

Plan Year 2014 Open Enrollment



Public Employees' Benefits Program

Take time to:

- ◆ Compare Plan Options
- ◆ Learn About Your Benefits
- ◆ Review New Premium Rates
- ◆ Read Important Notices

If making changes to your coverage, take action before May 31, 2013

Public Employees' Benefits Program

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Effective July 1, 2013 - June 30, 2014

Welcome to the Public Employees’ Benefits Program Open Enrollment for Plan Year 2014. Open Enrollment gives you the opportunity to review your benefit options and make changes to your coverage based on your current needs. **Please read this document carefully to ensure you are choosing the option to meet your health care needs.**

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Revised 04/29/2013

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described herein and the PEBP Master Plan Document or the HMO Plan Evidence of Coverage Certificate(s) shall be superseded by the plan’s official documents.

Introduction to Open Enrollment

To begin the enrollment process, first review the Personalized Coverage Letter that you received in the mail. Next, review this guide carefully.

You MUST take action if you want to do any of the following:

- Change your current plan election (e.g., CDHP to/from HMO)
- Add or delete your dependent(s)
- Decline coverage
- Enroll in a voluntary product (e.g., Flexible Spending, Voluntary Life Insurance, Short-Term Disability Insurance)
- Enroll in PEBP dental coverage (this option is only available to individuals enrolled in medical coverage through Extend Health)
- Decline PEBP dental coverage (this option is only available to retirees and their covered dependents enrolled in medical coverage through Extend Health)

You DO NOT need to take further action if you:

- Want to remain in the CDHP with a Health Savings Account (HSA)
- Want to remain in the CDHP with a Health Reimbursement Arrangement (HRA)
- Want to remain in the Hometown Health Plan
- Want to remain in the Health Plan of Nevada
- Want to remain in declined coverage status
- Do not want to add or delete dependents

Open Enrollment is May 1 - May 31, 2013

Plan Year 2014 Benefits Effective July 1, 2013 - June 30, 2014

Complete enrollment changes online at www.pebp.state.nv.us (except for retirees enrolled in Extend Health) or complete the Open Enrollment Form available by request at 775-684-7000, 800-326-5496 or email mervices@peb.state.nv.us.

Elections made during Open Enrollment must be received by the PEBP office by May 31, 2013 (or postmarked by May 31, 2013).

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775-684-7000 or 800-326-5496

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Allowable Changes

Important

Spouses and domestic partners who are eligible for coverage through their own employer may not be covered as a dependent.

Coverage changes that can be made online:

- Change health plan options
- Add or delete a dependent
- Beneficiary designation(s) for Health Savings Account (HSA)
- Modify employee annual HSA contribution amount
- Establish an HSA (if changing coverage from HMO to CDHP effective July 1, 2013)
- Establish a Health Reimbursement Arrangement (if changing coverage from HMO to the CDHP and the participant is not eligible for the HSA)
- Update address/contact information

Changes that cannot be made online:

- Enroll in Flexible Spending (medical and/or dependent care)
- Enroll in a voluntary product
- Cancel a voluntary product
- Initial enrollment in retiree coverage
- COBRA enrollment
- Participant name change
- Coverage changes related to the Medicare Exchange

Your Responsibilities

To ensure you receive and maintain benefits for which you are eligible, please familiarize yourself with these important guidelines:

- ◆ If you do not make any changes during Open Enrollment, your current coverage will continue after July 1, 2013 and you will be responsible for paying the Plan Year 2014 premium rates for coverage.
- ◆ Changes made during open enrollment must be completed online or through the submission of a completed Open Enrollment Form by May 31, 2013.
- ◆ To add dependent(s) to your coverage, PEBP must receive the required supporting eligibility documents by June 30, 2013.
- ◆ If you experience a change of address, you must submit your new address to PEBP within 30 days of the change.
- ◆ If you experience a mid-year qualifying family status change that affects your benefits, you must notify PEBP within 60 days (e.g., birth, divorce, marriage, etc.)
- ◆ Declining PEBP medical coverage (CHDP, HMO, and medical coverage through Extend Health) will result in termination of Basic Life, Long Term Disability, Voluntary Life and Short Term Disability insurance (if applicable) and you will not be eligible to enroll in a medical plan until the next Open Enrollment period (unless you have a qualifying family status change). Additionally, if you are retiree, you may permanently lose the option to re-enroll in PEBP.
- ◆ It is your responsibility to contact Standard Insurance within 31 days following the date medical coverage ends to learn about your rights to convert or port your Basic Life and Voluntary Life coverage (if applicable).

How to Enroll

Complete your enrollment by doing one of the following:

1. Enroll online

- Go to www.pebp.state.nv.us and click **E-PEBP Online Enrollment Tool**. Follow the instructions to complete your enrollment before May 31, 2013.

2. Complete the Open Enrollment Form

- Open Enrollment Forms may be requested by calling 775-684-7000 or 800-326-5496 or via email to mervices@peb.state.nv.us
 - Completed forms must be received in the PEBP office by May 31, 2013 or postmarked by May 31, 2013.
-

Documentation to Add Dependent(s)

To *add* a spouse or domestic partner, submit a copy of your marriage certificate or a copy of the domestic partner certificate issued from the Nevada Secretary of State's office.

To cover children from birth to age 26, submit a copy of the child's birth certificate. If the dependent is a stepchild or the child of a domestic partner, PEBP will also require a copy of the marriage or domestic partner certificate. Note: Child(ren) under a permanent legal guardianship are eligible for coverage to age 19.

