NEVADA PEBP
Public Employees' Benefits Program

# Retaining Your PEBP Benefits Into Retirement:

# Retiring Before or After Age 65

# Requirements for Enrollment

**PEBP recommends you begin your retiree enrollment 60-90 before your retirement date**

You must enroll in PEBP coverage within 60 days of retirement by submitting the completed and signed Retiree Benefit Enrollment and Change Form (RBECF) and Years of Service Form (YOSF).

A copy of your Medicare card, SSA lack of credits eligibility letter for Medicare *free* Part A, and dependent supporting documentation *may* be required.

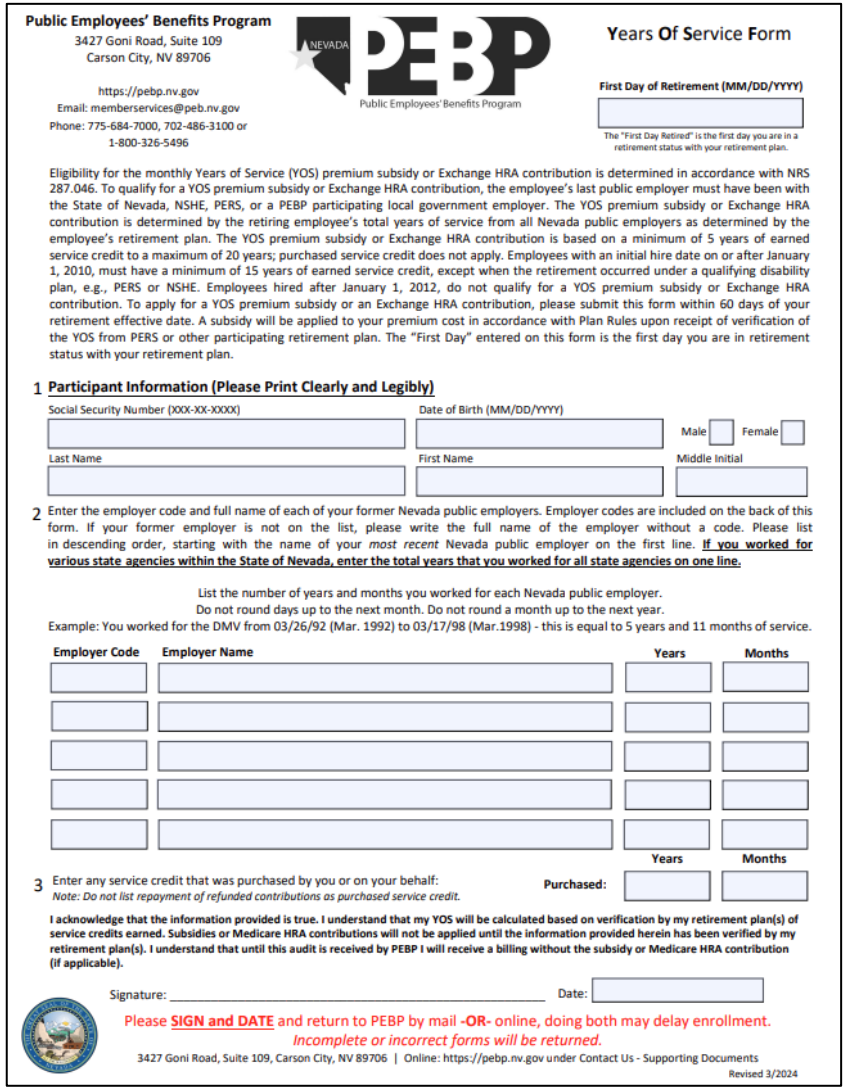
Retirement is a **Qualifying Life Event (QLE)** that allows you to change PEBP medical plans. You may add or remove dependents.

**NAC 287.135 & NRS 287.047**

You must have a minimum of five or more years of service credit, and your last employer must be participating in PEBP with their active employees.

# Required Form: Years of Service Form (YOSF)

- To receive years of service (YOS) credit from a non-State or local government participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.
- The final 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 YOS you have for retiree benefits (a monthly premium subsidy or Exchange HRA contribution).
- PERS will only issue your YOS audit to PEBP once your retirement status has been confirmed with them.
- The YOSF is also used to help PEBP verify your official retirement date.



