

# Plan Year 2016 Open Enrollment



## Public Employees' Benefits Program



### Open Enrollment

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

Making changes? Don't wait—Open Enrollment ends May 31, 2015

### Public Employees' Benefits Program

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Effective July 1, 2015 - June 30, 2016

# Plan Year 2016 Open Enrollment

Welcome to the Public Employees' Benefits Program Open Enrollment for Plan Year 2016. Open Enrollment gives you the opportunity to review your benefit options and make changes to your coverage based on your current needs.

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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described herein and the PEBP Master Plan Document or the HMO Plan Evidence of Coverage Certificate(s) shall be superseded by the plan's official documents.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**

Open Enrollment is May 1 - May 31, 2015. Open Enrollment gives you the opportunity to reevaluate your benefits and make changes for the plan year beginning July 1, 2015. This Open Enrollment is a passive enrollment, meaning you are not required to complete an election unless you wish to make changes to your coverage or enroll in a voluntary product as shown below:

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

- Change your current plan election (e.g., CDHP to/from HMO)
- Change to/from the HSA to/from HRA
- Enroll in or update voluntary HSA contributions (CDHP participants only)
- Add or delete your dependent(s)
- Decline coverage
- Enroll in a voluntary product (e.g., Voluntary Life Insurance, Short-Term Disability Insurance)
- Enroll/Re-enroll in Flexible Spending (new elections are required each plan year to participate in flexible spending)
- Enroll in PEBP dental coverage (this option is only available to individuals enrolled in medical coverage through OneExchange)
- Decline PEBP dental coverage (this option is only available to retirees and their covered dependents enrolled in medical coverage through OneExchange)

### **You DO NOT need to take action if you:**

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

### **Open Enrollment Deadline**

Open Enrollment changes must be completed online or received by the PEBP office by May 31, 2015 (or postmarked by May 31, 2015). If adding dependents, copies of supporting eligibility documents must be received in the PEBP office by June 15, 2015.

## Allowable Changes

### **Changes that may be completed online:**

- √ Changing health plan options
- √ Adding or deleting a dependent
- √ Designating beneficiaries for Health Savings Account (HSA)
- √ Modifying HSA contributions
- √ Establishing an HSA (if changing coverage from HMO to CDHP effective July 1, 2015)
- √ Establishing a Health Reimbursement Arrangement (HRA) (if changing coverage from HMO to the CDHP and you are not eligible for the HSA)
- √ Updating address/contact information

### **Changes that may not be completed online:**

- √ Enrolling in Flexible Spending (medical and/or dependent care)
- √ Enrolling in a voluntary product
- √ Canceling a voluntary product
- √ Initial enrollment in retiree coverage
- √ Initial enrollment in COBRA enrollment
- √ Completing a name change

### **Spouse or Domestic Partner Coverage**

Spouses and domestic partners, as determined by the laws of the State of Nevada, are eligible for coverage under the PEBP Plan. Spouses and domestic partners that are eligible for health coverage through their current employer are typically not eligible for coverage under the PEBP Plan. If your spouse's or domestic partner's employer-sponsored health coverage satisfies PEBP's definition of "significantly inferior coverage" you may be able to enroll or continue coverage for your spouse or domestic partner. For more information, contact Member Services at 775-684-7000 or 800-326-5496 or email [msservices@peb.state.nv.us](mailto:msservices@peb.state.nv.us).

## 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, 2015 and you will be responsible for paying the Plan Year 2016 premium rates for coverage.
- ◆ To add dependent(s), PEBP must receive the required supporting eligibility documents by June 15, 2015.
- ◆ 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.
- ◆ Declining PEBP coverage (CDHP, HMO or medical coverage through OneExchange) will result in termination of Basic Life, Long Term Disability, Voluntary Life and Short Term Disability Insurance, and HSA/HRA funding (if applicable). Additionally, if you are a retiree you may permanently lose the option to re-enroll in PEBP.
- ◆ If your Voluntary Life insurance ends or reduces for any reason other than failure to pay premiums, the Right to Convert provision allows you to convert your Voluntary Life coverage to certain types of individual policies without having to provide evidence of insurability. You must apply for conversion with your carrier and pay the required premium within 31 days after group coverage ends or reduces.
- ◆ If you become eligible for Medicare, you must provide a copy of your Medicare card to the PEBP office.

## **Completing Changes for Open Enrollment**

### **1. E-PEBP Portal Online Enrollment Tool**

Go to [www.pebp.state.nv.us](http://www.pebp.state.nv.us) and click on the **E-PEBP Portal**. Follow the instructions to complete enrollment changes before May 31, 2015.

### **2. 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](mailto:mervices@peb.state.nv.us).

Completed forms must be received in the PEBP office by May 31, 2015 or postmarked by May 31, 2015.

### **3. Flexible Spending Accounts (FSA) Enrollment**

Active employees who wish to enroll in the Health Care, Limited Purpose or Dependent Care Flexible Spending must complete the paper Flexible Spending Account form. Completed forms must be submitted to HealthSCOPE Benefits by May 31, 2015 or postmarked by May 31, 2015. To download the FSA form which contains mailing and/or faxing information, visit [www.pebp.state.nv.us](http://www.pebp.state.nv.us).

### **4. Voluntary Life and Short-Term Disability Insurance**

To enroll or make changes to Voluntary Life or Short Term Disability Insurance, visit [www.standard.com/mybenefits/nevada/open\\_enroll.html](http://www.standard.com/mybenefits/nevada/open_enroll.html) or call The Standard at 888-288-1270.

### **Health Savings Account (HSA)**

Employees currently contributing money to their HSA through automatic payroll deductions will continue with the same deduction amount after July 1, 2015 for Plan Year 2016. Exception: ANY change made to an employee's coverage during Open Enrollment (via online or paper form) will automatically reset the HSA election to zero. However, employees may enter a new HSA election online when submitting the Open Enrollment change.

Note: HSA elections after Open Enrollment must be made through HealthSCOPE Benefits.

### **Documentation to Add Dependents**

If you wish to add dependents to your coverage during Open Enrollment for coverage effective July 1, 2015, you will be required to submit supporting eligibility documentation (e.g., copy of marriage certificate, birth certificate, etc.) to the PEBP office by June 15, 2015. For more information on supporting documents and eligibility, please refer to the PEBP Enrollment and Eligibility Document at [www.pebp.state.nv.us](http://www.pebp.state.nv.us).

## **Overview of Plan Design Changes**

### Consumer Driven Health Plan

#### **Individual Family-Member Deductible**

The Individual Family-Member Deductible will increase from \$2,500 to \$2,600 for Plan Year 2016 to meet the IRS requirements for a high deductible health plan.

#### **Pre-Certification Requirements**

The pre-certification requirements for medical services and supplies will be expanded to include the following:

- Outpatient non-emergency cardiac surgeries,
- TMJ procedures and orthognathic surgical procedures and prosthetics,
- Ear devices, including cochlear implants and cochlear BAHA systems, and
- Oral pharynx procedures performed for sleep apnea or potential airway compromise.

