

PEBP and Medicare One Exchange Guide



Public Employees' Benefits Program

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Plan Year 2018 PEBP and Medicare/One Exchange Guide

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This publication is provided for informational purposes only. Any discrepancies in the content herein and Chapters 287 of the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC), the Social Security Administration, Centers for Medicare and Medicaid Services (CMS), and the PEBP Master Plan Document shall be superseded by PEBP's official documents and State and Federal law.

Introduction

Soon, you will be eligible for Medicare. As a retiree or a covered dependent of a retiree who is aging into Medicare, you will have new options for your medical, dental, prescription drug, and vision coverage. The *PEBP and Medicare* Guide provides information on what you need to do when you become Medicare eligible.

What is changing? When you become eligible for *premium-free* Medicare Part A you will need to enroll in Part A and purchase Medicare Part B coverage and, in most cases, you will transition into a medical plan offered through Towers Watson's OneExchange (OneExchange). OneExchange gives you access to a Medicare marketplace which includes a variety of individual medical, prescription drug, dental and vision plans from leading health insurers. The medical plans include *Medigap (supplement)* and *Medicare Advantage Plans (PPO and HMO plans)*.

Eligible retirees enrolled in a medical plan through OneExchange will qualify for a monthly contribution to a OneExchange Health Reimbursement Arrangement (HRA) account. The contribution is based on the retiree's years of service (beginning with 5 years up to a maximum of 20 years). If you are eligible for the HRA allocation, your first OneExchange HRA contribution will begin when your medical plan becomes effective through OneExchange. For OneExchange HRA contribution amounts, refer to page 8.

Note: For those on the Consumer Driven Health Plan (CDHP) PPO, once transitioned to OneExchange, any remaining funds in the CDHP HRA account are no longer available to the retiree. The OneExchange HRA and the CDHP HRA are different accounts.

To help you decide which individual plan(s) are right for you, you'll have the assistance and expertise of a licensed benefit advisor. During your enrollment, your benefit advisor will help you compare, select and enroll in the plan(s) that fit your needs and budget.

OneExchange Plan Options

OneExchange offers both Medicare Advantage plans (HMO and PPO) and Medigap (Medicare supplement) plans through multiple carriers based on the retiree's zip code. The following provides an overview of Medicare Advantage plans and Medigap plans; however, for specific details about these plans, you will need to speak to a Benefits Advisor.

Medicare Advantage Prescription Drug Plans (MAPD): These plans provide an all-in-one plan that bundles Medicare Part A, Part B and prescription drug coverage together with additional benefits. These plans provide coverage for doctor visits, hospital stays, and prescription drug expenses.

Medicare Advantage plans cover medical and prescription drug expenses with a single premium, generally lower than Medigap plan premiums. In exchange for this convenience, Medicare Advantage plans utilize a network of doctors (PPO and HMO) that allows for even deeper cost savings.

Medicare Advantage plans cannot deny an applicant due to age or health (the only exception is individuals with end-stage renal disease or for Special Needs Plans aimed at certain populations). Also, premiums cannot vary by age or health.

OneExchange Plan Options (continued)

Medigap (Medicare supplement) Plans: These plans help to pay the difference between the total healthcare costs and the amount paid by Medicare. Medigap Plans do NOT include prescription drug coverage (Part D prescription drug coverage must be purchased separately). Generally, Medigap Plans have:

- Higher monthly premiums
- Low or no copayments required for doctor or hospital visits
- No network restrictions on physicians—you may see any doctor that accepts Medicare

Guarantee Issue Rights and Medigap Plans

During your initial enrollment period, Medigap supplement plans are guaranteed issue meaning you cannot be turned down based on your medical history or pre-existing conditions. After your initial enrollment period ends, Medigap insurers can refuse to offer you a Medigap plan because of your age or health status. They can also accept your enrollment subject to exclusions for pre-existing conditions. It is important to make your decision and enroll within your enrollment window.

It is important to understand the “Guaranteed Issue” period for Medigap supplement plans. If you have any questions about this you should speak to a OneExchange Benefits Advisor at (888) 598-7545.

Prescription Drug (Part D) Plans: Part D plans only cover prescription drugs. You should consider purchasing a Part D plan if you enroll in a Medigap Plan and need prescription drug coverage.

Dental and Vision Plans: Optional dental and vision coverage is available through OneExchange. Your Benefits Advisor will provide information about plan options and costs for these plans. You will also have the option to purchase PEBP’s PPO Dental Plan when you transition to OneExchange. For premium rates on PEBP’s PPO Dental Plan, see page 9.

You can find information about the specific plans offered in your zip code by creating an account at <https://medicare.oneexchange.com/pebp>. You will need to gather certain information such as the names and dosage(s) of the medications you are taking, the names of your healthcare providers (primary care physician, specialists, etc.). Creating your account online will also save you time when you are ready to complete your enrollment. Your OneExchange Benefits Advisor will be able to view the information you entered online and assist you with selecting a plan that best suits your needs.

[Applying for Medicare](#)

If you are already receiving Social Security benefits you will automatically get Part A and Part B starting the 1st day of the month you turn 65. If your birthday is on the 1st day of the month, Part A and Part B will start on the 1st day of the month prior to your birthday.

If you are NOT receiving Social Security benefits, you will need to apply for *premium-free* Medicare Part A and B. If you are eligible for *premium-free* Medicare Part A, you can sign up for Medicare online. The application process takes about 10 minutes. In most cases, you are able to complete and submit your application electronically. There are no forms to sign and usually no documentation is required. Social Security will process your application and contact you if they need more information. Otherwise you will receive your Medicare card in the mail.

To learn more about signing up for Medicare, visit [Applying for Medicare Only](#) or <https://www.ssa.gov/planners/retire/justmedicare.html>

If you already have Part A, but do not have Part B because you are working, you will need to sign up for Part B when you retire. To sign up for Part B, you will need to complete the [Application for Enrollment in Medicare Part B](#) available at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf>

Important: PEBP has very specific enrollment timeframe requirements for Medicare. Be sure to read this guide to understand when PEBP will require you to enroll in Medicare.

I am retired and turning age 65, when do I sign up for Medicare?

PEBP will require you to sign up for *premium-free* Medicare Part A and purchase Part B coverage approximately 90 days before your 65th birthday. If you sign up for *premium-free* Part A and purchase Part B coverage within 90 days of your 65th birthday, your Part A and Part B coverage will start the 1st day of the month you turn 65, or the month before you turn 65 (if your birthday is the 1st day of the month).