**Public Employees' Benefits Program**
3427 Goni Road, Suite 109
Carson City, NV 89706

https://pebp.nv.gov
Email: memberservices@peb.nv.gov
Phone: 775-684-7000, 702-486-3100 or
1-800-326-5496

Public Employees' Benefits Program

**Years Of Service Form**

**First Day of Retirement (MM/DD/YYYY)**

The "First Day Retired" is the first day you are in a retirement status with your retirement plan.

Eligibility for the monthly Years of Service (YOS) premium subsidy or Exchange HRA contribution is determined in accordance with NRS 287.046. To qualify for a YOS premium subsidy or Exchange HRA contribution, the employee's last public employer must have been with the State of Nevada, NSHE, PERS, or a PEBP participating local government employer. The YOS premium subsidy or Exchange HRA contribution is determined by the retiring employee's total years of service from all Nevada public employers as determined by the employee's retirement plan. The YOS premium subsidy or Exchange HRA contribution is based on a minimum of 5 years of earned service credit to a maximum of 20 years; purchased service credit does not apply. Employees with an initial hire date on or after January 1, 2010, must have a minimum of 15 years of earned service credit, except when the retirement occurred under a qualifying disability plan, e.g., PERS or NSHE. Employees hired after January 1, 2012, do not qualify for a YOS premium subsidy or Exchange HRA contribution. To apply for a YOS premium subsidy or an Exchange HRA contribution, please submit this form within 60 days of your retirement effective date. A subsidy will be applied to your premium cost in accordance with Plan Rules upon receipt of verification of the YOS from PERS or other participating retirement plan. The "First Day" entered on this form is the first day you are in retirement status with your retirement plan.

1 **Participant Information (Please Print Clearly and Legibly)**

Social Security Number (XXX-XX-XXXX) | Date of Birth (MM/DD/YYYY) | Male ☐ Female ☐

Last Name | First Name | Middle Initial

2 Enter the employer code and full name of each of your former Nevada public employers. Employer codes are included on the back of this form. If your former employer is not on the list, please write the full name of the employer without a code. Please list in descending order, starting with the name of your *most recent* Nevada public employer on the first line. **If you worked for various state agencies within the State of Nevada, enter the total years that you worked for all state agencies on one line.**

List the number of years and months you worked for each Nevada public employer.
Do not round days up to the next month. Do not round a month up to the next year.
Example: You worked for the DMV from 03/26/92 (Mar. 1992) to 03/17/98 (Mar.1998) - this is equal to 5 years and 11 months of service.

| Employer Code | Employer Name | Years | Months |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

