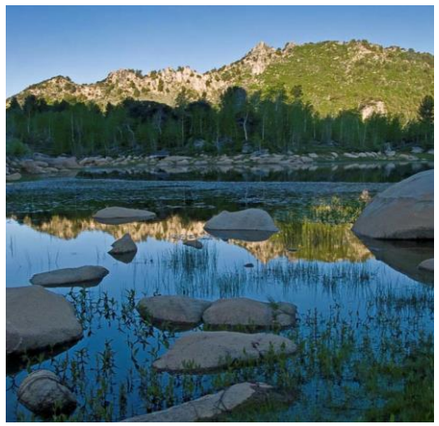

OPEN ENROLLMENT GUIDE

JULY 1, 2022 – JUNE 30, 2023

PLAN YEAR 2023

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

775-684-7000

or 1-800-326-5496

www.pebp.state.nv.us

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

WELCOME TO THE PUBLIC EMPLOYEES' BENEFITS PROGRAM

The purpose of this document is to inform members of the changes that will be taking place for the next plan year. Every effort has been made to ensure the accuracy of the information contained in this interactive document. In the event of any discrepancies between the information in this document and the Master Plan Document(s) or Evidence of Coverage applicable to each plan, the plan documents will govern.

For more information and details on eligibility or plan benefits, please refer to the applicable Master Plan Document, Summary of Benefits and Coverage document or Evidence of Coverage. These documents are available on PEBPs website at www.pebp.state.nv.us or by calling PEBP and requesting a copy be mailed to you.

Should you have any questions regarding your benefits and/or eligibility you may send a secure message through your E-PEBP Portal or contact the PEBP office at 775-684-7000 or 1-800-326-5496.

Please note that the information herein contains general plan benefits and may not include additional provisions or exclusions. For more in-depth plan benefits, please refer to the applicable Master Plan Document.

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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For more information about open enrollment, to view voluntary benefits, and all plan documents please visit the Open Enrollment page on the homepage of pebp.state.nv.us.

What and When is Open Enrollment

The annual PEBP open enrollment period provides participants the opportunity to reevaluate benefits, make changes to existing medical plan elections, or add/remove dependents.

Participants who are adding dependents to their coverage during the open enrollment period **must** upload any required supporting documents (e.g., copy of marriage certificate, birth certificate, etc.) by June 15th.

Options During open enrollment:

- Enroll or decline voluntary benefits
- Change health plan options
- Add or delete dependent(s)
- Decline coverage
- Switch from CDHP HRA to HSA or vice versa
- Modify CDHP HSA contributions
- Designate HSA or basic life insurance beneficiaries

Open enrollment is also an opportunity for retirees to reinstate insurance if the retired employee did not have more than one period during which he or she was not covered under the PEBP Plan. These retirees are not eligible for basic life insurance coverage through PEBP. Approved enrollment for reinstated retirees will become effective July 1st. See Late Enrollee tab for more information.

PEBP open enrollment is normally held between May 16th - May 31st for PY23.
Any changes made during the open enrollment period become effective on July 1st.

You must upload required supporting documents to your E-PEBP portal while completing your OE event. If you are unable to upload your documents, you may upload them on PEBPs website, by June 15th, on the Contact Us page.

To view required supporting documents please view the PY23 Benefit Guide.

Dependent Eligibility

Legal Spouse or Domestic Partner

- If not eligible for group coverage through their own employer*

Exceptions may apply if the employer-group health coverage is determined to be significantly inferior. Significantly inferior plans offer limited benefits such as a mini-med plan or a catastrophic plan with a $5,000 or greater individual deductible and the plan is **not coupled with an HSA or HRA*

Child(ren)/Stepchild(ren) - Birth to Age 26

- May be covered from birth through the last day of the month the child reaches age 26

Dependent Eligibility

Disabled Dependent Child(ren)

- A child of any age with a disability incapable of self-support, provided such condition occurs before age 26
- After age 26 proof is required that the dependent has maintained continuous medical coverage with no break in service and the completion of the Certification of Disabled Dependent Child form by the participant and the child's physician

Child(ren) under Legal Guardianship

- Children under *permanent* legal guardianship to age 19
- To continue coverage after 19 (to age 26), the child must be:
  - Unmarried
  - Reside with participant
  - Full-time student
  - Claimed on tax return
- Recertification will be required every 2 years

IMPORTANT: A dependent of two PEBP participants cannot be covered under more than one PEBP medical plan at the same time. A child that is covered as a dependent under a PEBP participant who becomes eligible for PEBP coverage as a primary participant may enroll as a primary participant or decline primary participant coverage and remain as a dependent of another PEBP primary participant's plan.

KEY TERMS

Deductible

The annual amount you pay before your plan starts to pay.

Copay

A flat $ amount you pay for covered services like doctor visits.

Coinsurance

After your deductible is met, you share responsibility for payments with the insurance company. You pay a %, and PEBP pays a %.

Out-of-Pocket Maximum (OOPM)

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount.

Premium

The amount you pay to obtain a health insurance plan. Most members premiums are automatically deducted from their paycheck. The premium is separate from your deductible, copay, coinsurance and OOPM.

Eligibility for PEBP coverage is determined in accordance with the NRS 287, NAC 287.

UPCOMING CHANGES

Affects ALL Plans

Plan Design

There are plan design changes to all plans. Including rates, deductibles, out-of-pocket maximums, copays, and coinsurance. Please view the Rates and Benefits tabs in this guide for more details. To view in depth changes please review the applicable Master Plan Document(s) or the Plan Comparison on the PEBP website.

Affects CDHP, LD PPO, and EPO Plans

Network Change

Effective July 1, 2022, the CDHP, LD PPO, and EPO networks (Aetna Signature Administrators), are being replaced with UnitedHealthcare Choice Plus (north) and Sierra Health-Care Options (south).

UMR

PEBP's Third Party Administration (TPA), previously known as Healthscope Benefits.

Affects Members with any funds in their Health Savings Account or Health Reimbursement Arrangement

HSA Bank

HSA Bank is the new HSA/HRA provider effective July 1, 2022. If you currently have HSA funds, you must transfer your existing Healthscope HSA to HSA Bank **to avoid a monthly fee**. If you have HRA funds in your account on June 30th, your balance will transfer automatically from Healthscope to HSA Bank; no action is required by you.

Upcoming Changes
What's New

WHAT'S NEW

Below are the plan changes at a glance. The following pages will go over each plan in more detail. For full details please see each applicable Master Plan Document.

