BENEFIT GUIDE

JULY 1, 2023 – JUNE 30, 2024

PLAN YEAR 2024

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

775-684-7000

702-486-3100

or 1-800-326-5496

https://pebp.nv.gov

WELCOME TO THE PUBLIC EMPLOYEES' BENEFITS PROGRAM

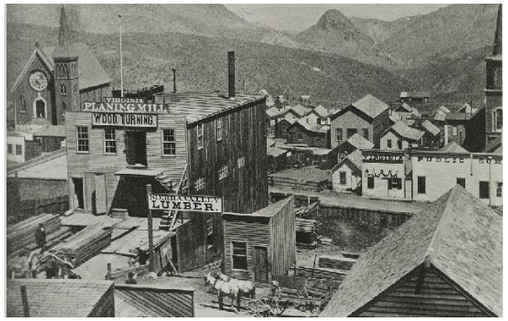
Every effort has been made to ensure the accuracy of the information contained in this interactive document. In the event of any discrepancies between the information in this document and the Master Plan Document(s) or Evidence of Coverage applicable to each plan, the plan documents will govern.

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 at https://pebp.nv.gov or by calling PEBP and requesting a copy be mailed to you.

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

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

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

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

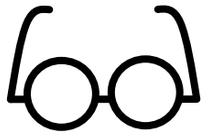
If you are newly retiring from the State of Nevada or a participating local government entity, you may have the option to enroll in retiree coverage offered by PEBP. Please review this guide to get a general understanding of your retiree plan options, dependent eligibility, enrollment timeframe, years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

BENEFITS

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

THE MEMBER ASSISTANCE PROGRAM

Available to you and your eligible dependents:

- Mental health treatment, autism services and alcohol and substance use support
- Legal and financial consultations
- Help dial down stress, anxiety and depression – download the Sanvello® app for community support and guided journeys (upgrade to Sanvello Premium at no cost using your insurance > UnitedHealthcare > then input your information as it appears on your PEBP insurance card)

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

Visit liveandworkwell.com
Enter anonymously using access code FP3EAP.

TRAVEL ASSISTANCE

Available to you and your eligible dependents when traveling 100 miles or more away from home or outside the country.

Here are just a few of the services UnitedHealthcare Global travel provides:

Travel assistance services

- Emergency travel arrangements
- Assistance in replacing lost or stolen travel documents
- Emergency translation services

Medical assistance services

- Worldwide medical and dental referrals
- Relay of insurance and medical information
- Assistance in replacing corrective lenses

Call Customer Service at 1-410-453-6330

or toll free at 1-800-527-0218

Email assistance@uhcglobal.com

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

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

BENEFITS

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

BASIC LIFE INSURANCE

Basic Life Insurance	Class 1 (Employee)	Class 2 (Retiree)
State Active/Retiree	$25,000	$12,500
Non-State Active/Retiree	$15,000	$7,500

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

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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 (PPO) Nationwide

- A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates.
- High-deductible plan which provides a Health Savings Account (HSA) for eligible employees or a Health Reimbursement Arrangement (HRA) for active employees as well as retirees who are ineligible for the HSA.

Low Deductible Plan
Preferred Provider Organization (PPO) Nationwide

- A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates.
- Low Deductible plan is a middle tier option that allows members to access many benefits, such as doctor's office visits, urgent care, and prescription drugs for the cost of a copay with other services subject to a low deductible.
- Low-deducible plans are not eligible for HSA contributions. You can not contribute to an already established HSA.

Exclusive Provider Organization Plan
(EPO) Northern Nevada

- With an EPO you must use in-network health care providers that participate in the plan.
- You do not need to select a primary care physician (PCP), nor do you need to contact your PCP for referrals to specialists. However, because you are responsible for choosing specialists and hospitals, it is important to confirm with the provider that they are in-network.
- Fixed copayments for most services.
- Only urgent/emergent services covered outside of service area.

Health Plan of Nevada
Health Maintenance Organization (HMO) Southern Nevada

- With an HMO you must use in-network health care providers that participate in the plan.
- Primary care 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**
- Dental
- Vision
- Prescription

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's Getting to Know Your Plan page.

MEDICAL BENEFITS OVERVIEW (IN-NETWORK)

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Service Areas In-Network	Global	Global	Northern Nevada	Southern Nevada
Annual Deductible *(medical and prescription combined)*	$1,500 Individual $3,000 Family /$2,800 Individual Family Member	$0	$100 Individual $200 Family / $100 Individual Family Member	N/A with exception of Tier 4 prescription drug coverage (see prescription overview)
Out-of-Pocket Maximum	$4,000 Individual $8,000 Family / $6,850 Individual Family Member	$4,000 Individual $8,000 Family / $4,000 Individual Family Member	$5,000 Individual $10,000 Family / $5,000 Individual Family Member	$5,000 Individual $10,000 Family / 5,000 Individual Family Member
HSA/HRA PEBP Contribution *(Prorated after 7/1)*	Up to $1,400	Up to $800	Up to $800	Up to $800
Medical Coinsurance	20% after Deductible	20% after Deductible	20% after Deductible	N/A
Primary Care Office Visit	20% after Deductible	$30 Copay	$20 Copay	$25 Copay
Specialist Visit *(No Referral Required)*	20% after Deductible	$50 Copay	$40 Copay	$25 Copay *with* a referral $40 Copay *without* a referral
Urgent Care Visit	20% after Deductible	$80 Copay	$50 Copay	$50 Copay
ER Visit	20% after Deductible	$750 Copay	$600 Copay	$600 Copay

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For more information, please refer to the Plan Year 2024 Master Plan Documents and Plan Comparison.

