay lower premiums?

Have you:

- ❑ Created your online account and verified your personal profile (optional)?
- ❑ Researched your plan options online, noting plans that interest you and reasons why?
- ❑ Found a plan that interests you? Add it to your cart or write its name down and reasons you prefer it in your notes.

Do you have this information available?

- ❑ Social Security Number
- ❑ Medicare ID card, with effective dates for Medicare Parts A+B
- ❑ A list of your prescriptions, including dosage & frequency (if not already added to your online account)
- ❑ Your doctors' names & addresses (if not already added to your online account)
- ❑ Your billing information. Some insurers may require first month's premium payment during the application process.

Does a family member, friend, or caregiver help you make health care decisions?

- ❑ If so, have them available during your call. Your Benefit Advisor can connect them, with your recorded permission, even if they are calling from a different phone number or state.

Self Quiz

Answer the following questions and calculate your score to help you determine which type of Medicare plan may fit your needs.

This quiz is *not* a comprehensive list of the questions you will be asked during your enrollment call. Your Benefit Advisor can help you choose the best plan for you during your enrollment call.

Do you have any chronic conditions, such as diabetes, heart disease, or upcoming major treatments, such as surgery?

- ☐ Yes (2 points)
- ☐ No (1 point)

Do you travel often, or spend much of the year in a part of the country other than your home?

- ☐ Yes (2 points)
- ☐ No (1 point)

Are you willing to pay deductibles or co-payments?

- ☐ Yes (2 points)
- ☐ No (1 point)

How many times per year do you see your doctors?

- ☐ More than 10 visits (3 points)
- ☐ 6 to 10 visits (2 points)
- ☐ Fewer than 6 visits (1 point)

How many doctors or specialists do you see regularly?

- ☐ More than 6 (3 points)
- ☐ 4 to 6 visits (2 points)
- ☐ 3 or fewer (1 point)

5 points
A Medicare Advantage Plan

6 or 7 points
Medicare Advantage Plan or Medigap Plan

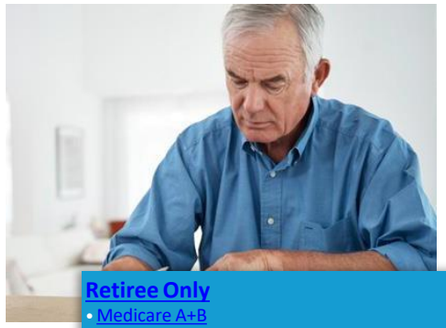
8 points or higher
A Medigap Plan

Enrollment and Eligibility

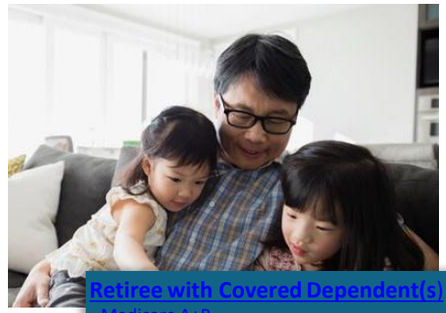
- Retiree Only
- With covered Dependent(s)
- Not Eligible for MedicareA
- TRICARE for Life
- Active Employee
- Spouse or Domestic Partner

If you have questions about what eligibility status fits your situation best you may contact PEBP Member Services at 1-800-326-5496, option #2.

Please verify your premium-free Medicare Part A eligibility with the Social Security Administration and then choose the Medicare eligibility status below that fits your circumstances best. You will then learn about the corresponding instructions regarding your specific coverage options and required actions.



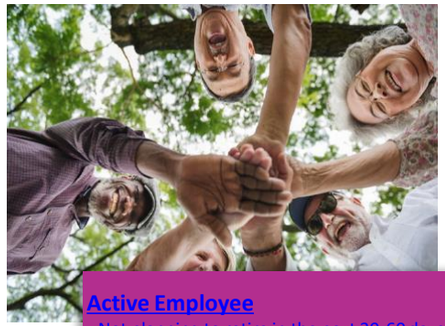
Retiree Only
- Medicare A+B
- No Covered Dependents



Retiree with Covered Dependent(s)
- Medicare A+B
- Covering Non-Medicare Dependent

Retiree Not Eligible for Medicare Part A
- Not Eligible for premium-free Medicare Part A
- Purchased Medicare Part B

Retiree with TRICARE for Life



Active Employee
- Not planning to retire in the next 30-60 days

Covered Spouse or Domestic Partner

Retirees who are required to enroll in a medical plan through Via Benefits *must maintain* medical coverage through Via Benefits to retain the PEBP-sponsored HRA, life insurance, PEBP dental and voluntary products (if applicable). This provision does not apply to eligible TRICARE for Life retirees.

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PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.

RETIREE ONLY

The following describes the coverage options and required actions you must take as a retiree with Medicare Parts A+B *with no covered dependents*.

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

Retiree or newly retiring employee attains Medicare Parts A+B (No covered Dependents)

In order to retain all other PEBP-sponsored benefits retiree ***must*** enroll in medical coverage through Via Benefits within 60 days of the Medicare effective date or retirement date, whichever is later.

Steps to take:

- Enroll in Medicare Parts A+B through Social Security, as eligible.
- Send PEBP a copy of your Medicare Parts A+B card within 60 days of your Medicare effective date.
- Complete the Retiree Benefit Enrollment and Change Form (RBECF); select Medicare Exchange *with or without* PEBP dental; submit a clear copy of the completed, signed and dated form to the PEBP office by mail or email. No faxes, in person drop offs or walk-ins will be accepted.
- Contact Via Benefits at 1-888-598-7545 to enroll in medical, prescription drug, dental, etc.

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PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.

RETIREE WITH COVERED DEPENDENT(S)

The following describes the coverage options and required actions you must take as a retiree with *covered dependents*. (These options also apply to those with TRICARE for Life.)

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

Retiree attains Medicare Parts A+B

Covers a dependent without Medicare

OPTION #1

Retiree may enroll in a medical plan through Via Benefits and the non-Medicare dependent may decline/terminate PEBP coverage or retain coverage under the PPO, LD-PPO, EPO or HMO plan as an unsubsidized dependent, meaning the dependent will pay 100% of the premium cost.

- If this option is selected and non-Medicare dependent stays on a PEBP plan, please contact the PEBP office to request the Benefit Enrollment and Change Form for Unsubsidized Dependents.