Consumer Driven Health Plan
Preferred Provider Organization (Statewide/Nationwide CDHP-PPO)

- New United Healthcare Choice Plus (north) and Sierra Health-Care Options (south) network
- Deductible $1,500 for an individual and $3,000 for a family
- HSA Bank is the new administrator for HSA/HRA funding
- Doctor on Demand: Psychology visit $129 for 50 minutes, psychiatry visit $229 for 45 minutes
- Out-of-pocket max is $4,000 for an individual and $8,000 for a family

Premier Plan
Exclusive Provider Organization (Northern Nevada EPO)

- New United Healthcare Choice Plus network
- Deductible $100 for an individual and $200 for a family with a $100 for an individual family member
- Rx specialty is a 20% after deductible
- Doctor on Demand: Psychology visit $20 for 50 minutes, psychiatry visit $20 for 45 minutes
- Impatient Hospital is a $600 copay, primary care visit is a $20 copay, ER visit is a $600 copay

Low Deductible PPO Plan
Preferred Provider Organization (Statewide/Nationwide LD-PPO)

- New United Healthcare Choice Plus (north) and Sierra Health-Care Options (south) network
- Deductible $0, N/A
- Doctor on Demand: Psychology visit $20 for 50 minutes, psychiatry visit $20 for 45 minutes
- Out-of-pocket max is $4,000 for an individual and $8,000 for a family

Health Plan of Nevada
Health Maintenance Organization (Southern Nevada HPN-HMO)

- Prescription drug deductible $100 for an individual and $200 for a family with a $100 for an individual family member
- Rx specialty is a 20% after deductible (deductible $100 individual, $200 family)
- Impatient Hospital is a $600 copay
- ER visit is a $600 copay

- Active Employee
- Pre-Medicare Retiree
- COBRA

RATES

In this section, you will be able to review monthly plan rates based upon your employment status (i.e. active employees, pre-Medicare retirees, Medicare retirees), medical plan option, and coverage tier (e.g., employee or retiree only, employee or retiree and spouse/domestic partner, etc.).

State employees on Leave Without Pay (LWOP), active legislators, and employees on military leave do not receive a subsidy. This means both the employee and employer portions are included in the employee monthly premium. *Survivors and unsubsidized dependents are also not eligible for a subsidy.* Please view all rates on the PEBP website for unsubsidized premium amounts.

Each monthly premium rate pays for coverage for *that same month*, including retirees. Payments are not made in advance.

You may view ALL RATES for Plan Year 2023 by clicking here.

- **Active Employee**
- Pre-Medicare Retiree
- COBRA

Monthly Premium Includes: Medical, Dental, Prescription and Vision Coverage as well as Basic Life Insurance for eligible participants.

Active Employee Monthly Rates

State Employee Rates			
Effective July 1, 2022 – June 30, 2023	**CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)**	**LOW DEDUCTIBLE PLAN (LD-PPO)**	**PREMIER PLAN (EPO) AND HEALTH PLAN OF NEVADA (HMO)**
Employee Only	$46.96	$68.14	$161.00
Employee + Spouse/DP	$251.00	$293.36	$479.10
Employee + Child(ren)	$123.46	$152.60	$280.30
Employee + Family	$327.53	$377.82	$598.40

Non-State Employee Rates			
Effective July 1, 2022 – June 30, 2023	**CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)**	**LOW DEDUCTIBLE PLAN (LD-PPO)**	**PREMIER PLAN (EPO) AND HEALTH PLAN OF NEVADA (HMO)**
Employee Only	$974.53	$1,019.85	$931.73
Employee + Spouse/DP	$1,939.75	$2,030.39	$1,854.14
Employee + Child(ren)	$1,336.49	$1,398.80	$1,277.63
Employee + Family	$2,301.70	$2,409.34	$2,200.04

--Non-State Employee rates are unsubsidized rates. Employees working for a non-state agency should contact their agency to inquire about any premium subsidies.

- Active Employee
- **Pre-Medicare Retiree**
- COBRA

If you are not eligible for a YOS subsidy, please view the PY23 Monthly Premium Rates, and unsubsidized rates on pebp.state.nv.us/plans/plan-documents/

Pre-Medicare Retiree Monthly Rates

State Retiree and Survivor Rates (Non-Medicare)			
Effective July 1, 2022 – June 30, 2023	**CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)**	**LOW DEDUCTIBLE PLAN (LD-PPO)**	**PREMIER PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)**
Retiree Only	$241.26	$262.44	$355.30
Retiree + Spouse/DP	$588.96	$631.34	$817.06
Retiree + Child(ren)	$371.64	$400.78	$528.48
Retiree + Family	$719.36	$769.66	$990.24
Surviving/Unsubsidized Dependent	$670.83	$691.88	$779.47
Surviving/Unsubsidized Spouse + Child(ren)	$920.33	$949.43	$1,069.73

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO	
Years of Service	**Subsidy**
5	+373.50
6	+336.15
7	+298.80
8	+261.45
9	+224.10
10	+186.75
11	+149.40
12	+112.05
13	+74.70
14	+37.35
15 (base)	-
16	-37.35
17	-74.70
18	-112.05
19	-149.40
20	-186.75

- For participants who retired **before January 1, 1994**, the participant premium for the selected plan and tier is shown above.
- For participants who retired **on or after January 1, 1994,** add or subtract the appropriate subsidy from the Years of Service (YOS) table → to the participant premium in the selected plan and tier.
- Retirees **with less than** 15 years of service, who were initially hired* by their last employer on or after **January 1, 2010** and who are not disabled, do not receive a years of service or base subsidy and do not qualify for a Medicare Exchange HRA.
- Retirees who were initially hired* **on or after January 1, 2012** do not receive a years of service or base subsidy and do not receive an Exchange HRA.
- For retirees on the PEBP PPO, LD-PPO, EPO, or HMO plan who are enrolled in Medicare Part B, subtract an additional $135.50 from the base premium.

**Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.*

- Active Employee
- **Pre-Medicare Retiree**
- Medicare Retiree
- COBRA

PRE-MEDICARE RETIREE MONTHLY RATES

Non-State Retiree and Survivor Rates (Non-Medicare)			
Effective July 1, 2022 – June 30, 2023	**CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)**	**LOW DEDUCTIBLE PLAN (LD PPO)**	**PREMIER PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)**
Retiree Only	$239.53	$260.93	$355.30
Retiree + Spouse/DP	$585.49	$628.29	$817.06
Retiree + Child(ren)	$369.25	$398.69	$528.48
Retiree + Family	$715.23	$766.05	$990.24
Surviving/Unsubsidized Dependent	$970.69	$1,016.01	$927.89
Surviving/Unsubsidized Spouse + Child(ren)	$1,332.65	$1,394.96	$1,273.79

- For participants who retired **before January 1, 1994**, the participant premium for the selected plan and tier is shown above.
- For participants who retired **on or after January 1, 1994,** add or subtract the appropriate subsidy from the Years of Service (YOS) table → to the participant premium in the selected plan and tier.
- Retirees **with less than** 15 years of service, who were initially hired* by their last employer on or after **January 1, 2010** and who are not disabled, do not receive a years of service or base subsidy and do not qualify for a Medicare Exchange HRA.
- Retirees who were initially hired* **on or after January 1, 2012** do not receive a years of service or base subsidy and do not receive an Exchange HRA.
- For retirees on the CDHP PPO, LD PPO, EPO, or HMO plan who are enrolled in Medicare Part B, subtract an additional $135.50 from the base premium.

**Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.*

Retirees Enrolled in the CDHP/LD PPO/EPO/HMO	
Years of Service	**Subsidy**
5	+373.50
6	+336.15
7	+298.80
8	+261.45
9	+224.10
10	+186.75
11	+149.40
12	+112.05
13	+74.70
14	+37.35
15 (base)	-
16	-37.35
17	-74.70
18	-112.05
19	-149.40
20	-186.75

- Active Employee
- Pre-Medicare Retiree
- **COBRA**

COBRA participants do not qualify for basic life Insurance and do not receive a subsidy.

Monthly Cobra Rates

Effective July 1, 2022 – June 30, 2023	CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (EPO) HEALTH PLAN OF NEVADA (HMO)
State Employee			
Employee	$688.16	$709.75	$798.99
Employee + Spouse/DP	$1,366.82	$1,409.97	$1,588.47
Employee + Child(ren)	$942.65	$972.34	$1,095.04
Employee + Family	$1,621.30	$1,672.57	$1,884.53
State Retiree			
Retiree	$684.25	$705.82	$795.06
Retiree + Spouse/DP	$1,362.89	$1,406.06	$1,584.54
Retiree + Child(ren)	$938.74	$968.42	$1,091.12
Retiree + Family	$1,617.38	$1,668.65	$1,880.61
Spouse/DP Only	$684.25	$705.82	$795.06
Spouse/DP + Child(ren)	$938.74	$968.42	$1,091.12
Non-State Employee			
Employee	$994.02	$1,040.25	$950.36
Employee + Spouse/DP	$1,978.55	$2,071.00	$1,891.22
Employee + Child(ren)	$1,363.22	$1,426.78	$1,303.18
Employee + Family	$2,347.73	$2,457.53	$2,244.04
Non-State Retiree			
Retiree	$990.10	$1,036.33	$946.45
Retiree + Spouse/DP	$1,974.63	$2,067.08	$1,887.31
Retiree + Child(ren)	$1,359.30	$1,422.86	$1,299.27
Retiree + Family	$2,343.82	$2,453.61	$2,240.12
Spouse/DP Only	$990.10	$1,036.33	$946.45
Spouse/DP + Child(ren)	$1,359.30	$1,422.86	$1,299.27

Medical Plan Options

Consumer Driven Health Plan Preferred Provider Organization (CDHP-PPO)

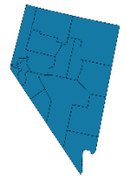
- *Available Nationwide*
  - Comes with a:
    - *Health Savings Account (HSA); **or***
    - *Health Reimbursement Arrangement (HRA)*

UMR

Low Deductible Plan (LD-PPO)

- *Available Nationwide*
  - *No HSA or HRA contribution*

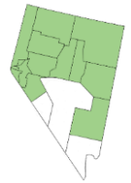
UMR



Premier Plan Exclusive Provider Organization (Northern Nevada EPO)

- *Available in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln, Elko counties*

PEBP Premier Plan



Health Plan of Nevada Health Maintenance Organization (Southern Nevada HMO)

- *Available in Clark, Esmeralda, and Nye counties*

HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

MEDICAL BENEFITS

PEBP offers three medical plan options for Northern Nevada and three medical plan options for Southern Nevada. Those residing out of state have two plan option, the Statewide/Nationwide CDHP PPO plan, and LD PPO.

Consumer Driven Health Plan
Preferred Provider Organization (Statewide/Nationwide CDHP-PPO)

- A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates.
- High-deductible plan which provides a Health Savings Account (HSA) for eligible employees or a Health Reimbursement Arrangement (HRA) for active employees as well as retirees who are ineligible for the HSA.

Premier Plan
Exclusive Provider Organization (Northern Nevada EPO)

- With an EPO you must use in-network health care providers that participate in the plan.
- You do not need to select a primary care physician (PCP), nor do you need to contact your PCP for referrals to specialists. However, because you are responsible for choosing specialists and hospitals, it is important to confirm with the provider that they are in-network.
- Fixed copayments for most services.
- Only urgent/emergent services covered outside of service area.

Low Deductible Plan
Preferred Provider Organization (Statewide/Nationwide LD-PPO)

- A PPO has a contracted group or network of health care providers (e.g., hospitals, physicians, laboratories) that provide health care services and supplies at agreed upon discounted or reduced rates
- Low-deductible plan is a middle tier option that allows members to access many benefits, such as doctor's office visits, urgent care, and prescription drugs for the cost of a copay with other services subject to a low deductible.
- Low-deductible plans are not eligible for HSA/HRA contributions. You can not contribute to an already established HSA.

Health Plan of Nevada
Health Maintenance Organization (Southern Nevada HPN-HMO)

- With an HMO you must use in-network health care providers that participate in the plan.
- Primary care physician will be required.
- Fixed copayments for most services.
- Only urgent/emergent services are covered outside of the service area. With the exception of covered dependents enrolled in an accredited college, university or vocational school anywhere in the United States.

*There will not be an CDHP HSA/HRA contribution for covered Dependents for Plan Year 2023.

MEDICAL BENEFITS OVERVIEW

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)	LOW DEDUCTIBLE PLAN (LD PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN Southern HMO)
Service Areas In-Network Out-of-Network	 Global Global	 Global Global	 Northern Nevada Urgent and Emergent	 Southern Nevada Urgent and Emergent
Annual Deductible *(medical and prescription combined)*	$1,500 Individual $3,000 Family /$2,800 Individual Family Member	N/A	$100 Individual $200 Family / $100 Individual Family Member	N/A with exception of Tier 4 prescription drug coverage (see prescription overview)
Out-of-Pocket Maximum	$4,000 Individual $8,000 Family / $6,850 Individual Family Member	$4,000 Individual $8,000 Family / $4,000 Individual Family Member	$5,000 Individual $10,000 Family / $5,000 Individual Family Member	$5,000 Individual $10,000 Family / 5,000 Individual Family Member
Base HSA/HRA PEBP Contribution* *(Prorated after 7/1)*	Primary Participant: $600	N/A	N/A	N/A
Medical Coinsurance	20% after Deductible	20% after Deductible	20% after Deductible	N/A
Primary Care Office Visit	20% after Deductible	$30 Copay	$20 Copay	$25 Copay
Specialist Visit *(No Referral Required)*	20% after Deductible	$50 Copay	$40 Copay	$25 Copay with a referral
Urgent Care Visit	20% after Deductible	$80 Copay	$50 Copay	$50 Copay
ER Visit	20% after Deductible	$750 Copay	$600 Copay	$600 Copay

The information in the table shown contains a general overview of in-network plan benefits and does not include additional provisions or exclusions. To view more in-depth plan benefits, such as lab services and out-of-network coverage, please log on to your E-PEBP Portal and refer to the applicable Master Plan Document.

