# Plan Year 2018 Retiree Late Enrollment Guide

*Public Employees' Benefits Program*

## Retiree Late Enrollment
## May 1 - 31, 2017

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- Retiree Rates
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NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM


**Public Employees' Benefits Program**
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**Effective July 1, 2017 - June 30, 2018**

# Plan Year 2018 Retiree Late Enrollment Guide

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This document is for informational purposes only. Any discrepancies between the information contained herein and the *Plan Year 2018 Medical, Vision and Prescription Drug Master Plan Document/HMO Evidence of Coverage Certificates, or the Plan Year 2018 Medicare & You Handbook* shall be superseded by the plans' official documents.

# Introduction to Retiree Late Enrollment

Retiree Late Enrollment is May 1 - 31, 2017. This is the time when retired state employees and retired employees from a PEBP participating local government (or the surviving spouse or domestic partner of such retirees) can reinstate PEBP retiree coverage.

To be eligible for the late enrollment, a retiree cannot have had **more than one period on or after October 1, 2011 or after the retirement date** (whichever is later) during which they were **not** covered under the PEBP. A reinstated Retiree will not be eligible for basic life or voluntary life insurance through PEBP.

PEBP offers several plan option for retirees which include a Consumer Driven Health Plan, HMO plans, and Medicare Exchange (for retirees with Medicare Parts A and B). Eligibility for these plans is determined by the retirees home address, Medicare status and whether or not a retiree is covering a non-Medicare dependent(s).

**Getting Started**
This guide provides a comprehensive overview of plan options, dependent eligibility, enrollment timeframe, years of service subsidy, and premium cost. After reviewing this guide, if you have additional questions, please contact the PEBP office at (775) 684-7000 or (800) 326-5496 or email mservices@peb.state.nv.us.

**Completing Enrollment**
To enroll for coverage during the Retiree Late Enrollment, submit the following documents to the PEBP office by May 31, 2017 or postmarked by May 31, 2017.

- Retiree Late Enrollment Form
- Years of Service Certification Form
- Copy of your Medicare Parts A and B card, if applicable.
- If you are enrolling your spouse/domestic partner, submit a copy of your marriage certificate or State of Nevada domestic partner certification; if your spouse/domestic partner has Medicare Parts A and B, submit a copy of their Medicare card.

**Mail completed paperwork to:**

Public Employees' Benefits Program
901 South Stewart Street, Suite 1001
Carson City, NV 89701

If adding dependent child(ren), you will also need to submit copies of any required supporting documents (such as birth certificates) to the PEBP office by June 15, 2017. Documents may be faxed to (775) 684-7028 or emailed to mservices@peb.state.nv.us

# Medicare Parts A and B

**Medicare Enrollment**

Retirees and their covered dependents and the survivors of such retirees, aged 65 (or under age 65 if approved for Social Security Disability benefits), must enroll in premium-free Medicare Part A (if eligible) and purchase Medicare Part B.

**Aged 65 and Older**

At initial enrollment, PEBP requires all retirees and their covered dependents, aged 65 and over to provide verification of Medicare status through the submission of a copy of the Medicare Parts A and B card. If ineligible for premium-free Medicare Part A, PEBP requires proof of ineligibility through the submission of a copy of the premium-free Part A denial letter issued by the Social Security Administration. All retirees are required to purchase Medicare Part B at age 65 (or under age 65 if eligible for Medicare due to disability).

**Under Age 65 (if approved for Social Security Disability Benefits)**

A retiree or covered spouse/domestic partner who is deemed disabled by the Social Security Administration (SSA), and has satisfied the waiting period for Medicare Part A, must also purchase Part B coverage. If eligible for Part A, submit a copy of the Medicare Parts A and B card to the PEBP office with the late enrollment paperwork. If the Medicare waiting period has not been satisfied, submit a copy of Medicare Parts A and B card upon satisfying the Medicare waiting period.

Retirees who have Medicare Parts A and B will need to enroll in either the Consumer Driven Health Plan (CDHP) or an HMO plan for July 1, 2017, and then transition to Towers Watson's OneExchange effective August 1, 2017. Enrolling in a PEBP medical plan for one month allows the retiree to forego any medical underwriting requirements of the plans offered through OneExchange. **To ensure coverage begins on August 1st through OneExchange, individuals with Medicare should contact OneExchange in July to complete enrollment for coverage to start August 1st.**

Note: If there is at least one pre-Medicare dependent on the retiree's plan, the retiree and dependent(s) may elect coverage under the CDHP or HMO plan. Retiree will not be required to transition to OneExchange.

For more information about enrollment options for Medicare retirees and their pre-Medicare dependents, contact the PEBP office at (775) 684-7000 or (800) 326-5496 or email mservices@peb.state.nv.us.

**Medicare Part D Coverage**

Retirees and covered spouses/domestic partners enrolled in the Consumer Driven Health Plan (CDHP) and who also enroll in a Medicare Part D Prescription Drug plan will lose their prescription drug benefits through the CDHP and will not receive a CDHP premium reduction based on their Part D coverage. Additionally, disenrollment in Part D during the year will not reinstate the CDHP prescription drug coverage until the next plan year.

# Premium Cost, Premium Subsidy Adjustment, and Exchange HRA Contribution

### How to Determine Your Monthly Premium Cost for the CDHP and HMO Plans

The monthly insurance premium is determined by the medical plan option, coverage tier (e.g., retiree only, retiree plus spouse/domestic partner, etc.), the years of service premium subsidy adjustment (see Years of Service Subsidy in this Guide), and Medicare Part B enrollment.

### Years of Service Subsidy for Retirees

Retirees who meet the eligibility requirements to receive a Years of Service Premium Subsidy will receive a monthly premium adjustment. The adjustment is based on the date of retirement and total years of service credit earned from all Nevada public employers (purchased service credit does not apply). The minimum subsidy is based on five years of service with incremental increases for each year above five years to a maximum of twenty years of service.

### Monthly Premium Cost for Medical Plans through OneExchange

The monthly cost for medical plans through OneExchange vary depending on the medical plan selected. To learn about the plan options and premium cost, contact OneExchange at (888) 598-7545.

### Exchange Health Reimbursement Arrangement (Exchange-HRA)

Eligible retirees enrolled in a medical plan through OneExchange receive an Exchange Health Reimbursement Arrangement (Exchange-HRA) contribution. The monthly contribution amount is determined by the employee's retirement date and years of service. The Exchange-HRA contribution will commence with the effective date of the medical plan through OneExchange.

*Note: Retiree must maintain coverage in a medical plan through OneExchange to receive the Exchange-HRA contribution. Exception: Retirees who have Tricare for Life are not required to maintain medical coverage through OneExchange, but must provide PEBP with a copy of their Medicare Parts A and B card and retired military ID card.*

### Paying for CDHP or HMO Coverage

PEBP will coordinate with PERS to establish monthly premium deductions from the retiree's pension check. Each monthly deduction pays for medical coverage for that month. In the following circumstances, PEBP may bill the retiree directly:

- During the first month of enrollment due to timing in setting up monthly premium deductions from the retiree's pension benefit;
- Retiree's monthly pension check is insufficient to cover the premium cost; or
- NSHE retiree who participates in an alternative retirement plan.

Direct Payers: Payment for the current month's coverage is due on the 20th of the month. Any account past due is subject to termination. To pay by credit card, please call (775) 684-7000 or (800) 326-5496.

# Summary of Supporting Eligibility Documents

| Dependent Type | Social Security Number | Marriage Certificate | Birth Certificate | Hospital Birth Confirmation | Adoption Decree | Nevada Certification of Domestic Partnership | Legal Permanent guardianship signed by a judge | Physician's Disability Certification |
|---|---|---|---|---|---|---|---|---|
| Newborn Child | √ | | √ | √ | | | | |
| Child - birth to age 26 | √ | | √ | | | | | |
| Adopted Child | √ | | √ | | √ | | | |
| Permanent Legal Guardianship of a Child | √ | | √ | | | | √ | |
| Disabled Child | √ | | √ | | | | | √ |
| Stepchild | √ | √ | √ | | | | | |
| Domestic Partner's Child | √ | | √ | | | √ | | |
| Domestic Partner's Adopted Child | √ | | √ | | √ | √ | | |
| Spouse* | √ | √ | | | | | | |
| Domestic Partner* | √ | | | | | √ | | |

*A Spouse/Domestic Partner that is eligible for health coverage through their current Employer Group Health Plan are typically not eligible for coverage under the PEBP Plan. You must provide the other plan's Summary Plan Document indicating that the other plan offers significantly inferior coverage, e.g., limited benefits (mini-med) plan or a catastrophic plan with a $5,000 or greater individual deductible and the plan is not coupled with a Health Savings Account or Health Reimbursement Arrangement for PEBP's review.