OPTION #2

Retiree may stay on the PPO, LD-PPO, EPO, or HMO plan with the non-Medicare dependent(s) until dependent(s) ceases to be an eligible dependent. The retiree will receive a Medicare Part B premium credit.

- If both the Medicare retiree and dependent are staying on PPO, LD-PPO, EPO, or HMO coverage, either mail or email PEBP a copy of the Medicare Parts A+B card and the Retiree Benefit Enrollment and Change Form (RBECF) to the retirees E-PEBP Portal within 60 days of the Medicare effective date.

Retiree is not yet eligible for Medicare

Covers a dependent with Medicare Parts A+B

OPTION #1

Medicare dependent may enroll in a medical plan through Via Benefits. The non-Medicare retiree may stay on the PPO, LD-PPO, EPO, or HMO plan. If a Medicare dependent wishes to enroll in a plan through Via Benefits, they can:

- Contact Via Benefits at 1-888-598-7545 to enroll in a medical, prescription drug, vision and/or dental plan; *and*
- If electing PEBP dental coverage, contact the PEBP office to request the Benefit Enrollment and Change Form for Unsubsidized Dependents.

OPTION #2

Both the retiree and dependent may stay on the PPO, LD-PPO, EPO, or HMO plan until both become eligible for Medicare Parts A+B.

- If the Medicare dependent wishes to stay on the retirees PPO, LD-PPO, EPO, or HMO coverage, they must mail or email a copy of their Medicare Parts A+B card and the Retiree Benefit Enrollment and Change Form (RBECF) within 60 days of the Medicare effective date.

For additional information on unsubsized rates or the Medicare Part B premium credit please refer to the Important Information section of this guide.

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Retiree Not Eligible for Medicare Part A

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Spouse or Domestic Partner

PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.

The following describes the coverage options and required actions you must take as a retiree that does not meet the eligibility requirements to qualify for premium-free Medicare Part A.

Newly retiring? You must contact the Social Security Administration 60-90 days prior to retirement date and purchase Medicare Part B.

Retiree (age 65 and older) does not meet the eligibility requirements to qualify for premium-free Medicare Part A

Retiree, and applicable dependent(s), may remain on their Consumer Driven Health Plan (PPO), Low Deductible PPO (LD-PPO), Premier Plan (EPO), or Health Plan of Nevada (HMO) coverage.

- Retiree ***must*** purchase Medicare Part B coverage.
- Obtain a Part A denial letter from the Social Security Administration (SSA).
- Mail OR email (please do not do both) copies of both documents to PEBP within 60 days of the Medicare effective date.

Retirees who are eligible to retain coverage under the PEBP PPO, LD-PPO, EPO, or HMO plan and who have Medicare Part B coverage will receive a Part B premium credit of $135.50. For additional information on the Medicare Part B premium credit please refer to the Important Information section of this guide.

Retirees retiree coverage ends on the last day of the month in which:

- The retiree no longer meets the definition of a retiree;
- PEBP is notified of voluntary declination of coverage;
- A retiree and/or his dependents fail to enroll in/and Maintain Medicare Part B coverage
- Retiree was covered under a medical plan through the Medicare Exchange; or
- The Plan is discontinued.

RETIREE WITH TRICARE FOR LIFE

The following describes the coverage options and required actions you must take as a retiree with Medicare Parts A+B, TRICARE for Life and *no covered dependents*.

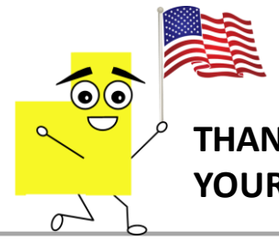
Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

Retiree attains Medicare Parts A+B and has TRICARE for Life (No covered Dependents)

- When a retiree has TRICARE for Life coverage, enrollment through Via Benefits is not required to retain PEBP sponsored benefits, including PEBP dental and HRA funding.
    - Retiree has the option to enroll in medical coverage through Via Benefits or retain only Medicare Parts A+B and TRICARE for Life coverage.
- Retiree must do the following within 60 days of the Medicare effective date:
    - Mail or email PEBP a clear copy of your:
        - Medicare Parts A+B card
        - TRICARE for Life military ID card (front and back)
        - Completed, signed and dated Retiree Benefit Enrollment and Change Form (RBECF) to elect or decline PEBP dental and to establish your HRA account
    - *Optional:* Contact Via Benefits if you would like to enroll in any additional coverage

PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.

If you have covered dependents, please refer to the Retiree with Covered Dependents section.



THANK YOU FOR YOUR SERVICE!

Retiree Only
With covered Dependent(s)
Not Eligible for MedicareA
TRICARE for Life
Active Employee
Spouse or Domestic Partner

Active Employee

The following describes the coverage options you have as an active employee.

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

Active Employee

- PEBP **does not require active employees,** and applicable eligible dependents, age 65 or older to obtain Medicare until the employee retires. If you obtain Medicare, you must provide a copy of your Medicare card to PEBP.
- If you are an active employee on the Consumer Driven Health Plan with an HSA and enroll in Medicare, you are not eligible to contribute to an HSA. PEBP will automatically change your HSA to an HRA.
  - Other eligibility requirements that limit you from contributing to an HSA include; you or your spouse has an HRA or a medical FSA, you or your spouse are enrolled in any other non-qualifying health plan that is not permitted in accordance with IRS publication 969.
- Obtaining Medicare as an active employee is not a qualifying life event to decline PEBP coverage.
- If you plan to work after you turn 65 and would like to defer your Medicare, please contact The Social Security Administration *before* your 65th birthday to discuss their rules.

PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.

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Active Employee
Spouse or Domestic Partner

PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.

Spouse or Domestic Partner

The following describes the coverage options and required actions you must take as a dependent of an active employee.

Active employees and their eligible dependents age 65 and older are not required to enroll in Medicare until the employee retires.

