PEBP Benefit Guide

July 1, 2025 – June 30, 2026

Plan Year 2026

State of Nevada provides many of its services, programs, and activities through websites. When these websites are not accessible, they can create barriers for people with disabilities. This document is ADA compliant.

Revision1/14/2026

Public Employees' Benefits Program

3427 Goni Road, Suite 109, Carson City, NV 89706

775-684-7000 | 702-486-3100 | 800-326-5496

pebp.nv.gov

Send a secure message by logging on to your E-PEBP Portal

Table of Contents

Welcome to the Public Employees' Benefits Program

Every effort has been made to ensure the accuracy of the information contained in this document. In the event of any discrepancies between the information in this document and the Master Plan Document(s) or Evidence of Coverage applicable to each plan, the plan documents will govern.

Please note that the information herein contains general plan benefits and may not include additional provisions or exclusions. For more information and details on eligibility or plan benefits, refer to the applicable Master Plan Document, Summary of Benefits and Coverage document or Evidence of Coverage. These documents are available on PEBP's website at **pebp.nv.gov** or by calling PEBP and requesting a copy be mailed to you.

Should you have any questions regarding your benefits and/or eligibility you may send a secure message through your E-PEBP Portal or contact the PEBP office at 775-684-7000, 702-486-3100 or 1-800-326-5496.

We encourage you to review Key Terms and Definitions before you begin.

Benefits

PEBP provides a comprehensive benefit package to eligible full-time employees that bundles together your medical, prescription, dental, vision, and basic life insurance. You receive a discounted rate when using in-network providers (which means lower out-of-pocket costs for you).

If you are newly retiring from the State of Nevada or a participating local government entity, you may have the option to enroll in retiree coverage offered by PEBP. Please review this guide to get a general understanding of your retiree plan options, dependent eligibility, enrollment timeframe, years of service subsidy, premium cost, and the steps to enroll.

UnitedHealthcare Benefits

Available to All Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), Exclusive Provider Organization Plan (EPO) & Health Plan of Nevada (HMO) Participants.

Travel Assistance

Available to you and your eligible dependents when traveling 100 miles or more away from home or outside the country. Here are a few of the services UnitedHealthcare Global travel provides:

- **Travel assistance services**
  - Emergency travel arrangements
  - Assistance in replacing lost or stolen travel documents
  - Emergency translation services
- **Medical assistance services**
  - Worldwide medical and dental referrals
  - Relay of insurance and medical information
  - Assistance in replacing corrective lenses

Call Customer Service at 1-410-453-6330 or toll free at 1-800-527-0218

Email assistance@uhcglobal.com

The Member Assistance Program

This benefit does not replace the Employee Assistance Program (EAP) offered through State of Nevada Human Resources.

Available to you and your eligible dependents:

- Mental health treatment
- Autism services
- Alcohol and substance use support
- Legal and financial consultations

Access your MAP benefit by calling 1-877-660-3806, TTY 711

Visit www.liveandworkwell.com

Basic Life Insurance

Available to Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), Exclusive Provider Organization Plan (EPO), Health Plan of Nevada (HMO) Participants and Medicare Eligible Retirees Enrolled in Via Benefits or TRICARE for Life.

As a retiree if for any reason you leave your medical plan through Via Benefits or PEBP, you will lose your retiree basic life insurance.

It is important that your Basic Life Insurance beneficiary information is accurate and up to date in your E-PEBP portal.

Basic Life Insurance	Class 1 (Employee)	Class 2 (Retiree)
State and non-State	$25,000	$12,500

- Class 1: Full-time employees of the State of Nevada (or any non-State agency approved by the PEBP board), professional full-time employees of the Nevada System of Higher Education (under annual contract), and members of the Nevada Senate or Assembly are all eligible for this benefit. Your employer pays the full cost of basic life insurance.
- Class 2: Retirees of the State of Nevada receiving PERS, or judge retirement benefits and legislators, certain professional employees, and retirees eligible to join PEBP upon retirement. Reinstated retirees are not eligible for basic life insurance benefits or voluntary life insurance coverage. Certain retirees pay a contribution toward the cost of basic life insurance.
- State Active/Retiree: Those whose last employer is a State agency, NSHE, PERS, the Legislature, Legislative Counsel Bureau or a State Board or Commission.
- Non-State Actives/Retirees: Those whose last employer is a non-State public entity (a local government that is contracted with PEBP to provide coverage to their active employees pursuant to **NRS 287.025**).

Medical Benefits

Plan	Coverage Area	Third-Party Administrator
Consumer Driven Health Plan (CDHP-PPO)	Available nationwide Always paired with a Health Savings Account (HSA); or a Health Reimbursement Arrangement (HRA)	UMR
Low Deductible Plan (LD-PPO)	Available nationwide	UMR
Exclusive Provider Organization (Northern Nevada EPO)	Available in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing,	UMR

	Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln and Elko counties	
Health Plan of Nevada (Southern Nevada HMO)	Available in Clark, Esmeralda, and Nye counties	Health Plan of Nevada

Plan	Description
Consumer Driven Health Plan Preferred Provider Organization (PPO) Nationwide	A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates. High-deductible plan which provides a Health Savings Account (HSA) for eligible employees or a Health Reimbursement Arrangement (HRA) for active employees as well as retirees who are ineligible for the HSA.
Low Deductible Plan Preferred Provider Organization (PPO) Nationwide	A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates. Low Deductible plan is a middle tier option that allows members to access many benefits, such as doctor's office visits, urgent care, and prescription drugs for the cost of a copay with other services subject to a low deductible. Low-deducible plans are not eligible for HSA contributions. You cannot contribute to an already established HSA.
Exclusive Provider Organization Plan (EPO) Northern Nevada	With an EPO you must use in-network health care providers that participate in the plan.

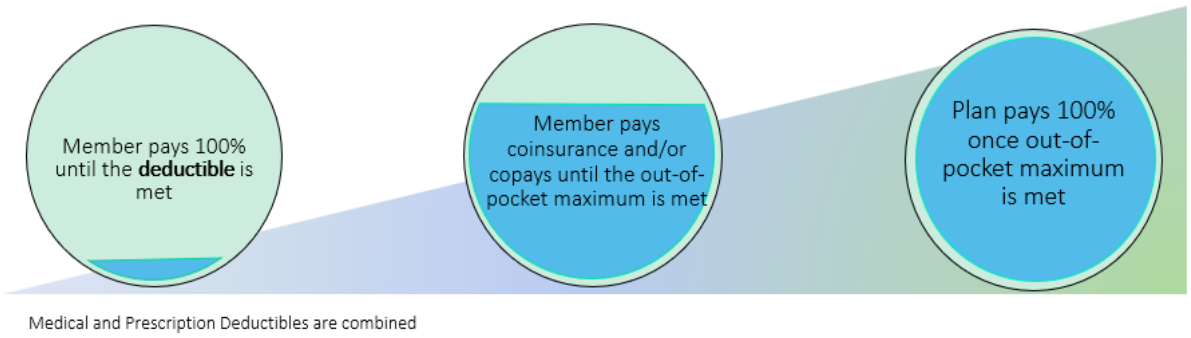
	You do not need to select a primary care physician (PCP), nor do you need to contact your PCP for referrals to specialists. However, because you are responsible for choosing specialists and hospitals, it is important to confirm with the provider that they are in-network. Fixed copayments for most services. Only urgent/emergent services covered outside of service area.
Health Plan of Nevada Health Maintenance Organization (HMO) Southern Nevada	With an HMO you must use in-network health care providers that participate in the plan. Primary care physicians are required. Fixed copayments for most services. Only urgent/emergent services are covered outside of the service area, except for covered dependents enrolled in an accredited college, university or vocational school anywhere in the United States.

