

Open Enrollment Guide

Plan Year 2012

State of Nevada



Public Employees' Benefits Program

What's Inside:

- Overview of Plan Design Changes
- Health Plan Options
- State and Non-State Active Rates
- State and Non-State Retiree Rates
- Important Notices
- Vendor Contact Information
- Open Enrollment Meetings

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Effective July 1, 2011 - June 30, 2012

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DEADLINE FOR OPEN ENROLLMENT MAY 31, 2011

PEBP Member Services

(775) 684-7000 or (800) 326-5496

Monday - Friday (except holidays) 8:00 a.m. to 5:00 p.m.

Email: msservices@peb.state.nv.us

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contained herein and the PEBP Master Plan Document or the HMO Plans' Evidence of Coverage Certificates shall be superseded by the plans' official documents.

O p e n E n r o l l m e n t

April 1 - May 31, 2011

All Participants Must Complete an Open Enrollment Election

Introduction

Open Enrollment for Plan Year 2012 will be more important for all participants this year. With so many changes happening, PEBP wants to be sure everyone knows about the plan changes and coverage options. *Additionally, every participant must complete the Open Enrollment selection, even if you are not changing your plan or your dependents.*

What's Changing

The Self-funded PPO Plan is changing to a Consumer Driven PPO High Deductible Health Plan that will be coupled with a Health Savings Account (HSA) or a PPO Health Reimbursement Arrangement (PPO-HRA).

The HMO plans will have minor changes in plan design. The rates between the Northern and Southern Nevada HMO plans will be blended to provide one statewide HMO rate and the participant contribution rate have been increased to reflect the difference in plan design from the PPO plan.

Beginning July 1, 2011, PEBP will offer Medicare Part A-eligible retirees, spouses and domestic partners a new way to access health coverage. Through a partnership with Extend Health, Medicare Part A eligible members will have more medical plan choices and greater financial flexibility.

Through Extend Health, Medicare Part A-eligible members may choose from a variety of plan options including Medicare Advantage and Medigap Plans (Medicare Supplements), prescription drug plans, and optional dental and vision coverage. To learn more about these plans, please visit www.ExtendHealth.com/PEBP or call Extend Health at 1-888-598-7545.

Spouse and Domestic Partner Eligibility

Spouses and domestic partners who are eligible for employer-based group health coverage through their own active employment will not be eligible for PEBP coverage effective July 1, 2011. Participants who wish to cover a spouse or domestic partner after June 30, 2011 must certify through the enrollment process that the spouse or domestic partner is not eligible to participate in any employer provided medical plan maintained by the spouse's or domestic partner's employer. Employer-based coverage does not include retiree health insurance or other non-employer based coverage such as Medicare, or Tri-Care.

O p e n E n r o l l m e n t

April 1 - May 31, 2011

All Participants Must Complete an Open Enrollment Election

What's Changing, continued

Medicare Part A Enrollment

PEBP requires retirees and their covered spouses or domestic partners to enroll in Medicare Part A at age 65 if they are eligible for premium-free Part A. At age 65 you are eligible for Part A (free Medicare hospital insurance) if:

- You receive or are eligible to receive Social Security benefits; or
- You receive or are eligible to receive railroad retirement benefits; or
- You or your spouse (living or deceased, including divorced spouses) worked long enough in a government job where Medicare taxes were paid; or
- You are the spouse (including a divorced spouse) of a worker (living or deceased) who has worked long enough under Social Security or in a Medicare-covered government job.

At age 65, retirees and spouses or domestic partners who are NOT eligible for premium-free Medicare Part A must provide PEBP with a written denial notice from the Social Security Administration by the end of the month of their 65th birthday.

Medicare Part B Enrollment

At age 65 retirees, and their covered spouses or domestic partners must purchase Medicare Part B unless the individual can provide evidence of other health care coverage provided as a result of their own active employment or coverage through a spouse or domestic partner's active employment. Acceptable verification would be the participant's enrollment information (coverage effective date, the insurance company and the name of the covered individual) on the company's letterhead.

Unless the individual does not have to purchase Medicare Part B because of coverage through an active employer, the CD PPO HDHP will pay benefits assuming the participant has Medicare Part B and the participant would be financially responsible for claim expenses that would ordinarily be covered under Part B.

How to Enroll

Complete your enrollment by doing one of the following:

Enroll Online

Log on to the PEBP website at www.pebp.state.nv.us and click on **Enroll Now**. Follow the *Instructions to Online Enrollment* enclosed with your Open Enrollment letter.

All participants are encouraged to enroll online. Enrolling online will simplify your enrollment process and you will not have to complete the Open Enrollment Form. If you are enrolling in the CD PPO HDHP, you can also establish your HSA or PPO-HRA while completing your online enrollment. You must enroll by May 31.

Open Enrollment Form (paper version)

- If you did not receive a form with your Open Enrollment letter, you may contact the PEBP office to request the Open Enrollment Form at 775-684-7000 or 800-326-5496.
- All participants are encouraged to enroll online. If you are complete the paper version of the form, you must return the completed form to the PEBP office by May 31 or it must be postmarked by May 31.

Enrolling Dependents

To continue covering your existing dependents or to add new dependents effective July 1, 2011, you must add them to your Open Enrollment election through online enrollment or by including them on the Open Enrollment form.

Documentation to Add New Dependents

To *add* a spouse or domestic partner, submit a copy of your marriage or domestic partner certificate issued from the Nevada Secretary of State's office. To cover children from birth through the month in which the child turns age 26, please submit a copy of the child's birth certificate.

**** IMPORTANT ENROLLMENT REMINDER ****

All participants, including Medicare Part A retirees enrolling for coverage through Extend Health, must complete a PEBP Open Enrollment election.

- Active employees and pre-Medicare retirees who do not submit an Open Enrollment Form before May 31, 2011, will be defaulted to the CD PPO HDHP with Participant Only coverage with a PPO-HRA, and will be charged a monthly premium for that coverage.
- Medicare Part A retirees who do not submit an Open Enrollment Form before May 31, 2011, will be placed into declined coverage status effective July 1, 2011. By declining coverage, a retiree loses medical, dental, prescription drug, and life insurance coverage.

Overview of Changes for Plan Year 2012

A. Consumer Driven PPO High Deductible Health Plan (CD PPO HDHP)

1. Replaces the current Self-funded PPO Plan with a Consumer Driven PPO High Deductible Health Plan
2. Increases deductibles from \$800 for an individual and \$1,600 for a family to:
 - a. Participant Only coverage tier: \$1,900 deductible
 - b. Participant plus dependent tiers, e.g., Participant + Spouse, Participant + Child(ren), etc.
 - i. \$3,800 family deductible
 - ii. \$2,400 “individual” family member deductible
3. Increase the out-of-pocket maximum to \$3,900 individual and \$7,800 family (two or more individuals). Apply both the deductible and coinsurance toward the out-of-pocket maximum accumulator. Prior to July 2011, only the coinsurance applies to the out-of-pocket maximum.
4. Eliminate all copayments., e.g., prescription drug and physician office visit copayments.
5. Lower the coinsurance paid by PEBP from 80% to 75%.
6. Provide a Health Savings Account (HSA) or a PPO Health Reimbursement Arrangement (PPO-HRA) for all PPO participants.
7. Fund the HSA and PPO-HRA with an annual contribution of \$700 for each participant and \$200 for each dependent (max 3 dependents) up to a maximum of \$1,300. Money in the HSA or PPO-HRA may be used for any qualified medical expense as defined by the IRS (see IRS Publication 502). Money in the HSA or PPO-HRA cannot be used to pay monthly premiums.

