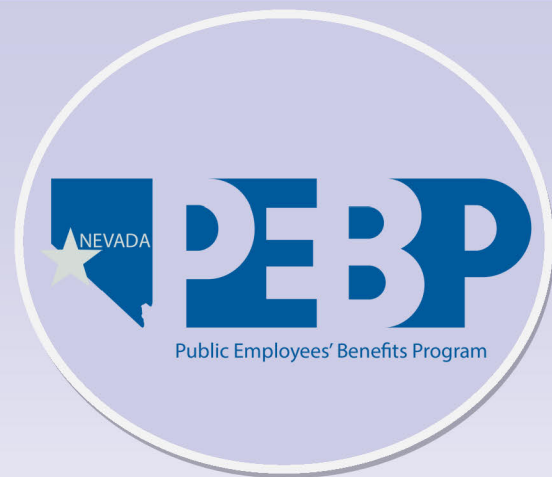


Quarterly Newsletter



July 2026

Plan Year 2027 In-Network Accumulators

Plan	In-Network Medical and Rx Deductible	In-Network Coinsurance/Copayments	In-Network Out-of-Pocket Maximum
Consumer Driven Health Plan (PPO)	\$1,700 Individual \$3,400 Family	You pay 20% after Deductible	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member
Low Deductible Plan (PPO)	\$300 Individual \$600 Family	You pay 20% after Deductible	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member
Exclusive Provider Organization Plan (PPO)	\$100 Individual \$200 Family \$100 Individual Family Member	You pay 20% after Deductible	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member
Health Plan of Nevada (HMO)	\$0	N/A	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member

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Individual and Family Deductibles begin on July 1, the first day of the Plan Year, and reset each year. Medical and prescription drug expenses apply toward the Plan Year Deductible, while dental deductibles are separate. PEBP Plans do not offer deductible carryover or rollover.

Coinsurance is the percentage of eligible medical costs shared between you and the Plan once the deductible has been met. Copayments apply as required by your PEBP Plan and are paid by the covered participant. Copayments do not count toward the Deductible but do apply to the Out-of-Pocket Maximum (OOPM). The amounts you pay toward your Deductible and Coinsurance for eligible medical expenses also accumulate toward the OOPM.

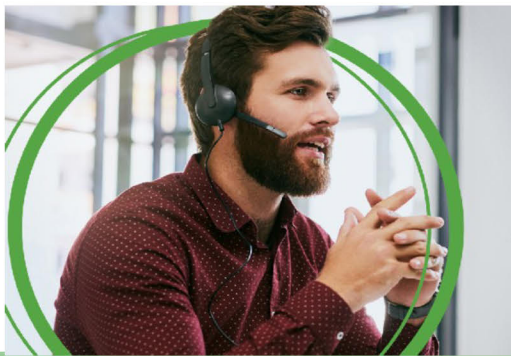
When an individual or family reaches the OOPM, the Plan covers 100% of eligible medical and prescription drug expenses for the rest of the Plan Year.

Using Out-of-Network providers may result in higher cost-sharing and higher OOPMs. For more information, please review the plan documents at www.pebp.nv.gov.

A Fall vaccine clinic is headed your way at the PEBP office! More details coming soon — stay tuned!

Visit the PEBP website at www.pebp.nv.gov for complete plan information, and be sure to check the Meetings and Events page and the What's New page for the latest education trainings you can attend, along with event flyers. Stay informed!

A c c e s s . Q u a l i t y . A f f o r d a b i l i t y .



MedicalRx Advisor

Get relief from high out-of-pocket specialty prescription costs

If you are a UMR member enrolled in the CDHP, LD, or EPO plan and have been identified as eligible for this program, a Patient Advocate may contact you directly.

How we help

- Our MedicalRx Advisor Patient Advocates are here for you. They may help educate you on how MedicalRx Advisor works and what to expect.
- We will provide you with the application information and educate you on how to take advantage of any copay assistance available. **This may reduce your out-of-pocket expenses**, decreasing your treatment costs.
- Upon the completion of enrollment, you will know what assistance is available for your medication and what your expected out-of-pocket cost will be per treatment.
- MedicalRx Advisor Patient Advocates are here to help with any questions you have throughout the process, even after your initial enrollment. They will walk you through how to interpret your claim statement, and how payments will be coordinated between you and your physician.
- For members on high-deductible health plans, the program will not start until your deductible has been met. You will be contacted with enrollment information at that time.

The specialty medication market is exploding with new and innovative treatments for patients diagnosed with rare, chronic or severe conditions. These medications are life changing for those suffering with these conditions, but they may be costly.