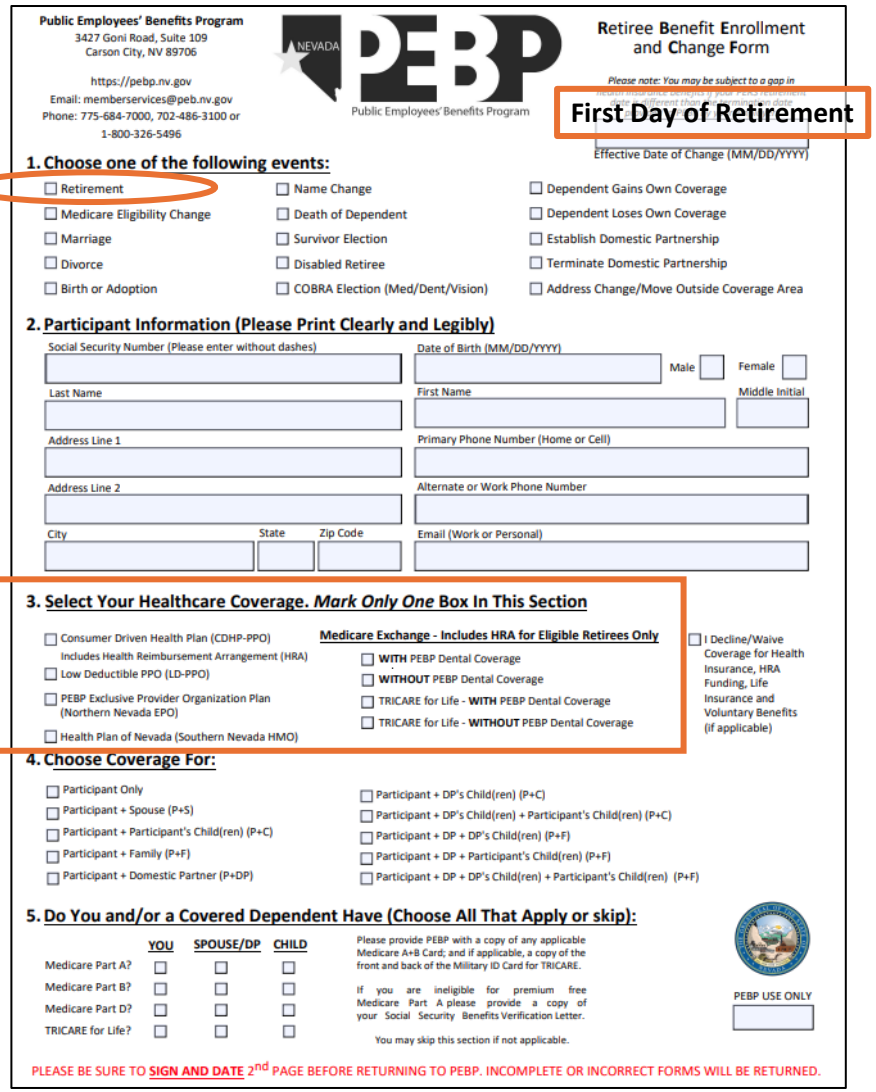
| | Years | Months |
|---|---|---|
| 3 Enter any service credit that was purchased by you or on your behalf: *Note: Do not list repayment of refunded contributions as purchased service credit.* **Purchased:** | | |

**I acknowledge that the information provided is true. I understand that my YOS will be calculated based on verification by my retirement plan(s) of service credits earned. Subsidies or Medicare HRA contributions will not be applied until the information provided herein has been verified by my retirement plan(s). I understand that until this audit is received by PEBP I will receive a billing without the subsidy or Medicare HRA contribution (if applicable).**

Signature: _____ Date:

Please **SIGN and DATE** and return to PEBP by mail **-OR-** online, doing both may delay enrollment.
*Incomplete or incorrect forms will be returned.*
3427 Goni Road, Suite 109, Carson City, NV 89706 | Online: https://pebp.nv.gov under Contact Us - Supporting Documents
Revised 3/2024

# Required Form: Retiree Benefit Enrollment and Change Form (RBECF)



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**Retiree Benefit Enrollment and Change Form**

*Please note: You may be subject to a gap in*

**First Day of Retirement**

Effective Date of Change (MM/DD/YYYY)

**1. Choose one of the following events:**

- ☐ Retirement
- ☐ Medicare Eligibility Change
- ☐ Marriage
- ☐ Divorce
- ☐ Birth or Adoption
- ☐ Name Change
- ☐ Death of Dependent
- ☐ Survivor Election
- ☐ Disabled Retiree
- ☐ COBRA Election (Med/Dent/Vision)
- ☐ Dependent Gains Own Coverage
- ☐ Dependent Loses Own Coverage
- ☐ Establish Domestic Partnership
- ☐ Terminate Domestic Partnership
- ☐ Address Change/Move Outside Coverage Area

**2. Participant Information (Please Print Clearly and Legibly)**

Social Security Number (Please enter without dashes) | Date of Birth (MM/DD/YYYY) | Male ☐ Female ☐
Last Name | First Name | Middle Initial
Address Line 1 | Primary Phone Number (Home or Cell)
Address Line 2 | Alternate or Work Phone Number
City | State | Zip Code | Email (Work or Personal)

**3. Select Your Healthcare Coverage. *Mark Only One* Box In This Section**

- ☐ Consumer Driven Health Plan (CDHP-PPO) Includes Health Reimbursement Arrangement (HRA)
- ☐ Low Deductible PPO (LD-PPO)
- ☐ PEBP Exclusive Provider Organization Plan (Northern Nevada EPO)
- ☐ Health Plan of Nevada (Southern Nevada HMO)