#### **Benefits for Gender Identity Disorder/Dysphoria**

The CDHP will cover certain benefits for gender reassignment procedures including related mental health services, hormone therapy, prescription drug therapy, and genital reconstruction surgery.

#### **Autism Spectrum Disorder**

The CDHP's \$36,000 annual maximum benefit for the treatment of autism spectrum disorders will be eliminated effective July 1, 2015.

#### **Mail Order Prescription Drug Service**

The CDHP Mail Order Pharmacy Program will transition from Walgreen's Mail Order to Catamaran Home Delivery on July 1, 2015.

#### **HSA/HRA contributions**

Provide one-time supplemental HSA and HRA contributions for participants enrolled in the CDHP on July 1, 2015 as follows:

| <b>One-Time Supplemental HSA/HRA Contribution</b> |  |
|---|--|
| <b>State Employee/ Retiree</b>                    | \$400 (Employee/Retiree)                   |
|   | \$100 per dependent (maximum 3 dependents) |
| <b>Non-State Employee</b>                         | \$400 (Employee)                           |
|   | \$100 per dependent (maximum 3 dependents) |
| <b>Non-State Retiree</b>                          | \$400 (Retiree)                            |
|   | \$100 per dependent (maximum 3 dependents) |

## **Overview of Plan Design Changes**

### **Hometown Health Plan**

#### **Benefits for Gender Identity Disorder/Dysphoria**

Hometown Health Plan will cover certain benefits for gender reassignment procedures including related mental health services, hormone therapy, prescription drug therapy, and genital reconstruction surgery.

### **Health Plan of Nevada**

#### **Benefits for Gender Identity Disorder/Dysphoria**

Health Plan of Nevada will cover certain benefits for gender reassignment procedures including related mental health services, hormone therapy, prescription drug therapy, and genital reconstruction surgery.

### **Towers Watson's OneExchange**

#### **HRA Contributions**

Retirees with a retirement date before January 1, 1994 will continue to receive the 15-year (\$165) base contribution per month. Additionally, retirees enrolled in a medical plan through OneExchange on July 1, 2015, will receive a *one-time, lump-sum* contribution of \$2 per month per year of service (\$360 for pre-1994 retirees).

Retirees with a retirement date on or after January 1, 1994 will continue to 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 OneExchange on July 1, 2015, 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).

### **HSA and FSA Contribution Limits**

#### **Health Savings Account (HSA)**

For tax year 2015 (January 2015 - December 2015), the Internal Revenue Service adjusted the HSA contribution limits to \$3,350 for an Individual and \$6,650 for a Family (the family maximum is based on your family as reported to the IRS on your federal tax return). The catch-up contribution limit for those over 55 will remain at \$1,000.

#### **Health Flexible Spending Account (FSA)**

The annual dollar limit on employee contributions to health care FSAs will increase from \$2,500 to \$2,550 for tax year 2015.



## Health Plan Options

### Consumer Driven Health Plan (CDHP)

The Consumer Driven Health Plan (CDHP) is a high deductible health plan combined with a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA). HSAs and HRAs allow individuals to pay for qualifying out-of-pocket health care expenses on a tax-free basis. Under the CDHP, both medical and pharmacy costs are subject to the annual deductible. Deductibles accumulate on a plan year basis and reset to zero at the start of each new plan year.

#### **Plan Year 2016 Individual and Family Deductibles for both in-network and out-of-network:**

| <b>Deductible Type</b>                                 | <b>In-Network Deductible<br/>(participating provider benefit)</b>                     | <b>Out-of-Network Deductible</b>  |
|--|---|---|
| <b>Annual Medical and Prescription Drug Deductible</b> | \$1,500 Individual<br>\$3,000 Family<br>• \$2,600 Individual Family Member Deductible | \$1,500 Individual<br>\$3,000 Family<br>• \$2,600 Individual Family Member Deductible |
| <b>Annual Out-of-Pocket Maximum</b>                    | \$3,900 Individual<br>\$7,800 Family  | \$10,600 Individual<br>\$21,200 Family  |

- The deductibles for individual or family coverage accumulate separately for in-network provider expenses and out-of-network provider expenses.
- Individual deductible applies when only one person is covered under the CDHP.
- Family deductible applies when an employee/retiree covers at least one other individual on the CDHP.
- The family deductible can be met by any combination of eligible medical and prescription drug expenses from two or more members of the same family coverage unit. For the family coverage deductible, under no circumstances will a single individual be required to pay more than \$2,600 toward the deductible (this is called the \$2,600 Individual Family Member Deductible).



## Health Plan Options

### Consumer Driven Health Plan (CDHP)

Each plan year, before the plan begins to pay benefits, you are responsible for paying your entire eligible medical and prescription drug expenses up to the plan year deductible. The following describes how the \$3,000 Family and \$2,600 Individual Family Member Deductible works:

#### **Family member #1**

One family member incurs \$2,700 in eligible in-network medical expenses, of which \$2,600 is applied to the *Individual Family Member Deductible* and \$2,600 is also applied to the *Family Deductible* of \$3,000. In this example, the member has met the *Individual Family Member Deductible* and the remaining balance of the *Family Deductible* is \$400. The remaining \$100 is paid at the appropriate coinsurance rate.

#### **Family member #2**

Family member #2 incurs \$2,000 in eligible in-network medical expenses; \$400 is applied toward the remaining *Family Deductible*, which satisfies the \$3,000 *Family Deductible*. The remaining \$1,600 is paid at the appropriate coinsurance rate.

### **Annual Out-of-Pocket Maximum**

The *Annual Out-of-Pocket Maximum* is a combination of covered out-of-pocket expenses, including deductibles and coinsurance. The *Family Out-of-Pocket Maximum* can be met by one covered family member or by any combination of expenses incurred by all covered family members. In- and Out-of-Network Maximums are not combined to reach the *Annual Out-of-Pocket Maximum*.

Services received from out-of-network providers are subject to Usual and Customary (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.

### **CDHP Summary of Benefits and Coverage (SBC)**

The SBC provides a summary of the key features of the CDHP's covered benefits, cost-sharing provisions, coverage limitations and exceptions. The SBC is available on the PEBP website at [www.pebp.state.nv.us](http://www.pebp.state.nv.us) or by calling 775-684-7000 or 800-326-5496.

## **Health Plan Options**

### **Health Plan of Nevada**

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 its members to 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](http://www.pebp.state.nv.us), or contact HPN at (702) 242-7300 or (800) 777-1840.

### **HMO Reciprocity**

Participants enrolled in the Health Plan of Nevada or Hometown Health Plan 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. Expanded access is based on the primary participant's designated HMO plan provisions. The designated plan's pre-authorization requirements and referral guidelines still apply as described in the specific HMO plan document.

### **Health Plan of Nevada Summary of Benefits and Coverage (SBC)**

The SBC provides a summary of the key features of HPN's covered benefits, cost-sharing provisions, coverage limitations and exceptions. The SBC is available on the PEBP website at [www.pebp.state.nv.us](http://www.pebp.state.nv.us) or by calling 775-684-7000 or 800-326-5496.