Network Accumulators

Deductible: Individual & Family Deductibles start July 1st (the first day of the Plan Year) and reset the following Plan Year on July 1st. The Plan Year Deductibles combine medical and prescription drug expenses (dental deductibles are separate). PEBP Plans do not include a Deductible carryover or rollover provision.

Coinsurance & Copayments: Coinsurance is the percentage of costs that you and the Plan pay for Eligible Medical Expenses after your Deductible is met. Copayments apply as applicable to your PEBP Plan and are payable by the covered participant. Copayments do not apply towards the Deductible but do apply towards the Out-of-Pocket Maximum (OOPM). The out-of-pocket costs you pay toward your Deductible & Coinsurance for Eligible Medical Expenses accumulate toward the OOPM.

Out-of-Pocket Maximum: Once an Individual or Family satisfies the OOPM, the Plan will pay 100% of eligible medical and prescription drug expenses for the remainder of the Plan Year.



Medical Expense Overview (In-Network)

Plan comparison charts contain a general overview of plan benefits and do not include additional provisions and exclusions. To view more in-depth plan benefits including out-of-network coverage, please refer to the Plan Comparison chart or the applicable master plan document.

Medical Plan Design Features	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Service Areas In-Network	Global	Global	Northern Nevada	Southern Nevada
Annual Deductible (medical and prescription combined)	$1,650 Individual $3,300 Family	$0	$100 Individual $200 Family $100 Individual Family Member	N/A
Out-of-Pocket Maximum	$4,000 Individual $8,000 Family $6,850 Individual Family Member	$4,000 Individual $8,000 Family $4,000 Individual Family Member	$5,000 Individual $10,000 Family $5,000 Individual Family Member	$5,000 Individual $10,000 Family $5,000 Individual Family Member

HSA/HRA PEBP Contribution (Prorated after 7/1)	Base $700 + $200 each for dependent (up to three)	N/A	N/A	N/A
Medical Coinsurance	20% after Deductible	20% after Deductible	20% after Deductible	N/A
Primary Care Office Visit	20% after Deductible	$30 Copay	$20 Copay	$25 Copay
Specialist Visit (No Referral Required)	20% after Deductible	$50 Copay	$40 Copay	$25 Copay *with* a referral $40 Copay *without* a referral
Urgent Care Visit	20% after Deductible	$80 Copay	$50 Copay	$50 Copay
ER Visit	20% after Deductible	$750 Copay	$600 Copay	$600 Copay

Medical Benefits Overview (Out-of-Network)

Out-of-Network health care providers have no agreements with the Plan and are generally free to set their own charges for the services or supplies they provide. The Plan will pay benefits based on the Maximum Allowable Charge on non-discounted medically necessary services or supplies, subject to the Plan's copays, deductibles, and coinsurance. Except for services subject to the No Surprises Act, out-of-network health care providers can bill the participant for any balance that may be due in addition to the amount paid by the Plan (called balance billing).

Medical Plan Design Features	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Service Areas In-Network	Global	Global	Urgent and Emergent	Urgent and Emergent
Annual Deductible (medical and prescription combined)	$1,650 Individual $3,300 Family	$500 Individual $1,000 Family	N/A	N/A

Out-of-Pocket Maximum	$10,600 Individual $21,200 Family	$10,600 Individual $21,200 Family	N/A	N/A
Medical Coinsurance	50% after Deductible	50% of the Allowable Maximum Charge	N/A	N/A
Primary Care Office Visit	50% after Deductible	50% after Deductible	Not Covered	Not Covered
Specialist Visit *(No Referral Required)*	50% after Deductible	50% after Deductible	Not Covered	Not Covered
Urgent Care Visit	50% after Deductible	$80 Copay subject to Maximum Allowable Charge	$50 Copay	Subject to Maximum Allowable Charge
ER Visit	20% after Deductible	$750 Copay subject to Maximum Allowable Charge	$600 Copay	$600 Copay subject to Allowable Maximum Charge

Dental Benefits Overview

All Consumer Driven Health Plan, Low Deductible, Exclusive Provider Organization Plan, Health Plan of Nevada, and Medicare Eligible Retirees Enrolled in Via Benefits or TRICARE for Life.

Allowable fee schedule applies. The plan will reimburse at the U&C rates for participants in the Las Vegas area using an out-of-network provider *within the in-network* service area or for services received out-of-network, outside of Nevada.

Benefit Category	In-Network	Out-of-Network
Individual Plan Year Maximum No annual maximum for dependents under 19 (applies to basic and major services)	$2,000 per person	$2,000 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 Routine cleanings (4/plan year) Exams (4/plan year) Bitewing X-rays (2/plan year)	Covered 100% Not subject to deductible Does not apply towards individual plan year max	Covered 80% Not subject to deductible Does not apply towards individual plan year max
Basic Services Periodontal, fillings, extractions, root canals, full-mouth X-rays	You pay 20% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Major Services Bridges, crowns, dentures, tooth implants	You pay 50% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Orthodontia (adults and children)	Not Covered – See FSA section for orthodontia options	Not Covered – See FSA section for orthodontia options

Vision Benefits Overview

For UMR plans there is no limit on the number of visions screenings for children up through 18. For the LD and EPO, there are no maximums for children under age 19 for hardware. When refraction is conducted in conjunction with an examination with a medical diagnosis, such as cataracts, it will be paid under the medical benefit, subject to deductible and coinsurance, or cost sharing.

For an additional premium you may purchase a voluntary vision buy-up plan during open enrollment, new hire, or a qualifying life event by logging on to your E-PEBP Portal > PEBP+ Voluntary Benefits.

Vision Plan Design Features	Consumer Driven Health Plan (PPO)	Low Deductible (PPO)	Exclusive Organization Plan (EPO)	Health Plan of Nevada (HMO)
Vision Network	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	EyeMed

Vision Exam	Plan pays 80% after deductible One screening every 24 months	$10 Copay One screening every 12 months Maximum Benefit of $100	$10 Copay One screening every 12 months Maximum Benefit of $100	$10 Copay One screening every 12 months Maximum Benefit of $100
Lenses	Not Covered	$10 Copay Maximum Benefit of $100 every 24 months	$10 Copay Maximum Benefit of $100 every 24 months	$10 Copay every 12 months
Frames	Not Covered	$10 Copay Maximum Benefit of $100 every 24 months	$10 Copay Maximum Benefit of $100 every 24 months	Maximum Benefit of $100 every 24 months
Contact Lenses *(in lieu of lenses and frames)*	Not Covered	$10 Copay Maximum Benefit of $100 every 24 months	$10 Copay Maximum Benefit of $100 every 24 months	Maximum Benefits of $250 every 12 months (subject to limitation)

Prescription Benefits Overview

Consumer Driven Health Plan, Low Deductible, and Exclusive Provider Organization plans are required to use Express Advantage Network (EAN) Pharmacies. If you fill your prescriptions at a non-EAN-pharmacy, you will pay $10 more for your prescription. To avoid the $10 upcharge, use an EAN pharmacy for your short-term prescriptions.