Active employee's dependent ages-in to Medicare and is eligible for *premium-free* Part A

- If the dependent is remaining on the active employee's plan, PEBP will not require the dependent to enroll in Medicare Part A and/or B until the active employee retires. Both the active employee and/or the covered dependent must enroll in Medicare Part A and purchase Part B approximately 60-90 days prior to the retiree's retirement date. Be sure to have the effective date correlate with the retirement date.
- If the covered dependent enrolls in Medicare please mail or email a copy of the Medicare Part A, and if applicable Part B, card to PEBP.
- If the Medicare dependent wishes to terminate the PEBP coverage and enroll in a medical plan through Via Benefits they must do the following within 60 days of the Medicare A+B effective date:
  - Medicare dependent will need to contact Via Benefits at 1-888-598-7545 to enroll in a medical, prescription drug, vision and/or dental plan; ***and***
  - If electing PEBP's dental coverage, contact the PEBP office to request the Benefit Enrollment and Change Form for Unsubsidized Dependents; ***and***
  - The employee will need to complete a "Dependent Gains Coverage" event through their E-PEBP Portal to delete the Medicare dependent from their plan. They will also need to upload a copy of the Medicare A+B card as the required "Confirmation of Coverage/HIPAA" supporting document.

If you are a covered dependent of a retiree, please refer to the Retiree with Covered Dependents section for your required actions.

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Medicare Basics

- Original MedicareA+B
- Medigap
- MAPD
- AdditionalVoluntary Options

Medicare includes several “Parts” that cover different benefits. Original Medicare, also known as Medicare Part A and Part B, is the health insurance provided by the federal government when you turn 65 (in most cases). Although original Medicare pays for about 80% of your doctor and hospital costs, it does not pay for everything. Medicare costs vary depending on plan, coverage and the services used. To reduce your out-of-pocket costs, you must purchase additional coverage through Via Benefits.

Via Benefits offers both Medicare Advantage plans (PPO and HMO) and Medigap (Medicare supplement) plans through multiple carriers based on the retiree’s zip code. For specific details about these plans, you will need to speak to a Licensed Benefit Advisor at Via Benefits.

Please review any of the sections below to find out additional information.

Original Medicare

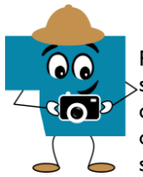
Medicare Part A
Medicare Part B

Medigap
+
Prescription Drug Plan
(Part D)

Medicare Advantage with a Prescription Drug Plan (MAPD)

Additional Voluntary Options

Vision
Dental



Wondering why you can’t find plans or prices in this guide?

Regional variations prevent the prices of specific plans to be printed. However, cost and plan comparisons can be found on Via Benefits’ website or when you speak with a Benefit Advisor.

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ORIGINAL MEDICARE A + B

In most cases, when you turn 65, the federal government provides you with Original Medicare, also known as Medicare Part A and Part B. Broadly speaking, Part A covers hospital stays and Part B covers doctor visits.

	Hospitals **Medicare Part A**	Outpatient Services **Medicare Part B**
Helps Cover Some	• Inpatient hospital care • Skilled nursing care • Hospice and home health care	• Services from doctors and other specialists • Lab work, x-rays, and durable medical equipment • Preventive services
Does Not Cover Most	• Long-term nursing home care • Concierge care • Non-medical in-home care	• Dental care • Vision care or glasses • Prescriptions
Eligibility	• 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	• You are eligible to enroll at the age of 65 • Qualifying illness or disability
Additional Information	Most public employees pay into Medicare regardless if they pay into Social Security	There is a monthly premium based on income

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Medigap Plans + Part D Plans

Medigap (Medicare supplement) Plans: These plans help to pay the difference between the total healthcare costs and the amount paid by Medicare. Medigap Plans do NOT include prescription drug coverage (Part D prescription drug coverage must be purchased separately). Generally, Medigap Plans have:

- Higher monthly premiums
- Low or no copayments required for doctor or hospital visits
- No network restrictions on physicians—you may see any doctor that accepts Medicare

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A Medigap Plan plus a Part D Plan may be right for you if:

- You prefer predictability and flexibility. Medigap is accepted by all doctors and hospitals that accept Medicare. It is the most flexible type of plan regarding choice of hospitals and physicians.
- You have frequent doctor visits, or you see several different doctors regularly. Because most Medigap Plans do not require copayments or coinsurance, each visit to the doctor or hospital is covered by your monthly premium payments (which may be higher than other plans).

Prescription Drug (Part D) Plans: Part D plans only cover prescription drug expenses. You should consider purchasing a Part D plan if you enroll in a Medigap Plan and need prescription drug coverage. Part D prescription drug coverage can be purchased separately through Via Benefits for those enrolled in a Medigap Plan.

Medigap Guaranteed Issue ❼

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Medigap Guaranteed Issue

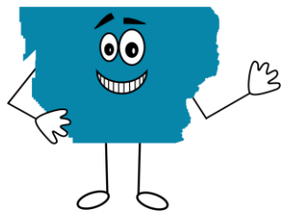
Medigap (Supplemental) Plans and Guaranteed Issue Rights

During this enrollment period, Medigap insurance plans for which you are eligible are guaranteed issue, as long as you are leaving group coverage with PEBP and have not had a break in coverage. Meaning you cannot be turned down based on your medical history or pre-existing conditions. After your first enrollment period, changes to your Medigap coverage may be subject to underwriting, meaning you can be rejected based on your pre-existing medical conditions. If you choose not to enroll in a Medigap Plan when first eligible, you will lose guaranteed issue status for future Medigap applications. Also, if you have opted out of your current coverage and already have a Medigap Plan, you are not guaranteed coverage for Medigap insurance during this enrollment period.

It is important to understand the "Guaranteed Issue" period for Medigap supplement plans as well as to make your decision and enroll within your enrollment window. If you have any questions about this, you should speak to a Via Benefits Benefit Advisor at 1-888-598-7545.

Should you wish to change your Medigap coverage in the future, Via Benefits will work with you and your preferred plan to meet underwriting conditions, but you are not guaranteed acceptance.

Finding information about specific plans



Since Via Benefits offers thousands of plans from insurance companies across the United States, it is not possible to include specific information about plans and premium costs in this guide. However, the Via Benefits website, www.My.ViaBenefits.com/pebp, provides extensive information about plans available in your area, including cost.

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Medicare Advantage with Part D Plans

Medicare Advantage Prescription Drug Plans (MAPD): These plans provide an all-in-one plan that bundles Medicare Part A, Part B and prescription drug coverage together with additional benefits. These plans provide coverage for doctor visits, hospital stays, and prescription drug expenses.

Medicare Advantage plans cover medical and prescription drug expenses with a single premium, generally lower than Medigap plan premiums. In exchange for this convenience, Medicare Advantage plans utilize a network of doctors (PPO and HMO) that allow for even deeper cost savings.

Medicare Advantage plans cannot deny an applicant due to age or health (the only exception is individuals with end-stage renal disease or for Special Needs Plans aimed at certain populations). Also, premiums cannot vary by age or health.

