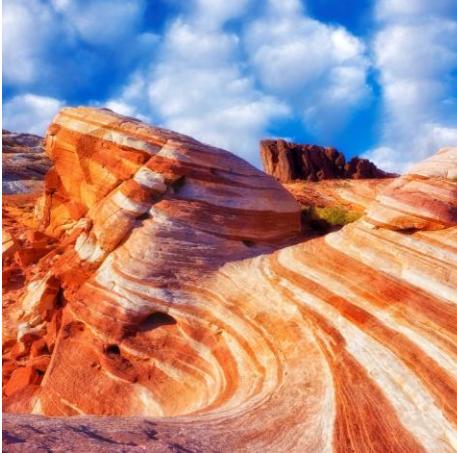




# BENEFIT GUIDE

JULY 1, 2022 – JUNE 30, 2023

**PLAN YEAR 2023**



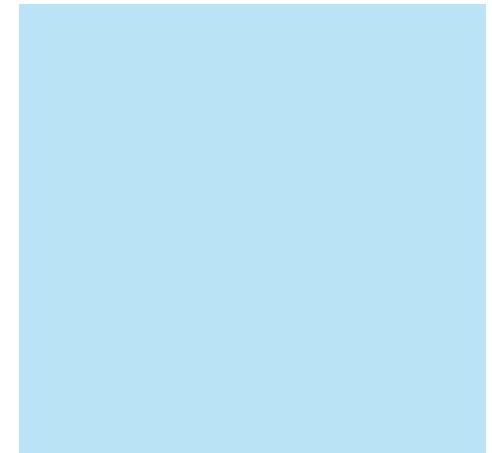
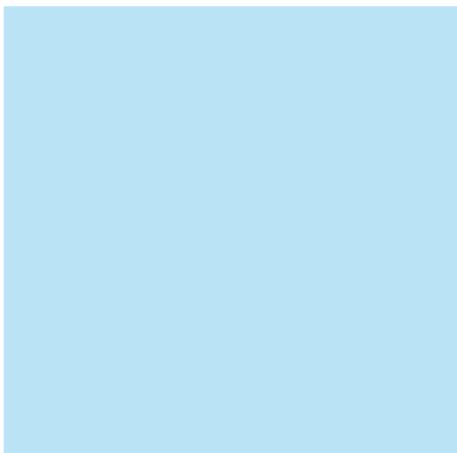
NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

**775-684-7000**

**702-486-3100**

**or 1-800-326-5496**

**[www.pebp.state.nv.us](http://www.pebp.state.nv.us)**



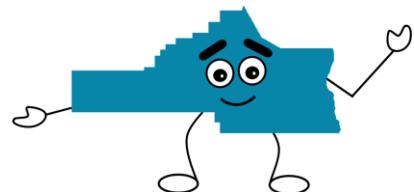
# WELCOME TO THE PUBLIC EMPLOYEES' BENEFITS PROGRAM

Every effort has been made to ensure the accuracy of the information contained in this interactive 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.

For more information and details on eligibility or plan benefits, please refer to the applicable Master Plan Document, Summary of Benefits and Coverage document or Evidence of Coverage. These documents are available by logging on to your [E-PEBP Portal](http://www.pebp.state.nv.us) at [www.pebp.state.nv.us](http://www.pebp.state.nv.us) or by calling PEFP 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 PEFP office at 775-684-7000, 702-486-3100 or 1-800-326-5496.

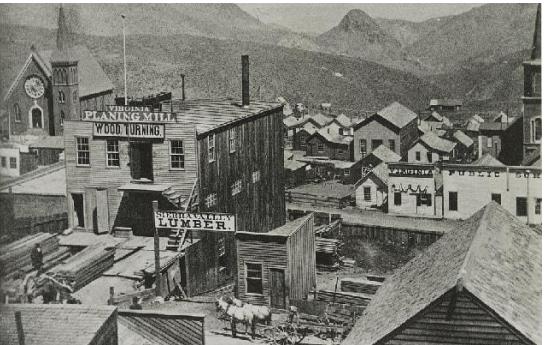
We encourage you to review key terms and definitions before you begin.



Carson City County and his friends are here to help! Keep an eye out for different counties throughout this guide for additional important information!

Please note that the information herein contains general plan benefits and may not include additional provisions or exclusions. For more in-depth plan benefits, please refer to the applicable Master Plan Document.

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## BENEFITS

Medical

Dental

Vision

Prescription



Active Employee Basic Life Insurance: \$15,000

Eligible Retiree Basic Life Insurance: \$7,500

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 Health Savings Account and Basic Life Insurance beneficiary information is accurate and up to date. You can complete a change of beneficiary designation in your E-PEBP portal.

PEBP provides a comprehensive benefit package to eligible full-time employees which includes medical, prescription drug, dental, vision, and basic life insurance.

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.

Eligible employees and retirees may also purchase voluntary products.

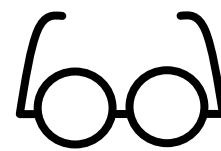
To review in-network medical, dental, vision or prescription plan comparison charts please use the links to the left or click one of the icons below. Remember, you will receive a discounted rate when using in-network providers (which means lower out-of-pocket costs for you).



Medical



Dental



Vision



Prescription

All plan comparison charts in this guide contain a general overview of in-network plan benefits and do not include out-of-network benefit information or additional provisions and exclusions. To view a more in-depth comparison chart please [click here](#).

## MEDICAL BENEFITS

PEBP offers three medical plan options for northern Nevada and three medical plan options for southern Nevada. Those residing out of state only have two plan options, the Statewide/Nationwide CDHP PPO and LD PPO.

### Consumer Driven Health Plan

Preferred Provider Organization (Statewide/Nationwide CDHP PPO)

- 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.

### Premier Plan

Exclusive Provider Organization (Northern Nevada EPO)

- 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.

### Low Deductible Plan

Preferred Provider Organization (Statewide/Nationwide LD PPO)

- 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-deductible plans are not eligible for HSA or HRA contributions per IRS guidelines.

### Health Plan of Nevada

Health Maintenance Organization (Southern Nevada HPN-HMO)

- With an HMO you must use in-network health care providers that participate in the plan.
- Primary care physician will be 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.

[Medical Benefits Overview →](#)



# MEDICAL BENEFITS OVERVIEW

Medical

Dental

Vision

Prescription



For more information,  
please refer to the  
Plan Year 2023 Master  
Plan Documents.

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN-Southern HMO)
<b>Service Areas</b> In-Network Out-of-Network	Global Global	Global Global	Northern Nevada Urgent and Emergent	Southern Nevada Urgent and Emergent
<b>Annual Deductible</b> (medical and prescription combined)	\$1,500 Individual \$3,000 Family / \$2,800 Individual Family Member	N/A	\$100 Individual \$200 Family / \$100 Individual Family Member	N/A with exception of Tier 4 prescription drug coverage (see prescription overview)
<b>Out-of-Pocket Maximum</b>	\$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
<b>Base HSA/HRA PEBP Contribution*</b> (Prorated after 7/1)	Primary Participant: \$600	N/A	N/A	N/A
<b>Medical Coinsurance</b>	20% after Deductible	20% after Deductible	20% after Deductible	N/A
<b>Primary Care Office Visit</b>	20% after Deductible	\$30 Copay	\$20 Copay	\$25 Copay
<b>Specialist Visit</b> (No Referral Required)	20% after Deductible	\$50 Copay	\$40 Copay	\$25 Copay with a referral
<b>Urgent Care Visit</b>	20% after Deductible	\$80 Copay	\$50 Copay	\$50 Copay
<b>ER Visit</b>	20% after Deductible	\$750 Copay	\$600 Copay	\$600 Copay

The information in the table shown contains a general overview of in-network plan benefits and does not include additional provisions or exclusions. To view more in-depth plan benefits, such as lab services and out-of-network coverage, please refer to the Plan Comparison chart or the applicable Master Plan Document on [pebp.state.nv.us](http://pebp.state.nv.us).

