

N e v a d a PUBLIC EMPLOYEES' BENEFITS PROGRAM



Open Enrollment Guide
Plan Year '06

Effective July 1, 2005–June 30, 2006

Table of Contents

Important Information	1
Introduction	2
How to Enroll	3
Health Assessment	4
HMO Plan Changes	4
Self-funded PPO Plan Changes	5
Self-funded PPO Plan High Deductible Plan Option	6
Self-funded PPO Plan Low Deductible Plan Option	7
Summary of Medical Benefits	8
Summary of Pharmacy, Vision and Dental Benefits	9
Senior Dimensions Retiree Choice Plus Plan	10
Self-funded PPO and HMO Plan Documents	11
Self-funded PPO and HMO Medical ID Cards	11
Additional Benefits Included	12
Wellness Fairs	13
Women’s Health and Cancer Rights Act of 1998	13
Declining Coverage	14
Premium Only Plan (POP)	14
Open Enrollment Meeting Schedule	15
Medicare Retiree Information	16
Additional Retiree-Related Information	17
Self-funded PPO and HMO Plans Contact Information	18
Voluntary Products Vendor Contact Information	19
State Rates	20
State Subsidy	21
Non-State Rates	22
Non-State Subsidy	23
COBRA Rates	24

IMPORTANT!

Open Enrollment is May 1-31, 2005

- ◆ **Complete a Health Assessment and enhance your benefits (see page 4 for details)**
- ◆ **Review your Personalized Cover Letter and read this booklet carefully — many plan changes will begin July 1, 2005**

Attend an Open Enrollment Meeting

Learn more about the plan changes and speak directly to Public Employees' Benefits Program staff and plan vendors. The meeting schedule is located on page 15 of this booklet.

Introduction

Welcome to the Public Employees' Benefits Program (PEBP) Open Enrollment for Plan Year '06. Open enrollment gives you the opportunity to review your benefit options and make changes based on your current needs.

Please read through this document carefully to ensure you are choosing the option necessary to meet your health care needs.

WANT TO IMPROVE YOUR BENEFITS ?

COMPLETE A HEALTH ASSESSMENT AND YOU WILL:

- Reduce your deductible on the Self-Funded PPO plan by 50%
- Increase your annual in-network dental maximum benefit (PPO and HMO plan participants)

The Health Assessment must be completed by the primary insured and covered spouse either online or by phone. See page 4 for additional information.

YOU MUST COMPLETE AN OPEN ENROLLMENT FORM IF:

- You are currently enrolled in either the \$1,000 or \$2,500 deductible option. **The \$1,000 and \$2,500 deductible options will not be available effective July 1, 2005. You must enroll in either the \$500 deductible (Low Deductible Plan) or \$2,000 deductible (High Deductible Plan) option if you want to remain in the PPO plan.** If you don't enroll in either plan, you will be defaulted into the High Deductible Plan.
- You want to change your deductible option in the Self-Funded PPO Plan
- You want to change your current plan election (e.g., from HMO to PPO)
- You want to add or delete dependents
- You want to decline coverage

YOU DO NOT NEED TO COMPLETE AN OPEN ENROLLMENT FORM IF:

- You are currently enrolled in the \$500 deductible plan and want to continue with that deductible option
- You want to remain in your current HMO plan

How to Enroll

Steps to Easy Enrollment

1. Review your personalized cover letter.
2. Review your coverage options and monthly premium costs located in this guide.
3. If you are making changes, complete the open enrollment form by doing one of the following:
 - a. Complete the paper version of the form included in your open enrollment envelope.
 - b. Log on to PEBP's website at www.pebp.state.nv.us and click *Enroll Now* on the home page. Follow the directions to complete the form on-line. Print a copy for your records. If enrolling online, do not submit a hard copy of the form.

Important: You must list each person you want to cover for Plan Year '06.

Electing Coverage

You may elect coverage for any of the following:

- * Yourself
- * You and your spouse
- * You and your child(ren)
- * You and your family (includes spouse and child(ren))

Required Documentation to Add Dependents

Spouse: Submit a copy of a certified marriage certificate and Medicare card (if applicable).

Child: Submit a copy of a certified birth certificate or legal guardianship documents. Full-time students ages 19-23 require student status verification.

Include the primary participant's social security or member ID number on all documents.

Changing Elections After Open Enrollment

Generally, you are not permitted to make changes to your elections until the next open enrollment period unless you have a qualifying status change. Changes in status include, but are not limited to:

- * Retirement
- * Marriage, divorce, death, birth, adoption
- * Dependent eligibility change
- * Change in your or your spouse's employment resulting in a loss or gain of coverage

Submitting Open Enrollment Forms

If you are making changes, be sure the enrollment form and required supporting documentation are submitted to the PEBP office **no later than May 31, 2005.**

Active Employees:

Return the form to your agency representative (contact your personnel office to determine your agency representative).

Retirees:

Return the form to the:
Public Employees' Benefits Program
400 West King Street, Suite 300
Carson City, Nevada 89703-4222

If you enroll through the PEBP website and you are an active employee or retiree, submit your supporting documentation directly to PEBP. Faxed copies are accepted for supporting documentation.

Enrollment Questions?

*Visit the PEBP website at
www.pebp.state.nv.us*

or call

775-684-7000 or 800-326-5496

Fax: 775-684-7028

★ Health Assessment ★

If you (and your covered spouse) complete a Health Assessment by June 30, 2005:

- ◆ **The Self-funded PPO medical deductible (High and Low Deductible Plan options) will be reduced by 50% (e.g., the individual \$500 deductible will be reduced to a \$250 individual deductible for the entire plan year).**
- ◆ **The annual in-network maximum benefit under the dental plan increases to \$2,000 for each covered person enrolled in either the PPO or an HMO plan.**

The Health Assessment is easy to complete and may be submitted either through the Benefit Planners' website or by phone. The information gathered from all participants completing the form will be used for educational purposes only. Participants will receive information in the mail about ways to lose weight, stop smoking and manage chronic diseases such as diabetes or heart conditions. Submitting the Health Assessment **will not** affect your level of benefits other than to increase your in-network dental maximum or decrease your medical deductible.