I am retiring soon and I am 65 years old. When do I sign up for Medicare?

PEBP will require you to sign up for *premium-free* Medicare Part A and purchase Part B coverage approximately 90 days before your retirement date to ensure you are enrolled in Part A and B on the date your PEBP retiree coverage becomes effective. (*Premium-free* Medicare Part A and/or B coverage is not required until you are retired.)

When am I required to enroll in a medical plan through OneExchange?

The requirement to enroll in a medical plan through OneExchange will depend on whether you qualify for *premium-free* Medicare Part A, are covering a non-Medicare dependent and/or whether you have Tricare for Life.

This guide will explain the Medicare requirements and enrollment options and timeframes in detail. However, if you have additional questions, please contact the PEBP office at (775) 684-7000 or

Medicare Parts A and B

PEBP requires *retirees and their covered dependents* at age 65 to enroll in *premium-free* Medicare Part A and purchase Medicare Part B coverage. Note: Active employees aged 65 and older are not required to enroll in Medicare until they retire.

Premium-free Medicare Part A and Part B

To determine your eligibility for *premium-free* Medicare Part A, contact the Social Security Administration approximately three months before your 65th birthday at (800) 772-1213.

If you are entitled to *premium-free* Medicare Part A, you must enroll in Part A coverage and purchase Medicare Part B. When you receive your Medicare Parts A and B card, submit a copy of your card to the PEBP office.

Tricare for Life

If you are retired with Tricare for Life and are also eligible for *premium-free* Medicare Part A, you must enroll in Part A coverage and purchase Medicare Part B. You will need to submit a copy of your Medicare card and Tricare for Life military ID card to the PEBP office.

Not Entitled to Premium-Free Medicare Part A

If you are not entitled to *premium-free* Part A, you must still purchase Medicare Part B coverage. You will need to obtain a Part A denial letter from the Social Security Administration (SSA) and submit a copy of the letter and a copy of your Part B Medicare card to the PEBP office.

Timeframe for Submitting Required Documents to PEBP

Birthday occurs on the 1st day of the month	Birthday occurs between the 2nd and last day of the month	Approved for Medicare Parts A and B due to receiving Social Security Disability	Newly retiring employees aged 65 and older
Due by the last day of your birthday month	Due by last day of the month following your 65th birthday month	Due within 60 days of the Medicare Part A and B effective date	Due within 60 days of your retirement coverage effective date

Failure to submit copies of the Medicare Part A and B card (or Part A denial letter and Part B card) and Tricare for Life military ID (if applicable) within the required timeframe will result in termination of PEBP-sponsored benefits including medical, prescription drug, dental, vision, basic life insurance, HRA contribution, and any voluntary products.

Note: Retirees who are eligible to retain coverage under the PEBP Consumer Driven Health Plan or an HMO plan and who have Part B coverage will receive a Part B premium credit of \$134. The Part B premium credit will apply to the retiree's premium on the 1st day of the month following the date PEBP receives the Part B card or the effective date of Part B coverage, whichever occurs later.

Coverage Options for Medicare Retirees and Dependents

Retirees and their covered dependents with *premium-free* Medicare Parts A and Part B coverage are generally required to enroll in a medical plan through OneExchange unless they are covering a non-Medicare dependent or have Tricare for Life.

The following describes the coverage options for retirees and their covered dependents based on the Medicare status of the individuals.

Medicare status of retiree and/or dependent	Coverage options
Retiree attains Medicare Parts A and B; no covered dependents	<ul style="list-style-type: none"> Retiree must enroll in medical coverage through OneExchange to retain all other PEBP-sponsored benefits.
Retiree attains Medicare Parts A and B and has Tricare for Life (no covered dependents)	<ul style="list-style-type: none"> Retiree may enroll in a medical plan through OneExchange; however, enrollment through OneExchange is not required to retain basic life insurance, dental coverage, and an HRA contribution (if applicable). Note: Retiree may enroll in PEBP dental whether or not the retiree enrolls in a medical plan through OneExchange.
Retiree attains Medicare Parts A and B; covers a dependent without Medicare	<ul style="list-style-type: none"> Retiree may enroll in a medical plan through OneExchange and the non-Medicare dependent may retain coverage under the CDHP or HMO plan as an unsubsidized dependent, meaning the dependent will pay 100% of the premium cost, refer to page 10 for Unsubsidized Dependent premium rates; or Retiree may stay on the CDHP or HMO plan with the non-Medicare dependent(s) until spouse/domestic partner ages into Medicare. In the case of a dependent child, the retiree may stay on a PEBP plan until the child ceases to be an eligible dependent; or Retiree may enroll in a medical plan through OneExchange and remove any dependents from his or her plan.
Retiree is not yet eligible for Medicare; covers a dependent with Medicare Parts A and B	<ul style="list-style-type: none"> Medicare dependent may enroll in a medical plan through OneExchange. The non-Medicare retiree may stay on the CDHP or HMO coverage; or Both the retiree and dependent may remain on the CDHP or HMO plan until both become eligible for Medicare Parts A and B. In the case of a child, the retiree may retain CDHP or HMO coverage until the child ceases to be an eligible dependent.
Retiree (aged 65 and older) does not meet the eligibility requirements to qualify for <i>premium-free</i> Medicare Part A	<ul style="list-style-type: none"> Retiree may remain on the CDHP or HMO plan; however, will need to submit a copy of the <i>premium-free</i> Part A denial letter from SSA; retiree will still be required to purchase Medicare Part B.

