



3rd Quarter – Plan Year 2021

Quarterly Newsletter

February 2021

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Plan Year 22 (Beginning July 1, 2021) Updates

Typically, the PEBP Board meets every November to discuss and vote on plan design for the upcoming plan year. Last November agencies across the state, including PEBP, were facing 12% budget reserve requirements. The PEBP Board had very difficult decisions to make, but ultimately voted on and approved plan design that met the budgetary requirements for FY22/23. Fortunately, the Economic Forum presented more favorable news than expected, which provided some relief as the Governor developed his recommended budget.

The good news is that in addition to the elimination of furloughs, the Governor’s recommended budget (illustrated in the Gov Rec column in the table below) was successful in minimizing the impact to state employees through the preservation of medical benefits and stable premiums. Recognizing how vital access to health care is, the Governor’s budget ensures out-of-pocket expenses that could create barriers to accessing care are kept low.

PEBP is also excited to be able to add a third plan option for members to select from. The new Low Deductible Plan is a middle tier option that allows members to access many benefits, such as doctor’s office visits, urgent care, and Rx for the cost of a copay. Other services are subject to a low deductible.


Despite being able to minimize negative impacts to medical benefits, it was necessary to make cuts elsewhere in order to meet budgetary requirements. The Long-Term Disability benefit was eliminated, life insurance levels were reduced for both active and retired members, and the Medicare retiree HRA contribution was also lowered.

What happens next?

Similar to other departments, the PEBP budget is presented to legislative committees during the legislative session. The legislature is ultimately responsible for approving the budget and may make adjustments before it is finalized - which typically occurs in April.

Please view the following page for PY22 plan design and an example of rates.

Check out our [Calendar of Events](#) page for the schedule of upcoming Board Meetings, agendas, and supporting documents



Plan Year 22 Plan Design

	CDHP			New Low Ded PPO w/ copay			EPO/HMO		
	Current	12%	Gov Rec	Current	12%	Gov Rec	Current	12%	Gov Rec
Deductible (Individual w/in Family)	\$1,500/\$3,000 (\$2,800)	\$2,000/\$4,000 (\$2,850)	\$1,750/\$3,500 (\$2,800)		\$1000/\$2,000 (\$1000)	\$500/\$1,000 (\$500)	\$0	\$500/\$1,000 (\$500)	\$150/\$300 (\$150)
OOP Max (Individual w/in Family)	\$3,900/\$7,800 (\$6,850)	\$6,000/\$12,000 (\$6,000)	\$5,000/\$10,000 (\$6,850)		\$6,000/\$12,000 (\$6,000)	\$5,000/\$10,000 (\$5,000)	\$7,150/\$14,300 (\$7,150)	\$6,000/\$12,000 (\$6,000)	\$5,000/\$10,000 (\$5,000)
Coinsurance	20%	20%	20%		20%	20%	N/A	20%	20%
Primary Care Visit	20% after ded.	20% after ded.	20% after ded.		\$30	\$30	\$20	\$25	\$25
Specialist Visit	20% after ded.	20% after ded.	20% after ded.		\$50	\$50	\$40	\$40	\$40
ER visit	20% after ded.	20% after ded.	20% after ded.		\$750	\$750	\$500	\$750 after ded.	\$750
UC Visit	20% after ded.	20% after ded.	20% after ded.		\$80	\$80	\$30	\$50	\$50
Inpatient Hospital	20% after ded.	20% after ded.	20% after ded.		20% after ded.	20% after ded.	\$500	\$750 after ded.	\$750
Outpatient Surgery	20% after ded.	20% after ded.	20% after ded.		\$500	\$500	\$350	\$350	\$350
Rx Generic	20% after ded.	20% after ded.	20% after ded.		\$10	\$10	\$10	\$10	\$10
Rx Formulary	20% after ded.	20% after ded.	20% after ded.		\$40	\$40	\$40	\$40	\$40
Rx Non-formulary	20% after ded.	20% after ded.	20% after ded.		\$75	\$75	\$75	\$75	\$75
Rx Specialty	20% after ded.	20% after ded.	20% after ded.		30% after ded.	30% after ded.	20%	30% after ded.	30% after ded.
All other services	20% after ded.	20% after ded.	20% after ded.		20% after ded.	20% after ded.	Varies	20% after ded.	20% after ded.
HSA employer contribution	\$700 + \$200/dep	\$300	\$600		N/A	N/A	N/A	N/A	N/A
Approximate EE only Rate	\$43.94	\$66.27	\$46.72		\$105.91	\$66.19	\$171.05	\$171.48	\$139.63
Approximate E+S Rate	\$227.16	\$282.29	\$258.22		\$361.56	\$297.16	\$517.57	\$492.69	\$444.05
Approximate E+C Rate	\$117.80	\$160.27	\$146.63		\$214.77	\$173.40	\$343.23	\$304.92	\$274.39
Approximate E+F Rate	\$301.01	\$335.21	\$304.73		\$429.35	\$350.97	\$689.74	\$585.06	\$525.41
				*Rates are being shown for illustrative purposes only. Rates will not be finalized until March when actuaries have sufficient experience and utilization to model from.					
	Current	12%	Gov Rec						
Basic Life Insurance	\$25k/\$12,500	\$10k/\$5k	\$15k/\$7,500						
Long Term Disability	60% benefit	50% benefit	Eliminated						
Medicare HRA Contribution	\$13 per YOS	\$11 per YOS	\$11 per YOS						

