

Plan Year 2019

PEBP and Medicare Guide



Learn About:

- Enrollment & Eligibility
- Who is Via Benefits
- How to Prepare for Your Upcoming Medicare Enrollment
- Basic Medical Plan Options
- Dental Plan Options
- Exchange HRA Contributions
- What Happens Next
- Contact Information

July 1, 2018 to June 30, 2019



*Access.
Quality.
Affordability.*

901 S. Stewart St., Suite 1001

Carson City, NV 89701

T: 775-684-7000 | 1-800-326-5496 | F: 775-684-7028

www.pebp.state.nv.us

mservices@peb.state.nv.us

Contents

Introduction	3
Medicare Parts A and B.....	4
Applying for Medicare.....	4
When to Enroll.....	5
Timeframe for Submitting Required Documents to PEBP.....	5
Enrollment Options and Next Steps.....	6
PEBP Dental Plan Option.....	6
Enrollment Options.....	7
Via Benefits HRA Contribution	10
Unsubsidized Rates for Dependents Retaining PEBP Coverage	11
PEBP and Via Benefits	12
Who is Via Benefits.....	13
What to Expect from Via Benefits.....	13
Evaluate Your Medicare Plan Options.....	13
Via Benefits Plan Options	14
Monthly HRA Contribution	15
Self-Quiz: Evaluate Your Options.....	17
MEDICARE PLAN COMPARISON	18
Prepare for Your Enrollment Call.....	19
Before Your Enrollment Call	20
Via Benefits Checklist.....	21
Call and Enroll.....	22
Notes.....	23
What Happens Next	24
Frequently Asked Questions	25
Discrimination is Against the Law	Error! Bookmark not defined.

This document is for informational purposes only. Any discrepancies between the information contained herein and the *Plan Year 2019 Master Plan Document(s)*, *HMO Evidence of Coverage Certificates*, *Medicare Exchange Health Reimbursement Arrangement Summary Plan Description* or the *2019 Medicare & You handbook* shall be superseded by the plans' official documents.

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 are retired and 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 must transition into a medical plan offered through the Medicare Exchange, Via Benefits (formerly Towers Watson's OneExchange). Via Benefits 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 Medicare Advantage Plans (PPO and HMO plans) and Medigap (supplement) Plans.

Note: Active employees and eligible dependents are not required to enroll in Medicare until retirement. See the Coverage Options and Next Steps section of this guide for more details.

Eligible retirees enrolled in a medical plan through Via Benefits will qualify for a monthly contribution to a Via Benefits 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 Via Benefits HRA contribution will begin when your medical plan becomes effective through Via Benefits. For Via Benefits HRA contribution amounts, refer to the HRA section of this guide.

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

Important: This guide will explain the Medicare requirements and enrollment options and timeframes in detail. PEBP has very specific enrollment timeframe requirements for Medicare. It is very important that you read and understand this guide. However, if you have additional questions, please contact the PEBP office at 775-684-7000.

Medicare Parts A and B

PEBP requires retirees and their covered dependents at age 65, and who qualify for premium-free Part A, 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 1-800-772-1213.

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 (front and back) 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 once you have retired to be eligible for PEBP's retiree 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.

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 purchase Part 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 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 and purchase Medicare 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 on the Centers for Medicare and Medicaid Services website: www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf.

When to Enroll

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 Via Benefits?

If you are retired, the requirement to enroll in a medical plan through Via Benefits 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. In most cases, you will need to enroll in a medical plan through Via Benefits within 60 days of your Medicare effective date.

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
Examples			
Birthday: May 1 st Due Date: May 31st	Birthday: May 26 th Due Date: June 30th	Medicare A+B Effective Date: September 1 st Due Date: October 31st	Retirement Effective Date: August 1 st Due Date: September 30st

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, as stated above, will result in *termination* of all PEBP-sponsored benefits including medical, prescription drug, dental, vision, basic life insurance, HRA contribution, and any voluntary products.