## DENTAL BENEFITS OVERVIEW

### All CDHP PPO, LD PPO, EPO, HMO and Medicare Exchange Eligible Participants

BENEFIT CATEGORY	In-Network	Out-of-Network
<b>Individual Plan Year Maximum</b> (applies to basic and major services)	\$1,500 per person	\$1,500 per person
<b>Plan Year Deductible</b> (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)
<b>Preventive Services*</b> Routine cleanings/ exams (4/plan year) Bitewing X-rays (2/plan year)	<ul style="list-style-type: none"> <li>Covered 100%</li> <li>Not subject to deductible</li> <li>Does not apply towards individual plan year max</li> </ul>	<ul style="list-style-type: none"> <li>Covered 80%</li> <li>Not subject to deductible</li> <li>Does not apply towards individual plan year max</li> </ul>
<b>Basic Services*</b> 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
<b>Major Services*</b> Bridges, crowns, dentures, tooth implants	You pay 50% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
<b>Orthodontia (adults and children)</b>	Not Covered – See <a href="#">FSA</a> section for orthodontia options	Not Covered – See <a href="#">FSA</a> section for orthodontia options

\*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.

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

Find an In-Network Dental  
Provider by clicking here →



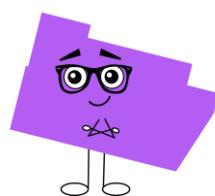
Diversified  
Dental  
Services, Inc.



Medical  
Dental

Vision  
Prescription

Please log on to your E-PEBP Portal to review the dental plan in the applicable Master Plan Document for detailed plan design features.



# VISION BENEFITS OVERVIEW

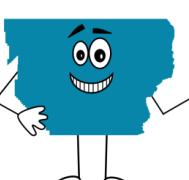
Medical

Dental

**Vision**

Prescription

For more information or to purchase a voluntary vision buy-up plan please log on to your E-PEBP Portal.



VISION PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)	LOW DEDUCTIBLE (LD PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN-Southern HMO)
<b>Vision Network</b>	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
<b>Vision Exam</b> <i>(limited to one exam per Plan Year, per covered individual)</i>	\$25 Copay  Maximum Benefit of \$95 Subject to Usual & Customary Limits	\$10 Copay  Maximum Benefit of \$100 Subject to Usual & Customary Limits	\$10 Copay  Maximum Benefit of \$100 Subject to Usual & Customary Limits	\$10 Copay  Maximum Benefit of \$100 every 12 months
<b>Lenses</b>	Not Covered	\$10 Copay every 24 months (Maximum Benefit of \$100)	\$10 Copay every 24 months (Maximum Benefit of \$100)	\$10 Copay every 12 months (subject to limitations)
<b>Frames</b>	Not Covered			\$100 maximum allowance every 24 months
<b>Contact Lenses</b> <i>(in lieu of lenses and frames)</i>	Not Covered	\$10 Copay every 24 months (Maximum Benefit of \$100)	\$10 Copay every 24 months (Maximum Benefit of \$100)	\$10 Copay every 12 months Maximum Benefit of \$250 (subject to limitations)
<p><i>To view more in-depth plan benefits as well as out-of-network coverage, please refer to the Plan Comparison chart or the applicable Master Plan Document on <a href="http://pebp.state.nv.us">pebp.state.nv.us</a>.</i></p>				

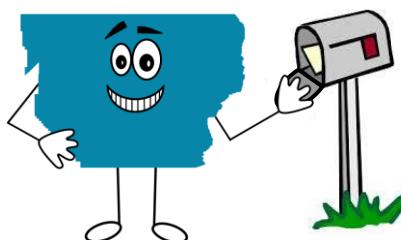
The information in the table shown contains a general overview of plan benefits and does not include additional provisions or exclusions.

## PRESCRIPTION BENEFITS OVERVIEW

Medical

Dental

Vision

**Prescription**

Please Note: Medical and Prescription deductible are combined. If you have met your OOPM you pay \$0. Getting your prescriptions filled by mail order may save you money!

RETAIL PRESCRIPTION DRUG BENEFITS	CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN Southern HMO)
<b>Preferred Generic*</b>	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
<b>Preferred Brand*</b>	20% after Deductible	\$40 Copay 30-day \$80 Copay 90-day retail/mail	\$40 Copay 30-day \$80 Copay 90-day retail/mail	\$40 Copay 30-day \$100 Copay 90-day retail/mail
<b>Non- Preferred/ Non-Formulary Brand</b>	N/A	\$75 Copay 30-day \$150 Copay 90-day retail/mail	\$75 Copay 30-day \$150 Copay 90-day retail/mail	N/A
<b>Specialty</b>	20% after Deductible (30-day mail only)	30% after Deductible (30-day mail only)	20% after Deductible (30-day mail only)	20% after Deductible (30-day mail only)
<b>ACA Preventive Medications</b>	\$0	\$0	\$0	\$0
<b>CDHP Preventive Medications</b>	20% Coinsurance Not subject to Deductible	N/A	N/A	N/A
<b>Smart90 Required (For 90-Day Medications)</b>	Yes	Yes	Yes	No
<b>Locate a Pharmacy OR Price a Medication Tool</b>	<a href="http://www.express-scripts.com/NVPEBP">www.express-scripts.com/NVPEBP</a>	<a href="http://www.express-scripts.com/NVPEBP">www.express-scripts.com/NVPEBP</a>	<a href="http://www.express-scripts.com/NVPEBP">www.express-scripts.com/NVPEBP</a>	<a href="http://www.myhpnstateofnevada.com/Pharmacy-Benefits">www.myhpnstateofnevada.com/Pharmacy-Benefits</a>

\*CDHP, LD PPO, and EPO plans are required to use Express Advantage Network (EAN) Pharmacies: If you fill your prescription 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.

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

## RATES

Active Employee

Pre-Medicare Retiree

Medicare Retiree

COBRA

In this section, you will be able to search for 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 for unsubsidized premium amounts.

Each monthly premium rate pays for coverage for that same month, including retirees. Payments are not made in advance.



You may view ALL RATES for Plan Year 2023 by [clicking here](#).

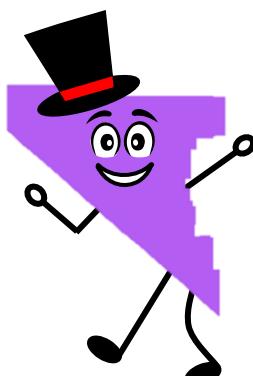
## ACTIVE EMPLOYEE MONTHLY RATES

### Active Employee

Pre-Medicare Retiree

Medicare Retiree

COBRA



Monthly Premium Includes: medical, dental, prescription and vision coverage as well as basic life insurance for eligible participants.

**There is a 50/50 split of premiums for central payroll employees between the first and second paycheck of each month.**

### State Employee Rates

Effective July 1, 2022 – June 30, 2023	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (EPO) AND HEALTH PLAN OF NEVADA (HMO)
<b>Employee Only</b>	\$46.96	\$68.14	\$161.00
<b>Employee + Spouse/DP</b>	\$251.00	\$293.36	\$479.10
<b>Employee + Child(ren)</b>	\$123.46	\$152.60	\$280.30
<b>Employee + Family</b>	\$327.53	\$377.82	\$598.40

### Non-State Employee Rates

Effective July 1, 2022 – June 30, 2023	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (EPO) AND HEALTH PLAN OF NEVADA (HMO)
<b>Employee Only</b>	\$974.53	\$1,019.85	\$931.73
<b>Employee + Spouse/DP</b>	\$1,939.75	\$2,030.39	\$1,854.14
<b>Employee + Child(ren)</b>	\$1,336.49	\$1,398.80	\$1,277.63
<b>Employee + Family</b>	\$2,301.70	\$2,409.34	\$2,200.04

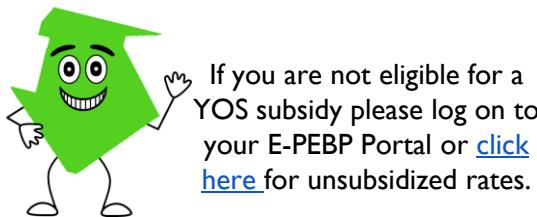
Non-State Employee rates are unsubsidized rates. Employees working for a non-state agency should contact their agency to inquire about any premium subsidies.