*All foreign documents must be translated to English.*

The list above is not exhaustive. PEBP reserves the right to request additional documentation as required to establish dependent eligibility.

# Coverage Options for Medicare Retirees

A retiree who has Medicare Parts A and B (and no covered dependents), must enroll for coverage under the CDHP or HMO plan between May 1 and May 31, 2017, for coverage effective July 1, 2017. In July 2017, the retiree must also complete the enrollment process to enroll for coverage through OneExchange effective August 1, 2017. This one month transition allows the retiree to enroll in a medical plan through OneExchange without experiencing a late enrollment penalty.

If a retiree who has Medicare Parts A and B covers a pre-Medicare dependent, PEBP will allow the retiree and the pre-Medicare dependent to remain on the CDHP or HMO plan. Meaning, the retiree will not be required to transition to OneExchange until such time that the retiree no longer covers a pre-Medicare dependent. Another option for the retiree is to enroll in a medical plan through OneExchange effective August 1, 2017 while retaining coverage for the dependents under the CDHP or HMO plan as an unsubsidized dependent. Dependents who retain coverage on the CDHP or HMO plan without the retiree will pay unsubsidized rates for their coverage.

For more information on enrollment options for Medicare retirees, please contact the PEBP office at (775) 684-7000 or (800) 326-5496 or email mservices@peb.state.nv.us.

# Summary of Benefits for Pre-Medicare Retirees

The following benefits are offered to pre-Medicare retirees, retirees with Medicare Part B only and retirees with Medicare Parts A and B who cover pre-Medicare dependent(s). For more details on these benefits, see the Plan Year 2018 Medical, Vision and Prescription Drug Master Plan Document available at www.pebp.state.nv.us.

## Benefits for Pre-Medicare Retirees Enrolled in the CDHP or HMO Plans

| Benefit Type | Description |
|---|---|
| **Medical, Pharmacy, Vision Benefits** | Plan Options: CDHP, Health Plan of Nevada and Hometown Health Plan depending on your geographic location. |
| **Dental Benefit** | PPO Dental Plan: $1,500 annual maximum; $100 individual deductible or $300 family deductible. Eligible preventive services (oral examination, routine cleanings, etc.) are not subject to the annual maximum, and are paid at 100% (when using in-network providers); Basic services (full-mouth periodontal cleanings, fillings, extractions) are paid at 80%, after deductible; Major services (bridges, crowns, dentures, tooth implants) are paid at 50% after deductible. |
| **Health Reimbursement Arrangement (HRA)** | Retirees enrolled in the CDHP receive an HRA and a tax-exempt PEBP contribution to pay for qualifying out-of-pocket health care expenses. |
| **State Retiree Years of Service Premium Subsidy** | Eligible State retirees receive a premium subsidy when enrolled in the CDHP or HMO plan, based upon retirement date and total years of service credit. |
| **Non-State Retiree Years of Service Premium Subsidy** | Eligible non-State retirees receive a premium subsidy when enrolled in the CDHP or HMO plan, based upon retirement date and total years of service credit. |
| **Medicare Part B Premium Credit** | Eligible State and non-State retirees receive a Medicare Part B premium subsidy when enrolled in the CDHP or HMO plan. The reimbursement amount of $134 will apply to your monthly medical plan premium. |

# Summary of Benefits for Retirees with Medicare Parts A and B

The following benefits are offered to retirees with Medicare Parts A and B and covered spouses/domestic partners or surviving spouses/domestic partners with Medicare Parts A and B.

***Note***: If you have Medicare Parts A and B, you must first enroll in either the Consumer Driven Health Plan or HMO plan for July 2017. You will also be required to complete your enrollment through the OneExchange *no later* than July 31, 2017, to ensure your coverage through OneExchange becomes effective August 1, 2017.

## Benefit Options for Retirees with Medicare Parts A and B

| Benefit Type | Description |
|---|---|
| **Medical, Prescription Drug, and Vision Benefits** | Retirees (and covered spouses/domestic partners) with Medicare Parts A and B may select medical, pharmacy, and vision benefits from a variety of plan options, e.g., Medicare Advantage Plan, Medicare Advantage Plan with Prescription Drug Coverage, Medigap, and Medicare Part D Prescription Drug plans through OneExchange. |
| **Dental Plan** | Option to purchase PEBP's dental plan or select a dental plan through OneExchange. |
| **Exchange Health Reimbursement Arrangement (HRA) with a monthly Years of Service Contribution** | Eligible retirees enrolled in a medical plan through OneExchange receive an Exchange-HRA and a monthly tax-exempt contribution based upon the retiree's retirement date and years of service.<br><br>***IMPORTANT***: Medicare retirees who are eligible for the HRA contribution must maintain medical coverage through OneExchange to receive this benefit. Dis-enrolling or enrolling in a medical plan outside of PEBP or OneExchange will terminate all PEBP benefits. *Exception*: Retirees with Tricare for Life and Medicare Parts A and B are not required to enroll in a medical plan through OneExchange to retain their HRA funding. However, will be required to submit a copy of their Medicare Parts A and B card and retired military ID card to the PEBP office.<br><br>Spouses/domestic partners and surviving spouses/ domestic partners, and unsubsidized dependents are not eligible for the Exchange-HRA. |

# Plan Options

| | Retiree plus Spouse or Domestic Partner **both without** Medicare Part A | Retiree plus Spouse or Domestic Partner **both with** Medicare Part A | Retiree plus Spouse or Domestic Partner, **one with and one without Medicare Part A** | Retiree only **without** Medicare Part A | Retiree only **with** Medicare Part A | Survivor **without** Medicare Part A | Survivor **with** Medicare Part A |
|---|---|---|---|---|---|---|---|
| **Medical Plan Options** | | | | | | | |
| Consumer Driven Health Plan with HRA | √ | | √ | √ | | √ | |
| Health Plan of Nevada Standard HMO (Southern NV) Offered in Clark, Esmeralda, and Nye Counties | √ | | √ | √ | | √ | |
| Health Plan of Nevada Alternative HMO (Southern NV) **ONLY** offered in Clark, Esmeralda, and Nye Counties | √ | | √ | √ | | √ | |
| Hometown Health Plan Standard HMO (Northern NV) Offered in all counties except Nye, Esmeralda, and Clark County | √ | | √ | √ | | √ | |
| Hometown Health Plan Alternative HMO (Northern NV) **ONLY** offered in Washoe, Storey, Churchill, Carson, Douglas, Lyon County | √ | | √ | √ | | √ | |
| OneExchange with HRA (Retiree) | | √ | √ | | √ | | |
| OneExchange *without* HRA (Spouse/DP/Survivor w/ Medicare) | | √ | √ | | | | √ |
| **Dental Benefits** | | | | | | | |
| Dental Plan | √ | √ | √ | √ | √ | √ | √ |

- Dental benefits included with all CDHP and HMO medical plans
- PEBP's dental plan is available as a voluntary option for retirees enrolled through OneExchange

# Consumer Driven Health Plan

| Benefit Category | Consumer Driven Health Plan | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| **Medical Deductible** | $1,500 Individual Deductible<br>$3,000 Family Deductible<br>• $2,600 Individual Family Member Deductible | $1,500 Individual Deductible<br>$3,000 Family Deductible<br>• $2,600 Individual Family Member Deductible |
| **Annual Out-of-pocket Maximum** | $3,900 Individual<br>$7,800 Family<br>• $6,850 Individual Family Member Deductible | $10,600 Individual<br>$21,200 Family Deductible |

***How the Consumer Driven Health Plan (CDHP) Works*:**

The Consumer Driven Health Plan consists of a PPO network of doctors and health care facilities who agree to provide medical services at discounted rates. Claims are submitted for the services you receive and you pay 100% of the discounted amount until the deductible has been met, then you pay 20% (in-network) for the cost of most services up to the annual out-of-pocket maximum. Participants may access health care services from any provider; however, the out-of-pocket costs are lower when using PPO network providers.

Each year, before the plan begins to pay benefits, you are responsible for paying all of your eligible medical and prescription drug expenses up to the plan year deductible. Eligible medical and prescription drug expenses are applied to the deductibles in the order in which claims are received by the plan. Only eligible medical and prescription drug expenses can be used to satisfy the plan deductible. Deductibles accumulate on a plan year basis and reset to zero at the start of each new plan year beginning July 1.

**Plan Year Deductible**

The CDHP features a $1,500 individual (participant only coverage tier) deductible. For participants with family coverage (one or more covered dependents), there is a $3,000 family deductible. The family deductible includes a $2,600 Individual Family Member Deductible (IFMD). With the IFMD, the plan will pay benefits for one individual in the family once that person meets the $2,600 IFMD. The balance of the family deductible ($400) may be met by one or more remaining family member(s).