B. Other changes to plan components and eligibility for dependents

1. Eliminate plan coverage for all lab tests performed at hospitals except those for pre-admission testing, urgent care, emergency room and in-patient admissions (refer to page 8 for 50 mile rule exception).
2. Reduce temporomandibular joint (TMJ) disorder coverage from 80% to 50%.
3. Implement a 90-day retail pharmacy program which allows for the purchase of a 90-day supply of some maintenance medications at major retail pharmacy chains.
4. Provide coverage for one annual vision examination, subject to deductible and coinsurance. Eliminate vision hardware benefits, e.g., glasses, contact lenses, etc.
5. Remove the \$2,500 preventive benefit maximum and match preventive care to the guidelines published by the Centers for Disease Control and Prevention.
6. Eliminate the \$2,000,000 lifetime maximum.
7. Eliminate coverage for spouses and domestic partners eligible for coverage through the spouse’s or domestic partner’s current employer.
8. Cover children through the end of the month in which the child turns age 26 and no longer require proof of full-time student status.

Overview of Changes for Plan Year 2012

C. Dental Coverage

1. Increase the dental deductible from \$50 to \$100 for individuals and \$150 to \$300 for families (3 or more individuals).
2. Decrease the maximum dental benefit paid by the plan from \$1,500 to \$1,000 per individual regardless of whether the service is in or out of network.
3. Change coinsurance to 75% for basic in-network dental services.
4. Dental coverage is mandatory for any participant who chooses COBRA coverage.

D. Fully insured supplemental products

1. Reduce basic life insurance payouts from \$20,000 to \$10,000 for employees and from \$10,000 to \$5,000 for eligible retirees.
2. Eliminate dependent life and accidental death and dismemberment insurance coverage.
3. Retain the current 60% payout for long term disability benefits.

E. Blend the rates between Northern and Southern Nevada to offer a single statewide HMO rate.

F. Medicare Part B Credit

Provide a premium credit equal to the 2011 base cost of Medicare Part B (\$115.40) to retirees and survivors enrolled in Medicare Part B and participating in the CD PPO HDHP or HMO plans because they are not eligible for free Medicare Part A or have non-Medicare eligible dependents.

G. Live Well, Be Well Prevention Plan

Continue offering the Live Well, Be Well Prevention Plan to CD PPO HDHP participants with some plan design and incentive modifications that will be announced in July 2011. Live Well, Be Well participants who reach the Intervention Score level to receive a premium credit by May 31, 2011 and who remain in the CD PPO HDHP will receive a the credit effective July 1, 2011.

H. Diabetes Care Management Program

Continue offering the Diabetes Care Management Program to CD PPO HDHP participants with some plan design and incentive modifications that will be announced in July 2011.

Consumer-Driven PPO High Deductible Health Plan (CD PPO HDHP)

About the CD PPO HDHP	The Consumer-Driven PPO High Deductible Health Plan is a type of insurance plan that allows you as a participant to use a Health Savings Account (HSA) or PPO Health Reimbursement Arrangement (PPO-HRA) to pay certain health care expenses directly, while the high deductible health plan protects you against catastrophic medical expenses.	
Plan Feature	In-Network (participating provider benefit)	Out-of-Network Benefit
Annual Deductible <i>Copayments for physician's office visits and prescription drug coverage do not apply to this plan.</i>	\$1,900 Individual \$3,800 Family ¹ • \$2,400 Individual Family Member Deductible	\$1,900 Individual \$3,800 Family ¹ • \$2,400 Individual Family Member Deductible
Annual Out-of-Pocket Maximum (Participant pays)	\$3,900 Individual ² \$7,800 Family ²	\$10,600 Individual ³ \$21,200 Family ³

Includes annual deductible and coinsurance; excludes any charges in excess of Usual and Customary³ charges when accessing services from out-of-network providers.

Each plan year, before the plan begins to pay benefits, you are responsible for paying all of your eligible medical and prescription drug expenses up to the plan year deductible. Eligible medical and prescription drug expenses are applied to the deductibles in the order in which claims are received by the plan. Only eligible medical and prescription drug expenses can be used to satisfy the plan's deductibles. Non-eligible medical and prescription drug expenses described in the following sections do not count toward the deductibles. Deductibles accumulate on a plan year basis and reset to zero at the start of each new plan year.

¹ Family Deductible: The \$3,800 Family Deductible applies when two or more individuals are covered on the plan. Embedded in the Family Deductible is a \$2,400 Individual Family Member Deductible (IFMD). With the IFMD, the Plan will begin to pay benefits for one individual in the family once that person meets the \$2,400 IFMD. The balance of the Family Deductible (\$1,400) must be met by one or more other members of the family before the plan will pay benefits for those other family members.

² Out-of-Pocket Maximum: The Plan will pay 100% of eligible charges once the annual Out-of-Pocket Maximum has been met through deductible and coinsurance. A single individual within a family can be responsible for the entire out-of-pocket maximum.

³ Services provided out-of-network are subject to Usual and Customary provisions, meaning charges are subject to the maximum allowance under the Plan and covered individuals will be responsible for any amount the providers charge in excess of the maximum allowance.

Consumer-Driven PPO High Deductible Health Plan (CD PPO HDHP)

Medical deductibles and coinsurance for individual or family coverage, accumulate separately for in-network and out-of-network expenses. If both in-network and out-of-network providers are used, the deductible will have to be met twice - once for in-network and one for out-of-network.

Example:

1. Family member #1 incurs \$2,500 in eligible in-network medical expenses, of which \$2,400 is applied to the individual in-network deductible and \$2,400 is also applied to the family deductible of \$3,800. In this example, the individual has met his in-network deductible and the remaining in-network family deductible is \$1,400. The remaining \$100 is paid at the appropriate coinsurance rate.

2. Family member #2 incurs \$2,000 in eligible in-network medical expenses: \$1,400 is applied toward the remaining family in-network deductible, which satisfies the \$3,800 annual family in-network deductible amount. The remaining \$600 is paid at the appropriate coinsurance rate.

For more information, refer to the Plan Year 2012 Master Plan Document available in May, 2011, at www.pebp.state.nv.us.

