



Winter 2013

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

INSIDE THIS ISSUE

Board Members	2
Executive Staff	2
Board Meeting	2
2012 IRS Tax Reporting	2
Health Services Estimate Tool	2
Carson Tahoe Health	2
Ask PEBP	3
Do Not Mail Flag	3
Catamaran	4
Plan Contacts	4

POINTS TO REMEMBER

Contact PEBP if you are:

- Retiring
- Having a baby
- Getting married
- Getting divorced
- Moving

775-684-7000 or
800-326-5496

Applying for disability retirement?

You may also qualify for long-term disability benefits. Contact The Standard at 888-288-1270.

NVision

Health & Wellness Program



The NVision Health & Wellness Program is now available to all Consumer Driven Health Plan (CDHP) and HMO participants. This program is a multi-year approach to improving or maintaining the health and wellness of our members. Over the four year period you will educate yourself, get active, eat right and see results. Remember, we're in this together!

The First Step—Educate Yourself

Complete the following steps between February 19—May 17, 2013:

1. Register in the NVision Health & Wellness Program to access resources that can prevent or slow the progression of serious health issues.
2. Complete the Health Assessment Questionnaire (HAQ) and biometric (blood test and Body Mass Index) screening this spring to identify your top three health risks and learn strategies for changing unhealthy behaviors. Receive 750 points for completing steps 1 and 2.
3. Receive a physical exam and share your biometric results with your primary care physician; receive a dental exam/teeth cleaning. Receive up to 150 points for completing step 3.
4. Maximize your benefits by completing the Benefits 101 tutorial and pass the final exam with a minimum score of 80%. Receive 100 points for completing step 4.

Primary participants (CDHP and HMO) can earn a premium incentive beginning July 1, 2013, for completing the above 4 steps. The monthly premium incentive is based on the total Prevention Score achieved on May 17, 2013 as follows:

Prevention Score	Incentive
0 - 749	\$0
750 - 850	\$25
851-1,000	\$50

Twitter and RSS Feed

Beginning January 2013, you will have two additional resources for keeping up with the latest news and information about your benefits. Visit www.pebp.state.nv.us to subscribe to our RSS Feed to receive website updates. You can also follow us on Twitter at [Twitter.com/NVPEBP](https://twitter.com/NVPEBP)

Public Employees' Benefits Program

901 South Stewart Street, Suite 1001, Carson City, NV 89701

775-684-7000 or 800-326-5496 Email: mervices@peb.state.nv.us www.pebp.state.nv.us

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Celestena Glover
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Chris DeSocio
Chief Information Technology Officer

Nancy Spinelli
Public Information Officer

NEXT BOARD MEETING

January 31, 2013
9:00 a.m.

Tentative location:
Bryan Building
Board Room, Ste 1002
901 South Stewart
Carson City, NV
89701

Video-conference:
Las Vegas location to be determined soon.

To confirm meeting date/time visit:
www.pebp.state.nv.us
or call 775-684-7000
800-326-5496.

2012 IRS Reporting

HSA Contributions and Distributions and Participant's State Subsidy Value of Health Insurance

Form 1099-SA—HSA Distributions

In January, employees (and former employees) with a Health Savings Account will receive Form 1099-SA from HealthSCOPE Benefits (HSB) which will show all HSA distributions for calendar year 2012.

Employees with an email address on file with HSB will receive an email notification regarding the availability of the form online at HSB's website. Employees without an email address on file will receive Form 1099-SA through the U.S. mail.

Form W-2—Participant's State Subsidy Value of Health Insurance

Employees covered under a PEBP-sponsored medical plan in 2012 will receive Form W-2 which will show the participant's State subsidy value of health insurance. Under current law, this reporting requirement will not change the tax treatment of the benefit for employees. The value of the benefit is solely for informational purposes. The total cost will be entered in Box 12 using the Code DD.

Year-End Status Report

The Year End Status Report includes all HSA account activity for 2012, including account balance, contributions, distributions, and interest earned. This report also refers employees to the forms needed for filing HSA-related tax information. Employees may download the report by logging into their account at www.healthscopebenefits.com.

Form 5498-SA

In April (but no later than May 31, 2013), HSB will send HSA account owners Form 5498-SA which will include any amended 2012 contributions made through April 15, 2013.

IRS Form 8889

IRS requires employees with a HSA to file Form 8889 to report HSA contributions and/or distributions during the calendar year 2012. Form 8889 along with instructions can be found at www.IRS.gov.



Health Services Estimate Tool

Beginning in early 2013, you will be able to get cost estimates on some frequently utilized benefits, such as inpatient care, facility stays, outpatient surgery, imaging services and common physician visit services. Pricing is based on the current average cost of services and will be available by logging into your HSB account at www.healthscopebenefits.com

Carson Tahoe Health

Whether you need a simple flu shot, surgery or other healthcare procedures, call CTH's Patient Relations Department at 775-445-8008. The Patient Relations staff will help you find the resources you need when you need them.

Carson Tahoe Health (CTH) offers 15 locations to serve PEBP participants living in the Carson City, Minden and Dayton areas.