MEDICAL BENEFITS OVERVIEW (OUT-OF-NETWORK)

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Service Areas Out-of-Network	Global	Global	Urgent and Emergent	Urgent and Emergent
Annual Deductible *(medical and prescription combined)*	$1,500 Individual $3,000 Family /$2,800 Individual Family Member	$500 Individual $1,000 Family/ $500 Individual Family Member	N/A	N/A
Out-of-Pocket Maximum	$10,600 Individual $21,200 Family	$10,600 Individual $21,200 Family	N/A	N/A
Medical Coinsurance	50% after Deductible	50% of the Allowable Maximum Charge*	N/A	N/A
Primary Care Office Visit	50% after Deductible	50% after Deductible*	Not Covered	Not Covered
Specialist Visit *(No Referral Required)*	50% after Deductible	50% after Deductible*	Not Covered	Not Covered
Urgent Care Visit	50% after Deductible	$80 Copay subject to Maximum Allowable Charge*	$50 Copay	Subject to Maximum Allowable Charge*
ER Visit	20% after Deductible	$750 Copay subject to Maximum Allowable Charge*	$600 Copay	$600 Copay subject to Allowable maximum Charge*

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

- Medical
- **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.

DENTAL BENEFITS OVERVIEW

All CDHP PPO, LD PPO, EPO, HMO and Medicare Exchange Eligible Participants		
BENEFIT CATEGORY	**In-Network**	**Out-of-Network**
Individual Plan Year Maximum No annual maximum for dependents under 19 (applies to basic and major services)	$2,000 per person	$2,000 per person
Plan Year Deductible (applies to basic and major services only)	$100 per person or $300 per family (3 or more)	$100 per person or $300 per family (3 or more)
Preventive Services* Routine cleanings (4/plan year) Exams (4/plan year) Bitewing X-rays (2/plan year)	• Covered 100% • Not subject to deductible • Does not apply towards individual plan year max	• Covered 80% • Not subject to deductible • Does not apply towards individual plan year max
Basic Services* Periodontal, fillings, extractions, root canals, full-mouth X-rays	You pay 20% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Major Services* Bridges, crowns, dentures, tooth implants	You pay 50% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Orthodontia (adults and children)	Not Covered – See FSA section for orthodontia options	Not Covered– See FSA section for orthodontia options
*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
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Prescription

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

VISION BENEFITS OVERVIEW

VISION PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Vision Network	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	EyeMed
Vision Exam *(limited to one exam per Plan Year, per covered individual)*	Plan pays 80% after deductible	$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
Lenses	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)
Frames	Not Covered			$100 maximum allowance every 24 months
Contact Lenses *(in lieu of lenses and frames)*	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)

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 https://pebp.nv.gov.

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

- Medical
- Dental
- Vision
- **Prescription**

CDHP, LD and EPO participants: **Insulin pumps, accessories/supplies** are covered under the pharmacy benefit's base day and quantity limits, subject to copayments, deductibles, or coinsurance.

PRESCRIPTION BENEFITS OVERVIEW

RETAIL PRESCRIPTION DRUG BENEFITS	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO)	HEALTH PLAN OF NEVADA (HMO)
Preferred Generic*	20% after Deductible	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $25 Copay 90-day retail/mail
Preferred Brand*	20% after Deductible	$40 Copay 30-day $80 Copay 90-day retail/mail	$40 Copay 30-day $80 Copay 90-day retail/mail	$40 Copay 30-day $100 Copay 90-day retail/mail
Non- Preferred/ Non-Formulary Brand	N/A	$75 Copay 30-day $150 Copay 90-day retail/mail	$75 Copay 30-day $150 Copay 90-day retail/mail	N/A
Specialty	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)
ACA Preventive Medications	$0	$0	$0	$0
CDHP Preventive Medications	20% Coinsurance Not subject to Deductible	N/A	N/A	N/A
Smart90 Required (For 90-Day Medications)	Yes	Yes	Yes	No
Locate a Pharmacy OR Price a Medication Tool	EXPRESS SCRIPTS® www.express-scripts.com/NVPEBP	EXPRESS SCRIPTS® www.express-scripts.com/NVPEBP	EXPRESS SCRIPTS® www.express-scripts.com/NVPEBP	Optum Rx® www.myhpnstateofnevada.com/Pharmacy-Benefits

**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.
Medical and Prescription deductible are combined. If you have met your OOPM you pay $0.

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

RATES

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 2024 by clicking here.

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.

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

ACTIVE EMPLOYEE MONTHLY RATES

State Employee Rates			
Effective July 1, 2023 – June 30, 2024	**CONSUMER DRIVEN HEALTH PLAN (PPO)**	**LOW DEDUCTIBLE PLAN (PPO)**	**EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)**
Employee Only	$46.96	$68.14	$161.00
Employee + Spouse/DP	$251.00	$293.36	$479.10
Employee + Child(ren)	$123.46	$152.60	$280.30
Employee + Family	$327.53	$377.82	$598.40

Non-State Employee Rates			
Effective July 1, 2023 – June 30, 2024	**CONSUMER DRIVEN HEALTH PLAN (PPO)**	**LOW DEDUCTIBLE PLAN (PPO)**	**EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)**
Employee Only	$914.11	$973.25	$971.19
Employee + Spouse/DP	$1,818.84	$1,937.12	$1,933.01
Employee + Child(ren)	$1,253.38	$1,334.70	$1,331.88
Employee + Family	$2,158.11	$2,298.57	$2,293.69

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

If you are not eligible for a YOS subsidy, please log on to your E-PEBP Portal or click here for unsubsidized rates.

The final Years of Service (YOS) audit is performed by the Public Employees' Retirement System (PERS), Nevada System of Higher Education (NSHE), or other participating retirement plan. Once PEBP receives your YOS form, PEBP works directly with your retirement plan(s) to determine how many qualifying years of service you have. Until the YOS audit is received by PEBP your subsidy (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, 2023 – June 30, 2024	**CONSUMER DRIVEN HEALTH PLAN (PPO)**	**LOW DEDUCTIBLE PLAN (PPO)**	**EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)**
Retiree Only	$241.26	$262.44	$355.30
Retiree + Spouse/DP	$588.97	$631.34	$817.06
Retiree + Child(ren)	$371.64	$400.78	$528.48
Retiree + Family	$719.36	$769.66	$990.24
Surviving/Unsubsidized Dependent	$648.62	$681.60	$786.84
Surviving/Unsubsidized Spouse + Child(ren)	$889.78	$935.10	$1,079.82

- 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 *up to* an additional $135.50 from the base premium.

