BENEFIT GUIDE

JULY 1, 2022 – JUNE 30, 2023

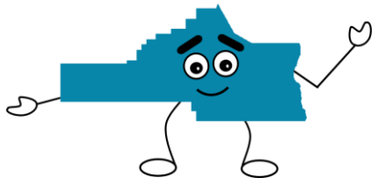
PLAN YEAR 2023

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

775-684-7000

or 1-800-326-5496

www.pebp.state.nv.us



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

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 www.pebp.state.nv.us 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 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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TABLE OF CONTENTS

- Medical
- Dental
- Vision
- Prescription

Active Employee Basic Life Insurance: $15,000
Eligible Retiree Basic Life Insurance: $7,500

As a retiree if for any reason you leave your medical plan through Via Benefits or PEBP, you will lose your retiree basic life insurance. It is important that your Health Savings Account and Basic Life Insurance beneficiary information is accurate and up to date. You can complete a change of beneficiary designation in your E-PEBP portal.

BENEFITS

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

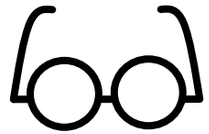
If you are newly retiring from the State of Nevada or a participating local government entity, you may have the option to enroll in retiree coverage offered by PEBP. Please review this guide to get a general understanding of your retiree plan options, dependent eligibility, enrollment timeframe, years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

MEDICAL BENEFITS

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

Consumer Driven Health Plan
Preferred Provider Organization (Statewide/Nationwide CDHP PPO)

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

Premier Plan
Exclusive Provider Organization (Northern Nevada EPO)

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

Low Deductible Plan
Preferred Provider Organization (Statewide/Nationwide LD PPO)

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

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

- With an HMO you must use in-network health care providers that participate in the plan.
- Primary care physician will be required.
- Fixed copayments for most services.
- Only urgent/emergent services are covered outside of the service area, except for covered dependents enrolled in an accredited college, university or vocational school anywhere in the United States.

Medical Benefits Overview →

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

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

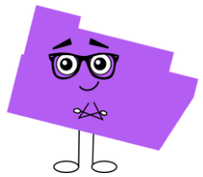
MEDICAL BENEFITS OVERVIEW

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN-Southern HMO)
Service Areas In-Network Out-of-Network	 Global Global	 Global Global	 Northern Nevada Urgent and Emergent	 Southern Nevada Urgent and Emergent
Annual Deductible *(medical and prescription combined)*	$1,500 Individual $3,000 Family /$2,800 Individual Family Member	N/A	$100 Individual $200 Family / $100 Individual Family Member	N/A with exception of Tier 4 prescription drug coverage (see prescription overview)
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
Base HSA/HRA PEBP Contribution* *(Prorated after 7/1)*	Primary Participant: $600	N/A	N/A	N/A
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
Urgent Care Visit	20% after Deductible	$80 Copay	$50 Copay	$50 Copay
ER Visit	20% after Deductible	$750 Copay	$600 Copay	$600 Copay

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

- 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

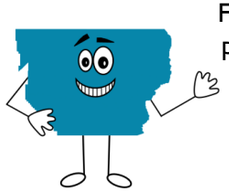
All CDHP PPO, LD PPO, EPO, HMO and Medicare Exchange Eligible Participants		
BENEFIT CATEGORY	**In-Network**	**Out-of-Network**
Individual Plan Year Maximum (applies to basic and major services)	$1,500 per person	$1,500 per person
Plan Year Deductible (applies to basic and major services only)	$100 per 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, 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
- Dental
- **Vision**
- Prescription



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

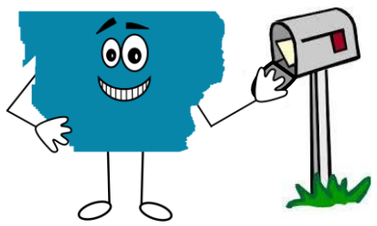
VISION BENEFITS OVERVIEW

VISION PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)	LOW DEDUCTIBLE (LD PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN-Southern 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)*	$25 Copay Maximum Benefit of $95 Subject to Usual & Customary Limits	$10 Copay Maximum Benefit of $100 Subject to Usual & Customary Limits	$10 Copay Maximum Benefit of $100 Subject to Usual & Customary Limits	$10 Copay Maximum Benefit of $100 every 12 months
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 pebp.state.nv.us.