Enrollment Options and Next Steps

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

PEBP Dental Plan Option

The PEBP PPO dental plan option is available to retirees and their covered dependent (if applicable) enrolled in Via Benefits. The PEBP dental plan option is also available to retirees and their covered dependent with TRICARE for Life and Medicare Parts A and B.

To elect the PEBP dental plan option, complete the Retiree Benefit Enrollment and Change Form (or Benefit Enrollment and Change Form for Unsubsidized Dependents) and select Medicare Exchange with PEBP dental. The original signed and completed form must be received in the PEBP office on or before the medical plan effective date through Via Benefits.

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 Via Benefits. Changes to the PEBP dental plan may be completed during PEBP's annual open enrollment period which normally occurs in May each year with changes becoming effective July 1st.

<p>PEBP PPO Dental Plan Overview of Coverage</p>	<ul style="list-style-type: none"> • \$1,500 benefit maximum per plan year for Basic and Major services per covered individual • \$100 Individual Deductible/\$300 Family Deductible (3 or more family members) • Preventive benefits - 4 dental cleanings, bitewing x-rays, and fluoride/dental sealants (children under age 18) paid 100% when using PPO dental network providers (not subject to deductible or annual benefit maximum) • Basic services such as fillings and root canals are paid at 80% after deductible • Major services such as crowns, bridges, and dentures are paid at 50% after deductible <p>Refer to the PPO Dental Plan Master Plan Document for more detailed benefit information.</p>
---	---

Voluntary PEBP Dental Coverage Monthly Rates		
	State Retiree Rate	Non-State Retiree Rate
Retiree only	\$40.63	\$41.06
Retiree + Spouse/DP	\$81.26	\$82.13
Surviving/Unsubsidized Spouse/DP	\$40.63	\$41.06

Enrollment Options

The following chart describes the coverage options and required actions for retirees and their covered dependents based on the Medicare status of the individuals. Please find your Medicare eligibility status and the corresponding instructions regarding your coverage options and required actions.

Retiree or newly retiring employee attains Medicare Parts A & B (No covered Dependents)
<ul style="list-style-type: none">• Retiree <i>must</i> enroll in medical coverage through Via Benefits within 60 days of the Medicare effective date or retirement date, whichever is later, in order to retain all other PEBP-sponsored benefits*.• Enroll in Medicare Parts A and B through Social Security, as eligible.• Submit a copy of the Medicare Parts A and B card to the PEBP office.• Contact Via Benefits at 1-888-598-7545 to enroll in medical, prescription drug, dental, etc.• Complete the Retiree Benefit Enrollment and Change Form (RBECECF); select Medicare Exchange <i>with or without</i> PEBP dental; submit the original completed form to the PEBP office by mail. Please do not forget to sign and date. No faxes or emails will be accepted.

Retiree attains Medicare Parts A and B and has TRICARE for Life (No covered Dependents)
<ul style="list-style-type: none">• Retiree <i>may</i> enroll in a medical plan through Via Benefits; however, enrollment through Via Benefits 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 Via Benefits.• Retiree has the option to enroll in medical coverage through Via Benefits or retain only 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 (front and back) to the PEBP office.• Contact Via Benefits (if enrolling in a plan).• Complete and submit the original signed Retiree Benefit Enrollment and Change Form (RBECECF) only if enrolling in PEBP dental or in a medical plan through Via Benefits.

**Retiree attains Medicare Parts A and B
(Covers a dependent *without* Medicare)**

- Option 1: Retiree *may* enroll in a medical plan through Via Benefits and the non-Medicare dependent may decline/terminate PEBP coverage or retain coverage under the CDHP, Premier (EPO) Plan or HMO plan as an unsubsidized dependent, meaning the dependent will pay 100% of the premium cost (refer to rates sections of this guide for Unsubsidized Dependent premium rates). If this option is selected and non-Medicare dependent stays on a PEBP plan please contact the PEBP office to request the Benefit Enrollment and Change Form for Unsubsidized Dependents.