Supporting documents must be received in the PEBP office by June 30, 2013. Documents may be faxed to 775-684-7028. For more information regarding supporting document requirements, please visit www.pebp.state.nv.us or call 775-684-7000, 800-326-5496 or email to mervices@peb.state.nv.us.

Health Savings Account (HSA)

Employees who contribute money through payroll deductions to their HSA will continue with the same annual contribution amount for Plan Year 2014. Exception: ANY change made to an employee's coverage during Open Enrollment (online or via paper form) will automatically reset the employee's HSA election to zero. However, employees may enter a new HSA election online when submitting the Open Enrollment change.

Note: Any changes to the employee contribution amount in mid-year must be made through HealthSCOPE Benefits.

Overview of Plan Changes

Plan Year 2014

Consumer Driven Health Plan (CDHP) Family Deductible

The CDHP Family Deductible for two or more covered family members will remain at \$3,800 for Plan Year 2014. However, the Individual Family Member Deductible will increase to \$2,500.

HSA and HRA Contributions for CDHP Primary Participants

Primary participants will receive HSA and HRA contributions on the first business day in July. The base contribution amount is \$700 for each primary participant and \$200 for each covered dependent (maximum 3 dependents).

One-time Supplemental HSA and HRA Contribution

All eligible primary participants and their covered dependents enrolled in the CDHP on July 1, 2013 will receive a *one-time, lump-sum* supplemental contribution to the HSA and HRA. For details on the supplemental contributions, turn to pages 13 and 14.

Additional one-time supplemental HSA and HRA contributions for State Participants only who are covered under the CDHP on July 1, 2013

Lower than projected plan utilization by State participants covered under the CDHP during Plan Year 2013 provided excess reserves which resulted in an additional one-time supplemental HSA and HRA contribution for State participants covered under the CDHP on July 1, 2013. For details on this additional one-time supplemental contribution, turn to page 13.

HRA Contribution for Retirees Enrolled in a Medical Plan Through Extend Health

The years of service HRA contribution for retirees enrolled in medical coverage through Extend Health will increase to \$11 per month per year of service for medical inflation as follows:

Retirees with a retirement date before January 1, 1994: Receive the 15-year (\$165) base contribution per month. Additionally, these retirees will also receive a *one-time, lump-sum* contribution of \$2 per month per year of service (\$360 for pre-1994 retirees with 15 years of service).

Retirees with a retirement date on or after January 1, 1994: Receive \$11 per month per year of service beginning with 5 years (\$55) and a maximum of 20 years (\$220). Additionally, retirees enrolled in a medical plan through Extend Health on July 1, 2013 will receive a *one-time, lump-sum* contribution equal to \$2 per month per year of service beginning with 5 years (\$120) and a maximum of 20 years (\$480).

Oral Contraceptives

Effective July 1, 2013, CDHP will pay 100% for generic oral contraceptives when purchased from an in-network provider and accompanied by a doctor's prescription.

Flexible Spending Account (FSA)

HealthSCOPE Benefits will replace ASIFlex as the new Medical and Dependent Care Flexible Spending Account vendor effective July 1, 2013. For more information turn to page 18.

Overview of Plan Changes

Plan Year 2014

NVision Health & Wellness Program

The NVision Health & Wellness Program is offered to all CDHP and HMO participants and their covered dependents. The NVision program provides you with a personalized, confidential wellness program to help you get healthy and feel better. Through the NVision program you will receive the tools and personal attention you need to succeed at improving health.

Valuable Benefits Include:

- ◆ Online Health Assessment Questionnaire (HAQ) and comprehensive blood analysis that identifies your current and future health risks
- ◆ Personalized plan gives specific information and recommendations about your health
- ◆ More than 25 online education programs help you achieve your health goals
- ◆ Support from a personal Health Coach online or by phone (for CDHP participants with moderate or high risk levels)
- ◆ Preventive screening schedules and alerts based on age, gender and risks
- ◆ Confidential health records to store and manage your health information
- ◆ Online health tools to help reduce your health risks, including a robust health library, animations and an interactive symptom checker
- ◆ Personal Prevention score tracks your progress and keeps you motivated
- ◆ Results to share with your doctor
- ◆ 24/7 nurse help line
- ◆ Macaw application that allows you to take your health and wellness program anywhere
- ◆ Plan-wide challenges allow you to compete with other members by tracking healthy actions through Macaw or your online portal
- ◆ New NVision Kids content about health and wellness

To register visit: NVision.PEBP.state.nv.us

New Members: click on the *Join Now* button and follow the instructions.

Group ID: 0045-PEBP-2012

- ◆ **CDHP participants** - Enter your participant ID located on your medical PPO ID card (spouses/domestic partners must add a capital S to the end of this number.)
- ◆ **HMO participants** - Enter the PEBP ID number located on your dental ID card (spouses/domestic partners must add a capital S to the end of this number.)
- ◆ **Current Members** - Go to NVision.PEBP.state.nv.us, log in under Existing Member Login to update profile, privacy and consent information.

Note: Employees converting from declined coverage to the CDHP or HMO plan during Open Enrollment for coverage effective July 1, 2013, may join the NVision Health & Wellness Program after July 1, 2013, but will not earn a premium credit until the required steps are completed for Plan Year 2015, effective July 1, 2014.