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO	
Years of Service	**Premium Differential**
5	+386.25
6	+347.63
7	+309.00
8	+270.38
9	+231.75
10	+193.13
11	+154.50
12	+115.88
13	+77.25
14	+38.63
15 (base)	-
16	-38.63
17	-77.25
18	-115.88
19	-154.50
20	-193.13

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

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PRE-MEDICARE RETIREE MONTHLY RATES

Non-State Retiree and Survivor Rates (Non-Medicare)			
Effective July 1, 2023 – June 30, 2024	**CONSUMER DRIVEN HEALTH PLAN (PPO)**	**LOW DEDUCTIBLE PLAN (PPO)**	**EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)**
Retiree Only	$241.26	$262.44	$355.30
Retiree + Spouse/DP	$588.96	$631.34	$817.06
Retiree + Child(ren)	$371.64	$400.78	$528.48
Retiree + Family	$719.36	$769.66	$990.24
Surviving/Unsubsidized Dependent	$910.28	$969.42	$967.36
Surviving/Unsubsidized Spouse + Child(ren)	$1,249.54	$1,330.86	$1,328.04

- 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 *up to* an additional $135.50 from the base premium.

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO	
Years of Service	**Premium Differential**
5	+386.25
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11	+154.50
12	+115.88
13	+77.25
14	+38.63
15 (base)	-
16	-38.63
17	-77.25
18	-115.88
19	-154.50
20	-193.13

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

For additional information regarding Medicare please refer to the PY2024 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), Exclusive Provider Organization 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 2024 PEBP and Medicare Guide for additional information.

Plan Year 2024 PEBP Dental Rates
Medicare Retirees Enrolled with Via Benefits

Effective July 1, 2023 – June 30, 2024	State Retiree	Non-State Retiree
Retiree only	$46.93	$41.46
Retiree + Spouse/DP*	$93.86	$82.92
Surviving/Unsubsidized Spouse/DP*	$46.93	$41.46

**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.

PY 2024 Via Benefits HRA Contribution	
Years of Service	Contribution
5	$65
6	$78
7	$91
8	$104
9	$117
10	$130
11	$143
12	$156
13	$169
14	$182
15	$195
16	$208
17	$221
18	$234
19	$247
20	$260

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

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

MONTHLY COBRA RATES

Effective July 1, 2023 – June 30, 2024	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE (PPO)	EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
State Employee			
Employee	$665.51	$699.15	$806.49
Employee + Spouse/DP	$1,321.47	$1,388.71	$1,603.42
Employee + Child(ren)	$911.49	$957.72	$1,105.33
Employee + Family	$1,567.45	$1,647.30	$1,902.26
State Retiree			
Retiree	$661.59	$695.23	$802.58
Retiree + Spouse/DP	$1,317.55	$1,384.79	$1,599.50
Retiree + Child(ren)	$907.58	$953.80	$1,101.42
Retiree + Family	$1,563.54	$1,643.38	$1,898.34
Spouse/DP Only	$661.59	$695.23	$802.58
Spouse/DP + Child(ren)	$907.58	$953.80	$1,101.42
Non-State Employee			
Employee	$932.39	$992.72	$990.61
Employee + Spouse/DP	$1,855.22	$1,975.86	$1,971.67
Employee + Child(ren)	$1,278.45	$1,361.39	$1,358.52
Employee + Family	$2,201.27	$2,344.54	$2,339.56
Non-State Retiree			
Retiree	$928.49	$988.81	$986.71
Retiree + Spouse/DP	$1,851.30	$1,971.95	$1,967.76
Retiree + Child(ren)	$1,274.53	$1,357.48	$1,354.60
Retiree + Family	$2,197.37	$2,340.63	$2,335.66
Spouse/DP Only	$928.49	$988.81	$986.71
Spouse/DP + Child(ren)	$1,274.53	$1,357.48	$1,354.60

- New Hire and Active Employee
- Retiree Eligibility
- PEBP and Medicare
- Dependents

Eligibility for PEBP coverage is determined in accordance with the NRS 287, NAC 287.

ELIGIBILITY

Active Employee

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

Retiree Coverage

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

Eligible Dependent

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

NEW HIRE AND ACTIVE EMPLOYEE ELIGIBILITY

New Hire Start of Coverage

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

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

Default Enrollment

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

RETIREE 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)

RETIREES INITIAL HIRE DATE WILL BE NEEDED TO DETERMINE ELIGIBILITY		
	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.

If you need additional information regarding Medicare Enrollment please refer to the PEBP and Medicare Guide.

PEBP AND MEDICARE ELIGIBILITY

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 Heath 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 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

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).

