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AGENDA ITEM

X	Action Item
	Information Only

Date: October 24, 2025

Item Number: 7

Title: Plan Year 2026, 2027 and 2028 Changes for Approval

Plan Design Changes: The following are changes to plan design; for board approval.

I. The following clarification will be effective July 1, 2025

Clarification: Condoms

#	Change Type	Proposed Clarification	Justification	Document/s
1	Condoms	Family Planning, Fertility, Infertility, Sexual Dysfunction Services and Male Contraception	PEBP Staff Recommendation for Clarification	Master Plan Documents for the EPO, CDHP, and the LDPPO
Condoms (<i>male and female</i>) are covered under this plan for individuals aged 13 and above. <i>For a pharmacist to submit a medical claim for condoms on a member's behalf, the member must have a valid prescription. For condoms purchased over the counter, a receipt for reimbursement may be submitted to UMR. Please see 'How to File a Claim' in the Claims Administration section.</i>				

Clarification: Prior Authorization

#	Change Type	Proposed Clarification	Justification	Document/s
1	Non-newborn circumcision	Include a prior authorization requirement for non-newborn circumcision for ages 8 weeks and older.	UMR Staff Recommendation	Master Plan Documents for the EPO, CDHP, and the LDPPO
<i>Circumcision for infants eight weeks and older.</i>				

Clarification: Prior Authorization

#	Change Type	Proposed Clarification	Justification	Document/s
1	Hospice	Clarify that prior authorization is required for hospice beginning 6 months.	UMR Staff Recommendation	Master Plan Documents for the EPO, CDHP, and the LDPPO
Change prior authorization from 185 days to beginning at 6 months.				

II. The following clarification will be effective January 1, 2026.**Clarification: Claims Processing**

#	Change Type	Proposed Clarification	Justification	Document/s
1	Claims	The time to approve/deny claims and pay approved claims	AB 52 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO
<i>While PEBP is not subject to the timeline requirements set forth in NRS 689B.255 or 695G.230, PEBP endeavors to let participants and providers know within 30 business days of receipt of the claim, if it is approved accepted or denied. However, claim processing may take much longer if the claim was not completed correctly or if all necessary information was not provided with the claim.</i> <i>Further, PEBP endeavors to let participants and providers know within 30 business days of receipt of all additional requested information (including a corrected claim), if it is approved or denied.</i>				

III. The following enhancement will be effective July 1, 2026.**Enhancement: Genetic Counseling & Fertility /Family Planning**

#	Change Type	Proposed Change	Justification	Document/s
1	Genetic Counseling & Screening	Noninvasive prenatal screening	SB 344 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO
Genetics is the study of how genes and how traits are passed down from one generation to the next. Covered services include medically necessary genetic disease testing. Genetic disease testing is the analysis of human DNA, chromosomes, proteins, or other gene products to determine the presence of disease-related genotypes, phenotypes, karyotypes, or mutations for clinical purposes. Such purposes include those tests meeting criteria for the medically accepted standard of care for the prediction of disease risk, identification of carriers, monitoring, diagnosis, or prognosis within the confines of the statements in this definition. Coverage is not available for tests solely for research. Covered services also include the explanation by a genetic counselor of medical and scientific information about an inherited condition, birth defect, or other genome-related effects to an individual				