## Health Plan Options

### Hometown Health Plan

Hometown Health Plan 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 an in-network provider. This plan requires its members to select primary care provider (PCP) at initial enrollment.

Hometown Health Plan is an Open Access plan. This means its members may self-refer to certain contracted specialists without first obtaining a referral from a primary care physician (PCP). Hometown Health Plan 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](http://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. 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.

### **Hometown Health Plan Summary of Benefits and Coverage (SBC)**

The SBC provides a summary of the key features of HHP's covered benefits, cost-sharing provisions, coverage limitations and exceptions. The SBC is available on the PEBP website at [www.pebp.state.nv.us](http://www.pebp.state.nv.us) or by calling 775-684-7000 or 800-326-5496.

**Health Plan Options for Retirees and/or Dependents  
with Medicare Parts A and B**

|           | <b>Medicare Status<br/>(Retiree and/or Dependent)</b>  |   | <b>Enrollment Options</b>   |
|-----------|--|---|---|
| <b>1.</b> | Retiree is covered under Medicare Parts A and B; and has no covered dependents   |    | Retiree must enroll in a medical plan offered through Towers Watson's OneExchange.  |
| <b>2.</b> | Retiree is covered under Medicare Parts A and B; and also covers at least one non-Medicare dependent                     |    | <ul style="list-style-type: none"> <li>• Retiree may enroll in a medical plan through Towers Watson's OneExchange; and the non-Medicare dependent may retain coverage under the CDHP or HMO plan as an unsubsidized dependent; or</li> <li>• Retiree and dependent(s) may remain covered under the CDHP or HMO plan.</li> </ul>                           |
| <b>3.</b> | Retiree is covered under Medicare Parts A and B; and also covers a spouse/domestic partner with Medicare Parts A and B.  |    | Both the retiree and spouse/domestic partner must enroll in a medical plan offered through Towers Watson's OneExchange.   |
| <b>4.</b> | Retiree is under 65 and not eligible for Medicare; and also covers a spouse/domestic partner with Medicare Parts A and B |  | <ul style="list-style-type: none"> <li>• Retiree may retain coverage under the CDHP or HMO coverage; and</li> <li>• Spouse/domestic partner may enroll in medical coverage through Towers Watson's OneExchange as an unsubsidized dependent; or</li> <li>• Retiree and spouse/domestic partner may retain coverage under the CDHP or HMO plan.</li> </ul> |

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.

**Medicare Enrollment Reminder:**

At age 65, retirees and their covered dependents are required to purchase Medicare Part B regardless of their eligibility for premium free Part A.

Retirees and covered dependents under age 65 who have been approved for disability benefits by the Social Security Administration (SSA) are required to enroll in Medicare Part A and purchase Part B coverage.

## Medical Plan Comparison

| Benefit Category                           | Consumer Driven Health Plan   | Health Plan of Nevada   | Hometown Health Plan   |
|--|---|---|--|
|  | Amount You Pay In-Network   | Amount You Pay In-Network   | Amount You Pay In-Network  |
| <b>Medical Deductible</b>                  | \$1,500 individual deductible<br>\$3,000 family deductible<br>• \$2,600 individual family member deductible | No deductible   | No deductible  |
| <b>Annual Out-of-pocket Maximum</b>        | \$3,900 person (plan year)<br>\$7,800 family (plan year)  | \$6,800 person (calendar year)  | \$6,200 person (plan year)<br>\$12,400 family (plan year)  |
| <b>Hospital Inpatient</b>                  | 20% coinsurance after deductible  | \$300 copayment per admission   | \$500 copayment per admission  |
| <b>Outpatient Same Day Surgery</b>         | 20% coinsurance after deductible  | \$50 copayment per admission  | \$350 copayment per admission  |
| <b>Primary Care Visit</b>                  | 20% coinsurance after deductible  | \$15 copayment  | \$25 copayment   |
| <b>Specialist Visit</b>                    | 20% coinsurance after deductible  | \$25 copayment  | \$45 copayment   |
| <b>Urgent Care Visit</b>                   | 20% coinsurance after deductible  | \$30 copayment  | \$50 copayment   |
| <b>Emergency Room Visit</b>                | 20% coinsurance after deductible  | \$150 copayment   | \$300 copayment  |
| <b>General Laboratory Services</b>         | 20% coinsurance after deductible  | No charge   | No charge for outpatient or hospital   |
| <b>Chiropractic Services</b>               | 20% coinsurance after deductible  | \$15 copayment  | \$45 copayment<br>\$1,000 plan year max  |
| <b>Wellness/Prevention</b>                 | No charge for eligible wellness benefits provided in-network  | No charge   | No charge  |
| <b>Vision Exam*</b>                        | Covered at 100% of U&C, \$120 allowance (one exam per plan year)*   | \$10 copayment every 12 months  | \$15 copayment every 12 months   |
| <b>Hardware (frames, lenses, contacts)</b> | No benefit  | \$10 copayment for glasses (\$100 allowance) or contacts in lieu of glasses (\$115 allowance) | 20% discount off doctor's U&C fee for prescription glasses when a complete pair is purchased. 15% off contact lens fitting |

\*PEBP does not maintain a network specific to vision care. Out-of-network providers will be paid at Usual and Customary (U&C). Maximum benefit \$120 per plan year.

**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.

| <b><u>Pharmacy Plan Comparison</u></b>                  |   |   |  |
|---|---|---|--|
| <b>Benefit Category</b>                                 | <b>Consumer Driven Health Plan</b>  | <b>Health Plan of Nevada</b>                    | <b>Hometown Health Plan</b>                  |
|   | Amount You Pay In-Network   | Amount You Pay In-Network                       | Amount You Pay In-Network                    |
| <b>Plan Deductible</b>                                  | \$1,500 individual<br>\$3,000 family<br>• \$2,600 individual family member deductible | No deductible                                   | No deductible                                |
| <b>Annual Out-Of-Pocket (OOP) Maximum*</b>              | \$3,900 person<br>\$7,800 family<br>(per plan year)                                   | Contact HPN for pharmacy OOP* maximum           | Contact HHP for pharmacy OOP* maximum        |
| <b>Retail Pharmacy - 30 day supply</b>                  |   |   |  |
| <b>Preferred Generic (Tier 1)</b>                       | 20% after deductible  | \$7 copayment                                   | \$7 copayment                                |
| <b>Preferred Brand (Tier 2)</b>                         | 20% after deductible  | \$35 copayment                                  | \$40 copayment                               |
| <b>Non-Formulary (Tier 3)</b>                           | 100% of contracted price - does not apply to deductible or OOP*                       | \$55 copayment                                  | Greater of \$75 copayment per script or 40%  |
| <b>Mail Order - 90 day supply</b>                       |   |   |  |
| <b>Preferred Generic (Tier 1)</b>                       | 20% after deductible  | \$14 copayment                                  | \$14 copayment                               |
| <b>Preferred Brand (Tier 2)</b>                         | 20% after deductible  | \$70 copayment                                  | \$80 copayment                               |
| <b>Non-formulary (Tier 3)</b>                           | 100% of contracted price - does not apply to deductible or OOP*                       | Not available through mail order                | Greater of \$150 copayment per script or 40% |
| <b>Specialty Medications Mail Order - 30 day supply</b> |   |   |  |
| <b>Specialty Medications</b>                            | 20% after deductible - available in 30 day supply only through BriovaRx               | Applicable retail pharmacy copayment will apply | 30% coinsurance                              |