OR

- Option 2: Retiree *may* stay on the CDHP, Premier (EPO) Plan or HMO plan with the non-Medicare dependent(s) until dependent(s) ceases to be an eligible dependent;
 - If both the Medicare retiree and dependent are staying on the CDHP, Premier (EPO) Plan or HMO coverage, submit a copy of the Medicare Parts A and B card to the PEBP office.

*PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, dental coverage and voluntary products as applicable.

**Retiree is not yet eligible for Medicare
(Covers a dependent *with* Medicare Parts A and B)**

- Medicare dependent may enroll in a medical plan through Via Benefits. The non-Medicare retiree may stay on the CDHP, Premier (EPO) Plan or HMO plan

OR

- Both the retiree and dependent may remain on the CDHP, Premier (EPO) Plan or HMO plan until both become eligible for Medicare Parts A and B.
- Submit a copy of the Medicare Parts A and B card to the PEBP office.
- If a Medicare dependent wishes to enroll in a plan through Via Benefits, they can:
 - Contact Via Benefits at 1-888-598-7545 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, EPO or HMO coverage, submit a copy of the dependent's Medicare Parts A and B card to the PEBP office.

**Retiree (age 65 and older) does not meet the eligibility
requirements to qualify for *premium-free* Medicare Part A**

- Retiree may remain on the CDHP, Premier (EPO) Plan, 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
and is eligible for *premium-free* Part A**

- 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 active employee retires.
- If the Medicare dependent wishes to enroll in a medical plan through Via Benefits, do the following:
 - Medicare dependent will need to contact Via Benefits at 1-888-598-7545 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.
- **Active employees and their eligible dependents age 65 and older are not required to enroll in Medicare until the employee retires. Contact the Social Security Administration 60-90 days prior to retirement.**



Retirees who are required to enroll in a medical plan through Via Benefits must maintain medical coverage through Via Benefits to retain the PEBP-sponsored HRA, life insurance and voluntary products (if applicable). This provision does not apply to eligible TRICARE for Life retirees.

Exchange-HRA Contribution for Medicare Retirees Enrolled in Via Benefits	
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

Via Benefits HRA Contribution

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

- 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) to a maximum of 20 years (\$240).

Note: Employees *hired* after January 1, 2010 who retire with fewer than 15 years of service, and who are not disabled, as well as employees hired on or after January 1, 2012 do NOT qualify for a Via Benefits-HRA contribution based on their years of service.



IMPORTANT!

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

Via Benefits HRA funds may be used for reimbursement of the following expenses incurred by the retiree and qualifying IRS tax dependent(s):

- 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 regarding qualifying expenses that are eligible for reimbursement from the Via Benefits HRA, read IRS Publication 502 available at www.irs.gov.

For Plan Year 2019, a one-time supplemental HRA distribution of \$2 per month per year of service to members participating on the Medicare Exchange, subject to dates of retirement. The one-time HRA supplement is for those retirees enrolled with Via Benefits as of July 1, 2018.

Note: Retirees who are eligible to retain coverage under the PEBP Consumer Driven Health Plan PPO, Premier (EPO) Plan or Health Plan of Nevada HMO 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. Dependents are not eligible for a premium credit.

IMPORTANT: Health Reimbursement Arrangement (HRA) funds through the Consumer Driven Health Plan (CDHP) are not transferable to an HRA through the Medicare Exchange. If a retiree on the CDHP terminates coverage or transitions to the Medicare Exchange, any remaining funds in the CDHP HRA account revert to PEBP. To find out your Consumer Driven Health Plan HRA balance please contact HealthSCOPE Benefits at 1-888-763-8232. For more details regarding HRA accounts please see Via Benefits section of this guide.