Retail Prescription Drug Benefits	Consumer Driven Health Plan (PPO)	Low Deductible (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Preferred Generic	20% after Deductible	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $25 Copay 90-day retail/mail
Preferred Brand	20% after Deductible	$40 Copay 30-day $80 Copay	$40 Copay 30-day $80 Copay	$40 Copay 30-day $100 Copay

		90-day retail/mail	90-day retail/mail	90-day retail/mail
Non-Preferred/ Non-Formulary Brand	You pay 100% of the cost of medication	$75 Copay 30-day $150 Copay 90-day retail/mail	$75 Copay 30-day $150 Copay 90-day retail/mail	$75 Copay 30-day $150 Copay 90-day retail/mail
Specialty	You pay 30% after deductible; for drugs not on the SaveOnSP program, there is $100 min/$250 max	You pay 30% after deductible; for drugs not on the SaveOnSP program, there is $100 min/$250 max	You pay 30% after deductible; for drugs not on the SaveOnSP program, there is $100 min/$250 max	You pay 20% after deductible (30-day mail only)
ACA Preventive Medications	$0	$0	$0	$0
CDHP Preventive Medications	Up to 20% Coinsurance Not subject to Deductible	N/A	N/A	N/A
Smart90 Required (For 90-Day Medications)	Yes	Yes	Yes	No
Find a Pharmacy and Price a Medication Tool	**Express Scripts Pharmacy Benefits Services—Evernorth**	**Express Scripts Pharmacy Benefits Services—Evernorth**	**Express Scripts Pharmacy Benefits Services—Evernorth**	**Health Plan of Nevada Pharmacy Benefits**

Rates

This section features monthly plan rates based upon your employment status (i.e. active employees, pre-Medicare retirees, Medicare retirees), medical plan option, and coverage tier (e.g., employee or retiree only, employee or retiree and spouse/domestic partner, etc.).

State employees on Leave Without Pay (LWOP), active legislators, and employees on military leave do not receive a subsidy. This means both the employee and employer portions are included in the employee monthly premium. Survivors and unsubsidized dependents are also not eligible for a subsidy. Please view all rates on the PEBP website for unsubsidized premium amounts.

Each monthly premium rate pays for coverage for the same month, including retirees. Payments are not made in advance. The monthly premium includes medical, dental, prescription and vision coverage as well as basic life insurance for eligible participants.

Central Payroll Employees:

There is a 50/50 split of premiums for central payroll employees between the first and second paycheck of each month. If enrolled in an FSA or HSA, deductions are taken from the second check of the month.

State Active Employee Monthly Rates

Effective July 1, 2025 – June 30, 2026	Consumer Driven Health Plan (PPO)	Low Deductible (PPO)	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO)
Employee Only	$55.26	$91.79	$219.91
Employee + Spouse/DP	$313.94	$386.99	$643.23
Employee + Child(ren)	$152.27	$202.48	$378.65
Employee + Family	$410.94	$497.68	$801.97

Non-State Active Employee Monthly Rates

Non-State Employee rates are unsubsidized rates. Employees working for a non-state agency should contact their agency to inquire about premium subsidies.

Effective July 1, 2025 – June 30, 2026	Consumer Driven Health Plan (PPO)	Low Deductible (PPO)	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO)
Employee Only	$962.11	$999.75	$1,138.10

Employee + Spouse/DP	$1,909.28	$1,984.57	$2,261.28
Employee + Child(ren)	$1,317.30	$1,369.06	$1,559.30
Employee + Family	$2,264.47	$2,353.88	$2,682.47

State Pre-Medicare Retiree Monthly Rates

Effective July 1, 2025 – June 30, 2026	Consumer Driven Health Plan (PPO)	Low Deductible (PPO)	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO)
Employee Only	$278.06	$314.58	$442.70
Employee + Spouse/DP	$702.81	$775.85	$1,032.09
Employee + Child(ren)	$437.34	$487.56	$663.73
Employee + Family	$862.09	$948.83	$1,253.12
Surviving/Unsubsidized Dependent	$842.96	$879.48	$1,007.60
Surviving/Unsubsidized Spouse + Child(ren)	$1,155.82	$1,206.04	$1,382.21

Non-State Pre-Medicare Retiree Monthly Rates

Effective July 1, 2025 – June 30, 2026	Consumer Driven Health Plan (PPO)	Low Deductible (PPO)	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO)
Employee Only	$278.06	$314.58	$442.70
Employee + Spouse/DP	$702.81	$775.85	$1,032.09
Employee + Child(ren)	$437.34	$487.56	$663.73
Employee + Family	$862.09	$948.83	$1,253.12

Surviving/Unsubsidized Dependent	$955.85	$993.49	$1,131.84
Surviving/Unsubsidized Spouse + Child(ren)	$1,311.04	$1,362.80	$1,553.04

Retiree Premium Subsidy

Non-Medicare Retiree Premium Subsidy Eligibility

- For participants who retired **before January 1, 1994,** the participant premium for the selected plan and tier is shown above.
- For participants who retired **on or after January 1, 1994,** add or subtract the appropriate subsidy from the Years of Service (YOS) table below to the participant premium in the selected plan and tier.
- Retirees **with less than 15 years of service**, who were initially hired by their last employer on or after **January 1, 2010,** and who are not disabled, do not receive a years of service or base subsidy and do not qualify for a Medicare Exchange HRA.
- Retirees who were initially hired **on or after January 1, 2012,** do not receive a years of service subsidy, the base subsidy, or an Exchange HRA, and will be charged the full unsubsidized rate.
- For retirees on the CDHP, LD, EPO, or HMO plan who are enrolled in Medicare Part B, subtract *up to* an additional $145.30 from the base premium.
- To receive years of service (YOS) credit from a non-State or local participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.

Non-Medicare Retiree Premium Differential (CDHP, LD, EPO and HPN)

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

12	+$156.15	20	-$260.25

Retiree Medicare Monthly Rates

Plan Year 2026 PEBP Dental Rates

Medicare Retirees Enrolled with Via Benefits

Monthly Premium Rates	State Retiree	Non-State Retiree
Retiree Only	$53.18	$50.31
Retiree + Spouse/DP*	$106.36	$100.62
Surviving/Unsubsidized Spouse/DP	$53.18	$50.31

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

Retiree Medicare Exchange (Via Benefits) HRA Contribution

Eligibility

- 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 **BETWEEN January 1, 2010, and December 31, 2011**, and who are not disabled do not receive an Exchange HRA contribution.
- Retirees who were initially hired **ON OR AFTER January 1, 2012**, do not receive an Exchange HRA.
- 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 call HSA Bank at 1-833-228-9364.
- On May 31st, each year there is an $8,000 cap placed on the available Medicare Exchange HRA balance.

Via Benefits HRA Contribution Amount

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

Monthly COBRA Rates

Effective July 1, 2025 – June 30, 2026	**Consumer Driven Health Plan (PPO)**	**Low Deductible (PPO)**	**Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO)**
State Employee	$866.20	$903.47	$1,034.15
State Employee + Spouse/DP	$1,717.19	$1,791.70	$2,053.07
State Employee + Child(ren)	$1,185.33	$1,236.55	$1,416.24
State Employee + Family	$2,036.31	$2,124.78	$2,435.16
State Retiree	$859.82	$879.07	$1,027.75
State Retiree + Spouse/DP	$1,710.81	$1,785.31	$2,046.67
State Retiree + Child(ren)	$1,178.94	$1,230.16	$1,409.85
State Retiree + Family	$2,029.92	$2,118.40	$2,428.77
State Spouse/DP Only	$859.82	$897.07	$1,027.75
State Spouse/DP + Child(ren)	$1,178.94	$1,230.16	$1,409.85
Non-State Employee	$981.35	$1,019.75	$1,160.86
Non-State Employee + Spouse/DP	$1,947.47	$2,024.26	$2,306.51
Non-State Employee + Child(ren)	$1,343.65	$1,396.44	$1,590.49
Non-State Employee + Family	$2,309.76	$2,400.96	$2,736.12
Non-State Retiree	$974.96	$1,013.36	$1,154.47
Non-State Retiree + Spouse/DP	$1,941.08	$2,017.87	$2,300.12
Non-State Retiree + Child(ren)	$1,337.26	$1,390.05	$1,584.10
Non-State Retiree + Family	$2,303.37	$2,394.57	$2,729.73
Non-State Spouse/DP Only	$974.96	$1,013.36	$1,154.47
Non-State Spouse/DP + Child(ren)	$1,337.26	$1,390.05	$1,584.10

Eligibility

Active Employee

Employees working in a full-time position (80+ hours a month) with a state agency, participating non-state agency, or the Nevada System of Higher Education (NSHE).

