Welcome

Soon you or your covered dependent 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.

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. In most cases, you must transition into a medical plan offered through the Medicare Exchange, Via Benefits. Via Benefits gives you access to a Medicare marketplace which offers Medicare Advantage Plans (PPO and HMO plans) and Medigap (supplement) Plans.

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 date of hire, retirement date and 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 PEBP HRA Funding section of this guide.

For more information and details on eligibility or plan benefits, please refer to the applicable Master Plan Document, Summary of Benefits and Coverage document or Evidence of Coverage. These documents are available by logging on to your E-PEBP Portal at www.pebp.state.nv.us or by calling PEBP and requesting a copy be mailed to you. We encourage you to review key terms and definitions before you begin.
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is Via Benefits?</td>
<td>5</td>
</tr>
<tr>
<td>Timeframes to Sign up for Medicare</td>
<td>9</td>
</tr>
<tr>
<td>Before Your Enrollment Call with Via Benefits</td>
<td>10</td>
</tr>
<tr>
<td>Via Benefits Check List</td>
<td>11</td>
</tr>
<tr>
<td>Enrollment and Eligibility</td>
<td>13</td>
</tr>
<tr>
<td>Retiree Only</td>
<td>14</td>
</tr>
<tr>
<td>Retiree with covered Dependent(s)</td>
<td>15</td>
</tr>
<tr>
<td>Retiree Not Eligible for Medicare Part A</td>
<td>16</td>
</tr>
<tr>
<td>Retiree with Tricare for Life</td>
<td>17</td>
</tr>
<tr>
<td>Active Employee</td>
<td>18</td>
</tr>
<tr>
<td>Spouse or Domestic Partner</td>
<td>19</td>
</tr>
<tr>
<td>Medicare Basics</td>
<td>20</td>
</tr>
<tr>
<td>Original Medicare A + B</td>
<td>21</td>
</tr>
<tr>
<td>Medigap Plans + Part D Plans</td>
<td>22</td>
</tr>
<tr>
<td>Medicare Advantage with Part D Plans</td>
<td>24</td>
</tr>
<tr>
<td>Additional Voluntary Options</td>
<td>25</td>
</tr>
<tr>
<td>PEBP Dental Coverage</td>
<td>26</td>
</tr>
<tr>
<td>PEBP HRA Funding</td>
<td>29</td>
</tr>
<tr>
<td>How the Via Benefits HRA Works</td>
<td>31</td>
</tr>
<tr>
<td>Medicare Basics</td>
<td>20</td>
</tr>
<tr>
<td>Original Medicare A + B</td>
<td>21</td>
</tr>
<tr>
<td>Medigap Plans + Part D Plans</td>
<td>22</td>
</tr>
<tr>
<td>Medicare Advantage with Part D Plans</td>
<td>24</td>
</tr>
<tr>
<td>Additional Voluntary Options</td>
<td>25</td>
</tr>
<tr>
<td>PEBP Dental Coverage</td>
<td>26</td>
</tr>
<tr>
<td>PEBP HRA Funding</td>
<td>29</td>
</tr>
<tr>
<td>How the Via Benefits HRA Works</td>
<td>31</td>
</tr>
</tbody>
</table>
# Table of Contents

- Notes .................................................................................................................................................. 33
- Frequently Asked Questions .................................................................................................................... 34
- Important Information ............................................................................................................................. 35
- Summary of PY21 Changes ...................................................................................................................... 36
-Contacts and Resources ............................................................................................................................ 37
-Key Terms and Definitions ....................................................................................................................... 38

⚠️ Important: Per NRS 287.0475 Basic life insurance may not be reinstated and will be forfeited if a retired employee declines group coverage through Via Benefits or does not pay their premiums for Medicare Part B. You will lose your $12,500 basic life insurance if you enroll in a plan outside of Via Benefits.

This interactive guide will explain the PEBP Medicare requirements, enrollment options, and timeframes. PEBP has very specific enrollment timeframe requirements for Medicare. It is very important that you read and understand these requirements. If you have questions you may send a secure message through your E-PEBP Portal or call PEBP Member Services at 775-684-7000 or 1-800-326-5496.

*Note: Active employees and eligible dependents are not required to enroll in Medicare until retirement. See the Enrollment and Eligibility section of this guide for more details.*
WHO IS VIA BENEFITS?

PEBP has chosen Via Benefits to work with you as you approach age 65 or will be retiring after age 65 and become eligible for Medicare. 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 will assist you with your enrollment options and help you transition from your current group coverage (PEBP) to a medical plan offered through Via Benefits. The individual insurance plan(s) you purchase from Via Benefits will replace the group plan you currently have through PEBP.

Via Benefits also administers the Health Reimbursement Account (HRA) and reimbursements to eligible Medicare retirees.
**LICENSED BENEFIT ADVISORS**

To help you decide which individual plan(s) are right for you, you will have the assistance and expertise of a Via Benefits 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.

The Benefit Advisors and easy-to-use optional online tools will guide you through the individual Medicare market ensuring you confidently choose the plan that fits your needs.

During your enrollment call, your Benefit Advisor will ask questions in order to find the plan(s) that fit your needs. To simplify this process, have answers to the questions on the Via Benefits checklist ready. Space is provided in the Notes section of this guide to write the answers to questions your Benefit Advisor will ask.