What You Need To Do

Medicare status of retiree and/or dependent	Required action
Retiree attains Medicare Parts A and B; no covered dependents	<ul style="list-style-type: none"> • Retiree must enroll in medical coverage through OneExchange within 60 days of the Medicare effective date or retirement date, whichever is later. • Submit a copy of the Medicare Parts A and B card to the PEBP office. • Contact OneExchange at 888-598-7545 to enroll in medical, prescription drug, dental, etc. • Complete the Retiree Benefit Enrollment and Change Form; select Medicare Exchange with or without PEBP Dental; submit the completed form to the PEBP office.
Retiree attains Medicare Parts A and B and has Tricare for Life; no covered dependents	<ul style="list-style-type: none"> • Retiree has the option to enroll in medical coverage through OneExchange or retain <i>only</i> Medicare Parts A and B and Tricare for Life coverage. • Submit a copy of the Medicare Parts A and B card and Tricare for Life military ID card to the PEBP office. • Contact OneExchange (if enrolling in a plan). • Complete the Retiree Benefit Enrollment and Change Form only if enrolling in PEBP Dental or in a medical plan through OneExchange; submit the form to the PEBP office.
Retiree attains Medicare Parts A and B; covers a dependent without Medicare	<ul style="list-style-type: none"> • If the retiree elects to enroll in medical coverage through OneExchange and retain coverage for the non-Medicare dependent(s) on the CDHP or HMO plan, do the following: <ul style="list-style-type: none"> • Submit a copy of the Medicare Parts A and B card to the PEBP office. • Contact OneExchange at 888-598-7545 to enroll in a medical, prescription drug, vision and/or dental plan; • Complete the Retiree Benefit Enrollment and Change Form by selecting Medicare Exchange with or without PEBP Dental. • If the retiree wishes to continue coverage for the non-Medicare dependent(s) on the CDHP or HMO plan as unsubsidized dependents, contact PEBP at 775-684-7000 or 800-326-5496 to request the Benefit Enrollment and Change Form for Unsubsidized Dependents. Note: Failure to submit this form to the PEBP office will result in termination of coverage for all dependent(s).

What You Need To Do

Retiree and/or Dependent Medicare Status	Required Action
Retiree is not yet eligible for Medicare; covers a dependent with Medicare Parts A and B	<ul style="list-style-type: none"> • Submit a copy of the Medicare Parts A and B card to the PEBP office; • If the Medicare dependent wishes to enroll in a medical plan through OneExchange, do the following: <ul style="list-style-type: none"> • Contact OneExchange at 888-598-7545 to enroll in a medical, prescription drug, vision and/or dental plan; and • If electing PEBP dental coverage, contact the PEBP office to request the Benefit Enrollment and Change Form for Unsubsidized Dependents; or • If both the retiree and Medicare dependent are staying on the CDHP or HMO coverage, submit a copy of the dependent's Medicare Parts A and B card to the PEBP office.
Retiree is not eligible for <i>premium-free</i> Medicare Part A	<ul style="list-style-type: none"> • Retiree may remain on the CDHP or HMO coverage with his or her dependent(s) if applicable. • Retiree must purchase Medicare Part B coverage; and obtain a Part A denial letter from the Social Security Administration (SSA); and • Submit copies of both documents to the PEBP office.
Active employee's dependent ages-in to Medicare (eligible for <i>premium-free</i> Part A)	<ul style="list-style-type: none"> • Submit a copy of the Medicare Parts A and if applicable Part B to the PEBP office. Note: if the dependent is remaining on the active employee's plan, PEBP will not require the dependent to enroll in Medicare Part A and/or B until the employee retires. • If the Medicare dependent wishes to enroll in a medical plan through OneExchange, do the following: <ul style="list-style-type: none"> • Medicare dependent will need to contact OneExchange at 888-598-7545 to enroll in a medical, prescription drug, vision and/or dental plan; and • If electing PEBP's dental coverage, contact the PEBP office to request the Benefit Enrollment and Change Form for Unsubsidized Dependents; and • The employee will need to submit a request to delete the Medicare dependent from his or her plan.

OneExchange HRA Contribution

OneExchange-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

Your monthly OneExchange HRA contribution is determined by your retirement date and each full year of earned service credit (purchased service credit does not apply) beginning with 5 years to a maximum of 20 years.

- 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 initially hired by their last employer on or after January 1, 2012 do not receive a years of service contribution.

Note: Employees *hired* after January 1, 2010 who retire with fewer than 15 years of service and employees hired on or after January 1, 2012 do NOT qualify for a OneExchange-HRA contribution.

IMPORTANT!

To receive the PEBP HRA contribution, an eligible retiree must enroll in and maintain medical coverage through OneExchange; unless the retiree has TRICARE for Life and Medicare Parts A and B. Failure to enroll or dis-enrolling in a medical plan through OneExchange will terminate the retiree's OneExchange HRA, basic life insurance, and PEBP dental coverage (if applicable).

OneExchange HRA funds may be used for reimbursement of the following expenses incurred by the retiree and qualifying IRS tax dependent:

- Medical, dental, prescription drug, and vision plan premiums;
- Medicare Part B and Part D premiums; and
- Out-of-pocket health care expenses such as physician visit and/or prescription copays, prescription eyeglasses, hearing aids, etc.

For more information qualifying expenses that are eligible for reimbursement from the OneExchange HRA, read IRS Publication 502 available at www.irs.gov.

PEBP Dental Plan Option

The PEBP PPO Dental Plan plan option is available to retirees and their covered dependents enrolled in OneExchange. The PPO Dental Plan option is also available to retirees and covered dependents with TRICARE for Life and Medicare Parts A and B.

To elect the PPO Dental Plan option, complete the Retiree Benefit Enrollment and Change Form (or Benefit Enrollment and Change Form for Unsubsidized Dependents) and select Exchange with PEBP Dental. The completed form must be received in the PEBP office on or before the medical plan effective date through OneExchange.

Note: By electing the PEBP Dental Plan you will be required to maintain dental coverage throughout the plan year unless you terminate your medical plan through OneExchange. Changes to the PEBP Dental Plan may be completed during PEBP's annual open enrollment period in May each year for the plan year starting July 1st.

Voluntary Dental Coverage Option for Medicare Retirees		
Optional dental coverage for participants enrolled in a 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
Note: Retirees paid through PERS will pay their monthly PPO Dental premium through PERS deductions.		

Unsubsidized Rates for Dependents Retaining Covered under the CDHP or HMO Plans

Retirees who have Medicare Parts A and B and who also cover a non-Medicare dependent(s) may retain coverage under the Consumer Driven Health Plan or HMO plan with their non-Medicare dependents; or the retiree may enroll in a medical plan through OneExchange and cover the non-Medicare dependent(s) under the CDHP or HMO plan as Unsubsidized Dependent(s).

To determine the premium for Unsubsidized Dependents, refer to the following tables:

Unsubsidized Rates State Retiree Dependents	CDHP	HMO (standard)	HMO (alternate)
Child <u>or</u> Spouse/Domestic Partner	581.78	802.75	771.53
Children	771.82	1175.77	1113.90
Spouse/DP + Child(ren)	771.82	1175.77	1113.90

Unsubsidized Rates Non-State Retiree Dependents	CDHP	HMO (standard)	HMO (alternate)
Child <u>or</u> Spouse/Domestic Partner	1100.86	868.57	816.27
Children	1976.42	1304.99	1219.45
Spouse/DP + Child(ren)	1976.42	1304.99	1219.45

OneExchange

Complete your OneExchange Enrollment



Important!