Retiree Coverage

- Retirees with 5 or more years of service credit (or 8 years of service credit for retired Legislators) are eligible for retiree coverage if the employee's last employer is participating in PEBP with their active employees.
- Retirees must also be receiving retirement benefit distributions from one or more of the following:
    - Public Employees' Retirement System (PERS)
    - Legislators' Retirement System (LRS)
    - Judges' Retirement System (JRS)
    - Retirement Plan Alternative (RPA) for professional employees of the Nevada System of Higher Education
    - A long-term disability plan of the public employer

Eligible Dependent

Any of the following individuals as defined by (**NAC 287.312**) will be considered for coverage: dependent child(ren)/stepchild(ren), adopted child(ren), child(ren) under permanent legal guardianship, disabled dependent child(ren), spouse or domestic partner. Adding eligible dependents will require supporting documentation.

New Hire and Active Employee Eligibility

New Hire Start of Coverage

Employees working in a full-time position with a state agency, participating non-state agency, or the Nevada System of Higher Education (NSHE) are eligible for benefits on:

- The first day of full-time employment or the date of the contract, if that date is the first day of the month; or

- The first day of the month immediately following the first day of full-time employment or contract date if the first day of employment/contract date is on or after the second day of the month.
- As a new benefits-eligible employee you must enroll or decline coverage online at **pebp.nv.gov** and upload any required supporting documents (if adding dependents) to your E-PEBP portal no later than the last day of the month your coverage is scheduled to become effective. See the Enrollment section for more details.

Default Enrollment

Failure to enroll or decline coverage within the specified timeframe will result in your coverage being defaulted to self-only coverage on the Consumer Driven Health Plan (CDHP) with a Health Reimbursement Arrangement (HRA). Employees enrolled in the CDHP will pay a monthly premium for that coverage, retroactive to the coverage effective date based on the date of hire. Once you have been defaulted onto the plan, you will be unable to change or remove coverage until open enrollment or because of a qualifying life event.

Active Employee Leave of Absence

Employees working for a participating local government will need to contact their Human Resources office for Leave of Absence, such as FMLA, LWOP or Military leave eligibility.

Retiree Eligibility

To receive years of service (YOS) credit from a non-State or local government participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.

A State or non-state retiree or surviving spouse can reinstate insurance one time. Please review the Retiree Enrollment section of this guide for additional information on retiree late enrollment.

The final Years of Service (YOS) audit is performed by the Public Employees' Retirement System (PERS), Nevada System of Higher Education (NSHE), or other participating retirement plan. Once PEBP receives your YOS form, PEBP works directly with your retirement plan(s) to determine how many qualifying years of service you have. Until the YOS audit is received by PEBP your subsidy or Exchange HRA (if applicable) may be delayed, and that while the subsidy or Exchange HRA will be backdated, participants may be paying costs up front for up to several months.

Retirees initial hire date, retirement date and earned Years of Service are needed to determine eligibility.

Retiree Coverage for Employees Initially Hired Between January 1, 2010 – December 31, 2011	Must have at least 15 years of service to qualify for a subsidy or Exchange HRA
Retiree Coverage for Employees Initially Hired on or After January 1, 2012	May participate but **will not** qualify for a subsidy or an Exchange HRA, and will be charged the full unsubsidized rate
Retiree Coverage for Employees Initially Hired Before January 1, 2010	May participate and **may** qualify for a subsidy or Exchange HRA

PEBP and Medicare Eligibility

Active Employee (65 or older)

- PEBP does not require active employees to obtain Medicare until approximately 90 days prior to their retirement. If Medicare is obtained, you must provide a copy of your Medicare card to PEBP.
- Employees enrolled in the CDHP with a Heath Savings Account (HSA) and enrolled in Medicare are not permitted, in accordance with IRS guidelines, to contribute to an HSA.

Retiree or Newly Retiring

- Retirees and their covered dependents and the survivors of such retirees, aged 65 (or under age 65 if approved for Social Security Disability benefits), must enroll in premium-free Medicare Part A (if eligible) and purchase Medicare Part B.
- Must enroll in a medical plan through Via Benefits if eligible for premium free Medicare Part A.

Retiree attains Medicare Part A and Part B and covers a dependent without Medicare

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

Retiree is not yet eligible for Medicare and covers a dependent with Medicare Part A and Part B

- Medicare dependent may enroll in a medical plan through Via Benefits. The non-Medicare retiree may stay on the CDHP, LD, EPO, or HPN plan.
- Both the retiree and dependent may stay on the CDHP, LD, EPO, or HPN plan until both become eligible for Medicare Parts A and Part B.

Retiree with TRICARE for Life

- Retirees and their covered dependents and the survivors of such retirees, aged 65 (or under age 65 if approved for Social Security Disability benefits), must enroll in premium-free Medicare Part A (if eligible) and purchase Medicare Part B.
- Member must send PEBP a copy of the Military ID Card (front and back).

Spouse or Domestic Partner

- Medicare requirements also apply to covered spouses and domestic partners.

Dependent Eligibility

A dependent of two PEBP participants cannot be covered under more than one PEBP medical plan at the same time. A child that is covered as a dependent under a PEBP participant who becomes eligible for PEBP coverage as a primary participant may enroll as a primary participant or decline primary participant coverage and remain as a dependent of another PEBP primary participant's plan.

Legal Spouse or Domestic Partner

If they are not eligible for group coverage through their own employer. An exception may apply if the employer-group health coverage is determined to be significantly inferior. Significantly inferior plans offer limited benefits such as a mini-med plan or a catastrophic plan with a $5,000 or greater individual deductible and the plan is not coupled with an HSA or HRA.

Child(ren)/Stepchild(ren) - Birth to Age 26

May be covered from birth through the last day of the month the child reaches age 26.

Disabled Dependent Child(ren)

A child of any age with a disability incapable of self-support, provided such condition occurs before age 26.

After age 26, proof is required that the dependent has maintained continuous medical coverage with no break in service and the completion of the Certification of Disabled Dependent Child Form by the participant and the child's physician.

Child(ren) under Legal Guardianship

- Children under *permanent* legal guardianship until age 19.
- To continue coverage after 18 to age 26, the child must be:
    - Unmarried
    - Reside with participant
    - Full-time student
    - Claimed on tax return
- Recertification is required every 2 years.

Enrollment

Visit **pebp.nv.gov**. Click on **"E-PEBP Portal"** to access your online account.

E-PEBP Portal features include:

- Compare plans and complete your enrollment event
- Upload supporting documents
- Elect beneficiaries for basic and voluntary insurance
- Send PEBP a secure message
- Enroll in voluntary products

New Hire Enrollment

Employees working in a full-time position with a state agency, participating non-state agency, or the Nevada System of Higher Education (NSHE) are eligible for benefits on the first day of the month concurrent with or following the date of hire.

If you are eligible for benefits and do not make benefit elections by the last day of the month coverage is scheduled to begin, you will automatically be enrolled in self-only coverage through the Consumer Driven Health Plan (CDHP) with a Health Reimbursement Arrangement (HRA), and basic life insurance.

Employees enrolled in the CDHP will pay a monthly premium for that coverage, retroactive to the coverage effective date based on the date of hire. Once you have been defaulted into

the plan, you will be unable to change or remove coverage until open enrollment or because of a qualifying life event.