Overview of Plan Changes Plan Year 2014

NVision Health & Wellness Program

- ◇ Complete the Health Assessment Questionnaire (HAQ) online by May 17, 2013.
- ◇ Schedule and complete the biometric screening by May 17, 2013.
- ◇ Complete the Benefits 101 tutorials and pass the final exam with a minimum score of 80% by May 17, 2013.
- ◇ Complete preventive screening visits (e.g., physical exam with your primary physician as well as a dental cleaning) and have your physician and dentist complete the Provider Certification Form available at NVision.PEBP.state.nv.us. Please note: you have until May 31, 2013 to complete this step.
- ◇ Primary participants in the CDHP or HMO plans receive a premium credit beginning July 1, 2013 for completing the above steps.
- ◇ For more information regarding the NVision Health & Wellness Program, visit NVision.PEBP.state.nv.us.

Point Values Earned in Year One For Premium Credit Beginning July 1, 2013 (Primary Participants Only)		
If your final Prevention Score falls between:	Your monthly premium credit will be:	
0 - 749	\$0	
750 - 850	\$25	
851 - 1,000	\$50	
Biometric Screening	Weighted %	Points
BMI	15.00%	150
Blood Pressure	10.00%	100
Triglycerides	10.00%	100
HDL Cholesterol	10.00%	100
LDL Cholesterol	10.00%	100
Glucose	10.00%	100
Non-Tobacco Use (via lab results)	10.00%	100
Total Biometric Assessment	75.00%	750
Action Program—Intervention	Weighted %	Points
Preventive Screening Visit • Physical exam—125 points • Teeth cleaning/exam—25 points	15.00%	150
Tutorial • Benefits 101 tutorial and exam	10.00%	100
Total Action Program—Intervention	25.00%	250
Total Prevention Score	100.00%	1,000

Health Plan Options

Consumer Driven Health Plan (CDHP)

The CDHP is an insurance plan that allows participants to pay for eligible health care expenses with available funds from a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA).

Plan Features	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 • \$2,500 Individual Family Member Deductible	\$1,900 Individual \$3,800 Family ¹ • \$2,500 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 Customary (U&C)³ 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. Deductibles accumulate on a plan year basis and reset to zero at the start of each new plan year. Only eligible medical and prescription drug expenses can be used to satisfy the plan's deductibles.

¹ Family Deductible: The \$3,800 Family Deductible applies when there are two or more people from the same family unit coverage by the plan. The plan operates so that one person in the family unit will never pay more than \$2,500 toward the \$3,800 Family Deductible. Once the \$2,500 Individual Family Member is met, the plan will pay coinsurance for that one person. The balance of the Family Deductible (\$1,300) may be met by any combination of eligible health care expenses from the remaining 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 U&C 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.

Health Plan Options

Consumer Driven Health Plan (CDHP)

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 once for out-of-network.

The following example describes how the in-network “Individual Family Member Deductible” works with the Family Deductible when two or more individuals are covered under the plan:

Family member #1

Family member #1 incurs \$2,600 in eligible in-network medical expenses, of which \$2,500 is applied to the *individual in-network deductible* and \$2,500 is also applied to the family deductible of \$3,800. In this example, the individual has met his or her in-network deductible and the remaining in-network family deductible is \$1,300. The remaining \$100 is paid at the appropriate coinsurance rate which is generally 75%.

Family member #2

Family member #2 incurs \$2,000 in eligible in-network medical expenses: \$1,300 is applied toward the remaining *family in-network deductible*, which satisfies the \$3,800 annual family in-network deductible amount. The remaining \$700 is paid at the appropriate coinsurance rate.

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 healthcare providers. The service area includes Clark, Esmeralda, and Nye Counties (available in Lincoln County for participants who reside in the following zip codes: 89001, 89008, and 89017). 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.

Health Plan Options

Hometown Health Plan (HHP) HMO

Hometown Health is an HMO that 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 (PCP) 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 PCP. 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 PCP, or to view the HHP Evidence of Coverage Certificate, visit www.pebp.state.nv.us, or contact HHP 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.

Summary of Benefits and Coverage Document (SBC)

The SBC provides a summary of the key features of the benefits of each health plan option such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

To view the SBC for the Consumer Driven Health Plan, Hometown Health Plan or Health Plan of Nevada visit www.pebp.state.nv.us or contact PEBP for a hardcopy at 775-684-7000 or 800-326-5496 or by email at mervices@peb.state.nv.us.

Medical Plan Comparison			
Benefit Category	Consumer Driven Health Plan (CDHP)	Health Plan of Nevada HMO	Hometown Health Plan HMO
	Amount You Pay In-Network	Amount You Pay In-Network	Amount You Pay In-Network
Medical deductible	\$1,900 individual \$3,800 family • \$2,500 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 copayment 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	\$75 copayment, waived if admitted	\$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
Vision hardware (frames, lenses, contacts)	No benefit	\$10 copayment/ lenses frames - \$100 allowance, contacts \$115 in lieu glasses	15 to 20% discount

* **Usual and Customary Charge (U&C):** The charge for medically necessary services or supplies as determined by HealthSCOPE Benefits to be the prevailing charge of most other health care providers in the same or similar geographic area for the same or similar health care service or supply.