A MAPD Plan might be right for you if: You want one plan and one premium. Medicare Advantage Plans combine medical and drug coverage in one plan, providing all your benefits for a single premium.

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Additional Voluntary Options

PEBP Dental Plan: You will have the option to purchase PEBP's PPO dental plan when you transition to Via Benefits.

In most cases the dental premium will be deducted from your PERS pension check and reimbursed to you automatically. If you do not receive a PERS pension check you may pay online or set up automatic payments through your E-PEBP Portal. If you pay your premium directly to PEBP on a monthly basis your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.

For PEBP dental plan premium rates and coverage details please see the PEBP Dental Options section of this guide or log on to your E-PEBP Portal.

PEBP Voluntary Benefits: Voluntary benefits such as: vision, pet insurance, auto and home polices, ID theft + more are offered to eligible retirees and their dependents. To learn more about these voluntary benefits, log on to your E-PEBP Portal and click PEBP+. Any premiums associated with voluntary insurance products are the employee's responsibility. A reinstated retiree will not be eligible for basic life insurance through PEBP.

Via Benefits Voluntary Benefits: Optional dental and vision coverage is also available through Via Benefits. Your Benefit Advisor will provide information about plan options and costs for any voluntary plan option offered by Via Benefits.

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PEBP Dental Plan Options

PEBP Monthly Dental Rates
PEBP Dental Coverage

The PEBP PPO dental plan option is available to retirees and their covered dependent(s) (if applicable) enrolled in Via Benefits. As well as retirees and their covered dependent(s) with TRICARE for Life and Medicare Parts A+B.

To elect or decline the PEBP dental plan option, please mail PEBP the original Retiree Benefit Enrollment and Change Form before the medical plan effective date through Via Benefits.

Retirees and their spouses or domestic partners enrolled in a medical plan through Via Benefits may enroll or decline PEBP dental coverage during Open Enrollment, which is typically held between May 1st and May 31st. Changes to your dental plan will become effective July 1st.

To discuss dental options, other than PEBP dental, please ask your Via Benefits Benefit Advisor during your enrollment call.

PEBP Open Enrollment is the only opportunity (beside initial enrollment) to enroll in or decline PEBP dental coverage. If you would like to make changes to your PEBP dental coverage please mail PEBP an original RBECF form between May 1st and May 31st.

By electing the PEBP dental plan you will be required to maintain dental coverage throughout the plan year unless you terminate your medical plan through Via Benefits or decline all PEBP benefits. Changes to the PEBP dental plan may be completed during PEBP's annual Open Enrollment period which occurs from May 1st to May 31st each year, with changes becoming effective July 1st.

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PEBP Monthly Dental Rates
PEBP Dental Coverage

PEBP Monthly Dental Rates

If you enroll in the PEBP dental plan there are a few things to note:

- Medical plan through Via Benefits = option to elect the PEBP dental plan.
- Mail in Retiree Benefit Enrollment Change Form (RBECF) to enroll or decline in PEBP dental.
- PEBP Dental coverage will be effective for the *entire* plan year (July 1-June 30).
- No paper claim will be required for reimbursement. Reimbursement will occur automatically.
- In most cases the dental premium will be deducted from your PERS pension check and reimbursed to you automatically. If you pay your premium directly to PEBP on a monthly basis your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.
    - If you do not receive a PERS pension check you may pay online or set up automatic payments through your E-PEBP Portal.

Plan Year 2022 PEBP Dental Plan Rates
July 1, 2021 – June 30, 2022

Monthly Premium Rates	State Retiree	Non-State Retiree
Retiree only	$49.76	$42.28
Retiree + Spouse/DP*	$99.52	$84.56
Surviving/Unsubsidized Spouse/DP*	$49.76	$42.28

**Spouse/DP must also have a medical plan through Via Benefits in order to elect PEBP dental.*

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PEBP Monthly Dental Rates
PEBP Dental Coverage

Please log on to your E-PEBP Portal to review PPO Dental Plan, Life Insurance and Long-Term Disability Insurance Master Plan Document for detailed plan design features.

PEBP Dental Coverage Summary

The information in the tables shown contains a general overview of plan benefits and does not include additional provisions or exclusions.

Plan Year 2022 PEBP Dental Plan		
Benefit Category July 1, 2021 – June 30, 2022	**In-Network**	**Out-of-Network****
Plan Year Maximum Benefit (applies to basic and major services)	$1,500 per person	$1,500 per person
Plan Year Deductible (applies to basic and major services only)	$100 per person or $300 per family (3 or more)	$100 per person or $300 per family (3 or more)
Preventive Services* Teeth cleaning (4/plan year) Oral examination (2/plan year) Bitewing X-rays (2/plan year)	• Covered 100% • Not subject to deductible • Does not apply towards individual plan year max	• Covered at 80% • Not subject to deductible • Does not apply towards individual plan year max
Basic Services* Full-mouth periodontal cleanings, 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	You pay 50% coinsurance after deductible is met

***Allowable fee schedule applies**

****For Out-of-Network Benefits** the plan will reimburse at the U&C rates allowable fee schedule for participants using an out-of-network provider within the in-network service area; OR for services received out-of-network, outside of Nevada.

Find an In-Network Dental Provider by clicking here ❼

Diversified Dental Services, Inc.

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PEBP HRA Funding

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Once a retiree enrolls in an individual medical plan through Via Benefits, a monthly allowance is deposited into a Health Reimbursement Arrangement (HRA). Your monthly Via Benefits Health Reimbursement Arrangement (HRA) contribution is determined by your hire date, retirement date and each full year of earned service credit beginning with 5 years of service to a maximum of 20 years of service. Purchased service credit does not apply.

- Participants who retired before January 1, 1994 receive the 15-year ($165) base contribution.
- For participants who retired on or after January 1, 1994, the contribution is $13 per month per year of service beginning with 5 years ($65) to a maximum of 20 years ($260).

Note: Employees *hired after* January 1, 2010 who retire with fewer than 15 years of service, and who are not disabled, as well as employees hired on or after January 1, 2012 do NOT qualify for a Via Benefits-HRA contribution based on their years of service.

IMPORTANT!

