

Domestic Partner Open Enrollment Plan Year 2011

State of Nevada



Public Employees' Benefits Program

What's Inside:

- Domestic Partnership Eligibility
- Summary of Plan Changes
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- Active/Retiree Domestic Partner Rates
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- Open Enrollment Meetings

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Effective July 1, 2010 - June 30, 2011

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DEADLINE FOR OPEN ENROLLMENT SUBMISSIONS: May 31, 2010

PEBP Member Services
(775) 684-7000 or (800) 326-5496
Monday - Friday (except holidays) 8:00 a.m. to 5:00 p.m.

This guide is for informational purposes only. Any discrepancies between the information contained herein and the Self-funded PPO Plan Master Plan Document or the HMO Plans' Evidence of Coverage Certificates shall be superseded by the plans' official documents.

Introduction

Dear Participant:

Welcome to the Public Employees' Benefits Program (PEBP) Open Enrollment for Plan Year 2011, which will be held May 1 through May 31, 2010. Open Enrollment provides you the opportunity to review your plan options and make changes to your coverage without experiencing a qualifying event.

Plan Year 2011 will have significant changes to plan design and rates; therefore, it will be particularly important that you compare the plan options to determine which plan is right for you. This guide will describe the most significant of those changes; however, for a comprehensive description of plan benefits, read the Master Plan Document for PPO participants or the Evidence of Coverage documents for HMO participants available at www.pebp.state.nv.us.

Open Enrollment Meetings

The Open Enrollment meetings have been restructured to allow for interactive video conferencing in *Elko, Ely, Fallon, Tonopah, and Winnemucca*; live meetings will be held in *Carson City, Reno and Las Vegas*. The schedule of Open Enrollment Meetings can be found on page 35.

You must complete the Domestic Partner Open Enrollment Form if you:

- want to add a domestic partner dependent and change your current health plan election (e.g., from HMO to PPO)
- want to add a domestic partner dependent;
- want to add or delete dependents;

You do not need to complete the Open Enrollment Form if you:

- want to maintain your current coverage (e.g., health plan election and coverage tier).

DEADLINE FOR SUBMITTING OPEN ENROLLMENT CHANGES:

The Open Enrollment Form (and any supporting documents required to add dependents) **must be received in the PEBP office by May 31, 2010, or postmarked by May 31, 2010.**

If you are making changes to your coverage, please mail the Open Enrollment Form and any required supporting documents to:

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

The Open Enrollment Form must be an original—photocopies and faxes will not be accepted. Photocopies of supporting documents are permissible and may be faxed to 775-684-7028.

Introduction

Making Changes?

Active employees: To make changes to your coverage, you must submit a completed Domestic Partner Open Enrollment Form and any required supporting documents to your Agency Representative on or before May 31, 2010.

Retirees: To make changes to your coverage, a completed Domestic Partner Open Enrollment Form and any required supporting documents must be received by the PEBP office or post marked by May 31, 2010.

Mail the Domestic Partner Open Enrollment Form to:

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

Photocopies and faxes of the Domestic Partner Open Enrollment Form will not be accepted. Photocopies of supporting documents are permissible and may be faxed to 775-684-7028.

Summary of Changes for Plan Year 2011

Domestic Partner Eligibility

Domestic partners who are registered as domestic partners with the Nevada Secretary of State and their eligible dependent(s) may enroll for coverage during this Open Enrollment period, for coverage beginning July 1, 2010. Domestic partners and their dependents are eligible to receive all of the same benefits as other participants in corresponding employment classifications (e.g., retiree, employee and their dependents). Benefits include medical, prescription drug, dental, vision, and life insurance benefits. However, due to IRS regulations, exclusion of premiums from gross income taxes (pre-tax premium deductions) for some domestic partners and their children may not be allowed.

Flexible Spending Accounts (FSA)

The expenses of an employee's spouse qualify for reimbursement under the Health Care FSA. However, the IRS does not recognize a same gender spouse (qualified domestic partner) for tax purposes. A domestic partner does not generally qualify for the Health Care FSA unless they qualify as a dependent under the definition of a qualifying relative. If you

Summary of Changes for Plan Year 2011

Flexible Spending Accounts (FSA), continued

Have questions regarding your eligibility to enroll in an FSA, please contact ASI Flex at (800) 659-3035.

Post Tax Premium for Domestic Partners

The IRS regulations allow health premiums incurred by employees, their spouses and eligible dependents to be excluded from gross income reported for federal income taxes (pre-tax premium deduction). **Expenses incurred by domestic partners and dependents of domestic partners that do not fall within the definition provided in 26 U.S.C. § 152 are not eligible for pre-tax premium deductions:**

- **State employees** who are paid through **Central Payroll** or the **Nevada System of Higher Education**, whose premiums are deducted on a pre-tax basis, and who elect to cover a domestic partner and/or a domestic partner's children, will pay all contributions for the employee and the employee's children on a pre-tax basis; however, the contributions for the employee's domestic partner and the domestic partner's children will be paid on a post-tax basis.
- Employees who are paid by entities other than the State's Central Payroll or the Nevada System of Education will have to contact their payroll departments to determine how their deductions will be handled.
- Retiree premiums are paid on a post-tax basis.

Self-funded PPO Plan

Plan Year Deductibles and Out-of-Pocket Maximums

In the fall of 2008, the Board approved a policy that indexes the deductible to medical inflation and the out-of-pocket maximum to half medical inflation using Plan Year 2010 as the base year. The resulting deductible and out-of-pocket maximum are then rounded to the nearest \$25.00. Based on this calculation, the deductible will increase from \$725 to \$800 for the individual and \$1,450 to \$1,600 for the family. The in-network out-of-pocket maximum will increase from \$3,500 to \$3,700 for the individual and \$7,000 to \$7,400 for the family. The out-of-network out-of-pocket maximum will increase from \$10,000 to \$10,600 for the individual and \$20,000 to \$21,200 for the family.

Summary of Changes for Plan Year 2011

Immunization Benefits

PPO participants will be able to obtain flu and pneumonia vaccinations from participating Catalyst Rx pharmacies and through out-of-network local and state health departments. Vaccinations obtained from participating pharmacies are paid at 100% by presenting the PPO medical ID card to the pharmacy. Vaccinations that are obtained from a local or state health department are eligible for reimbursement at 100% of the cost; however, the participant must pay for the vaccination at the time of service, and file a claim to UMR. Vaccinations obtained as indicated above will not be subject to plan copayments or the annual deductible, but are deducted from the \$2,500 plan year wellness benefit.

New PPO Wellness Program

On July 1, 2010, the Self-funded PPO plan will offer primary participants an exciting new wellness program, *Live Well, Be Well*. An introduction to *Live Well, Be Well* will be the topic of PEBP's *Health Matters* newsletter that will be mailed to participants' homes in the next few weeks. Some highlights of this new program will include interactive web-based tools, online health and lifestyle programs, and information regarding heart care, weight loss, nutrition, diabetes, fitness/exercise, cancer, stress, aging, and smoking cessation. *Live Well, Be Well* will also replace the Wellness Fairs with worksite health and wellness rallies where PPO participants can obtain biometric screenings. In addition, PEBP will offer incentives to those who actively engage in the program. Be sure to watch your mailbox for the next issue of *Health Matters* to learn more about this exciting new program.

Diabetes Care (Disease) Management Program

On July 1, 2010, PEBP will transition its disease management program (currently administered by ASP Healthcare) to U. S. Preventive Medicine. USPM's Care (disease) Management Program will be available to PPO participants and their covered spouses or domestic partners who have been diagnosed with diabetes. Under USPM's Care Management for diabetes, members who are actively engaged in the program will be eligible to have their office visit copayments *related to diabetes* paid under the \$2,500 annual wellness benefit. Additionally, the prescription drug copayments for the treatment of diabetes will be reduced by 50%. More information about the Care Management Program for diabetes will be mailed to participants homes in the coming weeks.

Hometown Health Plan (HHP) (Northern Nevada HMO)

Hometown Health Plan's **current** benefit structure is based on a **calendar** year as it applies to benefit maximums, out-of-pocket maximums, etc. Beginning July 1, 2010, HHP's **benefit structure will change from a calendar year to a plan year (July 1 - June 30)**. Therefore, the benefit maximums, out-of-pocket maximums, etc. will reset on July 1st instead of January 1st each year. HHP will also incorporate a \$250 individual and \$750 family deductible. The deductible will not apply to primary care and specialist visits, but will apply to most other services. Hometown Health Plan will increase its primary care

Summary of Changes for Plan Year 2011

Hometown Health Plan (HHP) HMO, continued

copayment from \$20 to \$25, specialist visit copayment will increase from \$30 to \$45, and urgent care visits will increase from the current \$35 to a \$50 copayment per visit, after deductible. Other changes to Hometown Health Plan's benefit structure may be obtained by visiting: <http://stateofnv.hometownhealth.com/>.