Active Employee

Pre-Medicare Retiree

Medicare Retiree

COBRA



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. \*Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP. Until the YOS audit is received by PEBP your subsidy (if applicable) may be delayed, and that while the subsidy will be backdated, participants may be paying costs up front for up to several months.

## PRE-MEDICARE RETIREE MONTHLY RATES

State Retiree and Survivor Rates (Non-Medicare)			
Effective July 1, 2022 – June 30, 2023	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
<b>Retiree Only</b>	\$241.26	\$262.44	\$355.30
<b>Retiree + Spouse/DP</b>	\$588.97	\$631.34	\$817.06
<b>Retiree + Child(ren)</b>	\$371.64	\$400.78	\$528.48
<b>Retiree + Family</b>	\$719.36	\$769.66	\$990.24
<b>Surviving/Unsubsidized Dependent</b>	\$670.83	\$691.88	\$779.47
<b>Surviving/Unsubsidized Spouse + Child(ren)</b>	\$920.33	\$949.43	\$1,069.73

- 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 → 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 PPO, LD PPO, EPO, or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the base premium.

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO	
Years of Service	Premium Differential
5	+373.50
6	+336.15
7	+298.80
8	+261.45
9	+224.10
10	+186.75
11	+149.40
12	+112.05
13	+74.70
14	+37.35
15 (base)	-
16	-37.35
17	-74.70
18	-112.05
19	-149.40
20	-186.75

## PRE-MEDICARE RETIREE MONTHLY RATES

Non-State Retiree and Survivor Rates (Non-Medicare)			
Effective July 1, 2022 – June 30, 2023	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
<b>Retiree Only</b>	\$239.53	\$260.93	\$355.30
<b>Retiree + Spouse/DP</b>	\$585.49	\$628.29	\$817.06
<b>Retiree + Child(ren)</b>	\$369.25	\$398.69	\$528.48
<b>Retiree + Family</b>	\$715.23	\$766.05	\$990.24
<b>Surviving/Unsubsidized Dependent</b>	\$970.69	\$1,016.01	\$927.89
<b>Surviving/Unsubsidized Spouse + Child(ren)</b>	\$1,332.65	\$1,394.96	\$1,273.79

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO	
Years of Service	Premium Differential
5	+373.50
6	+336.15
7	+298.80
8	+261.45
9	+224.10
10	+186.75
11	+149.40
12	+112.05
13	+74.70
14	+37.35
15 (base)	-
16	-37.35
17	-74.70
18	-112.05
19	-149.40
20	-186.75

- 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 → 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 PPO, LD PPO, EPO, or HMO plan who are enrolled in Medicare Part B, subtract an additional \$135.50 from the base premium.



- Active Employee
- Pre-Medicare Retiree
- Medicare Retiree**
- COBRA



For additional information regarding Medicare please refer to the [PY2023 PEBP and Medicare Guide](#).

## MEDICARE RETIREE MONTHLY RATES

Retirees not on the Medicare Exchange and that participate in the Consumer Driven Health Plan (PPO), Low Deductible PPO (LD PPO), Premier Plan (EPO), or Health Plan of Nevada (HMO) will need to refer to the [Pre-Medicare Rates](#).

Medicare eligible retirees that are required to transition to the Medicare Exchange will need to review the Plan Year 2023 PEBP and Medicare Guide for additional information.

Plan Year 2023 PEBP Dental Rates Medicare Retirees Enrolled with Via Benefits		
Effective July 1, 2022 – June 30, 2023	State Retiree	Non-State Retiree
<b>Retiree only</b>	\$47.61	\$42.07
<b>Retiree + Spouse/DP*</b>	\$95.22	\$84.14
<b>Surviving/Unsubsidized Spouse/DP*</b>	\$47.61	\$42.07

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

## CURRENTLY ON THE CONSUMER DRIVEN HEALTH PLAN?

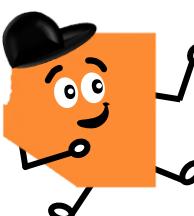


Health Reimbursement Arrangement (HRA) funds through the Consumer Driven Health Plan (CDHP) are not transferable to an HRA through the Medicare Exchange. If a retiree on the CDHP terminates coverage or transitions to the Medicare Exchange, any remaining funds in the CDHP HRA account revert to PEBP. To find out your Consumer Driven Health Plan HRA balance please call HSA Bank at 1-833-228-9364.

## MONTHLY COBRA RATES

Active Employee  
Pre-Medicare Retiree  
Medicare Retiree

### COBRA



COBRA participants do not qualify for life insurance and do not receive a subsidy.

Effective July 1, 2022 – June 30, 2023		CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)	LOW DEDUCTIBLE (LD PPO)	PREMIER PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
<b>State Employee</b>				
Employee	\$688.16	\$709.75	\$798.99	
Employee + Spouse/DP	\$1,366.82	\$1,409.97	\$1,588.47	
Employee + Child(ren)	\$942.65	\$972.34	\$1,095.04	
Employee + Family	\$1,621.30	\$1,672.57	\$1,884.53	
<b>State Retiree</b>				
Retiree	\$684.25	\$705.82	\$795.06	
Retiree + Spouse/DP	\$1,362.89	\$1,406.06	\$1,584.54	
Retiree + Child(ren)	\$938.74	\$968.42	\$1,091.12	
Retiree + Family	\$1,617.38	\$1,668.65	\$1,880.61	
Spouse/DP Only	\$684.25	\$705.82	\$795.06	
Spouse/DP + Child(ren)	\$938.74	\$968.42	\$1,091.12	
<b>Non-State Employee</b>				
Employee	\$994.02	\$1,040.25	\$950.36	
Employee + Spouse/DP	\$1,978.55	\$2,071.00	\$1,891.22	
Employee + Child(ren)	\$1,363.22	\$1,426.78	\$1,303.18	
Employee + Family	\$2,347.73	\$2,457.53	\$2,244.04	
<b>Non-State Retiree</b>				
Retiree	\$990.10	\$1,036.33	\$946.45	
Retiree + Spouse/DP	\$1,974.63	\$2,067.08	\$1,887.31	
Retiree + Child(ren)	\$1,359.30	\$1,422.86	\$1,299.27	
Retiree + Family	\$2,343.82	\$2,453.61	\$2,240.12	
Spouse/DP Only	\$990.10	\$1,036.33	\$946.45	
Spouse/DP + Child(ren)	\$1,359.30	\$1,422.86	\$1,299.27	

New Hire and Active Employee

Retiree Eligibility

PEBP and Medicare

Dependents

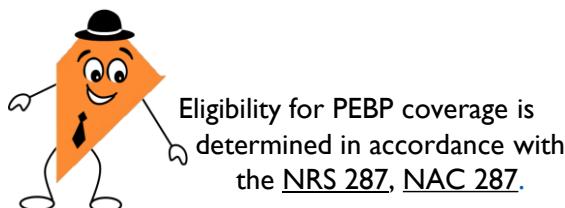
## ELIGIBILITY

### 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 and Active Employee

Retiree Eligibility

PEBP and Medicare

Dependents

### 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 [www.pebp.state.nv.us](http://www.pebp.state.nv.us) 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 into the plan, you will be unable to change or remove coverage until open enrollment or as a result 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.

New Hire and Active Employee

**Retiree Eligibility**

PEBP and Medicare

Dependents



NOTE: Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.

