

PEBP News

June 23, 2011

New Eligibility Provisions for Spouses and Domestic Partners

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During Open Enrollment, PEBP informed participants that spouses and domestic partners would not be eligible for PEBP coverage if they qualify for group health coverage through their own employer.

Staff received questions regarding the type of the other employer's coverage e.g., did the coverage have to be creditable coverage or comparable to PEBP's medical plans, did the other plan have to include dental coverage, vision, etc. However, when the Board approved the elimination of spouses/domestic partners eligible for other employer-group, they did not distinguish between creditable and non-creditable or inferior coverage.

On June 23, 2011, the Board approved a distinction between creditable and non-creditable (significantly inferior) coverage for spouses/domestic partners as follows:

- Employer "mini-med" plans that offer limited benefits and caps on the total amount of benefits paid each year; and
- Catastrophic only plans with a minimum deductible of \$5,000 with no employer contributions to a Health Savings Account or Health Reimbursement Arrangement

Beginning July 1, 2011, PEBP will allow participants to cover spouses or domestic partners whose employer-based coverage is significantly inferior to PEBP's plan options.

Spouses or domestic partners are eligible for coverage as dependent if the individual:

- is not eligible for employer-based group healthcare coverage through their current employer (whether or not that actually enrolled in that other coverage); or
- is eligible for other employer-based group healthcare coverage through their employer and that coverage is determined to be significantly inferior to PEBP's plan options. In addition, the spouse or domestic partner must decline that other coverage.

PEBP will allow participants to cover spouses/domestic partners whose employer-based coverage is significantly inferior to PEBP's medical plan options. .

**PREVENTION IS
POWERFUL
MEDICINE.**

*Almost 12,000
participants achieved
the point level to qualify
for premium credits of
\$10 to \$30 per month
for Plan Year 2012*



Live Well, Be Well Prevention Plan for PPO Participants and their Covered Spouses/Domestic Partners

Registration for the Live Well, Be Well Prevention Plan wellness program is now open to PPO plan primary participants and their covered spouses/domestic partners. Whether you are new to the program or you participated last plan year, everyone must register again this year to participate.

The registration period is July 1 – October 31, 2011. Don't wait to register, the earlier you register, the earlier you can start using this valuable program and accomplishing your goals for a healthier you. In addition, you can start earning points toward your Intervention Score to qualify for a monthly premium credit next plan year, starting July 1, 2012. Almost 12,000 participants achieved the point level to qualify for premium credits of \$10 to \$30 per month for Plan Year 2012.

New employees enrolled in the PPO High Deductible Health Plan with a coverage effective date on or before October 1, you may also participate in this program if your medical plan coverage becomes effective on or before October 1.

Register * Complete Labs * Get Active, Improve Your Health
Earn Premium Credit

www.ThePreventionPlan.com/NevadaPEBP
877-800-8144

PPO HRA and HSA Welcome Kits

HealthSCOPE Benefits is mailing the PPO-HRA and PPO-HSA Welcome kits the last week of June. The Welcome kit will include either the PPO-HRA or PPO-HSA Guide describing this new benefit. You can also log on to www.healthscopebenefits.com, select: Member and type: PEBP

You will have to create your account to access HSA, HRA, and Eligibility, Claims, Benefit Summary and more.

Debit cards will be mailed separately.



HealthSCOPE Benefits
888-7NEVADA (888-763-8232)



Furlough Leave and Your Benefits

Q. If an employee's furlough hours cause an employee to fall under 80 hours in the month, will PEBP recognize this as a qualifying life event that would allow the employee to make changes to coverage?

A. PEBP would not recognize this as a qualifying life event if an employee has less than 80 hours resulting from furlough leave.

Q. Can an employee stop or change contributions to the Medical Flexible Spending Account because of the furlough?

A. SB 505 - Furlough leave is a workday (or a portion of a workday) for all purposes except salary. Thus, it has no impact on eligibility or benefits under the Medical Flexible Spending Account.

Q. Will the furlough leave allow an employee to modify or stop Dependent Care Flexible Spending?

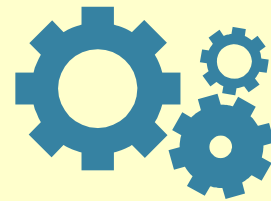
A. Employees can modify the Dependent Care Flexible Spending contributions due to furlough leave.

Q. Will a part-time employee lose their eligibility for benefits if the furlough reduces the employee's hours below 80?

A. No, as long as the reduction in hours is a result of furlough, there is no impact to benefits.

Q. Can an employee modify their Health Savings Account contributions because of furlough leave?

A. Yes, employees can modify contributions to their individual HSA anytime throughout the year, regardless of furlough leave.



July 2011 Health Insurance Premium

In July, you will notice a change in the amount you pay for your PEBP medical insurance. Be sure to verify your deduction is correct for your medical plan and coverage tier. If you notice any discrepancies, please contact PEBP 775-684-7000 or 800-326-5496.

Board Meetings

August 11

September 22

November 3

December 15

JULY 2011						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST 2011						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Upcoming Events

PEBP Live Well, Be Well Prevention Plan Onsite Blood Draw Events

Schedule updated frequently at:

www.the preventionplan.com/NevadaPEBP

SEPTEMBER 2011						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	