**\*Annual 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.

| <b><u>Dental Plan</u></b>  |  |  |
|--|--|--|
| <b>Benefit Category</b>  | <b>In-Network</b>                                | <b>Out-of-Network</b>  |
| <b>Individual Plan Year Maximum</b>  | \$1,500 per person                               | \$1,500 per person   |
| <b>Plan Year Deductible (applies to Basic and Major services only)</b>   | \$100 per person or \$300 per family (3 or more) | \$100 per person or \$300 per family (3 or more)   |
| <p><b>Preventive Services</b><br/>Four cleanings/plan year, exams, bitewing X-rays (2/plan year)</p> <p>Preventive Services are not subject to the \$1,500 Individual Plan Year Maximum</p>  | 100% of allowable fee schedule, no deductible    | <p>80% of the in-network provider fee schedule for the Las Vegas service area.</p> <p>For services received out-of-network outside of Nevada, the plan will reimburse at the U&amp;C</p> |
| <p><b>Basic Services</b><br/>Periodontal, fillings, extractions, root canals, full-mouth X-rays</p>  | 80% of allowable fee schedule, after deductible  | <p>50% of the in-network provider fee schedule for the Las Vegas service area.</p> <p>For services outside of Nevada, the plan will reimburse at the U&amp;C</p>                         |
| <p><b>Major Services</b><br/>Bridges, crowns, dentures, tooth implants</p>   | 50% of allowable fee schedule, after deductible  | <p>50% of the in-network provider fee schedule for the Las Vegas service area.</p> <p>For services received out-of-network outside of Nevada, the plan will reimburse at the U&amp;C</p> |
| <ul style="list-style-type: none"> <li>• <b>Family Deductible may be met by any combination of eligible dental expenses of three or more members of the same family coverage tier.</b> No one single family member would be required to contribute more than the equivalent of the individual deductible toward the family deductible.</li> <li>• <b>Under no circumstances will the combination of PPO and Non-PPO benefit payments exceed the plan year maximum benefit of \$1,500.</b></li> </ul> |  |  |



## HSA Contributions for Consumer Driven Health Plan

| State and Non-State Employees<br>Effective July 1, 2015 | Base<br>Contribution | One-Time<br>Supplemental<br>Contribution | Total<br>Contribution |
|---|----------------------|--|-----------------------|
| <b>Participant Only</b>                                 | \$700                | \$400                                    | \$1,100               |
| <b>Per Dependent (maximum 3 dependents)</b>             | \$200                | \$100                                    | \$300                 |

Participants enrolled in the CDHP on July 1, 2015 receive the entire Base and One-Time Supplement Contribution. However, participants and covered dependents enrolled in the CDHP on August 1, 2015 and later receive a pro-rated Base Contribution based on the coverage effective date and the remaining months in the plan year.

### 2015 HSA Contribution Limits

| Calendar Year 2015 Maximum Contribution<br>Allowed by the Internal Revenue Service<br>(IRS)                                   | Individual | Family<br>(two or more family<br>members) |
|---|------------|---|
| The maximum shown is for eligible HSA individuals with high deductible health coverage through December 31, 2015 <sup>1</sup> | \$3,350    | \$6,650 <sup>2</sup>                      |

<sup>1</sup>The total calendar year 2015 contributions (combined employee/employer) cannot exceed the limits shown above.

<sup>2</sup>The 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 \$6,650. The total combined contributions between both employees and PEBP's contribution cannot exceed \$6,650.

To be eligible for the family maximum, the employee and at least one tax dependent 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 \$3,350.

**HRA Contributions for Consumer Driven Health Plan**

| <b>State and Non-State Employees with Coverage Effective July 1, 2015</b> | <b>Base Contribution</b> | <b>One-Time Supplemental Contribution</b> | <b>Total Contribution</b> |
|---|--------------------------|---|---------------------------|
| <b>Participant Only</b>   | \$700                    | \$400                                     | \$1,100                   |
| <b>Per Dependent (maximum 3 dependents)</b>                               | \$200                    | \$100                                     | \$300                     |

| <b>State Retirees with Coverage Effective July 1, 2015</b> | <b>Base Contribution</b> | <b>One-Time Supplemental Contribution</b> | <b>Total Contribution</b> |
|--|--------------------------|---|---------------------------|
| <b>Participant Only</b>                                    | \$700                    | \$400                                     | \$1,100                   |
| <b>Per Dependent (maximum 3 dependents)</b>                | \$200                    | \$100                                     | \$300                     |

| <b>Non-State Retirees with Coverage Effective July 1, 2015</b> | <b>Base Contribution</b> | <b>One-Time Supplemental Contribution</b> | <b>Total Contribution</b> |
|--|--------------------------|---|---------------------------|
| <b>Participant Only</b>  | \$700                    | \$400                                     | \$1,100                   |
| <b>Per Dependent (maximum 3 dependents)</b>                    | \$200                    | \$100                                     | \$300                     |

Participants enrolled in the CDHP on July 1, 2015 receive the Base and One-Time Supplement Contribution. However, participants and covered dependents enrolled in the CDHP on August 1, 2015 and later receive a pro-rated Base Contribution based on the coverage effective date and the remaining months in the plan year.

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

### 2015 HSA Limits

The IRS limits how much you can deposit into your HSA each year. The 2015 limits are:

- ◆ \$3,350 for individual coverage
- ◆ \$6,650 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: Employees who wish to contribute the maximum, must reduce the above limits 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;
- ◆ You cannot be covered under COBRA; and
- ◆ You cannot have any Health Care FSA money in your account after June 30, 2015.

### How the CDHP plans works

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

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

**1. Your deductible - The out-of-pocket you pay until you reach your deductible.**

When you have an eligible expense, such as 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 reached, the CDHP has co-insurance. With co-insurance, 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 80% of the cost, you will pay 20%.

**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 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 co-insurance will count 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.**

## **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.

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 2015, the maximum contribution limit for the Health Care FSA is \$2,550. Note: This is a per employee limit, not a household limit. If an employee and his or her spouse are eligible for the Health Care FSA, each individual can establish their own Health Care FSA with a \$2,550 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 participate in one or both of the FSAs. To enroll in an FSA, contact HealthSCOPE Benefits to complete your enrollment before May 31, 2015 at 888-763-8232.

