OPEN ENROLLMENT
Plan Year 2022

SOUTHERN NEVADA
AND OUT OF STATE

775-684-7000
or 1-800-326-5496
www.pebp.state.nv.us
Today’s Topics

- What is the Public Employees’ Benefits Program (PEBP)?
- Overview of Open Enrollment
- Who is Eligible
- Enrollment Process
- Summary of Changes
- Medical Plan Options
- Express Scripts
- Contact Information
Public Employees’ Benefits Program

Administers healthcare benefits for State employees, approved non-state agencies and retirees

PEBP insures approximately 71,000 total lives
44,000 Primary Participants
27,000 Covered Dependents

Accessing Information:
- Member Services
- PEBP Website
- E-PEBP Portal
- Newsletters

Overseen by a Board of Directors appointed through the Governor
The information in this presentation contains general plan benefits and may not include additional provisions or exclusions. For more in-depth plan benefits, please refer to each Master Plan Document.
Open Enrollment: May 1 – 31, 2021

Complete all changes online through the E-PEBP Portal

All changes made during Open Enrollment will be effective July 1, 2021

Participants are **NOT** required to do anything if they wish to remain on the same plan and coverage tier:
- Participant Only
- Participant + Spouse or DP
- Participant + Child(ren)
- Participant + Family

Options during open enrollment
- Decline coverage
- Modify HSA Contributions
- Change health plan option
- Add or delete dependent(s)
- Switch from HRA to HSA or vice versa
- Designate HSA or basic life beneficiaries
- Enroll or decline voluntary benefits
Who is Eligible for Coverage?

Legal Spouse or Domestic Partner
If not eligible for group coverage through their own employer*

*Significantly Inferior exception may apply

Children/Stepchildren (Birth to Age 26)
May be covered from birth through the last day of the month the child reaches age 26

Disabled Dependent Child
A child of any age with a disability incapable of self-support

Children under Legal Guardianship
• Children under permanent legal guardianship to age 19
• To continue coverage after 19 (to age 26), the child must be:
  o Unmarried
  o Reside with participant
  o Full-time student
  o Claimed on tax return

Legal Spouse or Domestic Partner
If not eligible for group coverage through their own employer*

*Significantly Inferior exception may apply

Children/Stepchildren (Birth to Age 26)
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  o Unmarried
  o Reside with participant
  o Full-time student
  o Claimed on tax return
Required Supporting Documents

Upload required documents into your E-PEBP Portal by June 1st, 2021

Spouse

• Copy of certified marriage certificate
• Social Security Number

Domestic Partner

• Copy of Certified Domestic Partner Certification
• Social Security Number

Children

• Copy of certified birth certificate and SSN and as applicable:
  o **Stepchild:** Copy of marriage certificate/domestic partner certificate
  o **Disabled child over age 26:** Certification of Disabled Dependent Child and verification child has had continuous health insurance since age 26
  o **Permanent legal guardianship:** Copy of legal guardianship papers signed by a judge
Completing Enrollment

You must enroll or decline coverage online
Click Login to get to the E-PEBP Portal
Welcome!

The E-PEBP Portal allows you to access and manage your core benefits. Once logged in, you are only a click away from your enrollment, eligibility, medical, prescription drug, dental and wellness benefits.

Please log in using your PEBP Participant ID or SSN and password. You can locate your participant ID on either your HealthSCOPE Benefits medical or dental card (with no preceding or trailing zeros. For example if your Participant ID is 0012345600 please enter 123456).

PEBP PARTICIPANT ID OR SSN

Password

Login
Forgot Your Password

Your initial password is your eight-digit date of birth followed by the last four of your social (mmddyyyyyssss).
Your participant ID is the number that appears in the middle of your PEBP member ID card, without any of the preceding zeros, in most cases.
• Review Current Benefits
• Complete Qualifying Life Events
• Enroll in Voluntary Products
How To Decline Coverage

- **HPN - Health Plan of Nevada**
  - $144.18 per month
  - **Select**
  - **Learn More**

- **Low Deductible PPO Plan**
  - $64.27 per month
  - **Select**
  - **Learn More**

- **PEBP Premier Plan**
  - $144.18 per month
  - **Select**
  - **Learn More**

- **Decline coverage**
  - $0.00 per month
  - **Select**
  - **Learn More**
E-PEBP Portal Features

- Send a Secure Message
- Elect Beneficiaries
- Compare Health Plans
- Upload Documents
- Enroll in Voluntary Products
Send a Secure Message

To avoid longer than normal hold times, please send a secure message through your E-PEBP portal or view open enrollment information online.

Have a question regarding billing, eligibility, plan benefits, address change or any inquiries regarding your PEBP benefits please send a secure message through your E-PEBP portal.
Summary of Changes
## Upcoming Changes

### Basic Life Insurance
Currently active employees enrolled in PEBP coverage receive $25,000 and eligible retirees receive $12,500. Effective PY22 active employees enrolled in PEBP coverage will receive $15,000 and eligible retirees will receive $7,500.

### Plan Design
There are significant plan design changes to all plans. Including rates, deductibles, out-of-pocket maximums, copays, and coinsurance. To view in depth changes please review the applicable Master Plan Document(s) or the Plan Comparison chart on PEBP’s website, [pebp.state.nv.us](http://pebp.state.nv.us).

### Affects All Plans

<table>
<thead>
<tr>
<th><strong>Long-Term Disability Benefit</strong></th>
<th>The Long-Term Disability (LTD) benefit will be eliminated. There will be voluntary LTD options beginning January 1, 2022.</th>
</tr>
</thead>
</table>
Effective July 1, 2021 the Consumer Driven Health Plan (CDHP-PPO) networks, Hometown Health and Sierra Health-Care Options, are being replaced with the Aetna Signature Administrators network.

This change may affect whether your current provider remains in-network. As a member you are responsible for confirming with your provider(s), prior to receiving services, that the provider is a contracted Aetna provider. Although this change may impact other providers, this will have the most significant impact on those members utilizing Southwest Medical Associates (SMA).

Effective July 1st, 2021 routine lab service coverage is not provided for outpatient hospital-based lab testing. With exception to pre-admission testing seven days prior to an admission, emergency room, or urgent care. Laboratory outpatient services are only covered when ordered by a physician or health care practitioner. For routine lab services please use a free-standing (non-hospital based) laboratory such as Lab Corp, Quest or other in-network free-standing facilities. In northern Nevada, free-standing Renown labs will be covered, but hospital outpatient Renown labs will not be covered.
CDHP-PPO and LD-PPO Changes

PEBP is implementing a mandatory Smart 90 network through Express Scripts (ESI) starting July 1, 2021. Your maintenance medications must be filled at a Smart 90 participating pharmacy, which includes Express Scripts mail order and most major retail pharmacies. With the exceptions of CVS and Walgreens, which are excluded from this network. To find a participating pharmacy use the Find a Provider tool on https://pebp.state.nv.us.