Soon, you will be eligible for Medicare and will have new health insurance options from which to choose.

Towers Watson's OneExchange is pleased to assist you with your enrollment options and will help you transition from your current group coverage (PEBP) to a medical plan offered by OneExchange.

Inside You Will Learn



Who is Towers Watson's OneExchange
Information About Your PEBP Benefits



How to Prepare



How to Contact OneExchange



What Happens Next



Who is Towers Watson's OneExchange

Towers Watson's OneExchange: A trusted advisor for hundreds of thousands of Medicare-eligible participants .

PEBP has chosen Towers Watson's OneExchange to work with you as you approach age 65 and Medicare eligibility. OneExchange is not an insurance company. They are a resource that gives you access to a Medicare marketplace that includes a wide variety of plans from the nation's leading health insurers. They understand that your health care decisions are important and can be confusing. It's their job to make this process easier.

As the country's largest private Medicare marketplace, OneExchange offers the largest selection of individual Medicare plans from over 80 national and regional insurance carriers across the country. The individual insurance plan(s) you purchase from OneExchange will replace the group plan provided by PEBP.

To help you decide which individual plan(s) are right for you, you'll have the assistance and expertise of a licensed benefit advisor. During your enrollment, your benefit advisor will help you compare, select and enroll in the plan(s) that fit your needs and budget.

PEBP and OneExchange look forward to helping you make an informed and confident choice.

Information About Your PEBP Benefits



IMPORTANT!

Retirees who are required to enroll in a medical plan through OneExchange must maintain medical coverage through One Exchange to receive a Years of Service HRA contribution based upon their retirement date and years of service (earned service credit only).

Retirees who do not enroll in a medical plan and/or maintain medical coverage through OneExchange will NOT receive an HRA contribution and will lose their PEBP sponsored benefits entirely. This provision does not apply to eligible Tricare for Life retirees.

What to Expect from OneExchange

OneExchange's benefit advisors and easy-to-use online tools will guide you through the individual Medicare market ensuring you confidently choose the plan that fits your needs.

Unbiased, objective support

You will receive unbiased support from licensed benefit advisors who are trained to be your objective advocates with no incentive to sell any carrier or type of plan over another. Their compensation is never tied to your selection.

Efficient, accurate enrollment

Once you have selected a plan, enrollment specialists will complete your application ensuring it is processed correctly. Once your application is submitted, you may track its status on the OneExchange website or call them for an update.

Support after you enroll

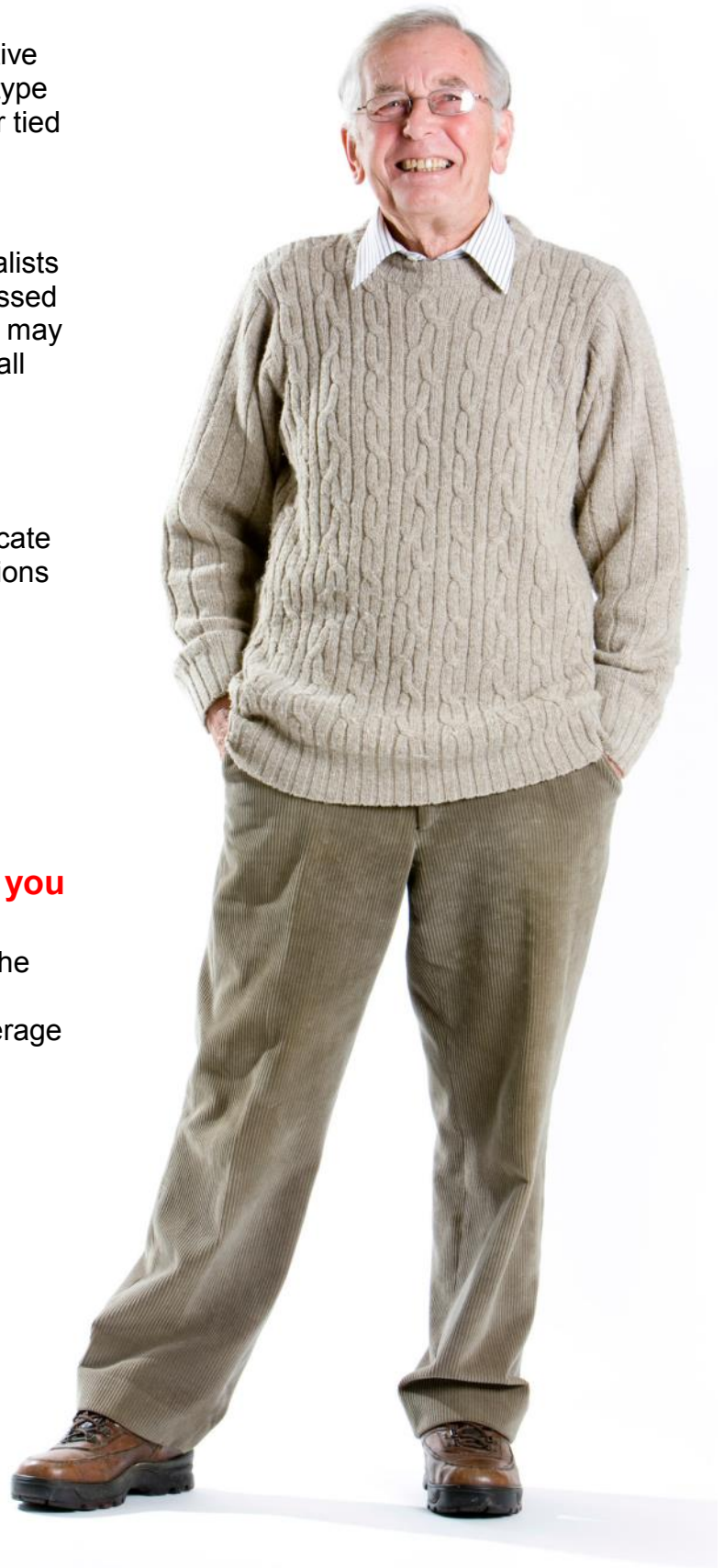
When you purchase a Medicare plan through OneExchange, they will continue to be your advocate for the lifetime of your enrollment. If your medications or needs change or you move, contact them to determine if your plan is still the right one for you. They are available to help you make changes if necessary.

How to Prepare

How to choose the plan that is right for you

During the specified enrollment period you have the opportunity to supplement your original Medicare coverage with medical and prescription drug coverage purchased from OneExchange.