Find an In-Network Dental Provider by clicking below:

Diversified Dental Services, Inc.

Dental Benefits Overview

All CDHP PPO, LD PPO, EPO, HMO and Medicare Exchange Eligible Participants		
BENEFIT CATEGORY	**In-Network**	**Out-of-Network****
Individual Plan Year Maximum (applies to basic and major services)	$1,500 per person	$1,500 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* Routine cleanings (4/plan year) Exams, bitewing X-rays (2/plan year)	• Covered 100% • Not subject to deductible • Does not apply towards individual plan year max	• Covered 80% • Not subject to deductible • Does not apply towards individual plan year max
Basic Services* Periodontal, fillings, extractions, root canals, full-mouth X-rays	You pay 20% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Major Services* Bridges, crowns, dentures, tooth implants	You pay 50% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Orthodontia (adults and children)	Not Covered– See FSA section for orthodontia options	Not Covered– See FSA section for orthodontia options

*Allowable fee schedule applies

**The plan will reimburse at the U&C rates for participants in the Las Vegas area using an out-of-network provider *within the in-network* service area; OR For services received out-of-network, outside of Nevada.

The information in the table shown contains a general overview of plan benefits and does not include additional provisions or exclusions.

For more information or to purchase voluntary vision benefits please log on to your E-PEBP Portal.

Vision Benefits Overview

VISION PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE (LD-PPO)	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN-Southern HMO)
Vision Network	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	PEBP does not maintain a network specific to vision care	EyeMed
Vision Exam *(limited to one exam per Plan Year, per covered individual)*	$25 copay Maximum Benefit of $95 Subject to Usual & Customary Limits	$10 copay Maximum Benefit of $100 Subject to Usual & Customary Limits	$10 copay Maximum Benefit of $100 Subject to Usual & Customary Limits	$10 copay Maximum Benefit of $100 every 12 months
Lenses	Not Covered	$10 copay every 24 months (Maximum Benefit of $100)	$10 copay every 24 months (Maximum Benefit of $100)	$10 copay every 12 months (subject to limitations)
Frames	Not Covered			$100 maximum allowance every 24 months
Contact Lenses *(in lieu of lenses and frames)*	Not Covered	$10 copay every 24 months (Maximum Benefit of $100)	$10 copay every 24 months (Maximum Benefit of $100)	$10 copay every 12 months Maximum Benefit of $250 (subject to limitations)
To view more in-depth plan benefits as well as out-of-network coverage, please log on to your E-PEBP Portal and refer to the applicable Master Plan Document.				

The information in the table shown contains a general overview of plan benefits and does not include additional provisions or exclusions.

- Medical Plans
- Benefits Overview
- Dental
- Vision
- **Prescription**
- How Each Plan Works

Please Note:
Medical and Prescription deductible are combined.

Prescription Benefits Overview

RETAIL PRESCRIPTION DRUG BENEFITS	CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)	LOW DEDUCTIBLE PPO PLAN	PREMIER PLAN (Northern EPO)	HEALTH PLAN OF NEVADA (HPN-Southern HMO)
Preferred Generic*	20% after Deductible	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $20 Copay 90-day retail/mail	$10 Copay 30-day $25 Copay 90-day retail/mail
Preferred Brand*	20% after Deductible	$40 Copay 30-day $80 Copay 90-day retail/mail	$40 Copay 30-day $80 Copay 90-day retail/mail	$40 copay 30-day $100 copay 90-day retail/mail
Non- Preferred/ Non-Formulary Brand	N/A	$75 Copay 30-day $150 Copay 90-day retail/mail	$75 Copay 30-day $150 Copay 90-day retail/mail	N/A
Specialty	20% after Deductible (30-day mail only)	30% after Deductible (30-day mail only)	30% after Deductible (30-day mail only)	20% after Deductible (30-day mail only)
ACA Preventive Medications	$0	$0	$0	$0
CDHP Preventive Medications	20% Coinsurance Not subject to Deductible	N/A	N/A	N/A
Smart90 Required (For 90-Day Medications)	Yes	Yes	Yes	No
Locate a Pharmacy OR Price a Medication Tool	EXPRESS SCRIPTS® www.express-scripts.com/NVPEBP	EXPRESS SCRIPTS® www.express-scripts.com/NVPEBP	EXPRESS SCRIPTS® www.express-scripts.com/NVPEBP	OPTUMRx® www.myhpnstateofnevada.com/Pharmacy-Benefits

**CDHP, LD PPO, and EPO plans are required to use Express Advantage Network (EAN) Pharmacies: If you fill your prescription at a non-EAN pharmacy, you will pay $10 more for your prescription. To avoid the $10 upcharge, use an EAN pharmacy for your short-term prescriptions.*

The information in the table shown contains a general overview of plan benefits and does not include additional provisions or exclusions.