Unsubsidized Rates for Dependents Retaining PEBP Coverage

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 (CDHP), Premier (EPO) Plan or the Health Plan of Nevada (HPN) HMO plan with their non-Medicare dependents; or the retiree may enroll in a medical plan through Via Benefits and cover the non-Medicare dependent(s) under the CDHP, Premier (EPO) Plan or Health Plan of Nevada HMO plan as unsubsidized dependent(s). To determine the premium for unsubsidized dependents, refer to rate table below:

Unsubsidized Rates for Dependents Retaining Coverage under the CDHP, Premier (EPO) or HPN Plans		
State and Non-State Retiree Unsubsidized Dependents	PPO	EPO/HMO
Spouse/Domestic Partner	\$562.26	\$798.13
Children	\$562.26	\$798.13
Spouse/DP + Child(ren)	\$761.19	\$1,178.27

PEBP and Via Benefits

Completing your Via Benefits Enrollment



Important!

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

Via Benefits 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 Via Benefits.



Who is Via Benefits

Via Benefits: A trusted advisor for hundreds of thousands of Medicare-eligible participants

PEBP has chosen Via Benefits to work with you as you approach age 65 and Medicare eligibility. Via Benefits 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, Via Benefits offers the largest selection of individual Medicare plans from over 100 national and regional insurance carriers across the country. The individual insurance plan(s) you purchase from Via Benefits will replace the group plan you currently have through PEBP.

To help you decide which individual plan(s) are right for you, you will 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 Via Benefits look forward to helping you make an informed and confident decision.

What to Expect from Via Benefits

The 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 Via Benefits website or call them for an update.

Support after you enroll

When you purchase a Medicare plan through Via Benefits, 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.

Evaluate Your Medicare Plan Options

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 Via Benefits.

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

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.

Medigap (Supplemental) plans and Guaranteed Issue Rights

During this enrollment period, Medigap insurance plans for which you are eligible are guaranteed issue, meaning 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. It is important to understand the “Guaranteed Issue” period for Medigap supplement plans as well as to make your decision and enroll within your enrollment window. If you have any questions about this you should speak to a Via Benefits Benefit Advisor at 1-888-598-7545.

Should you wish to change your Medigap coverage in the future, Via Benefits 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 Via Benefits 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 their contact information printed on the last page of this guide.

Via Benefits Plan Options

Via Benefits offers both Medicare Advantage plans (PPO and HMO) 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 Licensed Benefit 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 allow 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.

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.

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

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).

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

Dental and Vision Plans: You will have the option to purchase PEBP's PPO dental plan when you transition to Via Benefits. For premium rates on PEBP's dental plan, please see the Dental section of this guide. Optional dental and vision coverage is also available through Via Benefits. Your Benefit Advisor will provide information about plan options and costs for these plans.

You can find information about the specific plans offered in your zip code by creating an account at <https://my.viabenefits.com/pebp>. You will need to gather certain information such as the names and dosage(s) of the medications you are taking and 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 phone call with a Benefit Advisor. Your Benefit Advisor at Via Benefits will be able to view the information you entered online and assist you with selecting a plan that best suits your needs.

Monthly HRA Contribution

Health Reimbursement Arrangement (HRA)

Eligible retirees enrolled in a medical plan through Via Benefits 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 the retiree and their dependent as defined by IRS Publication 502 available at www.irs.gov.

Eligible retirees enrolled in TRICARE for Life and Medicare Parts A and B are not required to enroll in a medical plan through Via Benefits to receive the monthly years of service contribution to a Health Reimbursement Arrangement (HRA).

Commencement of HRA Contribution

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

HRA funding is concurrent with the medical plan effective date through Via Benefits, however processing times vary and the initial contribution may take several weeks to fund.

Exchange-HRA Plan Administrator

Via Benefits uses an internal Third Party Administrator (TPA) to process HRA reimbursements.