**Licensed Benefit Advisors**

Licensed Benefit Advisors are licensed by state departments of insurance and must be certified by the health insurance carriers before they can enroll retirees into their products.

**What to Expect**

Licensed Benefit Advisors are an employee who works for Via Benefits and provides support to participants in selecting individual Medicare plans, resolving claim issues and changing Medicare plans, if necessary.
WHAT TO EXPECT FROM VIA BENEFITS

Personalized, Step-by-Step Guidance
Licensed Benefit Advisors and easy-to-use online tools will guide you step by step through the Via Benefits marketplace.

Unbiased, Objective Support
You will receive unbiased support from Licensed Benefit Advisors who are trained to be your objective advocates. Their compensation is never tied to your plan selection.

Quality Plan Options
Via Benefits works with leading national and regional insurance companies to ensure you have quality plans to choose from.

Efficient, Accurate Enrollment
Once you have selected a plan, an application data processor will assist you with completion of your application to ensure it is processed correctly.

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.
**How to Prepare**

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 purchase from Via Benefits will replace the PEBP group plan.

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

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.

In this section you will also find important timeframes in which you or your Medicare eligible dependent are required to follow. Failure to submit copies of the Medicare Part A+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 all PEBP-sponsored benefits including medical, prescription drug, dental, vision, basic life insurance, HRA contribution, and any voluntary products. For detailed information please review the Enrollment and Eligibility section.
### Timeframes

**Before Your Enrollment Call**

- **Via Benefits Check List**
- **Self Quiz**

---

#### Who is Via Benefits

- **MEDICARE BASICS**
- **PEBP DENTAL OPTIONS**
- **PEBP HRA FUNDING**
- **NOTES**
- **FAQ’S**
- **IMPORTANT INFORMATION**

---

#### How to Prepare

- **ENROLLMENT & ELIGIBILITY**
- **PUBLIC EMPLOYEES’ BENEFITS PROGRAM ★ PLAN YEAR 2021 MEDICARE GUIDE**

---

#### Public Employees’ Benefits Program

**Plan Year 2021 Medicare Guide**

- **PEBP Portal**

---

#### Plan Year 2021 Medicare Guide

**Portals**

- **E-PEBP Portal**
- **Plan Year 2021 Medicare Guide**

---

#### Timeframes

**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 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 or older. 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+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
  - 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.

---

#### Before Your Enrollment Call

- **Via Benefits Check List**
- **Self Quiz**

---

#### Timeframes

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

---

#### When a copy of your Medicare A+B cards are due

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthday: May 1st Due Date: May 31st</td>
<td></td>
</tr>
<tr>
<td>Birthday: May 26th Due Date: June 30th</td>
<td></td>
</tr>
<tr>
<td>Medicare A+B Effective Date: September 1st Due Date: October 31st</td>
<td></td>
</tr>
<tr>
<td>Retirement Effective Date: August 1st Due Date: September 30th</td>
<td></td>
</tr>
</tbody>
</table>

---

The same rules apply to your covered dependents.
BETORE YOUR ENROLLMENT CALL

To help you prepare for your call, we encourage you to visit the Via Benefits website: www.MyViaBenefits.com/pebp.

Create Your Account

- Creating an account allows you to save your prescription drug information, 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. 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 section of this guide. Collecting and providing this information in advance will allow you to complete your personal profile more quickly, and will help 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.

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.
Before you make your call, take a moment to ensure you have collected all the information that you will need to complete your Via Benefits enrollment. Consider the following questions:

- 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 a preferred pharmacy?
- Are you willing to pay copayments and deductibles if you can pay lower premiums?

Have you:

- Created your online account and verified your personal profile (optional)?
- Researched your plan options online, noting plans that interest you and reasons why?
- Found a plan that interests you? Add it to your cart or write its name down and reasons you prefer it in your notes.

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, with your recorded permission, even if they are calling from a different phone number or state.
SELF QUIZ

Answer the following questions and calculate your score to help you determine which type of Medicare plan may fit your needs.

This quiz is *not* a comprehensive list of the questions you will be asked during your enrollment call. Your Benefit Advisor can help you choose the best plan for you during your enrollment call.

<table>
<thead>
<tr>
<th>Score</th>
<th>Plan Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 points</td>
<td>A Medicare Advantage Plan</td>
</tr>
<tr>
<td>6 or 7 points</td>
<td>Medicare Advantage Plan or Medigap Plan</td>
</tr>
<tr>
<td>8 points or higher</td>
<td>A Medigap Plan</td>
</tr>
</tbody>
</table>

**Do you have any chronic conditions, such as diabetes, 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)

**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)

**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)
ENROLLMENT AND ELIGIBILITY

Please verify your premium-free Medicare Part A eligibility with the Social Security Administration and then choose the Medicare eligibility status below that fits your circumstances best. You will then learn about the corresponding instructions regarding your specific coverage options and required actions.

Retiree Only
- Medicare A
- No Covered Dependents

Retiree with Covered Dependent(s)
- Medicare A+B
- Covering Non-Medicare Dependent

Retiree Not Eligible for Medicare Part A
- Not Eligible for premium-free Medicare Part A
- Purchased Medicare Part B

Retiree with TRICARE for Life

Active Employee
- Not planning to retire in the next 30-60 days

Covered Spouse or Domestic Partner

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, PEBP dental and voluntary products (if applicable). This provision does not apply to eligible TRICARE for Life retirees.