**Basic Life Insurance**

*All Eligible Primary Retirees and Employees*

|  |   |
|--|---|
| <p><b>Employee Basic Life Insurance</b></p>  | <p>Employees enrolled in a PEBP-sponsored medical plan receive \$25,000 Basic Life Insurance coverage. Refer to the Life Insurance Certificate at <a href="http://www.standard.com/mybenefits/nevada">http://www.standard.com/mybenefits/nevada</a> for more information about this benefit or call The Standard at 888-288-1270.</p>   |
| <p><b>Long-Term Disability (LTD) for Active Employees</b></p>  | <p>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 <a href="http://www.standard.com/mybenefits/nevada/">http://www.standard.com/mybenefits/nevada/</a>.</p> |
| <p><b>Retiree Basic Life Insurance</b></p>   | <p>Eligible retirees enrolled in the CDHP, HMO plan or a qualifying medical plan through OneExchange receive \$12,500 Basic Life insurance coverage. Refer to the Life Insurance Certificate at <a href="http://www.standard.com/mybenefits/nevada">http://www.standard.com/mybenefits/nevada</a> for more information about this benefit.</p>  |
| <p><b>Medex Travel Assist</b> for Active Employees and Retirees enrolled in the CDHP, HMO Plan or a qualifying medical plan through OneExchange.</p> | <p>Medex Travel Assist is designed to respond to most medical care situations and many other emergencies you and your family may experience when you travel 100 miles or more from your home. Medex provides a wide-range 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 <a href="http://www.standard.com/mybenefits/nevada/life_add.html#ben">http://www.standard.com/mybenefits/nevada/life_add.html#ben</a>.</p>  |

## **Voluntary Life and Short-Term Disability Insurance**

**Annual Enrollment Period: May 1 - 31, 2015**

Life and Disability Insurance can give you a greater sense of financial security by enabling you to protect your income now and in the future from an unexpected event. During our annual enrollment period, you may enroll or increase your coverage subject to the requirements noted below:

**Any benefits elected during this enrollment period that do not require evidence of insurability, will take effect July 1, 2015, subject to the active work requirement. Full details are available online at [www.standard.com/mybenefits/nevada](http://www.standard.com/mybenefits/nevada).**

### **Active Employee Voluntary Life Insurance**

Because everyone's needs are different, you may also elect to purchase Voluntary Life, Accidental Death & Dismemberment (AD&D) and Dependents Life insurance at group rates from The Standard. The coverage limits for each family member are noted in the chart below.

|                           |  |
|---------------------------|--|
| Active Employees          | Any multiple of \$10,000 to a maximum of \$500,000 |
| Spouses/Domestic Partners | Any multiple of \$10,000 to a maximum of \$250,000 |
| Child(ren)                | Any multiple of \$2,500 to a maximum of \$10,000   |

If you are already insured for Voluntary Life Insurance, during the annual enrollment period you may increase your coverage by \$20,000 up to the guarantee issue amount of \$100,000 without submitting evidence of insurability (proof of good health). Late applications and requests for coverage increases (except as noted above) require you to provide satisfactory evidence of insurability.

Evidence of Insurability is not required to insure your eligible dependent children. However, all late applications and requests for coverage increases for your eligible Spouse/Domestic Partner require satisfactory evidence of insurability.

### **Voluntary Short-Term Disability Insurance**

If you are eligible but not enrolled in Voluntary STD Insurance or you would like to reduce the length of your Benefit Waiting Period (e.g., change from Option C to Option B or to Option A), you may enroll in the following plan options without answering any medical questions; however, you may be subject to a late enrollment penalty. Late enrollment penalty consists of a disability caused by anything other than an accidental injury that begins during your first year of coverage and will be subject to a benefit waiting period of 60 days, regardless of the Benefit Waiting Period option you select below.

- Option A: 7-day Benefit Waiting Period
- Option B: 14-day Benefit Waiting Period
- Option C: 30-day Benefit Waiting Period

### **Retiree Voluntary Life Insurance**

Life Insurance may be elected in multiples of \$5,000 to a maximum of \$50,000. Late application or increases in coverage require you to provide satisfactory evidence of insurability.

**State Employee Rates**

Effective July 1, 2015 - June 30, 2016

| <b>** State **<br/>Employee Rates</b> | Statewide PPO                      | Statewide HMO   |
|---------------------------------------|------------------------------------|---|
|                                       | <b>Consumer Driven Health Plan</b> | <b>Hometown Health Plan and Health Plan of Nevada</b> |
|                                       | Participant Premium                | Participant Premium                                   |
| Employee Only                         | 41.91                              | 164.61  |
| Employee + Spouse                     | 171.50                             | 458.21  |
| Employee + Child(ren)                 | 92.72                              | 299.99  |
| Employee + Family                     | 222.08                             | 593.60  |

| <b>** State Employee **<br/>with Domestic Partner Rates</b> | Statewide PPO                      |                   |                    |
|---|------------------------------------|-------------------|--------------------|
|   | <b>Consumer Driven Health Plan</b> |                   |                    |
|   | Participant Premium                | Pre-Tax Deduction | Post-Tax Deduction |
| Employee + DP   | 171.50                             | 41.91             | 129.59             |
| Employee + DP's Child(ren)                                  | 92.72                              | 41.91             | 50.81              |
| Employee + Children of both                                 | 92.72                              | 92.72             | 0.00               |
| Employee + DP + EE's Child(ren)                             | 222.08                             | 92.72             | 129.36             |
| Employee + DP + DP's Child(ren)                             | 222.08                             | 41.91             | 180.17             |
| Employee + DP + Children of both                            | 222.08                             | 92.72             | 129.36             |

| <b>** State Employee **<br/>with Domestic Partner Rates</b> | Statewide HMO  |                   |                    |
|---|--|-------------------|--------------------|
|   | <b>Hometown Health Plan <u>and</u> Health Plan of Nevada</b> |                   |                    |
|   | Participant Premium  | Pre-Tax Deduction | Post-Tax Deduction |
| Employee + DP   | 458.21   | 164.61            | 293.60             |
| Employee + DP's Child(ren)                                  | 299.99   | 164.61            | 135.38             |
| Employee + Children of both                                 | 299.99   | 299.99            | 0.00               |
| Employee + DP + EE's Child(ren)                             | 593.60   | 299.99            | 293.61             |
| Employee + DP + DP's Child(ren)                             | 593.60   | 164.61            | 428.99             |
| Employee + DP + Children of both                            | 593.60   | 299.99            | 293.61             |



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

Effective July 1, 2015 - June 30, 2016

| **State Active Legislators,<br>Employees on Leave Without<br>Pay, and Military Leave ** | Statewide PPO                          | Statewide HMO   |
|---|--|---|
|   | <b>Consumer Driven<br/>Health Plan</b> | <b>Hometown Health Plan<br/>and Health Plan of Nevada</b> |
|   | Participant Premium                    | Participant Premium                                       |
| Employee Only   | 598.69                                 | 748.21  |
| Employee + Spouse/DP  | 1,078.65                               | 1,447.27  |
| Employee + Child(ren)   | 786.88                                 | 1,070.56  |
| Employee + Family   | 1,266.00                               | 1,769.62  |

Legislators, employees on Leave without Pay and Military leave do not receive a subsidy towards their health insurance premium.