Spouse or Domestic Partner

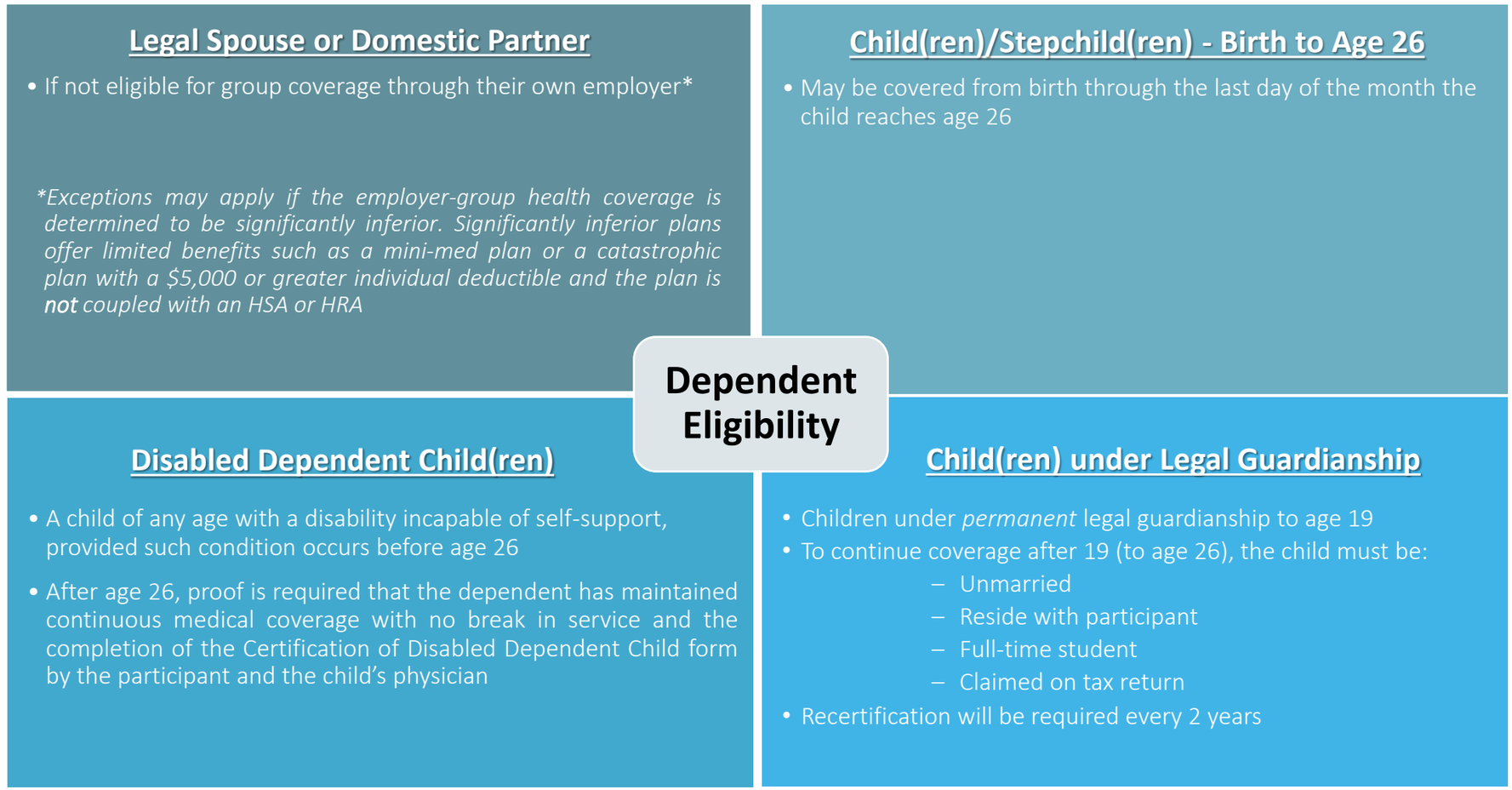
- Medicare requirements also apply to covered spouses and domestic partners.

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.

For more information about dependent eligibility and supporting document requirements view the Enrollment and Eligibility Master Plan Document.

DEPENDENT ELIGIBILITY



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

- New Hires
- Retirees
- Open Enrollment
- Qualifying Life Events
- Supporting Documents

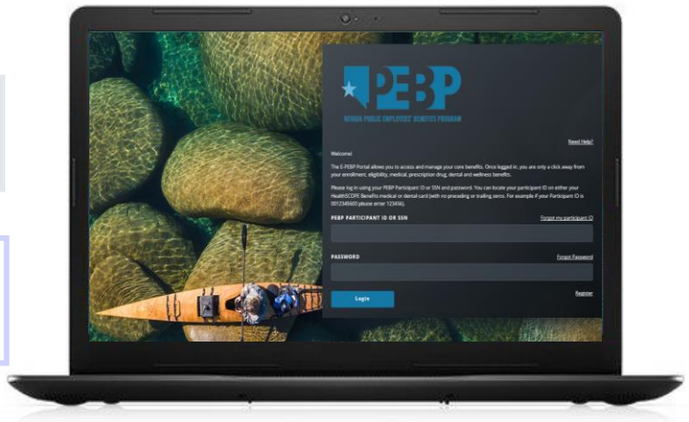
https://pebp.nv.gov

Click on **E-PEBP Portal** to get access to your online account

ENROLLMENT

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

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



NEW HIRE ENROLLMENT

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

If you are eligible for benefits and do not make benefit elections by the last day of the month coverage is scheduled to begin, you will automatically be enrolled in 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 https://pebp.nv.gov and upload any required supporting documents (if adding dependents) to your E-PEBP portal no later than the last day of the month your coverage is scheduled to become effective.

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 1st	January 1st	January 31st	January 31st	February 1st retroactive back to January 1st
January 14th	February 1st	February 28th	February 28th	March 1st retroactive back to February 1st

New Hires
Retirees
Open Enrollment
Qualifying Life Events
Supporting Documents

This page provides general information. There are some exceptions to the rules. For example, you are retired, approaching 65, but are covering non-Medicare dependents. For more information about retiree eligibility and requirements view the PEBP and Medicare Guide.

RETIREE ENROLLMENT

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

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

Retiring Before Age 65	Retiring After Age 65
• Complete your Retiree Benefit Enrollment and Change Form (RBECF) and Years of Service (YOS) forms and return to PEBP • You may remain on the CDHP, LD, EPO or HMO plan until you reach Medicare age	• Contact the Social Security Administration 60-90 days prior to retirement and enroll in Medicare *free* Part A (as eligible) and purchase Medicare Part B • Complete your RBECF and YOS forms and return these along with a copy of your Medicare card to PEBP • Enroll in a supplemental medical plan with Via Benefits • TRICARE For Life participants are not required to enroll in a plan with Via Benefits, but must submit a copy of their military identification card (front and back) to PEBP

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

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

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

RETIREE ENROLLMENT

Retiree Late Enrollment

A retired public officer or employee of the State, NSHE, a participating local government or non-state agency, or his or her surviving spouse, may be eligible to reinstate insurance, except basic life insurance, one time during a PEBP open enrollment period. Eligibility requirements apply, see Enrollment and Eligibility Master Plan Document for details.

