



A publication dedicated to health, plan benefits and agency news.

Fall 2009

STATE OF NEVADA

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POINTS TO REMEMBER

Retiring soon?
The Plan Year 2010 Retiree Enrollment Guide is available by calling 775-684-7000 or 800-326-5496. It can also be viewed at www.pebp.state.nv.us

Do you have questions about Medicare and how it relates to PEBP?
Read our Medicare Frequently Asked Questions (FAQs) at: www.pebp.state.nv.us

Have you moved recently? If so, be sure to contact PEBP with your new mailing address

PPO Plan Wellness Benefit
Frequently Asked Questions (FAQs)

All Self-funded PPO Plan wellness benefits will start over on November 1, 2009 for Plan Year 2010. With that in mind, we thought we would take this opportunity to share some of the most frequently asked questions that staff has received this past year regarding the wellness benefit. Due to limited space, we weren't able to include all of the FAQs; however, the complete list can be read in its entirety at: www.pebp.state.nv.us.

Disclaimer: The information contained herein is for general purposes only. The information does not guarantee payment, nor is it intended to be used as medical advice. The information submitted on your behalf by your health care providers and the benefits described in the PEBP Master Plan Document will determine the final benefit outcome.

What is the PPO wellness benefit?

PEBP offers a wellness benefit in the form of a plan year maximum dollar allowance of \$2,500 for each covered PPO participant and each covered dependent. Wellness benefits are available only when using in-network (contracted) providers. Eligible well care services are payable at 100% to the benefit maximum. Once the \$2,500 plan year maximum is exhausted, the participant is responsible for subsequent charges.

The wellness benefit covers routine well care services such as physicals, screening laboratory and radiology tests, immunizations, colonoscopies, hearing tests and skin cancer screenings. Services for any test or procedure performed that is related to a known or present condition will be considered a regular medical claim and processed accordingly.

Is the wellness benefit subject to my plan year deductible?

Eligible wellness services are not subject to the plan year deductible.

Whose responsibility is it to make sure my doctor's office bills my wellness benefit correctly?

It is the patient's responsibility to inform their physician and his/her billing staff of their wellness benefits. However, the physician will determine the purpose of the visit; i.e., is the visit for screening purposes only, or a follow-up visit for a known medical condition?

If I obtain an eligible routine well care service from a non-contracted provider because there are no PPO contracted providers within 50 miles of my residence, would my wellness benefit apply?

Yes, the eligible routine well care service would apply to your wellness benefit; however, you would be responsible for any billed amounts that exceed the Plan's usual and customary allowance. The usual and customary allowance can be obtained from UMR.

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PPO Plan Wellness Benefit

Frequently Asked Questions (FAQs)

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BOARD MEETING

***9:00 a.m.**

December 3, 2009

**Legislative Building
Room 1214**

401 South Carson Street
Carson City, NV

Video-conference site:

**The Grant Sawyer State
Office Building
Room 4401**

555 E. Washington Avenue
Las Vegas, NV

*To confirm the date,
time and location, visit:
www.pebp.state.nv.us:

How do I know when I have reached my maximum wellness benefit?

The remaining balance of a person's wellness benefits remaining can be found on the current medical Explanation of Benefits (EOB), or by accessing your claim records on the UMR website at www.umar.com.

What happens when I have reached my \$2,500 wellness benefit maximum for the plan year and I need to have a service that is mandated? Exactly what are considered mandated services?

Certain wellness services are identified in the Nevada Revised Statutes as mandated services. This means these services would still be covered, even though you have exceeded your plan year maximum wellness benefit. However, they would be subject to the plan year deductible, copayments and coinsurance requirements.

The following wellness benefits are mandated by the Nevada Revised Statutes (NRS):

- Colorectal cancer screening - NRS 287.027
- Human Papillomavirus Vaccination (HPV) for the protection against cervical cancer NRS 287.0272
- Prostate Specific Antigen (PSA) screening to measure the PSA level in the blood NRS 287.029
- Annual pap smear and mammogram for females - NRS 689B.0374

If I have a pre-existing condition, am I excluded from the wellness benefit?

Medical conditions previously diagnosed and/or treated are not eligible for wellness benefits, but are eligible for consideration under standard medical benefits. However, they would be subject to the plan year deductible, copayments, coinsurance and other plan requirements as described in the *Self-funded PPO Plan 2010 Master Plan Document*.

I have been told that services for a condition that have a previous diagnosis are not covered under the wellness benefit. Does it matter how long ago the previous diagnosis was made?

For most individuals with chronic conditions such as diabetes, hypertension, high cholesterol, etc., their office visits and related ancillary services are not eligible to receive wellness benefits. Generally, there are no time indicators. Once you have been diagnosed with a chronic medical condition, your medical treatment plan continues during your lifetime.

Are colonoscopies covered under the wellness benefit?

Colonoscopies performed for screening purposes are covered under the wellness benefit. However, unless determined to be medically necessary by UMR and APS Healthcare, virtual colonoscopies are not covered under any circumstances by the Self-funded PPO Plan.

Under what condition(s) is a colonoscopy not covered under the wellness benefit?

Colonoscopies are not covered under the wellness benefit if you have had a previous diagnose and/or treatment for a medical condition, e.g., colon cancer or colon polyps, etc., and the purpose of the colonoscopy is to follow up with that previously diagnosed and treated condition.

What should I tell my doctor's office when I am scheduling my colonoscopy about my wellness benefit?