<p align="center">Consumer-Driven PPO High Deductible Health Plan (CD PPO HDHP)</p>		
Plan Feature	In-Network (participating provider benefit)	Out-of-Network Benefit
Coinsurance (Plan pays)	<ul style="list-style-type: none"> 75% after deductible 	<ul style="list-style-type: none"> 50% after deductible, Usual and Customary applies.
<p>Primary Care Physician (PCP) <i>PCP includes internists, general and family practitioners, pediatricians and obstetricians/gynecologists.</i></p>	<ul style="list-style-type: none"> 75% after deductible 	<ul style="list-style-type: none"> 50% after deductible, Usual and Customary applies.
Specialist Office Visits	<ul style="list-style-type: none"> 75% after deductible 	<ul style="list-style-type: none"> 50% after deductible, Usual and Customary applies.
<p>Outpatient Short-Term Rehabilitative Therapy</p> <ul style="list-style-type: none"> Occupational therapy Physical therapy Speech therapy 	<ul style="list-style-type: none"> 75% after deductible 	<ul style="list-style-type: none"> 50% after deductible, Usual and Customary applies.
<p>Emergency Care</p> <ul style="list-style-type: none"> Emergency Room Visit Ambulance Services 	<ul style="list-style-type: none"> 75% after deductible 	<ul style="list-style-type: none"> 75% after deductible, Usual and Customary applies.
Urgent Care	<ul style="list-style-type: none"> 75% after deductible 	<ul style="list-style-type: none"> 50% after deductible, Usual and Customary applies.
<p>Outpatient Laboratory Services</p> <ul style="list-style-type: none"> Outpatient laboratory services (except for pre-admission testing, urgent care facility or emergency room) performed at an acute care hospital will not be covered unless an exception is warranted and approved by the Plan Administrator. If an outpatient laboratory facility or draw station is not available to you within 50 miles of your residence, you may use an acute care hospital to receive your outpatient laboratory services. 	<ul style="list-style-type: none"> 75% after deductible when testing performed at an independent free-standing laboratory. 	<ul style="list-style-type: none"> 50% after deductible, Usual and Customary applies.

Consumer-Driven PPO High Deductible Health Plan (CD PPO HDHP)		
Plan Feature	In-Network (participating provider benefit)	Out-of-Network Benefit
Temporomandibular Joint Disorder (TMJ)	<ul style="list-style-type: none"> • 50% after deductible 	<ul style="list-style-type: none"> • 50% after deductible, Usual and Customary applies.
Prevention/Wellness For example (not all inclusive): <ul style="list-style-type: none"> • Physical exam, screening lab and x-rays • Well child visits and age appropriate immunizations • HPV vaccination • Prostate screening • Routine sigmoidoscopy or colonoscopy • Screening mammogram (in the absence of a diagnosis) • Pelvic exam and Pap smear lab test • Osteoporosis screening • Hypertension screening • Skin Cancer Screening 	<ul style="list-style-type: none"> • 100% - No deductible 	<ul style="list-style-type: none"> • Not covered
<ul style="list-style-type: none"> • Vision Exam 	75% after deductible Usual and Customary applies.	75% after deductible Usual and Customary applies.
For a detailed description of benefits, refer to the Plan Year 2012 Master Plan Document available at www.pebp.state.nv.us in May, 2011.		

Health Savings Account (HSA) For Eligible Active Employees

Health Savings Accounts are similar to Individual Retirement Accounts (IRAs), but for health care. However, unlike an IRA, HSA distributions are tax-exempt when used to pay qualifying health care expenses. The account earns interest and investment options may be available once the account balance reaches a certain limit. Unused dollars in the account carry over from year to year while the account value increases through tax free earned interest and investment growth. PEBP will place funds in your HSA for you to use. Additionally, optional employee contributions are available through *pre-tax* payroll deductions. The accounts are portable; should the employee leave employment or change to a non-qualifying health plan in future years, the HSA remains with the individual.

Restrictions

To qualify for the HSA you must be enrolled in the CD PPO HDHP. If you have secondary coverage (such as Medicare, Tricare, Tribal, etc.) that other coverage must also be a high deductible health plan; otherwise, you are not eligible for the HSA and must have a PPO Health Reimbursement Arrangement (PPO-HRA). If you can be claimed on someone else's tax return (excludes joint returns), or your spouse has a Medical FSA or an HRA that can be used to pay for the medical expenses of employee or if you are on COBRA you do not qualify for the HSA.

Note: When you complete the Open Enrollment process (paper form/online), you must certify whether or not you are eligible for the HSA.

HSAs offer a variety of benefits such as:

- Tax-exempt contributions provided by PEBP; provides first dollar coverage for medical expenses. Funds may be used for current and future health care expenses.
- Pre-tax employee contributions may be started, increased, decreased or stopped at the employees' discretion.
- Employee contributions are excluded from gross income, lowering total taxable income.
- The account balance remains with the employee at termination, retirement, declination of coverage, change of coverage to an HMO, and in the event of death may generally be passed to beneficiary(ies).
- Interest and earnings are tax free and any amount used for qualifying health care expenses is tax free (note: taxes will be incurred and a 20% penalty will be imposed if money is withdrawn for non-qualified health care expenses).
- IRS allows a catch up provision for employees 55 years or older.
- HSA must be established as individual accounts; IRS does not allow joint accounts. However, HSAs may be used to pay for qualifying health care expenses for other members of the tax-family whether or not they are covered on an employee's health plan.
- There is no administrative fee charged to HSA eligible employees.
- Investment options are at the discretion of the employee after the account balance reaches the limit determined by the administrator.

Health Savings Account (HSA) For Eligible Active Employees

PEBP Contribution for HSA Eligible Employees:

Health Savings Account (HSA)	Individual	Family (two or more family members)
<p>Contribution (Employee covered on July 1, 2011)</p> <p>Note: New hires receive a prorated contribution based upon the coverage effective date and months remaining in the plan year.</p>	\$700	\$700 for the employee and \$200 for each covered dependent (maximum 3 dependents or \$1,300 total for the family)

Calendar year contribution limits are set by the IRS. The 2011 maximum contribution limits are as follows:

2011 HSA Contribution Maximum	Individual	Family (two or more family members)
The maximum shown is for eligible HSA individuals with high deductible health coverage through December 31, 2011 ¹	\$3,050	\$6,150 ²

¹The total 2011 contributions (combined employee/employer) cannot exceed the limits shown.

²The Family maximum is based on your family as reported to the IRS on your federal tax return and applies regardless of whether two employees are married and eligible for the HSA. For example, if one employee is covering a dependent and the other employee is covered as self-only, the maximum for the entire family is \$6,150; therefore, the total combined contributions between both employees and PEBP's contribution cannot exceed \$6,150.)

To be eligible for the family maximum, the employee and at least one other dependent on the federal tax return must be eligible for the HSA.

Note: If an employee is covering a dependent and that dependent has other coverage that is not considered a high deductible health plan, the maximum contribution allowed by IRS for the employee is based on an Individual or \$3,050.

Establishing the HSA

If you are eligible for the HSA, you can establish your account during the online enrollment process. The enrollment system will guide you through the steps necessary to open your account and designate your beneficiary(ies).