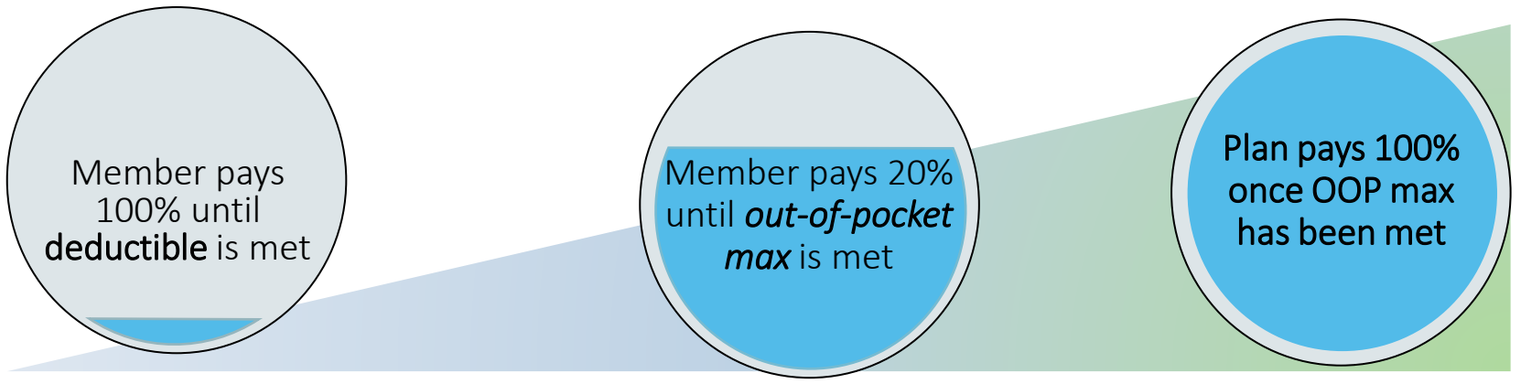
How the CDHP Plan Works

Benefit Category	Amount You Pay In-Network
Primary Care Visit	Deductible, then 20% coinsurance
Specialist Visit	Deductible, then 20% coinsurance
Urgent Care Services	Deductible, then 20% coinsurance
Imaging Services	Deductible, then 20% coinsurance
Outpatient Surgery	Deductible, then 20% coinsurance

Outpatient Surgery: Did you know you can usually choose where you wish to have your surgery preformed? Use Healthcare Bluebook to compare the cost and quality of facilities. You may even receive a reward for using those high-quality low-cost facilities.

PLEASE NOTE: You must use a Smart 90 pharmacy to fill your prescriptions, which include most major retail pharmacies, except for CVS and Walgreens.

How co-insurance works



Medical and Prescription Deductibles are combined

How the LD-PPO works→

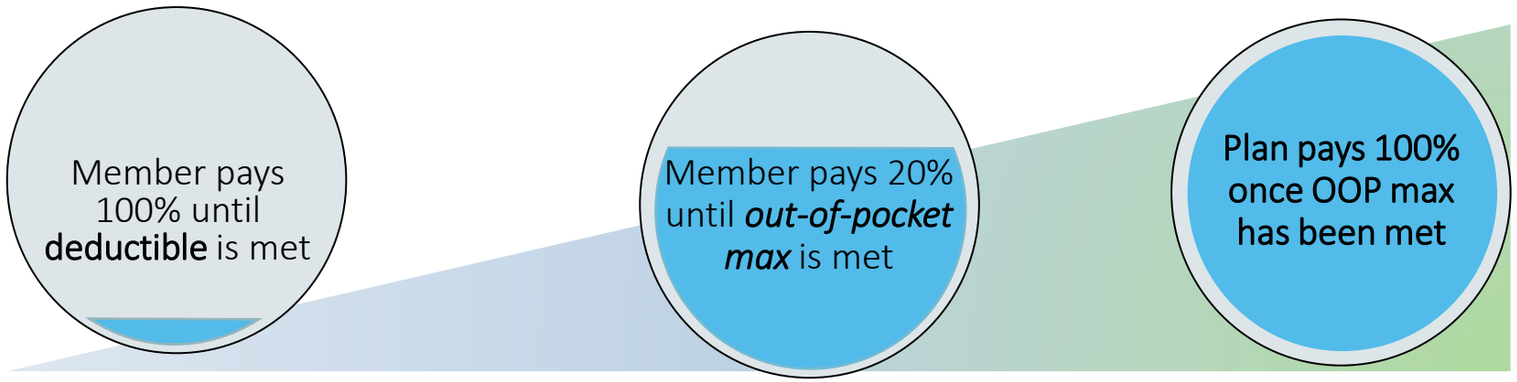
PLEASE NOTE: You must use a Smart 90 pharmacy to fill your prescriptions, which include most major retail pharmacies, except for CVS and Walgreens.

How the LD-PPO Plan Works

Benefit Category	Amount You Pay In-Network
Primary Care Visit*	$30 copay
Specialist Visit*	$50 copay
Urgent Care Services	$80 copay
Imaging Services	20% coinsurance
Outpatient Surgery	$500 copay

*Office visit copays are for primary care physician and specialist only. Other services provided during these visits, such as diagnostic testing is subject to deductible and coinsurance. This provision does not apply to urgent care/ER visits.

How co-insurance works



Medical and Prescription Deductibles are combined

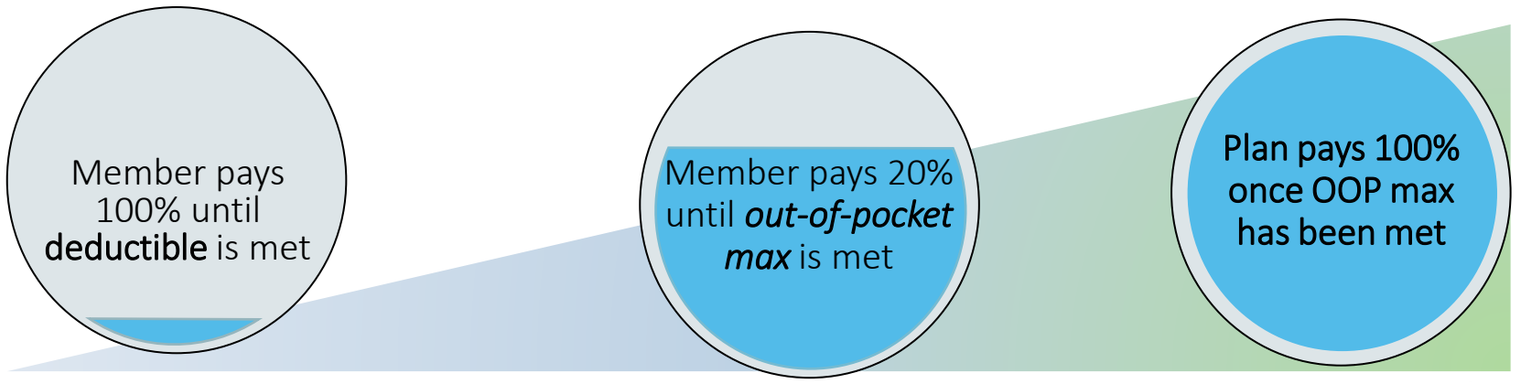
How the EPO works→

How the EPO Plan Works

Benefit Category	Amount You Pay In-Network
Primary Care Visit	$20 copay
Specialist Visit	$40 copay
Urgent Care Services	$50 copay
Imaging Services	Subject to Deductible, then 20% coinsurance
Outpatient Surgery	$350 copay

PLEASE NOTE: You must use a Smart 90 pharmacy to fill your prescriptions, which include most major retail pharmacies, except for CVS and Walgreens.