**Plan Year Medical Out-of-Pocket Maximum**

The annual in-network out-of-pocket maximum is $3,900 for an individual. The annual in-network out-of-pocket maximum for a family is $7,800. (The family out-of-pocket maximum also includes an embedded "individual family member" out-of-pocket Maximum.) Note: Premiums paid by the participant are not included in the out-of-pocket maximum.

Once the out-of-pocket maximum has been met (through deductible and coinsurance) the plan will pay 100% of eligible expenses for the remainder of the plan year. Note: A single individual within a family will never pay more than the "individual family member out-of-pocket maximum".

# Consumer Driven Health Plan

## ***About the CDHP*:**

**CDHP Pharmacy Plan**
The pharmacy benefit manager for the CDHP is Express Scripts. The prescription drug benefit is subject to deductible. This means, you will pay 100% of the cost of the in-network discounted amount for prescription drugs listed on the Express Scripts drug formulary until you meet your deductible. For information about the prescription drug program, refer to the Plan Year 2018 Medical, Vision and Prescription Drug Master Plan Document at www.pebp.state.nv.us.

**Preventive Drug Program**
The Preventive Drug Benefit provides plan participants access to certain preventive medications without having to meet a deductible, and will instead only be subject to coinsurance. Coinsurance paid under the benefit will not apply to the deductible, but will apply to the out-of-pocket maximum. The drugs covered under this benefit include categories of prescription drugs that are used for preventive purposes or conditions, such as hypertension, asthma or high cholesterol. For a list, refer pages 19-20 or contact Express Scripts at (855) 889-7708.

**Doctor on Demand**
Connects you face-to-face with a board-certified doctor or licensed psychologist (by appointment) on your smartphone, tablet or computer through live video. The cost for a medical visit is $49; the cost for a behavioral health visit is $79 for a 25 minute appointment. If appropriate, their doctors will also prescribe you non-narcotic drugs called in to your designated pharmacy to help you recover from your illness. Please refer to www.pebp.state.nv.us for more information on this benefit.

**Aetna Signature Administrators**
The Aetna Signature Administrators network is the CDHP's national network for participants residing outside Nevada or Nevada residents who wish to access health care outside Nevada. Providers in the Aetna network accept the PPO negotiated amounts in place of their standard charges for covered services. Out-of-pocket costs are lower when medical services or supplies are received from in-network PPO providers. To locate an Aetna network provider, call (888) 763-8232 or search for providers online at www.pebp.state.nv.us.

**Pre-certification Review**
Pre-certification reviews are completed before certain medical services are provided to assure the services meet medical necessity criteria. For more information regarding the pre-certification provisions, refer to the Plan Year 2018 Medical, Vision and Prescription Drug Master Plan Document at www.pebp.state.nv.us.

**Case Management**
The process whereby the patient, the patient's family, physician and/or other health care providers, and PEBP work together under the guidance of the plan's independent utilization management company to coordinate a quality, timely and cost-effective treatment plan.

# Consumer Driven Health Plan

**Diabetes Care Management Program**
The Diabetes Care Management Program is administered by HealthScope Benefits and is available to all primary CDHP participants and their covered spouses/domestic partners, and children with diabetes. Participants who are diagnosed with diabetes and enroll in the Diabetes Care Management Program are eligible to receive benefit enhancements on diabetes related medications. For eligibility requirements, refer to the Diabetes Care Management section of the Plan Year 2018 Medical, Vision and Prescription Drug Master Plan Document available at www.pebp.state.nv.us.

**Obesity Care Management Program**
Obesity and Overweight Care Management is offered as a medically supervised weight loss program for CDHP participants and their covered dependents who meet certain eligibility criteria. The program provides benefits for nutritional counseling, weight-loss medications, and meal replacement therapy with certain restrictions. For eligibility requirements, refer to the Obesity and Overweight Care Management section of the Plan Year 2018 Medical, Vision and Prescription Drug Master Plan Document available at www.pebp.state.nv.us.

**Pharmacy Prior Authorization (PA)**
Medications that require prior authorization should be reviewed by Express Scripts prior to purchase to ensure that you do not incur additional expenses in addition to the required copayment or deductible. The prior authorization process may be started by your provider, pharmacist as well as yourself. Express Scripts will fax the prior authorization to your provider. After the form is completed and faxed back by your provider, Express Scripts will review the criteria based on the CDHP's prescription drug benefits. For information regarding prior authorizations, contact Express Scripts at (855) 889-7708.

# CDHP Health Reimbursement Arrangement (HRA) For Eligible Retirees

The Health Reimbursement Arrangement (HRA) is an account that PEBP establishes on behalf of retirees enrolled in the CDHP. Each plan year, PEBP contributes funds to the HRA which may be used tax-free to pay for qualified medical expenses as defined by the IRS (see IRS Publication 502 at www.IRS.gov); including payment of deductibles, coinsurance, dental costs or vision costs incurred by the participant, the participant's spouse and any other dependent claimed on the retiree's tax return.

HRA funds may not be used to pay CDHP premiums. Any funds remaining in the account at the end of the plan year will roll over (will not be forfeited) and will be available for use in future plan years.

The following contributions are provided to retirees who are enrolled in the CDHP on July 1, 2017:

| State Retiree with coverage effective July 1, 2017 | Base Contribution | One-time Additional Contribution | Total Contribution for participant only |
|---|---|---|---|
| **Participant Only** | $700 | $200 | $900 after completion of Preventive Program* |
| **Per Dependent (maximum 3 dependents)** | $200 | | |

The Base Contributions shown above only applies to retirees/dependents covered under the CDHP on July 1, 2017. Employees who retire August 1, 2017 and later (and who received the Plan Year 2018 HSA or HRA contribution on July 1, 2017) will not receive additional contributions at retirement. Retirees who change from the HMO plan to the CDHP plan on August 1, 2017 and later, receive a prorated base HRA contribution determined by the CDHP coverage effective date and the remaining months in the plan year.

Note: Employees enrolled in the CDHP with an HRA who retire after July 1st will retain their HRA funds if they re-enroll in the CDHP at retirement. However, if the retiring employee changes to the HMO plan or terminates the CDHP coverage, any remaining funds in the HRA will revert to PEBP. HRAs are not portable; participants cannot use HRA funds if they are no longer covered by the CDHP. The retiree will have one year (12 months) from the date the CDHP coverage ends to file a claim for reimbursement from the HRA for eligible claims incurred during the coverage period.

The $200 additional HRA contribution will be provided to the primary participant only when PEBP's Third Party Administrator, HealthScope Benefits, verifies through medical/dental claims that the participant has completed the following:

1. Annual Preventive Exam
2. Annual Preventive Lab Work (performed at a free standing lab such as Lab Corp)
3. Annual Dental Exam
4. One Dental cleaning (of the four available per year).

Primary participants have until June 30, 2018 to complete the four requirements to receive the additional $200 contribution from PEBP. Activities before July 1, 2017 will not count towards these requirements. All four requirements are funded by PEBP at no cost to the participant under the preventive wellness benefits if using in-network providers.

# University of Nevada, Reno School of Medicine

## Enhanced Primary Care Model Provider

The Public Employees' Benefits Program has partnered with the University of Nevada, Reno School of Medicine to offer the choice of a new primary care practice to members enrolled in the CDHP. This practice is located in Reno and will be available to Reno and Carson City area residents.

The *Enhanced Primary Care Practice Model* serves to provide comprehensive adult Internal Medicine care, unparalleled access and chronic disease management. The General Internal Medicine Faculty directly supervise and oversee specifically selected resident physicians who have interest in establishing a long-term relationship with their patients. The *Enhanced Primary Care Practice* emphasizes the importance of preventive health measures and represents a new collaborative health care model between physicians and their patients to a more personalized level.

PEBP members who elect to use this provider can expect numerous benefits within the *Enhanced Primary Care Practice.* Foremost, is the *Personalized Prescriptive Health Assessment,* a comprehensive visit designed to review one's current health status while providing clients a descriptive 10-year guide of future recommended screenings. Other benefits include longer visits, same day access for acute illness and utilization of a secure internet to communicate non-emergent issues to staff. For urgent medical issues after hours, patients will be able to directly communicate by phone with resident physicians, whom will have remote access to a client's record providing a full range of patient care. PEBP members enrolled on the CDHP will be able to join the new practice model beginning July 1, 2017.