- **For more information regarding the HSA, please refer to the Plan Year 2012 Master Plan Document available in May, 2011, at www.pebp.state.nv.us.**

PPO Health Reimbursement Arrangement (PPO-HRA) and the CD PPO HDHP

For certain Active Employees and Retirees enrolled in the CD PPO HDHP

The PPO-Health Reimbursement Arrangement (PPO-HRA) is an employer-owned account that PEBP will establish on behalf of participants on July 1, 2011. For participants on the CD PPO HDHP and who are not eligible for the HSA.

PPO-HRAs work similarly to Health Savings Accounts where the PPO-HRA may be used to pay for qualified health care expenses for the participant and members of the participant's tax-family. However, one major difference between the accounts is PPO-HRAs are owned by PEBP and participant contributions are not allowed. If the PPO-HRA participant is no longer covered under the CD PPO HDHP, terminates employment, declines coverage or passes away, the remaining balances are returned to PEBP. The PEBP Board will set carry over limits in future years.

PEBP will automatically establish the PPO-HRA for eligible participants in July, 2011.

PEBP PPO-HRA Contribution

PPO Health Reimbursement Arrangement (PPO-HRA)		
Plan Year Contribution is based on the participant being eligible for coverage on July 1, 2011.	Individual Contribution	Family Contribution (2 or more)
	\$700	\$700 for employee and \$200 for each covered dependent (maximum 3 dependents or \$1,300 total for the family)

- **For more information regarding the PPO-HRA, please refer to the Plan Year 2012 Master Plan Document available in May, 2011, at www.pebp.state.nv.us.**

Medical and Limited Purpose **Flexible Spending Account (FSA) for Health Care**

For State Active Employees

Medical FSA for HMO and PPO-HRA Employees

Flexible Spending Accounts (FSA) allow employees to pay for essential health care expenses that are not covered or are partially covered by the insurance plan.

The Medical FSA allow State employees to:

- Set aside pre-tax dollars to pay for expenses such as copayments, coinsurance, deductibles, most prescriptions, glasses, contacts, physician's office visits and many other expenses.
- Pay for expenses for your tax dependents even if they are not covered under your insurance plan.
- Use pre-tax payroll deductions to provide savings on income taxes.

Limited Purpose Flexible Spending Accounts for HSA Eligible Employees

A *Limited Purpose* FSA is a savings option for employees that are enrolled in a Health Savings Account (HSA). The *Limited Purpose* Flexible Spending Account works the same way as a *Medical* Flexible Spending Account does: pre-tax, "use it or lose it" elections, and expenses must occur within the plan year. The major difference between the *Limited Purpose* and *Medical* FSA is that the *Limited Purpose* FSA limits what expenses are eligible for reimbursement. *Limited Purpose* Flexible Spending Accounts are for active employees with an HSA. The HSA can be used to reimburse for health care expenses; however, the Limited Purpose FSA can only be used for reimbursement of **qualifying vision and dental** expenses.

Maximum Plan Year 2012 Health Care FSA Contribution

The IRS allows you to set aside up to \$6,000 for the Medical FSA plan each year. Your election amount is typically fixed for the entire plan year (unless you have a qualifying event).

To learn more about Flexible Spending Accounts, visit www.pebp.state.nv.us, www.asiflex.com or call ASIFlex at 800-659-3035.

Flexible Spending Account (FSA) For Dependent Care

For State Active Employees

Dependent Care FSA

The Dependent Care FSA creates a tax break for dependent care expenses (typically child care or day care expenses) that enable you to work. Additionally, if you have an older dependent who lives with you at least 8 hours per day and requires someone to come into the house to assist with day-to-day living, you can claim these expenses through your Dependent Care FSA. If you are married, your spouse must be working, looking for work or be a full-time student. If you have a stay-at-home spouse, you should not enroll in the Dependent Care FSA.

IRS regulations disallow Dependent Care FSA reimbursement for services that have not yet been provided. You can only claim service periods that have already occurred.

Eligible expenses include day care and baby sitting for dependents under the age of 13; or for older dependents that live with you at least 8 hours each day and are incapable of self-care.

The IRS allows no more than \$5,000 per household (\$2,500 if you are married and file a separate tax return) be set-aside in the Dependent Care FSA in a calendar year.

To learn more about Flexible Spending Accounts, visit www.pebp.state.nv.us, www.asiflex.com or call ASIFlex at 800-659-3035.

How to Enroll in Flexible Spending

Complete the
Flexible Spending Account Enrollment Agreement
available for download at www.pebp.state.nv.us

Fax to ASI Flex before May 31, 2011

Fax: (866) 381-9682

Plan Year 2012 Open Enrollment Guide

	HSA CD PPO HDHP Participants	PPO-HRA CD PPO HDHP Participants	Exchange-HRA Extend Health Medicare Part A Retirees	Medical FSA
Who is eligible?	Certain employees in the CD PPO HDHP. See restrictions on page 10.	Participants not eligible for an HSA.	Medicare Part A retirees enrolled in a medical plan through Extend Health	State employees only <i>HSA participants may enroll in a Limited Purpose FSA only</i>
Who may contribute?	Employer and employee	Employer only	Employer contributions only based upon retiree years of service.	Employee only
What are the funding options?	Funded by PEBP and voluntary employee contributions.	Employer funded, paid as incurred (no employee contributions permitted).	Employer funded through the retiree years of service.	Funded through employee contributions
Will the balance carry over?	Yes	Yes, carry over balance determined by the PEBP Board.	Yes, carry over balance determined by the PEBP Board.	No, although grace period applies
Is this fund account portable?	Yes	No. If the retiree/employee is no longer covered by the CD PPO HDHP the funds are returned to PEBP.	No. If the retiree is no longer covered by the Exchange the funds are returned to PEBP.	No
Are there interest or investment earnings?	Yes	No	No	No
Are contributions taxable income to the employee?	Not if used for qualifying health care expenses	No	No	Not if used for qualifying health care expenses

Health Plan Options

Consumer Driven PPO High Deductible Health Plan (CD PPO HDHP)

The CD PPO HDHP features a \$1,900 individual and \$3,800 family deductible. This plan is coupled with an HSA or a PPO-HRA to help offset out-of-pocket health care expenses. The plan is designed so all eligible medical and pharmacy expenses are subject to the annual deductible. The CD PPO HDHP offers wellness benefits (only when services are accessed through in-network providers) based upon guidelines published by the Centers for Disease Control and Prevention (CDC).

The plan year out-of-pocket maximum (in-network) for an individual is \$3,900 and \$7,800 for a family. Participants enrolled in the CD PPO HDHP 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 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. This 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.