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**



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

PRESCRIPTION BENEFITS OVERVIEW

RETAIL PRESCRIPTION DRUG BENEFITS	CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN Southern HMO)
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	www.express-scripts.com/NVPEBP	www.express-scripts.com/NVPEBP	www.express-scripts.com/NVPEBP	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.

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

RATES

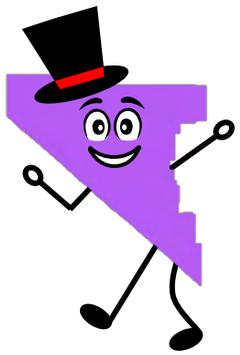
In this section, you will be able to search for monthly plan rates based upon your employment status (i.e. active employees, pre-Medicare retirees, Medicare retirees), medical plan option, and coverage tier (e.g., employee or retiree only, employee or retiree and spouse/domestic partner, etc.).

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 2023 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.

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

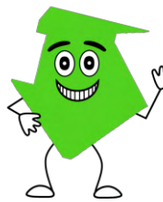
ACTIVE EMPLOYEE MONTHLY RATES

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

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

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



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

PRE-MEDICARE RETIREE MONTHLY RATES

State Retiree and Survivor Rates (Non-Medicare)			
Effective July 1, 2022 – June 30, 2023	**CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)**	**LOW DEDUCTIBLE PLAN (LD PPO)**	**PREMIER PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)**
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	$670.83	$691.88	$779.47
Surviving/Unsubsidized Spouse + Child(ren)	$920.33	$949.43	$1,069.73

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

- For participants who retired **before January 1, 1994**, the participant premium for the selected plan and tier is shown above.
- For participants who retired **on or after January 1, 1994,** add or subtract the appropriate subsidy from the Years of Service (YOS) table → to the participant premium in the selected plan and tier.
- Retirees **with less than** 15 years of service, who were initially hired* by their last employer on or after **January 1, 2010** and who are not disabled, do not receive a years of service or base subsidy and do not qualify for a Medicare Exchange HRA.
- Retirees who were initially hired* **on or after January 1, 2012** do not receive a years of service or base subsidy and do not receive an Exchange HRA.
- For retirees on the CDHP PPO, LD PPO, EPO, or HMO plan who are enrolled in Medicare Part B, subtract an additional $135.50 from the base premium.

**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.*

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

PRE-MEDICARE RETIREE MONTHLY RATES

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

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

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

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

For additional information regarding Medicare please refer to the PY2023 PEBP and Medicare Guide.

MEDICARE RETIREE MONTHLY RATES

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

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

Plan Year 2023 PEBP Dental Rates
Medicare Retirees Enrolled with Via Benefits

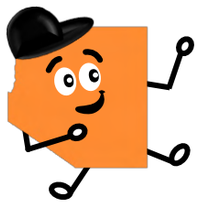
Effective July 1, 2022 – June 30, 2023	State Retiree	Non-State Retiree
Retiree only	$47.61	$42.07
Retiree + Spouse/DP*	$95.22	$84.14
Surviving/Unsubsidized Spouse/DP*	$47.61	$42.07

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

CURRENTLY ON THE CONSUMER DRIVEN HEALTH PLAN?

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

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

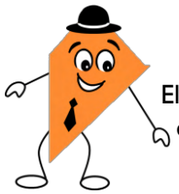


COBRA participants do not qualify for life insurance and do not receive a subsidy.

MONTHLY COBRA RATES

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

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



Eligibility 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 www.pebp.state.nv.us and upload any required supporting documents (if adding dependents) to your E-PEBP portal no later than the last day of the month your coverage is scheduled to become effective. See the Enrollment section for more details.