Senior Care Plus Plan (Washoe County Medicare Advantage Plan)

The Senior Care Plus Plan will reduce its copayment for generic prescriptions from \$4 to \$2 for a 30-day supply and preferred brand from a \$40 copayment to \$35. Inpatient and Same Day Surgery copayments have decreased by \$50 per day. The Skilled Nursing copayment (\$200) upon admit has been eliminated. A Hearing Aid allowance of \$300 has also been added. The calendar year out-of-pocket maximum will decrease from \$3,500 to \$3,000. To view a summary of the benefits for Senior Care Plus Plan, refer to page 10.

Health Plan of Nevada (Southern Nevada HMO)

There are no changes to Health Plan of Nevada's benefit structure.

Senior Dimensions Retiree Choice Plus Plan (Southern Nevada Medicare Advantage Plan)

There are no changes to Senior Dimensions Retiree Choice Plus Plan's benefit structure.

Medical ID Cards

- PPO ID cards will **not** be reissued (to current PPO participants), unless there is a change in coverage tier as a result of adding or deleting dependent(s) during Open Enrollment.
- Hometown Health Plan **will** reissue ID cards that will reflect the new copayment amounts.
- Health Plan of Nevada, Senior Dimensions, and Senior Care Plus will be reissuing new ID cards to their existing members, unless there is a change in coverage tier as a result of adding or deleting dependent(s) during Open Enrollment.

Group Travel Accident Insurance - Active Employees Only

Group Travel Accident Insurance will no longer be offered to active employees after June 30, 2010.

Health Plan Options

Self-funded PPO Plan

The Self-funded PPO Plan includes an \$800 individual and an \$1,600 family deductible. This plan offers fixed copayments for certain services, e.g., \$20 copayment for a primary care visit, \$30 copayment for a specialist visit, and a \$45 copayment for an urgent care visit. The PPO plan also includes a \$2,500 per plan year wellness benefit for each covered person. The plan year out-of-pocket maximum (in-network) is \$3,700 for one individual and \$7,400 per family. Participants enrolled in the Self-funded PPO Plan have access to a Statewide PPO network, as well as a national network (Beech Street).

Health Plan of Nevada (HPN) HMO

Health Plan of Nevada is a Health Maintenance Organization (HMO) where members can access dependable care at fixed copayments. HPN offers a wide selection of physicians, hospitals, pharmacies and other health care providers. The service area includes Clark, Esmeralda, and Nye Counties. HPN requires that you select a primary care physician (PCP) when enrolling in this plan. To select a primary care physician, or to view HPN's Evidence of Coverage, visit www.pebp.state.nv.us, or contact HPN at (702) 242-7300 or (800) 777-1840.

Hometown Health Plan (HHP) HMO

Hometown Health (HMO) Plan offers fixed copayments for primary care, specialty, and urgent care visits. The plan also includes a \$250 individual and \$750 family deductible that applies to most services. The plan features medical, prescription drug, and vision coverage. Medical services must be received from a network provider. This plan requires that you select a primary care provider at initial enrollment. Hometown Health Plan offers its members Open Access, which means you can self-refer yourself to select contracted specialists without first obtaining a referral from your primary care physician. It is offered to participants residing in Carson City, Churchill, Douglas, Elko, Eureka, Lander, Lincoln, Lyon, Humboldt, Mineral, Pershing, Storey, Washoe, and White Pine Counties. To select a primary care physician, or to view Hometown Health Plan's Evidence of Coverage Certificate, visit www.pebp.state.nv.us, or contact Hometown Health Plan at (775) 982-3232 or (800) 336-0123.

HMO Reciprocity

Participants enrolled in *Hometown Health Plan* or *Health Plan of Nevada* are eligible for expanded statewide provider access. These plans have a special network reciprocity agreement that allows HMO members to utilize both networks under certain circumstances. Reciprocity applies when traveling to/from northern/southern Nevada, and for dependents who are away at school in either the northern or southern part of the state. Expanded access is based on the primary participant's designated HMO plan provisions. The designated plan's pre-authorization requirements and referral guidelines still apply as described in the specific HMO plan document.

Health Plan Options

Senior Dimensions Retiree Choice Plus Plan

Senior Dimensions Retiree Choice Plus Plan is a Medicare Advantage Plan that coordinates Medicare benefits and provides additional coverage for services ordinarily not covered under Medicare. Although Senior Dimension participants must receive their healthcare within the plan service area, coverage may be available outside of the network for emergency and urgently needed services. Senior Dimensions is exclusively offered to retirees enrolled in Medicare Parts A and B, and who reside in Clark, Esmeralda, and Nye Counties (or you live in northern Nevada and currently have Senior Dimensions coverage under the grandfather provision). Additional information about Senior Dimensions is available at www.pebp.state.nv.us or by calling (702) 242-7301 or (800) 650-6232.

Senior Care Plus Plan

Senior Care Plus Plan is a Medicare Advantage Plan offered by Hometown Health. To be eligible for Senior Care Plus, you must have Medicare Parts A and B and reside in Washoe County. Senior Care Plus coordinates with Medicare benefits and offers additional benefits that Medicare does not cover. The Senior Care Plus Plan offers medical, prescription drug, vision, fitness club membership, hearing aid coverage, and preventive care options. Medical services must be received from a network provider (except in the case of an emergency or when urgent services are needed). This plan requires that you select a primary care provider (family or general practice, internal medicine or geriatric physician). Senior care Plus Plan offers Open Access, which means participants may self-refer to Senior Care Plus Plan specialists (in-network) without first obtaining a referral from a primary care provider (PCP). Additional information about the Senior Care Plus Plan is available at www.pebp.state.nv.us, or by calling (775) 982-3112 or (800) 336-0123.

IMPORTANT: If you wish to enroll in Senior Dimensions or the Senior Care Plus Plan, you will be required to complete the applicable plan's enrollment application and the enclosed Open Enrollment Form. To request a Senior Dimensions' application, call (702) 242-7301 or (800) 650-6232. To request a Senior Care Plus application, call (775) 982-3112 or (800) 336-0123.

Medical Plan Comparison			
Benefit Category	Self-funded PPO Plan	Health Plan of Nevada	Hometown Health Plan
	Amount You Pay In-Network	Amount You Pay In-Network	Amount You Pay In-Network
Medical deductible	\$800 individual \$1,600 family (per plan year)	No deductible	\$250 individual \$750 family (per plan year)
Out-of-pocket maximum	\$3,700 person \$7,400 family (per plan year)	\$6,800 person (per calendar year)	\$6,200 person \$12,400 family (per plan year)
Hospital inpatient	\$105 admission copayment, plus 20% after deductible	\$200 copayment per admission	\$1,500 per admission, after deductible
Outpatient Same Day Surgery	20% coinsurance after deductible	\$50 copayment per admission	\$1,000 copayment per admission, after deductible
Primary care visit	\$20 copayment	\$15 copayment	\$25 copayment
Specialist visit	\$30 copayment	\$15 copayment	\$45 copayment
Urgent Care visit	\$45 copayment	\$15 copayment	\$50 copayment, after deductible
Emergency room visit	\$70 copayment, 20% coinsurance after deductible	\$50 copayment, plus \$25 physician copayment	\$300 copayment per visit, after deductible
General laboratory services	20% coinsurance after deductible	No charge	No charge for independent lab/office visit. \$75 copayment for outpatient setting, after deductible
Chiropractic services	\$30 copayment per visit	\$15 copayment per visit	\$45 copayment per visit \$1,000 plan year max, after deductible
Wellness/Prevention	No charge up to \$2,500 plan year maximum	\$15 copayment for primary care physician	\$25 copayment for primary care visit \$45 copayment for specialist visit
Vision exam	One exam every 12 months, paid at 80% U&C	\$10 copayment every 12 calendar months	\$15 copayment every 12 months
Hardware (frames, lenses, contacts)	\$125 allowance every 24 months	\$10 copayment/ lenses frames - \$100 allowance, contacts \$115 in lieu glasses	15 to 20% discount