Medical Plan Comparison			
Benefit Category	CD PPO HDHP	Health Plan of Nevada	Hometown Health Plan
	Amount You Pay In-Network	Amount You Pay In-Network	Amount You Pay In-Network
Medical deductible	\$1,900 individual \$3,800 family • \$2,400 Individual - when two or more family members covered	No deductible	No deductible
Out-of-pocket maximum	\$3,900 person \$7,800 family (per plan year)	\$6,800 person (per calendar year)	\$6,200 person \$12,400 family (per plan year)
Hospital inpatient	25% coinsurance after deductible	\$200 copayment per admission	\$1,500 per admission
Outpatient Same Day Surgery	25% coinsurance after deductible	\$50 copayment per admission	\$1,000 copayment per admission
Primary care visit	25% coinsurance after deductible	\$15 copayment	\$25 copayment
Specialist visit	25% coinsurance after deductible	\$15 copayment	\$45 copayment
Urgent Care visit	25% coinsurance after deductible	\$15 copayment	\$50 copayment
Emergency room visit	25% coinsurance after deductible	\$50 copayment, plus \$25 physician copayment	\$300 copayment per visit
General laboratory services	25% coinsurance after deductible	No charge	No charge for outpatient or hospital
Chiropractic services	25% coinsurance after deductible	\$15 copayment per visit	\$45 copayment per visit \$1,000 plan year max
Wellness/Prevention	No charge for eligible wellness benefits provided in-network	No charge	No charge
Vision exam	25% coinsurance, U& C after deductible	\$10 copayment every 12 months	\$15 copayment every 12 months
Hardware (frames, lenses, contacts)	No benefit	\$10 copayment/ lenses frames - \$100 allowance, contacts \$115 in lieu glasses	15 to 20% discount

Pharmacy Plan Comparison			
Benefit Category	CD PPO HDHP	Health Plan of Nevada	Hometown Health Plan
	Amount You Pay In-Network	Amount You Pay In-Network	Amount You Pay In-Network
Plan Deductible	\$1,900 individual \$3,800 family • \$2,400 Individual -when two or more family members covered	No deductible	No deductible
Out-of-pocket (OOP) maximum	\$3,900 person \$7,800 family (per plan year)	Contact HPN for pharmacy OOP maximum	Contact HHP for pharmacy OOP maximum
Retail Pharmacy - 30 day supply			
Preferred Generic (Tier 1)	25% after deductible	\$7 copayment	\$7 copayment
Preferred Brand (Tier 2)	25% after deductible	\$35 copayment	\$40 copayment
Non-Formulary (Tier 3)	100% of contracted price - does not apply to deductible or OOP	\$55 copayment	Greater of \$75 copayment per script or 40%
Specialty Drugs	25% after deductible - available in 30 day supply only through Walgreen pharmacies	Applicable retail pharmacy copayment will apply	30% coinsurance
Mail Order - 90 day supply			
Preferred Generic (Tier 1)	25% after deductible	\$14 copayment	\$14 copayment
Preferred Brand (Tier 2)	25% after deductible	\$70 copayment	\$80 copayment
Non-formulary (Tier 3)	100% of contracted price - does not apply to deductible or OOP	Not available through mail order	Greater of \$150 copayment per script or 40%
Specialty Drugs	25% after deductible, available in 30 day supply only through Walgreens mail order	Applicable retail pharmacy copayment applies	Not available through mail order

Dental Plan <i>All PPO and HMO Eligible Participants</i>		
Benefit Category	In-Network	Out-of-Network
Plan year Maximum	\$1,000 per person	\$1,000 per person
Plan Year Deductible (applies to basic and major services only)	\$100 per person or \$300 per family (3 or more)	\$100 per person or \$300 per family (3 or more)
Preventive Services Four cleanings/plan year, exams, bitewing X-rays (2/plan year)	100% of allowable fee schedule, no deductible	80% of the in-network provider fee schedule for the Las Vegas service area. For services outside of Nevada, the plan will reimburse at the U & C
Basic Services Periodontal, fillings, extractions, root canals, full-mouth X-rays	75% of allowable fee schedule, after deductible	50% of the in-network provider fee schedule for the Las Vegas service area. For services outside of Nevada, the plan will reimburse at the U & C
Major Services Bridges, crowns, dentures, tooth implants	50% of allowable fee schedule, after deductible	50% of the in-network provider fee schedule for the Las Vegas service area. For services outside of Nevada, the plan will reimburse at the U & C
<ul style="list-style-type: none"> • Family Deductible: Could be met by any combination of eligible dental expenses of three or more members of the same family coverage tier. No one single family member would be required to contribute more than the equivalent of the individual deductible toward the family deductible. Both in-network and out-of-network deductibles are combined to meet your deductible each plan year. • Under no circumstances will the combination of PPO and Non-PPO benefit payments exceed the plan year maximum benefit \$1,000 		
Basic Life Insurance		
Basic Life Insurance	\$10,000 per eligible employee \$5,000 per eligible retiree	

Exchange Health Reimbursement Arrangement (Exchange-HRA) and Extend Health

For Medicare Retirees Enrolled in a Medical Plan Through Extend Health

Exchange Health Reimbursement Arrangements or Exchange-HRAs are PEBP-owned accounts established on behalf of PEBP retirees enrolled in a medical plan offered through Extend Health.

Retirees can use the Exchange-HRA for reimbursement of qualified health care expenses including premiums for Medicare coverage, on a tax-free basis. Exchange-HRAs may also be used for reimbursement of a spouse’s qualified health care expenses.

Retirees receive a contribution to their Exchange-HRA based upon their years of service. The monthly tax-exempt contribution amount is \$10 per month per year of service beginning with five years (\$50) to a maximum of twenty years of service (\$200). Individuals who retired before January 1, 1994, will receive a flat \$150 per month to the Exchange-HRA. Dependents do not receive their own Exchange HRA and no additional funds are contributed for dependents. Individuals hired after January 1, 2010, who retire with less than 15 years of service are not eligible for a contribution.

How it works:

Getting Reimbursed from your Exchange-HRA		
<p>1. You pay premiums and expenses</p> <p>You pay the full premiums directly to your insurance provider (ask Extend Health about the auto-reimbursement option for premiums). You also pay your provider any required out-of-pocket expenses.</p>	<p>2. You submit out-of-pocket expenses</p> <p>You submit your claim to Extend Health for your premiums and out-of-pocket health care expenses.</p>	<p>3. Extend Health Reimburses you</p> <p>Extend Health administers your account and will reimburse you from your Exchange-HRA if funds are available.</p>

Exchange-HRA Plan Administrator

Extend Health is the Exchange-HRA plan administrator responsible for processing expense reimbursements for retirees.

Establishing the Exchange-HRA

PEBP will automatically establish the Exchange-HRA for retirees enrolled through Extend Health. About mid-June, Extend Health will send the Exchange-HRA kit to all eligible retirees which will include information on how to use the Exchange-HRA and claim forms.

Retiree Enrollment and Coverage Options

If you (the primary insured participant) are a **retiree with Medicare Part A** and you also cover a spouse, domestic partner or child(ren) **without** Medicare Part A or if you are a retiree without Medicare Part A and you cover a spouse or domestic partner with Medicare Part A you will have the option to combine or split coverage (see Options 2 and 3).

To determine your plan options, go to column A and choose who you wish to cover on July 1, 2011. Then go to column B and select your coverage option.