How co-insurance works



Medical and Prescription Deductibles are combined

How the HPN/HMO works→

How the HPN/HMO Plan Works

Benefit Category	Amount You Pay In-Network
Primary Care Visit	$25 copay
Specialist Visit	$25 copay (with a referral) $40 copay (without a referral)
Urgent Care Services	$50 copay
Imaging Services	$100 copay
Outpatient Surgery	$350 copay

Here is how it works

- You choose a **network** primary care provider (PCP) from Health Plan of Nevada's HMO provider directory.
- You'll see your PCP for routine care, yearly checkups, and other general health concerns. With an HMO plan, your PCP helps coordinate specialty care through a referral.
- Preventive care available at no cost when you see a network provider.

PLEASE NOTE: NSHE Employees have access to an FSA Account through their HR Department.

Spending Accounts

Flexible Spending Accounts (FSA)

FSAs are available to any eligible active employee regardless of the plan they choose, excluding the Nevada System of Higher Education employees who have a separate plan with their employer. Medical FSAs are not available to CDHP employees who have an HSA. FSAs give you a tax break on your eligible health care and dependent care expenses by having tax-free FSA contributions taken from your paycheck. The money is used to pay for expenses that would otherwise be paid out of your take-home pay.

You can use your Health Care and Limited Purpose FSA debit card to pay for your eligible medical, dental, and vision expenses. Or you can submit claims to request reimbursement for your eligible health care and dependent care expenses online via your E-PEBP Portal. Use the single sign on feature to access your HealthSCOPE portal.

Health Savings Account (HSA)

The Consumer Driven Health Plan (CDHP) with a Health Savings Account (HSA) is a great way to save tax-free money for current and future health care expenses. You can contribute, up to a certain amount regulated by the IRS each year, and PEBP will contribute a base amount as well! Your account balance rolls over from year to year and never expires so you can even use the funds into retirement.

Health Reimbursement Arrangement (HRA)

The Consumer Driven Health Plan (CDHP) with a Health Reimbursement Arrangement (HRA) is for those that do not meet the eligibility requirements to enroll in a Health Savings Account (HSA). The HRA is funded by PEBP the same way an HSA is; however, participant contributions are not allowed. If the CDHP medical coverage terminates for any reason, including a transition into a Medicare Exchange plan, any remaining funds in the HRA account revert to PEBP.

Enrollment is not automatic. You must re-enroll each year if you want to participate in a Flexible Spending Account. To download the form please visit the Forms page under Resources on PEBP's webpage.

Flexible Spending Accounts (FSA)

FSA Comparison Chart			
	Health Care FSA	**Limited Purpose FSA**	**Dependent Care FSA**
Examples of Covered Expenses	Qualified medical, dental and vision expenses such as: • Chiropractor • Glasses • Contact lenses • Orthodontia • Copays	Qualified dental and vision expenses such as: • Vision exams • LASIK surgery • Glasses • Contact lenses • Dental cleanings and fillings • X-rays • Orthodontia	Qualified dependent care expenses such as certain: • Preschool expenses • Nursery school expenses • Childcare in your home • Licensed home childcare Day care expenses are limited to care for children under age 13. Your expense must be for the purpose of allowing you and, if married, your spouse to be employed.
IRS Annual Allowed Maximum Calendar Year Contribution	$2,850	$2,750	$5,000 per household ($2,500 if married and file separate tax returns)
Can you have an HSA	No	Yes	Yes
Do funds roll over from year to year	Carry over up to $570. Funds in excess of $570 will be forfeited. Account must be depleted by July 1st if employee switches to CDHP HSA.	Carry over up to $570. Funds in excess of $570 will be forfeited.	No carry over. All excess funds will be forfeited.
Who is Eligible? Fulltime active employees covered under the PEBP Consumer Driven Health Plan (PPO), Low Deductible Plan (LD PPO), Premier Plan (EPO) or Health Plan of Nevada (HMO). Special rules apply if you go on a leave of absence. **NSHE employees must contact their HR.**			

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA/FSA FAQ's

LD-PPO participants are not eligible for HSA/HRA funds.

CDHP Health Savings Account (HSA)

If you select the Consumer Driven Health Plan with an HSA, you can use a Health Savings Account to pay for eligible out-of-pocket health care expenses now or save for future expenses.

Participants will receive $600 and there are no additional funds for dependents.

Health Savings Account:

- Receive tax-free contributions from PEBP
- Employees may voluntarily contribute to their HSA through pre-tax payroll deductions
- Use your HSA funds to pay out-of-pocket medical expenses during the deductible and/or coinsurance phase of benefits
- Employee contributions are tax deductible from gross income
- Funds grow-tax deferred
- Funds carry over from one year to the next (no "use-it-or-lose-it" provision)
- To be eligible to establish and contribute to an HSA on a pre-tax basis, employees must meet eligibility requirements

HSA Eligibility Requirements

- You are an active employee covered under the Consumer Driven Health Plan (CDHP)
- You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA etc.) unless the coverage is also an IRS qualified high deductible health plan
- You or your spouse cannot be enrolled in a Medical Flexible Spending Account or HRA
- You cannot be claimed on someone else's tax return (excludes joint returns)

Flexible Spending Accounts
Health Savings Accounts
Health Reimbursement Arrangements
HSA/HRA/FSA FAQ's

LD-PPO participants are not eligible for HSA/HRA funds.

CDHP Health Reimbursement Arrangements (HRA)

If you select the Consumer Driven Health Plan with an HRA, you can use a Health Reimbursement Arrangement to pay for eligible out-of-pocket health care expenses. HRA's are funded by PEBP; participant contributions are not allowed.

Participants will receive $600 and there are no additional funds for dependents.

Health Reimbursement Arrangement (HRA):

- Receive tax-free contributions from PEBP
- HRA funds may be used to pay for out-of-pocket qualified health expenses
- HRA's are not portable; funds revert to PEBP if an employee's coverage is terminated for any reason, including a transition into a Medicare Exchange plan

You may enroll in the CDHP with an HRA if you are not eligible for the CDHP HSA due to the following requirements:

- You are a retiree
- You have other coverage (Medicare, TRICARE or TRICARE for Life, Tribal, HMO, COBRA, etc.)
- You or your spouse are enrolled in a Medical Flexible Spending Account or HRA
- You are claimed on someone else's tax return (excludes joint returns)

IMPORTANT HRA/HSA FAQ'S

Thinking about switching from the CDHP HRA to the LD-PPO plan?	There are no HSA or HRA accounts on the LD PPO plan. If you currently have an HSA the money will stay with you and you can continue to use your HSA funds, but you will no longer be able to make contributions. If you have an HRA, your funds will revert to the state. This also applies if you switch to EPO or HMO plan
Does the LD-PPO plan come with an HSA or HRA?	The LD PPO plan does not come with a HSA or HRA but you can have an FSA. If you currently have an HSA you can continue to use those funds to pay for eligible health care expenses.
How much will I receive from the state for my CDHP HSA/HRA?	If a participant is enrolled in the CDHP effective 7/1, they will receive $600 and there are no additional funds for dependents. Any enrollment effective 7/1 will have a prorated amount.
I am currently enrolled in the CDHP with an HRA, when I transition to Via Benefits, what happens to my CDHP HRA?	If you are on the CDHP and have an HRA please note that HRA funds revert to the state when you transition over to Via Benefits or terminate coverage on the CDHP for any reason.
If I have Medicare and am on a plan with Via Benefits how much will I be receiving for my monthly HRA?	Medicare HRA contributions have remained the same for PY23. Retirees will continue to receive $13 per years of service. There is also an $8,000 roll over cap each year. Please see Medicare Exchange HRA Contribution Change page for more information.