- ◆ **To complete the Health Assessment on-line**, log on to the **Benefit Planners'** website at www.benplan.com (fast and easy, 24 hours a day, 7 days a week through June 30th); or,
- ◆ **To complete the Health Assessment by phone** call Benefit Planners at 1-866-868-6738
 - ⇒ April 18 – June 30, 2005, Monday-Friday, 8:00 a.m.-7:00 p.m.
 - ⇒ May 7, 14, 21, and 28, Saturdays, 8:00 a.m.-5:00 p.m. (allow at least 15 minutes if completing form by phone)

Note: Participants 75 years and older are not required to complete the Health Assessment to receive the reduced deductible and increased in-network dental maximum.

HMO Plan Changes Effective July 1, 2005

Anthem HMO Nevada

There are no plan changes to Anthem HMO Nevada; however, the service area increased to include Pershing, Lander and Churchill counties. Anthem HMO Nevada is available to you if you work or reside in one of the following counties: Carson City, Churchill, Douglas, Elko, Eureka, Humboldt, Lander, Lyon, Mineral, Storey, Pershing, Washoe or White Pine.

Health Plan of Nevada (HPN)

There are no plan changes to Health Plan of Nevada. HPN is available to you if you work or reside in Clark, Nye or Esmeralda county.

Senior Dimensions Retiree Choice Plus

This Medicare replacement plan is currently offered to retirees residing in Esmeralda, Nye and Clark counties. **Effective July 1, 2005, retirees residing in Washoe, Lyon and Mineral counties will also be eligible to enroll.** Retirees must access services within their covered area (see page 10 for additional information).

Note: If you are enrolled in an HMO plan and you (and your covered spouse) complete a Health Assessment by June 30, 2005, your individual annual in-network dental maximum benefit will increase to \$2,000.

Self-funded PPO Plan Changes Effective July 1, 2005

Plan Options

- **High Deductible Plan** (\$2,000 individual or \$4,000 family deductible)
- **Low Deductible Plan** (\$500 individual deductible or a \$1,000 family maximum)

The deductible will be reduced by 50% if a Health Assessment is completed (see page 4 for details).

A summary of benefits explaining the High and Low Deductible options is located on pages 6 and 7.

<p>Vision Benefit</p> <ul style="list-style-type: none"> • Annual vision exam allowance reimbursed at 80% of Usual Customary and Reasonable (UCR) • Contacts/glasses allowance \$125 every two years 	<p>Coordination of Benefits</p> <ul style="list-style-type: none"> • Coordination of Benefits method changes to <i>Maintenance of Benefits</i>
<p>Chiropractic Care</p> <ul style="list-style-type: none"> • Considered a specialist—\$30 copay per visit 	<p>Pre-certification Requirements</p> <ul style="list-style-type: none"> • No pre-certification required for MRI, CT, MRA, and PET scans
<p>Prescription Benefit</p> <ul style="list-style-type: none"> • Bupropion and Buproban to Tier 1 (generic) • Nicotrol inhaler & spray Tier 2 (preferred brand) 	<p>Dental Benefit</p> <ul style="list-style-type: none"> • Cleanings increased to 4 per plan year • Your maximum annual <u>in-network</u> benefit increases to \$2,000 if a Health Assessment is completed (see page 4 for details)

Wellness Benefit (you must utilize a preferred provider to receive a wellness benefit)

The wellness benefit increased to \$2,500* for each covered individual. Wellness benefits include the following:

- Routine physical exams, screening lab and X-rays (e.g., cholesterol, routine PSA, PAP, mammography)
- Routine sigmoidoscopy and colonoscopy
- Adult immunizations
- Female pelvic examinations
- Medically supervised weight loss program
- Well child examinations and immunizations
- Osteoporosis screening
- Smoking cessation programs*
- Smoking cessation products* (over-the-counter drugs reimbursed through Benefit Planners)
- Stress management programs*
- Routine hearing screening*
- Skin cancer screening*
- Hypertension screening*

***Enhanced benefits effective 7/1/05**

Self-Funded PPO Plan Options

Effective July 1, 2005

High Deductible Plan Option

\$2,000 individual

\$4,000 family

The **High Deductible Plan** is a comprehensive major medical plan. If an **individual** chooses this plan, the **deductible is \$2,000** and **medical claims will not be paid by Benefit Planners until the deductible has been met**. There are no copays under this plan; therefore **all** covered medical services apply directly to the deductible.

If **more than one person** is covered under the \$2,000 deductible plan (High Deductible Plan) it is considered a family deductible and **claims are not paid by Benefit Planners until the \$4,000 family deductible has been met**.

Individual Deductible (primary insured only)

Example of \$2,000 individual deductible (primary insured) using PPO network providers:

- ◆ Individual visits a doctor, receives services for lab work, and has minor surgery — all services apply to the \$2,000 deductible (no copays apply)
- ◆ Once participant has met the \$2,000 deductible, all claims for the plan year are paid by Benefit Planners at 80% with participant paying 20%

Family Deductible

Example of \$4,000 family deductible using PPO network providers:

- ◆ One family member visits a doctor, receives services for lab work and has minor surgery totaling \$3,000
⇒ \$3,000 for the services apply to the family deductible
- ◆ Another family member receives services for lab work totaling \$500
⇒ \$500 for the services apply to the family deductible
- ◆ Another family member receives services for lab work and a doctor visit totaling \$500
⇒ \$500 for the services apply to the family deductible

Now the family deductible has been met (\$4,000). All future eligible medical claims from any covered family member for the remainder of the plan year will be paid at 80%.

No copays apply to this plan. The family deductible may be met by one family member.

Reminder: The individual and family medical deductible will only be reduced 50% if you (and your covered spouse) complete the Health Assessment by June 30, 2005.

Self-Funded PPO Plan Options

Effective July 1, 2005

Low Deductible Plan Option

\$500 individual

\$1,000 family

The **Low Deductible Plan** allows **one person** to meet the \$500 medical deductible **or a combination of 2 or more family members** to meet the \$1,000 family medical deductible. The plan will begin paying its portion of claims once the deductible has been met. Copays do not apply to the deductible.