## RETIREES INITIAL HIRE DATE WILL BE NEEDED TO DETERMINE ELIGIBILITY

- Employees with 5 or more years of service credit (or 8 or more years of service credit for retired legislators)
- Upon retirement the last employer is participating in PEBP with their active employees
- Retiree must also be receiving retirement benefits from one of the following:
  - Public Employees' Retirement System (PERS)
  - Retirement Plan Alternative (RPA) for professional employees of the Nevada System of Higher Education (NSHE)
  - Legislators' Retirement System (LRS)
  - Judges' Retirement System (JRS)

### Retiree Coverage for Employees

*Initially Hired On or After  
January 1, 2010*

Must have at least 15 years of service

### 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 **will** qualify for a subsidy or Exchange HRA

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.

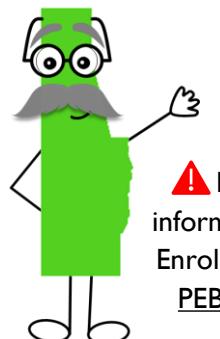
# PEBP AND MEDICARE ELIGIBILITY

New Hire and Active Employee

Retiree Eligibility

**PEBP and Medicare**

Dependents



⚠ If you need additional information regarding Medicare Enrollment please refer to the [PEBP and Medicare Guide](#).

## Active Employee (65 or older)

- PEBP does not require active employees to obtain Medicare until 60-90 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 Health Savings Account (HSA) and enrolled in Medicare are not permitted in accordance with IRS publication 969, to contribute to an HSA.
- PEBP will automatically convert your HSA to an HRA upon receiving a copy of your Medicare card.

## 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 and purchase Medicare Part B.
- Member must send PEBP a copy of the Military ID Card (front and back).

## 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.

## Medicare Eligibility

## Spouse or Domestic Partner

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

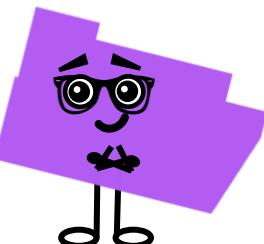
## DEPENDENT ELIGIBILITY

New Hire and Active Employee

Retiree Eligibility

PEBP and Medicare

**Dependents**



Supporting documents are required to be uploaded into your E-PEBP Portal to add eligible dependents.

### Legal Spouse or Domestic Partner

- If not eligible for group coverage through their own employer\*

*\*Exceptions 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

### **Dependent Eligibility**

### 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 to age 19
- To continue coverage after 19 (to age 26), the child must be:
  - Unmarried
  - Reside with participant
  - Full-time student
  - Claimed on tax return
- Recertification will be required every 2 years



**IMPORTANT:** 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.

## ENROLLMENT

Information regarding the enrollment process, timeframes for completing enrollment, uploading supporting documents, qualifying life events, and open enrollment are detailed in this section.

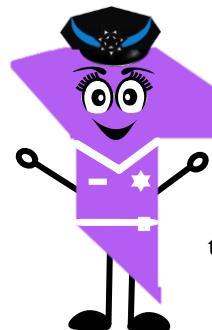
New Hires

Retirees

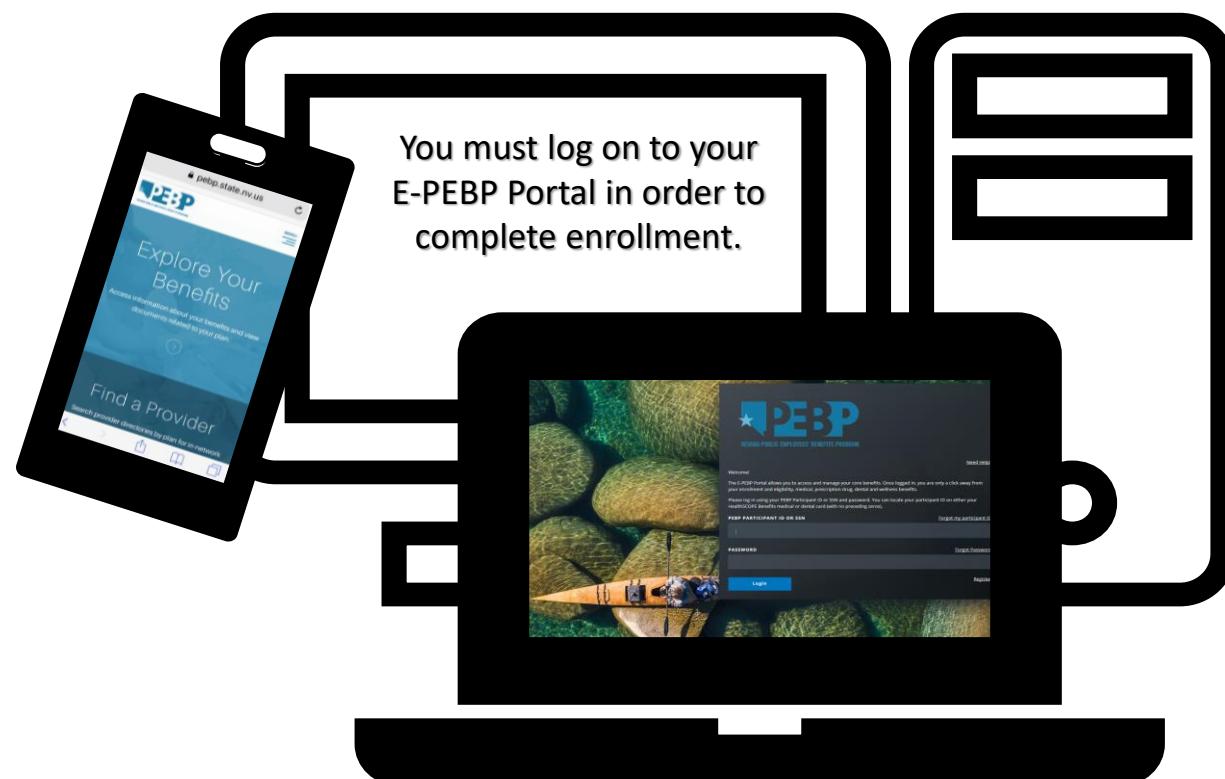
Open Enrollment

Qualifying Life Events

Supporting Documents



You can contact PEBP by sending a secure message through your [E-PEBP portal](#)



## NEW HIRE ENROLLMENT

### New Hires

Retirees

Open Enrollment

Qualifying Life Events

Supporting Documents

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 participant 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 as a result of a qualifying life event.

As a new benefits-eligible employee you must enroll or decline coverage online at [www.pebp.state.nv.us](http://www.pebp.state.nv.us) 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.

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

## RETIREE ENROLLMENT

New Hires

**Retirees**

Open Enrollment

Qualifying Life Events

Supporting Documents

PEBP will mail you retiree forms once a termination notice from your agency is completed. You can also access the forms on PEBPs website under *Plans and Retiring Before or After Age 65*.

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.

### Retiree Late Enrollment

A retired public officer or employee of the State, NSHE, a participating local government, or his or her surviving spouse, can reinstate insurance during a PEBP open enrollment, if the retired public officer or employee did not have more than one period during which he or she was not covered under a PEBP plan on or after October 1, 2011, or on or after the date of his or her retirement, whichever is later. Meaning, the above defined individuals will only have one opportunity to rejoin the PEBP plan following retirement.

To take advantage of the retiree late enrollment, the retiree should contact PEBP between April 15<sup>th</sup> and May 15<sup>th</sup> of any calendar year to request late enrollee forms. All reinstated retiree forms must be returned to the PEBP office by May 31<sup>st</sup> and any required supporting documents must be uploaded by June 15<sup>th</sup>. Approved reinstated coverage will become effective July 1<sup>st</sup>.

A reinstated retiree will no longer be eligible for basic life insurance through PEBP.

## OPEN ENROLLMENT

New Hires

Retirees

**Open Enrollment**

Qualifying Life Events

Supporting Documents

The annual PEBP open enrollment period provides participants the opportunity to reevaluate benefits, make changes to existing medical plan elections, or add/remove dependents.

Participants who are adding dependents to their coverage during the open enrollment period must upload any required supporting documents (e.g., copy of marriage certificate, birth certificate, etc.) by June 15<sup>th</sup>.