Express Scripts Website Enhancements

With a goal of keeping members “in the know” Express Scripts has made recent updates to their site, express-scripts.com. There is a new Prior Authorization (PA) status page that allows members to view:

- Approval/Denial decisions along with

approval date range if applicable

- The medication name, quantity, case ID number
- The step in which the PA is in process
- Ability to expand and view additional details about each case

There have also been some changes to the Find a Pharmacy page located under the ‘Prescriptions’ drop-down menu. The updated features include:

- Indicator of pharmacy dispensing vaccines and compounds
- Filter criteria specific to members needs

- Long-term medication pharmacies
- To view these enhancements you can access the Express Scripts site on your [portal](#).



Changes to PEBP and Via Benefits HRA Cap

On May 31st, 2021, your HRA balance through Via Benefits will be capped at \$8,000. This means any amount over \$8,000 on May 31st will be rescinded to reflect a \$8,000 balance. For example, if you have \$10,000 in your

HRA on May 30th, on May 31st your HRA balance will be \$8,000 and the \$2,000 will revert to the state.

If you have less than \$8,000 the balance in your HRA account will

not be affected. You may keep HRA funds in your account up to \$8,000. Please click [here](#) to view the HRA cap notification.

If you have any questions regarding how to submit a claim request please call

Via Benefits toll free at 1-888-598-7545 Monday through Friday 5:00am to 6:00pm Pacific Time.



Planning on Retiring?

If you wish to continue coverage as a retiree **you must re-enroll in PEBP coverage within 60 days of retirement.** Retirement is a qualifying life event which allows you to change your medical plan and add or remove dependents outside of the open enrollment period.

To enroll you must complete the Retiree Benefit Enrollment and

Change Form (RBECE) and Years of Service Form (YOS). These forms will be mailed to you once your agency notifies PEBP of your retirement. You may also access the forms online under Plan → [Retiring Before Age 65](#) and [Retiring After Age 65](#) → Helpful Links. If you don't receive these forms within 30 days of your retirement and would like them mailed to you, please log into your



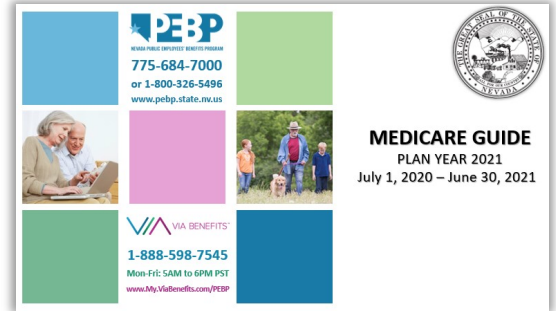
Tax Season is Coming

You may be receiving different tax documents in the mail. Here is a quick guide explaining the purpose of some of those documents and who will be sending them to you. This is not an all inclusive list and if you have any further questions, please contact your tax consultant or a tax advisor.