As a new benefits-eligible employee you must enroll or decline coverage online in your E-PEBP Portal at **pebp.nv.gov** and upload any required supporting documents (if adding dependents) no later than the last day of the month your coverage is scheduled to become effective.

Date of Hire	Coverage Effective	Enrollment Must be Completed By	Supporting Documents are Required (if any)	Default Coverage will be Processed by PEBP
January 1st	January 1st	January 31st	January 31st	February 1st retroactive to January 1st
January 14th	February 1st	February 28th	February 28th	March 1st retroactive to February 1st

Retiree Enrollment

Required forms can be accessed on PEBP's website under the *Retiring Before Age 65, Retiring After Age 65*, or the *Forms* pages of PEBP's website. You may also call the Member Services Unit to request the forms be mailed to you.

You will need to complete these forms within 60 days after your retirement date. Retirement coverage starts on the first day of the month concurrent with or following your date of retirement.

There are some exceptions to the rules. For more information about retiree eligibility and requirements view the PEBP and Medicare Guide.

Submit your forms by mail or on our website at https://pebp.nv.gov > Contact Us > Secure Document Upload Form.

Retiring Before Age 65	Retiring After Age 65
• Complete your Retiree Benefit Enrollment and Change Form (RBECF) and Years of Service (YOS) forms and return to PEBP	• Contact the Social Security Administration approximately 90 days prior to retirement and enroll in Medicare *free* Part A (as eligible) and purchase Medicare Part B

• You may remain on the CDHP, LD, EPO or HPN until you reach Medicare age	• Complete your RBECF and YOS forms and return these along with a copy of your Medicare card to PEBP • Enroll in a supplemental medical plan with Via Benefits • TRICARE For Life participants are not required to enroll in a plan with Via Benefits, but must submit a copy of their military identification card (front and back) to PEBP

The final Years of Service (YOS) audit is performed by the Public Employees' Retirement System (PERS), Nevada System of Higher Education (NSHE), or other participating retirement plan. Once PEBP receives your YOS form, PEBP works directly with your retirement plan(s) to determine how many qualifying years of service you have.

Until the YOS audit is received by PEBP, your subsidy or Medicare monthly HRA contribution (if applicable) may be delayed, and that while the allocation will be backdated, participants may be paying costs up front for up to several months. Retirees who are eligible for HRA funding will receive an HRA informational kit from Via Benefits upon completion of enrollment in a supplemental medical plan. HRA funding is concurrent with the medical plan effective date through Via Benefits.

Retiree Late Enrollment

In accordance with Nevada Revised Statute 287.0475, a retired public officer or employee, or the surviving spouse or domestic partner of such retiree, can reinstate insurance, except basic life insurance, once during a PEBP open enrollment period. Eligibility and enrollment are subject to review and approval. Please review the Enrollment and Eligibility Master Plan Document for additional details.

Retiree Late Enrollment Timeline

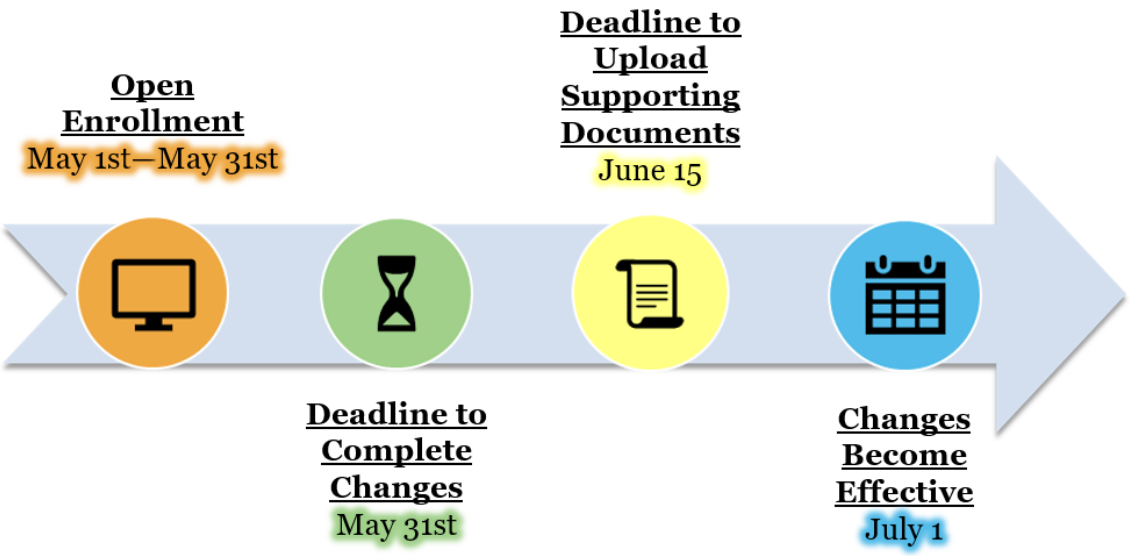
Contact PEBP Between	Complete Enrollment and Submit Late Enrollment Forms Including Medicare and TRICARE for Life Cards (if applicable)	Supporting Documents for Dependents are Due	Enrollment Effective

April 15th and May 15th	May 31st	June 15th	July 1st

Open Enrollment

The annual PEBP open enrollment (OE) period provides participants with the opportunity to reevaluate benefits. Participants are **not** required to complete an open enrollment election if they want to remain on the same plan and coverage tier. To make plan changes outside of the open enrollment period, you must experience a qualifying life event.

PEBP makes every effort to adhere to the OE schedule. Due to the complexities of the Plan, the PEBP Board and the Legislature, the OE dates are subject to change.



Allowable Changes

- Change plan option
- Add or remove dependent(s)
- Switch from the CDHP HRA to the CDHP HSA (if eligible) or vice versa
- Elect or decline voluntary benefits
- Decline coverage
- Change employee HSA contribution (anytime)
- Beneficiary designation (anytime)
- Enroll in an FSA

Coverage Tiers

- Participant Only
- Participant + Spouse
- Participant + Child(ren)
- Participant + Family

Qualifying Life Events

Federal regulations generally require that plan coverage remains in effect, without change, throughout the plan year unless a qualifying life event occurs mid-year.

The Plan must be notified by completing an online event through your E-PEBP Portal within 60 days of the qualifying event date. If the online event, including uploading any required supporting documents, is not completed within the specific timeframe as outlined in the Qualifying Life Events Guide, the request will not be accepted, and the change cannot be made until the subsequent open enrollment period.

Some examples of eligible qualifying life events include:

- Marriage, divorce, or annulment
- Beginning or ending of domestic partnership
- Birth, adoption, or permanent guardianship of a child
- Dependent gaining own group coverage
- Dependent losing own group coverage
- Moving out of the EPO or HMO coverage area

Log on to your E-PEBP Portal and select *Enroll or Make Changes*.

Other qualifying life events include employees or retirees who are in declined status who experience a change in number of dependents, permanent legal guardianship and retirement. For these events you will need to submit your supporting documentation and/or required forms to PEBP using our secure document upload form on PEBP's Contact Us page.