The insurance plan(s) you will purchase from OneExchange will replace the group plan provided by PEBP.



How to choose the plan that is right for you

Your new individual plan will **supplement or replace** the coverage provided by original Medicare Parts A and B with supplemental medical and prescription drug coverage. This supplemental coverage is available to everyone who is Medicare-eligible, regardless of income.

If you have not already done so, visit www.medicare.gov to learn how to apply for original Medicare.

Guaranteed Issue and Medigap plans

During this first enrollment period, Medigap insurance plans for which you are eligible are guaranteed issue - you cannot be turned down based on your medical history or pre-existing conditions. After your first enrollment period, changes to your Medigap coverage may be subject to underwriting, meaning you can be rejected based on your pre-existing medical conditions.

If you choose not to enroll in a Medigap Plan when first eligible, you will lose guaranteed issue status for future Medigap applications. Also, if you have opted out of your current coverage and already have a Medigap Plan, you are not guaranteed coverage for Medigap insurance during this enrollment period.

Should you wish to change your Medigap coverage in the future, OneExchange will work with you and your preferred plan to meet underwriting conditions, but you are not guaranteed acceptance.

Finding information about specific plans

While regional variations prevent OneExchange from printing the prices of specific plans in this guide, their website offers extensive information on all the plans offered in your area. You will find the website address printed on the last page of this guide.

Medicare Enrollment

For Medicare purposes, you attain age 65 the day before your actual 65th birthday. Part A is effective on the first day of the month upon attainment of age 65.

If your 65th birthday is on the first day of the month, Part A becomes effective on the first day of the month preceding your birthday month. For example, if your birthday is December 1, Part A becomes effective November 1.

If your 65th birthday occurs on any day other than the first day of the month (for example December 2nd) your Part A becomes effective on the first day of your birthday month.



IMPORTANT!

When PEBP will require you to enroll in Medicare

For birthdays occurring between the second and the last day of the month, complete Medicare enrollment by the last day of your birthday month.

For birthdays occurring on the 1st day of the month, complete Medicare enrollment by the last day of the month preceding the month you turn 65.

Please note that while the SSA allows for a more generous enrollment period, PEBP will require you to enroll in Medicare within the timeframe stated above.

Important! PEBP requires retirees and covered dependents to enroll in *premium-free* Medicare Part A and purchase Part B at age 65. Failure to enroll in *premium-free* Part A and/or Part B will result in termination of your PEBP-sponsored medical plan.

For those on the Consumer Driven Health Plan PPO, once transitioned to OneExchange, the remaining funds in the HRA account are no longer available to the retiree.

Proof of Medicare Enrollment

Submit a copy of your Medicare Part A and Part B card to the PEBP office as follows:

If your birthday is on the first day of the month:

Enroll in Medicare no later than the last day of the month preceding the month you turn 65.

If your birthday occurs between the second and last day of the month:

Enroll in Medicare no later than the last day of the month, after you turn age 65.

For newly retiring employees aged 65, the card must be received within 60 days of the retirement coverage effective date.

Retirees who are covered under the PEBP Consumer Driven Health Plan or HMO plan who have Medicare Part B will receive a premium credit in an amount determined by PEBP. Dependents are not eligible for a premium credit.

The Part B premium credit for which a retiree is eligible for will only apply after PEBP receives proof of Medicare Part B enrollment.

If you are not eligible for premium-free Medicare Part A, submit a copy of your Medicare Part B card and a copy of the Part A denial letter issued by the Social Security Administration.

When to enroll for medical coverage through OneExchange.

The enrollment timeframe through the OneExchange varies depending on your retirement status and the date you turn age 65.

OneExchange Enrollment

Health Reimbursement Arrangement (HRA)

Eligible retirees enrolled in a medical plan through One Exchange receive a monthly years of service contribution to a Health Reimbursement Arrangement (HRA).

HRA funds may be used for reimbursement of qualified health, dental, and pharmacy expenses, health insurance premium(s), Medicare Part B premiums and qualifying out-of-pocket health care expenses for both retirees and their dependents as defined by IRS Publication 502 available at www.irs.gov.

Eligible retirees enrolled Tricare or Tricare for Life and Medicare Parts A and B are not required to enroll in a medical plan through Towers Watson's OneExchange to receive the monthly years of service contribution to a Health Reimbursement Arrangement (HRA).

Monthly HRA Contribution

The monthly tax-exempt HRA contribution 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, receive a flat \$180 per month contribution.

- Employees *hired* after January 1, 2010, who retire with fewer than 15 years of service do not qualify for the years of service HRA contribution.
- Employees hired on or after January 1, 2012, dependents and surviving dependents do NOT qualify for an HRA contribution.
- HRA funding concurrent with the medical plan effective date through One Exchange.

Commencement of HRA Contribution

Retirees who are eligible for HRA funding will receive an HRA informational packet from OneExchange upon completion of enrollment in a medical plan.

Funding of HRA contributions commence on the effective date of medical coverage through One Exchange, however processing times vary and the initial contribution may take several weeks to fund.

I M P O R T A N T !

Retirees who do not enroll in a medical plan and/or retain medical coverage through OneExchange will NOT receive an HRA contribution. Under this provision, retirees also forfeit their Basic Life Insurance (and Voluntary Life Insurance coverage). This provision does not apply to eligible retirees with Tricare for Life.

Evaluate Your Options

Compare your options and consider which coverage may fit your unique needs.

Medigap Plan and Optional Part D Prescription Drug Plan

MEDIGAP:

Medigap Plans fill the “gaps” in original Medicare Parts A and B coverage, meaning it *helps pay the difference between the total costs and the amount original Medicare pays.*

These plans provide additional coverage for your doctor visits and hospital stays as well as other expenses partially covered by original Medicare. Medigap plans do **not** provide prescription drug coverage.

Part D prescription drug coverage can be purchased separately through OneExchange for those enrolled in a Medigap Plan. Part D plans help pay for prescription drug expenses.

A Medigap Plan plus a Part D Plan may be right for you if:

You prefer predictability and flexibility. Medigap is accepted by all doctors and hospitals that accept Medicare. It is the most flexible type of plan regarding choice of hospitals and physicians.

You have frequent doctor visits, or you see several different doctors regularly. Because most Medigap Plans do not require copayments or coinsurance, each visit to the doctor or hospital is covered by your monthly premium payments (which may be higher than other plans).



PART D:

Medicare Advantage Plan plus Prescription Drug Coverage



Medicare Advantage Plans (MAPD) include prescription drug coverage.