Pharmacy Plan Comparison			
Benefit Category	Consumer Driven Health Plan (CDHP)	Health Plan of Nevada HMO	Hometown Health Plan HMO
	Amount You Pay In-Network	Amount You Pay In-Network	Amount You Pay In-Network
Plan Deductible	\$1,900 individual \$3,800 family • \$2,500 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	Contact HHP
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 BrioVa Rx	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
<p>*Out-of-Pocket Maximum (OOP): The maximum amount of coinsurance each covered person or family is responsible for paying during a plan year before the coinsurance required by the plan ceases to apply. When the OOP maximum is reached, the plan will pay 100% of eligible covered expenses for the remainder of the plan year.</p>			

Dental Plan

All PPO and HMO Eligible Participants (optional for Exchange Retirees)

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 Note: Preventive services do not apply to plan year maximum	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 Note: Preventive services do not apply to plan year maximum
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 in-network and PPO out-of-network services for Basic and Major benefit payments exceed the plan year maximum benefit \$1,000 		

State HSA and HRA Contributions

HSA and HRA Contributions for State Participants Covered Under the CDHP on July 1, 2013

State Participants Only	Regular Contribution	One-time Supplemental Contribution*	Total Contribution
Participant Only	\$700	\$697	\$1,397
Per Dependent (Up to 3 Dependents)	\$200	\$215	\$415

* One-time supplemental contribution applies only to State participants/dependents covered under the CDHP on July 1, 2013.

State Contribution Reference by Tier and Number of Dependents

State Participants Only	Total State Contribution
Participant Only	\$1,397
Participant + 1 Dependent	\$1,812
Participant + 2 Dependents	\$2,227
Participant + 3 or more Dependents	\$2,642

Non-State HSA and HRA Contributions

Non-State Participants Only	Regular Contribution	One-time Supplemental Contribution*	Total Contribution
Participant Only	\$700	\$400	\$1,100
Per Dependent (Up to 3 Dependents)	\$200	\$100	\$300

* One-time supplemental contribution applies only to Non-State participants/dependents covered under the CDHP on July 1, 2013.

Non-State Contributions Reference by Tier and Number of Dependents

Non-State Participants Only	Total Non-State Contribution
Participant Only	\$1,100
Participant + 1 Dependent	\$1,400
Participant + 2 Dependents	\$1,700
Participant + 3 or more Dependents	\$2,000

Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA)

2013 HSA Limits

The IRS limits how much you can deposit into your HSA each year. The 2013 limits are:

- ◆ \$3,250 for individual coverage
- ◆ \$6,450 for family coverage

Are You 55 Years Old or Older?

You can deposit an extra \$1,000 during the year. This is called a catch-up contribution.

Note: The above limits must be reduced by PEBP's contribution amount.

HSA Eligibility

- ◆ You must be an active employee covered under the CDHP;
- ◆ You cannot have other coverage (Medicare, Tricare, Tribal, HMO, etc.) unless the other coverage is also a high deductible health plan;
- ◆ You *cannot* be claimed on someone else's tax return (excludes joint returns), or you or your spouse have a Medical FSA that can be used to pay for your medical expenses; and
- ◆ You cannot be covered under COBRA.

How the plans works

Your plan has an annual deductible. The deductible must be paid before your plan will help pay for eligible health care expenses (except eligible benefits for preventive care which are paid 100% when using in-network providers).

The following explains how the plan works before and after you meet your deductible.

1. Your Deductible - You pay out-of-pocket until you reach the deductible.

When you have an eligible expense, like a doctor's visit, the entire cost of the visit will apply to your deductible. You will pay the full cost of your health care expenses until you meet your deductible.

2. Your coverage - The CDHP pays a percentage of your expenses

Once the deductible is paid, the CDHP has coinsurance. With coinsurance, the plan shares the cost of expenses with you. The plan will pay a percentage of each eligible expense, and you will pay the rest. For example, if the plan pays 75% of the cost, you will pay 25%.

3. Your out-of-pocket maximum - You are protected from major expenses

An out-of-pocket maximum protects you from major expenses. The out-of-pocket maximum is the most you will have to pay in the plan year for covered services. The plan will then pay 100 percent of covered expenses for the rest of the plan year. Your deductible and coinsurance will go toward your out-of-pocket maximum.

Health Reimbursement Arrangement (HRA)

HRAs are funded by PEBP; participant contributions are not allowed. **If the CDHP coverage terminates for any reason, any remaining funds revert to PEBP.**

Basic Life Insurance <i>All Eligible Primary Retirees and Employees</i>	
Employee Basic Life Insurance	Employees enrolled in a PEBP-sponsored medical plan receive \$10,000 Basic Life Insurance coverage. Refer to the Life Insurance Certificate at http://www.standard.com/mybenefits/nevada for more information about this benefit or call The Standard at 888-288-1270.
Long-Term Disability for Active Employees	Long Term Disability Insurance is provided to active employees enrolled in a PEBP-sponsored medical plan. This benefit is designed to help protect you against a loss of income in the event you become disabled and are unable to work for an extended period of time. If your LTD claim is approved, benefits become payable at the end of the 180-day Benefit Waiting Period (no benefits are paid during the Benefit Waiting Period). The monthly LTD benefit is based on your earnings from the State of Nevada or participating public agency. Your monthly LTD benefit is 60 percent of the first \$12,500 of your monthly earnings, as defined by the group insurance policy, reduced by deductible income. For more information about the LTD benefit, see the LTD Certificate of Insurance at http://www.standard.com/mybenefits/nevada/
Retiree Basic Life Insurance	Retirees enrolled in the CDHP, HMO plan or a qualifying medical plan through Extend Health receive \$5,000 Basic Life insurance coverage. Refer to the Life Insurance Certificate at http://www.standard.com/mybenefits/nevada for more information about this benefit.
Medex Travel Assist for Active Employees and Retirees enrolled in the CDHP, HMO Plan or a qualifying medical plan through Extend Health.	Medex Travel Assist is designed to respond to most medical care situations and many other emergencies you and your family experience when you travel 100 miles or more from your home. Medex provides a wide-ranging program of information, referral, coordination and assistance services. These services include pre-trip assistance, medical assistance, emergency transportation, travel and technical assistance, legal services and medical supplies. Assistance is available 24 hours a day, 365 days a year whether you are 100 or 10,000 miles away from your home. Simply print out and carry the Medex Travel Assist Card available at http://www.standard.com/mybenefits/nevada/life_add.html#ben

Voluntary Life Insurance
All Eligible Primary Retirees and Employees

Voluntary Life Insurance

The State of Nevada provides a basic amount of Life insurance to help protect your loved ones in the event of your death. Since everyone's needs are different, you also have the opportunity to apply for Voluntary Life insurance from Standard Insurance Company. Plus, your premiums can generally be deducted from your paycheck or from your PERS check (if applicable) for retirees. In certain circumstances, you may be required to provide satisfactory proof of evidence of insurability.