The Express Advantage Network improves drug pricing on 30-day prescriptions using a Smart 90 participating pharmacy, including Express Scripts mail order and most major retail pharmacies. With the exceptions of CVS and Walgreens, which are excluded from this network. Additionally, members have the option to continue to fill their prescription at a non-participating pharmacy by paying an additional $10 to the price of their medication.

Did you know, that you can receive monetary rewards by accessing the Healthcare Bluebook site? In order to qualify for a reward, you’ll be required to search for your procedure at healthcarebluebook.com prior to having your service done and use a Fair Price facility for your care.
What’s New

**Consumer Driven Health Plan**
Preferred Provider Organization (Statewide/Nationwide CDHP-PPO)

- HSA/HRA contribution of $600 per participant if effective 7/1, otherwise a prorated amount is given
- No additional HSA/HRA funds for dependents
- New Aetna Signature Administrators network
- Removal of Long-Term Disability benefit
- 30-Day Express Advantage Network
- In-Network laboratory change
- Reduction to Life Insurance

**New Low Deductible PPO Plan**
Preferred Provider Organization (Statewide/Nationwide LD-PPO)

- Does not include any HSA or HRA funding. You **cannot** contribute to an already established HSA
- New Aetna Signature Administrators network
- Mandatory Smart 90 pharmacy network
- Removal of Long-Term Disability benefit
- 30-Day Express Advantage Network
- In-Network laboratory change
- Reduction to Life Insurance

**Health Plan of Nevada**
Health Maintenance Organization (Southern Nevada HPN-HMO)

- Tier 4 prescriptions are subject to a deductible
- Removal of Long-Term Disability benefit
- Reduction to Life Insurance

Please note, basic life insurance amounts are being reduced to $15,000 for active employees and $7,500 for eligible retirees, regardless of which plan you are enrolled in.
Medical Plan Options and Rates
Medical Plan Options

Consumer Driven Health Plan Preferred Provider Organization (CDHP-PPO)
- Available Nationwide
- Comes with a:
  - Health Savings Account (HSA); or
  - Health Reimbursement Arrangement (HRA)

Low Deductible Plan (LD-PPO)
- Available Nationwide
- No HSA or HRA contribution

Health Plan of Nevada Health Maintenance Organization (Southern Nevada HMO)
- Available in Clark, Esmeralda, and Nye counties
If you decline coverage, you are not eligible for any of these benefits.
Domestic Partner rates are deducted on a post-tax basis.

Rates Effective July 1, 2021 – June 30, 2022

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Consumer Driven Health Plan (CDHP-PPO)</th>
<th>Low Deductible Plan (LD-PPO)</th>
<th>Health Plan of Nevada (HPN-HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$44.63</td>
<td>$64.27</td>
<td>$144.18</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$240.77</td>
<td>$280.05</td>
<td>$439.87</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$118.18</td>
<td>$145.19</td>
<td>$255.06</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$314.33</td>
<td>$360.98</td>
<td>$550.77</td>
</tr>
</tbody>
</table>
# Retiree Monthly Premium Cost

## Retiree Coverage for Employees Initially Hired Before January 1, 2010

Retirees initial hire date will determine their eligibility for benefits.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initially Hired Before January 1, 2010</td>
<td>Use subsidy charts to calculate monthly premium</td>
</tr>
</tbody>
</table>

## Retiree Coverage for Employees Initially Hired On January 1, 2010 – December 31, 2011

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initially Hired On January 1, 2010 – December 31, 2011</td>
<td>Must have at least 15 years of service or retire under a long term-disability plan</td>
</tr>
</tbody>
</table>

## Retiree Coverage for Employees Initially Hired On January 1, 2012 or After

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initially Hired On January 1, 2012 or After</td>
<td>May participate but will not qualify for a subsidy or Exchange HRA</td>
</tr>
</tbody>
</table>

**NOTE:** Your hire date is considered the date which you began working for a PEBP participating employer. Many employers may participate in PERS, but do not participate in PEBP.

For unsubsidized rates please view the PY22 State and Non-State Retiree rates at [pebp.state.nv.us](http://pebp.state.nv.us) under Plans → Getting to Know Your Plan → Plan Rates.
### Retiree Monthly Premium Cost

<table>
<thead>
<tr>
<th></th>
<th>Consumer Driven Health Plan (CDHP-PPO)</th>
<th>Low Deductible Plan (LD-PPO)</th>
<th>Health Plan of Nevada (HPN-HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retiree Only</strong></td>
<td>$234.28</td>
<td>$253.92</td>
<td>$333.83</td>
</tr>
<tr>
<td><strong>Retiree + Spouse/DP</strong></td>
<td>$570.97</td>
<td>$610.25</td>
<td>$770.07</td>
</tr>
<tr>
<td><strong>Retiree + Child(ren)</strong></td>
<td>$360.54</td>
<td>$387.55</td>
<td>$497.42</td>
</tr>
<tr>
<td><strong>Retiree + Family</strong></td>
<td>$697.23</td>
<td>$743.88</td>
<td>$933.67</td>
</tr>
</tbody>
</table>

### Subsidy for Retirees Enrolled in the CDHP-PPO/LD-PPO/HMO Plan

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>+353.63</td>
</tr>
<tr>
<td>6</td>
<td>+318.26</td>
</tr>
<tr>
<td>7</td>
<td>+282.90</td>
</tr>
<tr>
<td>8</td>
<td>+247.54</td>
</tr>
<tr>
<td>9</td>
<td>+212.18</td>
</tr>
<tr>
<td>10</td>
<td>+176.81</td>
</tr>
<tr>
<td>11</td>
<td>+141.45</td>
</tr>
<tr>
<td>12</td>
<td>+106.09</td>
</tr>
<tr>
<td>13</td>
<td>+70.73</td>
</tr>
<tr>
<td>14</td>
<td>+35.36</td>
</tr>
<tr>
<td>15 (base)</td>
<td>-</td>
</tr>
<tr>
<td>16</td>
<td>-35.36</td>
</tr>
<tr>
<td>17</td>
<td>-70.73</td>
</tr>
<tr>
<td>18</td>
<td>-106.09</td>
</tr>
<tr>
<td>19</td>
<td>-141.45</td>
</tr>
<tr>
<td>20</td>
<td>-176.81</td>
</tr>
</tbody>
</table>
Plan Design

Consumer Driven Health Plan (CDHP-PPO)
Low Deductible Plan (LD-PPO)
Health Plan of Nevada (HPN-HMO)
Key Terms

**Deductible**
The annual amount you pay before your plan starts to pay.

**Copay**
A flat $ amount you pay for covered services like doctor visits.

**Coinsurance**
After your deductible is met, you share responsibility for payments with the insurance company. You pay a %, and PEBP pays a %.