If you have questions about what eligibility status fits your situation best you may contact PEBP Member Services at 1-800-326-5496, option #2.
Retiree Only

The following describes the coverage options and required actions you must take as a retiree with Medicare Parts A+B with no covered dependents.

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

Retiree or newly retiring employee attains Medicare Parts A+B
(No covered Dependents)

In order to retain all other PEBP-sponsored benefits retiree must enroll in medical coverage through Via Benefits within 60 days of the Medicare effective date or retirement date, whichever is later.

Steps to take:
- Enroll in Medicare Parts A+B through Social Security, as eligible.
- Send PEBP a copy of your Medicare Parts A+B card within 60 days of your Medicare effective date.
- Complete the Retiree Benefit Enrollment and Change Form (RBECF); select Medicare Exchange with or without 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.
- Contact Via Benefits at 1-888-598-7545 to enroll in medical, prescription drug, dental, etc.

PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.
Retiree with Covered Dependent(s)

The following describes the coverage options and required actions you must take as a retiree with **covered dependents**. (These options also apply to those with TRICARE for Life.)

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

**Retiree attains Medicare Parts A+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 PPO, EPO or HMO plan as an unsubsidized dependent, meaning the dependent will pay 100% of the premium cost.
  - 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.

- **OPTION #2**
  - Retiree may stay on the PPO, EPO, or HMO plan with the non-Medicare dependent(s) until dependent(s) ceases to be an eligible dependent. The retiree will receive a Medicare Part B premium credit.
  - If both the Medicare retiree and dependent are staying on PPO, EPO, or HMO coverage, send PEBP a copy of the Medicare Parts A+B card to the retirees E-PEBP Portal within 60 days of the Medicare effective date and mail in a RBECF form.

**Retiree is not yet eligible for Medicare**

**Covers a dependent with Medicare Parts A+B**

- **OPTION #1**
  - Medicare dependent may enroll in a medical plan through Via Benefits. The non-Medicare retiree may stay on the PPO, EPO, or HMO plan. 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.

- **OPTION #2**
  - Both the retiree and dependent may stay on the PPO, EPO, or HMO plan until both become eligible for Medicare Parts A+B.
  - If the Medicare dependent wishes to stay on the retirees PPOR, EPO, or HMO coverage, they must upload a copy of their Medicare Parts A+B card to retirees E-PEBP Portal within 60 days of the Medicare effective date and mail in a RBECF form.

For additional information on unsubsidized rates or the Medicare Part B premium credit please refer to the **Important Information** section of this guide.
Retiree Not Eligible for Medicare Part A

The following describes the coverage options and required actions you must take as a retiree that does not meet the eligibility requirements to qualify for premium-free Medicare Part A.

Newly retiring? You must contact the Social Security Administration 60-90 days prior to retirement date and purchase Medicare Part B.

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

Retiree, and applicable dependent(s), may remain on their Consumer Driven Health Plan (PPO), Premier Plan (EPO), or Health Plan of Nevada (HMO) coverage.

- Retiree must purchase Medicare Part B coverage.
- Obtain a Part A denial letter from the Social Security Administration (SSA).
- Upload copies of both documents to your E-PEBP Portal within 60 days of the Medicare effective date.

Retirees who are eligible to retain coverage under the PEBP PPO, EPO, or HMO plan and who have Part B coverage will receive a Part B premium credit of $135.50. For additional information on the Medicare Part B premium credit please refer to the Important Information section of this guide.
Retiree with TRICARE for Life

The following describes the coverage options and required actions you must take as a retiree with Medicare Parts A+B, TRICARE for Life and no covered dependents.

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

Retiree attains Medicare Parts A+B and has TRICARE for Life (No covered Dependents)

- Retiree has the option to enroll in medical coverage through Via Benefits or retain only Medicare Parts A+B and TRICARE for Life coverage. Enrollment through Via Benefits is not required to retain PEBP sponsored benefits.
- Retiree may enroll in PEBP dental whether or not the retiree enrolls in a medical plan through Via Benefits.
- Retiree must do the following within 60 days of the Medicare effective date:
  - Upload a copy of your Medicare Parts A+B card to your E-PEBP Portal
  - Upload a copy of your TRICARE for Life military ID card (front and back) to your E-PEBP Portal
  - Contact Via Benefits (if enrolling in a plan)
  - Complete and submit the original signed Retiree Benefit Enrollment and Change Form (RBECF) if enrolling in PEBP dental or in a medical plan through Via Benefits

If you have covered dependents please refer to the Retiree with Covered Dependents section.

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

THANK YOU FOR YOUR SERVICE!
Active Employee

The following describes the coverage options you have as an active employee.

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A+B.

**Active Employee**

- **PEBP does not require active employees**, and applicable eligible dependents, age 65 or older to obtain Medicare until the employee retires. If you obtain Medicare, you must provide a copy of your Medicare card to PEBP.

- If you are an active employee on the Consumer Driven Health Plan with an HSA and enroll in Medicare, or your spouse has an HRA or a medical FSA. Or any other non-qualifying health plan that is not permitted in accordance with IRS publication 969, you are not eligible to contribute to an HSA. PEBP will automatically change your HSA to a HRA.