<p>Active Employee</p>	<p>Voluntary Life Insurance may be elected in a multiple of \$5,000 to a maximum of \$50,000 with a minimum of \$5,000 of coverage.</p> <p>Voluntary Life Insurance includes AD & D insurance from The Standard. With Voluntary Life and AD & D, you or your beneficiaries may be eligible to receive an additional benefit in the event of death or dismemberment as a result of an accident.</p> <p>If you are already insured for Voluntary Life, you may be eligible to increase your coverage during open enrollment without submitting evidence of insurability (provided the amount of your Voluntary Life coverage will not exceed \$100,000). Contact Standard Insurance at 888-288-1270.</p>
<p>Retiree (Reinstated retirees are not eligible for Basic or Voluntary Life Insurance)</p>	<p>Voluntary Life Insurance may be elected in units of \$5,000, to a maximum of \$50,000 with a minimum of \$5,000 of coverage. Requests for increases may require you to provide evidence of insurability. Contact Standard Insurance at 888-288-1270.</p>

For information on premium rates and eligibility, please contact The Standard at (888) 288-1270 or visit www.standard.com/mybenefits/nevada/index.html.

IMPORTANT!

Participants who decline PEBP-sponsored coverage (CDHP, HMO, or medical coverage through Extend Health) will lose Basic and Voluntary Life Insurance.

Flexible Spending Account

Health Care and Dependent Care FSA

Available to State Employees Only

Health Care FSA

The Health Care Flexible Spending Account is a tax-free account that allows you to pay for qualified health care expenses that are not covered, or are partially covered, by your medical plan. Health Care FSAs can save you from 25% to 30% on the cost of eligible expenses you are already incurring.

When you enroll in a Flexible Spending Account, you decide how much to contribute for the entire Plan Year. The money is then deducted from your paycheck, pre-tax (before taxes are deducted) in equal amounts over the course of the plan year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to HealthSCOPE Benefits to request tax-free withdrawals from your Flexible Spending Account to reimburse yourself for these expenses.

For calendar year 2013, the maximum contribution limit for the Health Care FSA is \$2,500. Note: This is a per employee limit, not a household limit. If an employee and his or her spouse are also eligible for the Health Care FSA, each individual can establish their own Health Care FSA with a \$2,500 Calendar Year maximum.

Limited Purpose FSA

If you are enrolled in the Consumer Driven Health Plan with a Health Savings Account (HSA), you cannot enroll in the Health Care FSA; however, you may enroll in the Limited Purpose FSA for reimbursement of qualified dental and vision care expenses only.



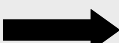

Dependent Care FSA

Dependent Care Flexible Spending Accounts create a tax break for dependent care expenses (typically child care or day care expenses) that enable you to work. 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 Flexible Spending Account. 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 Flexible Spending Account in a calendar year.

Please note that IRS regulations disallow reimbursement for services that have not yet been provided, so even if you pay in advance for your expenses, you can only claim service periods that have already occurred.

You will pay a small fee of \$3.25 per month to participant in one or both of the FSAs. To enroll in an FSA, contact HealthSCOPE Benefits to complete your enrollment before May 31, 2013 at 888-763-8232.

Retiree and/or Dependent with Medicare Parts A and B

	Medicare Status (Retiree and/or Dependent)		Enrollment Options
1.	Retiree has Medicare Parts A and B; and no covered dependents		Retiree must enroll in a medical plan offered through Extend Health.
2.	Retiree has Medicare Parts A and B; and covers a non-Medicare dependent		<ul style="list-style-type: none"> • Retiree may enroll in a medical plan through Extend Health; and • the non-Medicare dependent(s) may retain the CDHP or HMO coverage; or • Retiree and dependent(s) may retain CDHP or HMO coverage
3.	Retiree and spouse/domestic partner both have Medicare Parts A and B; and no other covered dependents		Both must enroll in a medical plan offered through Extend Health
4.	Retiree under age 65 (without Medicare); and covers a spouse/domestic partner with Medicare Parts A and B		<ul style="list-style-type: none"> • Retiree may retain coverage CDHP or HMO coverage; and • Spouse/domestic partner may enroll in medical coverage through Extend Health; or • Retiree and spouse/domestic partner may retain coverage under the CDHP or HMO plan

Retirees and their covered dependents may only retain CDHP or HMO coverage until such time that all covered family members are entitled to premium-free Medicare Part A.

Note: At age 65, PEBP requires all retirees and their covered dependents to purchase Medicare Part B regardless of their eligibility for premium-free Part A.