**Out-of-Pocket Maximum (OPM)**
The most you pay during a plan year (July 1st – June 30th) before your health insurance begins to pay 100% of the allowed amount.

**Premium**
The amount you pay to obtain a health insurance plan. Most members premiums are automatically deducted from their paycheck. Premiums are separate from your deductible, copay, coinsurance and OPM.
Coinsurance is the percentage of costs that is generally paid by both the participant and the plan for eligible medical expenses after the deductible is met.

**Member pays 100% until the deductible* is met**

- **CDHP-PPO Deductible:** $1,750 Individual, $3,500 Family
- **LD-PPO Deductible:** $500 Individual, $1,000 Family
- **HPN-HMO Deductible:** N/A with exception to Tier 4 prescription drug coverage

**Member pays 20% until out of pocket max is met**

- **CDHP-PPO OOP Maximum:** $5,000 Individual, $10,000 Family
- **LD-PPO OOP Max:** $5,000 Individual, $10,000 Family
- **HPN-HMO OOP Max:** $5,000 Individual, $10,000 Family

**Plan pays 100%**

** of eligible medical expenses

To view out-of-network coverage, please view the plan comparison chart and the applicable Master Plan Document.
# Medical Benefits Overview

<table>
<thead>
<tr>
<th>Service Areas</th>
<th>CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)</th>
<th>LOW DEDUCTIBLE PLAN (LD-PPO)</th>
<th>HEALTH PLAN OF NEVADA (HPN-HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network</td>
<td>Global</td>
<td>Global</td>
<td>Southern Nevada Urgent and Emergent</td>
</tr>
<tr>
<td>Out-of-Network</td>
<td>Global</td>
<td>Global</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>$1,750 Individual</td>
<td>$500 Individual</td>
<td>N/A</td>
</tr>
<tr>
<td>(medical and prescription combined)</td>
<td>$3,500 Family / $2,800 Individual Family Member</td>
<td>$1,000 Family / $500 Individual Family Member</td>
<td>With exception of Tier 4 for prescription drug coverage, see prescription overview</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td>$5,000 Individual / $10,000 Family / $6,850 Individual Family Member</td>
<td>$5,000 Individual / $10,000 Family / $5,000 Individual Family Member</td>
<td>$5,000 Individual / $10,000 Family / $5,000 Individual Family Member</td>
</tr>
<tr>
<td><strong>Base HSA/HRA PEBP Contribution</strong></td>
<td>Primary Participant: $600 (Effective 7/1 – prorated thereafter)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>(Effective 7/1 – prorated thereafter)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Coinsurance</strong></td>
<td>20% after Deductible</td>
<td>20% after Deductible</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Primary Care Office Visit</strong></td>
<td>20% after Deductible</td>
<td>$30 Copay</td>
<td>$25 Copay</td>
</tr>
<tr>
<td><strong>Specialist Care Office Visit</strong></td>
<td>20% after Deductible</td>
<td>$50 Copay</td>
<td>$25 copay with a referral $40 without a referral</td>
</tr>
<tr>
<td>(No Referral Required)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care Visit</strong></td>
<td>20% after Deductible</td>
<td>$80 Copay</td>
<td>$50 Copay</td>
</tr>
<tr>
<td><strong>ER Visit</strong></td>
<td>20% after Deductible</td>
<td>$750 Copay</td>
<td>$750 Copay</td>
</tr>
</tbody>
</table>
## Prescription Benefits Overview

<table>
<thead>
<tr>
<th>RETAIL PRESCRIPTION DRUG BENEFITS</th>
<th>CONSUMER DRIVEN HEALTH PLAN (CDHP - PPO)</th>
<th>LOW DEDUCTIBLE PLAN (LD-PPO)</th>
<th>HEALTH PLAN OF NEVADA (HPN-HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Generic</td>
<td>20% after Deductible</td>
<td>$10 Copay 30-day</td>
<td>$10 Copay 30-day retail</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$20 Copay 90-day retail/mail</td>
<td>$25 Copay 90-day mail</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20% after Deductible</td>
<td>$40 Copay 30-day</td>
<td>$40 copay 30-day retail</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$80 Copay 90-day retail/mail</td>
<td>$100 copay 90-day mail</td>
</tr>
<tr>
<td>Non-Preferred/Non-Formulary Brand</td>
<td>N/A</td>
<td>$75 Copay 30-day</td>
<td>$75 copay 30-day retail</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150 Copay 90-day retail/mail</td>
<td>$187.50 copay 90-day mail</td>
</tr>
<tr>
<td>Specialty</td>
<td>20% after Deductible (30-day mail only)</td>
<td>30% after Deductible (30-day mail only)</td>
<td>30% after Deductible (30-day mail only)</td>
</tr>
<tr>
<td>ACA Preventive Medications</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>CDHP-PPO Preventive Medications</td>
<td>20% Coinsurance Not subject to Deductible</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Required Smart90 Pharmacy (90-Day Medications)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
# Vision Benefits Overview

<table>
<thead>
<tr>
<th>Vision Plan Design Features</th>
<th>Consumer Driven Health Plan (CDHP - PPO)</th>
<th>Low Deductible Plan (LD-PPO)</th>
<th>Health Plan of Nevada (HPN-HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Network</td>
<td>PEBP does not maintain a network specific to vision care</td>
<td>PEBP does not maintain a network specific to vision care</td>
<td>EyeMed</td>
</tr>
</tbody>
</table>
| Vision Exam (limited to one exam per Plan Year, per covered individual) | $25 copay  
Maximum Benefit of $95 Subject to Usual & Customary Limits | $10 copay  
Maximum Benefit of $100 Subject to Usual & Customary Limits | $10 copay  
Maximum Benefit of $100 every 12 months |
| Lenses                      | Not Covered                               | $10 copay every 24 months (Maximum Benefit of $100) | $10 copay every 12 months (subject to limitations) |
| Frames                      | Not Covered                               |                              | $100 maximum allowance every 24 months |
| Contact Lenses (in lieu of lenses and frames) | Not Covered                               | $10 copay every 24 months  
Maximum Benefit of $100 | $10 copay every 12 months  
Maximum Benefit of $250 (subject to limitations) |

To view more in-depth plan benefits as well as out-of-network coverage, please log on to your E-PEBP Portal and refer to the applicable Master Plan Document.
# Dental Benefits Overview