In order to make any plan changes outside of the open enrollment period, you must experience a [qualifying life event](#).



PEBP open enrollment is held between May 16<sup>th</sup> - May 31<sup>st</sup> for PY23. Any changes made during the open enrollment period become effective on July 1<sup>st</sup>.

## QUALIFYING LIFE EVENTS

New Hires

Retirees

Open Enrollment

**Qualifying Life Events**

Supporting Documents

For more information on what changes can be made for each type of life event, log on to your E-PEBP Portal and select *Change current benefits*.



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



Any change made to healthcare benefits must be determined by PEBP to be necessary, appropriate, and consistent with the change in status. For more details view the Qualifying Life Events document on [pebp.state.nv.us](http://pebp.state.nv.us).

New Hires

Retirees

Open Enrollment

Qualifying Life Events

**Supporting Documents**

All foreign documents must be translated into English.

## SUPPORTING DOCUMENTS

### Spouse

- Copy of certified marriage certificate
- Social Security Number

### Domestic Partner

- Copy of certified domestic partner certificate
- Social Security Number

### Child or Children

- 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

## Health Savings Accounts

## Health Reimbursement Arrangements

### Flexible Spending Accounts (FSA)

FSAs are available to any eligible 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.

### 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 even use the funds into retirement.

### 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. If the CDHP medical coverage terminates for any reason, including a transition into a Medicare Exchange plan, any remaining funds in the HRA account revert to PEBP.



Find a full list of qualified health care expenses at

[www.irs.gov/publications/p502/](http://www.irs.gov/publications/p502/)

# FLEXIBLE SPENDING ACCOUNTS (FSA)

## Flexible Spending Accounts

Health Savings Accounts

Health Reimbursement

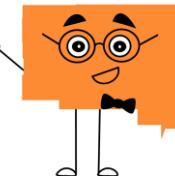
Arrangements

## FSA Comparison Chart

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
<b>Examples of Covered Expenses</b>	<p>Qualified medical, dental and vision expenses such as:</p> <ul style="list-style-type: none"> <li>• Chiropractor</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Orthodontia</li> <li>• Copays</li> </ul>	<p>Qualified dental and vision expenses such as:</p> <ul style="list-style-type: none"> <li>• Vision exams</li> <li>• LASIK surgery</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Dental cleanings and fillings</li> <li>• X-rays</li> <li>• Orthodontia</li> </ul>	<p>Qualified dependent care expenses such as certain:</p> <ul style="list-style-type: none"> <li>• Preschool expenses</li> <li>• Nursery school expenses</li> <li>• Childcare in your home</li> <li>• Licensed home childcare</li> </ul> <p>Day care expenses are limited to care for children under age 13.</p> <p>Your expense must be for the purpose of allowing you and, if married, your spouse to be employed.</p>
<b>IRS Annual Allowed Maximum Calendar Year Contribution</b>	\$2,850	\$2,750	\$5,000 per household (\$2,500 if married and file separate tax returns)
<b>Can you have an HSA</b>	No	Yes	Yes
<b>Do funds roll over from year to year</b>	Carry over up to \$570. Funds in excess of \$570 will be forfeited. Account must be depleted by July 1 <sup>st</sup> if employee switches to CDHP HSA.	Carry over up to \$570. Funds in excess of \$570 will be forfeited.	No carry over. All excess funds will be forfeited.

***Enrollment is not automatic. You must re-enroll each year if you want to participate in a Flexible Spending Account.***

Who is Eligible? Fulltime active employees covered under the PEBP Consumer Driven Health Plan (PPO), Low Deductible PPO Plan (LD PPO), Premier Plan (EPO) or Health Plan of Nevada (HMO). Special rules apply if you go out on a leave of absence.



# HEALTH SAVINGS ACCOUNTS (HSA)

Flexible Spending Accounts

**Health Savings Accounts**

Health Reimbursement  
Arrangements



Triple Tax  
Advantage

## HSA Eligibility Requirements

- You are an active employee covered under the Consumer Driven Health Plan (CDHP)
- You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA etc.) unless the coverage is also an IRS qualified high deductible health plan
- You or your spouse cannot be enrolled in a Medical Flexible Spending Account or HRA
- You cannot be claimed on someone else's tax return (excludes joint returns)

## HEALTH REIMBURSEMENT ARRANGEMENTS (HRA)

Flexible Spending Accounts

Health Savings Accounts

**Health Reimbursement  
Arrangements**

If you select the Consumer Driven Health Plan (CDHP) with an HRA, you can use a Health Reimbursement Arrangement to pay for eligible out-of-pocket health care expenses. HRA's are funded by PEBP; participant contributions are not allowed. PER IRS: LD PPO participants are not eligible for HSA/HRA funds. Participants will receive \$600 and there are no additional funds for dependents.

### Health Reimbursement Arrangement (HRA):

- Receive tax-free contributions from PEBP
- HRA funds may be used to pay for out-of-pocket qualified health expenses
- HRA's are not portable; funds revert to PEBP if an employee's coverage is terminated for any reason, including a transition into a Medicare Exchange plan

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

- You are a retiree
- You have other coverage (Medicare, TRICARE or TRICARE for Life, Tribal, HMO, COBRA, etc.)
- You or your spouse are enrolled in a Medical Flexible Spending Account or HRA
- You are claimed on someone else's tax return (excludes joint returns)

## ADDITIONAL BENEFITS

In this section you can explore additional benefits offered by PEBP.

 Voluntary Benefits

 Telemedicine

 2nd MD

 Disease Care Management

### PEBP+ Voluntary Benefits



[Voluntary Benefits](#)



[Telemedicine](#)



[Second MD](#)

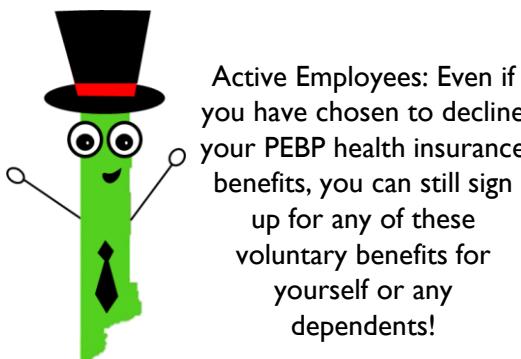


[Disease Care Management](#)

## VOLUNTARY BENEFITS

The voluntary benefits listed below are offered to all members 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 on to your E-PEBP Portal and click on + Shop for new benefits.

- Legal Plan
- Auto Policies
- Home Policies
- Accident Plan
- Pet Insurance
- Long Term Care
- Critical Illness Plan
- Buy-Up Vision Plan
- ID Theft Protection
- Long Term Disability
- Short Term Disability
- Hospital Indemnity Plan
- Voluntary Life Insurance



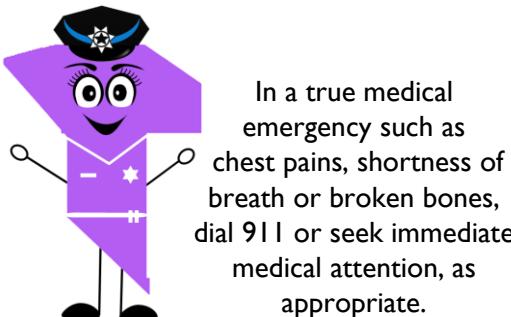
Active Employees: Even if you have chosen to decline your PEBP health insurance benefits, you can still sign up for any of these voluntary benefits for yourself or any dependents!

Voluntary Benefits

**Telemedicine**

2nd MD

Disease Care Management



## TELEMEDICINE

### Consumer Driven Health Plan, Low Deductible PPO Plan, and Premier Plan

Telemedicine (virtual medicine) is covered when using in-network providers who offer telemedicine. It is also available through Doctor on Demand.

Participants can register with Doctor on Demand and connect face-to-face with a board-certified doctor or licensed psychologist on a smartphone, tablet or computer through live video. Some of the medical and behavioral health conditions that may be treated include cold and flu, bronchitis, sinus issues, urinary tract infection, anxiety, depression, etc. Doctor on Demand providers can also prescribe medications (except controlled substances).