Column A Choose Who You Want to Cover	Column B Choose your Coverage Option
<p><u>If you would like to cover:</u></p> <ul style="list-style-type: none"> Only yourself and you are eligible for free Medicare Part A, refer to Coverage option #1. 	<p style="text-align: center;">Option #1</p> <p style="text-align: center;">Extend Health</p> <p>You must select a medical plan through Extend Health before June 30, 2011.</p> <p>If you do not select a medical plan through Extend Health by June 30, 2011, you will lose all PEBP coverage.</p>
<p><u>If you would like to cover:</u></p> <ul style="list-style-type: none"> Yourselves and your spouse or domestic partner and you both are eligible for free Medicare Part A, refer to Coverage Option #1. 	<p style="text-align: center;">Option #2</p> <p style="text-align: center;">PEBP's PPO/HMO Coverage</p> <p>You and your spouse or domestic partner and/or child(ren) may remain on the CD PPO HDHP or an HMO plan.</p> <p>To continue PEBP coverage, you must complete the Open Enrollment Form (or go online at www.pebp.state.nv.us) before May 31, 2011.</p>
<p><u>If you would like to cover:</u></p> <ul style="list-style-type: none"> Yourselves and one or more dependents and at least <u>one</u> person you are covering is <u>not</u> eligible for free Medicare Part A, refer to Coverage options #2 or #3 <div style="background-color: black; color: white; padding: 10px; text-align: center; margin: 10px 0;"> <p>After selecting your option from this page, turn to page 22 to find out what to do next.</p> </div> <p><u>Declining Retiree Coverage</u></p> <ul style="list-style-type: none"> Retirees have the option to decline coverage. By declining coverage, a retiree loses medical, dental, prescription drug, and life insurance coverage. 	<p style="text-align: center;">Option #3</p> <p style="text-align: center;">Split Coverage - Enroll in Separate Plans (Extend Health & PEBP CD PPO HDHP/HMO)</p> <p>Medicare Part A individual(s) may enroll in an individual medical plan through Extend Health.</p> <p>Individuals who are <u>ineligible</u> for Medicare Part A may select the CD PPO HDHP or an HMO plan by calling the PEBP office to request the Benefit Enrollment and Change Form.</p>

Retiree Enrollment and Coverage Options	
Select Your Coverage Option below	Your Next Steps - Actions You Must Take
<p>Option #1</p> <p>Enroll in coverage through Extend Health</p>	<p style="text-align: center;">Option #1 - Extend Health</p> <ol style="list-style-type: none"> 1. Contact Extend Health to enroll for coverage before June 30, 2011, at 1-888-598-7545. 2. Complete the PEBP Open Enrollment Form (or complete your enrollment online at www.pebp.state.nv.us) by May 31, 2011. Select Extend Health with or without PEBP Dental.
<p>Option #2</p> <p>Enroll in the CD PPO HDHP or HMO Coverage</p>	<p style="text-align: center;">Option #2 - PEBP's PPO/HMO Coverage</p> <ol style="list-style-type: none"> 1. Review the Open Enrollment Guide to learn about the plan changes and premium rates. 2. After learning about the plan options and costs of each plan, if you wish to select Option #2, complete item 3 in this list. 3. Complete the PEBP Open Enrollment Form (or complete your enrollment online at www.pebp.state.nv.us) before May 31, 2011.
<p>Option #3</p> <p>Enroll in Separate Plans</p> <p>Extend Health and either the CD PPO HDHP or an HMO plan</p>	<p style="text-align: center;">Option #3 - Split Coverage</p> <ol style="list-style-type: none"> 1. Contact Extend Health at 1-888-598-7545 to learn about plan options and premium rates and review the Open Enrollment Guide to learn about the PPO and HMO plan changes/rates. 2. <u>Complete the following:</u> 3. To split coverage the Medicare Part A individual(s) (either the primary insured or the spouse/domestic partner) will contact Extend Health at 1-888-598-7545 to enroll in medical coverage. 4. You (the primary insured) must complete the PEBP Open Enrollment Form (or complete your enrollment online at www.pebp.state.nv.us) and select Extend Health <i>with or without</i> dental coverage. Return the form to PEBP by May 31, 2011. 5. If the non-Medicare individual is the spouse or domestic partner, contact PEBP to request the appropriate form to establish their PEBP account.

State Active Rates

Effective July 1, 2011 - June 30, 2012

State Active Employees	Statewide PPO	Statewide HMO
	Consumer Driven PPO High Deductible Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Employee Only	43.90	116.57
Employee + Spouse	198.40	338.16
Employee + Child(ren)	91.71	225.25
Employee + Family	246.23	446.84

State Active with <i>Domestic Partner</i> Rates	Statewide PPO		
	Consumer Driven PPO High Deductible Health Plan		
	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	611.91	43.90	568.01
Employee + DP's Child(ren)	219.67	43.90	175.77
Employee + Children of both	91.71	91.71	0.00
Employee + DP + EE's Child(ren)	659.81	91.71	568.10
Employee + DP + DP's Child(ren)	787.77	43.90	743.87
Employee + DP + Children of both	659.81	91.71	568.10

State Active with <i>Domestic Partner</i> Rates	Statewide HMO		
	Hometown Health Plan <u>and</u> Health Plan of Nevada		
	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	641.67	116.57	525.10
Employee + DP's Child(ren)	374.10	116.57	257.53
Employee + Children of both	225.25	225.25	-
Employee + DP + EE's Child(ren)	750.35	225.25	525.10
Employee + DP + DP's Child(ren)	899.20	116.57	782.63
Employee + DP + Children of both	750.35	225.25	525.10

State Retiree Rates

Effective July 1, 2011 - June 30, 2012

State Retiree	Statewide PPO	Statewide HMO
	Consumer Driven PPO High Deductible Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Retiree only	220.70	268.85
Retiree + Spouse	539.93	642.72
Retiree + Child(ren)	319.49	452.21
Retiree + Family	638.76	826.08
Surviving/Unsubsidized Dependent	609.68	525.10
Surviving/Unsubsidized Spouse + Child(ren)	785.45	782.63

Note: State retirees in the HMO in the “Retiree Only” coverage tier will not pay more than \$525.10 per month.

To determine your final premium, turn to page 26.

State Retiree with <i>Domestic Partner</i> Rates	Statewide PPO	Statewide HMO
	Consumer Driven PPO High Deductible Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Retiree + DP	788.71	793.95
Retiree + DP's Child(ren)	396.47	526.38
Retiree + Children of both	319.49	452.21
Retiree + DP + Ret's Child(ren)	887.59	977.31
Retiree + DP + DP's Child(ren)	964.57	1,051.48
Retiree + DP + Children of both	887.59	977.31
To determine your final premium, turn to page 26.		