Pharmacy Plan Comparison			
Benefit Category	Self-funded PPO Plan	Health Plan of Nevada	Hometown Health Plan
	Amount You Pay In-Network	Amount You Pay In-Network	Amount You Pay In-Network
Pharmacy Deductible	\$50 per person (Tier 2 only)	No deductible	No deductible
Retail Pharmacy - 30 day supply			
Preferred Generic (Tier 1)	\$5 copayment	\$7 copayment	\$7 copayment
Preferred Brand (Tier 2)	\$40 copayment, after deductible	\$35 copayment	\$40 copayment
Non-Preferred (Tier 3)	100% of contracted price	\$55 copayment	Greater of \$75 copayment per script or 40% coinsurance
Specialty Drugs	Greater of \$50 copayment or 25% of drug cost max \$100 per prescription, after deductible	Applicable retail pharmacy copayment will apply	30% coinsurance
Mail Order - 90 day supply			
Preferred Generic (Tier 1)	\$15 copayment	\$14 copayment	\$14 copayment
Preferred Brand (Tier 2)	\$120 copayment, after deductible	\$70 copayment	\$80 copayment
Non-formulary (Tier 3)	100% of contracted price	Not available through mail order	Greater of \$150 copayment per script or 40% coinsurance
Specialty Drugs	Not available through mail order	Applicable retail pharmacy copayment applies	Not available through mail order

Summary of Medicare Advantage Plan

Benefit Category	Senior Dimensions Retiree Choice Plus Plan	Senior Care Plus Plan
Eligible Counties	Clark, Esmeralda and Nye Counties	Washoe County
Medicare Parts A and B required	Yes	Yes
Calendar Year Out-of-Pocket Max.	\$1,500 per person per calendar year	\$3,000 per person per calendar year
Hospital Inpatient	\$0 copayment for each Medicare-covered hospital stay	Days 1-4: \$150 copayment per day* *Service Period - no additional copayments if readmitted within the Service Period.
Hospital Outpatient	No copayment	\$150 copayment for Medicare Ambulatory Surgical Center
Primary Care Visit	\$3 copayment	\$15 copayment
Specialist Visit	\$10 copayment	\$40 copayment
Urgent Care Visit	\$25 copayment for Medicare-covered urgently care visits (available in the U.S)	\$20 copayment
Emergency Room Visit	\$25 copayment (available worldwide)	\$50 copayment
Ambulance Services	\$0 copayment for Medicare-covered ambulance services	\$150 copayment
Diagnostic	\$200 copayment/PET scans	\$50 copayment
Laboratory tests and simple X-rays	\$0 copayment for simple lab and X-ray services	\$0 copayment
Chiropractic Services	\$10 copayment for Medicare-covered visits	\$40 copayment per visit
Preventive Services	\$0 to \$15 copayment depending on type of service	\$0 copayment
Vision Exam	\$3 copayment every 12 months	\$20 copayment per exam every 12 months
Glasses (frames/lenses)	\$60 allowance every 24 months	\$125 allowance every 24 months

To enroll in a Medicare Advantage Plan, you must have Medicare Parts A and B. In addition, you must complete two enrollment forms. The two forms include: PEBP's Open Enrollment Form and the enrollment application that applies to your plan selection above. Please contact Senior Dimensions or Senior Care Plus to request their application.

Medicare Advantage Plan Pharmacy Benefits		
Benefit Category	Senior Dimensions Retiree Choice Plus Plan	Senior Care Plus Plan
Eligible Counties	Clark, Esmeralda and Nye Counties	Washoe County
Plan year Deductible	None	None
Retail Pharmacy (30 day supply)		
Preferred Generic (Tier 1)	\$5 copayment	\$2 copayment
Preferred Brand (Tier 2)	\$25 copayment	\$35 copayment
Non-Preferred Brand (Tier 3)	\$45 copayment	\$70 copayment
Specialty Drugs	25% coinsurance	33% coinsurance
Mail Order (90 day supply)		
Preferred Generic (Tier 1)	\$5 copayment	\$5 copayment
Preferred Brand (Tier 2)	\$25 copayment	\$87.50 copayment
Non-Preferred Brand (Tier 3)	Not available by mail order	\$175 copayment

Dental Plan All PPO and HMO Eligible Participants		
Benefit Category	In-Network	Out-of-Network
Plan year Maximum	\$1,500 per person	\$1,000 per person
Plan Year Deductible (applies to basic and major services only)	\$50 per person or \$150 per family (3 or more)	\$50 per person or \$150 per family (3 or more)
Preventive Services Four cleanings/plan year, exams, bitewing X-rays (2/plan year)	100%, no deductible	80% of allowable fee schedule, no deductible
Basic Services Fillings, extractions, root canals, full-mouth X-rays	80%, after deductible	50% of allowable fee schedule, after deductible
Major Services Bridges, crowns, dentures, tooth implants	50%, after deductible	50% of allowable fee schedule, after deductible
<p>Note: The combination of in-network and out-of-network dental benefit payments will not exceed the plan year maximum of \$1,500 per person.</p>		
Basic Life & Accidental Death and Dismemberment (AD & D Insurance)		
Basic Life and AD&D Insurance	Retiree: \$10,000 per eligible retiree \$1,000 per eligible retiree dependent (excludes AD & D)	
	Employee: \$20,000 eligible employee \$2,000 per eligible employee dependent (excludes AD & D)	
Life Insurance Beneficiary Designation		
<p>When was the last time you updated your beneficiary designation? Open Enrollment is the perfect time to update records. The Beneficiary Designation and Change Form is available for download at www.standard.com/mybenefits/nevada/ or by visiting www.pebp.state.nv.us, select Vendor Contact Information, and Standard Insurance.</p>		

State Active Employee/Domestic Partner

Effective July 1, 2010 - June 30, 2011

State Active Employee/Domestic Partner	Self-funded PPO Plan					
	\$800 Individual - \$1,600 Family Deductible					
	Rate	Base Subsidy	Supp Subsidy	Employee Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,502.36	580.93	0.00	921.43	43.73	877.70
Employee + DP's Child(ren)	765.77	580.93	0.00	184.84	43.73	141.11
Employee + Children of both	765.77	684.24	0.00	81.53	81.53	0.00
Employee + DP + EE's Child(ren)	1,189.92	684.24	0.00	505.68	81.53	424.15
Employee + DP + DP's Child(ren)	1,189.92	580.93	0.00	608.99	43.73	565.26
Employee + DP + Children of both	1,189.92	684.24	0.00	505.68	81.53	424.15

State Active Employee/Domestic Partner	Hometown Health Plan					
	Northern HMO					
	Rate	Base Subsidy	Supp Subsidy	Employee Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,615.83	611.01	10.26	994.56	64.69	929.87
Employee + DP's Child(ren)	812.18	611.01	0.00	201.17	64.69	136.48
Employee + Children of both	812.18	673.55	0.00	138.63	138.63	0.00
Employee + DP + EE's Child(ren)	1,307.02	673.55	0.00	633.47	138.63	494.84
Employee + DP + DP's Child(ren)	1,307.02	611.01	0.00	696.01	64.69	631.32
Employee + DP + Children of both	1,307.02	673.55	0.00	633.47	138.63	494.84

State Active Employee/Domestic Partner	Health Plan of Nevada					
	Southern HMO					
	Rate	Base Subsidy	Supp Subsidy	Employee Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	722.09	310.59	0.00	411.50	54.81	356.69
Employee + DP's Child(ren)	618.27	310.59	0.00	307.68	54.81	252.87
Employee + Children of both	618.27	480.01	0.00	138.26	138.26	0.00
Employee + DP + EE's Child(ren)	972.25	480.01	0.00	492.24	138.26	353.98
Employee + DP + DP's Child(ren)	972.25	310.59	0.00	661.66	54.81	606.85
Employee + DP + Children of both	972.25	480.01	0.00	492.24	138.26	353.98

The **Employee Premium** column above is the amount you will pay for your health insurance. The Employee Premium is divided into two parts for deduction purposes. The Pre-Tax Deduction is the portion of the premium that will be deducted from the employee's pay on a pre-tax basis. The Post-Tax Deduction is the amount that will be deducted after tax for the portion of the premium that applies to Domestic Partners and their dependents. Refer to **Post Tax Premium for Domestic Partners** on page 3 for more information.