To take advantage of the retiree late enrollment, the retiree must request a late enrollee packet between April 15th and May 15th, fill out all forms, and return to the PEBP office by May 31st. Any required supporting documents must be uploaded by June 15th. If approved reinstated coverage will become effective July 1st.

Requirements

- All Late Enrollment Forms must be completed and returned to the PEBP office by May 31st
- Medicare A+B cards (and TRICARE for Life cards if applicable) will be due by May 31st
- If you are adding dependents, all supporting documentation is due by June 15th

OPEN ENROLLMENT

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 15th.

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 1st - May 31st for PY24. Any changes made during the open enrollment period become effective on July 1st.

Participants are NOT required to complete an open enrollment election if they want to remain on the same plan and coverage tier.

Coverage Tiers

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

Allowable Changes

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

For more information on what changes can be made for each type of life event, log on to your E-PEBP Portal and select *Enroll or Make Changes.*

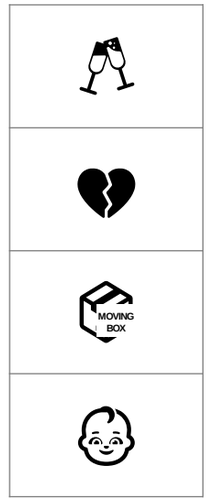
QUALIFYING LIFE EVENTS

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

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

Some examples of eligible qualifying life events include:

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



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 at https://pebp.nv.gov.

All foreign documents must be translated into English.

Dependents without social security numbers can still be added to your plan, but you will need to complete and return the SSN Questionnaire that PEBP mails to you.

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

- Flexible Spending Accounts
- Health Savings Accounts
- Health Reimbursement Arrangements
- One-Time HRA Employer Contribution

Find a full list of qualified health care expenses at www.irs.gov/publications/p502/

SPENDING ACCOUNTS

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. Additionally, for this plan year there is an integrated HRA for all *State active employees* enrolled in the CDHP, LD, EPO and HMO plans.

Non-state and NSHE employees are ineligible for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer.

FLEXIBLE SPENDING ACCOUNTS (FSA)

FSA Comparison Chart			
	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Examples of Covered Expenses	Qualified medical, dental and vision expenses such as: • Chiropractor • Glasses • Contact lenses • Orthodontia • Copays	Qualified dental and vision expenses such as: • Vision exams • LASIK surgery • Glasses • Contact lenses • Dental cleanings and fillings • X-rays • Orthodontia	Qualified dependent care expenses such as certain: • Preschool expenses • Nursery school expenses • Childcare in your home • Licensed home childcare Day care expenses are limited to care for children under age 13. Your expense must be for the purpose of allowing you and, if married, your spouse to be employed.
IRS Annual Allowed Maximum Calendar Year Contribution	$3,050	$3,050	$5,000 per household ($2,500 if married and file separate tax returns)
Can you have an HSA	No	Yes	Yes
Do funds roll over from year to year	Carry over up to $610. Funds in excess of $610 will be forfeited. Account must be depleted by July 1st if employee switches to CDHP HSA.	Carry over up to $610. Funds in excess of $610 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), Exclusive Provider Organization Plan (EPO) or Health Plan of Nevada (HMO). Special rules apply if you go out on a leave of absence. There is a $3.15 per month administration fee.

Triple Tax Advantage:

1. Pre-Tax contributions
2. Tax-free interest and investment earnings
3. Tax-free payments for qualified medical expenses

HEALTH SAVINGS ACCOUNTS (HSA)

If you select the Consumer Driven Health Plan with an HSA, you can use a Health Savings Account to pay for eligible out-of-pocket health care expenses now or save for future expenses.

Participants will receive a base contribution of $600, plus an additional one-time contribution.

Health Savings Accounts:

- Receive tax-free contributions from PEBP
- Employees may voluntarily contribute to their HSA through pre-tax payroll deductions
- Use your HSA funds to pay out-of-pocket medical expenses during the deductible and/or coinsurance phase of benefits
- Employee contributions are tax deductible from gross income
- Funds grow-tax deferred
- Funds carry over from one year to the next (no “use-it-or-lose-it” provision)
- To be eligible to establish and contribute to an HSA on a pre-tax basis, employees must meet eligibility requirements

HSA Eligibility Requirements

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

HEALTH REIMBURSEMENT ARRANGEMENTS (HRA)

If you select the Consumer Driven Health Plan 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.

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 an HRA
- You are claimed on someone else's tax return (excludes joint returns)

CDHP BASE HSA/HRA CONTRIBUTION

Base contribution applies to state and non-state active employees, and retirees enrolled in the CDHP on July 1, 2023.

Plan Year 2024	CDHP HSA/HRA Base* Contribution
Employee/Retiree Only	$600

*Base contribution is the amount approved by the PEBP Board for plan year 2024 for CDHP primary participants. Base contributions for new hires enrolled in the CDHP on August 1, 2023 – June 30, 2024 are prorated.

ONE-TIME HSA/HRA EMPLOYER CONTRIBUTION* FOR STATE ACTIVE EMPLOYEES

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA Employer Contribution

Allocations Tiers for State Active Employees:
EE = Employee Only
E+C = Employee + Child(ren)
E+S = Employee + Spouse
E+F = Employee + Family

Plan Year 2024 HSA/HRA Annual Contribution Limits	CDHP (PPO) HSA/HRA Account	Low Deductible Plan (PPO) HRA Account	Exclusive Provider Organization (EPO) HRA Account	Health Plan of Nevada (HMO) HRA Account
Base Employer Contribution for Participant	$600	N/A	N/A	N/A
One-Time Employer Contribution for State Active Employees	$600 (EE) $700 (E+C, E+S) $800 (E+F)	$600 (EE) $700 (E+C, E+S) $800 (E+F)	$600 (EE) $700 (E+C, E+S) $800 (E+F)	$600 (EE) $700 (E+C, E+S) $800 (E+F)
Total Employer Contribution Amount	Up to $1,400	Up to $800	Up to $800	Up to $800

*One-time supplemental HSA/HRA contributions apply to State Active Employees enrolled in the CDHP, LD, EPO and HMO plans on July 1, 2023. Prorated supplemental contributions apply after July 1, 2023.