For more information or to enroll as a patient, please contact the provider at (775) 982-5000 and ask for the UNR MED Enhanced Primary Care Practice or visit the Provider section of the PEBP website at www.pebp.state.nv.us

# Hometown Health Plan
# Health Maintenance Organization (HMO)

For Plan Year 2018, Hometown Health Plan is pleased to offer two separate plan designs, referred to as the ***Standard*** and ***Alternate*** plans. Hometown Health Plan is an HMO that offers fixed copayments for primary care, specialty, and urgent care visits. Both options feature medical, prescription drug, and vision coverage. If selecting one of these plans, you will need to select a primary care provider (PCP) at initial enrollment. If no PCP selection is made, one will be assigned to you by Hometown Health. To locate a PCP visit: http://stateofnv.hometownhealth.com/

## Hometown Health Plan—Northern Nevada Standard HMO

Hometown Health's Standard HMO plan is an open access plan available to all eligible participants residing in all Nevada counties, with the exception of Nye, Clark and Esmeralda counties. Members utilizing the standard HMO will have full access to the Hometown Health Plan and One-Health networks. One-Health is Hometown Health's new Southern Nevada network.

For emergency care outside of Nevada members should utilize the PHCS/Multiplan network. The Standard plan requires the member to choose a Primary Care Physician but does not require a referral to see a specialist.

## Hometown Health Plan—Northern Nevada Alternate HMO

The Alternate HMO plan is only available to eligible participants residing in **Carson City, Churchill, Douglas, Lyon, Storey and Washoe Counties.** The plan is a closed access plan where a **PCP referral is required**. **This plan requires you to select a Renown Primary Care Provider and requires referrals by a Renown Primary Care physician to see a specialist** (except for pediatricians and OB/GYN). Emergency coverage is available through One-Health in Southern Nevada and PHCS/Multiplan outside of Nevada. This plan is not right for everyone. If your primary care provider is not a Renown provider or if your covered dependent(s) live outside of the coverage area, this plan may not be right for you.

For information on basic coverage and benefits for this plan, refer to the plan comparison chart on pages 16-18. For questions on benefits and coverage, contact Hometown Health at (775) 982-3232 or (800) 336-0123

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

HEALTH PLAN OF NEVADA

A UnitedHealthcare Company

Health Plan of Nevada is pleased to offer two separate plan designs, referred to as the ***Standard*** and ***Alternate*** plans. Health Plan of Nevada is an HMO that offers fixed copayments for primary care, specialty, and urgent care visits. The plan features medical, prescription drug, and vision coverage. This plan requires its members to select a primary care provider (PCP) at initial enrollment. If a PCP is not selected, you will be assigned one by HPN. To locate a PCP visit: http://stateofnv.healthplanofnevada.com/

### Health Plan of Nevada—Southern Nevada Standard HMO

Health Plan of Nevada Standard HMO is an open access plan available to all eligible participants residing in the service area of Clark, Nye and Esmeralda Counties. Referrals are not required to see an in-network specialist.

### Health Plan of Nevada— Southern Nevada Alternate HMO

Health Plan of Nevada Alternate HMO is a closed access plan available to all eligible participants residing in the service area of Clark, Nye and Esmeralda Counties. Referrals are required to see an in-network specialist.

### Both plans feature:

Eligible dependents enrolled in an accredited college, university or vocational school anywhere in the United States will now be able to access a plan contracted network provider for needed PCP or urgent/emergent services at the in-network level of benefits. With the exception of Urgent or Emergent Services, Prior Authorization will still be required for all covered services outside of the HPN Service Area to receive in plan benefits. While attending school in Northern Nevada, students are able to directly access the Northern Nevada HPN HMO Network of physicians.

Participants and their dependents will now be able to access a contracted network provider for certain covered services while traveling in the United States, or when unanticipated healthcare issues occur. Other than Urgent or Emergent services, Prior Authorization will be required or the member may be subject to non-plan benefits. While traveling from Southern Nevada to Northern Nevada, HPN Members are allowed to directly access the Northern Nevada HPN HMO Network of physicians.

For information on basic coverage and benefits for this plan, refer to the plan comparison chart on pages 16-18. For questions on benefits and coverage, contact HPN at (702) 242-7300 or (800) 777-1840

# Plan Year 2018 Health Plan Comparison

| PLAN DESIGN FEATURES | CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO) | | STANDARD HMO PLAN (Hometown Health and Health Plan of Nevada) | | ALTERNATE HMO PLAN (Hometown Health and Health Plan of Nevada) | |
|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NET-WORK |
| Service Areas | Global | Global | Statewide | None | **HTH:** Washoe, Carson, Douglas, Storey, Lyon, Churchill, **HPN:** Clark, Nye, & Esmeralda Counties | None |
| Annual Deductible | $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 | N/A | | N/A | |
| Medical Coinsurance | 20% after Deductible | 20% to 50% after Deductible | N/A | | N/A | |
| Out-of-Pocket Maximum | $3,900 Individual<br>$7,800 Family<br>• $6,850 Individual Family Member Deductible | $10,600 Individual<br>$21,200 Family | $7,150 Individual<br>$14,300 Family | N/A | $7,150 Individual<br>$14,300 Family | N/A |
| Specialist Care Physician Referral Required | No | No | No | N/A | Yes | N/A |
| Primary Care Office Visit | 20% after Deductible | 50% after Deductible – Subject to Usual and Customary Limits | $25 Copay Per visit | N/A | $5 Copay Per Visit | N/A |
| Specialist Care Office Visit | 20% after Deductible | 50% after Deductible – Subject to Usual and Customary Limits | $45 Copay (no referral required) | N/A | $25 Copay Per visit (referral required) | N/A |
| Urgent Care Visit | 20% after Deductible | 50% after Deductible – Subject to Usual and Customary Limits | $50 Copay Hometown Health<br>$30 Copay Health Plan of Nevada | $50 Copay Hometown Health<br>$30 Copay Health Plan Of Nevada | $25 Copay Per visit | $25 Copay Per visit |

| PLAN DESIGN FEATURES | CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO) | | STANDARD HMO PLAN (Hometown Health and Health Plan of Nevada) | | ALTERNATE HMO PLAN (Hometown Health and Health Plan of Nevada) | |
|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| Service Areas | Global | Global | Statewide | None | **HTH**: Washoe, Carson, Douglas, Storey, Lyon, Churchill, **HPN**: Clark, Nye, & Esmeralda Counties | None |
| Emergency Room Visit | 20% after Deductible | 20% after Deductible – Subject to U &C Limits | $300 Copay per visit | $300 Copay Per visit | $1,000 Copay Per visit | $1,000 Copay Per visit |
| In-Patient Hospital | 20% after Deductible | 50% after Deductible – Subject to U & C Limits | $500 per admit | N/A | $1,000 per day not to exceed $3,000 per admission | N/A |
| Outpatient Surgery | 20% after Deductible<br><br>Requires Pre-Authorization | 50% after Deductible – Subject to U & C Limits<br><br>Requires Pre-Authorization | $50 Copay (Health Plan of Nevada)<br><br>$350 Copay (Hometown Health) | N/A | $1,000 Copay per visit | N/A |
| Affordable Care Act Preventive Services | $0 (Covered at 100%) | No Benefit | $0 (Covered at 100%) | No Benefit | $0 (Covered at 100%) | No Benefit |
| HSA/HRA Funding | $700 Primary $200 per Dependent (max 3)<br><br>**$200 Primary after completion of PEBP's Prevention Program | N/A | N/A | N/A | N/A | N/A |

**The $200 additional HSA/HRA contribution will be credited to the primary participants HSA/HRA when PEBP's Third Party Administrator, HealthScope Benefits, verifies through medical/dental claims that the participant has completed all of the following requirements:

1. Annual Preventive Exam
2. Annual Preventive Lab Work
3. Annual Dental Exam
4. One Dental cleaning (of the 4 available per year).

Primary participants have until June 30, 2018 to complete all four requirements to receive the additional $200 contribution from PEBP. Activities before July 1, 2017 will not count towards these requirements. All four requirements are covered at 100% under the preventive wellness benefits when using an in-network provider.

# Plan Year 2018 Prescription Plan Comparison

| PLAN DESIGN FEATURES | CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO) | | STANDARD HMO PLAN Hometown Health and Health Plan of Nevada | | ALTERNATE HMO PLAN Hometown Health and Health Plan Of Nevada | |
|---|---|---|---|---|---|---|
| | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK | IN-NETWORK | OUT-OF-NETWORK |
| **PRESCRIPTION DRUGS** | | | | | | |
| **Preferred Generic** | 20% after Deductible* | N/A | $7 Copay | N/A | $25 Copay | N/A |
| **Preferred Brand** | 20% after Deductible | N/A | $40 Copay | N/A | $50 Copay | N/A |
| **Non-Formulary** | 20% after Deductible | N/A | $75 Copay | N/A | $75 Copay | N/A |
| **Specialty** | 20% after Deductible | N/A | 40% Coinsurance | N/A | 40% Coinsurance | N/A |
| **ACA Preventive Medications** | $0 | No Benefit | $0 | N/A | $0 | N/A |
| **CDHP Preventive Medications** | 20% Coinsurance Not subject to Deductible | 20% Coinsurance after Deductible | N/A | N/A | N/A | N/A |

## Preventive Drug Program (CDHP only)*

The Preventive Drug Benefit provides plan participants access to certain preventive medications without having to meet a deductible, and will instead only be subject to coinsurance. Coinsurance paid under the benefit will not apply to the deductible, but will apply to the out-of-pocket maximum. The drugs covered under this benefit include categories of prescription drugs that are used for preventive purposes or conditions, such as hypertension, asthma or high cholesterol. This benefit only applies if using an in-network provider. For a list, refer to page 19-20 or contact Express Scripts at (855) 889-7708.