State Retiree/Domestic Partner without Medicare

Effective July 1, 2010 - June 30, 2011

State Retiree/Domestic Partner without Medicare	Self-funded PPO Plan			
	\$800 Individual - \$1,600 Family Deductible			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	1,487.68	392.27	0.00	1,095.41
Retiree + DP's Child(ren)	751.09	392.27	0.00	358.82
Retiree + Children of both	751.09	452.30	0.00	298.79
Retiree + DP + Ret's Child(ren)	1,175.24	452.30	0.00	722.94
Retiree + DP + DP's Child(ren)	1,175.24	392.27	0.00	782.97
Retiree + DP + Children of both	1,175.24	452.30	0.00	722.94

State Retiree/Domestic Partner without Medicare	Hometown Health Plan			
	Northern HMO			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	1,601.15	429.53	47.56	1,124.06
Retiree + DP's Child(ren)	797.50	429.53	0.00	367.97
Retiree + Children of both	797.50	467.81	0.00	329.69
Retiree + DP + Ret's Child(ren)	1,292.34	467.81	0.00	824.53
Retiree + DP + DP's Child(ren)	1,292.34	429.53	0.00	862.81
Retiree + DP + Children of both	1,292.34	467.81	0.00	824.53

State Retiree/Domestic Partner without Medicare	Health Plan of Nevada			
	Southern HMO			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	707.41	213.94	0.00	493.47
Retiree + DP's Child(ren)	603.59	213.94	0.00	389.65
Retiree + Children of both	603.59	317.62	0.00	285.97
Retiree + DP + Ret's Child(ren)	957.57	317.62	0.00	639.95
Retiree + DP + DP's Child(ren)	957.57	213.94	0.00	743.63
Retiree + DP + Children of both	957.57	317.62	0.00	639.95

- **For instructions on how to determine your final premium, turn to page 18.**

State Retiree/Domestic Partner with Medicare

Effective July 1, 2010 - June 30, 2011

State Retiree/Domestic Partner With Medicare	Self-funded PPO Plan			
	\$800 Individual - \$1,600 Family Deductible			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	689.38	182.35	0.00	507.03
Retiree + DP's Child(ren)	434.56	182.35	0.00	252.21
Retiree + Children of both	434.56	246.59	0.00	187.97
Retiree + DP + Ret's Child(ren)	655.82	246.59	0.00	409.23
Retiree + DP + DP's Child(ren)	655.82	182.35	0.00	473.47
Retiree + DP + Children of both	655.82	246.59	0.00	409.23
Retiree + DP, Ret w/ Medicare, DP w/o Medicare	935.55	182.35	0.00	753.20
Retiree + DP, DP w/ Medicare, Ret w/o Medicare	935.55	392.27	0.00	543.28
Retiree + DP + Ret's Child(ren), Ret w/ Medicare, DP w/o Medicare	1,020.00	246.59	0.00	773.41
Retiree + DP + Ret's Child(ren), DP w/ Medicare, Ret w/o Medicare	1,020.00	452.30	0.00	567.70
Retiree + DP + DP's Child(ren), Ret w/ Medicare, DP w/o Medicare	1,020.00	182.35	0.00	837.65
Retiree + DP + DP's Child(ren), DP w/ Medicare, Ret w/o Medicare	1,020.00	392.27	0.00	627.73
Retiree + DP + Children of both, Ret w/ Medicare, DP w/o Medicare	1,020.00	246.59	0.00	773.41
Retiree + DP + Children of both, DP w/ Medicare, Ret w/o Medicare	1,020.00	452.30	0.00	567.70

State Retiree/Domestic Partner With Medicare	Hometown Health Plan			
	Northern HMO			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	1,000.39	267.92	74.82	657.65
Retiree + DP's Child(ren)	532.57	267.92	0.00	264.65
Retiree + Children of both	532.57	306.20	0.00	226.37
Retiree + DP + Ret's Child(ren)	691.58	306.20	0.00	385.38
Retiree + DP + DP's Child(ren)	691.58	267.92	0.00	423.66
Retiree + DP + Children of both	691.58	306.20	0.00	385.38
Retiree + DP, Ret w/ Medicare, DP w/o Medicare	1,336.22	267.92	69.08	999.22
Retiree + DP, DP w/ Medicare, Ret w/o Medicare	1,336.22	429.53	69.08	837.61
Retiree + DP + Ret's Child(ren), Ret w/ Medicare, DP w/o	1,027.41	306.20	0.00	721.21
Retiree + DP + Ret's Child(ren), DP w/ Medicare, Ret w/o	1,027.41	467.81	0.00	559.60
Retiree + DP + DP's Child(ren), Ret w/ Medicare, DP w/o	1,027.41	267.92	0.00	759.49
Retiree + DP + DP's Child(ren), DP w/ Medicare, Ret w/o	1,027.41	429.53	0.00	597.88
Retiree + DP + Children of both, Ret w/ Medicare, DP w/o	1,027.41	306.20	0.00	721.21
Retiree + DP + Children of both, DP w/ Medicare, Ret w/o	1,027.41	467.81	0.00	559.60

- **For instructions on how to determine your final premium, turn to page 18.**

State Retiree/Domestic Partner with Medicare
Effective July 1, 2010 - June 30, 2011

State Retiree/Domestic Partner With Medicare	Health Plan of Nevada			
	Southern HMO			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	388.04	118.44	0.00	269.60
Retiree + DP's Child(ren)	447.97	118.44	0.00	329.53
Retiree + Children of both	447.97	222.50	0.00	225.47
Retiree + DP + Ret's Child(ren)	639.10	222.50	0.00	416.60
Retiree + DP + DP's Child(ren)	639.10	118.44	0.00	520.66
Retiree + DP + Children of both	639.10	222.50	0.00	416.60
Retiree + DP, Ret w/ Medicare, DP w/o Medicare	552.09	118.44	0.00	433.65
Retiree + DP, DP w/ Medicare, Ret w/o Medicare	552.09	213.94	0.00	338.15
Retiree + DP + Ret's Child(ren), Ret w/ Medicare, DP w/o Medicare	803.16	222.50	0.00	580.66
Retiree + DP + Ret's Child(ren), DP w/ Medicare, Ret w/o Medicare	803.16	317.62	0.00	485.54
Retiree + DP + DP's Child(ren), Ret w/ Medicare, DP w/o Medicare	803.16	118.44	0.00	684.72
Retiree + DP + DP's Child(ren), DP w/ Medicare, Ret w/o Medicare	803.16	213.94	0.00	589.22
Retiree + DP + Children of both, Ret w/ Medicare, DP w/o Medicare	803.16	222.50	0.00	580.66
Retiree + DP + Children of both, DP w/ Medicare, Ret w/o Medicare	803.16	317.62	0.00	485.54

For instructions on how to determine your final premium, turn to page 18.

State Retiree/Domestic Partner with Medicare

Effective July 1, 2010 - June 30, 2011

State Retiree/Domestic Partner With Medicare	Senior Care Plus			
	Northern HMO			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	183.95	59.07	0.00	124.88
Retiree + DP's Child(ren)	190.19	59.07	0.00	131.12
Retiree + Children of both	190.19	97.35	0.00	92.84
Retiree + DP + Ret's Child(ren)	283.52	97.35	0.00	186.17
Retiree + DP + DP's Child(ren)	283.52	59.07	0.00	224.45
Retiree + DP + Children of both	283.52	97.35	0.00	186.17
Retiree + DP, Ret w/ Medicare, DP w/o Medicare	791.26	59.07	0.00	732.19
Retiree + DP, DP w/ Medicare, Ret w/o Medicare	791.26	429.53	0.00	361.73
Retiree + DP + Ret's Child(ren), Ret w/ Medicare, DP w/o Medicare	890.83	97.35	0.00	793.48
Retiree + DP + Ret's Child(ren), DP w/ Medicare, Ret w/o Medicare	890.83	467.81	0.00	423.02
Retiree + DP + DP's Child(ren), Ret w/ Medicare, DP w/o Medicare	890.83	59.07	0.00	831.76
Retiree + DP + DP's Child(ren), DP w/ Medicare, Ret w/o Medicare	890.83	429.53	0.00	461.30
Retiree + DP + Children of both, Ret w/ Medicare, DP w/o Medicare	890.83	97.35	0.00	793.48
Retiree + DP + Children of both, DP w/ Medicare, Ret w/o Medicare	890.83	467.81	0.00	423.02

State Retiree/Domestic Partner With Medicare	Senior Dimensions Retiree Choice Plus			
	Southern HMO			
	Rate	Base Subsidy	Supp Subsidy	Retiree Share
Retiree + DP	303.45	98.42	0.00	205.03
Retiree + DP's Child(ren)	409.86	98.42	0.00	311.44
Retiree + Children of both	409.86	200.31	0.00	209.55
Retiree + DP + Ret's Child(ren)	548.38	200.31	0.00	348.07
Retiree + DP + DP's Child(ren)	548.38	98.42	0.00	449.96
Retiree + DP + Children of both	548.38	200.31	0.00	348.07
Retiree + DP, Ret w/ Medicare, DP w/o Medicare	512.32	98.42	0.00	413.90
Retiree + DP, DP w/ Medicare, Ret w/o Medicare	512.32	213.94	0.00	298.38
Retiree + DP + Ret's Child(ren), Ret w/ Medicare, DP w/o Medicare	758.14	200.31	0.00	557.83
Retiree + DP + Ret's Child(ren), DP w/ Medicare, Ret w/o Medicare	758.14	317.62	0.00	440.52
Retiree + DP + DP's Child(ren), Ret w/ Medicare, DP w/o Medicare	758.14	98.42	0.00	659.72
Retiree + DP + DP's Child(ren), DP w/ Medicare, Ret w/o Medicare	758.14	213.94	0.00	544.20
Retiree + DP + Children of both, Ret w/ Medicare, DP w/o Medicare	758.14	200.31	0.00	557.83
Retiree + DP + Children of both, DP w/ Medicare, Ret w/o Medicare	758.14	317.62	0.00	440.52

- **For instructions on how to determine your final premium, turn to page 18.**

State Retiree Subsidy Adjustment

Effective July 1, 2010 - June 30, 2011

Calculation Your Final Premium

Retired before January 1, 1994:

- The State Retiree Share shown on pages 14 - 17 are valid without adjustment.