Qualifying Life Events Reference Tables

Life Event	How to Update	Eligibility Period
Adoption	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Birth	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date

Divorce	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Establish Domestic Partner	E-PEBP Portal (Enroll & Make Changes)	30 days before and 60 days after the event date
Marriage	E-PEBP Portal (Enroll & Make Changes)	30 days before and 60 days after the event date
Medicare Eligibility Change	E-PEBP Portal (Enroll & Make Changes)	35 days before and 60 days after the event date
Dependent Dies	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date
Dependent Gains Coverage	E-PEBP Portal (Enroll & Make Changes)	60 days before and 60 days after the event date
Dependent Loses Coverage	E-PEBP Portal (Enroll & Make Changes)	60 days before and 60 days after the event date
Terminate Domestic partnership	E-PEBP Portal (Enroll & Make Changes)	60 days of the event date

Anytime Changes	How to Update	Timeframe
Change Beneficiary Designation	E-PEBP Portal (Enroll & Make Changes)	Anytime
EE HSA Contribution Change (CDHP only)	E-PEBP Portal (Enroll & Make Changes)	Anytime
Voluntary Benefit Change	E-PEBP Portal (Enroll & Make Changes)	Anytime
Update Phone Number, Email Address or Mailing Address	Call PEBP or send a secure message in your E-PEBP Portal (Contact Us/Message Center)	Within 30 days of the event date
Name Change	Submit supporting document using PEBP's Secure Document Upload Form on PEBP's **Contact Us** page and include the name we have on file (previous name) • Updated Driver's License or State issued ID • Updated Social Security Card	Within 30 days of the event date

Supporting Documents

All foreign documents must be translated into English.

Social Security numbers are required for all dependents. If your dependent is not eligible for a social security number, they may still be added to your plan if you complete and return the SSN Questionnaire that PEBP sends to you within the required timeframe. Without proper documentation dependents will not be added to your plan.

Spouse:

- Copy of certified marriage certificate
- Social Security Number

Domestic Partner:

- Copy of certified domestic partner certificate
- Social Security Number

Child(ren):

- Copy of certified birth certificate
- Social Security Number

PEBP will need the above information as well as additional documentation as applicable:

- Adopted Child: Adoption Decree signed by judge
- Stepchild: Copy of marriage certificate/domestic partner certificate
- Disabled child over age 26: Certification of Disabled Dependent Child and verification child has had continuous health insurance since age 26
- Permanent legal guardianship: Copy of legal guardianship papers signed by a judge

Spending Accounts

Flexible Spending Accounts (FSA)

FSAs are available to any full time active employee regardless of the plan they choose, excluding the Nevada System of Higher Education employees who have a separate plan with their employer. Medical FSAs are not available to CDHP employees who have an HSA. FSAs give you a tax break on your eligible health care and dependent care expenses by

having tax-free FSA contributions taken from your paycheck. By electing to direct a portion of your salary through an FSA, you essentially bank your money in a tax-free account. The money is used to pay for expenses that would otherwise be paid out of your take-home pay.

You can use your Health Care FSA debit card to pay for your eligible medical, dental, and vision expenses. Or you can submit claims to request reimbursement for your eligible health care and dependent care expenses online via your E-PEBP Portal. Use the single sign on feature to access your UMR portal.

FSA Comparison	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Examples of Covered Expenses	Qualified medical, dental and vision expenses such as: • Chiropractor • Glasses • Contact lenses • Orthodontia • Copays	Qualified dental and vision expenses such as: • Vision exams • LASIK surgery • Glasses • Contact lenses • Dental cleanings and fillings • X-rays • Orthodontia	Qualified dependent care expenses such as certain: • Preschool expenses • Nursery school expenses • Childcare in your home • Licensed home childcare Day care expenses are limited to care for children under age 13. Your expense must be for the purpose of allowing you and, if married, your spouse to be employed.
IRS Annual Allowed Maximum Calendar Year Contribution	$3,300	$3,300	$5,000 per household ($2,500 if married and file separate tax returns)
Can you have an HSA?	No	Yes	Yes
Do funds roll over from year to year	Carryover up to $660. Funds more	Carryover up to $660. Funds more	No carry over.

	than $660 are forfeited. Account must be depleted by July 1st if employee switches to CDHP HSA.	than $660 are forfeited.	All excess funds are forfeited.

Health Savings Account (HSA)

The Consumer Driven Health Plan (CDHP) with a Health Savings Account (HSA) helps you save tax-free money for current and future health care expenses. You can contribute, up to a certain amount regulated by the IRS each year, and PEBP will contribute a base amount as well. Your account balance rolls over from year to year and never expires so you can use the funds into retirement. Use the single sign-on feature in your E-PEBP portal to access your HSA Bank account.

To be eligible to establish and contribute to an HSA on a pre-tax basis, **employees must meet eligibility requirements**:

1. You are an active employee covered under the Consumer Driven Health Plan (CDHP).
2. You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA etc.) unless the coverage is also an IRS qualified high-deductible health plan.
3. You or your spouse cannot be enrolled in a Medical Flexible Spending Account (FSA) or Health Reimbursement Arrangement, but you may be enrolled in a Limited Purpose or Dependent Care FSA.
4. You cannot be claimed on someone else's tax return (excludes joint returns).

Health Reimbursement Arrangement (HRA)

The Consumer Driven Health Plan (CDHP) with a Health Reimbursement Arrangement (HRA) is for those that do not meet the eligibility requirements to enroll in a Health Savings Account (HSA). The HRA is funded by PEBP the same way an HSA is, however, participant contributions are not allowed. For retirees transitioning onto a Medicare Exchange plan, any remaining funds in the HRA account revert to PEBP. Use the single sign on feature in your E-PEBP portal to access your HSA Bank account.

You may enroll in the CDHP with an HRA if you are not eligible for the CDHP HSA due to the following requirements:

1. You are a retiree
2. You have other coverage (Medicare, TRICARE or TRICARE for Life, Tribal, HMO, COBRA, etc.)
3. You or your spouse are enrolled in an HRA
4. You are claimed on someone else's tax return (excludes joint returns)

CDHP Base HSA & HRA Contribution

The employer base contribution applies to State and non-State active employees, and retirees enrolled in the CDHP on July 1, 2025. Base contributions for new hires enrolled in the CDHP on August 1, 2025 – June 1, 2026, are prorated.

Plan Year 2026	CDHP HSA & HRA Base Contribution
Base Contribution for Participant	$700
Employer Contribution for Dependents	$200 (up to three dependents)
Total Employer Contribution Amount	Up to $1,300

HSA & HRA Frequently Asked Questions

When are my HRA funds forfeited?

HRA funds are forfeited when an employee terminates PEBP coverage; when an employee enrolls in the CDHP with an HSA, LD, EPO or HPN; when a retiree enrolls in the LD, EPO or HPN; and when a retiree enrolled in the CDHP with an HRA moves to the Via Benefits (Medicare Exchange).

Do I have to submit reimbursement requests for CDHP HRA funds within a specified period?

HRA rules require claims to be submitted for reimbursement within 365 days of the date the expenses incurred. Visit the **HSA Bank Employee Resource Center** for instructions on how to claim reimbursement for your HRA and the five receipt must-haves for reimbursement.

How much can I contribute to my HSA each plan year?

The IRS sets the limits for how much an employee can contribute to their HSA using pre-tax dollars. The total contribution amount for Plan Year 2026 for individuals is $4,300 and $8,550 for family coverage. Employees aged 55 and older can contribute an additional $1,000. Contribution limits include employer contributions.

Who administers HSAs and HRAs for those enrolled in the CDHP?

HSA Bank administers these accounts. You can access your account by using the single sign-on feature in your E-PEBP portal. Eligible retirees enrolled with Via Benefits may have an Exchange-HRA administered by Via Benefits.

If I have Medicare and am on a plan with Via Benefits how much will I be receiving for my monthly HRA?

The Years of Service HRA contribution remains at $13 per month, per year of service. There is an $8,000 roll over cap each year. Please see Medicare Exchange HRA Contribution section for more information.

Additional Benefits

Disease Care Management

Consumer Driven Health Plan (PPO)

- **Diabetes Care Management Program** – This is a voluntary "opt-in" program that provides, but is not limited to, the ability to purchase diabetes related medications, such as insulin, at a copay and not be subject to deductible or coinsurance.
- **Obesity Care Management Program** – This is a voluntary "opt-in" program that provides, but is not limited to, medically supervised weight loss program, nutritional counseling, weight-loss medications.
- **Preventive Drug Program** – Plan pays 80-100% of the cost of preventive drugs identified by Express Scripts.