If your colonoscopy is for screening purposes, you should tell your doctor's office that you are scheduling a routine screening colonoscopy. If you are scheduling a follow up colonoscopy because of a previously diagnosed and treated medical condition, your claim will be billed with a medical diagnosis and considered under the standard medical

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PPO Plan Wellness Benefit

Frequently Asked Questions (FAQs)

benefits, subject to plan year deductible, copayments, coinsurance and plan requirements.

What should I do if my colonoscopy has not been paid under the wellness benefit when I think it should have been?

If you disagree with the outcome of your claim and would like more information regarding the information submitted to UMR by your physician, you should contact your physician's office. UMR can tell you if your physician's billing indicated a routine colonoscopy; however, they cannot disclose to your physician's diagnosis.

If I have a family history of colon cancer, is a colonoscopy still covered under my wellness benefit.

Yes. Colonoscopies performed for screening purposes are covered under the wellness benefit.

Under what condition(s) is a skin cancer screening not covered under the wellness benefit?

Skin cancer screenings are not covered under the wellness benefit if you have been previously diagnosed and treated for any type of skin cancer.

What should I tell my dermatologist's office when I am scheduling my skin cancer screening about my wellness benefit?

You should tell your doctor's office that you are scheduling a routine skin cancer screening. If you have been previously diagnosed and treated for any type of skin cancer, wellness benefits will not apply.

What should I do if my skin cancer screening has not been paid under well when I think it should have been?

If you disagree with the outcome of your claim and would like more information regarding the information submitted to UMR by your physician, you should contact your physician's office. UMR can tell you if the bill submitted by your physician indicated a routine office visit (not related to a known medical condition) or if the bill indicated the purpose of the office visit was treatment for a known medical condition; however, they cannot disclose to you the diagnosis submitted by your physician.

I am a breast cancer survivor. It has been four years since my surgery and my subsequent mammograms have been clear. At what point would I be eligible to obtain future mammograms under my wellness benefit?

Generally after the fifth year, a breast cancer survivor will be eligible to obtain a mammogram under the wellness benefit. You should discuss the purpose of your mammogram with your physician.

I want to get my mammogram in Carson City. Where can I go and have the cost covered by my wellness benefit? Does it matter what kind of mammogram is performed?

Participating providers in Carson City are: Great Basin Imaging and Sierra Surgery Hospital. The wellness benefit applies to standard and digital mammograms.

Is the cost of the H1N1, flu, or pneumonia immunizations paid by the wellness benefit? If they are covered, does it matter where I go to get the immunization?

The H1N1, flu and pneumonia immunizations are covered under the wellness benefit. To ensure that you receive the maximum benefit available, they should be administered by a PPO provider. As a reminder, the seasonal flu and pneumonia vaccinations will be available at the PEBP Wellness Fairs that will be held in November in Caliente and Las Vegas.

The Centers for Disease Control (CDC) is recommending children younger than 9 who are being vaccinated for the first time receive two doses (infants younger than 6 months of age are too young to get the H1N1 and seasonal flu vaccines). Will the wellness benefit pay for both H1N1 vaccinations?

Yes. Both vaccines would be payable under the wellness benefit. Again, to ensure that you receive the maximum benefit available, the vaccines should be administered by a PPO provider.

I want to quit smoking. Are benefits payable under the wellness benefit for smoking cessation programs?

Yes. Prescription and over-the counter tobacco/smoking cessation products are covered under the wellness benefit. Over-the-counter tobacco/smoking cessation



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We're in it together

PPO Plan Wellness Benefit

Frequently Asked Questions (FAQs)

Are weight loss programs and gym memberships covered under the wellness benefit?

Benefits are payable for medically supervised weight loss treatment programs, subject to the wellness benefit plan year maximum. The weight loss benefit *excludes* programs such as Weight Watchers, Jenny Craig, Slim Fast, gym memberships, health clubs, exercise programs and other physical fitness programs, including exercise equipment.

Mobile biometric screenings are offered annually in my community. The company sponsoring this service is not a contracted provider. If I obtain my

screenings from this service, would they be covered under my wellness benefit?

No. Biometric laboratory screening tests should be provided by a PPO provider to assure that you receive the maximum benefit available.

Where can I learn more about the PPO wellness benefit?

Additional FAQs can be found on our website at: http://www.pebp.state.nv.us/faq_answer.htm#whatwell. For a complete description of wellness benefits, refer to the *Self-funded PPO Plan 2010 Master Plan Document*.

At Your Fingertips - www.pebp.state.nv.us

Medical Coverage	Company	Phone	Website
PPO Medical, Dental, Vision Plan	UMR (formerly Fiserv Health)	877-963-8232	www.umr.com
PPO In-State Network	PEBP Statewide PPO	800-336-0123	www.pebpstatewideppo.com
PPO Out-of-State Network	Beech Street	800-432-1776	www.beechstreet.com
PPO Pharmacy Plan	Catalyst Rx	800-799-1012	www.catalystrx.com
PPO Pre-certification and Case Management	APS Healthcare	888-323-1461	www.apshealthcare.com
HMO Northern Nevada	Hometown Health Senior Care Plus Plan	775-982-3232 775-982-3112	http://stateofnv.hometownhealthplan.com
HMO Southern Nevada	Health Plan of Nevada Senior Dimensions	702-242-7300 702-242-7301	http://stateofnv.healthplanofnevada.com
PPO/HMO Dental	Diversified Dental Services	775-337-1180 702-869-6200	www.ddspgo.com