Retired on or after January 1, 1994:

- Locate your health plan and coverage tier on pages 14 - 17; next, locate your years of service on the *State Retiree Subsidy Adjustment Table* on this page. *Add or Subtract* the corresponding subsidy amount to/from the Retiree Share to determine your monthly premium. In no case will your premium be more than the amount found in the Rate column of your corresponding health plan and coverage tier.

Retirees who enrolled during the Reinstatement Late Enrollment period:

- After following the instructions above, *subtract* \$6.24 to determine your final monthly premium.

State Retiree Subsidy Adjustment Table	
Years of Service	State Subsidy Adjustment
5	+\$258.23
6	+\$232.40
7	+\$206.58
8	+\$180.76
9	+\$154.94
10	+\$129.11
11	+\$103.29
12	+\$77.47
13	+\$51.65
14	+\$25.82
15	\$0.00
16	-\$25.82
17	-\$51.65
18	-\$77.47
19	-\$103.29
20	-\$129.11

Non-State Active Employee/Domestic Partner

Effective July 1, 2010 - June 30, 2011

Non-State Active Employee/Domestic Partner	Self-funded PPO Plan		
	\$800 Individual - \$1,600 Family Deductible		
	Rate	Supp Subsidy	Employee Premium
Employee Only	\$ 860.94	\$ 0.00	\$ 860.94
Employee + Domestic Partner	\$ 1,541.39	\$ 0.00	\$ 1,541.39
Employee + Child(ren)	\$ 815.52	\$ 0.00	\$ 815.52
Employee + Family	\$ 1,458.64	\$ 55.55	\$ 1,403.09

Non-State Active Employee/Domestic Partner	Hometown Health Plan		
	Northern HMO		
	Rate	Supp Subsidy	Employee Premium
Employee Only	\$ 818.93	\$ 41.79	\$ 777.14
Employee + Domestic Partner	\$ 1,846.41	\$ 124.75	\$ 1,721.66
Employee + Child(ren)	\$ 926.02	\$ 0.00	\$ 926.02
Employee + Family	\$ 1,490.08	\$ 0.00	\$ 1,490.08

Non-State Active Employee/Domestic Partner	Health Plan of Nevada		
	Southern HMO		
	Rate	Supp Subsidy	Employee Premium
Employee Only	\$ 364.26	\$ 0.00	\$ 364.26
Employee + Domestic Partner	\$ 719.76	\$ 0.00	\$ 719.76
Employee + Child(ren)	\$ 616.23	\$ 0.00	\$ 616.23
Employee + Family	\$ 969.03	\$ 0.00	\$ 969.03

Note: Non-State employees will need to contact their payroll department regarding how the pre-tax/post-tax deductions will be handled.

Non-State Retiree/Domestic Partner without Medicare
Effective July 1, 2010 - June 30, 2011

Non-State Retiree/Domestic Partner without Medicare	Self-funded PPO Plan		
	\$800 Individual - \$1,600 Family		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 846.26	\$ 18.50	\$ 827.76
Retiree + Domestic Partner	\$ 1,526.71	\$ 0.00	\$ 1,526.71
Retiree + Child(ren)	\$ 800.84	\$ 0.00	\$ 800.84
Retiree + Family	\$ 1,443.96	\$ 98.94	\$ 1,345.02
Surviving Domestic Partner	\$ 840.02	\$ 0.00	\$ 840.02
Surviving Domestic Partner + Child(ren)	\$ 794.60	\$ 0.00	\$ 794.60

Non-State Retiree/Domestic Partner without Medicare	Hometown Health Plan		
	Northern HMO		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 804.25	\$ 67.37	\$ 736.88
Retiree + Domestic Partner	\$ 1,831.73	\$ 152.51	\$ 1,679.22
Retiree + Child(ren)	\$ 911.34	\$ 0.00	\$ 911.34
Retiree + Family	\$ 1,475.40	\$ 0.00	\$ 1,475.40
Surviving Domestic Partner	\$ 798.01	\$ 43.01	\$ 755.00
Surviving Domestic Partner + Child(ren)	\$ 905.10	\$ 0.00	\$ 905.10

Non-State Retiree/Domestic Partner without Medicare	Health Plan of Nevada		
	Southern HMO		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 349.58	\$ 0.00	\$ 349.58
Retiree + Domestic Partner	\$ 705.08	\$ 0.00	\$ 705.08
Retiree + Child(ren)	\$ 601.55	\$ 0.00	\$ 601.55
Retiree + Family	\$ 954.35	\$ 0.00	\$ 954.35
Surviving Domestic Partner	\$ 343.34	\$ 0.00	\$ 343.34
Surviving Domestic Partner + Child(ren)	\$ 595.31	\$ 0.00	\$ 595.31

- For instructions on how to determine your final premium, turn to page 23.

Non-State Retiree/Domestic Partner with Medicare

Effective July 1, 2010 - June 30, 2011

Non-State Retirees With Medicare	Self-funded PPO Plan		
	\$800 individual - \$1,600 Family		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 320.53	\$ 0.00	\$ 320.53
Retiree + DP	\$ 657.33	\$ 0.00	\$ 657.33
Retiree + Child(ren)	\$ 340.11	\$ 0.00	\$ 340.11
Retiree + Family	\$ 705.70	\$ 0.00	\$ 705.70
Surviving Domestic Partner	\$ 314.29	\$ 0.00	\$ 314.29
Surviving DP+ Child(ren)	\$ 333.87	\$ 0.00	\$ 333.87
Retiree + DP1 w/ Medicare, 1w/o Medicare	\$ 1,116.55	\$ 0.00	\$ 1,116.55
Retiree+ Family 1 w/ Medicare, 1w/o Medicare	\$ 1,168.42	\$ 65.02	\$ 1,103.40

Non-State Retirees With Medicare	Hometown Health Plan		
	\$250 Individual - \$750 Family Deductible		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 504.29	\$ 54.49	\$ 449.80
Retiree + DP	\$ 1,150.27	\$ 211.26	\$ 939.01
Retiree + Child(ren)	\$ 611.38	\$ 67.08	\$ 544.30
Retiree + Family	\$ 793.94	\$ 0.00	\$ 793.94
Surviving Domestic Partner	\$ 498.05	\$ 72.07	\$ 425.98
Surviving DP + Child(ren)	\$ 605.14	\$ 67.63	\$ 537.51
Retiree+ DP 1 w/ Medicare, 1w/o Medicare	\$ 1,531.77	\$ 206.31	\$ 1,325.46
Retiree+ Family 1 w/ Medicare, 1w/o Medicare	\$ 1,175.44	\$ 0.00	\$ 1,175.44

Non-State Retirees With Medicare	Senior Care Plus		
	Washoe County		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 96.84	\$ 0.00	\$ 96.84
Retiree + DP	\$ 183.95	\$ 0.00	\$ 183.95
Retiree + Child(ren)	\$ 203.93	\$ 0.00	\$ 203.93
Retiree + Family	\$ 297.26	\$ 0.00	\$ 297.26
Surviving Domestic Partner	\$ 90.60	\$ 0.00	\$ 90.60
Surviving DP+ Child(ren)	\$ 197.69	\$ 0.00	\$ 197.69
Retiree + DP 1 w/ Medicare, 1w/o Medicare	\$ 891.36	\$ 21.70	\$ 869.66
Retiree+ Family 1 w/ Medicare, 1w/o Medicare	\$ 1,004.67	\$ 0.00	\$ 1,004.67