Default Enrollment

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

Active Employee Leave of Absence

Employees working for a participating local government will need to contact their Human Resources office for Leave of Absence, such as FMLA, LWOP or Military leave eligibility.

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 Exchange HRA
	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

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.

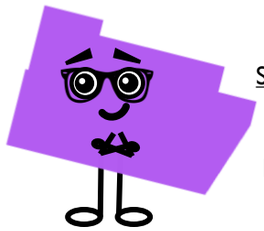
Retiree with TRICARE for Life

- 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.

DEPENDENT ELIGIBILITY

Dependent Eligibility

Legal Spouse or Domestic Partner

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

Exceptions may apply if the employer-group health coverage is determined to be significantly inferior. Significantly inferior plans offer limited benefits such as a mini-med plan or a catastrophic plan with a $5,000 or greater individual deductible and the plan is **not coupled with an HSA or HRA*

Child(ren)/Stepchild(ren) - Birth to Age 26

- May be covered from birth through the last day of the month the child reaches age 26

Disabled Dependent Child(ren)

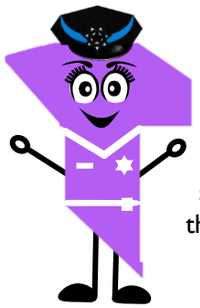
- A child of any age with a disability incapable of self-support, provided such condition occurs before age 26
- After age 26, proof is required that the dependent has maintained continuous medical coverage with no break in service and the completion of the Certification of Disabled Dependent Child form by the participant and the child's physician

Child(ren) under Legal Guardianship

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

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

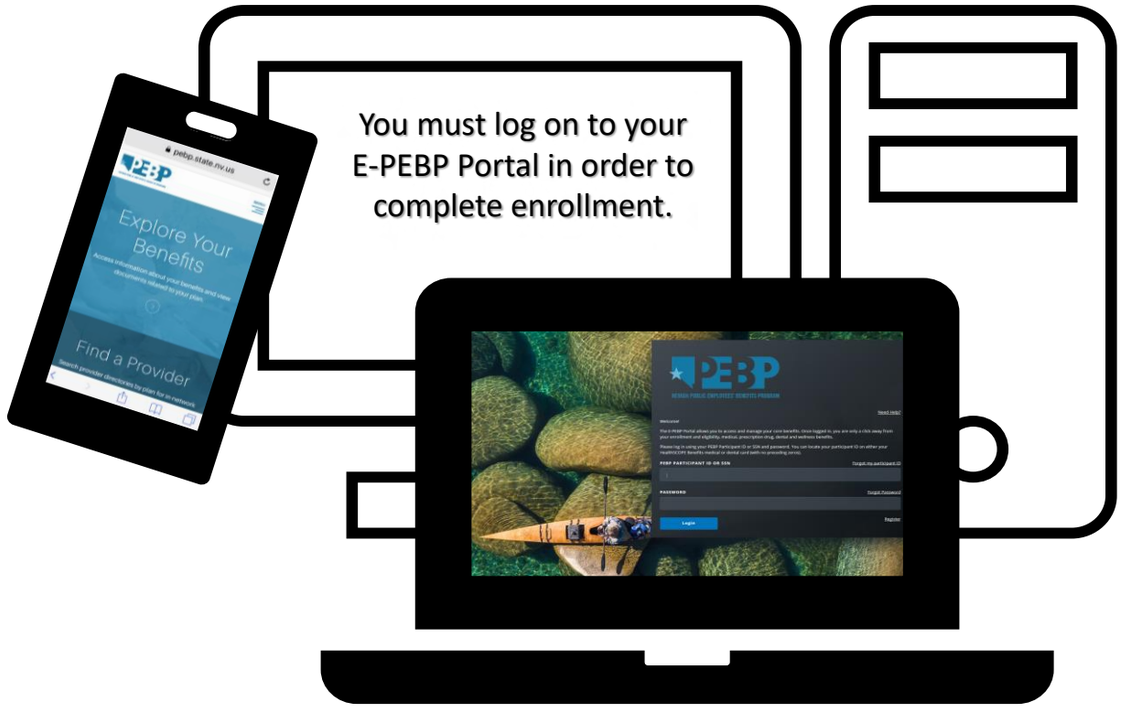
- New Hires
- Retirees
- Open Enrollment
- Qualifying Life Events
- Supporting Documents



You can contact PEBP by sending a secure message through your E-PEBP portal

ENROLLMENT

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



NEW 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 www.pebp.state.nv.us and upload any required supporting documents (if adding dependents) to your E-PEBP portal no later than the last day of the month your coverage is scheduled to become effective.