**Medicare Exchange - Includes HRA for Eligible Retirees Only**

- ☐ **WITH** PEBP Dental Coverage
- ☐ **WITHOUT** PEBP Dental Coverage
- ☐ TRICARE for Life - **WITH** PEBP Dental Coverage
- ☐ TRICARE for Life - **WITHOUT** PEBP Dental Coverage

☐ I Decline/Waive Coverage for Health Insurance, HRA Funding, Life Insurance and Voluntary Benefits (if applicable)

**4. Choose Coverage For:**

- ☐ Participant Only
- ☐ Participant + Spouse (P+S)
- ☐ Participant + Participant's Child(ren) (P+C)
- ☐ Participant + Family (P+F)
- ☐ Participant + Domestic Partner (P+DP)
- ☐ Participant + DP's Child(ren) (P+C)
- ☐ Participant + DP's Child(ren) + Participant's Child(ren) (P+C)
- ☐ Participant + DP + DP's Child(ren) (P+F)
- ☐ Participant + DP + Participant's Child(ren) (P+F)
- ☐ Participant + DP + DP's Child(ren) + Participant's Child(ren) (P+F)

**5. Do You and/or a Covered Dependent Have (Choose All That Apply or skip):**

| | YOU | SPOUSE/DP | CHILD |
|---|---|---|---|
| Medicare Part A? | ☐ | ☐ | ☐ |
| Medicare Part B? | ☐ | ☐ | ☐ |
| Medicare Part D? | ☐ | ☐ | ☐ |
| TRICARE for Life? | ☐ | ☐ | ☐ |

Please provide PEBP with a copy of any applicable Medicare A+B Card; and if applicable, a copy of the front and back of the Military ID Card for TRICARE.

If you are ineligible for premium free Medicare Part A please provide a copy of your Social Security Benefits Verification Letter.

You may skip this section if not applicable.

PEBP USE ONLY

PLEASE BE SURE TO **SIGN AND DATE** 2nd PAGE BEFORE RETURNING TO PEBP. INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED.

- When you retire, you must notify PEBP of your work status change by filling out and submitting the RBECF.
- Your retirement day is the first calendar day after your last day worked.
- Choose the "Retirement" box in section one.
- For section three of the RBECF:
  - If you retire before age 65, you will select a PEBP plan (CDHP, LD, EPO, or HPN).
  - If you retire after age 65, you will enroll in Medicare Part A and B and select a Medicare Exchange option.
  - Exceptions apply. Those retiring after age 65 may stay on a PEBP plan if they are:
    - Anchored by a non-Medicare dependent.
    - Not eligible for Medicare *free* Part A.

# Important Retiree Timeframes for PEBP Benefits

| RETIREES | Termination Date | Retirement Date | Retiree Health Benefit Start Date | Benefit Impact |
|---|---|---|---|---|
| | May 30th | May 31st | June 1st | **NO BREAK IN COVERAGE** |
| | May 31st | June 1st | June 1st | |
| | When the retirement date occurs immediately after the termination date, without a gap, there is no break in coverage. | | | |
| | May 30th | June 3rd | July 1st | **BREAK IN COVERAGE** |
| | When termination/separation date and retirement date occur in different months the retiree will:<br>1. Be offered COBRA coverage, OR<br>2. Have a break in coverage & will lose ALL PEBP benefits | | | |