- **For instructions on how to determine your final premium, turn to page 23.**

Non-State Retiree/Domestic Partner with Medicare

Effective July 1, 2010 - June 30, 2011

Non-State Retirees With Medicare	Health Plan of Nevada		
	Southern HMO		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 193.49	\$ 0.00	\$ 193.49
Retiree + Domestic Partner	\$ 386.65	\$ 0.00	\$ 386.65
Retiree + Child(ren)	\$ 446.40	\$ 0.00	\$ 446.40
Retiree + Family	\$ 636.84	\$ 0.00	\$ 636.84
Surviving Domestic Partner	\$ 187.25	\$ 0.00	\$ 187.25
Surviving Domestic Partner + Child(ren)	\$ 440.16	\$ 0.00	\$ 440.16
Retiree + Domestic Partner, 1 w/ Medicare, 1w/o Medicare	\$ 550.22	\$ 0.00	\$ 550.22
Retiree + Family 1 w/ Medicare, 1w/o Medicare	\$ 800.40	\$ 0.00	\$ 800.40

Non-State Retirees With Medicare	Senior Dimensions Retiree Choice Plus Plan		
	Southern HMO		
	Rate	Supp Subsidy	Retiree Share
Retiree only	\$ 161.34	\$ 0.00	\$ 161.34
Retiree + Domestic Partner	\$ 303.45	\$ 0.00	\$ 303.45
Retiree + Child(ren)	\$ 408.96	\$ 0.00	\$ 408.96
Retiree + Family	\$ 548.38	\$ 54.10	\$ 494.28
Surviving Domestic Partner	\$ 155.10	\$ 0.00	\$ 155.10
Surviving Domestic Partner + Child(ren)	\$ 402.72	\$ 0.00	\$ 402.72
Retiree + Domestic Partner, 1 w/ Medicare, 1w/o Medicare	\$ 511.13	\$ 0.00	\$ 511.13
Retiree + Family 1 w/ Medicare, 1w/o Medicare	\$ 756.06	\$ 16.33	\$ 739.73

- **For instructions on how to determine your final premium, turn to page 23.**

Non-State Retiree Subsidy Adjustment

Effective July 1, 2010 - June 30, 2011

Calculating Your Final Premium

Retired before January 1, 1994:

- Locate your health plan and coverage tier on pages 20 - 22; next, refer to the Non-State Retiree Subsidy Adjustment Table located on this page, *subtract* the subsidy amount that corresponds with 15 years of service from the Retiree Share to determine your final premium.

Retired on or after January 1, 1994:

- Locate your health plan and coverage tier on pages 20 - 22; next, refer to the *Non-State Retiree Subsidy Adjustment Table* on this page. Locate your years of service, *subtract* the corresponding subsidy amount from the Retiree Share to determine your monthly premium. In no case will your premium be more than the amount found in the Rate column of your corresponding health plan and coverage tier.

Retirees who enrolled during the Reinstatement Late Enrollment period:

- After following the instructions above, *subtract* \$6.24 to determine your final monthly premium.

Non-State Retiree Subsidy Adjustment Table	
Years of Service	Subsidy Adjustment
5	-\$86.08
6	-\$111.90
7	-\$137.72
8	-\$163.54
9	-\$189.37
10	-\$215.19
11	-\$241.01
12	-\$266.83
13	-\$292.66
14	-\$318.48
15	-\$344.30
16	-\$370.12
17	-\$395.95
18	-\$421.77
19	-\$447.59
20	-\$473.41

State and Non-State Active COBRA Rates

Effective July 1, 2010 - June 30, 2011

2011	COBRA Rates		
Public Employees' Benefits Program	Effective July 1, 2010		
	Medical, Pharmacy & Dental		
Medical, Pharmacy and Dental Coverage	Self-funded PPO Plan	Northern HMO	Southern HMO
	\$800 Deductible	Hometown Health	Health Plan of Nevada
State Active Rates			
Participant	\$ 615.81	\$ 711.86	\$ 351.36
Participant + Domestic Partner	\$ 1,511.06	\$ 1,626.80	\$ 715.19
Participant + Child(ren)	\$ 759.74	\$ 807.08	\$ 609.29
Participant + Family	\$ 1,192.38	\$ 1,311.82	\$ 970.35
Non-State Active Rates			
Participant	\$ 856.82	\$ 813.97	\$ 350.20
Participant + Domestic Partner	\$ 1,550.87	\$ 1,861.99	\$ 712.81
Participant + Child(ren)	\$ 810.49	\$ 923.20	\$ 607.21
Participant + Family	\$ 1,466.47	\$ 1,498.54	\$ 967.07

2011	COBRA Rates		
Public Employees' Benefits Program	Effective July 1, 2010		
	Medical & Pharmacy Only		
Medical & Pharmacy Coverage Only	Self-funded PPO Plan	Northern HMO	Southern HMO
	\$800 Deductible	Hometown Health	Health Plan of Nevada
State Active Rates			
Participant	\$ 576.13	\$ 672.18	\$ 311.68
Participant + Domestic Partner	\$ 1,443.73	\$ 1,559.47	\$ 647.86
Participant + Child(ren)	\$ 718.28	\$ 765.62	\$ 567.83
Participant + Family	\$ 1,116.92	\$ 1,236.36	\$ 894.89
Non-State Active Rates			
Participant	\$ 817.14	\$ 774.29	\$ 310.52
Participant + Domestic Partner	\$ 1,483.54	\$ 1,794.66	\$ 645.48
Participant + Child(ren)	\$ 769.02	\$ 881.73	\$ 565.74
Participant + Family	\$ 1,391.01	\$ 1,423.08	\$ 891.61

- Participants on regular COBRA do not receive a subsidy.
- COBRA continuation coverage excludes life, long-term disability, and accidental death and dismemberment coverage.

State and Non-State Active Subsidized COBRA Rates

Effective July 1, 2010 - June 30, 2011

Public Employees' Benefits Program Plan Year 2011	COBRA Rates		
	Self-funded PPO Plan		
	\$800 Individual - \$1,600 Family Deductible		
State Employee COBRA	Rate	Federal	Participant Premium
Participant	\$ 615.81	\$ 400.28	\$ 215.53
Participant + Domestic Partner	\$ 1,511.06	\$ 982.19	\$ 528.87
Participant + Child(ren)	\$ 759.74	\$ 493.83	\$ 265.91
Participant + Family	\$ 1,192.38	\$ 775.05	\$ 417.33
Non-State Employee COBRA	Rate	Federal	Participant Premium
Participant	\$ 856.82	\$ 556.93	\$ 299.89
Participant + Domestic Partner	\$ 1,550.87	\$ 1,008.07	\$ 542.80
Participant + Child(ren)	\$ 810.49	\$ 526.82	\$ 283.67
Participant + Family	\$ 1,466.47	\$ 953.21	\$ 513.26

Public Employees' Benefits Program Plan Year 2011	COBRA Rates		
	Hometown Health Plan		
	Northern Nevada HMO		
State Employee COBRA	Rate	Federal	Participant Premium
Participant	\$ 711.86	\$ 462.71	\$ 249.15
Participant + Domestic Partner	\$ 1,626.80	\$ 1,057.42	\$ 569.38
Participant + Child(ren)	\$ 807.08	\$ 524.60	\$ 282.48
Participant + Family	\$ 1,311.82	\$ 852.68	\$ 459.14
Non-State Employee COBRA	Rate	Federal	Participant Premium
Participant	\$ 813.97	\$ 529.08	\$ 284.89
Participant + Domestic Partner	\$ 1,861.99	\$ 1,210.29	\$ 651.70
Participant + Child(ren)	\$ 923.20	\$ 600.08	\$ 323.12
Participant + Family	\$ 1,498.54	\$ 974.05	\$ 524.49

- Employees who involuntarily terminated between September 1, 2008 and March 31, 2010, who elect Subsidized COBRA, receive a 65% subsidy paid for by the Federal Government.
- COBRA continuation coverage excludes life, long-term disability, and accidental death and dismemberment coverage.