Low Deductible (PPO)

- **Obesity Care Management Program** – This is a voluntary "opt-in" program that provides, but is not limited to, medically supervised weight loss program, nutritional counseling, weight-loss medications.

Exclusive Provider Organization Plan (EPO)

- **Obesity Care Management Program** – This is a voluntary "opt-in" program that provides, but is not limited to, medically supervised weight loss program, nutritional counseling, weight-loss medications.

Health Plan of Nevada (HMO)

- **Disease Management Program** – This program provides a personalized care plan to help self-manage asthma or diabetes. This program is for eligible members at no cost. It's designed to provide support and does not replace the treatment plans put into place by a provider. Always talk to a provider about any important health issues Visit **HPN Disease Care Management** for more information.

Carrum Health

A Surgery Benefit That's Hard to Believe

Carrum Health helps eligible members and their dependents get surgical care from the top hospitals and surgeons in the country, often at little to no cost. Covering over 100 procedures including: knee, hip, shoulder, spine, heart, weight loss surgeries, cancer care and more.

Who is Eligible

Available to PEBP's self-funded participants enrolled in the Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), and Exclusive Provider Organization Plan (EPO) at no additional cost as part of your insurance benefit.

Visit Carrum Health at **PEBP and Carrum Health**.

Hinge Health

Take Control of Your Pain Today!

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal (back, muscle, joint) health, women's health and menopause.

Who is Eligible

Available to PEBP's self-funded participants enrolled in the Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), and Exclusive Provider Organization Plan (EPO) at no additional cost as part of your insurance benefit.

Visit Hinge Health at **State of Nevada and Hinge Health**.

2nd.MD

Free Online Expert Medical Second Opinion Service

2nd.MD helps connect you with board-certified, leading doctors across the country for an expert second opinion via video or phone within 3 to 5 days. The Care Team coordinates all the details, so you can focus on one thing – getting the best care possible. 2nd.MD helps members make informed choices when faced with important healthcare decisions such as; giving them more than one treatment option, helping them understand the benefits and risk of each, and increasing members' confidence that they are moving forward with the right treatment decision.
If you find yourself asking questions like: Do I have the right diagnosis? Am I on the best treatment path and medications? Is this surgery or procedure the best option for me? How can I find the best local doctor for my medical needs or my surgery? Then 2nd.MD will get you the help and answers you need.

Who is Eligible?

Available to participants enrolled in the Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO) and Exclusive Provider Organization Plan (EPO).

Visit 2nd.MD at **State of Nevada PEBP- UMR**.

Telemedicine

UMR: Doctor on Demand

Convenient Telehealth Appointments for Urgent Care and Mental Health Support

Everyday care, urgent care, therapy and psychiatry on your smartphone, tablet or computer through live video.

Who is Eligible?

Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO) and Exclusive Provider Organization Plan (EPO) participants.

	Urgent Medical Care	Mental Health Therapy	Psychiatry Initial Visit
Consumer Drive Health Care (PPO)	$49	$79	$229
Low Deductible Plan (PPO)	$10	$20	$30

Exclusive Provider Organization Plan (EPO)	$10	$20	$20

Visit Doctor on Demand at **Doctor On Demand® Telehealth: 24-Hour Online Doctor**.

Health Plan of Nevada: NowClinic Virtual Visits

Secure video chat with a provider from your computer or mobile device for a $0 copay.

No appointment needed to get care for non-life-threatening and non-urgent medical conditions, such as:

- Allergies
- Bladder infection
- Bronchitis
- Pink eye
- Sinus infections
- Viral illnesses

Appointment required for consultations, follow up care or meetings scheduled by providers, including:

- Behavioral health
- Specialties
- Health education
- Case management

Enroll and get care. Download the **NowClinic app** or go to NowClinic.com and sign up. Visit your health plan's website to learn how to schedule an appointment and get information on same-day medication delivery using NowClinic.

24/7 Advice Nurse

Get health care advice at no additional cost to you. If you're unsure about your condition, our 24/7 advice nurse may be able to help. Our nurse is available to answer questions, provide self-care advice and help you decide whether to seek care, or schedule an appointment with your provider.

Urgent Care House Call

Get on-demand health care at home. Urgent care house calls can treat most things urgent care centers can for the same cost and it's available seven days a week. Some of the things home urgent care visits can help with:

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

Real Appeal

Free Online Weight Management Program

Start living a healthier, happier life with help from Real Appeal, a free online weight management program proven to help you achieve real, lifelong results.

Who is eligible?

Available to participants enrolled in the Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO), Exclusive Provider Organization Plan (EPO), and Health Plan of Nevada (HMO). Participants and their covered dependents must meet BMI eligibility requirements to participate.

Visit Real Appeal at **Weight loss program at no cost to you | Real Appeal**.

Voluntary Benefits

Voluntary benefits are offered to all participants who are eligible for benefits, except for some products that may not apply or be available to retirees. To learn more about these voluntary benefits, or to start shopping, log into your E-PEBP Portal.

Active Employees: Even if you have chosen to decline your PEBP health insurance benefits, you can still sign up for any of these voluntary benefits for yourself or any of your dependents.

*Participants must be enrolled on $5,000 Voluntary Life Insurance (VLI) to enroll their dependents in VLI

Voluntary Products	Enroll During Open Enrollment or Qualifying Life Event	Anytime
Accident Insurance	X	
Buy-Up Vision Plan (VSP)	X	
Critical Illness Plan	X	
Hospital Indemnity Plan	X	
Legal Plan	X	
Long Term Disability	X	
Short Term Disability	X	
Voluntary Life Insurance*	X	
Auto, Home and Renters Insurance		X
Identity Theft Protection		X
Pet Insurance		X

Plan Contacts

UMR Plan Contacts:

Services	Resource or Vendor	Website	Phone Number
Medical, Dental and Vision Benefits and Claims **ID Cards** **Flexible Spending Accounts** **Find a Medical Provider** **Disease Care Management**	**UMR** PO Box 8022 Wausau, WI 54402-8022	Log on to your E-PEBP Portal and select *UMR*	1-888-7NEVADA (1-888-763-8232) Group Number: 76414946
Find a Dental Provider	**Diversified Dental Services** 5470 Kietzke Lane, Suite 300	Find a Provider tool at **pebp.nv.gov** or **www.ddsppo.com**	Customer Service: 1-866-270-8326

	Reno, NV 89511		
Prescription Drug Coverage **Specialty Drug Coverage** **Find a Pharmacy** **Price a Medication Tool**	**Evernorth Express Scripts** P.O. Box 66566 St. Louis, MO 63166-6566	Log on to your E-PEBP Portal and select *Click here to access Express Scripts,* under Quick Link	**Express Scripts** 1-855-889-7708 **Benefits and Prescriptions** 1-800-282-2881 **Specialty Pharmacy - Accredo** 1-877-ACCREDO (1-877-222-7336)
Utilization and Case Management	**Sierra Health-Care Options, Inc** PO Box 15645 Las Vegas, NV 89144-5648	Fax: 1-800-288-2264	Customer Service: 1-888-323-1461
Basic Life Insurance **Member Assistance Program (MAP)** **Travel Assistance**	**UnitedHealthcare Specialty Benefits** P.O. Box 7149 Portland, ME 04112-7149	**pebp.nv.gov (basic life insurance)**	Customer Service: 1-888-763-8232
Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	**Doctor on Demand**	**www.doctorondemand.com/pebp**	1-800-997-6196
HSA/HRA	**HSA Bank**	**Myaccounts.hsabank.com**	1-833-228-9364