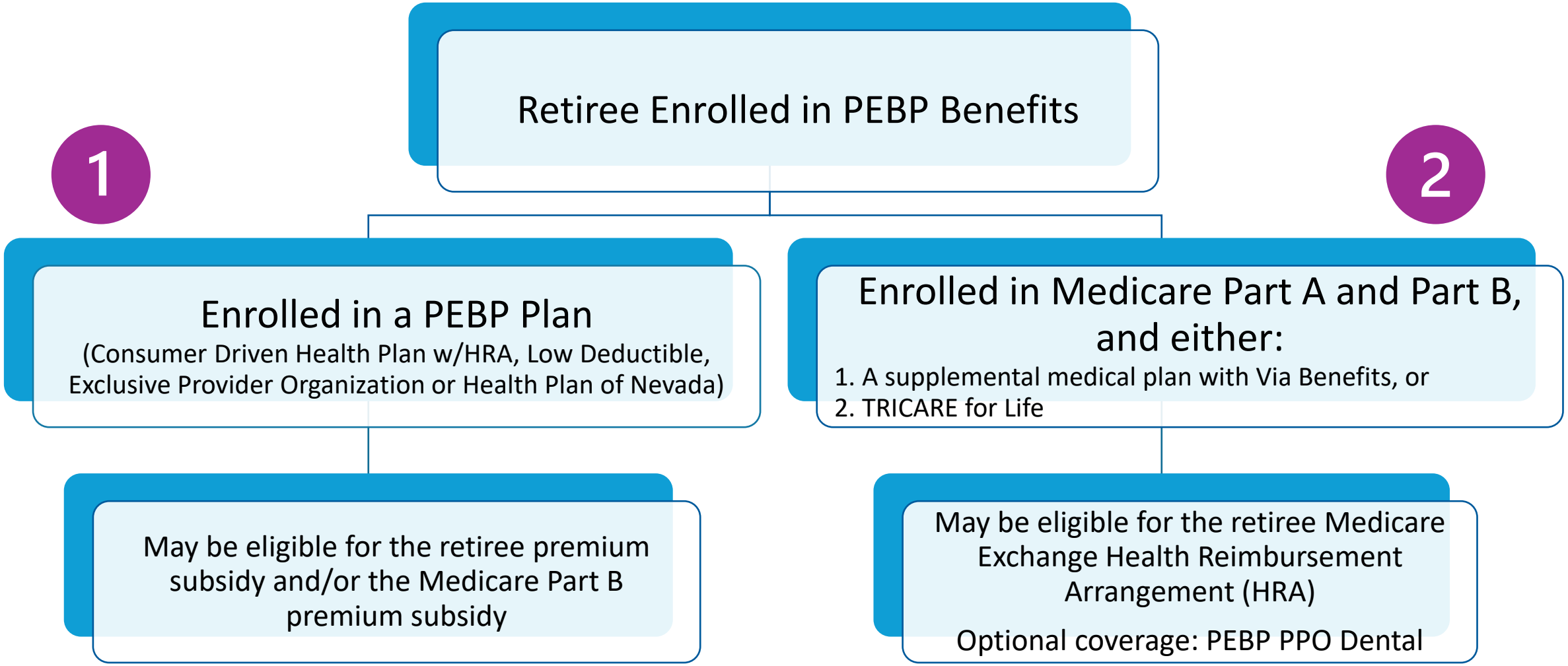
Submit forms and supporting documents via mail to the PEBP office, or submit them online at Contact PEBP > Submit Supporting Documents > Secure Document Upload Form

# What Happens If I Don't Notify PEBP That I'm Retiring?

If you do not notify PEBP of your retirement within 60 days of your retirement:

- Your PEBP coverage will terminate on the last day of the month in which you worked.
- You may be eligible for COBRA coverage to continue your healthcare insurance for up to 18 months.
- NRS 287.0475 – You will have only one opportunity to reinstate your PEBP coverage during an upcoming PEBP open enrollment period as a late enrollee. These retirees forfeit their basic life insurance upon reinstatement.

# Two Options for Retirees



# Am I Eligible for the Retiree Premium Subsidy or HRA?

## Eligibility for the Retiree Premium Subsidy or the Medicare Exchange HRA PEBP Contribution

- Participants who retired **BEFORE January 1, 1994**, receive the 15-year base premium subsidy or base HRA contribution.
- Participants who retired **ON OR AFTER January 1, 1994**, the premium subsidy or HRA contribution is based on your years of service.
- Participants who were hired **ON OR AFTER January 1, 2012**, do not receive a premium subsidy or HRA contribution. Those **hired between January 1, 2010, and December 31, 2011,** must have a minimum of 15 years to receive a premium subsidy or HRA contribution, or retire under a long-term disability plan.
- Please note: Spouses/domestic partners do not receive an Exchange HRA or additional funding.