## CDHP-PPO, LD-PPO, and HPN-HMO Participants

<table>
<thead>
<tr>
<th>BENEFIT CATEGORY</th>
<th>In-Network</th>
<th>Out-of-Network**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Plan Year Maximum</td>
<td>$1,500 per person</td>
<td>$1,500 per person</td>
</tr>
<tr>
<td>(applies to basic and major services)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Year Deductible</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>(applies to basic and major services only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services*</td>
<td>• Covered 100%</td>
<td>• Covered 80%</td>
</tr>
<tr>
<td>Routine cleanings (4/plan year)</td>
<td>• Not subject to deductible</td>
<td>• Not subject to deductible</td>
</tr>
<tr>
<td>Exams, bitewing X-rays (2/plan year)</td>
<td>• Does not apply towards individual plan year max</td>
<td>• Does not apply towards individual plan year max</td>
</tr>
<tr>
<td>Basic Services*</td>
<td>You pay 20% coinsurance after deductible is met</td>
<td>You pay 50% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Periodontal, fillings, extractions, root canals, full-mouth X-rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services*</td>
<td>You pay 50% coinsurance after deductible is met</td>
<td>You pay 50% coinsurance after deductible is met</td>
</tr>
<tr>
<td>Bridges, crowns, dentures, tooth implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia (adults and children)</td>
<td>Not Covered— See <a href="#">FSA</a> section for orthodontia options</td>
<td>Not Covered— See <a href="#">FSA</a> section for orthodontia options</td>
</tr>
</tbody>
</table>

*Allowable fee schedule applies

**The plan will reimburse at the U&C rates for participants in the Las Vegas area using an out-of-network provider within the in-network service area; OR For services received out-of-network, outside of Nevada.
CDHP-PPO HSA/HRA
Health Savings Account

- Tax-free contributions from PEBP
- Not everyone is eligible
- Optional employee contributions
- If you terminate coverage*, the money will stay with you
- Funds grow on a tax-deferred basis and remain tax-free
- Funds can be used on tax dependents
- There is an annual maximum contribution limit

*Terminating coverage includes leaving the CDHP-PPO (by declining coverage or switching plans) or by leaving state service
HSA Eligibility

To be eligible to **establish and contribute** to an HSA on a pre-tax basis, employees must meet the following criteria:

- You are an **active employee** covered under the Consumer Driven Health Plan
- You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA, etc.) unless the coverage is also an IRS qualified high deductible health plan
- You or your spouse cannot be enrolled in a Medical Flexible Spending Account or HRA
- You cannot be claimed on someone else's tax return (excludes joint returns)
- PEBP + Employee contribution limit
- Family is defined as two or more covered individuals on your plan
- $1,000 Catch-up contribution limit for employees age 55 or older
- Funds are regulated by the IRS

NOTE: The HSA calendar year is from January to December

<table>
<thead>
<tr>
<th></th>
<th>INDIVIDUAL</th>
<th>FAMILY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit</td>
<td>$3,600</td>
<td>$7,200</td>
</tr>
</tbody>
</table>
Health Reimbursement Arrangement

Tax-free contributions from PEBP

- For employees who are ineligible for the HSA
- Participant cannot make contributions
- PEBP owned and funded
- Funds can be used on tax dependents
- Regulated by the IRS. Must keep receipts
- If you terminate coverage*, the money will revert to the State

*Terminating coverage includes leaving the CDHP-PPO (by declining coverage or switching plans) or by leaving state service
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thinking about switching from the CDHP-PPO HRA to the LD-PPO plan?</td>
<td>There are no HSA or HRA accounts on the LD-PPO plan. If you currently have an HSA the money will stay with you and you can continue to use your HSA funds, but you will no longer be able to make contributions. If you have an HRA, your funds will revert to the state. This also applies if you switch to the HPN-HMO plan.</td>
</tr>
<tr>
<td>Does the LD-PPO plan come with an HSA or HRA?</td>
<td>The LD-PPO plan does not come with an HSA or HRA but you can have a FSA. If you currently have an HSA you can continue to use those funds to pay for eligible health care expenses.</td>
</tr>
<tr>
<td>How much will I receive from the state for my CDHP-PPO HSA/HRA?</td>
<td>Participants will receive $600 and there are no additional funds for dependents.</td>
</tr>
<tr>
<td>I am currently enrolled in the CDHP-PPO with an HRA, when I transition to Via Benefits, what happens to the balance of CDHP-PPO HRA dollars?</td>
<td>If a member is on the CDHP-PPO and has an HRA, their HRA funds revert to the state when they transition over to Via Benefits.</td>
</tr>
</tbody>
</table>
Flexible Spending Accounts
# Flexible Spending Accounts

<table>
<thead>
<tr>
<th>Who is Eligible</th>
<th>Health Care FSA</th>
<th>Limited Purpose FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fulltime active state employees covered under the CDHP-PPO, LD-PPO, or HPN-HMO plans. Non-state and NSHE employees are ineligible for the PEBP sponsored FSA, but may be eligible through a similar program offered by their employer.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Examples of Covered Expenses</th>
<th>Health Care FSA</th>
<th>Limited Purpose FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified medical, dental and vision expenses such as:</td>
<td>Chiropractor</td>
<td>Vision exams</td>
<td>Preschool expenses</td>
</tr>
<tr>
<td>• Chiropractor</td>
<td>• Glasses</td>
<td>• LASIK surgery</td>
<td>• Nursery school expenses</td>
</tr>
<tr>
<td>• Glasses</td>
<td>• Contact lenses</td>
<td>• Glasses</td>
<td>• Child care in your home</td>
</tr>
<tr>
<td>• Contact lenses</td>
<td>• Orthodontia</td>
<td>• Contact lenses</td>
<td>• Licensed home child care</td>
</tr>
<tr>
<td>• Orthodontia</td>
<td>• Copays</td>
<td>• Dental services</td>
<td></td>
</tr>
<tr>
<td>• Copays</td>
<td></td>
<td>• Orthodontia</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IRS Annual Allowed Maximum Calendar Year Contribution</th>
<th>$2,750</th>
<th>$2,750</th>
<th>$5,000 per household ($2,500 if married - filing separate)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Can you have an HSA</th>
<th>No</th>
<th>Yes</th>
<th>Yes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do funds roll over from year to year</th>
<th>Carry over up to $550. Funds in excess of $550 will be forfeited.</th>
<th>Carry over up to $550. Funds in excess of $550 will be forfeited.</th>
<th>No carry over. All excess funds will be forfeited.</th>
</tr>
</thead>
</table>

Enrollment is not automatic. You have to re-enroll each year if you want to participate in a Flexible Spending Account and pay a $3.15 per month administration fee.
Resources on PEBP’s Website
In-Network Providers

Find a Provider

Select the tab below that corresponds with the coverage you are trying to access service from and then use the links to find in-network providers:

- Consumer Driven Health Plan (PPO)
- Premier Plan (EPO)
- Health Plan of Nevada (HMO)

In order to receive the best health care possible and minimize your out-of-pocket expenses, you should access services from an in-network health care provider whenever possible. If your provider is not currently participating with the PEBP Statewide Network and is interested in becoming a contracted provider, please click here to fill out a nomination form.