Date of Hire	Coverage Effective	Enrollment Must be Completed By	Supporting Documents are Required By (if any)	Default Coverage will be Processed by PEBP
January 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

RETIREE ENROLLMENT

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

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

Retiree Late Enrollment

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

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

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

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 16th - May 31st for PY23. Any changes made during the open enrollment period become effective on July 1st.

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

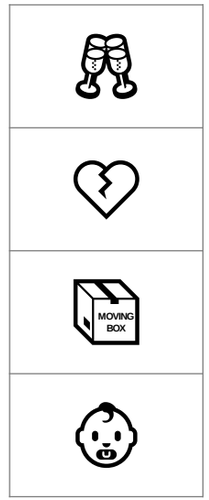
QUALIFYING LIFE EVENTS

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

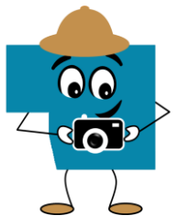
The plan must be notified by completing an online event through your E-PEBP Portal within 60 days of the qualifying event date. If the online event, including uploading any required supporting documents, is not completed within the specific timeframe as outlined in the Eligibility and Enrollment Master 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 on pebp.state.nv.us.



All foreign documents must be translated into English.

SUPPORTING DOCUMENTS

Spouse

- Copy of certified marriage certificate
- Social Security Number

Domestic Partner

- Copy of certified domestic partner certificate
- Social Security Number

Child or Children

- Copy of certified birth certificate
- Social Security Number

PEBP will need the above information as well as additional documentation as applicable:

- Adopted Child: Adoption Decree signed by judge
- Stepchild: Copy of marriage certificate/domestic partner certificate
- Disabled child over age 26: Certification of Disabled Dependent Child and verification child has had continuous health insurance since age 26
- Permanent legal guardianship: Copy of legal guardianship papers signed by a judge

- Flexible Spending Accounts
- Health Savings Accounts
- Health Reimbursement Arrangements

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.

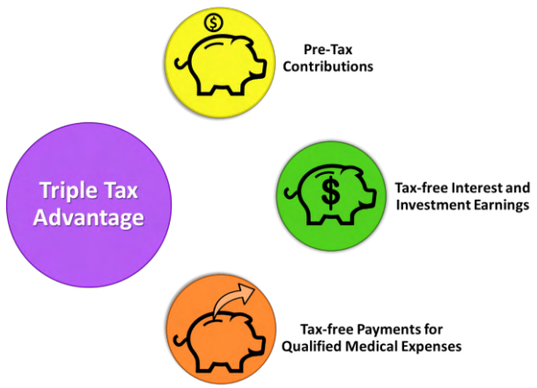
Non-state and NSHE employees are ineligible for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer.

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	$2,850	$2,750	$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 $570. Funds in excess of $570 will be forfeited. Account must be depleted by July 1st if employee switches to CDHP HSA.	Carry over up to $570. Funds in excess of $570 will be forfeited.	No carry over. All excess funds will be forfeited.
Enrollment is not automatic. You must re-enroll each year if you want to participate in a Flexible Spending Account.			

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

- Flexible Spending Accounts
- **Health Savings Accounts**
- Health Reimbursement Arrangements



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. LD PPO participants are not eligible for HSA/HRA funds. Participants will receive $600 and there are no additional funds for dependents.