ADDITIONAL BENEFITS

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

Second MD

Telemedicine

Disease Care Management

Hinge Health

Real Appeal

Voluntary Benefits

2ND.MD

State of NV PEBP employees, retirees, and their eligible dependents enrolled in PEBP's Consumer Driven Health Plan, Low Deductible Plan, or Exclusive Provider Organization Plan have an exclusive membership to 2nd.MD, a virtual expert consultation and medical navigation service at NO COST.

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 2nd MD's Care Team:

Call: 1.866.269.3534
Visit: www.2nd.MD/pebp
Download the 2nd.MD App

2nd.MD
Telemedicine
Disease Care Management
Hinge Health
Real Appeal
Voluntary Benefits

In a true medical emergency such as chest pains, shortness of breath or broken bones, dial 911 or seek immediate medical attention, as appropriate.

TELEMEDICINE

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

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

dr. on demand

Connect with Doctor on Demand:
Call: 1-800-997-6196
Visit: https://doctorondemand.com/
Email: support@doctorondemand.com

Some of the conditions that can be treated:

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

CDHP:
Urgent Medical Care
$49
Mental Health Therapy
$79 (25 minutes)

LD:
Urgent Medical Care
$10
Mental Health Therapy
$20 (25 minutes)
$30 (50 minutes)

EPO:
Urgent Medical Care
$10
Mental Health Therapy
$20 (25 or 50 minutes)

2nd.MD
Telemedicine
Disease Care Management
Hinge Health
Real Appeal
Voluntary Benefits

In a true medical emergency such as chest pains, shortness of breath or broken bones, dial 911 or seek immediate medical attention, as appropriate.

TELEMEDICINE

Health Plan of Nevada

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

NOWCLINIC® VIRTUAL VISITS

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

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

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

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

- Behavioral health
- Specialties
- Health education
- Case management

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

24/7 ADVICE NURSE

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

URGENT CARE HOUSE CALL

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

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

Call 1-800-288-2264
(This number is listed on the back of your ID card)

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

DISEASE CARE MANAGEMENT

Consumer Driven Health Plan (PPO)

- **Diabetes Care Management Program** – This is a voluntary "opt-in" program that provides, but is not limited to, the ability to purchase diabetes related medications, such as insulin, at a copay and not be subject to deductible or coinsurance.
- **Obesity Care Management Program** – This is a voluntary "opt-in" program that provides, but is not limited to, medically supervised weight loss program, nutritional counseling, weight-loss medications.

Low Deductible (PPO)

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

Exclusive Provider Organization Plan (EPO)

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

Health Plan Of Nevada (HMO)

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

2nd.MD
Telemedicine
Disease Care Management
Hinge Health
Real Appeal
Voluntary Benefits

Now available to Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO) & Exclusive Provider Organization Plan (EPO) Participants.

HINGE HEALTH

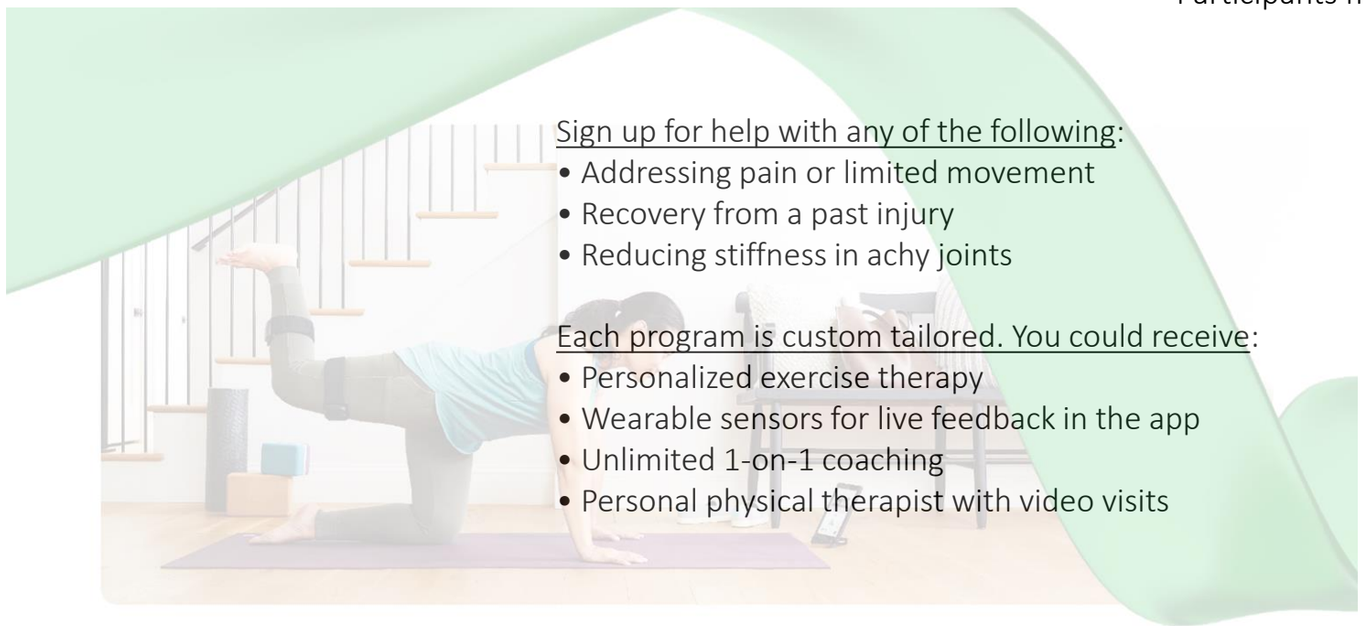
PEBP NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM | Hinge Health

Take Control of Your Pain

CDHP, LD and EPO participants and your eligible dependents have access to Hinge Health's programs for muscle and joint pain at **no additional cost to you**.