To receive the PEBP HRA contribution, an eligible retiree must enroll in and maintain medical coverage through Via Benefits unless the retiree has TRICARE for Life with Medicare Parts A+B. Failure to enroll or dis-enrolling in Medicare and/or in a medical plan through Via Benefits will terminate the retiree's Via Benefits HRA, basic life insurance, PEBP dental coverage, and any voluntary products (if applicable).

Via Benefits HRA funds may be used for reimbursement of the following expenses incurred by the retiree and qualifying IRS tax dependent(s):

- Medical, dental, prescription drug, and vision plan premiums;
- Medicare Part B and Part D premiums; and
- Out-of-pocket health care expenses such as physician visit and/or prescription copays, prescription eyeglasses, hearing aids, etc.

For more information regarding qualifying expenses that are eligible for reimbursement from the Via Benefits HRA, read IRS Publication 502 available at www.irs.gov.

The HRA is a reimbursement process, therefore allowing PEBP to provide the allowance tax-free. This requires participants to pay the premium or expense first and then seek reimbursement from the HRA.

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PEBP HRA Contribution Amounts

HRA ContributionAmounts

HRA Process

Monthly Exchange HRA Contribution Medicare Retirees Enrolled in Via Benefits	
Years of Service	**Contribution**
5	$65
6	$78
7	$91
8	$104
9	$117
10	$130
11	$143
12	$156
13	$169
14	$182
15	$195
16	$208
17	$221
18	$234
19	$247
20	$260

Medicare Exchange Retiree HRA Contribution

- Exchange participants who retired **before January 1, 1994**, receive the 15 year (base) HRA contribution.
- Exchange participants who retired **on or after January 1, 1994** receive the HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
- Retirees **with less than** 15 years of service, who were hired by their last employer on or after **January 1, 2010** and who are not disabled do not receive an HRA contribution.
- Retirees who were initially hired **on or after January 1, 2012** do not receive an Exchange HRA.

Medicare Exchange Retiree HRA Cap

- Effective May 31, 2021 there will be a cap on the available HRA balance of $8,000.

Currently on the Consumer Driven Health Plan?

Health Reimbursement Arrangement (HRA) funds through the Consumer Driven Health Plan (CDHP) are not transferable to an HRA through the Medicare Exchange. If a retiree on the CDHP terminates coverage or transitions to the Medicare Exchange, any remaining funds in the CDHP HRA account revert to PEBP. To find out your Consumer Driven Health Plan HRA balance please contact HealthSCOPE Benefits at 1-888-763-8232.

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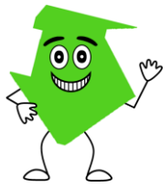
Eligible retirees enrolled in a medical plan through Via Benefits receive a monthly years of service contribution to a Health Reimbursement Arrangement (HRA).

HRA funds may be used for reimbursement of qualified health, dental, and pharmacy expenses, health insurance premium(s), Medicare Part B premiums and qualifying out-of-pocket health care expenses for both the retiree and their dependent(s) as defined by IRS Publication 502 available at www.irs.gov.

Eligible retirees enrolled in TRICARE for Life with Medicare Parts A+B are not required to enroll in a medical plan through Via Benefits to receive the monthly years of service contribution to a Health Reimbursement Arrangement (HRA).



Once established, you will receive the Via Benefits HRA funding kit with information on how to use the Exchange-HRA.

Commencement of HRA Contribution

Retirees who are eligible for HRA funding will receive an HRA informational packet from Via Benefits upon completion of enrollment in a medical plan. HRA funding is concurrent with the medical plan effective date through Via Benefits, however processing times vary, and the initial contribution may take several weeks to fund.

Exchange-HRA Plan Administrator

Via Benefits uses an internal Third-Party Administrator (TPA) to process HRA reimbursements.

Establishing the Exchange-HRA

PEBP will automatically establish your Exchange-HRA once you have enrolled in a medical plan through Via Benefits. Once established, you will receive the Via Benefits HRA kit with information on how to use the Exchange-HRA and claim forms.

Via Benefits HRA Process Continued 7

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HRA Process

How the Via Benefits HRA Works

The following information is intended to give you a quick overview of the reimbursement processes associated with your Via Benefits Heath Reimbursement Arrangement (HRA).

1. Select a qualified individual medical plan through Via Benefits.
2. PEBP will work with Via Benefits to automatically establish your Exchange HRA once you have enrolled in a qualified medical plan through Via Benefits.
3. You pay your insurance premium directly to your insurance carrier and pay for any other eligible expenses out of pocket (copays, prescriptions, etc.).
4. Submit your reimbursement claim to Via Benefits via mail, fax or web. You may also set up automatic reimbursement for certain premiums.
5. Via Benefits reimburses you from your available HRA balance. You will either receive a live check or direct deposit into your designated bank account.

IMPORTANT: To receive the PEBP HRA contribution, an eligible retiree must enroll in and maintain medical coverage through Via Benefits unless the retiree has TRICARE for Life with Medicare Parts A+B. Failure to enroll or dis-enrolling in a medical plan through Via Benefits will terminate the retiree's Via Benefits HRA, basic life insurance, PEBP dental coverage, and any voluntary products (if applicable). Initial reimbursements can take between 8-12 weeks to be received.

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Make notes for future reference

Your enrollment call will cover details that may be hard to recall once you hang up, so it's a good idea to write down things you want to remember including the names of your Benefit Advisor and other individuals you speak with.

Notes for your call, and future reference

Having information on your medical needs and history before your call helps ensure an accurate, efficient enrollment. Write the information required below on a separate sheet of paper, keeping it with this guide to reference during your call. Once you have provided the requested information, securely file this guide.

Before your call

We also suggest you write down any questions you'd like to ask during your call and take a few notes before concluding your call for future reference. Use a separate sheet of paper if needed.

Before you conclude your call

Before you end your enrollment call, be sure to note the name of the plan(s) you applied for and your reasons for selecting them.

Plans I am interested in discussing during my call:	Reasons I am interested in these plans:	Questions:

Name of the plan(s) I have applied for:	Reasons I chose these plan(s):	Premium information:

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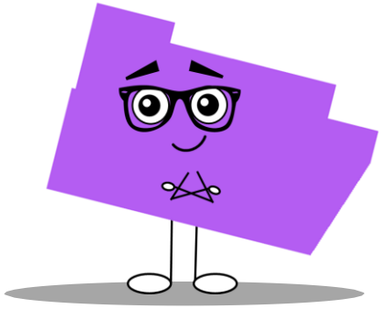

Via Benefits has simplified complex Medicare decisions for hundreds of thousands of retirees. After helping so many, they understand that many people have similar concerns. answers to some of their most frequently-asked questions.