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

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

HEALTH REIMBURSEMENT ARRANGEMENTS (HRA)

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

Health Reimbursement Arrangement (HRA):

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

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

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

- Voluntary Benefits
- Telemedicine
- 2nd MD
- Disease Care Management

ADDITIONAL BENEFITS

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

Voluntary Benefits

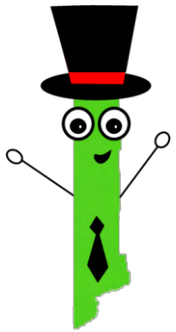
Telemedicine

2nd.MD
Specializing in Medical Certainty

Second MD

Disease Care Management

- **Voluntary Benefits**
- Telemedicine
- 2nd MD
- Disease Care Management



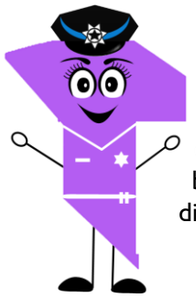
Active Employees: Even if you have chosen to decline your PEBP health insurance benefits, you can still sign up for any of these voluntary benefits for yourself or any dependents!

VOLUNTARY BENEFITS

The voluntary benefits listed below are offered to all members eligible for benefits, except for some products that may not apply or be available to retirees. To learn more about these voluntary benefits, or to start shopping, log on to your E-PEBP Portal and click on + Shop for new benefits.

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

Voluntary Benefits
Telemedicine
2nd MD
Disease Care Management



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 PPO Plan, and Premier Plan

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

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

Services available include:

- Primary care visit
- Psychologist visit
- Psychiatry visit

Health Plan of Nevada

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

2ND MD

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

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

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

Connect with 2nd MD's Care Team:

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

- Voluntary Benefits
- Telemedicine
- 2nd MD
- **Disease Care Management**

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

DISEASE CARE MANAGEMENT

Consumer Driven Health Plan (CDHP PPO)

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

Low Deductible (LD PPO)

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

Premier Plan (EPO)

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

Health Plan Of Nevada (HMO)

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

CDHP and LD PPO
Premier 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.

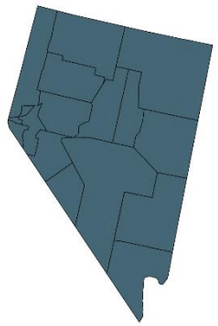
If you still have questions about things such as eligibility, qualifying life events, supporting documentation needed for enrollment, or basic questions about plan options, PEBP would be happy to help answer them. You may send our Member Services a secure message through your E-PEBP Portal.

Have an address change?

- Send a secure message through your E-PEBP portal.
- Call PEBP at 775-684-7000 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.

CDHP and LD PPO
Premier Plan
Health Plan of Nevada
Additional Contacts

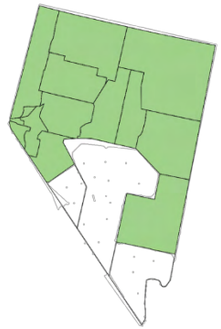


UMR

CONSUMER DRIVEN HEALTH PLAN AND LOW DEDUCTIBLE PPO

SERVICE	RESOURCE OR VENDOR	WEBSITE	PHONE NUMBER
• **Medical, Dental and Vision Benefits and Claims** • **ID Cards** • **HSA/HRA/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: NVPEB
Find a Dental Provider	**Diversified Dental Services** PO Box 36100 Las Vegas, NV 89133-6100	Find a Provider tool on pebp.state.nv.us or www.ddsppo.com	Customer Service: 1-866-270-8326 Northern Nevada: 1-866-270-8326 Southern Nevada: 1-800-249-3538
• **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 **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	1-888-323-1461
• **Basic Life Insurance** • **Travel Assistance**	**Standard Insurance Company** Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208-2800	Log on to your E-PEBP Portal or visit https://www.standard.com/mybenefits/nevada/	1-888-288-1270
Voluntary Products	Corestream	Log on to your E-PEBP Portal	1-855-901-1100
Telemedicine	Doctor on Demand	www.doctorondemand.com/pebp	1-800-997-6196
HSA/HRA	HSA Bank	Myaccounts.hsabank.com	1-833-228-9364
Short-Term Disability	Corestream	Log on to your E-PEBP Portal	1-855-901-1100