Consumer Driven Health Plan

As a CDHP participant, you can use the links below to take you to the appropriate provider directory based on your location. From there, you will be able to search a list of in-network providers including pharmacy and dental providers and locations.
Getting to Know Your Plan

https://pebp.state.nv.us

PLAN YEAR 2022

To review plan options, dependent eligibility, years of service subsidy and premium cost under the Consumer Driven Health Plan (PPO), Low Deductible PPO Plan (LD-PPO), Premier Plan (EPO), or Health Plan of Nevada (HMO), view the Benefit Guide.

View the Plan Comparison
View the Monthly Premium Rates
View the Qualifying Life Event Guide
Additional Services
Some of the conditions that can be treated:

- Cold & Flu
- Asthma & Allergies
- Bronchitis & Sinus Issues
- Rashes & Skin Issues
- Eye Issues

Prescriptions* sent directly to your pharmacy of choice.

*Excluding narcotics
Member uses Healthcare Bluebook (within 12 months of service)

In order to qualify for a reward, you’ll be required to search for your procedure in HCBB prior to having your service done and use a Fair Price facility for your care.

Member uses a “Green” provider

Healthcare Bluebook validates use of low-cost provider in claims data

Healthcare Bluebook delivers the reward via mailed check

- Compares quality and costs of medical services
- App available on smartphone, tablet, or computer
- Provides incentives for selecting high quality low cost in-network providers

Available on the CDHP-PPO and LD-PPO. Company Code: PEBP
<table>
<thead>
<tr>
<th>Outpatient Procedure</th>
<th>Las Vegas Reward Amount</th>
<th>Reno Reward Amount</th>
<th>Elko Reward Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Density Scan</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Breast Biopsy</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Carpal Tunnel Surgery</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Cataract Surgery</td>
<td>$0</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>$25</td>
<td>$0</td>
<td>$75</td>
</tr>
<tr>
<td>Complex Ear Drum Repair</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>CTs</td>
<td>$0</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Diagnostic Mammogram</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Ear Tube Placement</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Heart Perfusion Imaging</td>
<td>$0</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Hysteroscopy</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Lithotripsy</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>MRIs</td>
<td>$25</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Nasal Surgery</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Non-Obstetric Ultrasound</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Obstetric Ultrasound</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>OP Elbow Surgery</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>OP Hip Surgery</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>OP Knee Surgery</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>OP Shoulder Surgery</td>
<td>$150</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Removal of Adenoids</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Repair Finger Tendon</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Screening Mammogram</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Sleep Study</td>
<td>$0</td>
<td>$0</td>
<td>$75</td>
</tr>
<tr>
<td>Tonsillectomy</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Upper GI Endoscopy</td>
<td>$50</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>X-Ray</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Login to your E-PEBP portal and access the HCBB single sign on feature to register and begin your search. Or call HCBB customer service for questions 1-800-341-0504.
State of NV PEBP employees, retirees, and their eligible dependents enrolled in PEBP's Consumer Driven Health Plan (CDHP-PPO) or Low-Deductible PPO (LD-PPO) have an exclusive membership to 2nd MD. 2nd MD is a virtual expert consultation and medical navigation service that is provided at NO COST.

2nd MD connects you with the leading specialists in their respective fields to answer questions, like:

• “Do I have the right diagnosis?”
• “Am I getting the best treatment for my medical condition?”
• “Is this surgery or procedure the best option for me?”
• “Is the medicine I’m taking right for me?”

Connect with 2nd MD’s Care Team:
• Call: 1.866.269.3534
• Visit: www.2nd.MD/pebp
• Download the 2nd.MD App
Voluntary Products

Not Administered by PEBP
### PEBP+ Voluntary Benefits

To enroll in voluntary benefits click PEBP+ on the E-PEBP portal. For Voluntary Life Insurance or Short-Term Disability select *Enroll/Make Changes* to your plan.

<table>
<thead>
<tr>
<th>Voluntary Products</th>
<th>Open Enrollment or Qualifying Life Event</th>
<th>Anytime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Insurance</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Buy-Up Vision Plan</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Critical Illness Plan</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Hospital Indemnity Plan</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Legal Plan</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Auto, Home, and Renters Insurance</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Pet Insurance</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Short Term Disability</td>
<td>X</td>
<td>Anytime</td>
</tr>
<tr>
<td>Voluntary Life Insurance</td>
<td>X</td>
<td>Anytime</td>
</tr>
</tbody>
</table>

Participants and eligible dependents do not need to be enrolled in a medical plan to enroll in voluntary products.
Other Opportunities
Offered by other state agencies
The EAP provides support, resources, and information for personal and work related issues. Services are confidential and provided at no charge for you or qualifying dependents.

**TOLL FREE: 1-888-319-8282 | www.eaphelplink.com  Company Code: nevada**
What is your NDC Account designed to do?

• The Nevada Deferred Compensation Program (NDC) is a voluntary retirement savings program designed to:
  • Supplement your pension (PERS)
  • Can reduce current income taxes you pay now while you are typically in the highest tax bracket you will most likely ever be in, and making the most money you will typically make in your life.
  • Allows you to potentially lower your overall tax liability for the year, allowing for the potential of an increased tax return as well.

775-684-3397
http://defcomp.nv.gov/
Pharmacy. Smarter.

Nevada Public Employees’ Benefits Program
Plan Year: July, 2021 – June, 2022
Partnered with Express Scripts

83 Million Members

60,000 Pharmacies Nationwide
Your plan covers a broad range of medications that fall into three categories:

**First tier:**
- Generic drugs

**Second tier:**
- Plan-preferred brand-name drugs

**Third tier:**
- Non-preferred brand-name drugs

Note: CDHP-PPO participants will pay 100% of the preferred contracted rate for these drugs.

**Excluded:** drugs that are not covered under your benefit

Your plan encourages you to choose plan-preferred generic and brand medications.
Using Your Member ID Card at a Participating Retail Pharmacy

• A retail pharmacy is a perfect choice for medications to treat an acute or temporary condition, such as antibiotics for an infection
• Short-term medications may be filled for up to a 30 days’ supply
• NEW Effective 7/1/21:
  • Select retail pharmacies are part of a preferred Express Advantage Network (EAN). Use a preferred pharmacy for lower copays and to maximize your pharmacy benefit.
  • You may still use a non-preferred (non-EAN) pharmacy, but you will pay a $10 surcharge for each short-term prescriptions. **Note: the $10 surcharge does not apply towards your deductible and/or out-of-pocket maximum.**

Example
An LD-PPO plan participant may choose to fill their short-term generic drug at a preferred retail pharmacy for a $10 copay (which will apply towards the out-of-pocket maximum) or may choose to fill at a non-preferred pharmacy for a total cost of $20 ($10 copay + $10 surcharge) where $10 will apply toward the out-of-pocket maximum.
Express Advantage Network