**State Retiree Rates**

Effective July 1, 2015 - June 30, 2016

| <b>** State **<br/>Retiree</b>                           | Statewide PPO                          | Statewide HMO   |
|--|--|---|
|  | <b>Consumer Driven<br/>Health Plan</b> | <b>Hometown Health Plan and<br/>Health Plan of Nevada</b> |
|  | Participant Premium                    | Participant Premium                                       |
| Retiree only   | 209.08                                 | 372.45  |
| Retiree + Spouse   | 477.86                                 | 868.79  |
| Retiree + Child(ren)                                     | 312.59                                 | 601.32  |
| Retiree + Family   | 582.77                                 | 1,097.65  |
| Surviving/Unsubsidized<br>Dependent                      | 580.78                                 | 730.30  |
| Surviving/Unsubsidized<br>Spouse + Child(ren)            | 765.62                                 | 1,052.65  |
| <b>To determine your final premium, turn to page 24.</b> |  |   |

| <b>**State Retiree<br/>with Domestic Partner**<br/>Rates</b> | Statewide PPO                          | Statewide HMO   |
|--|--|---|
|  | <b>Consumer Driven<br/>Health Plan</b> | <b>Hometown Health Plan and<br/>Health Plan of Nevada</b> |
|  | Participant Premium                    | Participant Premium                                       |
| Retiree + DP   | 477.86                                 | 868.79  |
| Retiree + DP's Child(ren)                                    | 312.59                                 | 601.32  |
| Retiree + Children of both                                   | 312.59                                 | 601.32  |
| Retiree + DP + Retiree's<br>Child(ren)                       | 582.77                                 | 1,097.65  |
| Retiree + DP + DP's<br>Child(ren)                            | 582.77                                 | 1,097.65  |
| Retiree + DP + Children of<br>both                           | 582.77                                 | 1,097.65  |
| <b>To determine your final premium, turn to page 24.</b>     |  |   |

**State Retirees Rates (unsubsidized)**

Effective July 1, 2015 - June 30, 2016

| <b>**<u>State Retirees WITHOUT Subsidy</u>**</b><br><b><u>Refer to note below</u></b> | <b>Statewide PPO</b>               | <b>Statewide HMO</b>                                  |
|---|------------------------------------|---|
|   | <b>Consumer Driven Health Plan</b> | <b>Hometown Health Plan and Health Plan of Nevada</b> |
|   | <b>Participant Premium</b>         | <b>Participant Premium</b>                            |
| Retiree only  | 580.78                             | 730.30  |
| Retiree + Spouse  | 1,060.74                           | 1,429.36  |
| Retiree + Child(ren)  | 765.62                             | 1,052.65  |
| Retiree + Family  | 1,248.09                           | 1,751.71  |
| Surviving/Unsubsidized Dependent  | 580.78                             | 730.30  |
| Surviving/Unsubsidized Spouse + Child (ren)   | 765.62                             | 1,052.65  |

**Note: State Retirees Without Subsidy Rates apply to retirees with an initial hire date of hire on or after January 1, 2012.**

## State Retiree Years of Service Subsidy

| <b>** State Retiree **</b>                           |         |
|--|---------|
| <b>Subsidy</b>                                       |         |
| For Retirees Enrolled in<br>the <b>CDHP/HMO</b> Plan |         |
| YOS  | Subsidy |
| 5  | +319.17 |
| 6  | +287.26 |
| 7  | +255.34 |
| 8  | +223.42 |
| 9  | +191.50 |
| 10   | +159.59 |
| 11   | +127.67 |
| 12   | +95.75  |
| 13   | +63.83  |
| 14   | +31.92  |
| 15 (Base)  | -       |
| 16   | -31.92  |
| 17   | -63.83  |
| 18   | -95.75  |
| 19   | -127.67 |
| 20   | -159.59 |

- For participants who retired before January 1, 1994, the participant premium for the selected plan and tier is shown on 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 20.
- 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, 2015 - June 30, 2016

| <b>** Non-State **<br/>Employee Rates</b> | Statewide PPO  | Statewide HMO   |
|---|--|---|
|   | <b>Consumer Driven PPO High<br/>Deductible Health Plan</b> | <b>Hometown Health Plan and<br/>Health Plan of Nevada</b> |
|   | Participant Premium  | Participant Premium                                       |
| Employee Only                             | 974.97   | 795.61  |
| Employee + Spouse                         | 1,831.21   | 1,542.07  |
| Employee + Child(ren)                     | 1,718.44   | 1,170.43  |
| Employee + Family                         | 2,573.84   | 1,916.89  |

| <b>** Non-State **<br/>Retiree Rates</b>         | Statewide PPO                          | Statewide HMO   |
|--|--|---|
|  | <b>Consumer Driven<br/>Health Plan</b> | <b>Hometown Health Plan and<br/>Health Plan of Nevada</b> |
|  | Participant Premium                    | Participant Premium                                       |
| Retiree only                                     | 344.54                                 | 396.63  |
| Retiree + Spouse/DP                              | 824.03                                 | 926.61  |
| Retiree + Child(ren)                             | 760.89                                 | 662.75  |
| Retiree + Family                                 | 1,239.91                               | 1,192.74  |
| Surviving/Unsubsidized<br>Dependent              | 957.06                                 | 777.70  |
| Surviving/Unsubsidized<br>Spouse/DP + Child(ren) | 1,700.53                               | 1,152.52  |

**To determine your final premium, turn to page 26.**

## Non-State Retiree Years of Service Subsidy

| <b>Non-State Retiree Subsidy</b>           |         |
|--|---------|
| For Retirees Enrolled in the CDHP/HMO Plan |         |
| YOS  | Subsidy |
| 5  | +319.17 |
| 6  | +287.26 |
| 7  | +255.34 |
| 8  | +223.42 |
| 9  | +191.50 |
| 10   | +159.59 |
| 11   | +127.67 |
| 12   | +95.75  |
| 13   | +63.83  |
| 14   | +31.92  |
| 15 (Base)                                  | -       |
| 16   | -31.92  |
| 17   | -63.83  |
| 18   | -95.75  |
| 19   | -127.67 |
| 20   | -159.59 |

- For participants who retired before January 1, 1994, the participant premium for the selected plan and tier is shown on page 25.
- 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 25.
- 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.

**Exchange-HRA Years of Service Contribution**  
**Retirees Enrolled in OneExchange**

| <b>Exchange-HRA Contribution for Medicare Retirees Enrolled in OneExchange</b> |                     |
|--|---------------------|
| <b>Years of Service</b>  | <b>Contribution</b> |
| 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).
- 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.
- Retirees who were hired by their last employer on or after January 1, 2012 do not receive a Years of Service contribution.