State Retiree - COBRA

Effective July 1, 2010 - June 30, 2011

2011	COBRA Rates		
Public Employees' Benefits Program	Effective July 1, 2010		
Medical, Pharmacy and Dental Coverage	Medical, Pharmacy & Dental		
	Self-funded PPO Plan	Northern HMO	Southern HMO
	\$800 Deductible	Hometown Health	Health Plan of Nevada
State Retiree without Medicare			
Participant	\$ 615.81	\$ 711.86	\$ 351.36
Participant + Domestic Partner	\$ 1,511.06	\$ 1,626.80	\$ 715.19
Participant + Child(ren)	\$ 759.74	\$ 807.08	\$ 609.29
Participant + Family	\$ 1,192.38	\$ 1,311.82	\$ 970.35
State Retiree with Medicare			
Participant	\$ 282.85	\$ 441.63	\$ 191.68
Participant + Domestic Partner	\$ 696.80	\$ 1,014.03	\$ 389.43
Participant + Child(ren)	\$ 436.88	\$ 536.85	\$ 450.56
Participant + Family	\$ 662.57	\$ 699.04	\$ 645.51

2011	COBRA Rates		
Public Employees' Benefits Program	Effective July 1, 2010		
Medical & Pharmacy Coverage Only	Medical & Pharmacy Only		
	Self-funded PPO Plan	Northern HMO	Southern HMO
	\$800 Deductible	Hometown Health	Health Plan of Nevada
State Retiree without Medicare			
Participant	\$ 576.13	\$ 672.18	\$ 311.68
Participant + Domestic Partner	\$ 1,443.73	\$ 1,559.47	\$ 647.86
Participant + Child(ren)	\$ 718.28	\$ 765.62	\$ 567.83
Participant + Family	\$ 1,116.92	\$ 1,236.36	\$ 894.89
State Retiree with Medicare			
Participant	\$ 243.17	\$ 401.95	\$ 152.00
Participant + Domestic Partner	\$ 629.47	\$ 946.70	\$ 322.10
Participant + Child(ren)	\$ 395.42	\$ 495.39	\$ 409.10
Participant + Family	\$ 587.11	\$ 623.58	\$ 570.05

- Participants on regular COBRA do not receive a subsidy.
- COBRA continuation coverage excludes life and accidental death and dismemberment coverage.

Non-State Retiree - COBRA

Effective July 1, 2010 - June 30, 2011

2011	COBRA Rates		
Public Employees' Benefits Program	Effective July 1, 2010		
Medical, Pharmacy and Dental Coverage	Medical, Pharmacy & Dental		
	Self-funded PPO Plan	Northern HMO	Southern HMO
	\$800 Deductible	Hometown Health	Health Plan of Nevada
Non-State Retiree without Medicare			
Participant	\$ 856.82	\$ 813.97	\$ 350.20
Participant + Domestic Partner	\$ 1,550.87	\$ 1,861.99	\$ 712.81
Participant + Child(ren)	\$ 810.49	\$ 923.20	\$ 607.21
Participant + Family	\$ 1,466.47	\$ 1,498.54	\$ 967.07
Non-State Retiree with Medicare			
Participant	\$ 320.57	\$ 508.01	\$ 190.99
Participant + Domestic Partner	\$ 664.11	\$ 1,166.91	\$ 388.01
Participant + Child(ren)	\$ 340.54	\$ 617.24	\$ 448.96
Participant + Family	\$ 713.44	\$ 803.45	\$ 643.21

2011	COBRA Rates		2011
Public Employees' Benefits Program	Effective July 1, 2010		
Medical & Pharmacy Coverage Only	Medical & Pharmacy Only		
	Self-funded PPO Plan	Northern HMO	Southern HMO
	\$800 Deductible	Hometown Health	Health Plan of Nevada
Non-State Retiree without Medicare			
Participant	\$ 817.14	\$ 774.29	\$ 310.52
Participant + Domestic Partner	\$ 1,483.54	\$ 1,794.66	\$ 645.48
Participant + Child(ren)	\$ 769.02	\$ 881.73	\$ 565.74
Participant + Family	\$ 1,391.01	\$ 1,423.08	\$ 891.61
Non-State Retiree with Medicare			
Participant	\$ 280.89	\$ 468.33	\$ 151.31
Participant + Domestic Partner	\$ 596.78	\$ 1,099.58	\$ 320.68
Participant + Child(ren)	\$ 299.08	\$ 575.78	\$ 407.50
Participant + Family	\$ 637.98	\$ 727.99	\$ 567.75

- Participants on regular COBRA do not receive a subsidy.
- COBRA continuation coverage excludes life and accidental death and dismemberment coverage.

Making Changes to your Coverage

Complete the Open Enrollment Form ONLY if any of the following apply:

- Changing health plan options from or to the Self-funded PPO Plan from or to an HMO option.
- Changing coverage tiers
 - Participant + Domestic Partner (DP)
 - Participant + DP + DP's Child(ren)
 - Participant + Child (ren) of both
 - Participant + DP's Child(ren)
 - Participant + DP + Participant's Child(ren)
 - Participant + DP + Participant's Child(ren) + DP's Child(ren)
- Adding or deleting any dependents
- Updating your address

Include ONLY the changes you are making to your coverage.

For example, if your current coverage is Participant + Child(ren) (yourself and children), and you wish to add your domestic partner to your plan, do the following:

1. Enter your name, social security number, address information, etc.
 2. Select your health plan.
 3. Select your new coverage tier, in this case select Participant + DP + Participant's Child(ren).
 4. Enter **ONLY** your domestic partner's information on the reverse side of the form.
 5. Select "add" as the action to add your domestic partner.
-

Making Changes?

- The completed Open Enrollment Form and any supporting documents must be received in the PEBP office, or postmarked no later than May 31, 2010.
- Faxes and/or photo copies of the Open Enrollment Form will **not** be accepted.

Supporting Document Reference

Depending on the child’s status, any combination of the following documents may be required:

<ul style="list-style-type: none"> • Child(ren) of participant and/or domestic partner • Guardianship of a child • Step-child(ren) • Adopted child(ren) • Disabled child age greater than age 19 	<ul style="list-style-type: none"> • Social security number for all covered dependents. • Copy of certified birth certificate • Age 19 to age 23, statement of full-time student status for the spring 2010 semester from an accredited college • Copy of the legal guardianship court order, signed by the judge; and • Copy of the adoption/placement papers as certified by the public/private adoption agency • Copy of certified marriage certificate which connects the step-child with the spouse/employee. • Certificate of Disabled Dependent Child Form completed by the child’s physician(available for download at www.pebp.state.nv.us) • Certificate of Creditable Coverage from prior carrier indicating the disabled child has had continuous coverage. • Copy of Certified Registration of Domestic Partnership issued by the Nevada Secretary of State
<p>Domestic Partner</p>	<ul style="list-style-type: none"> • Copy of Certified Registration of Domestic Partnership issued by the Nevada Secretary of State

Final determination of a domestic partner or dependent child’s eligibility will not be established pending staff’s substantiation of the documents received.

Public Employees' Benefits Program Important Notices

HIPAA Privacy Practices

The Privacy Rule provides federal protections 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: <http://www.hhs.gov/ocr/office/index.html>

Women's Health 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.

If you have questions about coverage of mastectomies and reconstructive surgery, please call your plan administrator for additional information:

- Self-funded PPO Plan: (877) 963-8232
- Health Plan of Nevada: (702) 242-7300 or (800) 777-1840
- Senior Dimensions Retiree Choice Plus Plan: (702) 242-7301 or (800) 650-6232
- Hometown Health Plan: (775) 982-3232 or (800) 336-0123
- Senior Care Plus: (775) 982-3112 or (800) 336-0123

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 <http://www.dol.gov/index.htm>.

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it for your records. This notice has information about your current prescription drug coverage with PEBP and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

You can get Medicare drug coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

PEBP has determined that the prescription drug coverage offered by the PEBP plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays, and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan. For more information, contact Medicare at (800) 633-4227.

What happens to your current coverage if you join a Medicare Drug Plan?

Your PEBP coverage pays for health expenses, in addition to prescription drugs. If you decide to join a Medicare drug plan, you will still be eligible to receive all of your current health benefits but you will not be eligible for PEBP prescription drug benefits, if you choose to enroll in a Medicare Prescription Drug Plan.

When you pay a higher premium (penalty) to join a Medicare Drug Plan.

If you drop or lose your current coverage with PEBP and do not join a Medicare drug plan within 63 continuous days after your PEBP coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you have a lapse of 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base premium per month for every month that you did not have that coverage. In addition, you may have to wait until the following November to join.

The *Medicare & You Handbook* (available at www.medicare.gov) has information about Medicare Prescription Drug Coverage, or call your State Health Insurance Assistance Program at (800) 307-4444, or (800) 633-4227. TTY users should call (877) 325-0778.