Document	Sent By	Purpose
W2	Your employer	Reports income paid and taxes withheld
1099-SA	HealthSCOPE	Reports distributions from your HSA account for CDHP members
1095-B*	<ul style="list-style-type: none"> PEBP to CDHP and EPO Retirees/COBRA HPN to HMO** Retirees/COBRA 	Proof of health insurance coverage for members and dependent(s) on your plan
1095-C*	<ul style="list-style-type: none"> PEBP to Active CDHP and EPO Employees HPN to Active HMO** Employees 	Proof of health insurance coverage for members and dependent(s) on your plan

*These forms are **not required** to file your taxes. They should be kept for your records.

**Health Plan of Nevada HMO members will receive tax documents from their insurance plans.



[E-PEBP Portal](#) and send a secure message or call Member Services at 775-684-7000, **option #2 .**

PEBP no longer requires the original forms to be mailed. You can scan the front and back of the form and email it to memberservices@peb.nv.gov or mail it to the address listed on the form.

If you are approaching your 65th birthday or over the age of 65 and retiring you must enroll in

premium-free Medicare Part A (if eligible) and purchase Part B coverage. There are different steps you must follow. Please refer to the following links for more details: [step-by-step guide](#), [PEBP and Medicare Guide](#), and [Via Benefits Presentation](#). **IMPORTANT:** Active employees over the age of 65 do not need to enroll in Medicare until retired.



What is the Process When a Member Passes Away

When a member passes away a family member or friend will need to call PEBP Member Services at 775-684-7000, option #2. PEBP will then ask for a copy of the certified death certificate (CDC), and your contact information.

The reporting party will also need to notify PERS at 775-687-4200, if applicable. If the member was on the Exchange plan the reporting party will need to contact Via Benefits at 1-888-598-7545.

If PEBP is notified of the members passing from PERS, VIA Benefits, an agency representative, or The Standard then PEBP will attempt to call the phone numbers listed on the account. So be sure your demographic and

contact information is correct! Once PEBP receives the CDC, the claim will be filed with The Standard and then a payout will be made if there is a life insurance policy on file.

Updating Beneficiaries

As your life changes, it's important to make sure you update your beneficiaries on all of your accounts. On PEBP's site under What's New there is an easy to follow guide on [How to Add or Change a Beneficiary](#).

PEBP refers to a members beneficiaries for payout to be made if a member passes away and there is a life insurance policy.

Check today! Sign on to your [E-PEBP Portal](#) to view your beneficiaries.



Primary beneficiary

The person(s) who will receive the asset or money when you die



Contingent beneficiary

The person(s) who will receive the asset or money only if all primary beneficiaries are deceased

Pre-Medicare Informational Meetings



We are excited to announce that PEBP is going to resume the weekly Pre-Medicare informational sessions. These will be virtual meetings held on Zoom. The meeting will focus on

the step-by-step process for how to transition to the Medicare Exchange. There will also be an opportunity for participants to have their questions answered by PEBP staff.

These meetings will occur every Tuesday with alternating times of 10:00am-11:00 am and 2:00pm-3:00pm. Visit the [Calendar of Events](#) page to register.

Via Benefits and PEBP Webinars

Pre-Medicare/Aging Into Medicare

[March 22nd from 9:30 am - 11:00 am](#)

[March 23rd from 12:00 pm - 1:30 pm](#)

Via Benefits HRA/

Medicare Open Enrollment

[March 22nd from 12:00 pm - 1:30 pm](#)

[March 23rd from 2:00 pm - 3:30 pm](#)

PEBP and Via Benefits will host a series of informational webinars on March 22nd and March 23rd for Pre-Medicare and Medicare retirees. If you plan to attend you **MUST** register. Click [here](#) for more information.

REMINDER: Our office is currently not open to walk-ins. If you have questions please call Member Services at 775-684-7000, or send a secure message through your E-PEBP portal.