For more detailed information on coverage and benefits, please refer to the PEBP Master Plan Document for the CDHP or the HMO's respective Evidence of Coverage Certificate (EOC) Document. These can be located at www.pebp.state.nv.us.

# Consumer Driven Health Plan
# Preventive Medication List

The new plan year 2018 Preventive Drug benefit provides CDHP plan participants access to certain preventive medications without having to meet a deductible, and will instead only be subject to coinsurance. Coinsurance paid under the benefit will not apply to the deductible, but will apply to the out-of-pocket maximum. The drugs covered under this benefit include categories of prescription drugs that are used for preventive purposes or conditions, such as hypertension, asthma or high cholesterol. For more information on this program, contact Express Scripts at (855) 889-7708.

**ASTHMA/COPD:**
ZAFIRLUKAST
*ADVAIR DISKUS*
*ANORO ELLIPTA*
*ARCAPTA NEOHALER*
*ARNUITY ELLIPTA*
*ASMANEX HFA*
*BEVESPI AEROSPHERE*
*BREO ELLIPTA*
*CINQAIR*
*COMBIVENT RESPIMAT*
CROMOLYN ORAL INHALATION
*DULERA*
*FLOVENT DISKUS*
*INCRUSE ELLIPTA*
*NUCALA*
*PROAIR HFA, VENTOLIN HFA*
BUDESONIDE
*QVAR*
*SEEBRI NEOHALER*
*SEREVENT DISKUS*
MONTELUKAST
*SPIRIVA RESPIMAT*
*STIOLTO RESPIMAT*
*STRIVERDI RESPIMAT*
*SYMBICORT*
*UTIBRON NEOHALER*
*XOLAIR*
*ZYFLO CR*
*RESPIRATORY SUPPLIES*
NEBULIZERS AND INHALER ASSISTIVE DEVICES

***ANGIOTENSIN II RECEPTOR ANTAGONISTS**:*
CANDESARTAN
IRBESARTAN
LOSARTAN
VALSARTAN
***ANGIOTENSIN II RECEPTOR ANTAGONISTS/ DIURETIC COMBINATIONS**:*
CANDESARTAN/HCTZ
IRBESARTAN/HCTZ
VALSARTAN/HCTZ
LOSARTAN/HCTZ
***BETA BLOCKERS**:*
*BYSTOLIC*
*INNOPRAN XL*
PROPRANOLOL
ATENOLOL
METOPROLOL
BISOPROLOL
***BETA BLOCKERS/DIURETIC COMBINATIONS**:*
PROPRANOLOL/HCTZ
NADOLOL/ BENDROFLUMETHIAZIDE
METOPROLOL/HCTZ
*TENORETIC*
ATENOLOL/ CHLORTHALIDONE
BISOPROLOL/HCTZ
***CALCIUM CHANNEL BLOCKERS**:*
NIFEDIPINE
VERAPAMIL
DILTIAZEM
AMLODIPINE

**BONE DISEASE AND FRACTURES:**
RISEDRONATE
IBANDRONATE
RALOXIFENE
ALENDRONATE
ZOLEDRONIC ACID
**CAVITIES:**
*CLINPRO, PREVIDENT*
SODIUM FLUORIDE RINSE AND GEL
STANNOUS FLUORIDE PASTE AND RINSE
**COLONOSCOPY PREPARATION***
*GOLYTELY, MOVIPREP*
POLYETHYLENE GLYCOL
*OSMOPREP*
*PREPOPIK*
*SUPREP*
**HEART DISEASE AND STROKE**
BLOOD THINNER MEDICINES:
ASPIRIN, 81 MG OR 325 MG
ASPIRIN-DIPYRIDAMOLE ER
*BRILINTA*
WARFARIN
*DURLAZA ER*
*EFFIENT*
*ELIQUIS*
DIPYRIDAMOLE
CLOPIDOGREL
*PRADAXA*
*SAVAYSA*
TICLOPIDINE
*XARELTO*
*ZONTIVITY*

*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

# Consumer Driven Health Plan
# Preventive Medication List

**CHOLESTEROL LOWERING MEDICINES**

***HMG-COA REDUCTASE INHIBITORS***:
ROSUVASTATIN
FLUVASTATIN
ATORVASTATIN
LOVASTATIN
PRAVASTATIN
SIMVASTATIN

***OTHER AGENTS***:
COLESTIPOL
GEMFIBROZIL
*PREVALITE*
CHOLESTYRAMINE
FENOFIBRATE
FENOFIBRIC ACID
*VYTORIN*
*WELCHOL*

HIGH BLOOD PRESSURE

*ACE INHIBITORS:*
QUINAPRIL
BENAZEPRIL
LISINOPRIL
ENALAPRIL

*ACE INHIBITORS/DIURETIC COMBINATIONS:*
QUINAPRIL/HCTZ
BENAZEPRIL/HCTZ
ENALAPRIL/HCTZ
LISINOPRIL/HCTZ

***DIURETICS***:
CHLORTHALIDONE
HYDROCHLOROTHIAZIDE
INDAPAMIDE
METOLAZONE

***OTHER HIGH BLOOD PRESSURE MEDICINE COMBINATIONS***:
AMLODIPINE/ATORVASTATIN
AMLODIPINE/VALSARTAN/HCTZ
AMLODIPINE/BENAZEPRIL
*PRESTALIA*
TRANDOLAPRIL/VERAPAMIL
AMLODIPINE/TELMISARTAN

**RESPIRATORY SYNCYTIAL VIRUS:**
*SYNAGIS*

**MALARIA:**
CHLOROQUINE
MEFLOQUINE
PRIMAQUINE
ATOVAQUONE/PROGUANIL

**OBESITY:**
PHENTERMINE
*BELVIQ*
*CONTRAVE*
DIETHYLPROPION
BENZPHETAMINE
PHENDIMETRAZINE
*SAXENDA*
*XENICAL*

**SMOKING-CESSATION ***
*CHANTIX*
*NICOTROL*
NICOTINE PRODUCTS
BUPROPION SR 150MG

**IMMUNIZATION: ***
ANTHRAX
DIPHTHERIA, PERTUSSIS, TETANUS, HAEMOPHILUS INFLUENZAE B, HEPATITIS A AND B, JE-VAX, TYPHIM, VARICELLA, ZOSTER, HUMAN PAPILLOMAVIRUS, INFLUENZA, MEASLES, MENINGOCOCCAL, MUMPS, PNEUMOCOCCAL, POLIOVIRUS, ROTAVIRUS, RUBELLA

**VITAMINS OR MINERALS:**
FOLIC ACID*
PEDIATRIC MULTIVITAMINS WITH FLUORIDE*

Express Scripts manages your prescription benefit for the CDHP plan. For specific questions on coverage, please call the phone number on your ID card or visit the website at www.express-scripts.com.

Note: Brand names are shown in italics in each category. If generics are available, they are listed under the brand name.



*Please note that some of these medications are also subject to the Affordable Care Act (ACA) and may be covered by your plan at 100%.

# Plan Year 2018 Vision Plan Comparison

| PLAN DESIGN FEATURES | CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO) | STANDARD and ALTERNATE HMO PLAN Health Plan of Nevada | STANDARD and ALTERNATE HMO PLAN Hometown Health |
|---|---|---|---|
| Vision Exam | $25 Copay with a maximum benefit of $95 per annual exam* | EyeMed Vision Plan<br>$10 Copayment<br>every 12 months | EyeMed Vision Plan<br>$15 Copayment<br>every 12 months |
| Hardware (frames, lenses, contacts) | No Benefit | $10 Copayment for glasses ($100 allowance) or contacts in lieu of glasses ($115 allowance) | • Frames: 35% off retail price<br>• Standard plastic lenses: $50 to $135 copayment depending on lens type;<br>• Conventional contact lenses: 15% off retail |

*PEBP does not maintain a network specific to vision care. Out-of-network providers will be paid at Usual and Customary (U&C). One annual vision exam, maximum annual benefit $95 per plan year after the $25 copayment.

**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.

For Plan Limitations and Exclusions, refer to the CDHP Master Plan Document or the HMO Evidence of Coverage Certificates available at www.pebp.state.nv.us.