Establishing the Exchange-HRA

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

IMPORTANT: HRA funds through the CDHP are not transferable to an HRA through the Medicare Exchange. If a retiree on the CDHP terminates coverage or transitions to the Medicare Exchange, any remaining funds in the CDHP HRA account revert to PEBP.

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

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..... 2 points
No..... 1 point

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.

MEDICARE PLAN COMPARISON

	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 PFFS 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 Via Benefits from printing the prices of specific plans in this guide. However, cost comparisons can be made on Via Benefits' 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 Via Benefits website: www.my.via.benefits.com/pebp. 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 Via Benefits and speak to a licensed Benefit Advisor.

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 Via Benefits 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 Via Benefits 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. Via Benefits 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 Via Benefits 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 Via Benefits 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 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 Via Benefits website at www.my.via.benefits.com/pebp.

Before Your Enrollment Call

Research your options and consider your health care needs

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

Your 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 Via Benefits 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, Via Benefits 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.

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. You can leave the plans that interest you in your shopping cart to complete during your enrollment call.

Note that restrictions prevent Via Benefits 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 Via Benefits 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.

Via Benefits 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.

- 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 doctors' 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. If 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 Via Benefits job to help you select the appropriate coverage.

When should I call?

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

How long will it take?

Because the work Via Benefits 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 Via Benefits, 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.

Notes

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 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.

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

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

Selection confirmation

After your enrollment call, Via Benefits 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 Via Benefits 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 Via Benefits 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 Via Benefits will send the Experience Choice newsletter filled with helpful information on Medicare-related topics. To ensure you receive the Via Benefits 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, Via Benefits will work with you and your preferred plan to meet underwriting conditions, but you are not guaranteed acceptance.

Frequently Asked Questions

Via Benefits 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?

Via Benefits 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. Via Benefits' 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?

Via Benefits 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, Via Benefits 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.

Contents © 2004-2013 Extend Health, Inc. All Rights Reserved.

The information offered on the Via Benefits website and the information provided in this mailing is believed to be true and correct.

Extend Insurance Services, LLC is a Utah resident insurance agency (Utah License No. 104741) and licensed as a non-resident insurance agency or otherwise authorized to transact business as an insurance agency in all states and the District of Columbia. Extend Insurance Services, LLC represents, and receives payment of commissions from, the insurance companies for which Extend Insurance Services, LLC is an agent and sells insurance products and services and may receive other performance-based compensation for its sale of the insurance products and services provided to you.

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.

Discrimination is Against the Law

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

PEBP 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 the PEBP Civil Rights Coordinator at 775-684-7020 or mservices@peb.state.nv.us.

If you believe that PEBP 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 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>.

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፣ በገጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚስተለው ቁጥር ይደውሉ 1-800-326-5496 (ማስማት ለተሰናቸው: 1-800-545-8279)።

เรียน: ถ้าคุณพูด ภาษา ไทยคุณสามารถ ใช้บริการช่วยเหลือทางภาษา 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: 1-800-9728-545-800-1).

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) 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 bayadna, ket sidadaan para kenyam. Awagan ti 1-800-326-5496 (TTY: 1-800-545-8279).

Legal Notices

Please refer to PEBP's Health and Welfare Wrap Plan, which includes the HIPAA Privacy Notice, for all legal notices pertaining to this document. You can also view PEBP's Privacy Notice [here](#). This document and other materials are available at www.pebp.state.nv.us. You may also request a copy of the HIPAA Privacy Notice or any other document by calling PEBP Member Services at 775-684-7000 or 1-800-326-5496 or email at msservices@peb.state.nv.us.

Contact Information



Public Employees' Benefits Program

901 South Stewart Street, Suite 1001
775-684-7000 or 1-800-326-5496

www.pebp.state.nv.us

msservices@peb.state.nv.us



Via Benefits

1-888-598-7545

www.my.viabenefits.com/pebp



Social Security Administration

1-800-772-1213

www.ssa.gov



Centers for Medicare and Medicaid Services

1-800-633-4227

www.cms.gov