Will my new plan be as good as my current plan?	Via Benefits works with the top national and regional insurance companies to ensure that you will have quality individual plan options. There will likely be individual plans available that are similar to your current group plan, but there may be plans better suited to your needs. Their multiple options give you the ability to find a plan that closely matches your specific needs.
What can I expect to pay for my new plan?	What you will pay depends on the type of plan that you select. Via Benefits' research shows that many people will continue to pay about the same as they did under group coverage with their former employer, but some may pay more, and others will pay less. Your Benefit Advisor will work with you to understand the costs—and the benefits—of the different coverage options available to you.
Do I need an appointment to enroll in plans through Via Benefits?	An appointment is encouraged but not necessary to enroll. Please call Via Benefits at 1-844-287-9945 to set up an appointment to enroll in medical/pharmacy plans. Please have the following with you during your call: Medicare card, check book, list of medications, list of your doctors.
How will I request reimbursement for my eligible medical expenses?	You will request reimbursement from Via Benefits – not PEBP and not through the insurance carrier. Participants can request reimbursement the following ways: 1. Set up auto reimbursement through Via Benefits. 2. Submit the claim online through your Via Benefits Personal Profile. 3. Mail or fax in a paper claim form to Via Benefits.
How much should I expect my rates to increase next year?	Nearly every plan will increase its premiums each year, primarily due to the rising cost of medical care. In the individual Medicare market, where you will purchase new coverage, rate increases have averaged 5-6 percent each year over the last few years. This is a slower rate increase than in other, non-Medicare insurance markets. Be aware that this is an average— rate increases within your area may be lower or higher depending on the cost of medical care and other factors.
Can I continue to see my current doctor?	Via Benefits understands the importance of continuing to see your current doctor(s). To make your enrollment call more efficient, we recommend talking to your doctor(s) prior to your call and asking which insurance plans they accept. To help you enroll, Via Benefits may need your doctors' name and address. If you have not already done so, create or log in to your account, and provide this information online to shorten your enrollment call.
Will PEBP offer a dental or vision plan, or do I need to select the plans through Via Benefits?	Via Benefits does offer vision and dental plans; however, Medicare-eligible retirees and their eligible dependents will also have the option to enroll or stay enrolled in the PEBP voluntary dental. They will also have the option to purchase additional voluntary products through their E-PEBP Portal.
Will I have to pay for my new health plan when I enroll?	When you enroll in your new plan, you will need to begin making monthly premium payments to the insurance company to maintain your coverage. You may need to pay your first month's premium(s) during your enrollment call or shortly after enrolling in new coverage. To speed up your call to enroll, have your payment information ready when you contact us.

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Important Information

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A (as eligible) purchase Medicare Part B. Be sure to have the effective date correlate with your retirement date.

Retirees who are eligible to retain coverage under the PEBP Consumer Driven Health Plan (PPO), Low Deductible PPO (LD-PPO), Premier Plan (EPO), or Health Plan of Nevada (HMO) and who have Part B coverage will receive a Part B premium credit of $135.50. The Part B premium credit will apply to the retiree's premium on the 1st day of the month following the date PEBP receives the Part B card or the effective date of Part B coverage, whichever occurs later. Dependents are not eligible for a premium credit.

Health Reimbursement Arrangement (HRA) funds through the Consumer Driven Health Plan (CDHP) are not transferable to an HRA through the Medicare Exchange. If a retiree on the CDHP terminates coverage or transitions to the Medicare Exchange, any remaining funds in the CDHP HRA account revert to PEBP. To find out your Consumer Driven Health Plan HRA balance please contact HealthSCOPE Benefits at 1-888-763-8232.

If you are not eligible for a Years of Service subsidy or need to view the unsubsized rates for Plan Year 2022 click here, or log on to your E-PEBP Portal, to review the State/Non-State Retiree and Survivor rates for Non-Medicare Retirees.

This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

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Summary of PY22 Changes

Medicare Exchange

Medicare Exchange HRA balances will be capped at $8,000 on May 31, 2021. Although members can accrue more than $8,000 throughout the plan year, any balances over $8,000 will be reduced to the $8,000 cap on May 31, 2021.

Monthly HRA Contribution Change

Contributions have remained the same at $13.00 per years of service.

- Participants who retired before January 1, 1994 receive the 15-year ($195) base contribution.
- For participants who retired on or after January 1, 1994, the contribution is $11 per month per year of service beginning with 5 years ($65) to a maximum of 20 years ($260).

For more information about these plan changes please view the Master Plan Documents.

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Supporting Documents, such as RBECF and Medicare Cards; can be mailed to:

901 S. Stewart St. Suite 1001
Carson City, NV 89701

-OR-

Emailed to:
memberservices@peb.nv.gov

CONTACTS AND RESOURCES

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
Medicare Exchange and HRA Funding	Via Benefits 10975 Sterling View Drive, Suite A1 South Jordan, UT 84095	www.my.viabenefits.com/pebp	General: 1-888-598-7545 HRA Onsite Assistance: 1-844-266-1395
Medicare Eligibility	Social Security Administration	www.ssa.gov	1-800-772-1213
Medicare Services	Centers for Medicare and Medicaid Services (CMS)	www.cms.gov	1-800-633-4227
General Medicare Questions	Medicare	www.medicare.gov	1-800-MEDICARE (1-800-699-4819)
PEBP Dental ID Cards	HealthSCOPE Benefits	Log on to your E-PEBP Portal or call HealthSCOPE	1-888-7NEVADA (1-888-763-8232)
Find Dental Provider *(PEBP Dental Only)*	Diversified Dental Services PO Box 36100 Las Vegas, NV 89133-6100	Log on to your E-PEBP Portal or visit www.ddsppo.com	Customer Service: 1-866-270-8326 Northern Nevada: 1-866-270-8326 Southern Nevada: 1-800-249-3538
Basic Life Insurance	Standard Insurance Company PO Box 2800 Portland, OR 97208-2800	Log on to your E-PEBP Portal or visit: https://www.standard.com/mybenefits/nevada/	1-888-288-1270
Voluntary Products	Varies – Contact Corestream	Log on to your E-PEBP Portal and click PEBP+	1-855-901-1100
Retirement (PERS)	Public Employees' Retirement System Carson City and Las Vegas Locations	www.nvpers.org	Toll Free: 1-866-473-7768 Carson City: 775-687-4200 Las Vegas: 702-486-3900
Deferred Compensation	Nevada Public Employees' Deferred Compensation Program 100 N. Stewart St., Suite 100 Carson City, NV 89701	www.defcomp.nv.gov	1-775-684-3398