- Obtaining Medicare as an active employee is not a qualifying life event to decline PEBP coverage.

PEBP sponsored benefits include: Basic Life Insurance, HRA contribution, PEBP dental coverage, and voluntary products, as applicable.
Spouse or Domestic Partner

The following describes the coverage options and required actions you must take as a dependent of an active employee.

Active employees and their eligible dependents age 65 and older are not required to enroll in Medicare until the employee retires.

Active employee’s dependent ages-in to Medicare and is eligible for premium-free Part A

- 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. Both the active employee and/or the covered dependent must enroll in Medicare Part A and purchase Part B approximately 60-90 days prior to the retirees retirement date. Be sure to have the effective date correlate with the retirement date.

- If the covered dependent enrolls in Medicare please upload a copy of the Medicare Part A, and if applicable Part B, card to the active employee’s E-PEBP Portal.

- If the Medicare dependent wishes to terminate the PEBP coverage and enroll in a medical plan through Via Benefits they must do the following within 60 days of the Medicare A+B effective date:
  - 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 via the E-PEBP Portal.

If you are a covered dependent of a retiree, please refer to the Retiree with Covered Dependents section for your required actions.
MEDICARE BASICS

Medicare includes a number of “Parts” that cover different benefits. Original Medicare, also known as Medicare Part A and Part B, is the health insurance provided by the federal government when you turn 65 (in most cases). Although original Medicare pays for about 80% of your doctor and hospital costs, it does not pay for everything. Medicare costs vary depending on plan, coverage and the services used. To reduce your out-of-pocket costs, you’ll need to purchase additional coverage through Via Benefits.

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. For specific details about these plans, you will need to speak to a Licensed Benefit Advisor.

Please review any of the sections below to find out additional information.

- Original Medicare
  - Medicare Part A
  - Medicare Part B
- Medigap + Prescription Drug Plan (Part D)
- Medicare Advantage with a Prescription Drug Plan (MAPD)
- Additional Voluntary Options
  - Vision
  - Dental

Wondering why you can’t find plans or prices in this guide?
Regional variations prevent the prices of specific plans to be printed. However, cost and plan comparisons can be found on Via Benefits’ website or when you speak with a Benefit Advisor.
In most cases, when you turn 65, the federal government provides you with Original Medicare, also known as Medicare Part A and Part B. Broadly speaking, Part A covers hospital stays and Part B covers doctor visits.

### ORIGINAL MEDICARE A + B

<table>
<thead>
<tr>
<th>Hospitals (Medicare Part A)</th>
<th>Outpatient Services (Medicare Part B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps Cover Some</td>
<td>Services from doctors and other specialists</td>
</tr>
<tr>
<td>• Inpatient hospital care</td>
<td>• Lab work, x-rays, and durable medical equipment</td>
</tr>
<tr>
<td>• Skilled nursing care</td>
<td>• Preventive services</td>
</tr>
<tr>
<td>• Hospice and home health care</td>
<td></td>
</tr>
<tr>
<td>Does Not Cover Most</td>
<td>Dental care</td>
</tr>
<tr>
<td>• Long-term nursing home care</td>
<td>• Vision care or glasses</td>
</tr>
<tr>
<td>• Concierge care</td>
<td>• Prescriptions</td>
</tr>
<tr>
<td>• Non-medical in-home care</td>
<td></td>
</tr>
<tr>
<td>Eligibility</td>
<td>You are eligible to enroll at the age of 65</td>
</tr>
<tr>
<td>• You or your spouse (or former spouse of 10 years) have at least 40 credits (10 years) of work in any job in which you paid Social Security taxes; or</td>
<td>• Qualifying Illness or disability</td>
</tr>
<tr>
<td>• You are eligible for Railroad Retirement benefits; or</td>
<td></td>
</tr>
<tr>
<td>• You are under age 65 and approved for Social Security Disability benefits</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>There is a monthly premium based on income</td>
</tr>
<tr>
<td>Most public employees pay into Medicare regardless if they pay into Social Security</td>
<td></td>
</tr>
</tbody>
</table>

**Medigap**

**MAPD**

**Additional Voluntary Options**
MEDIGAP PLANS + PART D PLANS

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

Prescription Drug (Part D) Plans: Part D plans only cover prescription drug expenses. 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.

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).

Medigap Guaranteed Issue →
**Medigap Guaranteed Issue**

**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**

Since Via Benefits offers thousands of plans from insurance companies across the United States, it is not possible to include specific information about plans and premium costs in this guide. However, the Via Benefits website, www.MyViaBenefits.com/pebp, provides extensive information about plans available in your area, including cost.
**Medicare Advantage with Part D Plans**

**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.

---

**A 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.
**ADDITIONAL VOLUNTARY OPTIONS**

**PEBP Dental Plan:** You will have the option to purchase PEBP’s PPO dental plan when you transition to Via Benefits.

In most cases the dental premium will be deducted from your PERS pension check and reimbursed to you automatically. If you do not receive a PERS pension check you may pay online or set up automatic payments through your E-PEBP Portal. If you pay your premium directly to PEBP on a monthly basis your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.

For PEBP dental plan premium rates and coverage details please see the PEBP Dental Options section of this guide or log on to your E-PEBP Portal.