Non-State Active and Retiree Rates

Effective July 1, 2011 - June 30, 2012

Non-State Active Employee Rates	Statewide PPO	Statewide HMO
	Consumer Driven PPO High Deductible Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Employee Only	750.65	495.37
Employee + Spouse	1,459.63	990.74
Employee + Child(ren)	1,007.49	768.99
Employee + Family	1,716.08	1,264.36

Non-State Retiree Rates	Statewide PPO	Statewide HMO
	Consumer Driven PPO High Deductible Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Retiree only	750.65	495.37
Retiree + Spouse/DP	1,459.63	990.74
Retiree + Child(ren)	1,007.49	768.99
Retiree + Family	1,716.08	1,264.36
Surviving/Unsubsidized Dependent	750.65	495.37
Surviving/Unsubsidized Spouse/DP + Child(ren)	1,007.49	768.99
To determine your final premium, turn to page 26.		

Retiree Years of Service Subsidy

State Retiree Subsidy For Retiree's Enrolled in the PPO/HMO Plan	
YOS	Subsidy
5	+313.81
6	+282.43
7	+251.05
8	+219.67
9	+188.28
10	+156.90
11	+125.52
12	+94.14
13	+62.76
14	+31.38
15 (Base)	0.00
16	-31.38
17	-62.76
18	-94.14
19	-125.52
20	-156.90

Non-State Retiree Subsidy For Retiree's Enrolled in the PPO/HMO Plan	
YOS	Subsidy
5	-104.60
6	-135.98
7	-167.36
8	-198.74
9	-230.13
10	-261.51
11	-292.89
12	-324.27
13	-355.65
14	-387.03
15 (Base)	-418.41
16	-449.79
17	-481.17
18	-512.55
19	-543.93
20	-575.31

- Participants who retired before January 1, 1994, subtract the 15 year (base) subsidy from the participant premium in the selected plan and tier.
- For participants who retired on or after January 1, 1994, add or subtract the appropriate subsidy above to or from the participant premium in the selected plan and tier. In no case will your premium be less than \$0.
- Retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 and who are not disabled do not receive a Years of Service Subsidy or Base Subsidy.
- If you are a retiree (or survivor) enrolled in the PEBP CD PPO HDHP or an HMO plan and you pay for Medicare Part B, deduct \$115.40 from your premium cost. For information about the Medicare Part B credit, turn to page 5.

Exchange-HRA Contribution and Optional Dental Coverage Retirees Enrolled in Extend Health

Exchange-HRA Contribution for Medicare Retirees Enrolled in Extend Health		
Years of Service	Contribution	
5	+50.00	
6	+60.00	
7	+70.00	
8	+80.00	<ul style="list-style-type: none"> • Extend Health participants who retired before January 1, 1994, receive the base 15 year Exchange-HRA contribution.
9	+90.00	
10	+100.00	
11	+110.00	<ul style="list-style-type: none"> • Extend Health participants who retired on or after January 1, 1994, receive the Exchange-HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
12	+120.00	
13	+130.00	
14	+140.00	<ul style="list-style-type: none"> • Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 and who are not disabled do not receive an Exchange-HRA contribution.
15 (Base)	+150.00	
16	+160.00	
17	+170.00	
18	+180.00	
19	+190.00	
20	+200.00	
Voluntary Dental Coverage Option		
Optional dental coverage for participants enrolled in an Extend Health Medical Plan		
Voluntary Dental Coverage	State Retiree Rate	Non-State Retiree Rate
Retiree only	33.09	29.27
Retiree + Spouse/DP	66.17	58.54
Surviving/Unsubsidized Spouse/DP	33.09	29.27
<p>Retirees and their spouses or domestic partners enrolled in a health care plan offered through Extend Health have the option of purchasing PEBP's dental coverage. To elect PEBP's dental coverage you will need to select Extend Health's medical coverage and PEBP's dental coverage on the Open Enrollment Form. Note: You will also need to contact Extend Health before June 30, 2011, at 888-598-7545 to enroll in a medical plan.</p>		

COBRA Rates

State and Non-State Employee or Retiree

	Statewide PPO	Statewide HMO
	Consumer Driven High Deductible Health Plan	Hometown Health Plan & Health Plan of Nevada
State Employee or Retiree		
Participant	621.87	535.60
Participant + Spouse/DP	1,201.24	1,071.20
Participant + Child(ren)	801.16	798.28
Participant + Family	1,380.62	1,333.89
Spouse/DP Only	621.87	535.60
Spouse/DP + Child(ren)	801.16	798.28
Non-State Employee or Retiree		
Participant	765.66	505.28
Participant + Spouse/DP	1,488.82	1,010.55
Participant + Child(ren)	1,027.64	784.37
Participant + Family	1,750.40	1,289.65
Spouse/DP Only	765.66	505.28
Spouse/DP + Child(ren)	1,027.64	784.37
<p>-- COBRA participants do not qualify for Life Insurance and Long Term Disability. -- Participants on Regular COBRA do not receive a subsidy.</p>		

Plan Year 2012 ARRA Subsidized COBRA Rates

Employees involuntarily terminated between September 1, 2008 and May 31, 2010 who elected Subsidized COBRA receive a 65% subsidy paid for by the Federal Government for 15 months. This program ends on August 31, 2011.

	Statewide PPO			Statewide HMO		
	Consumer Driven High Deductible Health Plan			Hometown Health Plan & Health Plan of Nevada		
	Rate	Federal Subsidy	Participant Share	Rate	Federal Subsidy	Participant Share
State Employee						
Participant	621.87	404.22	217.65	535.60	348.14	187.46
Participant + Spouse	1,201.24	780.81	420.43	1,071.20	696.28	374.92
Participant + DP	1,201.24	404.22	797.02	1,071.20	348.14	723.06
Participant + Child(ren)	801.16	520.75	280.41	798.28	518.88	279.40
Participant + DP's Child(ren)	801.16	404.22	396.94	798.28	348.14	450.14
Participant + Children of both	801.16	520.75	280.41	798.28	518.88	279.40
Participant + Family	1,380.62	897.40	483.22	1,333.89	867.03	466.86
Participant + DP + EE's Child(ren)	1,380.62	520.75	859.87	1,333.89	518.88	815.01
Participant + DP + DP's Child(ren)	1,380.62	404.22	976.40	1,333.89	348.14	985.75
Participant + DP + Children of both	1,380.62	520.75	859.87	1,333.89	518.88	815.01
Non-State Employee						
Participant	765.66	497.68	267.98	505.28	328.43	176.85
Participant + Spouse	1,488.82	967.73	521.09	1,010.55	656.86	353.69
Participant + DP	1,488.82	497.68	991.14	1,010.55	328.43	682.12
Participant + Child(ren)	1,027.64	667.97	359.67	784.37	509.84	274.53
Participant + DP's Child(ren)	1,027.64	497.68	529.96	784.37	328.43	455.94
Participant + Children of both	1,027.64	667.97	359.67	784.37	509.84	274.53
Participant + Family	1,750.40	1,137.76	612.64	1,289.65	838.27	451.38
Participant + DP + EE's Child(ren)	1,750.40	667.97	1,082.43	1,289.65	509.84	779.81
Participant + DP + DP's Child(ren)	1,750.40	497.68	1,252.72	1,289.65	328.43	961.22
Participant + DP + Children of both	1,750.40	667.97	1,082.43	1,289.65	509.84	779.81

--COBRA participants do not qualify for Life Insurance and Long Term Disability.