# Exchange Health Reimbursement Arrangement

For Medicare Retirees Enrolled in a Medical Plan Through OneExchange

Exchange Health Reimbursement Arrangements or Exchange-HRAs are PEBP owned accounts established on behalf of PEBP retirees enrolled in a medical plan offered through OneExchange. Eligible retirees receive a monthly contribution to their Exchange-HRA based on their date of hire, date of retirement, and total years of service credit earned with each Nevada public employer. Exchange-HRA contributions are shown on page 29.

To receive an Exchange-HRA contribution, an eligible retiree must obtain and maintain an individual medical insurance policy through OneExchange. Retirees can use the Exchange-HRA for reimbursement of qualified health care expenses including premiums for Medicare coverage, on a tax-free basis. Exchange-HRAs may also be used to request reimbursement of qualified health care expenses for a spouse or tax dependent.

The monthly tax-exempt contribution for Plan Year 2018 is $12 per month per year of service beginning with five years ($60) to a maximum of twenty years of service ($240). Individuals who retired before January 1, 1994, will receive a flat $180 per month to the Exchange-HRA. Dependents do not receive their own Exchange-HRA and no additional funds are contributed for dependents.

| Getting Reimbursed from your Exchange-HRA | | |
|---|---|---|
| **1. You pay premiums and expenses** | **2. You submit out-of-pocket expenses** | **3. OneExchange reimburses you** |
| You pay the full premiums directly to your insurance provider (ask OneExchange about the auto-reimbursement option for premiums). You also pay your provider any required out-of-pocket expenses. | You submit your claim to OneExchange for your premiums and out-of-pocket health care expenses. | OneExchange administers your account and will reimburse you from your Exchange-HRA if funds are available. |

**Exchange-HRA Plan Administrator**
PayFlex is the Exchange-HRA plan administrator responsible for processing expense reimbursements for retirees.

**Establishing the Exchange-HRA**

PEBP will automatically establish your Exchange-HRA once you have enrolled in a medical plan through OneExchange. Once established, you will receive the OneExchange-HRA kit with information on how to use the Exchange-HRA and claim forms.

# Exchange Health Reimbursement Arrangement

## Examples of Eligible Medical Expenses for Exchange-HRA Retirees

An eligible expense is defined as an expense paid for care as described in Section 213(d) of the Internal Revenue Code. Below are examples of eligible medical expenses that may be reimbursed through the Exchange-HRA.

**Please refer to IRS Publication 502 for detailed information about Medical and Dental Expenses. If tax advice is required, you should seek the services of a tax professional.**

### Deductible Medical Expenses

- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Contact lenses
- Crutches
- Dental treatment
- Dental premium
- Dental X-rays
- Dentures
- Dermatologist
- Drugs (prescription)
- Eyeglasses
- Gynecologist
- Hearing aids
- Insulin treatment
- Lab tests
- Medical insurance premium
- Neurologist
- Ophthalmologist
- Optician
- Optometrist
- Oral Surgery
- Orthopedic shoes
- Orthopedist
- Pharmacy plan premium
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered nurse
- Vaccines
- Wheelchair
- Osteopath
- Oxygen and oxygen equipment
- Physician
- Physiotherapist
- Podiatrist

*Note*: In the event the retiree dies, the Exchange-HRA account of the eligible retiree is immediately forfeited; however, his or her estate or representatives may submit claims for eligible medical expenses incurred by the eligible retiree and his or her dependents prior to the eligible retiree's death, as long as such claims are submitted no later than one-hundred eighty (180) days after the eligible retiree's death.

***Important:*** Plan provisions allow for a 12 month (365 day) timely filing period for eligible healthcare claims submission. The 365 days is measured from the date the services were incurred. No plan benefits will be paid for any claim submitted after this period.

# Dental Plan

*All CDHP and HMO Eligible Participants*

*Voluntary Dental Plan for OneExchange Retirees and Covered Dependents*

| Benefit Category | In-Network | Out-of-Network |
|---|---|---|
| **Individual Plan Year Maximum** | $1,500 per person for Basic and Major services | $1,500 per person for Basic and Major services |
| **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** Four cleanings/plan year, exams, bitewing X-rays (2/plan year)<br><br>Preventive Services are not subject to the $1,500 Individual Plan Year Maximum | 100% of allowable fee schedule, no deductible | 80% of the in-network provider fee schedule for the Las Vegas service area.<br><br>For services received out-of-network outside of Nevada, the plan will reimburse at the U&C |
| **Basic Services** Periodontal, fillings, extractions, root canals, full-mouth X-rays | 80% of allowable fee schedule, after deductible | 50% of the in-network provider fee schedule for the Las Vegas service area.<br><br>For services received out-of-network outside of Nevada, the plan will reimburse at the U&C |
| **Major Services** Bridges, crowns, dentures, tooth implants | 50% of allowable fee schedule, after deductible | 50% of the in-network provider fee schedule for the Las Vegas service area.<br><br>For services received out-of-network outside of Nevada, the plan will reimburse at the U&C |

- **Family Deductible may be met by any combination of eligible dental expenses of three or more members of the same family coverage tier**. No one single family member would be required to contribute more than the equivalent of the individual deductible toward the family deductible.
- **Under no circumstances will the combination of PPO and Non-PPO benefit payments exceed the plan year maximum benefit of $1,500.**

# State Retiree and Survivor Rates

Effective July 1, 2017 - June 30, 2018

| Consumer Driven Health Plan State Retiree and Survivor Rates | Statewide PPO | | |
|---|---|---|---|
| | Consumer Driven High Deductible Health Plan | | |
| | Unsubsidized Rate | Base Subsidy | Participant Premium |
| Retiree only | 581.78 | 372.70 | 209.08 |
| Retiree + Spouse | 1,067.37 | 589.51 | 477.86 |
| Retiree + Child(ren) | 771.82 | 459.22 | 312.60 |
| Retiree + Family | 1,258.81 | 676.03 | 582.78 |
| Surviving/Unsubsidized Dependent | 581.78 | - | 581.78 |
| Surviving/Unsubsidized Spouse + Child(ren) | 771.82 | - | 771.82 |

| Standard HMO State Retiree and Survivor Rates | Standard HMO Plan | | |
|---|---|---|---|
| | Hometown Health Plan & Health Plan of Nevada | | |
| | Unsubsidized Rate | Base Subsidy | Participant Premium |
| Retiree only | 802.75 | 404.76 | 397.99 |
| Retiree + Spouse | 1,585.19 | 642.79 | 942.40 |
| Retiree + Child(ren) | 1,175.77 | 518.24 | 657.53 |
| Retiree + Family | 1,958.21 | 756.27 | 1,201.94 |
| Surviving/Unsubsidized Dependent | 802.75 | - | 802.75 |
| Surviving/Unsubsidized Spouse + Child(ren) | 1,175.77 | - | 1,175.77 |

| Alternate HMO State Retiree and Survivor Rates | Alternate HMO Plan | | |
|---|---|---|---|
| | Hometown Health Plan & Health Plan of Nevada | | |
| | Unsubsidized Rate | Base Subsidy | Participant Premium |
| Retiree only | 771.53 | 391.01 | 380.52 |
| Retiree + Spouse | 1,483.81 | 615.29 | 868.52 |
| Retiree + Child(ren) | 1,113.90 | 496.44 | 617.46 |
| Retiree + Family | 1,848.13 | 720.72 | 1,127.41 |
| Surviving/Unsubsidized Dependent | 771.53 | - | 771.53 |
| Surviving/Unsubsidized Spouse + Child(ren) | 1,113.90 | - | 1,113.90 |