**PEBP Voluntary Benefits:** Voluntary benefits such as: vision, pet insurance, auto and home polices, ID theft + more are offered to eligible retirees and their dependents. To learn more about these voluntary benefits, log on to your E-PEBP Portal and click PEBP+. Any premiums associated with voluntary insurance products are the employee’s responsibility. A reinstated retiree will not be eligible for basic life insurance through PEBP.

**Via Benefits Voluntary Benefits:** Optional dental and vision coverage is also available through Via Benefits. Your Benefit Advisor will provide information about plan options and costs for any voluntary plan option offered by Via Benefits.
PEBP DENTAL PLAN OPTIONS

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

To elect or decline the PEBP dental plan option, please mail PEBP the original Retiree Benefit Enrollment and Change Form before the medical plan effective date through Via Benefits.

Retirees and their spouses or domestic partners enrolled in a medical plan through Via Benefits may enroll or decline PEBP dental coverage during Open Enrollment, which is typically held between May 1st and May 31st. Changes to your dental plan will become effective July 1st.

PEBP Open Enrollment is the only opportunity (beside initial enrollment) to enroll in or decline PEBP dental coverage. If you would like to make changes to your PEBP dental coverage please mail PEBP an original RBECF form between May 1st and May 31st.

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 occurs from May 1st to May 31st each year, with changes becoming effective July 1st.
If you enroll in the PEBP dental plan there are a few things to note:

- Medical plan through Via Benefits = option to elect the PEBP dental plan.
- Mail in Retiree Benefit Enrollment Change Form (RBECF) to enroll or decline in PEBP dental.
- PEBP Dental coverage will be effective for the entire plan year (July 1-June 30).
- No paper claim will be required for reimbursement. Reimbursement will occur automatically.
- In most cases the dental premium will be deducted from your PERS pension check and reimbursed to you automatically. If you pay your premium directly to PEBP on a monthly basis your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.
  - If you do not receive a PERS pension check you may pay online or set up automatic payments through your E-PEBP Portal.

### Plan Year 2021 PEBP Dental Plan Rates

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>State Retiree</th>
<th>Non-State Retiree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree only</td>
<td>$40.44</td>
<td>$41.67</td>
</tr>
<tr>
<td>Retiree + Spouse/DP*</td>
<td>$80.87</td>
<td>$83.33</td>
</tr>
<tr>
<td>Surviving/Unsubsidized Spouse/DP</td>
<td>$40.44</td>
<td>$41.67</td>
</tr>
</tbody>
</table>

*Spouse/DP must also have a medical plan through Via Benefits in order to elect PEBP dental.
# PEBP Dental Coverage Summary

The information in the tables shown contains a general overview of plan benefits and does not include additional provisions or exclusions.

## Plan Year 2021 PEBP Dental Plan

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>In-Network</th>
<th>Out-of-Network**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Maximum Benefit</strong>&lt;br&gt;(applies to basic and major services)</td>
<td>$1,500 per person</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td><strong>Plan Year Deductible</strong>&lt;br&gt;(applies to basic and major services only)</td>
<td>$100 per person or $300 per family (3 or more)</td>
<td>$100 per person or $300 per family (3 or more)</td>
</tr>
<tr>
<td><strong>Preventive Services</strong>*&lt;br&gt;Teeth cleaning (4/plan year)&lt;br&gt;Oral examination (2/plan year)&lt;br&gt;Bitewing X-rays (2/plan year)</td>
<td>• Covered 100%&lt;br&gt;• Not subject to deductible&lt;br&gt;• Does not apply towards individual plan year max</td>
<td>• Covered at 80%&lt;br&gt;• Not subject to deductible&lt;br&gt;• Does not apply towards individual plan year max</td>
</tr>
<tr>
<td><strong>Basic Services</strong>*&lt;br&gt;Full-mouth periodontal cleanings, fillings, extractions, root canals, full-mouth X-rays</td>
<td>You pay 20% coinsurance after deductible is met</td>
<td>You pay 50% coinsurance after deductible is met</td>
</tr>
<tr>
<td><strong>Major Services</strong>*&lt;br&gt;Bridges, crowns dentures, tooth implants</td>
<td>You pay 50% coinsurance after deductible is met</td>
<td>You pay 50% coinsurance after deductible is met</td>
</tr>
</tbody>
</table>

*Allowable fee schedule applies

**For Out-of-Network Benefits** the plan will reimburse at the U&C rates allowable fee schedule for participants using an out-of-network provider within the in-network service area; OR for services received out-of-network, outside of Nevada.

---

Find an In-Network Dental Provider by clicking here → Diversified Dental Services, Inc.
PEBP HRA FUNDING

Once a retiree enrolls in an individual medical plan through Via Benefits, a monthly allowance is deposited into a Health Reimbursement Arrangement (HRA). Your monthly Via Benefits Health Reimbursement Arrangement (HRA) contribution is determined by your hire date, 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 ($195) base contribution.
- For participants who retired on or after January 1, 1994, the contribution is $13 per month per year of service beginning with 5 years ($65) to a maximum of 20 years ($260).