- For short-term prescriptions
- Includes up to 46,000 preferred locations
- Network Anchor: Walmart and Rite Aid
- Letters will be mailed out by June 1 to those plan participants found to be using a non-preferred retail pharmacy

To locate a participating retail pharmacy

- NEW MEMBERS (prior to July 1): Select “Locate a Pharmacy” under your plan option at www.express-scripts.com/NVPEBP
- CURRENT MEMBERS: Log in to Express-Scripts.com, select “Prescriptions” and click “Find a Pharmacy”
- Or call Express Scripts Member Services (24 hours a day, 7 days a week)
Smart90 Retail Program

- Retail pharmacy option for long-term (maintenance) medications
- Continuing program for CDHP-PPO plan participants
- Added program, effective 7/1/21 for LD-PPO benefit plans
- Letters will be mailed out by June 1 to participants who need to move their 90-day supply prescription to a participating Smart90 maintenance retail pharmacy

Long-Term (Maintenance) Medications must be filled at either a participating Smart90 retail pharmacy or through Express Scripts home delivery pharmacy.
To locate the nearest participating Smart90 retail pharmacy:

Prior to July 1:  
Express-Scripts.com/NVPEBP

Starting July 1:  
Express-Scripts.com

Locate a pharmacy

Enter ZIP Code or City, State:  
Locate Pharmacy

Show pharmacies starting with the letter:
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SAVE MART PHARMACY #552
3620 N CARSON ST
CARSON CITY, NV – 89706-0000
775–841–4430
Preferred pharmacy: You may get up to a one month supply.
Smart90 Standard: Yes - 90 day supply: Yes
Dispenses a maintenance supply: Yes
Get directions

SMITH'S FOOD AND DRUG #392
2200 US HIGHWAY 50 E
DAYTON, NV – 89403–7352
775–246–0920
Preferred pharmacy: You may get up to a one month supply.
Smart90 Standard: Yes - 90 day supply: Yes
Dispenses a maintenance supply: Yes
Get directions

Enter ZIP Code or City, State (example: New York, NY):

Below are the network pharmacies in MILWAUKEE, WI 53211

FAMILY PHARMACY
3512 OAKLAND AVE
MILWAUKEE, WI 53211-0000
414–332–9300
Dispenses a maintenance supply: Yes

SMART90 PHARMACY #1
1 ADDRESS 1
SHOREWOOD, WI 53211-2356
414–961–2001
Dispenses a maintenance supply: Yes

SMART90 PHARMACY #2
1 ADDRESS 1
MILWAUKEE, WI 53211-3238
414–332–1901
Dispenses a maintenance supply: Yes

Dispenses a maintenance supply: No

Get directions
Using Home Delivery Services from the Express Scripts Pharmacy™

- Good option for long-term medications
- Convenience - Saving a trip to the retail pharmacy
- Automatic refills and renewals
- 24/7 pharmacist access from the comfort and privacy of your own home
- Secure packaging that ensures your privacy
- Free and safe delivery of your medicine
- You can refill, renew and track your order using the mobile app or online at express-scripts.com
- It’s easy to start: Express Scripts will contact your doctor for you to get your new prescription delivered right away!
Getting Started With Home Delivery From the Express Scripts Pharmacy

Ask your doctor to write up to a 90-day prescription, with refills for up to one year as appropriate

- **Option 1:** Ask your doctor to send your prescription to Express Scripts via electronic-prescribing or fax
  - Prescriptions are processed and delivered within 5 to 8 calendar days (after receipt of your prescription)

- **Option 2:** Mail in your prescription
  - Print a mail-order form
  - Mail prescription and completed order form to the Express Scripts Pharmacy
  - First-time orders will usually be delivered within 8 to 11 calendar days after we receive your order

Tip
Mail-order forms can be printed from www.express-scripts.com
Prescription Drug Plans

Your prescription drug benefit is based upon the core benefit package selected:

1. Consumer Driven Health Plan (CDHP-PPO)
2. Low Deductible PPO Plan (LD-PPO)
# Consumer Driven Health Plan (CDHP-PPO)

Your plan’s drug coverage

<table>
<thead>
<tr>
<th>Plan Year 2022 In-Network Pharmacy Benefits</th>
<th>Express Advantage Network (EAN) Pharmacies* (up to a 30-Day Supply)</th>
<th>Smart90 Retail Pharmacies (90-Day Supply)</th>
<th>Home Delivery from Express Scripts® Pharmacy (90-Day Supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Medications</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Preferred Brand-Name Medications</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Nonpreferred Brand-Name Medications</td>
<td>You pay 100%; Deductible and Out-of-Pocket Maximum credit is not applied</td>
<td>You pay 100%; Deductible and Out-of-Pocket Maximum credit is not applied</td>
<td>You pay 100%; Deductible and Out-of-Pocket Maximum credit is not applied</td>
</tr>
<tr>
<td>Specialty Medications via Accredo, an Express Scripts Specialty Pharmacy</td>
<td>N/A</td>
<td>N/A</td>
<td>20% coinsurance (up to a 30-day Supply)</td>
</tr>
</tbody>
</table>

*If you use a non-EAN pharmacy, you’ll pay an extra $10 per short-term prescription.

### Plan Year 2022 In-Network Specialty Pharmacy Benefits

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$1,750</td>
<td>$3,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual Deductible $2,800</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual OOP Cap $6,850</td>
</tr>
</tbody>
</table>
CDHP-PPO Preventive Medication Benefit

- In addition to eligible medications covered under the plan’s wellness benefit (at $0 member cost in accordance with the Affordable Care Act), your plan is offering a number of additional preventive medications for just a coinsurance payment
  - 20% coinsurance, bypass plan deductible
  - Excluded: Brand drugs with generic equivalents, diabetes medications
  - Example: Asthma/COPD, Diuretics, High Blood Pressure, Cholesterol Lowering

- To locate a list of commonly prescribed preventive medications:
  - Prior to July 1: Visit [www.express-scripts.com/NVPEBP](http://www.express-scripts.com/NVPEBP)
  - Starting July 1: Log in at [www.express-scripts.com](http://www.express-scripts.com) (link located on bottom of home page under “Benefit and account notifications”) or visit PEBP’s website at [www.pebp.state.nv.us](http://www.pebp.state.nv.us)
Low Deductible (LD-PPO) Plan
Your plan’s drug coverage

### Plan Year 2022
#### In-Network Pharmacy Benefits

<table>
<thead>
<tr>
<th></th>
<th>Express Advantage Network (EAN) Pharmacies* (up to a 30-Day Supply)</th>
<th>Smart90 Retail Pharmacies (90-Day Supply)</th>
<th>Home Delivery from Express Scripts® Pharmacy (90-Day Supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Medications</td>
<td>$10 copay</td>
<td>$20 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td>Preferred Brand-Name Medications</td>
<td>$40 copay</td>
<td>$80 copay</td>
<td>$80 copay</td>
</tr>
<tr>
<td>Nonpreferred Brand-Name Medications</td>
<td>$75 copay**</td>
<td>$150 copay**</td>
<td>$150 copay**</td>
</tr>
<tr>
<td>Specialty Medications via Accredo, an Express Scripts Specialty Pharmacy</td>
<td>N/A</td>
<td>N/A</td>
<td>30% coinsurance (up to a 30-Day Supply)</td>
</tr>
</tbody>
</table>

Copayments do not apply to the deductible, but do apply to the out-of-pocket (OOP) maximum.