#	Change Type	Proposed Change	Justification	Document/s
		or family. Genetic counselors are trained to review family histories and medical records, discuss genetic conditions and how they are inherited, explain inheritance patterns, assess risk, and review testing options, where available. Additional genetic testing/counseling will be covered in accordance with federal or state mandates. Genetic Counseling except as related to covered genetic testing as listed in the Genetic Testing and Counseling and the Preventive Covered services include genetic testing of heritable disorders as medically necessary when the following conditions are met: • The results will directly impact clinical decision-making and/or clinical outcome for the individual. • The testing method is considered scientifically valid for identification of a genetically linked heritable disease; and • One of the following conditions is met: ○ The participant demonstrates signs/symptoms of a genetically linked heritable disease, or ○ The participant or fetus has a direct risk factor (e.g., based on family history or pedigree analysis) for the development of a genetically linked heritable disease. <i>The Plan covers noninvasive prenatal screening, that is, drawing blood from a pregnant person to perform laboratory analysis on the DNA circulating in the maternal blood stream for the purpose of detecting chromosomal abnormalities in the fetus, at any time during pregnancy. Prior authorization is not required for such noninvasive prenatal screening.</i> The Plan provides benefits for medically necessary biomarker testing for the diagnosis, treatment, case management and ongoing monitoring of cancer when such biomarker testing is supported by medical and scientific evidence. Routine panel screening for preconception genetic diseases, routine chorionic villous sampling, or amniocentesis panel screening testing, and pre-implantation embryonic testing will not be covered unless the testing is endorsed by the American College of Obstetrics and Gynecology or mandated by federal or state law. Benefits include amniocentesis, non-invasive pre-natal testing for fetal aneuploidy, chorionic villus sampling (CVS), alpha-fetoprotein (AFP), BRCA1 and BRCA2, apo E. This list is not all-inclusive for what genetic tests may be covered. Contact the UM company for coverage details and prior authorization requirements for covered genetic testing.		

IV. The following enhancement will be effective July 1, 2027. (Due to fiscal note)

Enhancement: Genetic Counseling & Fertility /Family Planning

#	Change Type	Proposed Change	Justification	Document/s
1	Fertility/Family Planning	Family Planning, Fertility, Infertility, Sexual Dysfunction Services and Male Contraception	AB 428 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO
<i>The Plan covers procedures and services for the preservation of fertility that are medically necessary to preserve fertility because the insured has been diagnosed with breast or ovarian cancer and (a) the cancer may, in a health care provider's judgment, directly or indirectly cause infertility; or (2) the insured is expected to receive medical treatment for the cancer and such treatment may directly or indirectly cause infertility. A medical treatment may directly or indirectly cause infertility if the treatment has a potential side effect of impaired fertility, as established by the American Society of Clinical Oncology (ASCO) or the American Society for Reproductive Medicine (ASRM), or their successor organizations. The procedures and services covered under this provision are those that are consistent with established medical practice or any guidelines published by the ASCO or the ASRM, or their successor organizations.</i> <i>Other than procedures for the preservation of fertility for insureds diagnosed with breast or ovarian cancer as set forth above, only</i> Only diagnostic procedures for fertility and infertility are payable for the employee and spouse/domestic partner. Diagnostic procedures for fertility and infertility are subject to the Plan Year Deductible. <i>Other than the procedures and services for the preservation of fertility for insureds diagnosed with breast or ovarian cancer as set forth above, the</i> The Plan does not cover the treatment of fertility or infertility. Please see the Benefit Limitations and Exclusions section, and in particular, the subsections for drugs, medicines, and nutrition; fertility and infertility; <i>and</i> maternity services; and sexual dysfunction services, for more details.				

Clarification with enhancement: Genetic Counseling & Fertility /Family Planning

#	Change Type	Proposed Clarification	Justification	Document/s
1	Maternity/Family Planning:	Benefit Limitations and Exclusions section	AB 428 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO
Maternity/Family Planning: <i>Except as otherwise specified in the Schedule of Benefits section, the</i> The following are not covered under the Plan. Expenses related to delivery associated with a pregnant dependent child, except for expenses related to complications of pregnancy.				

#	Change Type	Proposed Clarification	Justification	Document/s
		- Expenses related to cryo-storage of umbilical cord blood or other tissue or organs. - For nondurable supplies.		
		Reversal of prior sterilization procedures, including, but not limited to tubal ligation and vasectomy reversals.		

Recommendation from PEBP Staff:

- Approve PEBP Staff's proposed changes, as presented.
- Allow for technical adjustment as necessary.

For Information:

1. Plan design changes for Plan Year 2027

- Speech Therapy Enhancement: Raise aged from 19 to 26 and include stuttering and stammering. (Approved)
- Wigs: Add Alopecia to the reasons to coverage of wigs. (Approved)
- Behavioral Health Visits: Clarity that visits equal therapy sessions for copay purposes. (Approved)
- Autism: SB 2052 (2023) (Approved)
- CDHP Deductible and HSA limit. (Approved)
- Prenatal screening under Genetic Counseling: SB 344 (2025) (On this report)

2. Plan design changes for Plan Year 2028

- Family Planning/Fertility: AB 428 (2025) (On this report)