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 with Medicare Parts A+B. Failure to enroll or dis-enrolling in Medicare and/or 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](http://www.irs.gov).
PEBP HRA CONTRIBUTION AMOUNTS

**Monthly Exchange HRA Contribution**
Medicare Retirees Enrolled in Via Benefits

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>$65</td>
</tr>
<tr>
<td>6</td>
<td>$78</td>
</tr>
<tr>
<td>7</td>
<td>$91</td>
</tr>
<tr>
<td>8</td>
<td>$104</td>
</tr>
<tr>
<td>9</td>
<td>$117</td>
</tr>
<tr>
<td>10</td>
<td>$130</td>
</tr>
<tr>
<td>11</td>
<td>$143</td>
</tr>
<tr>
<td>12</td>
<td>$156</td>
</tr>
<tr>
<td>13</td>
<td>$169</td>
</tr>
<tr>
<td>14</td>
<td>$182</td>
</tr>
<tr>
<td>15</td>
<td>$195</td>
</tr>
<tr>
<td>16</td>
<td>$208</td>
</tr>
<tr>
<td>17</td>
<td>$221</td>
</tr>
<tr>
<td>18</td>
<td>$234</td>
</tr>
<tr>
<td>19</td>
<td>$247</td>
</tr>
<tr>
<td>20</td>
<td>$260</td>
</tr>
</tbody>
</table>

**MEDICARE EXCHANGE RETIREE HRA CONTRIBUTION**

- Exchange participants who retired **before January 1, 1994**, receive the 15 year (base) HRA contribution.
- Exchange participants who retired **on or after January 1, 1994** receive the HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
- 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 an HRA contribution.
- Retirees who were initially hired **on or after January 1, 2012** do not receive an Exchange HRA.

**MEDICARE EXCHANGE RETIREE HRA CAP**

- Medicare Exchange HRA balances will be capped at $8,000 on May 31, 2021. Although members can accrue more than $8,000 throughout the plan year, any balances over $8,000 will be reduced to the $8,000 cap on May 31, 2021.

**CURRENTLY ON THE CONSUMER DRIVEN HEALTH PLAN?**

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.

**HRA Process**

**Who is Via Benefits**

**How to Prepare**

**Enrollment & Eligibility**

**Medicare Basics**

**PEBP Dental Options**

**PEBP HRA Funding**

**Notes**

**FAQ’s**

**Important Information**
HOW THE VIA BENEFITS HRA WORKS

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(s) as defined by IRS Publication 502 available at www.irs.gov.

Eligible retirees enrolled in TRICARE for Life with Medicare Parts A+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.
HOW THE VIA BENEFITS HRA WORKS

The following information is intended to give you a quick overview of the reimbursement processes associated with your Via Benefits Heath Reimbursement Arrangement (HRA).

1. Select a qualified individual medical plan through Via Benefits.

2. PEBP will work with Via Benefits to automatically establish your Exchange HRA once you have enrolled in a qualified medical plan through Via Benefits.

3. You pay your insurance premium directly to your insurance carrier and pay for any other eligible expenses out of pocket (copays, prescriptions, etc.).

4. Submit your reimbursement claim to Via Benefits via mail, fax or web. You may also set up automatic reimbursement for certain premiums.

5. Via Benefits reimburses you from your available HRA balance. You will either receive a live check or direct deposit into your designated bank account.

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 with Medicare Parts A+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). Initial reimbursements can take between 8-12 weeks to be received.
### 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 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.

### 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.
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. Here are answers to some of their most frequently-asked questions.

### Frequently Asked Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will my new plan be as good as my current plan?</td>
<td>Via Benefits works with the top national and regional insurance companies to ensure that you will have quality individual plans. 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.</td>
</tr>
<tr>
<td>What can I expect to pay for my new plan?</td>
<td>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.</td>
</tr>
<tr>
<td>Do I need an appointment to enroll in plans through Via Benefits?</td>
<td>An appointment is encouraged but not necessary to enroll. Please call Via Benefits at 1-844-287-9945 to set up an appointment to enroll in medical/pharmacy plans. Please have the following with you during your call: Medicare card, check book, list of medications, list of your doctors.</td>
</tr>
</tbody>
</table>
| How will I request reimbursement for my eligible medical expenses?        | You will request reimbursement from Via Benefits — not PEBP and not through the insurance carrier. Participants can request reimbursement the following ways:  
  1. Set up auto reimbursement through Via Benefits.  
  2. Submit the claim online through your Via Benefits Personal Profile.  
  3. Mail or fax a paper claim form to Via Benefits. |
| 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. |
| 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. |
| Will PEBP offer a dental or vision plan, or do I need to select the plans through Via Benefits? | Via Benefits does offer vision and dental plans; however, Medicare-eligible retirees and their eligible dependents will also have the option to enroll or stay enrolled in the PEBP voluntary dental. They will also have the option to purchase additional voluntary products through their E-PEBP Portal. |
| Will I have to pay for my new health plan when I enroll?                 | When you enroll in your new plan, you will need to begin making monthly premium payments to the insurance company to maintain your coverage. You may need to pay your first month’s premium(s) during your enrollment call or shortly after enrolling in new coverage. To speed up your call to enroll, have your payment information ready when you contact us. |
**IMPORTANT INFORMATION**

Newly retiring? Contact the Social Security Administration 60-90 days prior to your retirement in order to enroll in Medicare Parts A (as eligible) purchase Medicare Part B. Be sure to have the effective date correlate with your retirement date.