State Employee Rates

Effective July 1, 2013 - June 30, 2014

State Employee Rates	Statewide PPO	Statewide HMO
	Consumer Driven Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Employee Only	44.93	134.75
Employee + Spouse	206.96	391.99
Employee + Child(ren)	96.31	246.59
Employee + Family	258.34	503.83

State Employee with Domestic Partner Rates	Statewide PPO		
	Consumer Driven Health Plan		
	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	206.96	44.93	162.03
Employee + DP's Child(ren)	96.31	44.93	51.38
Employee + Children of both	96.31	96.31	-
Employee + DP + EE's Child(ren)	258.34	96.31	162.03
Employee + DP + DP's Child(ren)	258.34	44.93	213.41
Employee + DP + Children of both	258.34	96.31	162.03

State Employee with Domestic Partner Rates	Statewide HMO		
	Hometown Health Plan <u>and</u> Health Plan of Nevada		
	Participant Premium	Pre-Tax Deduction	Post-Tax Deduction
Employee + DP	391.99	134.75	257.24
Employee + DP's Child(ren)	246.59	134.75	111.84
Employee + Children of both	246.59	246.59	-
Employee + DP + EE's Child(ren)	503.83	246.59	257.24
Employee + DP + DP's Child(ren)	503.83	134.75	369.08
Employee + DP + Children of both	503.83	246.59	257.24

State Rates For Employees on Leave without Pay, Military Leave, and State Active Legislators

Effective July 1, 2013 - June 30, 2014

State Active Legislators, Employees on Leave Without Pay, and Military Leave	Statewide PPO	Statewide HMO
	Consumer Driven Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Employee Only	641.87	671.22
Employee + Spouse/DP	1,242.00	1,296.44
Employee + Child(ren)	832.18	960.88
Employee + Family	1,432.29	1,586.10

State Retiree Rates
Effective July 1, 2013 - June 30, 2014

State Retiree	Statewide PPO	Statewide HMO
	Consumer Driven Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Retiree only	227.28	307.03
Retiree + Spouse	557.49	734.45
Retiree + Child(ren)	329.08	492.89
Retiree + Family	662.41	920.32
Surviving/Unsubsidized Dependent	631.40	655.83
Surviving/Unsubsidized Spouse + Child(ren)	813.20	945.49
To determine your final premium, turn to page 23.		

State Retiree with Domestic Partner Rates	Statewide PPO	Statewide HMO
	Consumer Driven Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Retiree + DP	557.49	734.45
Retiree + DP's Child(ren)	329.08	492.89
Retiree + Children of both	329.08	492.89
Retiree + DP + Retiree's Child(ren)	662.41	920.32
Retiree + DP + DP's Child(ren)	662.41	920.32
Retiree + DP + Children of both	662.41	920.32
To determine your final premium, turn to page 23.		

State Retiree Years of Service Subsidy

State Retiree Subsidy For Retirees Enrolled in the CDHP/HMO Plan	
YOS	Subsidy
5	+342.15
6	+307.94
7	+273.72
8	+239.51
9	+205.29
10	+171.08
11	+136.86
12	+102.65
13	+68.43
14	+34.22
15 (Base)	-
16	-34.22
17	-68.43
18	-102.65
19	-136.86
20	-171.08

- For participants who retired before January 1, 1994, the participant premium for the selected plan and tier is shown page 22.
- For participants who retired *on or after* January 1, 1994, *add or subtract* the appropriate subsidy based on the number of years of service *to or from* the participant premium for the selected plan and tier shown on page 22.
- 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 a Years of Service Subsidy or Base Subsidy.
- Those retirees who were hired on or after January 1, 2012 do not receive a Years of Service Subsidy or Base Subsidy.
- If you are a retiree (or survivor) enrolled in the CDHP or an HMO plan and you pay for Medicare Part B, **deduct \$104.90** from your premium cost.

Non-State Employee and Retiree Rates

Effective July 1, 2013 - June 30, 2014

Non-State 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	1,034.79	687.31
Employee + Spouse	1,955.35	1,328.62
Employee + Child(ren)	1,770.03	1,017.22
Employee + Family	2,689.09	1,658.53

Non-State Retiree Rates	Statewide PPO	Statewide HMO
	Consumer Driven Health Plan	Hometown Health Plan and Health Plan of Nevada
	Participant Premium	Participant Premium
Retiree only	1,019.40	671.92
Retiree + Spouse/DP	1,939.96	1,313.23
Retiree + Child(ren)	1,754.64	1,001.83
Retiree + Family	2,673.70	1,643.14
Surviving/Unsubsidized Dependent	1,019.40	671.92
Surviving/Unsubsidized Spouse/DP + Child(ren)	1,754.64	1,001.83

To determine your final premium, turn to page 25.

Non-State Retiree Years of Service Subsidy

Non-State Retiree Subsidy For Retirees Enrolled in the CDHP/HMO Plan	
YOS	Subsidy
5	-114.05
6	-148.27
7	-182.48
8	-216.70
9	-250.91
10	-285.13
11	-319.34
12	-353.56
13	-387.77
14	-421.99
15 (Base)	-456.20
16	-490.42
17	-524.63
18	-558.85
19	-593.06
20	-627.28

- For participants who retired *before* January 1, 1994, subtract the 15 year (base) subsidy from the participant premium in the selected plan and tier shown on page 24.
- For participants who retired *on or after* January 1, 1994, *subtract* the appropriate subsidy from the participant premium in the selected plan and tier shown on page 24.
- 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 a Years of Service Subsidy or Base Subsidy.
- Employees initially hired on or after January 1, 2012 will not receive the Years of Service subsidy.
- If you are a retiree (or survivor) enrolled in the CDHP or an HMO plan and you pay for Medicare Part B, **deduct \$104.90** from your premium cost. Dependents do not qualify for the Part B credit.