An MAPD Plan provides an **all-in-one plan that bundles your Part A, Part B and prescription drug coverage together** with additional benefits.

These plans provide coverage for your doctor visits, hospital stays, and prescription drug expenses.

Medicare Advantage Plans *cover medical and prescription drug expenses* with a single premium, generally lower than Medigap Plan premiums. In exchange for this convenience, Medicare Advantage plans utilize a network of doctors (a PPO or HMO) that allows for even deeper cost savings. (In general, it isn't possible to enroll in both a Medicare Advantage Plan and a Part D Plan.)

An MAPD Plan might be right for you if:

You want one plan and one premium. Medicare Advantage Plans combine medical and drug coverage in one plan, providing all your benefits for a single premium.

Self-Quiz: Evaluate Your Options

Answer the following questions and calculate your score to help you determine which type of Medicare plan will fit your needs. Note: This quiz is not a comprehensive list of the questions you will be asked during your enrollment call.

How many doctors or specialists do you see regularly?

- More than 6..... 3 points
4 to 6 visits..... 2 points
3 or fewer..... 1 point

How many times per year do you see your doctors?

- More than 10 visits..... 3 points
6 to 10 visits..... 2 points
Fewer than 6 visits..... 1 point

Do you have any chronic conditions, such as diabetes or heart disease, or upcoming major treatments, such as surgery?

- Yes..... 2 points
No..... 1 point

Do you travel often, or spend much of the year in a part of the country other than your home?

- Yes..... 2 points
No..... 1 point

Are you willing to pay deductibles or co-payments?

- Yes..... 1 point
No..... 2 points

8 points or higher: A Medigap Plan.

6 or 7 points: Medicare Advantage Plan or Medigap Plan.

5 points: A Medicare Advantage Plan.

Your benefit advisor can help you choose the best plan for you during your enrollment call.

	MEDIGAP PLAN	PART D PLAN	MEDICARE ADVANTAGE PLAN (MAPD)
Does it include hospital coverage?	Yes.	No. Part D Plans only cover prescription drugs.	Yes.
Does it cover doctors and specialists?	Yes. Any doctor that accepts Original Medicare will accept Medigap Plans.	No. Part D does not provide hospital, doctor, specialist visits.	Yes. There are three types of Medicare Advantage Plans: HMO*, PPO*, and PPFS* If you wish to keep your current doctors you must know which MAPD they accept prior to enrolling.
Does it provide dental and vision benefits.	No. However, separate dental and vision plans are available.	No.	Dental and vision coverage varies by plan. Separate dental and vision plans are available if you choose a plan without dental and vision.
Does it provide prescription drug coverage?	No. You must enroll separately in a Part D prescription drug plan.	Yes. Part D Plans ONLY provide prescription drug coverage.	There are two types of Medicare Advantage Plans: MAPD, which include prescription drug coverage and MA, which do not.
Does it cover me when I travel?	Medigap Plans are accepted by every Medicare participating provider in the U.S., with some emergency benefits worldwide.	Part D Plans provide nationwide coverage from participating pharmacies.	Medicare Advantage Plans cover urgent and emergency services nationwide, but may not provide nationwide coverage for non-emergency services.

Wondering why you can't find plan prices in this guide?

Regional variations prevent OneExchange from printing the prices of specific plans in this guide. However, cost comparisons can be made on OneExchange's website or when you speak with a benefit advisor.

Prepare for Your Enrollment Call

Prepare for your call in a few simple steps

To prepare for your enrollment call, we encourage you to visit the OneExchange website: [medicare.oneexchange.com/pebp](https://www.medicare.oneexchange.com/pebp). You'll find the web address printed on the last page of this guide. Once online, there's a lot you can do.

Using the website is optional. You can provide your information and complete your enrollment over the phone. While you don't have to go online the online tools are easy to use, and using them can help reduce the amount of time you spend on the phone. If you have questions, simply call OneExchange and speak to a trained expert.

Create your account

If you have not yet created an online account, we encourage you to do so. Creating an account allows you to save your prescription drug information, add family members, search for and save plans, and track the status of your applications.

To create an account, simply click the *My Account* link on the OneExchange website. If you're a first-time visitor, some information is required. If you're a returning visitor, enter your username and password.

Your personal profile

Once your account is created, you're ready to shop for and compare plans. Learn more about the *Shop & Compare* section of the OneExchange website on the "Before Your Enrollment Call" page of this guide. While shopping, you may be asked to confirm additional information about yourself in your account. OneExchange refers to this information as your "personal profile" and providing it will simplify the enrollment process and expedite your enrollment call.

You may be asked to confirm information that already appears in your personal profile. This information was provided to OneExchange by PEBP, and confirming that it is up-to-date helps ensure an accurate enrollment. You may review the status of your personal profile by clicking the *Edit profile* link on the *My Account section* of the OneExchange website.

Have your information ready

After you have verified your personal information, you will be asked to add your current medications, preferred pharmacy, and doctor information to your account. Instructions on how to prepare this information are provided on the "Notes" pages found later in this guide. Collecting this information in advance will allow you to complete your personal profile more quickly, and providing this information online in advance of your call helps reduce the length of your enrollment call.

If you choose not to complete your profile online, having this information ready for your call will ensure your enrollment is accurate and efficient, and will reduce the length of your enrollment call. Once you have provided the requested information, securely file this guide.

For more information, visit the One Exchange website:

[medicare.oneexchange.com/pebp](https://www.medicare.oneexchange.com/pebp)

Before Your Enrollment Call

Research your options and consider your health care needs

Before your call with OneExchange to complete your enrollment, take a few moments to research the plans available to you, and consider your health care priorities. The OneExchange website makes it easy to review your options before you call.

Shop & Compare

The Shop & Compare section of the website allows you to search for plans available in your area and sort them by price, plan type, insurance company, and other factors. With just a few clicks, you can compare plans side-by-side and review the details of the plans that interest you.

Depending on your location and insurer preference, certain plans on the website may allow you to complete your enrollment online. Availability of plans offering online enrollment is limited, so if the plans you have chosen do not allow you to enroll online, leave them in your shopping cart to complete during your enrollment call.

Note that restrictions prevent OneExchange from listing prices for AARP Medigap plans on their website, but your benefit advisor can give you AARP Medigap Plan pricing information during your enrollment call.

Prescription Profiler™

Prescription Profiler is a powerful tool that allows you to find the plans that cover your prescriptions with the lowest estimated annual out-of-pocket cost. You may enter your current medications when creating your personal profile, and by clicking any *Prescription Profiler* link.