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Key Terms and Definitions

HRA Contribution/ Allowance	Also referred to as a "benefit credit" is the amount of money determined by your years of service that is deposited into your HRA account on a schedule determined by the Plan Administrator. Retired public employees enrolled in a medical plan through the contracted third-party administrator may qualify for an HRA contribution based on the date of hire, date of retirement, and total years of service credit earned with each Nevada public employer.
HRA Contribution Eligibility	To receive the PEBP HRA contribution, an eligible retiree must obtain and maintain an individual medical insurance policy through the PEBP sponsored Medicare Exchange. In other words, to receive the PEBP HRA contribution amount, the eligible retiree must enroll in and maintain a medical insurance policy through the PEBP sponsored Medicare Exchange. If the eligible retiree does not enroll and maintain medical coverage as described above, the eligible retiree will NOT receive the PEBP HRA contribution amount and will lose their PEBP sponsored benefits entirely including but not limited to life insurance and dental insurance. This policy also applies to eligible retirees who are covered under their spouse's employer sponsored health plan. *NOTE: Effective July 1, 2015, the policy described under "HRA Contribution Eligibility" does not apply to eligible retirees or their spouses who have health coverage under TRICARE for Life and Medicare Parts A+B. To receive the PEBP HRA contribution, these individuals must submit a copy of their Military ID card(s) to PEBP. PEBP will coordinate their enrollment with the third-party Medicare HRA administrator.*
Health Reimbursement Arrangement (HRA)	A Health Reimbursement Arrangement (HRA) is an employee-funded spending account that provides tax-free reimbursement for qualified medical expenses such as monthly insurance premiums, Medicare Part B premiums and copays incurred by eligible participants. If the retiree leaves the plan, they cannot take remaining HRA funds with them. Via Benefits will administer the HRA and will provide education to the participant on how to use the account and complete the reimbursement process.
Medicare Part D	Prescription drug coverage subsidized by the federal government but is offered only by private companies contracted with Medicare such as HMOs and PPOs.
Medicare Advantage Plans	An insurance plan provided by a private insurance carrier that combines coverage for hospital costs, doctor visits and other medical services. Prescription drug coverage is typically included. These plans have lower premiums, but higher costs when individuals access health care. Individuals must be enrolled in Medicare Parts A+B to be eligible for a Medicare Advantage plan.
Medigap (Medicare Supplement) Plans	A private health insurance that supplements or fills in the "gaps" where Medicare Parts A+B leave an individual uncovered. Medigap plans do not have networks. They typically have higher monthly premiums, but little to no out-of-pocket costs. A separate Part D drug plan needs to be selected for prescription coverage.
Qualified Medical Expenses	These are expenses generated by the participants that can be submitted for reimbursement from a retiree's HRA; including medical, prescription, dental and vision premiums, Medicare Part B premiums, and doctor and prescription copays. The IRS defines qualifying expenses.
Via Benefits (Individual Market Medicare Exchange)	The Third Party Administer PEBP has chosen to administer the Medicare Exchange benefits and HRA. Via Benefits is the longest and oldest Medicare Exchange in the country and is a division of Willis Towers Watson, a 100-year-old benefits consulting firm.
Years of Service	Years of service as calculated pursuant to NAC 287.485 and maintained in the eligibility records of PEBP. Retired public employees enrolled in a medical plan through VIA Benefits may qualify for an HRA contribution based on the date of hire, date of retirement, and total years of service credit earned with each Nevada public employer.
Unsubsidized Dependent of a Retiree	An unsubsidized dependent is defined as the eligible spouse/domestic partner and/or eligible dependent(s) of a retiree who remains covered under the Consumer Driven Health Plan (CDHP), Low Deductible PPO, HMO Plan or Premier Plan while the primary participant transitions coverage to the Medicare Exchange. Note: Unsubsidized dependents can only be added or removed during Open Enrollment or as a result of a qualifying event.

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Discrimination is Against the Law

The State of Nevada Public Employees' Benefits Program's (PEBP) complies with applicable Federal civil rights laws and does not discriminate, exclude or treat anyone differently on the basis of race, color, national origin, age, disability, or sex.

The PEBP provides free services to help you communicate effectively with us. We can provide such things as: written information in other formats (large print, audio, accessible electronic formats, other formats) or languages. We can also provide free qualified interpreters, including sign language interpreters.

If you need these services, contact the PEBP Civil Rights Coordinator at 775-684-7020 or memberservices@peb.nv.gov.

If you believe that the PEBP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: PEBP Civil Rights Coordinator, 901 South Stewart Street, Suite 1001, Carson City, NV 89701, Phone: 775-684-7020 (TTY: 1-800-545-8279), Fax: 775-684-7028, Email: memberservices@peb.nv.gov. You can file a grievance by mail, fax, or email. If you need help filing a grievance, the civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 | 1-800-537-7697 (TDD)

Complaint forms are available at https://www.hhs.gov/ocr/complaints/index.html

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Discrimination is Against the Law

The Public Employees' Benefit Program Nondiscrimination Statement is located online at:
https://pebp.state.nv.us/wp-content/uploads/2021/04/PEBP-Discrimination-Statement-for-Web-Posting-April-2021.pdf

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-326-5496 (TTY: 1-800-545-8279)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-326-5496 (TTY: 1-800-545-8279)

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-326-5496 (TTY:1-800-545-8279)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-326-5496 (TTY:1-800-545-8279) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800- 326-5496 (TTY: 1-800- 545-8279)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-326-5496 (መስማት ለተሳናቸው:1-800-545-8279).

เรียน: ถ้าคณุ พดู ภาษา ไทยคณุ สามารถ ใช้บริการชว่ ยเหลือทางภาษา ได้ฟรี โทร1-800-326-5496(TTY:1-800-545-8279)

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-800-326-5496 (TTY: 1-800-545-8279) まで、お電話にてご連絡ください。

ةظوحلم:ناجملاب كلرقت ةوغلا ةدعاسملا تامدخ نفلا ةغلا ركذاثحت تك اذإ .ةوب لصنا 1-800-623-6945)مكبلاو مصلا قتاه مقر: 1-800-545-9728).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-326-5496 (телетайп: 1-800-545-8279).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-326-5496 (ATS : 1-800-545-8279).