# How is the Retiree Premium Subsidy Applied?

1

| Premium Subsidy Examples (18 YOS) | |
|---|---|
| -Retiree enrolled in the LD<br>-Retiree + Spouse coverage<br>-Retiree Medicare eligible/spouse not yet Medicare eligible (anchored) | Participant Premium<br>$775.82<br>18 YOS<br>-$156.15<br>Medicare Part B Subsidy<br>*(up to)* -$145.30<br>Monthly Premium<br>$474.37 |
| -Retiree enrolled in the CDHP<br>-Retiree only coverage<br>-Retiree is over 65 but is not eligible for Medicare *free* Part A | Participant Premium<br>$278.06<br>18 YOS<br>-$156.15<br>Medicare Part B Subsidy<br>*(up to)* -$145.30<br>Monthly Premium<br>$0 |

| Plan Year 2026 Retiree Premium Subsidy | Years of Service | | | | |
|---|---|---|---|---|---|
| | Monthly Premium Subsidy Amount | | | | |
| **5** | **6** | **7** | **8** | **9** | **10** |
| +$520.50 | +$468.45 | +$416.40 | +$364.35 | +$312.30 | +$260.25 |
| **11** | **12** | **13** | **14** | **15 (base)** | **16** |
| +$208.20 | +$156.15 | +$104.10 | +$52.05 | $0 | -$52.05 |
| **17** | **18** | **19** | **20 (max)** | | |
| -$104.10 | -$156.15 | -$208.20 | -$260.25 | | |

Visit **Getting to Know Your Plan** > **Rate Guide** for the State and Non-State retiree rates. Refer to pages 4, 6 and 17. Add or subtract the appropriate subsidy in the table to the participant premium in the selected plan and tier.

# How is the Via Benefits Retiree HRA Funded?

2

**EXAMPLE HRA (18 YOS)**
Carson City, NV 89701

**My Monthly HRA Allowance** **$234.00**

Medigap Plan (medical supplement).....($136.00)

Medicare Part D Plan (prescription drugs).....($40.00)

Optional PEBP Dental.....($53.18)

**Remaining Monthly HRA Balance** **$4.82**

| Plan Year 2026 HRA Contribution | Years of Service | | | | |
|---|---|---|---|---|---|
| | Monthly Contribution Amount | | | | |
| **5** | **6** | **7** | **8** | **9** | **10** |
| $65 | $78 | $91 | $104 | $117 | $130 |
| **11** | **12** | **13** | **14** | **15 (base)** | **16** |
| $143 | $156 | $169 | $182 | $195 | $208 |
| **17** | **18** | **19** | **20 (max)** | | |
| $221 | $234 | $247 | $260 | | |

In Carson City, Nevada, the average monthly cost for a Medigap plan in 2025 typically ranges from $100 to $300, but this can vary significantly based on several factors. Factors like the specific plan type, the insurance company, your age, and where you live can all influence the premium.

# Retiree Resources

| | |
|---|---|
| Read | Additional resources can be found on the Retiring Before Age 65 and Retiring After Age 65 sections of PEBP's website. |
| Download | Retiree packets tailored for those retiring both before and after age 65 are available for you to download at https://pebp.nv.gov under "Quick Tips." Contact PEBP Member Services Unit it you'd like to have this packet mailed to you. |
| Join | Join us for a Pre-Medicare Informational Session where we break down the transition to the Medicare Exchange with Via Benefits into five manageable steps. Register on PEBP's Meetings & Events page. The meetings are recorded and available to watch anytime. |
| Watch | Watch helpful videos about the Medicare Exchange with Via Benefit at https://my.viabenefits.com/pebp. |

# Contact Information

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775-684-7000 or 702-486-3100
(toll free) 1-800-326-5496

E-PEBP Portal– Send us a secure message by logging on to your portal at https://pebp.nv.gov

**Via Benefits**
(toll free) 1-888-598-7545
https://My.ViaBenefits.com/PEBP

**Social Security Administration**
1-800-772-1213
https://www.ssa.gov/