Finding plans and plan details

All plans available in the OneExchange Medicare marketplace offer their summary of benefits for review online. If you would like to review the summary of benefits of a plan that interests you, simply click on the plan's name in the search results, then click on the "View" link in the *Plan Brochure* row of the plan details.

Help me choose™

Help Me Choose simplifies the search process by matching you to the plans that fit your needs based on answers to three questions. To use *Help Me Choose*, click any *Help Me Choose* link.

Understanding Medicare

Clicking the *Help* tab allows you to access our *Understanding Medicare* section, which explains many components of the Federal Medicare program.

Consider your priorities

During your enrollment call your benefit advisor will ask questions in order to find the plans that fit your needs. Having the answers to these questions ready simplifies your call. Space is provided in the "Notes" section of this guide to write the answers to questions your benefit advisor will ask.

A Final Checklist

Before you make your call, take a moment to ensure you have collected all the information that you will need to complete your enrollment. Consider the questions below and complete the final checklist.

Questions to consider:

- ⇒ Have you found a plan that interests you? Add it to your cart or write its name and reasons you prefer it in your notes.
- ⇒ Is it important for you to keep your current doctors?
- ⇒ How many doctors or specialists do you see, and how frequently?
- ⇒ Do you have any medical conditions or upcoming treatments?
- ⇒ Do you have a home in another part of the country or do you travel often?
- ⇒ Do you need routine care while away from home?
- ⇒ Do you use mail order for prescriptions?
- ⇒ Do you have preferred pharmacy?
- ⇒ Are you willing to pay copayments and deductibles if you can pay lower premiums?

Have you:

- Created your online account & verified your personal profile (optional)?
- Researched your plan options online, noting plans that interest you and reasons why?

Do you have this information available?

- Social Security Number
- Medicare ID card, with effective dates for Medicare Parts A & B
- A list of your prescriptions, including dosage & frequency (if not already added to your online account)
- Your doctor's names & addresses (if not already added to your online account)
- Your billing information. Some insurers may require first month's premium payment during the application process.

Does a family member, friend, or caregiver help you make health care decisions?

- If so, have them available during your call. Your benefit advisor can connect them if they are calling from a different phone number.*

*Your benefit advisor will ask that you give recorded permission for your caregiver to assist. I

f you are unable to be on the call or unable to listen to required recorded disclaimers, your caregiver will need to have your legal Power of Attorney document authorizing them to act on your behalf, a process which requires contacting an attorney in advance of your call. Power of Attorney is not required if you are able to listen to and answer a few simple questions.

Call and Enroll

Select the coverage that fits your needs

Now that you have reviewed this guide and researched your options online, you're ready to call and complete your enrollment. Don't worry if you're still unsure which plan is right for you. It's OneExchange's job to help you select the appropriate coverage.

When should I call?

To avoid a disruption in coverage, contact OneExchange and complete enrollment within the timeframe listed in the *When to Enroll* section of this guide.

How long will it take?

Because the work OneExchange does is personalized for the needs of each individual making an enrollment, the duration of calls vary. Allow at least one hour per person to complete your enrollment, longer if you have not completed your personal profile. If you choose not to or are unable to complete your personal profile before your call, you may be asked to confirm your personal information before a benefit advisor is able to answer your questions. Most people are able to complete their enrollment in one call.

What to expect during your call

When you call OneExchange, you will be connected with a benefit advisor licensed for your state. To accurately connect you, their automated system may ask a few questions. Be prepared to provide your zip code and the last four digits of your Social Security number.

You may be speaking with other representatives before and after you are connected with a benefit advisor. These representatives may collect and enter your personal information, help you complete applications and answer other questions. Whoever you speak to, know that all of the representatives are eager to assist you in the friendliest, most efficient way possible.

Is there any paperwork?

During your call, each representative you speak to is completing the forms and application paperwork required to complete your enrollment. The industry-leading software they use is designed to complete and submit your application(s) electronically. There is no paperwork for you to fill out, and your application(s) will be submitted immediately.

Because they complete the application process on your behalf, you will have to confirm your personal information multiple times, and listen to recorded messages specific to the coverage you select. They understand that these confirmations and messages can be inconvenient, but they are required by Medicare and their insurance partners to verify your information during enrollment. Just as your medical provider asks for your name and information several times before a medical procedure, this confirmation process reduces the possibility of errors. The representatives and benefit advisors you speak with during your call are always glad to answer any questions you have about the process.

Make notes for future reference

Your enrollment call will cover details that may be hard to recall once you hang up, so it's a good idea to write down things you want to remember including the names of your benefit advisor and other individuals you speak with.

Notes

Notes for your call, and for future reference

Having information on your medical needs and history before your call helps ensure an accurate, efficient enrollment. Write the information required below on a separate sheet of paper, keeping it with this guide to reference during your call. Once you have provided the requested information, securely file this guide.

Contact information and Medicare details

Your name, current phone number, address, and Social Security Number will be required to complete your enrollment. We will also need information from your Medicare ID card including your name (as it appears on your card), your Medicare claim number, and your Part A and B effective dates.

Your prescription medications

Providing your prescriptions for the past three months helps OneExchange find the right prescription drug coverage for you. It is helpful to provide your medications' dosage, form, quantity, and how often you take the drugs. All this information can be found on the medication label. Don't forget to include medications you order by mail.

Your doctor information

During your call, OneExchange may need to verify whether or not your doctor participates with specific plans. Providing your preferred doctor information is optional. Depending on the coverage you select, your doctor information may not be required to complete your enrollment, and may not be requested. Having this information available, however, will save time if it is needed.

When listing the names of your doctors, refer to a label or bill for the correct spelling, address, and phone number.

Before your call

We also suggest you write down any questions you'd like to ask during your call, and take a few notes before concluding your call for future reference. Use a separate sheet of paper if needed.

Plans I am interested in discussing during my call:.....
.....

Reasons I am interested in these plans:
.....
.....

Questions:.....
.....
.....

Before you conclude your call

Before you end your enrollment call, be sure to note the name of the plan(s) you applied for, and your reasons for selecting them.

Name of the plan(s) I have applied for:.....
.....
.....

Reasons I chose these plan(s):.....
.....

Premium information:.....
.....

What Happens Next

A Timeline: After Your Call

OneExchange will continue to be your advocate throughout the years, and for the lifetime of your enrollment.