Many specialty medications are administered through infusion, received in a hospital or clinic setting.

To make it more affordable, many drug companies have established financial copay assistance programs. These programs can be hard to navigate, but **MedicalRx Advisor™ from UMR** is here to help!

If your doctor recommends infusion treatment using a specialty drug, our dedicated MedicalRx Advisor Patient Advocates may help you reduce or eliminate high out-of-pocket expenses for your medications by assisting you with enrollment in manufacturer copay assistance programs if you are interested.



Who is Eligible?

2nd.MD services are available at no additional cost to PEBP plan participants and their eligible dependents as part of their benefits.

Why should you use 2nd.MD?

- ☐ **Access to leading specialists** are nurses who specialize in your condition
- ☐ **White glove service** takes care of gathering your medical records and works with your schedule
- ☐ **No travel required** to meet face to face with the specialist for a video consultation

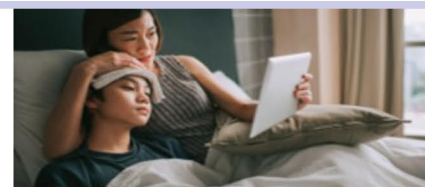
Contact 2nd.MD today!

- ☐ Call 1.833.505.1314
- ☐ Sign up at 2nd.MD/activate
- ☐ Use the Mobile App. Scan to get started.



We've created a fresh educational video that breaks down everything Pre-Medicare and Aging-In members need to know, including important information to review before retiring, key deadlines, and how Via Benefits fits into your coverage. It's clear, easy to follow, and a great way to get a head start on your retirement benefits. This is available on our Meetings & Events page. [PEBP - Plan Year 2027 - Pre Medicare and Age In Via Benefits](#)

Take a look at the FAQ's for Via Benefits also available on the Meetings and Events page. [PEBP & VIA BENEFITS FAQ](#)



A c c e s s . Q u a l i t y . A f f o r d a b i l i t y .

Hearing changes don't need to slow you down



Why is hearing care important?

Hearing changes can be temporary and caused by simple things like ear wax or a cold. It can also indicate permanent damage to the tiny hair-like cells in the inner ear as a result of exposure to noise, aging, other health conditions, or certain medications.

When should I get my hearing checked?

Hearing changes can come on so gradually that you may not even notice it's happening. In general, you should have your hearing screened every three to five years, and tested annually if you are over the age of 50 or experiencing any of the following:

- * Consistent exposure to loud noises
- * Difficulty understanding in noisy environments or in groups.
- * Asking people to repeat the selves or feeling like they are not speaking clearly
- * Ringing in your ears

How can I check my hearing?

Getting your hearing checked is now easier than ever with in-person and at-home options: Online Hearing Quiz - allows you to confirm if hearing loss is detected from the comfort of home using our CNET top-5 rated quiz. In-person hearing evaluation at a network clinic near you. A hearing care professional will work with you to complete an in-depth evaluation of your hearing and propose solutions if hearing loss is detected.

Take the first step: amplifonusa.com/nvpeb



Reality Check

Myth:
Hearing aids are like glasses and restore your hearing to normal.

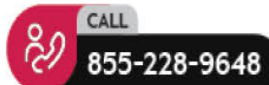
Reality:
Hearing aids do not bring hearing back to "normal," but they can make hearing much easier. They work by helping sounds become clearer and helping your brain focus on what matters most, especially speech. In everyday life, that can mean:

- ✓ Making sounds clearer and easier to follow
- ✓ Helping reduce background noise
- ✓ Improving understanding of speech⁶
- ✓ Supporting management of tinnitus symptoms⁹



Start with a Simple Hearing Check

If conversations feel harder to follow, people seem to mumble more often, or you find yourself turning up the television, it may be time for a professional evaluation.



Visit
AmplifonUSA.com

Schedule a hearing evaluation or take a quick online hearing check.

Designating a beneficiary for your HSA

Protect your assets. Protect your loved ones.

What is a beneficiary?

A beneficiary is a person or legal entity that has been designated to receive the proceeds from your Health Savings Account (HSA) in the event of your death. A beneficiary can be one or more individuals (i.e., spouse, children, relatives, or friends) or organizations, such as a trust or charity. You can designate two types of beneficiaries:

Primary beneficiaries are first to receive the designated asset upon your death. If you name more than one primary beneficiary, each will share the benefit equally, unless you indicate specific percentages totaling 100% are to be paid.

Secondary (contingent) beneficiaries receive the asset if there are no surviving primary beneficiaries upon your death. Multiple contingent beneficiaries will share the benefit equally, unless you indicate specific percentages totaling 100 percent are to be paid.