Health Plan of Nevada Plan Contacts:

Services	Resource or Vendor	Website	Phone Number
Medical and Vision Benefits and Claims **Medical ID Cards** **Find a Medical Provider** **Disease Care Management**	**Health Plan of Nevada** 2720 N. Tenaya Way Las Vegas, NV 89128-0424	Log on to your E-PEBP Portal or visit **https://www.myhpnstateofnevada.com/**	1-702-242-7300 or 1-800-777-1840
Flexible Spending Accounts	**UMR**	Log on to your E-PEBP Portal and select *Click here to access UMR,* under Quick Links or call UMR	1-888-7NEVADA (1-888-763-8232)
Dental ID Cards	**UMR**	Log on to your E-PEBP Portal and select *Click here to access UMR,* under Quick Links or call UMR	1-888-7NEVADA (1-888-763-8232)
Find a Dental Provider	**Diversified Dental Services** 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Log on to your E-PEBP Portal or visit **www.ddsppo.com**	Customer Service: 1-866-270-8326
Prescription Drug Coverage **Specialty Drug Coverage** **Find Pharmacy Network Providers** **Price a Medication Tool**	**Optum RX** P.O. Box 2975 Mission, KS 66201	**www.myhpnstateofnevada.com/Pharmacy-Benefits**	Customer Service: 1-888-763-8232

Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	**NowClinic**	**https://www.myhpnstateofnevada.com/Virtual-Visits**	1-877-550-1515

Additional Contacts and Resources

Services	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 Assistance: 1-844-266-1395
Medicare Eligibility	**Social Security Administration**	**www.ssa.gov**	1-800-772-1213
Medicare Services	**Centers for Medicare Services**	**www.cms.gov**	1-800-633-4227
PEBP Dental ID Cards	**UMR**	Log on to your E-PEBP Portal or call UMR	1-888-7NEVADA (1-888-763-8232)
Find a PEBP Dental Provider *(Via Benefits Medicare Retirees)*	**Diversified Dental Services** 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Log on to your E-PEBP Portal or visit **www.ddsppo.com**	Customer Service: 1-866-270-8326
Basic Life Insurance	**UnitedHealthcare Specialty Benefits** P.O. Box 7149 Portland, ME 04112-7149	**pebp.nv.gov (basic life insurance)**	Customer Service: 1-888-763-8232

Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
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

Key Terms and Definitions

Annual/Annually	For the purposes of this Plan, annual refers to the 12-month period starting July 1 through June 30.
Base Plan	The self-funded Consumer Driven Health Plan (CDHP). The base plan is also defined as the "default plan."
Coinsurance	The portion of eligible medical expenses for which the covered person has financial responsibility. In most instances, once your costs reach the deductible limit, the insurance company pays for covered expenses at its level of coinsurance, and you pay at your level of coinsurance. The coinsurance varies depending on whether in-network or out-of-network providers are used.
Copayment, Copay	The fixed dollar amount you are responsible for paying when you incur an eligible medical expense for certain services, generally those provided by network health care practitioners, hospitals (or emergency rooms of hospitals), or health care facilities. This can be in addition

	to coinsurance amounts due on the same incurred charges. Copayments are limited to certain benefits under this program.
Deductible	The amount of eligible medical, prescription drug and dental expenses you are responsible for paying before the plan begins to pay benefits.
Exclusions	Specific conditions, circumstances, and limitations for which the plan does not provide plan benefits.
Formulary	A list of generic and brand name drug products available for use by participants.
Health Reimbursement Arrangement	A Health Reimbursement Arrangement (HRA) is an employee-funded spending account that can be used to pay qualified medical expenses. The HRA is 100% funded by the employer. The terms of these arrangements can provide first dollar medical coverage until the funds are exhausted or insurance coverage kicks in. The contribution amount per employee is set by the employer, and the employer determines what the funds can be used to cover and if the dollars can be rolled over to the next year. In most cases, if the employee leaves the employer, they can't take remaining HRA funds with them.
Health Savings Account	An account that allows individuals to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.
In-Network Provider	A provider that the network, or one of its rental networks, has contracted or made arrangements with to provide health services to covered individuals at a discounted rate. To determine if a provider is an in-network provider log onto your E-PEBP portal and use the UMR single sign on feature. Then click the “Find a Provider” tab. You may also call the number of the back of your ID card, and a customer service representative can locate an in-network provider for you.
Out-of-Pocket Maximum	The maximum amount of coinsurance each covered person or family is responsible for paying during a plan year before the coinsurance required by the plan ceases to apply. When the out-of-pocket maximum (OOPM) is reached, the plan will pay 100% of eligible covered expenses for the remainder of the plan year.
Premium	The amount you pay to obtain a health insurance plan. Most participant premiums are automatically deducted from their paycheck. The premium is separate from the deductible, copay, coinsurance and OOPM.

Usual and Customary	The amount paid for medical care, treatment, or supplies in a geographic area based on what providers in that area usually charge for the same or similar service. The U&C amount is used to determine the allowed amount the plan will pay.

Plan Year 2026 Summary of Changes

1. Increase deductible as required for the Health Savings Account to $1,650 for single tier coverage and $3,300 for spouse, children and family tiers.
   Consumer Driven Health Plan
2. **PY 2026 CDHP "*base*" HSA or HRA contribution:** Applies to participants enrolled in the CDHP on 7/1/24. Prorated contribution applies for CDHP participants enrolled 8/1/24 – 6/1/25.
   $700 Participant Only
   $200 for dependents (up to three dependents)
   Consumer Driven Health Plan
3. Prescription Drug Benefit: Added coverage for Lofexidine to the list of drugs used to treat substance use disorders and added that drugs for substance use disorders are not subject to step therapy.
   Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
4. Prescription Drug Benefit: Added coverage for FDA approved drugs used for the prevention of HIV. Testing for HIV and HEP C are included in benefit.
   Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
5. Prescription Drug Benefit:
   The following are considered routine vaccinations: Covid-19, dengue, diphtheria, tetanus, pertussis, Flu, Hepatitis A & B, Shingles & Herpes Zoster, HPV, Measles, Mumps, and Rubella (MMR), Meningococcal, Monkeypox, Pneumonia, TDAP (whooping cough), Polio, RSV, Rotavirus, and Varicella.
   Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
6. Prescription Drug Benefit: clarified that testing in accordance with NRS 695G.1714 is a component of maternity services and does not require prior authorization.

Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan

7. Clarified that abortion services are covered pursuant to NRS 422.250.
   Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
8. Gestational carrier defined and covered for maternity services.
   Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
9. Removed vision benefit limitation for children under the age of 19.
   Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
10. Added a copay structure for telehealth and removed coinsurance requirement after deductible. Telehealth is not provided out of network.
    Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
11. Verified coverage for condoms for those aged 13 and older. The medical plan may reimburse the purchase for condoms obtained at an in-network pharmacy with a prescription.
    Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
12. Clarified payment procedures for out-of-new mental health and substance abuse providers NRS 686A.135.
    Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
13. Clarified that members may obtain 3 emergency prescription refills per prescription/per plan year and may also receive an emergency refill if in a designated disaster area.
    Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
14. Began coverage for hormone replacement therapy coverage in the last plan year, clarified in current MPDs.
    Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan
15. Mammograms: Mammograms for women begin at age 40. Additional mammography recommendations include high risk women (20% chance or greater of developing breast cancer) beginning at age 30, and some women with genetic mutations present beginning at age 20. Men at high risk or with genetic mutations present may

receive breast cancer screenings, including mammograms or other diagnostic testing.
Consumer Driven Health Plan, Low Deductible Plan, Exclusive Provider Organization Plan