Selection confirmation

After your enrollment call, OneExchange will mail you a Selection Confirmation letter confirming your application(s). This letter confirms that you have applied for coverage under the policies listed; it is not a confirmation that your policy has been issued, and does not qualify as proof of coverage. Proof of coverage will come later, directly from your new insurance provider.

You must review your Selection Confirmation letter immediately and contact OneExchange if any information is incorrect.

Communications from your new insurer

In addition to your Selection Confirmation letter, you may also receive mailings, phone calls or emails directly from your new insurer before you receive confirmation of your new coverage. It is very important that you respond to communications from your new insurer, as your response may be required before your new policy or policies can be issued.

Insurance cards

Once your application is accepted, your new insurance carrier will mail identification cards. These cards will arrive by mail within six to eight weeks after you have enrolled.

Your coverage begins on your policy's effective date, not the date your insurance card(s) arrive. Any medical expenses covered by your policy will be covered by your new insurance. Speak with your medical provider about what is accepted as proof of insurance for expenses you incur before your insurance cards arrive.

Online account and website

After your enrollment call, the *My Account* section of the OneExchange website allows you to track your application's status. Also on the website, you'll find many tools to evaluate your options, should your health coverage needs change.

Stay informed and engaged

Twice a year OneExchange will send the *Experience Choice* newsletter filled with helpful information on Medicare-related topics. To ensure you receive the OneExchange newsletter and other PEBP mailings, keep your email and mailing address up to date with PEBP.

Medicare's Open Enrollment Period

Each year, between October 15th and December 7th, you have the opportunity to make changes to your Medicare Advantage or Part D Prescription Drug coverage for the following year. This period is called Medicare's Open Enrollment Period.

One of the newsletters you receive will arrive before the end of the Open Enrollment, and will contain useful information that helps you evaluate whether a change of coverage might be right for you.

If you are satisfied with your coverage at the time of Open Enrollment, no action needs to be taken, and you do not need to contact us. Note that should you wish to enroll in Medigap coverage during Open Enrollment, OneExchange will work with you and your preferred plan to meet underwriting conditions, but you are not guaranteed acceptance.

Frequently Asked Questions

OneExchange has simplified complex Medicare decisions for hundreds of thousands of retirees. After helping so many, they understand that many people have similar concerns. Below are answers to some of their most frequently-asked questions.

Will my new plan be as good as my current plan?

OneExchange works with the top national and regional insurance companies to ensure that you will have quality individual plan options. There will likely be individual plans available that are similar to your current group plan, but there may be plans better suited to your needs. Their multiple options give you the ability to find a plan that closely matches your specific needs.

What can I expect to pay for my new plan?

What you will pay depends on the type of plan that you select. OneExchange's research shows that many people will continue to pay about the same as they did under group coverage with their former employer, but some may pay more and others will pay less. Your benefit advisor will work with you to understand the costs—and the benefits—of the different coverage options available to you.

How much should I expect my rates to increase next year?

Nearly every plan will increase its premiums each year, primarily due to the rising cost of medical care. In the individual Medicare market, where you will purchase new coverage, rate increases have averaged 5-6 percent each year over the last few years. This is a slower rate increase than in other, non-Medicare insurance markets. Be aware that this is an average—rate increases within your area may be lower or higher depending on the cost of medical care and other factors.



Are my options and rates affected by my current or past health?

No. For people changing from PEBP group health coverage to individual coverage, there are no health-based restrictions, nor are any “penalties” reflected in your premiums.

Can I continue to see my current doctor?

OneExchange understands the importance of continuing to see your current doctor(s). To make your enrollment call more efficient, we recommend talking to your doctor(s) prior to your call and asking which insurance plans they accept. To help you enroll, OneExchange may need your doctors' name and address. If you have not already done so, create or log in to your account, and provide this information online to shorten your enrollment call.

How to Contact OneExchange

Towers Watson's OneExchange
888-598-7545
[www.medicare.oneexchange.com/](http://www.medicare.oneexchange.com/PEBP)
PEBP

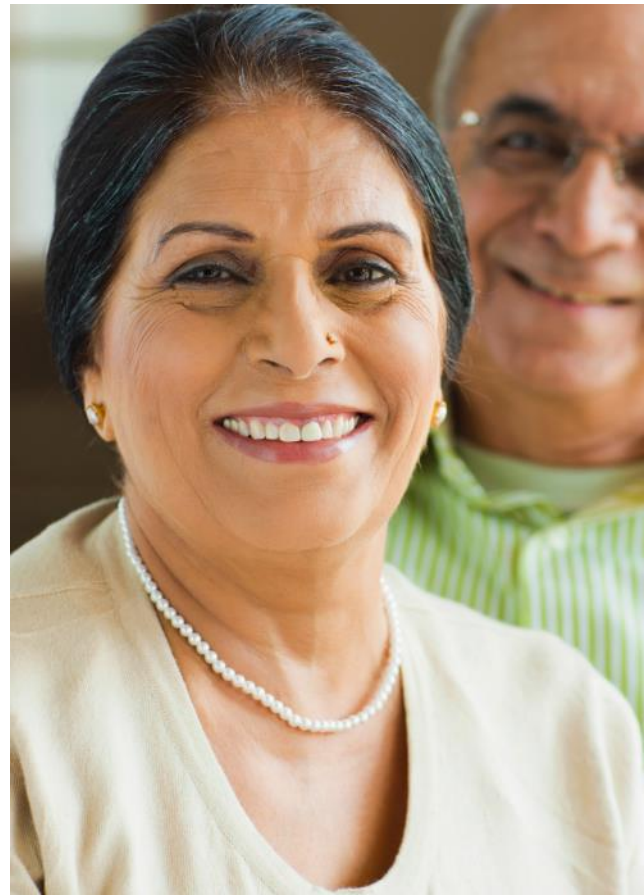
Find Towers Watson's OneExchange on:



Or visit us at <https://medicare.oneexchange.com/pebp>

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Insurance rates for the insurance products and services offered by Extend Insurance Services, LLC are subject to change. All insurance products and services offered by Extend Insurance Services, LLC may not be available in all states. It is your responsibility to enroll for coverage during the annual Medicare Open Enrollment period.

Contact Information

Public Employees' Benefits Program

901 South Stewart Street, Suite 1001

(775) 684-7000 or (800) 326-5496

www.pebp.state.nv.us

mservices@peb.state.nv.us

Towers Watson's OneExchange

(888) 598-7545

<https://medicare.oneexchange.com/pebp>

Social Security Administration

(800) 772-1213

www.ssa.gov

Centers for Medicare and Medicaid Services

(800) 633-4227

www.cms.gov