**To determine your final premium, turn to page 27.**

# State Retiree with Domestic Partner Rates

Effective July 1, 2017 - June 30, 2018

| Consumer Driven Health Plan State Retiree with Domestic Partner Rates | Statewide PPO | | | |
|---|---|---|---|---|
| | Consumer Driven High Deductible Health Plan | | | |
| | Unsubsidized Rate | Base Subsidy | Taxable Subsidy | Participant Premium |
| Retiree + DP | 1,067.37 | 372.70 | 216.81 | 477.86 |
| Retiree + DP's Child(ren) | 771.82 | 372.70 | 86.52 | 312.60 |
| Retiree + Children of both | 771.82 | 459.22 | - | 312.60 |
| Retiree + DP + Ret's Child(ren) | 1,258.81 | 459.22 | 216.81 | 582.78 |
| Retiree + DP + DP's Child(ren) | 1,258.81 | 372.70 | 303.33 | 582.78 |
| Retiree + DP + Children of both | 1,258.81 | 459.22 | 216.81 | 582.78 |

| Standard HMO State Retiree with Domestic Partner Rates | Standard HMO Plan | | | |
|---|---|---|---|---|
| | Hometown Health & Health Plan of Nevada | | | |
| | Unsubsidized Rate | Base Subsidy | Taxable Subsidy | Participant Premium |
| Retiree + DP | 1,585.19 | 404.76 | 238.03 | 942.40 |
| Retiree + DP's Child(ren) | 1,175.77 | 404.76 | 113.48 | 657.53 |
| Retiree + Children of both | 1,175.77 | 518.24 | - | 657.53 |
| Retiree + DP + Ret's Child(ren) | 1,958.21 | 518.24 | 238.03 | 1,201.94 |
| Retiree + DP + DP's Child(ren) | 1,958.21 | 404.76 | 351.51 | 1,201.94 |
| Retiree + DP + Children of both | 1,958.21 | 518.24 | 238.03 | 1,201.94 |

| Alternate HMO State Retiree with Domestic Partner Rates | Alternate HMO Plan | | | |
|---|---|---|---|---|
| | Hometown Health Plan & Health Plan of Nevada | | | |
| | Unsubsidized Rate | Base Subsidy | Taxable Subsidy | Participant Premium |
| Retiree + DP | 1,483.81 | 391.01 | 224.28 | 868.52 |
| Retiree + DP's Child(ren) | 1,113.90 | 391.01 | 105.43 | 617.46 |
| Retiree + Children of both | 1,113.90 | 496.44 | - | 617.46 |
| Retiree + DP + Ret's Child(ren) | 1,848.13 | 496.44 | 224.28 | 1,127.41 |
| Retiree + DP + DP's Child(ren) | 1,848.13 | 391.01 | 329.71 | 1,127.41 |
| Retiree + DP + Children of both | 1,848.13 | 496.44 | 224.28 | 1,127.41 |

**To determine your final premium, turn to page 27**

# State Retiree Years of Service Subsidy

Effective July 1, 2017 - June 30, 2018

| State Retiree Years of Service Subsidy for Retirees Enrolled in the CDHP/HMO Plan | |
|---|---|
| **Years of Service** | **Subsidy*** |
| 5 | +333.77 |
| 6 | +300.39 |
| 7 | +267.02 |
| 8 | +233.64 |
| 9 | +200.26 |
| 10 | +166.89 |
| 11 | +133.51 |
| 12 | +100.13 |
| 13 | +66.75 |
| 14 | +33.38 |
| 15 | - |
| 16 | -33.38 |
| 17 | -66.75 |
| 18 | -100.13 |
| 19 | -133.51 |
| 20 | -166.89 |

- For participants who retired before January 1, 1994, the participant premium for the selected plan and tier is shown on pages 25-26.
- 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 pages 25-26.*
- 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 have submitted proof of your Medicare Part B enrollment to the PEBP office, deduct $134.00 from your premium cost.

# State Retiree Rates Without Subsidy

Effective July 1, 2017 - June 30, 2018

| Consumer Driven Health Plan<br>State Retiree and Survivor Rates | Statewide PPO<br>Consumer Driven High Deductible Health Plan<br>Unsubsidized Rate |
|---|---|
| Retiree only | 581.78 |
| Retiree + Spouse | 1,067.37 |
| Retiree + Child(ren) | 771.82 |
| Retiree + Family | 1,258.81 |
| Surviving/Unsubsidized Dependent | 581.78 |
| Surviving/Unsubsidized Spouse + Child(ren) | 771.82 |

| Standard HMO<br>State Retiree and Survivor Rates | Standard HMO Plan<br>Hometown Health Plan & Health Plan of Nevada<br>Unsubsidized Rate |
|---|---|
| Retiree only | 802.75 |
| Retiree + Spouse | 1,585.19 |
| Retiree + Child(ren) | 1,175.77 |
| Retiree + Family | 1,958.21 |
| Surviving/Unsubsidized Dependent | 802.75 |
| Surviving/Unsubsidized Spouse + Child(ren) | 1,175.77 |

| Alternate HMO<br>State Retiree and Survivor Rates | Alternate HMO Plan<br>Hometown Health Plan & Health Plan of Nevada<br>Unsubsidized Rate |
|---|---|
| Retiree only | 771.53 |
| Retiree + Spouse | 1,483.81 |
| Retiree + Child(ren) | 1,113.90 |
| Retiree + Family | 1,848.13 |
| Surviving/Unsubsidized Dependent | 771.53 |
| Surviving/Unsubsidized Spouse + Child(ren) | 1,113.90 |

# Exchange-HRA Contribution and Optional Dental Coverage

**Exchange-HRA Contribution** for Medicare Retirees Enrolled in OneExchange

| Years of Service | Contribution |
|---|---|
| 5 | +60.00 |
| 6 | +72.00 |
| 7 | +84.00 |
| 8 | +96.00 |
| 9 | +108.00 |
| 10 | +120.00 |
| 11 | +132.00 |
| 12 | +144.00 |
| 13 | +156.00 |
| 14 | +168.00 |
| 15 (Base) | +180.00 |
| 16 | +192.00 |
| 17 | +204.00 |
| 18 | +216.00 |
| 19 | +228.00 |
| 20 | +240.00 |

- Participants who retired before January 1, 1994 receive the 15-year ($180) base contribution.
- For participants who retired on or after January 1, 1994, the contribution is $12 per month per year of service beginning with 5 years ($60) and a maximum of 20 years ($240).
- 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 contribution.
- Those retirees who were hired by their last employer on or after January 1, 2012 do not receive a years of service contribution.

## Voluntary Dental Coverage Option for Medicare Retirees

Optional dental coverage for participants enrolled in an OneExchange Medical Plan

| Voluntary Dental Coverage | State Retiree Rate | Non-State Retiree Rate |
|---|---|---|
| Retiree only | $38.89 | $38.21 |
| Retiree + Spouse/DP | $77.78 | $76.42 |
| Surviving/Unsubsidized Spouse/DP | $38.89 | $38.21 |

To enroll in PEBP dental coverage, select OneExchange with PEBP dental when completing your enrollment form. Note: Retirees paid through PERS will pay their monthly premium through PERS deductions.

# Years of Service Certification Form Codes

As a retired public employee, you may qualify for a premium subsidy based on each Nevada public employer with whom you earned a service credit. In order to apply for a subsidy toward your retiree health insurance premium, the YOSC form must be received in the PEBP office by the last business day of the month prior to the start of retiree coverage.

**Steps to completing the form:**

**Step 1**: Enter social security number, date of birth, gender, last name, first name, and retirement date.

**Step 2**: List your most recent Nevada public employer on the first line. Employer codes are located on the Employer Code list included in this guide. List each of your former Nevada public employers. *Note: If your former employer cannot be located on the list, write the employer's name without entering a code number.*

**Step 3**: Enter the years and months you worked for each Nevada public employer; do not round days up to the next month; do not round months up to the next year.

Example: employee worked for the City of Las Vegas from 03-26-82 (Mar 1982) to 03-17-87 (Mar 1987); this is equal to 4 years and 11 months of service.

**Step 4**: Enter any extra service credit that was purchased on your behalf. Note: do not list repayment of refunded contributions as purchased service credit.

**Step 5**: Sign and date the form.

Refer to the Years of Service Certification - Employer Code List to identify your former Nevada public employer according to the following:

If you worked for various state agencies within the State of Nevada, enter the total years that you worked for all state agencies on one line.

*Note*: Various state agencies include employees who worked for a state department, division, board, commission, PERS, LCB, and classified employees working for the Nevada System of Higher Education (contributing to PERS). Enter the following code:

**Code 9999 State**

If you worked for the Nevada System of Higher Education as a faculty member (under contract) and you are retiring under the Retirement Plan Alternatives program (defined contribution retirement plan) such as TIAA-CREF, VALIC, or Fidelity Investments (non-PERS employee), enter the applicable code below:

**9858 University of Nevada, Reno**

**9859 University of Nevada, Las Vegas**

*Note: The subsidy or contribution amount is determined using each full year of service credit (12 months) to a maximum of 20 years. Purchased service does not apply to the years of service subsidy or contribution allocation.*