Services available include:

- Primary care visit
- Psychologist visit
- Psychiatry visit

### Health Plan of Nevada

Telemedicine (virtual medicine) is available through NowClinic®. NowClinic® lets the participant talk with a provider on their desktop or mobile device. Providers can recommend treatment and, if needed, most prescriptions can be sent to your chosen pharmacy (prescribing may require video.) Download the app or visit [www.nowclinic.com](http://www.nowclinic.com).

## 2<sup>ND</sup> MD

State of NV PEBP employees, retirees, and their eligible dependents enrolled in PEBP's Consumer Driven Health Plan (CDHP), Low Deductible PPO (LD PPO), or Premier Plan (EPO) have an exclusive membership to 2nd.MD, a virtual expert consultation and medical navigation service at **NO COST**.

2<sup>nd</sup> MD connects you with the leading specialists in their respective fields to answer questions, like:

- *“Do I have the right diagnosis?”*
- *“Am I getting the best treatment for my medical condition?”*
- *“Is this surgery or procedure the best option for me?”*
- *“Is the medicine I’m taking right for me?”*

Connect with 2<sup>nd</sup> MD's Care Team:

- Call: 1.866.269.3534
- Visit: [www.2nd.MD/pebp](http://www.2nd.MD/pebp)
- Download the 2nd.MD App



# DISEASE CARE MANAGEMENT

Voluntary Benefits

Telemedicine

2nd MD

**Disease Care Management**



Offered to all participants and their covered dependents. For the CDHP, LD PPO, and Premier Plans, contact UMR.

## Consumer Driven Health Plan (CDHP 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, and some meal replacement therapy.

## Low Deductible (LD 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, and some meal replacement therapy.

## Premier 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, and some meal replacement therapy.

## 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.  
<https://www.myhpnstateofnevada.com/Disease-Management>

## CONTACTS

CDHP and LD PPO

Premier Plan

Health Plan of Nevada

Additional Contacts

Although not comprehensive, this guide contains a lot of important information about your benefit options and enrollment. If you have any additional questions, there are many resources available to you.

Please use the links to your left to contact the appropriate vendor(s) for your plan. Specific plan-coverage questions will need to be answered by your plan carrier.

Viewing PEBPs website will allow you to review more comprehensive documents such as Master Plan Documents, Summary Plan Descriptions, and you will also find FAQ's which will help answer commonly asked questions. Please login to your E-PEBP portal to view claims and spending account information.

If you still have questions about things such as eligibility, qualifying life events, supporting documentation needed for enrollment, or basic questions about plan options, PEBP would be happy to help answer them. You may send our Member Services a secure message through your E-PEBP Portal.

### Have an address change?



- Send a secure message through your E-PEBP portal.
- Call PEBP at 775-684-7000, 702-486-3100 or 1-800-326-5496 and Member Services will update your information for you.

If you are sending supporting documents,  
please upload them into your [E-PEBP Portal](#).



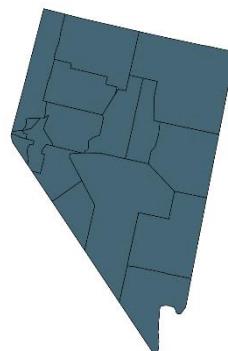
## CONSUMER DRIVEN HEALTH PLAN AND LOW DEDUCTIBLE PPO

### CDHP and LD PPO

Premier Plan

Health Plan of Nevada

Additional Contacts



SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
<ul style="list-style-type: none"> <li>Medical, Dental and Vision Benefits and Claims</li> <li>ID Cards</li> <li>FSA</li> <li>Find a Medical Provider</li> <li>Disease Care Management</li> </ul>	<p><b>UMR</b> PO Box 8022 Wausau, WI 54402-8022</p>	Log on to your E-PEBP Portal and select <i>UMR</i>	1-888-7NEVADA (1-888-763-8232) Group Number: NVPEB
<b>Find a Dental Provider</b>	<b>Diversified Dental Services</b> 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Find a Provider tool on <a href="http://pebp.state.nv.us">pebp.state.nv.us</a> or <a href="http://www.ddspo.com">www.ddspo.com</a>	Customer Service: 1-866-270-8326
<ul style="list-style-type: none"> <li>Prescription Drug Coverage</li> <li>Specialty Drug Coverage</li> <li>Find a Pharmacy</li> <li>Price a Medication Tool</li> </ul>	<p><b>Express Scripts</b> P.O. Box 66566 St. Louis, MO 63166-6566</p>	Log on to your E-PEBP Portal and select <i>Click here to access Express Scripts</i> , under Quick Link	<b>Express Scripts</b> 1-855-889-7708  <b>Specialty Pharmacy - Accredo</b> 1-877-ACCREDO (1-877-222-7336)
<b>Utilization and Case Management</b>	<b>Sierra Health-Care Options, Inc</b> PO Box 15645 Las Vegas, NV 89144-5648	Fax: 1-800-288-2264	1-888-323-1461
<ul style="list-style-type: none"> <li>Basic Life Insurance</li> <li>Travel Assistance</li> </ul>	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	<a href="https://pebp.state.nv.us/plans/basic-life-insurance/">https://pebp.state.nv.us/plans/basic-life-insurance/</a>	Customer Service: 1-888-763-8232
<b>Voluntary Products</b>	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
<b>Telemedicine</b>	Doctor on Demand	<a href="http://www.doctorondemand.com/pebp">www.doctorondemand.com/pebp</a>	1-800-997-6196
<b>HSA/HRA</b>	HSA Bank	<a href="http://Myaccounts.hsabank.com">Myaccounts.hsabank.com</a>	1-833-228-9364
<b>Short-Term Disability</b>	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716

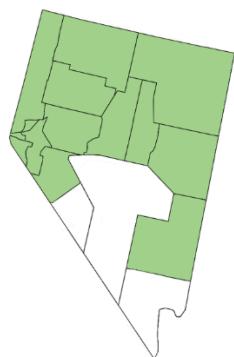
## PREMIER PLAN (NORTHERN NEVADA EPO)

CDHP and LD PPO

**Premier Plan**

Health Plan of Nevada

Additional Contacts



SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
<ul style="list-style-type: none"> <li>Medical, Dental and Vision Benefits and Claims</li> <li>ID Cards</li> <li>Flexible Spending Accounts</li> <li>Find a Medical Provider</li> <li>Disease Care Management</li> </ul>	<b>UMR</b> PO Box 8022 Wausau, WI 54402-8022	Log on to your E-PEBP Portal and select <i>UMR</i>	1-888-7NEVADA 1-888-763-8232 Group Number: NVPEB
<b>Find a Dental Provider</b>	<b>Diversified Dental Services</b> 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Log on to your E-PEBP Portal or visit <a href="http://www.ddspo.com">www.ddspo.com</a>	Customer Service: 1-866-270-8326
<ul style="list-style-type: none"> <li>Prescription Drug Coverage</li> <li>Specialty Drug Coverage</li> <li>Find a Pharmacy</li> <li>Price a Medication Tool</li> </ul>	<b>Express Scripts</b> P.O. Box 66566 St. Louis, MO 63166-6566	Log on to your E-PEBP Portal and select <i>Click here to access Express Scripts</i> , under Quick Link	<b>Express Scripts</b> 1-855-889-7708  <b>Specialty Pharmacy - Accredo</b> 1-877-ACCREDO (1-877-222-7336)
<b>Utilization and Case Management</b>	<b>Sierra Health-Care Options, Inc</b> PO Box 15645 Las Vegas, NV 89144-5648	Fax: 1-800-288-2264	1-888-323-1461
<ul style="list-style-type: none"> <li>Basic Life Insurance</li> <li>Travel Assistance</li> </ul>	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	<a href="https://pebp.state.nv.us/plans/basic-life-insurance/">https://pebp.state.nv.us/plans/basic-life-insurance/</a>	Customer Service: 1-888-763-8232
<b>Voluntary Products</b>	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
<b>Telemedicine</b>	Doctor on Demand	<a href="http://www.doctorondemand.com/pebp">www.doctorondemand.com/pebp</a>	1-800-997-6196
<b>Short-Term Disability</b>	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716