Individual Deductible

Example of \$500 individual deductible using PPO network providers:

- ◆ Individual has surgery
- ◆ First \$500 applied to the deductible
- ◆ Remainder of claim paid at 80%

Example of \$1,000 family deductible using PPO network providers:

First family member (e.g., surgery)

- ◆ First \$500 applied to the deductible
- ◆ Remainder of claim paid at 80%

Second family member (e.g., MRI)

- ◆ First \$500 applied to the deductible
- ◆ Remainder of claim paid at 80% after deductible is met

Third Family member (lab work)

- ◆ Family deductible has been met, the entire claim for the lab work is paid by Benefit Planners at 80%

Note: One family member **cannot** meet the entire family deductible. A combination of 2 or more family members must meet the \$1,000 family deductible.

Co-insurance applies after consideration of provider discount.

Reminder: The individual and family medical deductible will only be reduced by 50% if you (and your covered spouse) complete the Health Assessment by June 30, 2005.

Summary of Medical Benefits Effective July 1, 2005

Costs Shown Below Reflect Accessing In-Network Preferred Providers

Benefit	Self-funded PPO High Deductible (Base Plan)	Self-funded PPO Low Deductible	Anthem HMO Nevada	Health Plan of Nevada (HPN)
Individual Deductible	\$2000 (\$1000)*	\$500 (\$250)*	No deductible	No deductible
Family Deductible	\$4000 (\$2000)*	\$1000 (\$500)*	No deductible	No deductible
Primary Care Visit	Subject to deductible, plan pays 80% co-insurance	\$20 copay	\$20 copay	\$15 copay
Specialist Visit	Subject to deductible, plan pays 80% co-insurance	\$30 copay	\$40 copay	\$15 copay
Urgent Care	Subject to deductible, plan pays 80% co-insurance	\$45 copay	\$50 copay	\$15 copay
Hospital (Inpatient)	Subject to deductible, plan pays 80% co-insurance	\$105 per admission deductible, plan pays 80% co-insurance after plan year deductible is met	\$250 copay per day with \$1000 maximum/admission	\$200 copay per admission
Hospital (Outpatient)	Subject to deductible, plan pays 80% co-insurance	Subject to deductible, plan pays 80% co-insurance	\$200 copay	\$50 copay
Chiropractic Svcs	Subject to deductible, plan pays 80% co-insurance	\$30 copay	\$20 copay	\$15 copay
Wellness (Preventive Care)	\$2,500 maximum benefit for each covered participant (no copay or deductible applies)	\$2,500 maximum benefit for each covered participant (no copay or deductible applies)	\$20 copay for PCP \$40 copay for Specialist	\$15 copay

The summary of benefits above reflects costs utilizing in-network providers only. If you are enrolled in the Self-funded PPO plan and choose to go out of the provider network, your benefit level will be reduced and you will pay more out of pocket. If you are enrolled in an HMO plan and choose to go out of the provider network, claims will not be paid, with the exception of an urgent or emergency situation. For further information refer to the Self-funded PPO Plan Document or Anthem HMO Nevada and Health Plan of Nevada's Evidence of Coverage booklet located on the PEBP website at www.pebp.state.nv.us/plans/medplan.htm.

*The primary insured and spouse (if covered) must complete the Health Assessment by June 30, 2005, to receive the reduced deductible on the Self-funded PPO Plan.

Summary of Pharmacy, Vision and Dental Benefits Effective July 1, 2005

Costs Shown Below Reflect Accessing In-Network Preferred Providers

Benefit	Self-funded PPO High Deductible (Base Plan)	Self-funded PPO Low Deductible	Anthem HMO Nevada	Health Plan of Nevada (HPN)
Vision	Annual vision exam allowance reimbursed at 80% of Usual Customary and Reasonable Contacts/glasses allowance \$125 every two years	Annual vision exam allowance reimbursed at 80% of Usual Customary and Reasonable Contacts/glasses allowance \$125 every two years	Annual vision exam \$20 copay in-network or \$35 reimbursement out-of-network Contacts/glasses 20%-40% discount at preferred providers	Annual vision exam \$10 copay in-network Frames-\$100 allowance every 24 months Lenses-\$10 copay every 12 months
Pharmacy	Annual \$50 deductible	Annual \$50 deductible	No Deductible	No Deductible
Retail (30-day supply)	\$ 5 copay	\$ 5 copay	(34-day supply retail)	\$ 7 copay
Generic	\$40 copay	\$40 copay	\$10 copay	\$30 copay
Preferred Brand	100% of contracted price	100% of contracted price	\$40 copay	\$50 copay
Non-Preferred			\$60 copay	
Mail Order				
(90-day supply)				
Generic	\$10 copay	\$10 copay	\$20 copay	\$14 copay
Preferred Brand	\$70 copay	\$70 copay	\$80 copay	\$60 copay
Non-Preferred	100% of contracted price (deductible doesn't apply)	100% of contracted price (deductible doesn't apply)	\$120 copay	Not available by mail order

Dental Benefit (identical for PPO and HMO plan participants)

In-Network	Out-of-Network (% of Usual and Customary)
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Preventive	Plan pays 80% (4 cleanings per plan year include regular and periodontal)
Basic	Plan pays 50%
Major	Plan pays 50%
Plan Year Max	\$1500 per person
Deductible	\$50 per person or \$150 per family for basic and major services

Important : The in-network dental maximum will increase to \$2,000 per plan year for each covered individual on the Self-funded PPO or an HMO plan if the Health Assessment is completed by June 30, 2005. Refer to page 4.

Senior Dimensions Retiree Choice Plus Plan

Senior Dimensions is a Medicare replacement plan which requires a retiree to have both Medicare Part A & B coverage. The plan is currently offered to **retirees residing** in Esmeralda, Nye and Clark counties. **Effective July 1, 2005, retirees residing in Washoe, Lyon and Mineral counties will also be eligible to enroll.** Retirees must access services within the approved service area. The following is only a summary of benefits. An enrollment packet explaining the plan in detail will be mailed to retirees upon request. If you or your spouse are Medicare eligible and choose to enroll in Senior Dimensions, the non-Medicare spouse (and dependents) will be enrolled in the Health Plan of Nevada HMO Plan.