HRA Contributions

Dental Rates

For additional information regarding Medicare please refer to the PY2023 PEBP and Medicare Guide.

MEDICARE EXCHANGE HRA CONTRIBUTION

Exchange – Monthly HRA Contribution Medicare Retirees Enrolled in Via Benefits	
Years of Service	**Contribution**
5	$65
6	$78
7	$91
8	$104
9	$117
10	$130
11	$143
12	$156
13	$169
14	$182
15 (base)	$195
16	$208
17	$221
18	$234
19	$247
20	$260

MEDICARE EXCHANGE RETIREE HRA CONTRIBUTION

- Exchange participants who retired before January 1, 1994, receive the 15-year (base) HRA contribution.
- Exchange participants who retired on or after January 1, 1994 receive the HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
- Retirees with less than 15 years of service, who were hired by their last employer on or after January 1, 2010 and who are not disabled do not receive an Exchange HRA contribution.
- Retirees who were initially hired on or after January 1, 2012 do not receive an Exchange HRA.

NOTE: Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.

MEDICARE EXCHANGE RETIREE HRA CAP

Effective May 31, 2021 there was a cap on the available HRA balance of $8,000. This means any amount over $8,000 at the end of each plan year will be rescinded to reflect a $8,000 balance.

HRA Contributions

Dental Rates

For additional information regarding Medicare please refer to the PY2023 PEBP and Medicare Guide.

Medicare Retiree Monthly Rates

Retirees not on Medicare Exchange and that participate in the Consumer Driven Health Plan (PPO), Premier Plan (EPO) or Health Plan of Nevada (HMO) will need to refer to the Pre-Medicare Rates.

Medicare eligible retirees that are required to transition to the Medicare Exchange will need to review the Plan Year 2023 PEBP and Medicare Guide for additional information.

Plan Year 2023 PEBP Dental Rates
Medicare Retirees Enrolled with Via Benefits

Effective July 1, 2022 – June 30, 2023	State Retiree	Non-State Retiree
Retiree only	$47.61	$42.07
Retiree + Spouse/DP*	$95.22	$84.14
Surviving/Unsubsidized Spouse/DP*	$47.61	$42.07

**Spouse/DP must also be enrolled in a medical plan through Via Benefits in order to elect PEBP dental.*

Currently on the Consumer Driven Health Plan?

Health Reimbursement Arrangement (HRA) funds through the Consumer Driven Health Plan (CDHP) are not transferable to an HRA through the Medicare Exchange. If a retiree on the CDHP terminates coverage or transitions to the Medicare Exchange, any remaining funds in the CDHP HRA account revert to PEBP. To find out your Consumer Driven Health Plan HRA balance please contact HSA Bank at 1-833-228-9364.

Retirees Under Age 65

Retirees Not Enrolled in VIA

Retirees with Via or TRICARE

A reinstated retiree will no longer be eligible for basic life insurance through PEBP.

Retiree Late Enrollment

Retiree Late Enrollment

A retired public officer or employee of the State, NSHE, a participating local government or non-state agency, or his or her surviving spouse, can reinstate insurance, minus basic life insurance, once during a PEBP open enrollment period. Eligibility requirements apply, see Enrollment and Eligibility Master Plan Document for details.

To take advantage of the retiree late enrollment, the retiree must request a late enrollee packet and fill out all form which must be returned to the PEBP office by May 31st. Any required supporting documents must be uploaded by June 15th. Approved reinstated coverage will become effective July 1st.

Requirements

- All Late Enrollment Forms must be completed and returned to the PEBP office by May 31st
- Medicare A+B cards (and TRICARE for Life cards if applicable) will be due by May 31st
- If you are adding dependents, all supporting documentation is due by June 15th

Retirees Under Age 65 or Retirees who do not qualify for Medicare Part A or are anchored by a dependent

1. Fill out *Reinstatement Late Enrollment Form* and elect a PEBP Plan (PPO, LD-PPO, EPO or HMO).
2. Fill out *Years of Service Form* (YOS) which will be used to audit your years of service.
3. Return all forms, including a copy of your Medicare A and B card to PEBP by May 31st.

Retirees Under Age 65
Retirees Not Enrolled in VIA
Retirees with Via or TRICARE

Retiree Late Enrollment

Retirees who ARE NOT CURRENTLY enrolled in a qualified Medical Plan with Via Benefits

If you do not have dependents or your dependents are over the age of 65 and currently have Medicare A and B you are required to have a plan with Via Benefits.

If you currently do not have a plan with Via, the retiree must come back onto the PEBP PPO, LD-PPO, EPO or HMO for the month of July to reenroll in a qualified medical plan with Via Benefits effective August 1st.

To do so, follow these steps:

1. Fill out *Reinstatement Late Enrollment Form* and elect a PEBP Plan (PPO, LD PPO, EPO or HMO).
2. Fill out *Years of Service Form* (YOS) which will be used to audit your years of service.
3. Fill out *Retiree Benefit Enrollment and Change Form* (RBECF) for an August 1st effective date.
    a. You **must** contact Via Benefits at 1-888-598-7545 and enroll in a qualified Medicare Plan effective August 1st, otherwise you'll be terminated from PEBP and not eligible to come back.
    b. In section three of the RBECF, change your status from the PEBP plan to Via Benefits with or without PEBP dental coverage. Eligible members will receive funding for the Via Benefits HRA account. Funding will take between 8-12 weeks from your Via effective date to be established but will retro back to August 1st.
4. Return all forms, including a copy of your Medicare A and B card to PEBP by May 31st.

Retirees Under Age 65
Retirees Not Enrolled in VIA
Retirees with Via or TRICARE

Retiree Late Enrollment

Retirees who ARE CURRENTLY enrolled in a plan with Via Benefits -OR- have TRICARE for Life*

Retiree can reestablish HRA and PEBP dental (if applicable) effective July 1st by following these steps:

1. Fill out *Reinstatement Late Enrollment Form* (RLEF) and elect or decline PEBP dental.
2. Fill out *Years of Service Form* (YOS) which will be used to audit your years of service.
3. You may **disregard** the *Retiree Benefit Enrollment and Change Form*.
4. Return RLEF and YOS forms, and a copy of your Medicare A and B card (front and back of Military ID if applicable) to PEBP by May 31st.