Why it's important to designate a beneficiary

One of the most neglected areas of retirement planning is beneficiary designation. By having a designated beneficiary in place at the time of your death, the assets of your HSA can be distributed according to the designation. If you die without having a valid beneficiary designation, your HSA will be distributed to your estate.

Visit hsabank.com or call the number on the back of your debit card for more information. [HSA Bank Online](#)



Plan Year 2027 HSA/HRA Employer Contributions

Plan Year 2027 Employer Health Savings Account (HSA)/Health Reimbursement Arrangement (HRA) Contributions	Consumer Driven Health Plan (PPO) HSA/HRA Account	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Base Employer Contribution for Participant	\$700	N/A	N/A	N/A
Employer Contribution for Dependents	\$200	N/A	N/A	N/A
Total Employer Contribution Amount	Up to \$1,300	N/A	N/A	N/A

*Prorated amount based on effective date of coverage.

For more information about HSA/HRA funding please refer to the Plan Year 2027 Consumer Driven Health Plan Master Plan Document.

Product Eligibility Scanner (53 seconds)

Demonstrates how members can easily check medical expense eligibility using the mobile app:

<https://hsabank.bynder.com/asset/d789b0bb-5173-4bd3-9b96-0025889aea4b/HSA-Contribution-Planner-Video.mp4>

HSA Contribution Planner (54 seconds)

Helps members visualize and plan their pre-tax contributions within the member portal:

<https://hsabank.bynder.com/asset/717493e6-b7c8-418f-bf1e-31c552be2e24/mp4/Product-Eligibility-Scanner-Video.mp4>

What is Carrum Health?

Carrum Health is part of your benefits to help you get high-quality surgery and cancer care, without worrying about cost. You'll have access to leading surgeons and cancer specialists—when you go through Carrum Health, most or all costs are covered.*

Who is eligible?

Carrum Health is available to PEBP members, their dependents (18+), and retirees enrolled in a PEBP medical plan.

Key Benefits**Better care**

The professionals in Carrum Health's network have advanced training, access to the latest research and technology, get better results and consistently receive strong patient reviews.

No surprise bills

Most or all costs are often covered and you'll never have to worry about surprise bills.

Dedicated support

You'll be matched with a dedicated Carrum Health care specialist who will provide support throughout your journey.

The specialists in Carrum Health's network focus on a variety of care including but not limited to:

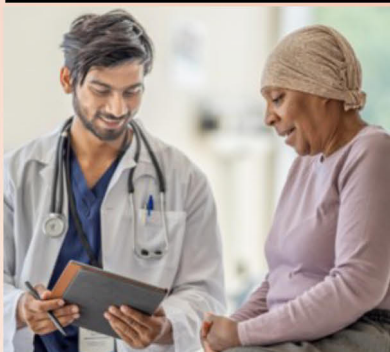
- Cancer Care
- Heart surgeries
- Hysterectomies
- Digestive care
- Surgeries for your bones, joints and muscles
- Spine surgeries

Website and Contact Info:

- Carrum App: Available on Google Play for Android and the App store for iPhone

How to get started

Download the Carrum Health app or visit carrum.me/pebp



Learn more today

Visit: cancercare.carrumhealth.com

Call: 888-855-7806

*With the exception of second opinions, individuals enrolled in the Consumer Driven Health Plan (CDHP) must first meet the Federal minimum deductible, but copays and coinsurance will be waived. Second opinions are provided at no cost to members and do not require payment of any deductible. Per IRS rules, a portion of any covered travel expenses will be reported as taxable income. Some outpatient surgeries and procedures have distance limitations and might not be covered by Carrum Health or may need to be reviewed. To find out about coverage, please call Carrum Health at 888-855-7806.

Service	CDHP	LD	EPO
Urgent Medical Care	\$59	\$10	\$10
Mental Health Therapy	\$88 (25 minutes) \$143 (50 minutes)	\$20(25 minutes) \$30 (50 minutes)	\$20 (25 or 50 minutes)



Some of the conditions that will be treated.

- * Cold & Flu
- * Asthma & Allergies
- * Bronchitis & Skin Issues
- * Eye Issues
- * Anxiety
- * Depression



For Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (EPO) participants. Telemedicine (virtual medicine) is covered when using in-network providers who offer telemedicine. It is also available through **Doctor on Demand**.

Connect with Doctor on Demand: Call: 1-800-997-6196

Visit: <https://doctorondemand.com/> **Doctor On Demand® Telehealth: 24-Hour Online Doctor**

Email: support@doctorondemand.com