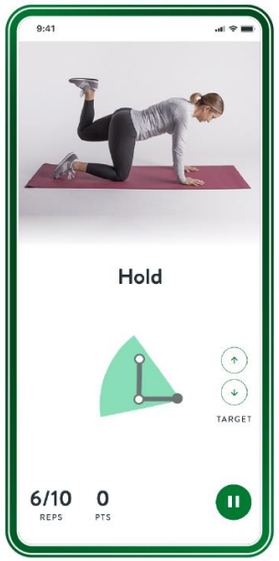
Scan the QR code to learn more or apply at
hinge.health/nevadapebp
Or call (855)902-2777

Participants must be 18 years and older.



Sign up for help with any of the following:
- Addressing pain or limited movement
- Recovery from a past injury
- Reducing stiffness in achy joints

Each program is custom tailored. You could receive:
- Personalized exercise therapy
- Wearable sensors for live feedback in the app
- Unlimited 1-on-1 coaching
- Personal physical therapist with video visits



2nd.MD
Telemedicine
Disease Care Management
Hinge Health
Real Appeal
Voluntary Benefits

Now available to Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO) & Exclusive Provider Organization Plan (EPO) Participants.

Participants enrolled in the Health Plan of Nevada (HMO) already have this feature built into their plan.

REAL APPEAL

Live Online Sessions
Join weekly online group sessions led by a coach, with the flexibility to reschedule anytime.

Tailored to You
You are not visible in the online group sessions and can choose how you'd like to participate.

Stay on Track
Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.

Success Kit
A Success Kit with food and weight scales, and more, shipped to you after you attend your first session.

With Real Appeal, You'll Learn Ways to:
- Eat healthier
- Stay active
- Fit healthy choices into your lifestyle
- Stay motivated
- Develop lasting, healthy habits

What You Need to Register:
- PEBP insurance card
- Personal calendar— to choose your weekly online session day and time
- Shipping address— to receive success Kit after attending your first online session.

Visit enroll.realappeal.com to get started.

- 2nd.MD
- Telemedicine
- Disease Care Management
- Hinge Health
- Real Appeal
- **Voluntary Benefits**

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

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

VOLUNTARY 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.

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

CDHP and LD PPO
Exclusive Provider Organization Plan
Health Plan of Nevada
Additional Contacts

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.

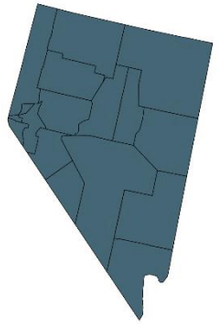
If you are sending supporting documents,
please upload them into your E-PEBP Portal.
Trouble uploading supporting documents to your E-PEBP portal? Visit https://pebp.nv.gov > Contact Us > Supporting Document Upload Form.

CDHP and LD PPO

Exclusive Provider Organization Plan

Health Plan of Nevada

Additional Contacts

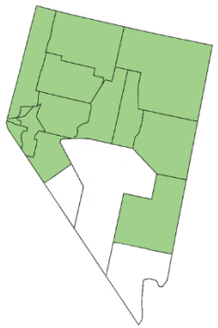


UMR

CONSUMER DRIVEN HEALTH PLAN (PPO) AND LOW DEDUCTIBLE PLAN (PPO)

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
• **Medical, Dental and Vision Benefits and Claims** • **ID Cards** • **FSA** • **Find a Medical Provider** • **Disease Care Management**	**UMR** PO Box 8022 Wausau, WI 54402-8022	Log on to your E-PEBP Portal and select *UMR*	1-888-7NEVADA (1-888-763-8232) Group Number: 76414946
Find a Dental Provider	**Diversified Dental Services** 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Find a Provider tool at https://pebp.nv.gov or www.ddsppo.com	Customer Service: 1-866-270-8326
• **Prescription Drug Coverage** • **Specialty Drug Coverage** • **Find a Pharmacy** • **Price a Medication Tool**	**Express Scripts** P.O. Box 66566 St. Louis, MO 63166-6566	Log on to your E-PEBP Portal and select *Click here to access Express Scripts,* under Quick Link	**Express Scripts** 1-855-889-7708 **Benefits and Prescriptions** 1-800-282-2881 **Specialty Pharmacy - Accredo** 1-877-ACCREDO (1-877-222-7336)
Utilization and Case Management	**Sierra Health-Care Options, Inc** PO Box 15645 Las Vegas, NV 89144-5648	Fax: 1-800-288-2264	Customer Service: 1-888-323-1461
• **Basic Life Insurance** • **Member Assistance Program (MAP)** • **Travel Assistance**	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	https://pebp.nv.gov/Plans/basic-life-insurance/	Customer Service: 1-888-763-8232
Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	**Doctor on Demand**	www.doctorondemand.com/pebp	1-800-997-6196
HSA/HRA	**HSA Bank**	Myaccounts.hsabank.com	1-833-228-9364

CDHP and LD PPO
Exclusive Provider Organization Plan
Health Plan of Nevada
Additional Contacts