*If you use a non-EAN pharmacy, you'll pay an extra $10 per short-term prescription.

### Plan Year 2022
#### In-Network Specialty Pharmacy Benefits

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible*</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

*Deductible applies to specialty medications. Deductible dollars apply to the out-of-pocket (OOP) maximum.
CDHP-PPO Disease Management Programs

- Members can enroll in the Diabetes Care Management and/or Obesity and Overweight Care Management program by contacting PEBP’s claims administrator listed in the Participant Contact Guide
- Plan preferred medications follow program-specific copayment structure
  - Not subject to the plan year deductible. Applies to the annual out-of-pocket maximum.
  - Express Scripts home delivery pharmacy or participating retail pharmacies
  - Retail fills greater than 30-day supply will charge 3x program 30-day supply copayment
- Diabetic Supplies (ex: test strips, syringes, alcohol pads, lancets)
  - Mail order service through Express Scripts pharmacy only (up to 90-day supply)
  - $50 maximum copay applies to each diabetic supply item. If cost is less than $50, patient will pay the cost of the supply.
- Diabetes Participants are eligible for one blood glucose monitor/meter per year at $0 copayment. Insulin pump supplies only covered under medical plan.
CDHP-PPO & LD-PPO Disease Management Program

• Members can enroll in the Obesity and Overweight Care Management program by contacting PEBP’s claims administrator listed in the Participant Contact Guide

• Plan preferred medications follow program-specific copayment structure
  • Applies to the annual out-of-pocket maximum.
  • Express Scripts home delivery pharmacy or participating retail pharmacies
  • Retail fills greater than 30-day supply will charge 3x program 30-day supply copayment

• Refer to your Participant Contact Guide for program retail and home delivery copayment structure
Making the Best Use of Your Benefit
Ask your doctor if a generic medication will work for you

• When you receive a prescription from your doctor, or if you are taking brand-name drugs today, ask
  • If a generic version of the medication is available
  • If generic medications are right for you
  • If there are any risks if you change from a brand-name drug to a generic drug
• Generics have the same chemical makeup as brand-name counterparts and have the same effect on the body
• Makers of generics spend less on research and advertising, and the savings get passed on to you

8 out of 10 prescriptions filled in the United States are for generic drugs
Prior Authorization

- A program that monitors certain prescription drugs to get you the medicine you require while reducing costs.
- It makes sure you’re getting a prescription that is suitable for the intended use and covered by your prescription plan.
- If your pharmacist tells you that your prescription needs a prior authorization (PA), it simply means that more information is needed, to see if your plan covers the drug. Only your physician can provide this information.

To get the PA started:
Please have your physician visit the Express Scripts online portal at esrx.com/PA
Drug Quantity Management

• The right medicine in the right amount

• When you are prescribed certain medicines that are a part of a drug quantity management (DQM) program, Express Scripts will make sure you get it in the amount – or quantity – considered safe and effective by the U.S. Food & Drug Administration (FDA)

• You get the right amounts for good health and the health of your family

• There is nothing that you need to do differently – when you submit a prescription for a medicine in a DQM program, you’ll get the recommended amount – which should last until it’s time for a refill
Accredo Specialty Pharmacy

14 Areas of focus, including:

- Hepatitis C
- Oncology
- Multiple Sclerosis

Unique clinical protocols maximize safety, effectiveness and affordability

One-on-one counseling from specialty pharmacists and nurses
Have a question about a medication? Give us a call

Each specialist pharmacist has had specialized training in the medications used to treat a specific condition, such as:

- High cholesterol
- High blood pressure
- Depression
- Diabetes
- Asthma
- Osteoporosis
- Cancer

You can contact a pharmacist 24/7 to ask about:

- Drug interactions
- Side effects
- Risks and benefits of your medication
- Help taking your medication as prescribed — which is one of the best ways to help maintain or improve your health

Talk with an Express Scripts pharmacist for general counseling — or a specialist pharmacist for complex concerns — by calling the number on the back of your prescription drug ID card

855-889-7708
Helpful Tools Available to You
Open Enrollment Website
www.express-scripts.com/NVPEBP

Get to know your Express Scripts pharmacy benefits

Just like your medical plan covers visits to your doctor, your Express Scripts prescription plan covers the medication your doctor prescribes.

We’re the largest independent pharmacy benefit manager (PBM) and one of the biggest pharmacies in the U.S. We serve more than 65 million people.

If you have questions about your prescription plan while using this website during your Open Enrollment period, plan information is also available on the E-PEBP portal at www.pebp.state.nv.us and in the Benefit’s Master Plan Document (MPD). You can also contact Express Scripts at 855.889.7708.

Learn more about Express Scripts

We’re partnering with PEBP - Nevada Public Employees’ Benefits Program to manage your pharmacy benefits.

Explore your plan options.

- CDHP Plan – Individual Coverage
- CDHP Plan – Family Coverage
- Premier (EPO) Plan
- Low Deductible PPO Plan

Express Scripts Home | Log in to Express Scripts | Terms of Use | Privacy

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Open Enrollment Website
www.express-scripts.com/NVPEBP

• Access your Benefits Overview
• Review a listing of the most commonly prescribed drugs, representing an abbreviated version of your plan’s preferred drug list (formulary)
• Price a Medication to receive an approximate cost under your plan selection
  • CDHP-PPO participants may choose to view copayment results “before” or “after” plan deductible is satisfied
• Locate a participating retail pharmacy

If you have questions about your prescription plan while using this website, call Member Services at 855.889.7708
Express Scripts Registration

Use express-scripts.com and the Express Scripts mobile app to manage your medications and prescription benefit plan.