Retirees who are eligible to retain coverage under the PEBP Consumer Driven Health Plan (PPO), Premier Plan (EPO), or Health Plan of Nevada (HMO) and who have Part B coverage will receive a Part B premium credit of $135.50. 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.

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.

If you are not eligible for a Years of Service subsidy or need to view the unsubsidized rates for Plan Year 2021 click here, or log on to your E-PEBP Portal, to review the State/Non-State Retiree and Survivor rates for Non-Medicare Retirees.

*This document is not intended to cover every option detail. Complete details are in the legal documents, contracts, and administrative policies that govern benefit operation and administration.*
**SUMMARY OF PY21 CHANGES**

**Medicare Exchange**
Medicare Exchange HRA balances will be capped at $8,000 on May 31, 2021. Although members can accrue more than $8,000 throughout the plan year, any balances over $8,000 will be reduced to the $8,000 cap on May 31, 2021.

**COVID-19 Diagnostic Testing and Testing Related Visit**
If your provider orders COVID-19 testing, or formulary medications for the treatment of a confirmed COVID-19 diagnosis the Plan will provide coverage at 100% of the Plan’s maximum allowable charge with no cost sharing to the participant.

For more information about these plan changes please view the Master Plan Documents.
## Contacts and Resources

<table>
<thead>
<tr>
<th>Service</th>
<th>Resource or Vendor</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Eligibility</td>
<td>Social Security Administration</td>
<td><a href="http://www.ssa.gov">www.ssa.gov</a></td>
<td>1-800-772-1213</td>
</tr>
<tr>
<td>Medicare Services</td>
<td>Centers for Medicare and Medicaid Services (CMS)</td>
<td><a href="http://www.cms.gov">www.cms.gov</a></td>
<td>1-800-633-4227</td>
</tr>
<tr>
<td>General Medicare Questions</td>
<td>Medicare</td>
<td><a href="http://www.medicare.gov">www.medicare.gov</a></td>
<td>1-800-MEDICARE (1-800-699-4819)</td>
</tr>
<tr>
<td>PEBP Dental ID Cards</td>
<td>HealthSCOPE Benefits</td>
<td>Log on to your E-PEBP Portal or call HealthSCOPE</td>
<td>1-888-7NEVADA (1-888-763-8232)</td>
</tr>
<tr>
<td>Find Dental Provider (PEBP Dental Only)</td>
<td>Diversified Dental Services</td>
<td>PO Box 36100, Las Vegas, NV 89133-6100</td>
<td>Customer Service: 1-866-270-8326</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Northern Nevada: 1-866-270-8326</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Southern Nevada: 1-800-249-3538</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Life Insurance</td>
<td>Standard Insurance Company</td>
<td>PO Box 2800, Portland, OR 97208-2800</td>
<td>1-888-288-1270</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Products</td>
<td>Varies – Contact Corestream</td>
<td>Log on to your E-PEBP Portal and click PEBP+</td>
<td>1-855-901-1100</td>
</tr>
<tr>
<td></td>
<td>Carson City and Las Vegas Locations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred Compensation</td>
<td>Nevada Public Employees’ Deferred</td>
<td><a href="http://www.defcomp.nv.gov">www.defcomp.nv.gov</a></td>
<td>1-775-684-3398</td>
</tr>
<tr>
<td></td>
<td>Compensation Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100 N. Stewart St., Suite 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carson City, NV 89701</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Key Terms and Definitions**

**HRA Contribution/Allowance**

Also referred to as a “benefit credit” is the amount of money determined by your years of service that is deposited into your HRA account on a schedule determined by the Plan Administrator. Retired public employees enrolled in a medical plan through the contracted third party administrator may qualify for an HRA contribution based on the date of hire, date of retirement, and total years of service credit earned with each Nevada public employer.

**HRA Contribution Eligibility**

To receive the PEBP HRA contribution, an eligible retiree must obtain and maintain an individual medical insurance policy through the PEBP sponsored Medicare Exchange. In other words, to receive the PEBP HRA contribution amount, the eligible retiree must enroll in and maintain a medical insurance policy through the PEBP sponsored Medicare Exchange. If the eligible retiree does not enroll and maintain medical coverage as described above, the eligible retiree will NOT receive the PEBP HRA contribution amount and will lose their PEBP sponsored benefits entirely including but not limited to life insurance and dental insurance. This policy also applies to eligible retirees who are covered under their spouse’s employer sponsored health plan. **NOTE: Effective July 1, 2015, the policy described under “HRA Contribution Eligibility” does not apply to eligible retirees or their spouses who have health coverage under TRICARE for Life and Medicare Parts A+B. To receive the PEBP HRA contribution, these individuals must submit a copy of their Military ID card(s) to PEBP. PEBP will coordinate their enrollment with the third party Medicare HRA administrator.**

**Health Reimbursement Arrangement (HRA)**

A Health Reimbursement Arrangement (HRA) is an employee-funded spending account that provides tax-free reimbursement for qualified medical expenses such as monthly insurance premiums, Medicare Part B premiums and copays incurred by eligible participants. If the retiree leaves the plan, they cannot take remaining HRA funds with them. Via Benefits will administer the HRA, and will provide education to the participant on how to use the account and complete the reimbursement process.

**Medicare Part D**

Prescription drug coverage subsidized by the federal government but is offered only by private companies contracted with Medicare such as HMOs and PPOs.