PEBP will reach out to VIA to confirm you have a qualified medical plan* and then establish the HRA reimbursement account, if eligible. The HRA funding packet will arrive within 8-12 weeks of your VIA effective date and will back date to July 1st after confirmed eligibility.

*Retirees with TRICARE for Life and Medicare Parts A and B

Retirees who are otherwise eligible for the HRA and who have TRICARE for Life and Medicare A and B **are not required** to enroll in a medical plan through the Medicare Exchange. To receive the monthly HRA contribution, PEBP will require a current copy of the TRICARE for Life military ID card (front and back) and a copy of the retiree's Medicare Parts A and B card.

Public Employees' Benefits Program

Call Member Services: 775-684-7000 or 1-800-326-5496, option 2

Send a secure message and upload supporting documents by logging on to your E-PEBP portal

Website for guides and more information: www.pebp.state.nv.us

Mail: 901 S. Stewart St, Suite 1001
Carson City, NV 89701

Contact Info

Service	Resource or Vendor	Website	Phone Number
Consumer Driven Health Plan, Low Deductible PPO, Premier Plan			
• **Medical, Dental and Vision Benefits and Claims** • **ID Cards** • **HSA/HRA/FSA**	UMR PO Box 8022 Wausau, WI 54402-8022	Log on to your E-PEBP Portal and select *UMR*	1-888-7NEVADA (1-888-763-8232) Group Number: NVPEB
• **Prescription Drug Coverage** • **Specialty Drug Coverage** • **Price a Medication Tool**	**Express Scripts** P.O. Box 66566 St. Louis, MO 63166-6566	Log on to your E-PEBP Portal and select *Express Scripts*	**Express Scripts** 1-855-889-7708 **Specialty Pharmacy - Accredo** 1-877-ACCREDO (1-877-222-7336)
Health Plan of Nevada (Southern Nevada HMO)			
• **Medical and Vision Benefits and Claims** • **Medical ID Cards**	**Health Plan of Nevada** 2720 N. Tenaya Way Las Vegas, NV 89128-0424	Log on to your E-PEBP Portal or visit https://www.myhpnstateofnevada.com/	702-242-7300 or 1-800-777-1840
• **Prescription Drug Coverage** • **Specialty Drug Coverage**	**Optum RX** P.O. Box 2975 Mission, KS 66201	www.myhpnstateofnevada.com/Pharmacy-Benefits	1-800-788-4863
All Plans			
Find a Dental Provider	**Diversified Dental Services** PO Box 36100 Las Vegas, NV 89133-6100	Log on to your E-PEBP Portal or visit www.ddsppo.com	Northern Nevada: 1-866-270-8326 Southern Nevada: 1-800-249-3538
• **Basic Life Insurance** • **Travel Assistance**	**Standard Insurance Company** Attn: Employee Benefits Department PO Box 2800 Portland, OR 97208-2800	Log on to your E-PEBP Portal or visit https://www.standard.com/mybenefits/nevada/	1-888-288-1270
Voluntary Products	Varies – Contact Corestream	Log on to your E-PEBP Portal	1-855-901-1100

THANK YOU FOR LETTING US SERVE YOU!

This document is subject to change without notice. PEBP does not warrant that the material contained in this guide is error-free. If you find any errors in this guide, please report them to PEBP.

PEBP reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

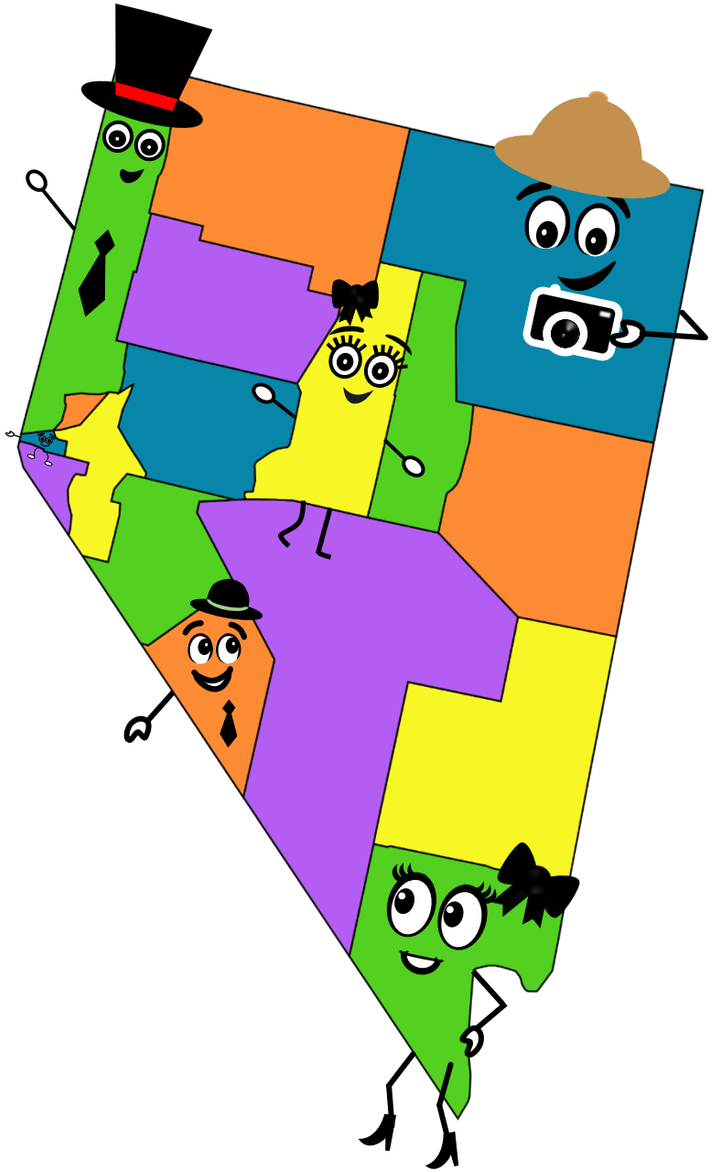
This is not a legal document. Please refer to the applicable Master Plan Document(s) and summary plan documents for detailed information. This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.

If there should ever be any differences between the summaries in this guide and any legal documents, contracts, and policies, the document, contracts, and policies will be the final authority.

Updated 4/2022

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Access. Quality. Affordability.



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

Log on to your E-PEBP Portal to Contact Us!
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www.pebp.state.nv.us