**Optional Dental Coverage Medicare Exchange Retirees**  
Retirees and Covered Dependents Enrolled in OneExchange

| <b>** Voluntary PEBP Dental Coverage **</b>   |                           |                               |
|---|---------------------------|-------------------------------|
| Optional dental coverage for retirees enrolled in an OneExchange Medical Plan   |                           |                               |
| <b>Voluntary Dental Coverage</b>  | <b>State Retiree Rate</b> | <b>Non-State Retiree Rate</b> |
| Retiree only  | 35.34                     | 35.75                         |
| Retiree + Spouse/DP   | 70.67                     | 71.51                         |
| Surviving/Unsubsidized Spouse/DP  | 35.34                     | 35.75                         |
| Retirees and their spouses or domestic partners enrolled in a medical plan through OneExchange 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 OneExchange (if applicable). |                           |                               |

**Unsubsidized Rates for Dependents  
Enrolled in the CDHP or HMO Plan**

Effective July 1, 2015 - June 30, 2016

| <b>** STATE **<br/>Unsubsidized Dependent</b> | <b>CDHP</b> | <b>HMO</b> |
|---|-------------|------------|
| Spouse/Domestic Partner or Child              | 580.78      | 730.30     |
| Child(ren)                                    | 765.62      | 1,052.65   |
| Spouse/DP + Child(ren)                        | 765.62      | 1,052.65   |

| <b>** NON-STATE **<br/>Unsubsidized Dependent</b> | <b>CDHP</b> | <b>HMO</b> |
|---|-------------|------------|
| Spouse/Domestic Partner or Child                  | 957.06      | 777.70     |
| Children  | 1,700.53    | 1,152.52   |
| Spouse/DP + Child(ren)                            | 1,700.53    | 1,152.52   |

**COBRA Rates**

## State and Non-State Employee and Retiree

| <b>State COBRA</b>  | Statewide PPO                      | Statewide HMO   |
|---|------------------------------------|---|
|   | <b>Consumer Driven Health Plan</b> | <b>Hometown Health Plan &amp; Health Plan of Nevada</b> |
| <b>**Employee**</b>   | <b>Premium</b>                     | <b>Premium</b>  |
| Participant   | 610.66                             | 763.17  |
| Participant + Spouse/DP   | 1,100.22                           | 1,476.22  |
| Participant + Child(ren)  | 802.62                             | 1,091.97  |
| Participant + Family  | 1,291.32                           | 1,805.01  |
| Spouse/DP Only  | 610.66                             | 763.17  |
| Spouse/DP + Child(ren)  | 802.62                             | 1,091.97  |
| <b>**Retiree**</b>  |                                    |   |
| Participant   | 592.40                             | 744.91  |
| Participant + Spouse/DP   | 1,081.96                           | 1,457.95  |
| Participant + Child(ren)  | 780.93                             | 1,073.70  |
| Participant + Family  | 1,273.05                           | 1,786.74  |
| Spouse/DP Only  | 592.40                             | 744.91  |
| Spouse/DP + Child(ren)  | 780.93                             | 1,073.70  |
| -- COBRA participants do not qualify for Life Insurance and Long-Term Disability. |                                    |   |
| -- Participants on COBRA do not receive a subsidy.                                |                                    |   |

| <b>Non-State COBRA</b>  | Statewide PPO                      | Statewide HMO   |
|---|------------------------------------|---|
|   | <b>Consumer Driven Health Plan</b> | <b>Hometown Health Plan &amp; Health Plan of Nevada</b> |
| <b>**Employee**</b>   | <b>Premium</b>                     | <b>Premium</b>  |
| Participant   | 994.47                             | 811.52  |
| Participant + Spouse/DP   | 1,867.84                           | 1,572.91  |
| Participant + Child(ren)  | 1,752.80                           | 1,193.84  |
| Participant + Family  | 2,625.31                           | 1,955.23  |
| Spouse/DP Only  | 994.47                             | 811.52  |
| Spouse/DP + Child(ren)  | 1,752.80                           | 1,193.84  |
| <b>**Retiree**</b>  |                                    |   |
| Participant   | 976.20                             | 793.25  |
| Participant + Spouse/DP   | 1,849.57                           | 1,554.64  |
| Participant + Child(ren)  | 1,734.54                           | 1,175.57  |
| Participant + Family  | 2,607.05                           | 1,936.96  |
| Spouse/DP Only  | 976.20                             | 793.25  |
| Spouse/DP + Child(ren)  | 1,734.54                           | 1,175.57  |
| -- COBRA participants do not qualify for Life Insurance and Long-Term Disability. |                                    |   |
| -- Participants on COBRA do not receive a subsidy.                                |                                    |   |

## **Important Notices**

### **HIPAA Privacy Practices**

The Health Insurance Portability and Accountability Act (HIPAA) (Privacy Rule) provides Federal protection for personal health information and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other purposes. For more information, please visit the following website: <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><b>CDHP Medical and PPO Dental Claims Administrator</b></p> <ul style="list-style-type: none"> <li>• Claim status inquiries</li> <li>• Plan benefit information</li> <li>• HSA/PPO-HRA Administration</li> <li>• Network Providers</li> <li>• ID cards</li> </ul>  | <p><b>HealthSCOPE Benefits</b><br/>                 P.O. Box 91603<br/>                 Lubbock, TX 79490-1603<br/>                 Customer Service: 888-7NEVADA<br/>                 888-763-8232<br/>                 Group Number: NVPEB<br/> <a href="http://www.healthscopebenefits.com">www.healthscopebenefits.com</a></p>  |
| <p><b>In-State PPO Medical Network</b></p> <ul style="list-style-type: none"> <li>• Network Providers</li> <li>• Provider directory</li> <li>• Additions/deletions of providers</li> </ul>  | <p><b>PEBP Statewide PPO Network</b><br/>                 Administered by Hometown Health Partners and Sierra Healthcare Options<br/>                 Customer Service: (800) 336-0123<br/> <a href="http://www.pebp.state.nv.us">www.pebp.state.nv.us</a></p>  |
| <p><b>National Provider Network</b><br/>                 For participants who reside outside Nevada or who reside in Nevada and access healthcare services outside of Nevada</p>  | <p><b>First Health Network</b><br/>                 P.O. Box 91603<br/>                 Lubbock, TX 79490-1603<br/>                 Customer Service: 800-226-5116<br/> <a href="http://www.myfirsthealth.com">www.myfirsthealth.com</a></p>  |
| <p><b>Dental PPO Network</b></p> <ul style="list-style-type: none"> <li>• Statewide dental PPO providers</li> <li>• Dental provider directory</li> </ul>  | <p><b>Diversified Dental Services</b><br/>                 Northern Nevada: (866) 270-8326<br/>                 Southern Nevada: (800) 249-3538<br/> <a href="http://www.ddsppo.com">www.ddsppo.com</a></p>   |
| <p><b>CDHP Pharmacy Plan Administrator</b></p> <ul style="list-style-type: none"> <li>• Prescription drug information</li> <li>• Retail network pharmacies</li> <li>• Prior authorization</li> <li>• Non-network retail claims payment</li> <li>• Price and Save Tool</li> <li>• Mail order service and mail order forms</li> </ul> <p>Specialty Drug Services: Brioval Rx<br/>                 Diabetic Supplies - Catamaran/Liberty Medical</p> | <p><b>Retail Pharmacy Services: Catamaran</b><br/>                 (800) 799-1012<br/> <a href="http://www.catamaranrx.com">www.catamaranrx.com</a></p> <p><b>Catamaran Mail Order Services</b><br/>                 (888) 637-5121</p> <p><b>Briova Rx (Specialty pharmacy)</b><br/>                 (866) 618-6741</p> <p><b>Diabetic Sense - Liberty Medical</b><br/>                 (877) 852-3512</p> |
| <p><b>Hometown Health Providers</b></p> <ul style="list-style-type: none"> <li>• Utilization Management and Case Management</li> </ul>  | <p><b>Hometown Health Providers</b><br/>                 Pre-certification and Customer Service<br/>                 (775) 982-3232 (888) 323-1461<br/> <a href="http://www.stateofnv.hometownhealth.com">www.stateofnv.hometownhealth.com</a></p>  |
| <p><b>U.S. Preventive Medicine</b></p> <ul style="list-style-type: none"> <li>• NVision Health &amp; Wellness Program</li> <li>• Diabetes Care Management</li> <li>• Obesity Care Management Program</li> </ul>   | <p><b>U.S. Preventive Medicine (USPM)</b><br/> <b>NVision Health &amp; Wellness Program</b><br/>                 (877) 800-8144<br/> <a href="http://NVision.PEBP.state.nv.us">NVision.PEBP.state.nv.us</a></p>   |