**For enrollment and eligibility questions call
Senior Dimensions at 702-821-2300 or toll free at 800-274-6648.**

Note: Retirees enrolled in Senior Dimensions Retiree Choice Plus **will not** be reimbursed 80% for their cost of the Medicare Part B premium, as retirees who are enrolled on the Self-funded PPO plan.

Summary of Benefits	Retiree Choice Plus
Inpatient Hospital	No copayment
PCP office Visit	\$3 per visit
Specialist Visit	\$10 per visit
Laboratory Service	No copayment
Radiological (X-rays and non-radiological Diagnostic Services (MRI/CT scan	No copayment
Emergency Services	\$25 per admit
Urgently Needed Care	\$15 per visit
Ambulance	No copayment
Prescriptions — Retail	
♦ Generic	\$5 per 30-day supply (unlimited)
♦ Brand Name	\$25 per 30-day supply (unlimited)
♦ Non-formulary (generic or brand)	\$45 per 30-day supply
Remicade, Amevive, Enbrel, Mumira, Kineret, Raptiva, Xolair	Retiree pays 20% coinsurance
Prescriptions — Mail Order	
Generic	\$5 per 90-day supply
Brand	\$25 per 90-day supply
Non-formulary	Not available by mail order
Durable Medical Equipment (DME)	No copayment Retiree pays 20% coinsurance for insulin pumps
Vision	\$3 per exam (annually) Frames covered up to \$60 once every 24 months

Self-funded PPO and HMO Plan Documents

A *plan document* is an important document that explains your health plan coverage. The PEBP Self-funded PPO Medical and Dental Plan Documents, Anthem HMO Nevada's Certificate of Coverage and Health Plan of Nevada's Evidence of Coverage are **located on the PEBP website for each specific plan at www.pebp.state.nv.us/plans/medplan.htm**. The documents provide detailed information regarding eligibility and health care benefits for each plan.

If you would like to receive the Plan Year '06 (effective July 1, 2005, through June 30, 2006) Self-Funded PPO Medical Plan Document and/or the Dental Plan Document which includes long-term disability, life, AD&D and business travel accident, **complete the white postcard included in your open enrollment packet envelope**. Please indicate your selection of a CD or hard copy and return to PEBP.

If you would like to receive a hard copy of Anthem HMO Nevada's Certificate of Coverage or Health Plan of Nevada's Evidence of Coverage, please contact the HMO directly.

Contact information is located on page 18 of this document.

Self-funded PPO and HMO Medical ID Cards

Self-funded Medical ID Cards

All employees and retirees enrolled in the Self-funded PPO Plan on July 1, 2005, will receive a new medical ID card, which may be used for medical, pharmacy and dental services. If you have not received your card by July 11th, or additional cards are required, please contact CatalystRx at 800-799-1012.

HMO Medical ID Cards

All **new** employees and retirees enrolled in either Anthem HMO Nevada, Health Plan of Nevada or Senior Dimensions on July 1, 2005, will receive an ID card which may be used for medical, pharmacy, vision and dental services. If additional cards are required, please contact the HMO directly.

Additional Benefits Included in the Self-Funded PPO Plan and HMO Plans

Long-Term Disability (LTD) Benefit

Available only to active employees, Long-Term Disability Insurance replaces a portion of your monthly salary if illness or injury prevents you from working. Subject to the terms of the group policy, benefits begin after you have been disabled for 180 days, and continue through the maximum benefit period for as long as you remain disabled. During the course of your disability, Standard Insurance Company will work with you and your employer to assist you with your return to work.

The Long-Term Disability Insurance replaces 60% of your gross monthly earnings up to a maximum of \$7,500 per month. Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

Eligibility Requirements

All full-time employees enrolled in a PEBP medical plan.

LTD Maximum Benefit Period	
Age 61 or younger	To age 65, or 3 years 6 months, if longer
Age 62	3 years, 6 months
Age 63	3 years
Age 64	2 years, 6 months
Age 65	2 years
Age 66	1 year, 9 months
Age 67	1 year, 6 months
Age 68	1 year, 3 months
Age 69 and over	1 year

Basic Life Insurance Benefit

Available to active and most retired participants, the Life Insurance Plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount they receive is based on the amount of your life insurance in effect at the time of your death.

Eligibility Requirements

Covers participants enrolled in a PEBP medical plan who are not reinstated retirees or survivors.

Basic Life Insurance Benefit	
Active Employees	\$20,000
Spouse	\$ 2,000
Children	\$ 2,000
Retirees	\$10,000
Spouse	\$ 1,000
Children	\$ 1,000

Basic Accidental Death & Dismemberment

Available to active and most retired participants, Accidental Death and Dismemberment (AD&D) provides financial protection for your beneficiary(ies) by paying a benefit in the event of your accidental death. The amount received is based on the amount of your AD&D insurance at the time of your death (or for you in the event of any other covered loss).

Eligibility Requirements

Covers participants enrolled in a PEBP medical plan who are not reinstated retirees or survivors.

Basic AD&D Benefit

The amount of Basic AD&D benefit for loss of life is equal to the amount payable for Basic Life Insurance coverage on the date of the accident. The amount of Basic AD&D Insurance benefit for other covered losses is a percentage of the amount payable for Basic Life Insurance coverage on the date of the accident.

Voluntary Life and AD&D Insurance

You may also be eligible to enroll for Voluntary Life coverage. To learn more about this opportunity visit www.standard.com/mybenefits/nevada

Note: Beneficiaries may be updated any time by calling Standard Insurance Company at (888) 288-1270 to receive a form or by visiting their website, www.standard.com/mybenefits/nevada.

Wellness Fairs

Wellness Fairs are offered to all Self-funded PPO Plan participants throughout the state.

The fairs are designed to provide Self-funded PPO Plan participants, their covered spouses and dependents 18 years and older with convenient health screenings and also receive materials related to healthy living.

Important: The Prostate Specific Antigen (PSA) blood test, flu and pneumonia shots are charged to each participant's wellness benefit through Benefit Planners. If your wellness benefit is depleted at the time of the Wellness Fair, you will be responsible for the cost of the services.