هجوت:بشلب يم مهارف امش يارب ناگيار تروصب ينابز تلابهست فيک يم ناگ يسرف نابز هب رگا بلب 1-800-326-5496)YTT: 1-800-545-7982) ديريگب سامت.

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-326-5496 (TTY: 1-800-545-8279).

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-800-326-5496 (TTY: 1-800-545-8279).

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Public Employees' Benefits Program

This document is for informational purposes only. Any discrepancies between the information contained in this guide and the Plan Year 2021 Master Plan Document(s), HMO Evidence of Coverage Certificates, Medicare Exchange Health Reimbursement Arrangement Summary Plan Description or the 2021 Medicare & You handbook shall be superseded by the plans' official documents.

Please log on to your E-PEBP Portal to find the PEBP Health and Welfare Wrap Plan, which includes the HIPAA Privacy Notice, for all legal notices pertaining to this document. You can also view PEBP's Privacy Notice here.

This document and other materials are available through your E-PEBP Portal. You may also request a copy of the HIPAA Privacy Notice or any other document by sending a secure message through your E-PEBP Portal or calling PEBP Member Services at 775-684-7000 or 1-800-326-5496.

Via Benefits

Contents ©2004–2020 Extend Health, Inc. All Rights Reserved. The information offered on our website and provided in this mailing is believed to be true and correct. Extend Insurance Services, LLC* is Extend Health, Inc.'s licensed insurance agency. Extend Insurance Services, LLC is a Utah resident insurance agency (Utah License No. 104741) and licensed as a nonresident insurance agency or otherwise authorized to transact business as an insurance agency in all states and the District of Columbia. Extend Insurance Services, LLC represents, and receives payment of commissions from the insurance companies for which Extend Insurance Services, LLC is an agent and sells insurance products and services and may receive other performance-based compensation for its sale of the insurance products and services provided to you. Insurance rates for the insurance products and services offered by Extend Insurance Services, LLC are subject to change. All insurance products and services offered by Extend Insurance Services; LLC may not be available in all states. It is your responsibility to enroll for coverage during the annual Medicare Open Enrollment period. *Extend Insurance Services, LLC is changing its d/b/a from Towers Watson's OneExchange to Via Benefits Insurance Services

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Premium Assistance Under CHIP

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

To find out if you live in a state that is eligible to assist you in paying for your employer health plan premiums, please view the Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) or visit www.healthcare.gov.

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Premium Assistance Under CHIP

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/ebsa 1-866-444-3272

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services www.cms.hhs.gov 1-877-267-2323, menu option 4, ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

THANK YOU FOR LETTING US SERVE YOU!

Updated 4/2021

This document is subject to change without notice. PEBP does not warrant that the material contained in this guide is error-free. If you find any problems with this guide, please report them to PEBP.

PEBP reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

This is not a legal document. Please refer to Plan Year 2022 Master Plan Document(s), HMO Evidence of Coverage Certificates, Medicare Exchange Health Reimbursement Arrangement Summary Plan Description or the 2021 Medicare & You handbook for detailed information.

If there should ever be any differences between the summaries in this guide and any legal documents, contracts, and policies, the document, contracts, and policies will be the final authority.

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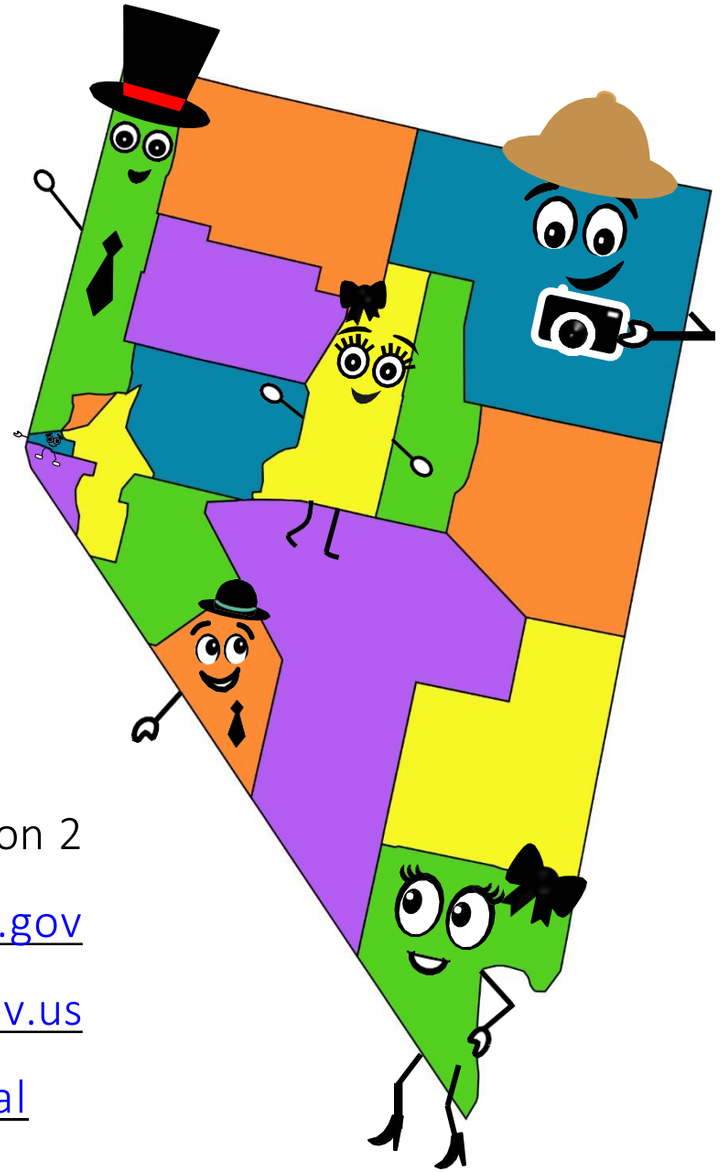
NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Access. Quality. Affordability.

Public Employees' Benefits Program
901 S. Stewart St. Suite 1001
Carson City, NV 89701



Call Member Services: 775-684-7000 or 1-800-326-5496, option 2

Send supporting documents to: memberservices@peb.nv.gov

Website for guides and more information: www.pebp.state.nv.us

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