# Years of Service Certification Form Codes

| Employer Code | Employer Name |
|---|---|
| | |
| 9999 | Use this code if you worked for a state department, division, board, commission, PERS, LCB, or you are a PERS retiree from the Nevada System of Higher Education |
| 9856 | Legislator's Retirement System |
| 9858 | Nevada System of Higher Education - North (Non-PERS) |
| 9859 | Nevada System of Higher Education - South (Non-PERS) |

| Employer Code | Cities |
|---|---|
| 9713 | Carson City |
| 9712 | City of Boulder |
| 9790 | City of Caliente |
| 9785 | City of Carlin |
| 9714 | City of Elko |
| 9715 | City of Ely |
| 9716 | City of Fallon |
| 9819 | City of Fernley |
| 9860 | City of Gabbs |
| 9717 | City of Henderson |
| 9718 | City of Las Vegas |
| 9818 | City of Lovelock |
| 9786 | City of Mesquite |
| 9719 | City of North Las Vegas |
| 9720 | City of Reno |
| 9722 | City of Sparks |
| 9816 | City of Wells |
| 9724 | City of West Wendover |
| 9817 | City of Winnemucca |
| 9725 | City of Yerington |

| Employer Code | Counties |
|---|---|
| 9711 | Churchill County |
| 9727 | Clark County |
| 9731 | Douglas County |
| 9733 | Elko County |
| 9791 | Esmeralda County |
| 9737 | Eureka County |
| 9740 | Humboldt County |
| 9743 | Lander County |
| 9746 | Lincoln County |
| 9752 | Lyon County |
| 9809 | Mineral County |
| 9758 | Nye County |
| 9763 | Pershing County |
| 9771 | Storey County |
| 9779 | Washoe County |
| 9782 | White Pine County |

The list above is not exhaustive list. For a complete, comprehensive list that includes such agencies as Charter Schools, Utilities/Planning Districts, Hospital, Judicial, etc. visit the Retiree Resources section on the PEBP website www.pebp.state.nv.us/resources/retiree-resources/ or call PEBP at 775-684-7000

# Informational Resources and Publications

www.pebp.state.nv.us

| | |
|---|---|
| **Plan Year 2018 Medical, Vision and Prescription Drug Master Plan Document**<br><br>Available at www.pebp.state.nv.us or by request by calling PEBP at (775) 684-7000 or (800) 326-5496 | The Master Plan Document provides a comprehensive description of the retiree benefits. |
| **Summary of Benefits and Coverage Document (SBC) for the *Consumer Driven Health Plan***<br><br>Available at www.pebp.state.nv.us or by request by calling PEBP at (775) 684-7000 or (800) 326-5496 | The SBC provides a summary of the key features of the Consumer Driven Health Plan such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. |
| **Summary of Benefits and Coverage Document (SBC) for the *Hometown Health Plan –Standard and Alternate Plans***<br><br>Available at www.pebp.state.nv.us or by request by calling PEBP at (775) 684-7000 or (800) 326-5496 | The SBC provides a summary of the key features of the Hometown Health Plan such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. |
| **Summary of Benefits and Coverage Document (SBC) for the *Health Plan of Nevada—Standard and Alternate Plans***<br><br>Available at www.pebp.state.nv.us or by request by calling PEBP at (775) 684-7000 or (800) 326-5496 | The SBC provides a summary of the key features of the Health Plan of Nevada such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. |
| **Retiree Resources**<br>www.pebp.state.nv.us | Helpful links that provide information about how to enroll in retiree coverage, retiree eligibility, medical plan options, premium rates, and voluntary product offerings. |
| **Provider Networks**<br>www.pebp.state.nv.us | Helpful links to locate providers based upon the plan option selected. |
| **Publications**<br>www.pebp.state.nv.us | Links to various PEBP publications including enrollment guides, Health Matters Newsletter, Plan Documents, Presentations and more. |
| **PEBP Board Meetings**<br>www.pebp.state.nv.us | Board meeting information such as agendas, board packets and audio recordings of past board meetings. |

# Informational Resources

## Discrimination is Against the Law

The State of Nevada Public Employees' Benefits Program's (PEBP) Consumer Driven Health Plan (CDHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The PEBP CDHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The PEBP CDHP provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters
- Information written in other languages

If you need these services, contact PEBP at 775-684-7020 or mservices@peb.state.nv.us.

If you believe that the PEBP CDHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: PEBP, Attn: Civil Rights Coordinator, 901 South Stewart Street, Suite 1001, Carson City, NV 89701, Phone: 775-684-7020 (TTY: 1-800-545-8279), Fax: 775-684-7028, Email: mservices@peb.state.nv.us. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the civil rights coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

# Informational Resources

## Discrimination is Against the Law (con't)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-326-5496 (TTY: 1-800-545-8279)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-326-5496 (TTY: 1-800-545-8279)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-326-5496 (TTY: 1-800-545-8279) 。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-326-5496 (TTY: 1-800-545-8279) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800326-5496 (TTY: 1-800-545-8279)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-800-326-5496 (መስማት ለተሳናቸው:1-800-545-8279).

เรียน: ถ้าคณุพดู ภาษา ไทยคณุสามารถ ใช้บริการชว่ ยเหลือทางภาษา ได้ฟรี โทร 1-800-326-5496 (TTY: 1-800-545-8279)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-326-5496（TTY: 1-800-545-8279）まで、お電話にてご連絡ください。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-623-6945 (رقم هاتف الصم والبكم: 1-800-545-9728).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-326-5496 (телетайп: 1-800-545-8279).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-326-5496 (ATS : 1-800-545-8279).

**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-326-5496(TTY: 1-800-545-8279) تماس بگیرید.

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-326-5496.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-326-5496 (TTY: 1-800-545-8279).

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan ba-yadna, ket sidadaan para kenyam. Awagan ti 1-800-326-5496 (TTY: 1-800-545-8279).

# Vendor Contact List

| | |
|---|---|
| **CDHP Medical and PPO Dental Claims Administrator**<br>• Claim status inquiries<br>• Plan benefit information<br>• HSA/PPO-HRA Administration<br>• Network Providers<br>• ID cards<br>• Diabetes Care Management<br>• Obesity Care Management | **HealthSCOPE Benefits**<br>P.O. Box 91603<br>Lubbock, TX 79490-1603<br>Customer Service: 888-7NEVADA<br>(888) 763-8232<br>Group Number: NVPEB<br>www.healthscopebenefits.com |
| **In-State PPO Medical Network**<br>• Network Providers<br>• Provider directory<br>• Additions/deletions of providers | **PEBP Statewide PPO Network**<br>Administered by Hometown Health Partners and Sierra Healthcare Options<br>Customer Service: (800) 336-0123<br>www.pebp.state.nv.us |
| **National Provider Network**<br>For participants who reside outside Nevada or who reside in Nevada and access healthcare services outside of Nevada | **Aetna Signature Administrators by HealthSCOPE Benefits**<br>P.O. Box 91603<br>Lubbock, TX 79490-1603<br>Customer Service: 888-7NEVADA<br>(888) 763-8232<br>Group Number: NVPEB<br>www.healthscopebenefits.com |
| **Dental PPO Network**<br>• Statewide dental PPO providers<br>• Dental provider directory | **Diversified Dental Services**<br>Northern Nevada: (866) 270-8326<br>Southern Nevada: (800) 249-3538<br>www.ddsppo.com |
| **CDHP Pharmacy Plan Administrator**<br>• Prescription drug information<br>• In-network pharmacies<br>• Prior authorization<br>• Non-network retail claims payment<br>• Price and Save Tool<br>• Mail order service and mail order forms<br>• Diabetic supplies mail order program | **Retail Pharmacy Services: Express Scripts**<br>PO Box 66566<br>St. Louis, MO 63166-6566<br>Customer Service: (855) 889-7708<br>www.Express-Scripts.com<br><br>**Price a Medication Tool**<br>www.Express-Scripts.com/NVPEBP<br><br>**Specialty Pharmacy**<br>Accredo (800) 803-2523 |
| **Hometown Health Providers**<br>• Utilization Management and Case Management | **Hometown Health Providers**<br>Pre-certification and Customer Service<br>(775) 982-3232 (888) 323-1461<br>http://stateofnv.hometownhealth.com |

# Vendor Contact List

| | |
|---|---|
| **Northern HMO Plan**<br>• Provider network<br>• Provider directories<br>• Appeals<br>• Benefit Information<br>• Additions/deletions of providers<br>• Pharmacy Benefits | **Hometown Health Plan HMO**<br>Customer Service:<br>(775) 982-3232 or (800) 336-0123<br>http://stateofnv.hometownhealth.com<br>or www.pebp.state.nv.us |
| **Southern HMO Plan**<br>• Provider network<br>• Provider directories<br>• Benefit Information/Appeals<br>• Additions/deletions of providers | **Health Plan of Nevada**<br>Customer Service:<br>(702) 242-7300<br>(800) 777-1840<br>www.stateofnvhpnbenefits.com or<br>www.pebp.state.nv.us |
| **Medicare Exchange**<br>Medicare supplemental plan/HRA administrator for retirees | **Towers Watson's OneExchange**<br>10975 Sterling View Drive, Suite A1<br>South Jordan, UT 84095<br>Customer Service: (888) 598-7545<br>www.medicare.oneexchange.com/PEBP |
| **PayFlex—Health Reimbursement Arrangement** | **PayFlex**<br>Customer Service: (888)598-7545<br>General Fax: (402) 231-4300<br>Claims Fax: (402) 231-4310 |