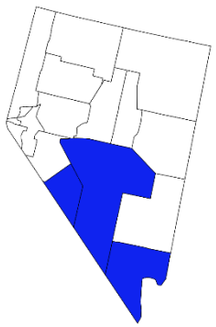


UMR

EXCLUSIVE PROVIDER ORGANIZATION PLAN (EPO) NORTHERN NEVADA

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
• **Medical, Dental and Vision Benefits and Claims** • **ID Cards** • **Flexible Spending Accounts** • **Find a Medical Provider** • **Disease Care Management**	**UMR** PO Box 8022 Wausau, WI 54402-8022	Log on to your E-PEBP Portal and select *UMR*	1-888-7NEVADA (1-888-763-8232) Group Number: 76414946
Find a Dental Provider	**Diversified Dental Services** 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Find a Provider tool on https://pebp.nv.gov or www.ddsppo.com	Customer Service: 1-866-270-8326
• **Prescription Drug Coverage** • **Specialty Drug Coverage** • **Find a Pharmacy** • **Price a Medication Tool**	**Express Scripts** P.O. Box 66566 St. Louis, MO 63166-6566	Log on to your E-PEBP Portal and select *Click here to access Express Scripts,* under Quick Link	**Express Scripts** 1-855-889-7708 **Benefits and Prescriptions** 1-800-282-2881 **Specialty Pharmacy - Accredo** 1-877-ACCREDO (1-877-222-7336)
Utilization and Case Management	**Sierra Health-Care Options, Inc** PO Box 15645 Las Vegas, NV 89144-5648	Fax: 1-800-288-2264	Customer Service: 1-888-323-1461
• **Basic Life Insurance** • **Member Assistance Program** • **Travel Assistance**	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	https://pebp.nv.gov/Plans/basic-life-insurance/	Customer Service: 1-888-763-8232
Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	**Doctor on Demand**	www.doctorondemand.com/pebp	1-800-997-6196
HRA	**HSA Bank**	Myaccounts.hsabank.com	1-833-228-9364

CDHP and LD PPO
Exclusive Provider Organization Plan
Health Plan of Nevada
Additional Contacts



HEALTH PLAN OF NEVADA

HEALTH PLAN OF NEVADA (SOUTHERN NEVADA HMO)

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
• **Medical and Vision Benefits and Claims** • **Medical ID Cards** • **Find a Medical Provider** • **Disease Care Management**	**Health Plan of Nevada** 2720 N. Tenaya Way Las Vegas, NV 89128-0424	Log on to your E-PEBP Portal or visit https://www.myhpnstateofnevada.com/	1-702-242-7300 or 1-800-777-1840
Flexible Spending Accounts	**UMR**	Log on to your E-PEBP Portal and select *Click here to access UMR,* under Quick Links or call UMR	1-888-7NEVADA (1-888-763-8232)
Dental ID Cards	**UMR**	Log on to your E-PEBP Portal and select *Click here to access UMR,* under Quick Links or call UMR	1-888-7NEVADA (1-888-763-8232)
Find a Dental Provider	**Diversified Dental Services** 5470 Kietzke Lane, Suite 300 Reno, NV 89511	Log on to your E-PEBP Portal or visit www.ddsppo.com	Customer Service: 1-866-270-8326
• **Prescription Drug Coverage** • **Specialty Drug Coverage** • **Find Pharmacy Network Providers** • **Price a Medication Tool**	**Optum RX** P.O. Box 2975 Mission, KS 66201	www.myhpnstateofnevada.com/Pharmacy-Benefits	1-800-788-4863
• **Basic Life Insurance** • **Travel Assistance**	UnitedHealthcare Specialty Benefits P.O. Box 7149 Portland, ME 04112-7149	https://pebp.nv.gov/Plans/basic-life-insurance/	Customer Service: 1-888-763-8232
Voluntary Products	**Corestream**	Log on to your E-PEBP Portal	Customer Service: 1-775-249-0716
Telemedicine	**NowClinic**	https://www.myhpnstateofnevada.com/Virtual-Visits	1-877-550-1515
HRA	**HSA Bank**	Myaccounts.hsabank.com	1-833-228-9364

CDHP and LD PPO
Exclusive Provider Organization Plan
Health Plan of Nevada
Additional Contacts

If you are a Medicare Retiree enrolled at Via Benefits, please refer to the Plan Year 2024 PEBP and Medicare Guide for information.

ADDITIONAL CONTACTS AND RESOURCES

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

IMPORTANT INFORMATION

In this section you will find important information including where to find Legal Notices.

Please view the mandatory notices page under *Plans* on https://pebp.nv.gov to find the PEBP Health and Welfare Wrap Plan, which includes the HIPAA Privacy Notice, for all legal notices pertaining to this document, and PEBP's Privacy Notice.

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 2024 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 PEBP's 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.

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.

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.

DISCRIMINATION IS AGAINST THE LAW

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

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

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

If you believe that the PEBP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: PEBP Civil Rights Coordinator, 3427 Goni Road, Suite 109, Carson City, NV 89706, Phone: 775-684-7020 (TTY: 1-800-545-8279), Fax: 775-684-7028, Email: 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

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

เรียน: ถ้าคณุ พดู ภาษา ไทยคณุ สามารถ ใช้บริการชว่ ยเหลือทางภาษา ได้ฟรี โทร 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 اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-623-6945 (رقم هاتف الصم والبكم: 1-800-545-9728)

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

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

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-326-5496 (YTT: 1-800-545-7982)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 lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 1-800-326-5496 (TTY: 1-800-545-8279).

LEGAL NOTICES

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 →

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 Exclusive Provider Organization Plan: 1-888-7NEVADA (1-888-763-8232)
- Health Plan of Nevada: 702-242-7300 or 1-800-777-1840

We encourage you to look over the commonly used health coverage and medical terms.

KEY TERMS AND DEFINITIONS

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

KEY TERMS AND DEFINITIONS

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 of the back of your ID card and a customer service representative can locate an in-network provider for you.
Out-of-Pocket Maximum	The maximum amount of coinsurance each covered person or family is responsible for paying during a plan year before the coinsurance required by the plan ceases to apply. When the out-of-pocket maximum 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.

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

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

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

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

PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP

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

To see if any other states have added a premium assistance program since January 31, 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 or 1-866-444-3272

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

Paperwork Reduction Act Statement

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

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

THANK YOU FOR LETTING US SERVE YOU!

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

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

This is not a legal document. Please refer to 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.

Updated 10/2023

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NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Public Employees' Benefits Program
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Carson City, NV 89706

Log on to your E-PEBP Portal to Contact Us
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https://pebp.nv.gov