For information regarding programs, physicians and cost of services, call the Health Navigator at 775-445-7327.

Ask PEBP

Questions and answers about the Consumer Driven Health Plan (CDHP)



Q. Is the Consumer Driven Health Plan (CDHP) a self-funded plan?

A. Yes, the CDHP is self-funded.

Q. What does self-funded mean?

A. It means the CDHP is funded by contributions from participants and their employers. There is no insurance company and a self-funded plan typically has a lower cost than a fully-insured plan. It also operates without profit; all funds contributed are used to administer the plan and pay claims.

Q. How are the premium costs determined for the CDHP?

A. Premiums are determined using an actuarial analysis of previous claims experience adjusted for inflation, utilization increases and the health of participants.

Q. Why are healthy participants penalized with higher premiums based on the claims experience of the unhealthier participants?

A. The benefit of group insurance is the majority of participants are healthy and use fewer medical services while a small percentage of participants account for the majority of spending. The cost of care is spread among all participants in the plan. Sharing this risk is a critical part of group insurance as it is likely every participant will need medical services at some point in their life. The advantage of spreading high cost claims is to protect those few claimants from experiencing catastrophic financial loss.

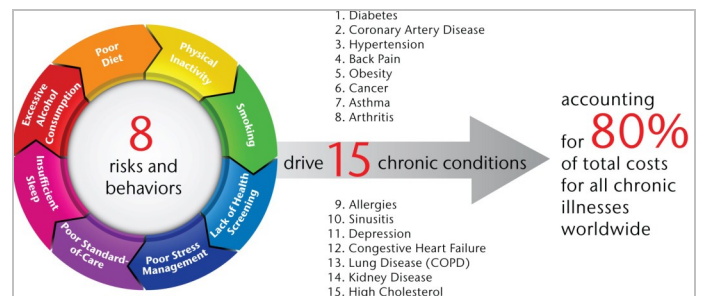
Q. What measures can a participant take to keep premiums from increasing?

A. Engage in healthy behaviors and proper treatment of chronic diseases. Most chronic conditions are preventable and shifting from a reactive care philosophy to one of preventive care, identifying health risks early-on and taking the necessary steps to lower risks before they evolve into a chronic condition will go a long way towards controlling premium increases.

Q. Did PEBP introduce the NVision Health & Wellness Program to help control future health care costs? How can this program curtail costs for those already being treated for chronic conditions?

A. Yes, the NVision Health & Wellness Program is strategically designed to mitigate costs by identifying an individual's health risks and necessary treatment to prevent them from developing into expensive claims. NVision is structured so both healthy and not-so-healthy individuals benefit from the program.

The following illustrates how 8 risks and behaviors drive 15 chronic conditions accounting for 80% of total costs for chronic illnesses worldwide.



Source: 2010 World Economic Forum

Do Not Mail Flag

Don't miss out on PEBP mailings.

Accounts containing bad addresses will be flagged with *Do Not Mail* and removed from future mailings, including Open Enrollment and Explanation of Benefits (EOB) information.

You are required to submit a change of address within 30 days after the change occurs (NAC 287.319). Address changes may be submitted online at www.pebp.state.nv.us, in writing, or via email to mSERVICE@peb.state.nv.us



901 S. Stewart Street, Suite 1001
Carson City, NV 89701

We're in this together

Catamaran (formerly Catalyst Rx) New Specialty Pharmacy Benefit Provider

Catamaran, formerly CatalystRx, is PEBP's prescription medication provider for the Consumer Driven Health Plan (CDHP). Catamaran is excited to introduce their new specialty medication partner, BriovaRx. BriovaRx replaced Walgreens as the specialty medications provider on December 1, 2012.

CDHP participants undergoing specialty medication treatment will receive a deeper level of care and support from experienced BriovaRx clinicians.

To transition a current specialty medication from Walgreens to BriovaRx, please call a Patient Care Coordinator at 866-618-6741 to start the process.

Plan Contacts

Description	Administrator	Phone	Website
Enrollment and Eligibility	Public Employees' Benefits Program	775-684-7000 800-326-5496	www.pebp.state.nv.us
PPO Medical, Dental, Vision	HealthSCOPE Benefits	888-763-8232	www.healthscopebenefits.com
PPO In-State Network	Hometown Health & Sierra Health-Care Options	800-336-0123	www.pebpstatewideppo.com
PPO Out-of-State Network	First Health Network	800-226-5116	www.myfirsthealth.com
PPO Pharmacy Plan	Catamaran (formerly CatalystRx)	800-799-1012	www.mycatamaranrx.com/PortalCentral/index.jsp
PPO Utilization Management	APS Healthcare	888-323-1461	www.apshealthcare.com
NVision Health and Wellness Diabetes Care Management	U.S. Preventive Medicine	877-800-8144	http://nvision.pebp.state.nv.us/
HMO Northern Nevada	Hometown Health	775-982-3232	http://stateofnv.hometownhealthplan.com
HMO Southern Nevada	Health Plan of Nevada	702-242-7300	http://stateofnv.healthplanofnevada.com
PPO/HMO Dental	Diversified Dental Services	775-337-1180 702-869-6200	www.ddspgo.com