The wellness benefit is \$2,500 per individual each plan year. When receiving services at the Wellness Fair, it eliminates the cost of an office visit to your physician and allows you to receive multiple services at one location.

Wellness Fairs include:

- * Cholesterol screenings
- * PSA or prostate cancer screening (blood test for men over 50)
- * Flu shots
- * Pneumonia shots (age 65+)
- * Blood pressure
- * Body fat
- * Vision screenings
- * Personal Health Analysis
- * Bone Scanning at larger fairs

For more information, and the schedule of Wellness Fairs, visit the PEBP website at www.pebp.state.nv.us or call Washoe Health Resource Center at 775-982-5081.

Remember to bring your Self-funded PPO Plan insurance ID card for entry.

Women's Health and Cancer Rights Act of 1998

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

Call your plan administrator for additional information:

- * Self-Funded PPO Plan participants call Benefit Planners at (877) 963-8232
- * Health Plan of Nevada participants call (800) 777-1840
- * Anthem HMO Nevada participants call (866) 746-0893

Declining Coverage

You may decline coverage during open enrollment. If you are an **active employee** (state or non-state) and decline coverage, you are declining medical (includes pharmacy), dental, vision, life insurance, accidental death and dismemberment, business travel accident, and long-term disability.

If you are a **retiree** (state or non-state) and you decline coverage, you are declining medical (includes pharmacy), dental, vision, life and accidental death and dismemberment insurance (if eligible) and may only re-enroll in the plan during the late enrollment period in January of each even-numbered year.

To decline coverage, complete Section 3 of the Open Enrollment Form and check the “Decline Coverage” box in Section 6. Sign and date the form and return it to:

Active Employees: Your Agency Representative

Retirees: The Public Employees’ Benefits Program

If you are completing the form over the website, you do not need to submit a signed copy.

Premium Only Plan

The Premium Only Plan (POP) applies only to state active participants who receive their paycheck from one of the following pay centers:

- * **Central Payroll**
- * **Legislative Counsel Bureau**
- * **NDOT**
- * **PERS (active employees, not PERS retirees)**

The Premium Only Plan allows you to pay your payroll-deducted health care insurance premiums with pre-tax dollars. The pre-tax dollars are subtracted from your gross earnings before taxes are taken out, therefore lowering your taxable income

	Without POP	With POP
Gross Pay	\$ 1,000.00	\$ 1,000.00
Reduction	0.00	- 40.00
Taxable Gross	1,000.00	960.00
FICA, Fed. Taxes	173.70	162.12
Payroll Deduction	- 40.00	0.00
Spendable Income	\$ 786.30	\$ 797.88

If you receive your paycheck from one of the pay centers mentioned above, your health care insurance premium will automatically be pre-taxed unless you choose to decline the pre-tax benefit. If you choose to decline the pre-tax benefit, contact **PEBP** directly to receive a **POP** declination form.

Open Enrollment Meetings — May 2005

Mon	Tue	Wed	Thu	Fri
<p>2</p>	<p>3 <u>RENO</u> <i>Reno Convention Center</i> 4590 S. Virginia St., Room A-3 9:30 a.m. 1:00 p.m. 3:00 p.m.</p>	<p>4 <u>CARSON CITY</u> <i>Nevada National Guard Armory</i> 2460 Fairview Drive 1:00 p.m. 3:30 p.m. *ID required</p>	<p>5</p>	<p>6 <u>CARSON CITY</u> <i>Nevada National Guard Armory</i> 2460 Fairview Drive 8:30 a.m. 11:00 a.m. *ID required</p>
<p>9 <u>LAS VEGAS</u> <i>UNLV</i> <i>Moyer Student Union</i> 4505 S. Maryland Pkwy Room 202 2:00 p.m.</p>	<p>10 <u>LAS VEGAS</u> <i>UNLV</i> <i>Moyer Student Union</i> 4505 S. Maryland Pkwy Room 202 9:00 a.m.</p> <hr style="width: 50%; margin: 5px auto;"/> <p>Sierra Health Services 2716 North Tenaya Way President's Auditorium 1:30 p.m. 3:30 p.m.</p>	<p>11 <u>LAS VEGAS</u> Sierra Health Services 2716 North Tenaya Way Chairman's Auditorium 9:00 a.m.</p> <hr style="width: 50%; margin: 5px auto;"/> <p style="text-align: center;"><u>CALIENTE</u> Caliente Youth Center Auditorium 3:00 p.m.</p>	<p>12</p>	<p>13 <u>FALLON</u> <i>WNCC</i> 160 Campus Way Virgil Getto Hall Room 302 11:00 a.m.</p>
<p>16 <u>WINNEMUCCA</u> NDOT 725 W. 4th Street Training Room 2:30 p.m.</p>	<p>17 <u>ELKO</u> Great Basin College 1500 College Pkwy Theatre 9:00 a.m.</p>	<p>18 <u>ELY</u> Great Basin College 2115 Bobcat Drive Room 107 9:00 a.m.</p>	<p>19 <u>TONOPAH</u> Tonopah Convention Center 301 Broughey Ave. 9:30 a.m.</p>	<p>20</p>
<p>23 <u>RENO</u> UNR Jot Travis Student Union 1664 N. Virginia St. 1st Floor Auditorium 3:00 p.m.</p>	<p>24 <u>CARSON CITY</u> <i>Nevada National Guard Armory</i> 2460 Fairview Drive 9:00 a.m. 11:00 a.m. *ID required</p>	<p>ATTEND AN OPEN ENROLLMENT MEETING</p> <ul style="list-style-type: none"> ◆ A presentation will be made explaining plan changes ◆ Opportunity to ask questions after each presentation ◆ Pick up a provider directory ◆ Meet directly with each plan vendor ◆ Give-away items during each meeting 		

The Governor's Office has approved 2 hours of release time for state employees to attend a meeting.

Seating is limited to approximately 250 each session in Carson City, Reno and Las Vegas. Arrive early to visit the vendors and secure a seat during the meeting.

***Note:** A government issued picture ID (e.g., driver's license, State of Nevada ID) is required to enter the Carson City National Guard Armory.