**Vendor Contact List**

|   |  |
|---|--|
| <p><b>Northern HMO Plan</b></p> <ul style="list-style-type: none"> <li>• Provider network</li> <li>• Provider directories</li> <li>• Appeals</li> <li>• Benefit Information</li> <li>• Additions/deletions of providers</li> <li>• Pharmacy Benefits</li> </ul> | <p><b>Hometown Health Plan HMO</b><br/> Customer Service:<br/> (775) 982-3232 or (800) 336-0123<br/> MedImpact Retail Pharmacy<br/> (888) 266-7481<br/> Mail Order: Postal Prescription Services<br/> (PPS) (800) 552-6694<br/> Costco Mail Order Pharmacy<br/> (800) 607-6861<br/> <a href="http://www.pharmacy.costco.com">www.pharmacy.costco.com</a></p> |
| <p><b>Southern HMO Plan</b></p> <ul style="list-style-type: none"> <li>• Provider network</li> <li>• Provider directories</li> <li>• Benefit Information/Appeals</li> <li>• Additions/deletions of providers</li> </ul>   | <p><b>Health Plan of Nevada</b><br/> Customer Service:<br/> (702) 242-7300<br/> (800) 777-1840<br/> <a href="http://www.stateofnvhpnbenefits.com">www.stateofnvhpnbenefits.com</a></p>   |
| <p><b>Life and AD&amp;D Insurance</b></p> <ul style="list-style-type: none"> <li>• Life insurance benefits information</li> <li>• Claim filing</li> <li>• MEDEX travel assistance</li> <li>• Beneficiary designation forms</li> </ul>                           | <p><b>Standard Insurance Company</b><br/> Customer Service: (888) 288-1270<br/> <a href="http://www.standard.com/mybenefits/nevada/index.html">www.standard.com/mybenefits/nevada/index.html</a></p>   |
| <p><b>Medicare Exchange</b><br/> Medicare supplemental plan/HRA administrator for retirees</p> <p><b>PayFlex—Health Reimbursement Arrangement</b></p>   | <p><b>Towers Watson’s OneExchange</b><br/> Customer Service: (888) 598-7545<br/> <a href="http://www.ExtendHealth.com/PEBP">www.ExtendHealth.com/PEBP</a></p> <p><b>PayFlex</b><br/> Customer Service: (888)598-7545<br/> General Fax: (402) 231-4300<br/> Claims Fax: (402) 231-4310</p>  |
| <p><b>Life Insurance</b></p> <ul style="list-style-type: none"> <li>• Voluntary Life Insurance</li> <li>• Voluntary Short-Term Disability Insurance</li> </ul>  | <p><b>Standard Insurance Company</b><br/> Customer Service: (888) 288-1270<br/> <a href="http://www.standard.com/mybenefits/nevada/index.html">www.standard.com/mybenefits/nevada/index.html</a></p>   |
| <p><b>Flexible Spending</b></p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Dependent Care</li> </ul>   | <p><b>HealthSCOPE Benefits</b><br/> Customer Service: (888)763-8232<br/> Fax: (877) 240-0135<br/> P.O. Box 3627 Little Rock, AR 72203<br/> Email: <a href="mailto:pebphsahra@healthscopebenefits.com">pebphsahra@healthscopebenefits.com</a><br/> <a href="http://www.healthscopebenefits.com">www.healthscopebenefits.com</a></p>                           |
| <p><b>Home and Auto Insurance</b></p>   | <p><b>Liberty Mutual</b><br/> Customer Service: (800) 637-7026<br/> <a href="mailto:gary.bishop@libertymutual.com">gary.bishop@libertymutual.com</a></p>   |

## Open Enrollment Webinars and Videos

### Open Enrollment Webinars

Attend an Open Enrollment Webinar to learn more about the changes for Plan Year 2016. Registration is required and each session is limited to 1,000 registrants. To register, visit [www.pebp.state.nv.us](http://www.pebp.state.nv.us).

| <b>Date</b> | <b>Time</b>        | <b>Region</b>   | <b>Plan Type</b> |
|-------------|--------------------|-----------------|------------------|
| May 6, 2015 | 9:00 am - 10:30 am | Northern Nevada | CDHP and HHP     |
| May 6, 2015 | 2:30 pm - 4:00 pm  | Southern Nevada | CDHP and HPN     |
| May 8, 2015 | 9:00 am - 10:30 am | Southern Nevada | CDHP and HPN     |
| May 8, 2015 | 2:30 pm - 4:00 pm  | Northern Nevada | CDHP and HHP     |

### **On-Demand Informational Videos available at [www.pebp.state.nv.us](http://www.pebp.state.nv.us)**

PEBP offers the following on-demand informational videos related to various plan components:

- Using your HSA for Prescription Medications
- HSA & HRA: Similarities and Differences
- Using your HSA for Medical Expenses
- Deductible and Coinsurance
- Limited Purpose FSA
- Medical FSA
- Consumer Driven Health Plan Diabetes Program
- HPN Diabetes Program
- Helping you Understand Your Health Reimbursement Account (HRA) for Medicare Retirees enrolled in the Medicare Exchange
- Helping you Prepare for your Upcoming Medicare Enrollment for Medicare retirees enrolled in the Medicare Exchange