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 this 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:

CD PPH HDHP		
Tier	Retail Pharmacy 30-day Supply	Mail Order 90-day Supply
Tier 1 Preferred Generic	25% after deductible	25% after deductible
Tier 2 Preferred Brand	25% after deductible	25% after deductible
Tier 3 Non-Preferred Brand	100% of contracted price	100% of contracted price
Specialty Drugs	25% 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

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

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.

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 and Cancer Rights Act of 1998

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. This includes all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymph edema.

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

- Consumer Driven PPO High Deductible Health Plan: 888-7NEVADA (888-763-8238) available after June 1, 2011.
- Health Plan of Nevada: (702) 242-7300 or (800) 777-1840
- Hometown Health Plan: (775) 982-3232 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>.

CD PPO HDHP Vendor 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"> • 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"> • CD PPO HDHP Medical and PPO Dental Claims Administrator • Claim status inquiries • Level 1 claim appeals • Verification of eligibility • Plan benefit information • HSA/PPO-HRA Administration 	<p>HealthSCOPE P.O. Box 99004 Lubbock, TX 79490-9004 Customer Service: 888-7NEVADA (888-763-8238) (phone line available after June 1, 2011) Group Number: NVPEB</p>
<ul style="list-style-type: none"> • CD PPO HDHP Pharmacy 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 (800) 799-1012 (702)933-4521 (Las Vegas) Walgreens Mail Order (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	
<ul style="list-style-type: none"> • Health plan coordinator and Exchange-HRA administrator for Medicare Part A retirees 	<p>Extend Health Customer Service: (888) 598-7545 www.ExtendHealth.com/PEBP</p>
Fully Insured Product Contacts	
<p>Northern HMO Plan</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>Southern HMO Plan</p> <ul style="list-style-type: none"> • Provider network • Provider directories • Benefit Information/Appeals • Additions/deletions of providers 	<p>Health Plan of Nevada Customer Service: (702) 242-7300 (800) 777-1840 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</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>

Plan Year 2012 Open Enrollment Meeting Schedule			
April 4	Reno	UNR Edmund J. Cain Hall 1664 N. Virginia Street	1:00 p.m. - 3:00 p.m.
April 6	Carson City	National Guard- Auditorium* 2460 Fairview Drive	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.
April 7	Carson City	National Guard Auditorium* 2460 Fairview Drive	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.
April 8	Carson City	National Guard Auditorium* 2460 Fairview Drive	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.
April 8	Carson City	Western Nevada College Cedar Bldg., Marlett Hall, Room 100 2201 W. College Parkway	5:30 p.m. – 7:30 p.m.
April 11	Las Vegas	UNLV Marjorie Barrick Museum 4505 S. Maryland Parkway (east of the UNLV library)	5:30 p.m. – 7:30 p.m.
April 12	Las Vegas	Sierra Health Services* Chairman's Auditorium 2716 N. Tenaya Way	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.
April 13	North Las Vegas	College of Southern Nevada Cheyenne Campus - Horn Theatre 3200 E. Cheyenne	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m. 5:30 p.m. – 7:30 p.m.
April 14	Henderson	Nevada State College Great Hall 1125 Nevada State Drive	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.
April 18	Carson City	Legislative Counsel Bureau (LCB) 401 South Carson St., Room 1214 Limited to LCB employees only	9:00 a.m. - 11:00 a.m.
April 20	Elko <i>Video-conference</i>	Great Basin College Greenhaw Tech. Arts Building, Room 130 1500 College Parkway	9:00 a.m. - 11:00 a.m.
April 20	Wells <i>Video-conference</i>	Great Basin College 1378 Lake Avenue	9:00 a.m. - 11:00 a.m.
April 20	Eureka <i>Video-conference</i>	Eureka Cooperative Extension 701 South Main	1:00 p.m. - 3:00 p.m.
April 20	Eureka <i>Video-conference</i>	Eureka Elementary School - ECSD 1 McCoy Street	1:00 p.m. - 3:00 p.m.
April 20	Ely <i>Video-conference</i>	Great Basin College Room 112 2115 Bobcat Drive	1:00 p.m. - 3:00 p.m.
<p>*ID required at entrance.</p> <ul style="list-style-type: none"> The Governor's office has granted two hours of administrative leave for employees to attend OE meetings. State employees who wish to attend a meeting should register in NEATS under PEBP - Open Enrollment Meetings PY 2012 and must sign the roster at the session to record attendance. 			

Plan Year 2012 Open Enrollment Meeting Schedule			
April 21	Reno	Truckee Meadows Community College Vista Building, Room 206 7000 Dandini Blvd.	9:00 a.m. – 11:00 a.m. 1:00 p.m. – 3:00 p.m.
April 22	Battle Mountain <i>Video-conference</i>	Great Basin College Rooms 1 & 3 835 N. 2nd Street	9:00 a.m. - 11:00 a.m.
April 22	Austin <i>Video-conference</i>	Austin High School - LCSD 200 Highway 305 South	9:00 a.m. - 11:00 a.m.
April 22	Caliente <i>Video-conference</i>	Lincoln Cooperative Extension 360 Lincoln Street	1:00 p.m. – 3:00 p.m.
April 22	Caliente <i>Video-conference</i>	Grover C. Dils Medical Center 700 N. Spring St.	1:00 p.m. – 3:00 p.m.
April 22	Tonopah <i>Video-conference</i>	Nye County School District—Administration Board Room 122 Military Circle	1:00 p.m. – 3:00 p.m.
April 22	Pahrump <i>Video-conference</i>	Great Basin College High Tech Center Rooms 115 & 122 551 Calvada Blvd.	1:00 p.m. – 3:00 p.m.
April 26	Reno	Damonte Ranch High School Commons Area 10500 Rio Wrangler Parkway	5:30 p.m. - 7:30 p.m.
April 27	Fallon <i>Video-conference</i>	Western Nevada College Virgil Getto Hall, Stillwater Rooms 308 & 309 160 Campus Way	9:00 a.m. - 11:00 a.m.
April 27	Hawthorne <i>Video-conference</i>	Hawthorne Cooperative Extension Main Room 314 Fifth Street	9:00 a.m. - 11:00 a.m.
April 27	Yerington <i>Video-conference</i>	Yerington - Lyon Cooperative Extension Main Building 504 S. Main Street	9:00 a.m. - 11:00 a.m.
April 27	Lovelock <i>Video-conference</i>	Pershing Cooperative Extension Start Room , RB & T, Rochester 820 6th Street	1:00 p.m. - 3:00 p.m.
April 27	Winnemucca <i>Video-conference</i>	Humboldt Cooperative Extension 1085 Fairgrounds Road	1:00 p.m. - 3:00 p.m.
<p>ID required at entrance.</p> <ul style="list-style-type: none"> • The Governor’s office has granted two hours of administrative leave for employees to attend OE meetings. State employees who wish to attend a meeting should register in NEATS under PEBP - Open Enrollment Meetings PY 2012 and must sign the roster at the session to record attendance. 			