Medicare Retiree Information

Medicare Part B Reimbursement

Effective July 1, 2005, each retiree (and retired spouse) enrolled in the **Self-Funded PPO** plan with Medicare Part B will receive a **monthly reimbursement of 80% of the cost of the Part B base plan**. The Medicare Part B base premium paid by retirees will be considered a covered expense not subject to the deductible.

For example:

Retiree pays \$78.20 for Medicare Part B coverage each month, retiree will receive a reimbursement of \$63.56 each month from Benefit Planners.

A retiree (and spouse) who have already submitted a copy of their Medicare Part B card to PEBP do not need to submit another card to PEBP.

Why is there only one premium rate for all retirees whether or not they are covered by Medicare?

NRS 287.0434 (3)(b) specifically states that active and retired state officers and employees and their dependents claim experience must be commingled. This resulted in relatively lower rates for active and early retirees (no Medicare) and a higher cost for some Medicare retiree tier levels—specifically the retiree and spouse tier. To help offset this cost increase and make it more equitable for Medicare retirees, the PEBP Board approved the 80% reimbursement of Medicare Part B mentioned above.

If I have Medicare coverage, what is the benefit of being covered under the Self-Funded PPO plan?

If you are a retiree with Medicare coverage, Medicare is your primary insurance plan and PEBP is secondary. Basically, when enrolling in the PEBP Self-Funded PPO plan you are receiving the benefit of a catastrophic insurance plan, as well as prescription, dental and life insurance plus a highly enhanced wellness (preventive) benefit. The PPO plan also covers some benefits that Medicare doesn't cover such as hearing aids (and exams) and dental coverage.

What is Maintenance of Benefits?

Maintenance of Benefits is PEBP's method of coordinating benefits when the Self-funded PPO Plan serves as a secondary coverage. A Medicare retiree on the PPO plan will never pay more than an active employee on the same plan. Contact Benefit Planners to determine how your claims will be paid under the Maintenance of Benefits method of coordinating benefits.

Additional Retiree-Related Information

Retirees, Dependent Spouses and Survivors currently on the PEBP Plan

- ◆ If you are a survivor or a dependent spouse on the plan and you are a retiree in your own right, you may wish to rejoin the plan as a retiree.
- ◆ Plan rules provide a prorated subsidy from public employers from whom you earned a minimum of 5 years of service. Refer to pages 20-23 for the state and non-state subsidy information to locate your final premium.
- ◆ Call PEBP to request the appropriate forms required to convert your status to a retiree. Your enroll form must be received in the PEBP office by May 31, 2005.
- ◆ **Remember to drop your spouse as a dependent if he/she is joining PEBP as a retiree.**

Planning to Retire?

If you are planning to retire and would like information about continuing your coverage as a retiree, contact PEBP 60 days prior to retiring to receive a Retirement Guide which includes required forms, current retiree rates and other detailed information. **It's very important to submit your Years of Service form** by the last working day of the month preceding your retirement date to ensure your subsidy is applied toward your monthly premium.

You may also attend a Retiree Benefit Orientation (RBO) held monthly in Carson City, Reno, Las Vegas, Winnemucca, Elko and Ely. To enroll in a class, log on to NEATS at <http://neats.state.nv.us/NEATS/admin/Home.aep>. If you don't have access to NEATS, contact your Agency Representative to register for a class.

Self-funded PPO and HMO Plans Contact Information

Self-Funded PPO Plan

Medical	Provider	Phone	Website
Claims	Benefit Planners	877-963-8232	www.benplan.com
In-State Network	PEBP Statewide PPO	800-336-0123	http://www.pebpstatewideppo.com/provider.html
Out-of-State Network	Beech Street	800-432-1776	www.beechstreet.com
Pharmacy	CatalystRx	800-799-1012	www.catalystrx.com ID: nevada Password: benefit
Pre-certification	CBCA aka Patient Info Systems	866-658-2005	No website

Health Plan of Nevada (HPN)

Medical/Rx/Vision	Provider	Phone	Website
Claims Pre-authorization Provider Network	Health Plan of Nevada	702-242-7300 or 800-777-1840	http://stateofnv.healthplanofnevada.com

Senior Dimensions

(Retired/Medicare Eligible Participants)

Medical/Rx/Vision	Provider	Phone	Website
Claims	Senior Dimensions	702-242-7301 or 800-650-6232	www.seniordimensions.com

Anthem HMO Nevada

Medical/Rx/Vision	Provider	Phone	Website
Provider Network	Anthem HMO Nevada	866-746-0893	www.anthem.com HMO/POS Blue Advantage
Claims Pre-authorization	Anthem HMO Nevada	800-336-7767	www.anthem.com HMO/POS Blue Advantage

Dental Plan (PPO and HMO Plans)

Dental	Provider	Phone	Website
Claims	Benefit Planners	877-963-8232	www.benplan.com
Provider Network	Diversified Dental Services	Northern NV 775-337-1180 Southern NV 702-869-6200	www.ddsppo.com

Voluntary Products Vendor Contact Information

Not all voluntary products are available to retirees and non-state participants.
Please contact the vendor directly for additional information.

Standard Insurance Company

- ◆ Voluntary Life Insurance (includes Accidental Death and Dismemberment)

(888) 288-1270

www.standard.com/mybenefits/nevada

Standard Insurance Company also provides long-term-disability and basic life insurance as covered benefits under the Self-funded PPO and HMO plans (see page 12 for details).