**Medicare Advantage Plans**

An insurance plan provided by a private insurance carrier that combines coverage for hospital costs, doctor visits and other medical services. Prescription drug coverage is typically included. These plans have lower premiums, but higher costs when individuals access health care. Individuals must be enrolled in Medicare Parts A+B to be eligible for a Medicare Advantage plan.

**Medigap (Medicare Supplement) plan**

A private health insurance that supplements or fills in the “gaps” where Medicare Parts A+B leave an individual uncovered. Medigap plans do not have networks. They typically have higher monthly premiums, but little to no out-of-pocket costs. A separate Part D drug plan needs to be selected for prescription coverage.

**Qualified Medical Expenses**

These are expenses generated by the participants that can be submitted for reimbursement from a retiree’s HRA; including medical, prescription, dental and vision premiums, Medicare Part B premiums, and doctor and prescription copays. The IRS defines qualifying expenses.

**Via Benefits (Individual Market Medicare Exchange)**

The Third Party Administrator PEBP has chosen to administer the Medicare Exchange benefits and HRA. Via Benefits is the longest and oldest Medicare Exchange in the country and is a division of Willis Towers Watson, a 100-year-old benefits consulting firm.

**Years of Service**

Years of service as calculated pursuant to NAC 287.485 and maintained in the eligibility records of PEBP. Retired public employees enrolled in a medical plan through VIA Benefits may qualify for an HRA contribution based on the date of hire, date of retirement, and total years of service credit earned with each Nevada public employer.

**Unsubsidized Dependent of a Retiree**

An unsubsidized dependent is defined as the eligible spouse/domestic partner and/or eligible dependent(s) of a retiree who remains covered under the Consumer Driven Health Plan (CDHP), HMO Plan or Premier Plan while the primary participant transitions coverage to the Medicare Exchange. Note: Unsubsidized dependents can only be added or removed during Open Enrollment or as a result of a qualifying event.
**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, exclude or treat anyone differently on the basis of race, color, national origin, age, disability, or sex.

The PEBP provides free services to help you communicate effectively with us. We can provide such things as: written information in other formats (large print, audio, accessible electronic formats, other formats) or languages. We can also provide free qualified interpreters, including sign language interpreters.

If you need these services, contact the PEBP Civil Rights Coordinator at 775-684-7020 or memberservices@peb.nv.gov.

If you believe that the 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: memberservices@peb.nv.gov. 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/smartscreen/main.jsf](https://ocrportal.hhs.gov/ocr/smartscreen/main.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 | 1-800-537-7697 (TDD)
DISCRIMINATION IS AGAINST THE LAW

The Public Employees’ Benefit Program Nondiscrimination Statement is located online at: https://pebp.state.nv.us/wp-content/uploads/2020/04/Non-Discrimination-Notice-April-2020-2.pdf

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. Tunawag 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 1-800-326-5496 (TTY: 1-800-545-8279)

Illegible text that cannot be transcribed accurately.
LEGAL NOTICES

This document is for informational purposes only. Any discrepancies between the information contained in this guide and the Plan Year 2021 Master Plan Document(s), HMO Evidence of Coverage Certificates, Medicare Exchange Health Reimbursement Arrangement Summary Plan Description or the 2021 Medicare & You handbook shall be superseded by the plans’ official documents.

Please log on to your E-PEBP Portal to find the PEBP 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 through your E-PEBP Portal. You may also request a copy of the HIPAA Privacy Notice or any other document by sending a secure message through your E-PEBP Portal or calling PEBP Member Services at 775-684-7000 or 1-800-326-5496.

VIA BENEFITS

Contents ©2004–2020 Extend Health, Inc. All Rights Reserved. The information offered on our website and provided in this mailing is believed to be true and correct. Extend Insurance Services, LLC* is Extend Health, Inc.’s licensed insurance agency. Extend Insurance Services, LLC is a Utah resident insurance agency (Utah License No. 104741) and licensed as a nonresident 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.
If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askesa.dol.gov](http://www.askesa.dol.gov) or call 1-866-444-EBSA (3272).

To find out if you live in a state that is eligible to assist you in paying for your employer health plan premiums please view the Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP) or visit [www.healthcare.gov](http://www.healthcare.gov).

**Premium Assistance and CHIP Continued ➔**
**PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP)**

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa) 1-866-444-3272


**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.
THANK YOU FOR LETTING US SERVE YOU!

This document is subject to change without notice. PEBP does not warrant that the material contained in this guide is error-free. If you find any problems with this guide, please report them to PEBP.

PEBP reserves the right to terminate, suspend, withdraw, or modify the benefits described in this document, in whole or in part, at any time. No statement in this or any other document, and no oral representation, should be construed as a waiver of this right.

This is not a legal document. Please refer to Plan Year 2021 Master Plan Document(s), HMO Evidence of Coverage Certificates, Medicare Exchange Health Reimbursement Arrangement Summary Plan Description or the 2021 Medicare & You handbook for detailed information.

If there should ever be any differences between the summaries in this guide and any legal documents, contracts, and policies, the document, contracts, and policies will be the final authority.

Updated 5/8/2020
Public Employees’ Benefits Program
901 S. Stewart St. Suite 1001
Carson City, NV 89701

Log on to your E-PEBP Portal to Contact Us!
775-684-7000 or 1-800-326-5496
www.pebp.state.nv.us