CDHP and LD PPO
Premier Plan
Health Plan of Nevada
Additional Contacts



PREMIER PLAN (NORTHERN NEVADA EPO)

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: NVPEB
Find a Dental Provider	**Diversified Dental Services** PO Box 36100 Las Vegas, NV 89133-6100	Log on to your E-PEBP Portal or visit www.ddsppo.com	Customer Service: 1-866-270-8326 Northern Nevada: 1-866-270-8326 Southern Nevada: 1-800-249-3538
• **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 **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	1-888-323-1461
• **Basic Life Insurance** • **Travel Assistance**	**Standard Insurance Company** Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208-2800	Log on to your E-PEBP Portal or visit https://www.standard.com/mybenefits/nevada/	1-888-288-1270
Voluntary Products	Corestream	Log on to your E-PEBP Portal	1-855-901-1100
Telemedicine	Doctor on Demand	www.doctorondemand.com/pebp	1-800-997-6196
Short-Term Disability	Corestream	Log on to your E-PEBP Portal	1-855-901-1100

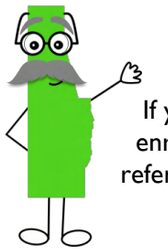
CDHP and LD PPO
Premier Plan
Health Plan of Nevada
Additional Contacts

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/	702-242-7300 or 1-800-777-1840
Flexible Spending Accounts	**UMR**	Log on to your E-PEBP Portal 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** PO Box 36100 Las Vegas, NV 89133-6100	Log on to your E-PEBP Portal or visit www.ddsppo.com	Customer Service: 1-866-270-8326 Northern Nevada: 1-866-270-8326 Southern Nevada: 1-800-249-3538
• **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**	**Standard Insurance Company** Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208-2800	Log on to your E-PEBP Portal or visit https://www.standard.com/mybenefits/nevada/	1-888-288-1270
Voluntary Products	Corestream	Log on to your E-PEBP Portal	1-855-901-1100
Telemedicine	NowClinic	https://www.myhpnstateofnevada.com/Virtual-Visits	1-877-550-1515
Short-Term Disability	Corestream	Log on to your E-PEBP Portal	1-855-901-1100

CDHP and LD PPO
Premier Plan
Health Plan of Nevada
Additional Contacts



If you are a Medicare Retiree enrolled at Via Benefits, please refer to the Plan Year 2023 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** PO Box 36100 Las Vegas, NV 89133-6100	Log on to your E-PEBP Portal or visit www.ddsppo.com	Customer Service: 1-866-270-8326 Northern Nevada: 1-866-270-8326 Southern Nevada: 1-800-249-3538
Basic Life Insurance	**Standard Insurance Company** PO Box 2800 Portland, OR 97208-2800	Log on to your E-PEBP Portal or visit https://www.standard.com/mybenefits/nevada/	1-888-288-1270
Voluntary Products	Corestream	Log on to your E-PEBP Portal	1-855-901-1100
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 pebp.state.nv.us to find the PEBP Health and Welfare Wrap Plan, which includes the HIPAA Privacy Notice, for all legal notices pertaining to this document. You can also view PEBP's Privacy Notice here.

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

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

PY23 CHANGES

Consumer Driven Health Plan
Preferred Provider Organization (Statewide/Nationwide CDHP PPO)

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

Premier Plan
Exclusive Provider Organization (Northern Nevada EPO)

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

Low Deductible PPO Plan
Preferred Provider Organization (Statewide/Nationwide LD PPO)

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

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

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

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

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

Network Change

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

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

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

CDHP

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

LD PPO

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

EPO

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

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

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, 901 South Stewart Street, Suite 1001, Carson City, NV 89701, Phone: 775-684-7020 (TTY: 1-800-545-8279), Fax: 775-684-7028, Email: memberservices@peb.nv.gov. 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 the Premier 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 4/2022

PEBP | Access. Quality. Affordability.

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Public Employees' Benefits Program
901 S. Stewart St. Suite 1001
Carson City, NV 89701

Log on to your E-PEBP Portal to Contact Us
775-684-7000 or 1-800-326-5496
www.pebp.state.nv.us