Liberty Mutual

- ◆ Auto/RV/Boat Insurance
- ◆ Home/Renter's/Rental Insurance

Reno/Carson City (775) 827-1000

Elko/Ely (775) 777-3700

West Las Vegas (702) 367-1541

East Las Vegas (702) 736-8611

Gary.Bishop@LibertyMutual.com

Colonial Life and Accident Company

- ◆ Short-term Disability Insurance

(877) 433-5334

www.coloniallife.com/nevada

UNUM Provident

- ◆ Long-term Care Insurance

(800) 421-0344

www.coloniallife.com/nevada

Deferred Comp

Hartford

Northern Nevada (775) 826-1227

Southern Nevada (702) 862-8296

Toll Free (800) 553-4548

www.retire.hartfordlife.com

ING

(866) 464-6832

Customer Service (800) 584-6001

www.ingretirementplans.com

State Actives	Self-funded PPO Plan						Northern Nevada HMO			Southern Nevada HMO			Northern and Southern Nevada Medicare Eligible HMO		
	High Deductible Plan			Low Deductible Plan			Anthem HMO Nevada			Health Plan of Nevada			HPN Senior Dimensions Must have Medicare Part A & B		
	Rate	Subsidy	Participant	Rate	Subsidy	Participant	Rate	Subsidy	Participant	Rate	Subsidy	Participant	Rate	Subsidy	Participant
Employee Only	\$ 378.88	\$ 378.88	\$ -	\$ 416.17	\$ 395.36	\$ 20.81	\$ 454.51	\$ 431.78	\$ 22.73	\$ 296.65	\$ 281.82	\$ 14.83	N/A	N/A	N/A
Employee + Spouse	\$ 946.80	\$ 861.61	\$ 85.19	\$ 1,044.29	\$ 866.45	\$ 177.84	\$ 995.17	\$ 837.28	\$ 157.89	\$ 572.57	\$ 488.76	\$ 83.81	N/A	N/A	N/A
Employee + Child(ren)	\$ 476.01	\$ 461.44	\$ 14.57	\$ 523.60	\$ 475.93	\$ 47.67	\$ 645.98	\$ 575.39	\$ 70.59	\$ 533.71	\$ 459.61	\$ 74.10	N/A	N/A	N/A
Employee + Family	\$ 717.88	\$ 667.03	\$ 50.85	\$ 791.11	\$ 676.57	\$ 114.54	\$ 1,062.19	\$ 887.54	\$ 174.65	\$ 807.55	\$ 664.99	\$ 142.56	N/A	N/A	N/A
State Retirees	Rate	Subsidy	Participant	Rate	Subsidy	Participant	Rate	Subsidy	Participant	Rate	Subsidy	Participant	Rate	Subsidy	Participant
Retiree only	\$ 366.51	\$ 267.55	\$ 98.96	\$ 403.80	\$ 270.55	\$ 133.25	\$ 442.14	\$ 296.23	\$ 145.91	\$ 284.28	\$ 190.47	\$ 93.81	\$ 88.37	\$ 59.21	\$ 29.16
Retiree + Spouse	\$ 934.43	\$ 557.19	\$ 377.24	\$ 1,031.92	\$ 553.20	\$ 478.72	\$ 982.80	\$ 539.53	\$ 443.27	\$ 560.20	\$ 314.63	\$ 245.57	\$ 148.96	\$ 86.47	\$ 62.49
Retiree + Child(ren)	\$ 463.64	\$ 317.09	\$ 146.55	\$ 511.23	\$ 318.89	\$ 192.34	\$ 633.61	\$ 382.40	\$ 251.21	\$ 521.34	\$ 297.14	\$ 224.20	\$ 321.08	\$ 163.93	\$ 157.15
Retiree + Family	\$ 705.51	\$ 440.44	\$ 265.07	\$ 778.74	\$ 439.27	\$ 339.47	\$ 1,049.82	\$ 569.69	\$ 480.13	\$ 795.18	\$ 420.37	\$ 374.81	\$ 379.60	\$ 190.26	\$ 189.34
Surviving Spouse	\$ 341.88	\$ -	\$ 341.88	\$ 376.56	\$ -	\$ 376.56	\$ 435.61	\$ -	\$ 435.61	\$ 277.75	\$ -	\$ 277.75	\$ 81.84	\$ -	\$ 81.84
Surviving Spouse + Child(ren)	\$ 450.17	\$ -	\$ 450.17	\$ 496.33	\$ -	\$ 496.33	\$ 627.08	\$ -	\$ 627.08	\$ 514.81	\$ -	\$ 514.81	\$ 314.55	\$ -	\$ 314.55
Retiree + Spouse 1 w/ & 1 w/o	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$ 358.58	\$ 186.10	\$ 172.48
Retiree + Family 1 w/ & 1 w/o	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$ 589.22	\$ 284.59	\$ 304.63

The state retiree premiums shown above are for those who retired prior to January 1, 1994. If you retired after that date, refer to the premium adjustment table on the next page, identify your years of service, then add or subtract the amount shown to the premium above. To qualify for state retiree rates, your last employer must have been the State of Nevada. (Note: Survivors are not eligible for a subsidy.)

Important: The Self-funded PPO deductibles are reduced by 50% and the in-network dental maximum is increased from \$1,500 to \$2,000 if the participant and covered spouse complete the Health Assessment.

Public Employees' Benefits Program

State Retiree Subsidy

Effective July 1, 2005 – June 30, 2006

Retired on or after January 1, 1994	Premium Adjustment
Years of Service	
5	\$240.95
6	\$216.86
7	\$192.76
8	\$168.67
9	\$144.57
10	\$120.48
11	\$96.38
12	\$72.29
13	\$48.19
14	\$24.10
15	\$0.00
16	-\$24.10
17	-\$48.19
18	-\$72.29
19	-\$96.38
20 or more	-\$120.48

The state retiree premiums shown on the page above are for those who retired prior to January 1, 1994. For those who retired after that date, calculate your premium by identifying your years of service on the chart above and adding or subtracting the premium adjustment from the rate table shown on the page above.