Exchange-HRA Years of Service Contribution Retirees Enrolled in Extend Health

Exchange-HRA Contribution for Medicare Retirees Enrolled in Extend Health	
Years of Service	Contribution
5	+55.00
6	+66.00
7	+77.00
8	+88.00
9	+99.00
10	+110.00
11	+121.00
12	+132.00
13	+143.00
14	+154.00
15 (Base)	+165.00
16	+176.00
17	+187.00
18	+198.00
19	+209.00
20	+220.00

- Participants who retired before January 1, 1994 receive the 15-year (\$165) base contribution.
- For participants who retired on or after January 1, 1994, the contribution is \$11 per month per year of service beginning with 5 years (\$55) and a maximum of 20 years (\$220).
- 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 a Years of Service contribution.
- Those retirees who were hired by their last employer on or after January 1, 2012 do not receive a years of service contribution.
- The contribution amounts shown in the table to the left do not include the one-time \$2 per month per year of service (\$360 for a retiree with 15 Years of Service) contribution approved by the Board for Plan Year 2014 in March.

Optional PEBP Dental Coverage
Retirees and Covered Dependents Enrolled in Extend Health

Voluntary PEBP Dental Coverage		
Optional dental coverage for retirees enrolled in an Extend Health Medical Plan		
Voluntary Dental Coverage	State Retiree Rate	Non-State Retiree Rate
Retiree only	34.30	31.51
Retiree + Spouse/DP	68.60	63.02
Surviving/Unsubsidized Spouse/DP	34.30	31.51
<p>Retirees and their spouses or domestic partners enrolled in a medical plan through Extend Health may enroll or decline PEBP dental coverage during Open Enrollment. To enroll in PEBP dental or to decline PEBP dental coverage, complete the Open Enrollment Form. Retirees and covered dependents electing PEBP dental are responsible for canceling dental coverage through Extend Health (if applicable).</p>		

Unsubsidized Dependent Rates		
<u>For Dependents of Retirees Enrolled in Extend Health</u>		
Effective July 1, 2013 - June 30, 2014		
STATE Unsubsidized Dependent	CDHP Plan	HMO
Spouse/Domestic Partner or Child	631.40	655.83
Child(ren)	813.20	945.49
Spouse/DP + Child(ren)	813.20	945.49

NON-STATE Unsubsidized Dependent	CDHP Plan	HMO
Spouse/Domestic Partner or Child	1,019.40	671.92
Children	1,754.64	1,001.83
Spouse/DP + Child(ren)	1,754.64	1,001.83

COBRA Rates

State and Non-State Employee and Retiree

State COBRA	Statewide PPO	Statewide HMO
	Consumer Driven Health Plan	Hometown Health Plan & Health Plan of Nevada
Employee	Premium	Premium
Participant	654.70	684.64
Participant + Spouse/DP	1,266.84	1,322.37
Participant + Child(ren)	848.82	980.10
Participant + Family	1,460.94	1,617.82
Spouse/DP Only	654.70	684.64
Spouse/DP + Child(ren)	848.82	980.10
Retiree		
Participant	644.02	688.95
Participant + Spouse/DP	1,245.49	1,306.67
Participant + Child(ren)	829.47	964.40
Participant + Family	1,436.59	1,602.12
Spouse/DP Only	644.02	688.95
Spouse/DP + Child(ren)	829.47	964.40
-- COBRA participants do not qualify for Life Insurance and Long Term Disability.		
-- Participants on COBRA do not receive a subsidy.		

Non-State COBRA	Statewide PPO	Statewide HMO
	Consumer Driven Health Plan	Hometown Health Plan & Health Plan of Nevada
Employee	Premium	Premium
Participant	1,055.49	701.06
Participant + Spouse/DP	1,994.46	1,355.19
Participant + Child(ren)	1,805.43	1,037.56
Participant + Family	2,742.87	1,691.70
Spouse/DP Only	1,055.49	701.06
Spouse/DP + Child(ren)	1,805.43	1,037.56
Retiree		
Participant	1,039.79	685.36
Participant + Spouse/DP	1,978.76	1,339.49
Participant + Child(ren)	1,789.73	1,021.87
Participant + Family	2,727.17	1,676.00
Spouse/DP Only	1,039.79	685.36
Spouse/DP + Child(ren)	1,789.73	1,021.87
-- COBRA participants do not qualify for Life Insurance and Long Term Disability.		
-- Participants on COBRA do not receive a subsidy.		

PEBP Important Notices

HIPAA Privacy Practices

The Privacy Rule provides federal protection for personal health information and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other purposes. For more information, please visit the following website: <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 lymphedema.

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 (888-763-8232)
- 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>.

Vendor Contact List

<p>CDHP Medical and PPO Dental Claims Administrator</p> <ul style="list-style-type: none"> • Claim status inquiries • Plan benefit information • HSA/PPO-HRA Administration • Network Providers • ID cards 	<p>HealthSCOPE Benefits P.O. Box 91603 Lubbock, TX 79490-1603 Customer Service: 888-7NEVADA 888-763-8232 Group Number: NVPEB www.healthscopebenefits.com</p>
<p>In-State PPO Medical Network</p> <ul style="list-style-type: none"> • 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>
<p>National Provider Network For participants who reside outside Nevada or who reside in Nevada and accesses healthcare services outside of Nevada</p>	<p>First Health Network P.O. Box 91603 Lubbock, TX 79490-1603 Customer Service: 800-226-5116 www.myfirsthealth.com</p>
<p>Dental PPO Network</p> <ul style="list-style-type: none"> • Statewide dental PPO providers • Dental provider directory 	<p>Diversified Dental Services Northern Nevada: (866) 270-8326 Southern Nevada: (800) 249-3538</p>
<p>CDHP Pharmacy Plan Administrator</p> <ul style="list-style-type: none"> • Prescription drug information • Retail network pharmacies • Prior authorization • Non-network retail claims payment • Mail order service and mail order forms 	<p>Retail Pharmacy Services Catamaran (Formerly Catalyst Rx) (800) 799-1012 (702) 933-4521 (Las Vegas) Walgreens Mail Order (866) 845-3590 https://www.catalystrx.com/www/home.jsp</p>
<p>APS Healthcare</p> <ul style="list-style-type: none"> • Pre-certification • Case Management 	<p>APS Healthcare Pre-certification and Customer Service (888) 323-1461 www.apshhealthcare.com</p>
<p>U.S. Preventive Medicine</p> <ul style="list-style-type: none"> • NVision Health & Wellness Program • Diabetes Care Management • Obesity Care Management Program 	<p>U.S. Preventive Medicine (USPM) NVision Health & Wellness Program (877) 800-8144 NVision.PEBP.state.nv.us</p>