Important Notice About Your Prescription Drug Coverage and Medicare

Your current drug coverage under PEBP is provided under one of the following plans:

Self-funded PPO Plan		
Tier	Retail Pharmacy 30-day Supply	Mail Order 90-day Supply
Tier 1 Preferred Generic	\$5 copayment	\$15 copayment
Tier 2 Preferred Brand	\$40 copayment, after deductible	\$120 copayment, after deductible
Tier 3 Non-Preferred Brand	100% of contracted price	100% of contracted price
Specialty Drugs	Greater of \$50 or 25% coinsurance, max \$100 per prescription, after deductible	Not available

Health Plan of Nevada (HPN) HMO		
Tier	Retail Pharmacy 30-day Supply	Mail Order 90-day Supply
Tier 1 Preferred Generic	\$7 copayment	\$14 copayment
Tier 2 Preferred Brand	\$35 copayment	\$70 copayment
Tier 3 Non-Preferred Brand	\$55 copayment	Not available by mail order
Specialty Drugs	Retail tier copayment will apply	Retail tier copayment will apply

Senior Dimensions		
Tier	Retail Pharmacy 30-day Supply	Mail Order 90-day Supply
Tier 1 Preferred Generic	\$5 copayment	\$5 copayment
Tier 2 Preferred Brand	\$25 copayment	\$25 copayment
Tier 3 Non-Preferred Brand	\$45 copayment	Not available by mail order
Specialty Drugs	25% coinsurance	Not available by mail order

Hometown Health Plan (HHP) HMO		
Tier	Retail Pharmacy 30-day Supply	Mail Order 90-day Supply
Tier 1 Preferred Generic	\$7 copayment	\$14 copayment
Tier 2 Preferred Brand	\$40 copayment	\$80 copayment
Tier 3 Non-Preferred Brand	Greater of \$75 or 40% coinsurance per script	Greater of \$150 or 40% coinsurance per script
Specialty Drugs	30% coinsurance per script	Not available by mail order

Senior Care Plus Plan		
Tier	Retail Pharmacy 30-day Supply	Mail Order 90-day Supply
Tier 1 Preferred Generic	\$2 copayment	\$5 copayment
Tier 2 Preferred Brand	\$35 copayment	\$87.50 copayment
Tier 3 Non-Preferred Brand	\$70 copayment	\$175 copayment
Specialty Drugs	33% coinsurance	Not available

Keep this Creditable Coverage notice. If you decide to join a Medicare Prescription Drug Plan, you may be required to provide a copy of this notice.

Self-funded PPO Plan Contacts	
Self-funded PPO Medical, Vision, Dental, and Pharmacy	
<ul style="list-style-type: none"> • In-State PPO Medical Network • Network Providers • Provider directory • Additions/deletions of providers 	<p>PEBP Statewide PPO Network Administered by Hometown Health Partners and Sierra Healthcare Options Customer Service: (800) 336-0123 www.pebp.state.nv.us</p>
<ul style="list-style-type: none"> • Out-of-State PPO Medical Network • Network Providers • Provider directory • Additions/deletions of providers 	<p>Beech Street Customer Service (800) 432-1776 www.beechstreet.com</p>
<ul style="list-style-type: none"> • Self-funded Dental PPO Network • Statewide dental PPO providers • Dental provider directory 	<p>Diversified Dental Services Northern Nevada: (866) 270-8326 Southern Nevada: (800) 249-3538</p>
<ul style="list-style-type: none"> • Self-funded PPO Medical and Dental Claims Administrator • Claim status inquiries • Level 1 claim appeals • Verification of eligibility • Plan benefit information 	<p>UMR - United Medical Services, Inc. P.O. Box 2876 Clinton, IA 52733-2876 Customer Service: (877) 963-8232 Group Number: 220701 http://www.umar.com Email: service@umar.com</p>
<ul style="list-style-type: none"> • Self-funded PPO Prescription Drug Plan Administrator • ID cards and prescription drug information • Retail network pharmacies • Prior authorization • Non-network retail claims payment • Mail order service and mail order forms 	<p>Retail Pharmacy Services Catalyst Rx Customer Service: (702) 869-4600 or (888) 869-4600 or (800) 799-1012 Mail Order Services Walgreens Mail Order Customer service (866) 845-3590 www.catalystrx.com User Name: nevada Password: benefit</p>
<p>APS Healthcare</p> <ul style="list-style-type: none"> • Pre-certification • Case Management 	<p>APS Healthcare Pre-certification and Customer Service 2450 Fire Mesa Rd. Suite 160 Las Vegas, NV 89128 (888) 323-1461 www.apshealthcare.com</p>
<p>U.S. Preventive Medicine</p> <ul style="list-style-type: none"> • The Prevention Plan wellness program • Diabetes Care Management 	<p>U.S. Preventive Medicine (USPM) The Prevention Plan (877) 800-8144 12740 Gran Bay Parkway, Suite 2400 Jacksonville, FL 32258 www.ThePreventionPlan.com</p>

Fully Insured Product Contacts	
<p>Medical, prescription and vision claims administrator</p> <ul style="list-style-type: none"> • Provider network • Provider directories • Appeals • Benefit Information • Additions/deletions of providers 	<p>Hometown Health Plan Customer Service: (775) 982-3232 or (800) 336-0123 http://stateofnv.hometownhealth.com or www.pebp.state.nv.us</p>
<p>Medical, prescription and vision claims administrator</p> <ul style="list-style-type: none"> • Provider network • Provider directories • Appeals • Benefit Information • Additions/deletions of providers 	<p>Health Plan of Nevada Customer Service: (702) 242-7300 (800) 777-1840 Website: http://stateofnv.healthplanofnevada.com or www.pebp.state.nv.us</p>
<p>Life and AD&D Insurance</p> <ul style="list-style-type: none"> • Life insurance benefits information • Claim filing • MEDEX travel assistance • Beneficiary designation forms 	<p>Standard Insurance Company Customer Service: (888) 288-1270 www.standard.com/mybenefits/nevada/index.html or www.pebp.state.nv.us</p>
Voluntary Product Contacts	
<p>Life Insurance - Additional</p> <ul style="list-style-type: none"> • Information on voluntary life insurance • Short-Term Disability Insurance 	<p>Standard Insurance Company Customer Service: (888) 288-1270 www.standard.com/mybenefits/nevada/index.html or www.pebp.state.nv.us</p>
<p>Long-Term Care Insurance</p>	<p>Colonial Life - UNUM Customer Service: (877) 433-5334 www.pebp.state.nv.us</p>
<p>Flexible Spending Accounts</p> <ul style="list-style-type: none"> • Health Care • Dependent Care <p>Enrollment forms: www.pebp.state.nv.us</p>	<p>ASI Flex Customer Service: (800) 659-3035 Fax: (866) 381-9682 P.O. Box 6044, Columbia, MO 65205 www.asiflex.com</p>
<p>Home and Auto Insurance</p>	<p>Liberty Mutual Customer Service: (800) 637-7026 gary.bishop@libertymutual.com</p> <p>Travelers' Customer Service: (888) 695-4640 www.travelers.com/nevada</p>

Open Enrollment Meeting Schedule Plan Year 2011

Date	City	Location	Group	Time
May 3-4	Reno	Reno-Sparks Convention Center 4590 S. Virginia St. Room A-3	Retirees	9:30 AM
			Actives	1:00 PM
			Actives	3:00 PM
May 5-7	Carson City	National Guard Armory 2460 Fairview Drive (ID required)	Retirees	9:30 AM
			Actives	1:30 PM
May 11	Las Vegas	Cashman Center 850 North Las Vegas Blvd. Rooms 101, 102 and 104	Retirees	9:30 AM
			Actives	1:00 PM
			Actives	3:00 PM
May 12	Las Vegas	Cashman Center 850 North Las Vegas Blvd. Rooms 101, 102 and 104	Retirees	9:30 AM
			Actives	1:00 PM
May 17	Lovelock	DOC - Lovelock* Court Room 1200 Prison Road	DOC employees only	10:00 AM
May 17	Winnemucca	NDOT* 725 W. 4th Street Lower level basement	Retires & Actives	2:30 PM
May 18	Elko	Great Basin College* 1500 College Parkway Greenhaw Technical Arts Bldg. Room 130	Retirees	8:30 AM
			Actives	10:00 AM
May 19	Ely	Great Basin College* 2115 Bobcat Ave. Rooms 114	Retirees	1:00 PM
			Actives	3:00 PM
May 20	Fallon	Western Nevada College* 160 Campus Way Virgil R Getto Hall, Rm 308	Actives	8:30 AM
			Retirees	10:30 AM
May 25	Tonopah	NDOT* 805 Erie Main, Training Room	Retirees & Actives	9:30 AM

* Open Enrollment meetings to be held via interactive video-conferencing.

For special accommodation requests, please call two weeks prior to the scheduled event at (775) 684-7000 or (800) 326-5496.