# HEALTH PLAN OF NEVADA (SOUTHERN NEVADA HMO)

CDHP and LD PPO

Premier Plan

**Health Plan of Nevada**

Additional Contacts



HEALTH PLAN OF NEVADA

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
<ul style="list-style-type: none"> <li>Medical and Vision Benefits and Claims</li> <li>Medical ID Cards</li> <li>Find a Medical Provider</li> <li>Disease Care Management</li> </ul>	<b>Health Plan of Nevada</b> 2720 N. Tenaya Way Las Vegas, NV 89128-0424	Log on to your E-PEBP Portal or visit <a href="https://www.myhpnstateofnevada.com/">https://www.myhpnstateofnevada.com/</a>	702-242-7300 or 1-800-777-1840
<b>Flexible Spending Accounts</b>	UMR	Log on to your E-PEBP Portal or call UMR	1-888-7NEVADA (1-888-763-8232)
<b>Dental ID Cards</b>	UMR	Log on to your E-PEBP Portal and select <i>Click here to access UMR</i> , under Quick Links or call UMR	1-888-7NEVADA (1-888-763-8232)
<b>Find a Dental Provider</b>	<b>Diversified Dental Services</b> 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Log on to your E-PEBP Portal or visit <a href="http://www.ddsppo.com">www.ddsppo.com</a>	Customer Service: 1-866-270-8326
<ul style="list-style-type: none"> <li>Prescription Drug Coverage</li> <li>Specialty Drug Coverage</li> <li>Find Pharmacy Network Providers</li> <li>Price a Medication Tool</li> </ul>	<b>Optum RX</b> P.O. Box 2975 Mission, KS 66201	<a href="http://www.myhpnstateofnevada.com/Pharmacy-Benefits">www.myhpnstateofnevada.com/Pharmacy-Benefits</a>	1-800-788-4863
<ul style="list-style-type: none"> <li>Basic Life Insurance</li> <li>Travel Assistance</li> </ul>	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	<a href="https://pebp.state.nv.us/plans/basic-life-insurance/">https://pebp.state.nv.us/plans/basic-life-insurance/</a>	Customer Service: 1-888-763-8232
<b>Voluntary Products</b>	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
<b>Telemedicine</b>	NowClinic	<a href="https://www.myhpnstateofnevada.com/Virtual-Visits">https://www.myhpnstateofnevada.com/Virtual-Visits</a>	1-877-550-1515
<b>Short-Term Disability</b>	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716

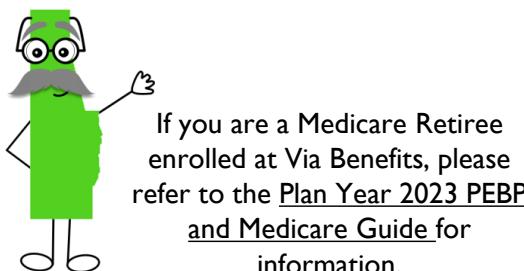
## ADDITIONAL CONTACTS AND RESOURCES

CDHP and LD PPO

Premier Plan

Health Plan of Nevada

### Additional Contacts



SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
<b>Medicare Exchange and HRA Funding</b>	<b>Via Benefits</b> 10975 Sterling View Drive, Suite A1 South Jordan, UT 84095	<a href="http://www.my.viabenefits.com/pebp">www.my.viabenefits.com/pebp</a>	General: 1-888-598-7545 HRA Assistance: 1-844-266-1395
<b>Medicare Eligibility</b>	Social Security Administration	<a href="http://www.ssa.gov">www.ssa.gov</a>	1-800-772-1213
<b>Medicare Services</b>	Centers for Medicare Services	<a href="http://www.cms.gov">www.cms.gov</a>	1-800-633-4227
<b>PEBP Dental ID Cards</b>	UMR	Log on to your E-PEBP Portal or call UMR	1-888-7NEVADA (1-888-763-8232)
<b>Find a PEBP Dental Provider (Via Benefits Medicare Retirees)</b>	<b>Diversified Dental Services</b> 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Log on to your E-PEBP Portal or visit <a href="http://www.ddsppo.com">www.ddsppo.com</a>	Customer Service: 1-866-270-8326
<b>Basic Life Insurance</b>	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	Log on to your E-PEBP Portal or visit <a href="https://www.standard.com/mybenefits/nevada/">https://www.standard.com/mybenefits/nevada/</a>	Customer Service: 1-888-763-8232
<b>Voluntary Products</b>	Corestream	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
<b>Retirement (PERS)</b>	Public Employees' Retirement System Carson City and Las Vegas Locations	<a href="http://www.nvpers.org">www.nvpers.org</a>	Toll Free: 1-866-473-7768 Carson City: 775-687-4200 Las Vegas: 702-486-3900
<b>Deferred Compensation</b>	<b>Nevada Public Employees' Deferred Compensation Program</b> 100 N. Stewart St., Suite 100 Carson City, NV 89701	<a href="http://www.defcomp.nv.gov">www.defcomp.nv.gov</a>	1-775-684-3398

## IMPORTANT INFORMATION

PY23 Changes

COBRA

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Key Terms and Definitions

CHIP and Premium Assistance

In this section you will find important information including where to find [Legal Notices](#).

Please view the mandatory notices page under *Plans* on [pebp.state.nv.us](http://pebp.state.nv.us) to find the PEBP Health and Welfare Wrap Plan, which includes the HIPAA Privacy Notice, for all legal notices pertaining to this document. You can also view PEBP's Privacy Notice [here](#).

The information in this guide is for informational purposes only. Any discrepancies between the benefits described herein and the PEBP Master Plan Document(s) for Plan Year 2023 and the HMO Plan Evidence of Coverage Certificate shall be superseded by the plan's official documents.

This document and other materials are available on PEBPs website. You may also request a copy of the HIPAA Privacy Notice or any other document by sending a secure message through your E-PEBP Portal or calling PEBP Member Services at 775-684-7000, 702-486-3100 or 1-800-326-5496.

## PY23 CHANGES

### PY23 Changes

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### Consumer Driven Health Plan

Preferred Provider Organization (Statewide/Nationwide CDHP PPO)

- New United Healthcare Choice Plus (north) and Sierra Health-Care Options (south) network
- Deductible \$1,500 for an individual and \$3,000 for a family
- HSA Bank is the new administrator for HSA/HRA funding
- Doctor on Demand: Psychology visit \$129 for 50 minutes, psychiatry visit \$229 for 45 minutes
- Out-of-pocket max is \$4,000 for an individual and \$8,000 for a family

### Premier Plan

Exclusive Provider Organization (Northern Nevada EPO)

- New United Healthcare Choice Plus network
- Deductible \$100 for an individual and \$200 for a family with a \$100 for an individual family member
- Rx specialty is a 20% after deductible
- Doctor on Demand: Psychology visit \$20 for 50 minutes, psychiatry visit \$20 for 45 minutes
- Impatient Hospital is a \$600 copay, primary care visit is a \$20 copay, ER visit is a \$600 copay

### Low Deductible PPO Plan

Preferred Provider Organization (Statewide/Nationwide LD PPO)

- New United Healthcare Choice Plus (north) and Sierra Health-Care Options (south) network
- Deductible \$0, N/A
- Doctor on Demand: Psychology visit \$20 for 50 minutes, psychiatry visit \$20 for 45 minutes
- Out-of-pocket max is \$4,000 for an individual and \$8,000 for a family

### Health Plan of Nevada

Health Maintenance Organization (Southern Nevada HPN-HMO)

- Deductible \$100 for an individual and \$200 for a family with a \$100 for an individual family member
- Rx specialty is a 20% after deductible (deductible \$100 individual, \$200 family)
- Impatient Hospital is a \$600 copay
- ER visit is a \$600 copay

## CDHP (PPO), LD (PPO) AND PREMIER (EPO) PY23 CHANGES

### **PY23 Changes**

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**FSA Increase:** Increase in Healthcare FSA to \$2,850 (was \$2,750). The rollover also increased to \$570 (was \$550).