Vendor Contact List

<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</p> <p>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</p> <p>Customer Service: (702) 242-7300 (800) 777-1840 www.stateofnvhpnbenefits.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</p> <p>Customer Service: (888) 288-1270 www.standard.com/mybenefits/nevada/index.html or www.pebp.state.nv.us</p>
<p>Medicare Exchange Medicare supplemental plan/HRA administrator for retirees</p>	<p>Extend Health</p> <p>Customer Service: (888) 598-7545 www.ExtendHealth.com/PEBP</p>
<p>Life Insurance</p> <ul style="list-style-type: none"> • Voluntary Life Insurance • Voluntary Short-Term Disability Insurance 	<p>Standard Insurance Company</p> <p>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</p> <p>Customer Service: (877) 433-5334 www.pebp.state.nv.us</p>
<p>Flexible Spending</p> <ul style="list-style-type: none"> • Medical • Dependent Care 	<p>HealthSCOPE Benefits</p> <p>Customer Service: (888)763-8232 Fax: (877) 240-0135 P.O. Box 3627 Little Rock, AR 72203 Email: pebphsahra@healthscopebenefits.com www.healthscopebenefits.com</p>
<p>Home and Auto Insurance</p>	<p>Liberty Mutual</p> <p>Customer Service: (800) 637-7026 gary.bishop@libertymutual.com</p> <p>Travelers'</p> <p>Customer Service: (888) 695-4640 www.travelers.com/nevada</p>

Plan Year 2014 Open Enrollment Meeting Schedule

May 8	Carson City	Western Nevada College Cedar Bldg., Marlette Hall, Room 100 2201 W. College Parkway	9:00 am - 11:00 am 12:00 pm - 2:00 pm 3:00 pm - 5:00 pm
May 10	Caliente <i>Video-conference</i>	Caliente Youth Center 500 Youth Center Drive	8:30 am - 10:30 am
May 13	Reno	Truckee Meadows Community College Vista Bldg. Room 206	9:00 am - 11:00 am 12:00 pm - 2:00 pm 3:00 pm - 5:00 pm
May 14	Ely <i>Video-conference</i>	Nevada Department of Transportation 1401 E. Aultman Street	1:30 pm - 3:30 pm
May 14	Elko <i>Video-conference</i>	Nevada Department of Transportation 1951 Idaho Street	1:30 pm - 3:30 pm
May 21	Tonopah <i>Video-conference</i>	Nevada Department of Transportation 805 Erie Lane	1:30 pm - 3:30 pm
May 21	Winnemucca <i>Video-conference</i>	Nevada Department of Transportation 725 W. 4th Street	1:30 pm - 3:30 pm
May 22	Las Vegas	Sierra Health Services Chairman's Auditorium 2716 N. Tenaya Way	9:00 am - 11:00 am 12:00 pm - 2:00 pm 3:00 pm - 5:00 pm

Live Webinars: A series of live webinars will be conducted for Open Enrollment. Note: registration for the webinar is required; however, each session has a limited attendance capacity and will be available on a first-come, first-serve basis with a limit of 1,000 participants. To register for a webinar, visit www.pebp.state.nv.us.

Webinar Schedule

Date	Time	Region	Plan Type	Click here to register:
May 2, 2013	9:00 am - 10:30 am	Northern Nevada	CDHP and HHP	Register for Northern webinar
May 3, 2013	9:00 am - 10:30 am	Southern Nevada	CDHP and HPN	Register for Southern webinar
May 7, 2013	2:30 pm - 4:00 pm	Northern Nevada	CDHP and HHP	Register for Northern webinar
May 9, 2013	9:00 am - 10:30 am	Southern Nevada	CDHP and HPN	Register for Southern webinar
May 9, 2013	12:00 pm - 1:30 pm	Northern Nevada	CDHP and HHP	Register for Northern webinar
May 15, 2013	9:00 am - 10:30 am	Southern Nevada	CDHP and HPN	Register for Southern webinar
May 15, 2013	12:00 pm - 1:30 pm	Northern Nevada	CDHP and HHP	Register for Northern webinar
May 16, 2013	9:00 am - 10:30 am	Southern Nevada	CDHP and HPN	Register for Southern webinar
May 16, 2013	12:00 pm - 1:30 pm	Northern Nevada	CDHP and HHP	Register for Northern webinar
May 20, 2013	9:00 am - 10:30 am	Northern Nevada	CDHP and HHP	Register for Northern webinar
May 20, 2013	12:00 pm - 1:30 pm	Southern Nevada	CDHP and HPN	Register for Southern webinar