(Non-state retirees are individuals who retired from local governmental entities such as the city, county or school district)

Non-State Actives	Self-funded PPO Plan		Northern HMO		Southern HMO		Northern and Southern Nevada Medicare Replacement	
	High Deductible Plan	Low Deductible Plan	Anthem HMO Nevada		Health Plan of Nevada		Senior Dimensions Must have Medicare Part A & B	
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
Employee Only	\$ 481.05	\$ 524.81	\$ 512.82	\$ 295.50				
Employee + Spouse	\$ 1,174.15	\$ 1,287.30	\$ 1,129.60	\$ 570.25				
Employee + Child(ren)	\$ 553.58	\$ 604.60	\$ 729.99	\$ 536.48				
Employee + Family	\$ 767.61	\$ 840.06	\$ 1,201.70	\$ 807.87				
Non-State Retirees	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
Retiree only	\$ 468.68	\$ 512.44	\$ 500.45	\$ 283.13	\$ 87.28			
Retiree + Spouse	\$ 1,161.78	\$ 1,274.93	\$ 1,117.23	\$ 557.88	\$ 146.77			
Retiree + Child(ren)	\$ 541.21	\$ 592.23	\$ 717.62	\$ 524.11	\$ 323.91			
Retiree + Family	\$ 755.24	\$ 827.69	\$ 1,189.33	\$ 795.50	\$ 380.05			
Surviving Spouse	\$ 438.08	\$ 478.78	\$ 493.92	\$ 276.60	\$ 80.75			
Surviving Spouse + Child(ren)	\$ 654.90	\$ 717.30	\$ 711.09	\$ 517.58	\$ 317.38			
Retiree + Spouse 1 w/ & 1 w/o	N/A	N/A	N/A	N/A	\$ 356.32			
Retiree + Family 1 w/ & 1 w/o	N/A	N/A	N/A	N/A	\$ 589.60			

Important: The Self-funded PPO Plan deductibles are reduced by 50% and the in-network dental maximum for PPO and HMO plans is increased from \$1,500 to \$2,000 if the participant and covered spouse complete the Health Assessment, June 30, 2005.

Public Employees' Benefits Program

Non-State Retiree Subsidy

Effective July 2005 – June 2006

Retired Prior to January 1, 1994 Subsidy Amount is \$ 321.27

Retired On/After January 1, 1994	
Years of Services	
5	\$ 80.32
6	\$ 104.41
7	\$ 128.51
8	\$ 152.60
9	\$ 176.70
10	\$ 200.79
11	\$ 224.89
12	\$ 248.98
13	\$ 273.08
14	\$ 297.17
15	\$ 321.27
16	\$ 345.37
17	\$ 369.46
18	\$ 393.56
19	\$ 417.65
20 or more	\$ 441.75

The non-state retiree rates shown on the page above are unsubsidized rates. Your subsidy is determined by the total number of years of service credit you have earned at each employer with whom you earned a minimum of 5 years of service credit. For those who retired prior to January 1, 1994, the subsidy is \$321.27. For those who retired on or after January 1, 1994, calculate your total subsidy by identifying your total years of qualifying service on the table above then subtract that amount from the non-state rates shown on the previous page.

Public Employees' Benefit Program						
Rates Effective July 1, 2005 – June 30, 2006						
		COBRA MEDICAL, DENTAL & VISION				
		Self-funded PPO			HMO	
Coverage Class	Participant Ded.	High Deductible Plan	Low Deductible Plan	HPN HMO	Anthem HMO	
		Participant Ded.	Participant Ded.	Participant Ded.	Participant Ded.	
State Active						
Employee Only	\$367.18	\$405.22	\$283.31	\$444.32		
Employee + Spouse	\$946.46	\$1,045.90	\$564.74	\$995.80		
Employee + Child(ren)	\$466.25	\$514.79	\$525.11	\$639.62		
Employee + Family	\$712.96	\$787.65	\$804.42	\$1,064.16		
State Retiree						
Retiree Only	\$367.18	\$405.22	\$283.31	\$444.32		
Retiree + Spouse	\$946.46	\$1,045.90	\$564.74	\$995.80		
Retiree + Child(ren)	\$466.25	\$514.79	\$525.11	\$639.62		
Retiree + Family	\$712.96	\$787.65	\$804.42	\$1,064.16		
Non-State Active						
Employee Only	\$471.39	\$516.03	\$282.13	\$503.80		
Employee + Spouse	\$1,178.36	\$1,293.77	\$562.38	\$1,132.91		
Employee + Child(ren)	\$545.37	\$597.41	\$527.93	\$725.31		
Employee + Family	\$763.68	\$837.58	\$804.75	\$1,206.46		
Non-State Retiree						
Retiree Only	\$471.39	\$516.03	\$282.13	\$503.80		
Retiree + Spouse	\$1,178.36	\$1,293.77	\$562.38	\$1,132.91		
Retiree + Child(ren)	\$545.37	\$597.41	\$527.93	\$725.31		
Retiree + Family	\$763.68	\$837.58	\$804.75	\$1,206.46		

Public Employees' Benefit Program						
Rates Effective July 1, 2005 – June 30, 2006						
		COBRA MEDICAL & VISION ONLY				
		Self Funded PPO			HMO	
Coverage Class	Participant Ded.	High Deductible Plan	Low Deductible Plan	HPN HMO	Anthem HMO	
		Participant Ded.	Participant Ded.	Participant Ded.	Participant Ded.	
State Active						
Employee Only	\$339.49	\$377.52	\$255.61	\$416.63		
Employee + Spouse	\$892.41	\$991.85	\$510.69	\$941.75		
Employee + Child(ren)	\$391.10	\$439.64	\$449.95	\$564.47		
Employee + Family	\$606.71	\$681.40	\$698.17	\$957.90		
State Retiree						
Retiree Only	\$339.49	\$377.52	\$255.61	\$416.63		
Retiree + Spouse	\$892.41	\$991.85	\$510.69	\$941.75		
Retiree + Child(ren)	\$391.10	\$439.64	\$449.95	\$564.47		
Retiree + Family	\$606.71	\$681.40	\$698.17	\$957.90		
Non-State Active						
Employee Only	\$444.81	\$489.45	\$255.55	\$477.22		
Employee + Spouse	\$1,126.54	\$1,241.95	\$510.56	\$1,081.10		
Employee + Child(ren)	\$467.29	\$519.33	\$449.85	\$647.23		
Employee + Family	\$656.91	\$730.81	\$697.98	\$1,099.68		
Non-State Retiree						
Retiree Only	\$444.81	\$489.45	\$255.55	\$477.22		
Retiree + Spouse	\$1,126.54	\$1,241.95	\$510.56	\$1,081.10		
Retiree + Child(ren)	\$467.29	\$519.33	\$449.85	\$647.23		
Retiree + Family	\$656.91	\$730.81	\$697.98	\$1,099.68		

Notes



State of Nevada Public Employees' Benefits Program

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