### **Network Change**

Effective July 1, 2022, the Consumer Driven Health Plan (CDHP), Low Deductible (LD PPO), and Premier Plan (EPO) networks (Aetna Signature Administrators), are being replaced with UnitedHealthcare Choice Plus (north) and Sierra Health-Care Options (south).

This change may affect whether your current provider remains in-network. As a member you are responsible for confirming with your provider(s) prior to receiving services that the provider is a contracted provider after July 1, 2022.

To find participating In-Network Providers use the Find a Provider tool on <https://pebp.state.nv.us>

### **CDHP**

**HSA contribution limit:** \$3,650 (an increase of \$50 from last year) for the individual and \$7,300 (an increase of \$100 from last year) for the family

### **LD PPO**

Medically necessary care at a skilled nursing facility is limited to a 100 days per Plan Year.

### **EPO**

Medically necessary care at a skilled nursing facility is limited to a 100 days per Plan Year.

Mammogram benefits were enhanced to include services beginning at age 35 for members with a high risk of breast cancer.



# COBRA COVERAGE

## Consolidated Omnibus Budget Reconciliation Act of 1985

Qualified beneficiaries are entitled to COBRA continuation coverage when qualifying events (which are specified in the law) occur, and, as a result of the qualifying event, coverage of that qualified beneficiary ends.

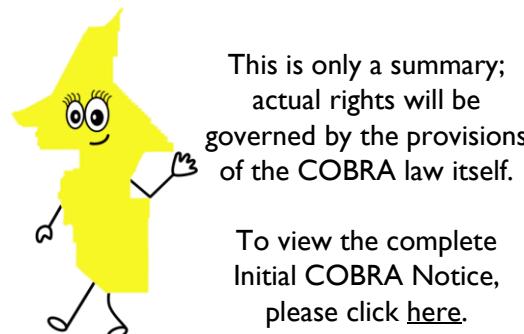
By law, any person who elects COBRA Continuation of Coverage will pay the full cost of the COBRA Continuation of Coverage.

Ordinarily, the continuation coverage that is offered will be the same coverage that you, your spouse/domestic partner or dependent children had on the day before the qualifying event. An employee or retiree, spouse/domestic partner or dependent child who is not covered under the Plan on the day before the qualifying event generally is not entitled to COBRA coverage except, for example, when there is no coverage because it was *eliminated in anticipation* of a qualifying event such as divorce. If the coverage is modified for similarly situated employees or their spouses/domestic partners or dependent children, then COBRA coverage will be modified in the same way.

## Initial Enrollment for COBRA

Qualified beneficiaries who wish to elect COBRA Continuation Coverage must submit their election within 60 days of their qualifying event by completing the PEBP COBRA Election Notice (this event is not available online).

The maximum period of COBRA continuation coverage is generally either 18 months or to a max of 36 months, depending on which qualifying event occurred, measured from the time the qualifying event occurs.



This is only a summary;  
actual rights will be  
governed by the provisions  
of the COBRA law itself.

To view the complete  
Initial COBRA Notice,  
please click [here](#).

## DISCRIMINATION IS AGAINST THE LAW

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

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

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

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

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

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

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

[Discrimination Continued →](#)



## DISCRIMINATION IS AGAINST THE LAW

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[Click here](#) to view The Public Employees' Benefit Program Non-discrimination Statement

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

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

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

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

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

ማስታወሻ: የሚኖሩት ቁንቃ አማርኛ ከሆነ የትራንስ እርዳታ የደረሰ የሚከተሉ ቁጥር: በዚ ላይምዎች ተዘጋጀችዋል: ምዝ ማኅተለው ቁጥር የደውጊ ለተሳናወል 1-800-326-5496 :1-800-545-8279).

ເຮືອນ: ລ້າຄນູ ພຸ້ມ ການຍາ ໄກສາ ສາມາරດ ໄຊ້ບວກຮ່ວງ ແກ້ໄຂເຖິງການຍາ ໄດ້ເີຣີ ໂທຣ 1-800-326-5496 (TTY: 1-800-545-8279)

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

ملحوظة: إذا كنت تتحدث إحدى اللغات، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-326-5496 (رقم هاتف الصم والبكم: 9728-545-800-1) (9728-545-800-1 : 6945-623-800-1) (رقم هاتف الصم والبكم: 1-800-545-8279).

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

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

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-545-800-1 :YTT (7982-545-800-1) (تماس بگیرید).

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

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



# LEGAL NOTICES

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## HIPAA PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act (HIPAA) (Privacy Rule) provides Federal protection for personal health information and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other purposes. For more information, please visit the following website: <https://www.hhs.gov/ocr/index.html>. To obtain a copy of this notice please view the Mandatory Notices page. A hard copy is available by request by contacting PEBP Member Services at 775-684-7000.

## MICHELLE'S LAW

Under the Public Employees' Benefits Program (PEBP), most dependent children are eligible for health coverage until age 26. However, dependent children under a legal guardianship who are unmarried are generally eligible for health coverage until age 19. Eligibility for dependent children under a legal guardianship may be extended beyond age 19 to age 26 if the child satisfies all the following conditions:

- Remains unmarried;
- Is either enrolled as a full-time student at an accredited institution or resides with the participant;
- Is eligible to be claimed as a dependent on the participant's or his/her spouse's or domestic partner's federal income tax return for the preceding calendar year; and
- Is a grandchild, brother, sister, step-brother, step-sister, or descendent of such relative.

Should a dependent child under a legal guardianship (as described above) take a medically necessary leave of absence for a serious illness or injury that causes loss of full-time student status, his or her coverage cannot be terminated before the date that is the earlier of (1) one year after the first day of the medically necessary leave of absence; or (2) the date on which such coverage would otherwise terminate under the terms of the PEBP.

Legal Notices Continued →



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## LEGAL NOTICES

### MICHELLE'S LAW CONTINUED

A written certification stating that the dependent child is suffering from a serious illness or injury and that the leave of absence is medically necessary must be provided by a treating physician of the dependent child to PEBP for eligibility and coverage to continue.

### NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, please visit the following website <https://www.dol.gov/>.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. This includes all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you have questions about coverage of mastectomies and reconstructive surgery, please call your plan administrator for additional information:

- Consumer Driven Health Plan, Low Deductible Plan and the Premier Plan: 1-888-7NEVADA (1-888-763-8232)
- Health Plan of Nevada: 702-242-7300 or 1-800-777-1840



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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. The deductibles are discussed in the Medical Expense Coverage section of this document. The dental deductibles are discussed in the separate Dental Master Plan Document.
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.

**Key Terms Continued →**

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**Key Terms and Definitions**

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**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, have 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 on 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 is reached, the plan will pay 100% of eligible covered expenses for the remainder of the plan year. See the section on out-of-pocket maximum in the Medical Expense Coverage section for details about what expenses do not count toward the out-of-pocket maximum.

**Usual and  
Customary**

The amount paid for a 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.

## PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP

### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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

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

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

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

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

## PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP

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**CHIP and Premium Assistance**

### PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN's HEALTH INSURANCE PROGRAM (CHIP)

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) or 1-866-444-3272

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services [www.cms.hhs.gov](http://www.cms.hhs.gov) or 1-877-267-2323, menu option 4, ext. 61565

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# THANK YOU FOR LETTING US SERVE YOU!



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

This is not a legal document. Please refer to the applicable Master Plan Document(s) and summary plan documents for detailed information. This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

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

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775-684-7000, 702-486-3100 or 1-800-326-5496  
[www.pebp.state.nv.us](http://www.pebp.state.nv.us)

