

## Plan Year 2019 Open Enrollment Meeting Questions and Answers

Q: I thought the EPO was going to stay the HMO with Hometown Health in the North based on the board meeting Friday?

A: No, the network of providers will remain Hometown Health. The plan will be the Premier (EPO) Plan.

Q: If you have the EPO will it cover out of network providers?

A: No, out of network providers will not be covered.

Q: What if you have to go to a specialist in San Francisco? Will that be covered?

A: In most cases, out of state care will not be covered without prior authorization. Members must submit a request for prior authorization in order to receive approval to seek care through out of state providers.

Q: If I'm currently on my husband's benefits but his open enrollment isn't until October, can I enroll in PEBP then or do I have to enroll now?

A: If you lose group coverage through your spouse outside of open enrollment it would be considered a qualifying life event. Within 60 days of losing your husband's group coverage, you can enroll in PEBP coverage by contacting our office and requesting a form or completing an online event through the E-PEBP Portal.

Q: Is there an easy to use document that compares the services and costs of both plans?

A: Here is the link to our plan comparison:

[https://pebp.state.nv.us/wp-content/uploads/2018/04/PY2019\\_PLAN\\_COMPARISON\\_FINAL-1.pdf](https://pebp.state.nv.us/wp-content/uploads/2018/04/PY2019_PLAN_COMPARISON_FINAL-1.pdf)

Here is the link to all of the rates:

[https://pebp.state.nv.us/wp-content/uploads/2018/04/PY19\\_Rates\\_All-1.pdf](https://pebp.state.nv.us/wp-content/uploads/2018/04/PY19_Rates_All-1.pdf)

Q: Is a primary participant the policy holder?

A: Yes, the primary participant is the policy holder.

Q: What about limits on Chiropractic care?

A: The EPO chiropractic and spinal manipulation services are limited to 20 office visits per plan year and 100 office visits per lifetime. The CDHP chiropractic and spinal manipulation services are limited to 15 visits per plan year, with supporting documents establishing medical necessity after 15 visits.

Q: Does acupuncture have the same limits?

A: Yes, the acupuncture limits on the EPO are limited to 20 office visits per plan year and 100 office visits per lifetime and acupuncture limitations on the CDHP are limited to 15 visits per plan year, with supporting documents establishing medical necessity after 15 visits.

Q: Are the providers the same for the Consumer Driven Health Plan and the Premier (EPO) Plan?

A: The providers are the same for both plans in the North. Providers for the EPO are administered through Hometown Health. The CDHP PPO also has a Southern network that is not available to EPO participants in the North.

Q: What's the difference between copayment and coinsurance?

A: Copayment is a specific determined amount and coinsurance is a percentage you pay after the deductible has been met.

Q: Can I use the Workday portal (NSHE) to enroll in PEBP benefits?

A: No, you will need to complete your benefit enrollment using the E-PEBP Portal found here: [https://epebp.nevadabenefits.org/ms/common/Logon.ASP?LOG\\_URL=/Default.asp](https://epebp.nevadabenefits.org/ms/common/Logon.ASP?LOG_URL=/Default.asp)

Q: Do I need to let my beneficiary know about the benefits The Standard offers to them once I pass?

A: No, The Standard will reach out to the beneficiary on the account once they receive notification from PEBP that the primary member has passed.

Q: What voluntary products does PEBP offer?

A: PEBP offers voluntary products in the form of voluntary life insurance, short term disability, long term care, auto and home insurance.

Q: Can I complete the Healthcare Bluebook Guided Tour and Doctor on Demand for \$100 or do I have to do all the health screenings as well for \$200 total?

A: They can be done separately. \$100 for Doctor on Demand and Healthcare Bluebook Guided Tour and then \$100 for your preventive services/visits.

Q: How long can I insure my child who just turned 18?

A: Dependent children can remain on your plan until they turn 26. They will be automatically removed at the end of the month in which they turn 26 unless you remove them during an Open Enrollment period or due to a qualifying life event, such as them gaining their own group coverage through an employer.

Q: How do I set an amount for the HSA? Can I change the amount that is deducted from each paycheck during the year or is it set now during open enrollment?

A: You may change your HSA elections anytime of the year by calling HealthSCOPE Benefits at 1-888763-8232, option 2# option 3# and speaking to one of their HSA Specialists. You may also change your elections by logging into your E-PEBP Portal and clicking on the HealthSCOPE single sign on link. From there you will want to click on HRA/HSA/FSA Administration and then you can update/change your election amount anytime of the year. If you are a State employee (not NSHE or University Staff, which only get paid once a month) the deduction will only be taken from the second paycheck of the month, not both paychecks.

Q: If I am on the Health Plan of Nevada HMO, can my dependents be on the Consumer Driven Health Plan PPO?

A: No, everyone in the family must be on the same plan, regardless of the plan chosen.

Q: I am an active employee and my spouse is on my plan as a dependent. Since my dependent spouse does not meet the eligibility requirement to have a Health Savings Account (HSA), does that disqualify me as the primary participant from having a HSA?

A: PEBP only requires the primary participant to meet the eligibility requirements to establish an HSA. For more information on Health Savings Accounts, please refer to [irs.gov](https://www.irs.gov).

Q: What mammograms are covered by the Consumer Driven Health Plan and the Premier (EPO) Plan?

A: On both plans, there will be one 2D or one 3D mammogram per plan year covered at 100% starting July 1, 2018.

Q: What is the difference between a Health Savings Account (HSA) and a Flexible Spending Account (FSA)?

A: Anyone enrolled in a healthcare plan with PEBP can sign up for the FSA, while the HSA is offered to eligible participants on the Consumer Driven Health Plan only. The money on the HSA rolls over from year to year while only \$500 on the FSA will roll over from year to year. There is no charge for the HSA while the FSA has a \$3.25 charge per month. Once the HSA account reaches \$2,000, the account will start accruing interest while the FSA does not. Contributions for both the HSA (contributions are optional) and the FSA are taken out of the participant's paycheck pre-taxed.

Q: What is the phone number of the Accredo Specialty Pharmacy for the CDHP and EPO plans?

A: That phone number is 1-800-803-2523.

Q: Where do I find my PEBP ID number?

A: There are a few options to find your participant number (PEBP ID). You can call PEBP at 1-800-3265496 and ask a Member Service Representative, you can login to your E-PEBP Portal and look under Personal Profile, or it can be found on your Medical, Prescription, Dental card if you are on the CDHP or Premier (EPO) Plan, or the HealthSCOPE dental card if you are on Health Plan of Nevada or Hometown Health (being replaced with the EPO on July 1<sup>st</sup>).