There are two easy ways to register:

- Register using your member ID number or Social Security Number (SSN)
- One user name and password is all you need for web and mobile app access
Manage your prescriptions online 24/7

- Check order status with tracking
- Refill a prescription
- Enroll in automatic refills
- Find ways to save money
- Transfer a prescription from a retail pharmacy to home delivery
- View claims, balances and prescription history
- Receive online alerts if there’s a prescription-related safety issue
On the go through the Express Scripts Mobile App

**Convenience**
- Easy-order refills and up-to-the-minute order status

**Simplicity**
- One swipe of the finger is all it takes to stay on track with medicines

**Peace of Mind**
- Reminders and a drug interaction checker

**Versatility**
- Delivering personalized prescription information – *whenever & wherever* you need it
Express Scripts: We’re here for you

• NEW MEMBERS:
  Visit the Express Scripts Open Enrollment website at Express-Scripts.com/NVPEBP

• EXISTING MEMBERS:
  Register at Express-Scripts.com, using the information on your member ID card

• Download the Express Scripts mobile app from your app store to manage your medicines anywhere, anytime

• Call the Member Services number on the back of your member ID card: 855-889-7708
Thank you
# Medical Benefit Snapshot

<table>
<thead>
<tr>
<th>Service</th>
<th>HPN HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider Visit</td>
<td>$25</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>$25 (with a referral)</td>
</tr>
<tr>
<td></td>
<td>$40 (without a referral)</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$50</td>
</tr>
<tr>
<td>NowClinic® Virtual Visit</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency Room Visit</td>
<td>$750 per visit waived if admitted</td>
</tr>
<tr>
<td>Hospital Admission</td>
<td>$750 per admission</td>
</tr>
<tr>
<td>Outpatient Hospital Facility Services</td>
<td>$50 per surgery @ ambulatory facility</td>
</tr>
<tr>
<td>Diagnostic X-ray and Lab</td>
<td>$0</td>
</tr>
<tr>
<td>Pharmacy Tiers 1-4</td>
<td>$10/$40/$75/30%</td>
</tr>
<tr>
<td></td>
<td>$150 individual/$300 family</td>
</tr>
<tr>
<td></td>
<td>deductible for Tier IV (Specialty)</td>
</tr>
</tbody>
</table>

Form Nos. 17H_KN_SOL_HMO_5_SON, 17H_KN_SOL_HMO_25_DA_SON, 17H_KA_4T_RX74075_40SP_2_5X, 17H_KA_4T_RX255075_40SP_2_5X. These Plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Evidence of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.
Medical Student and Travel Coverage

Care While at School or Traveling:

- **Student coverage** is available for eligible dependents enrolled in an accredited college, university or vocational school anywhere in the United States.

- **Travel coverage** is available for members and their dependents for certain covered services while traveling for business or pleasure in the United States.
### Vision Benefit Snapshot

<table>
<thead>
<tr>
<th>Vision Plan</th>
<th>Plan Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examination</strong></td>
<td><strong>$10</strong></td>
</tr>
<tr>
<td>(one during 12 consecutive months)</td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td><strong>$10</strong></td>
</tr>
<tr>
<td>(one pair during 12 consecutive months)</td>
<td></td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td><strong>$100</strong> maximum allowance</td>
</tr>
<tr>
<td>(one pair during any 24 consecutive months)</td>
<td></td>
</tr>
<tr>
<td><strong>Medically Necessary Contact Lenses</strong></td>
<td><strong>$250</strong> maximum allowance</td>
</tr>
<tr>
<td>(one pair during any 12 consecutive months, in lieu of lenses and frames)</td>
<td></td>
</tr>
<tr>
<td><strong>Elective Contact Lenses</strong></td>
<td><strong>$115</strong> maximum allowance</td>
</tr>
<tr>
<td>(one pair during any 12 consecutive months, in lieu of lenses and frames)</td>
<td></td>
</tr>
</tbody>
</table>
Service Highlights
Resources, Programs and Updates
Member ID Card

What’s Important!

- Always carry your ID card with you! It contains copays and costs on the front of it.
- Questions about care, symptoms or scheduling? Call our 24/7 advice nurse.
- Benefits and claims questions? Call Member Services.
24/7 Advice Nurse

Health care advice. Just a phone call away.

Get health care advice at no additional cost to you.

If you’re unsure about your condition, our 24/7 advice nurse may be able to help. Our nurse is available to answer questions, provide self-care advice and help you decide whether to seek care, or schedule an appointment with your provider.

Call 1-800-288-2264
(This number is listed on the back of your ID card)

Virtual Visits  Urgent Care  Emergency room  Schedule an appointment with your provider  Provide self-care advice
Real Appeal

Follow simple steps to help you transform and get the tools you need to make it happen. Real Appeal® is an online weight loss program customized to what works for you.

**STEP 01**

**STEP 02**
Get your free success kit with food and weight scales, recipes, workout DVDs and more – shipped to your door.

**STEP 03**
Schedule weekly online group sessions with your transformation coach.

**STEP 04**
Download the [Real Appeal app](#) and track your progress.
NowClinic® Virtual Visits

Secure video chat with a provider from your computer or mobile device for a $0 copay.

No appointment needed to get care for non life-threatening and non-urgent medical conditions, such as:

- Allergies
- Bladder infection
- Bronchitis
- Pink eye
- Sinus infections
- Viral illnesses

Appointment required for consultations, follow up care or meetings scheduled by providers, including:

- Behavioral health
- Specialties
- Health education
- Case management

Enroll and get care! Download the NowClinic app or go to NowClinic.com and sign up. Visit your health plan’s website to learn how to schedule an appointment and get information on same-day medication delivery using NowClinic.
Southwest Medical

Over 450+ providers and 45 locations delivering care across Southern Nevada!

Innovative On Demand Care
- 6 urgent care locations - one is 24-hour with a close observation unit and infusion center
- 7 convenient care locations
- NowClinic virtual visits and E-visits

2 Ambulatory Surgery Centers
- Surgery services include: Gastroenterology, Cardiology, Pain Management, Orthopedics, Podiatry, General Surgery, Dental Surgery, Ear, Nose and Throat, General Eye, Gynecology, etc.

17 Specialty Departments
- Allergy, Endocrinology, Hospice, Orthopedics, Pharmacy and Home Medical Equip, Rheumatology, Breast Care, Gastroenterology, Neurology, Pain Management, Podiatry, Urology, Cardiology, Home Health, Oncology, Palliative Care, Pulmonology.

State of the Art Cancer Center
- 55,000 square foot Cancer Center located in Las Vegas Medical District with 7 satellite locations
Network/Plan Highlights

HCA Healthcare Sunrise Health System facilities added to HPN network in 2020:

- 17 CareNow urgent care facilities
- Sunrise Hospital and Medical Center, Sunrise Children’s Hospital, MountainView Hospital, and Southern Hills Hospital and Medical Center
- Four surgery centers

On-demand healthcare at home available to HPN members

MyHPN app is now available in your app store
Urgent Care House Call

Quick. Efficient. Affordable. Urgent care house calls can treat most things urgent care centers can for the same cost. We collaborate with Dispatch Health to provide in-home medical services.

A medical team will visit you in your home to:

- Check symptoms and make sure you are feeling better.
- Review and clarify the medications you’re taking, and prescribe or refill medications if needed.
- Answer questions and keep you informed about your medical condition.
- Provide advanced treatment in the home if required (IV fluids, lab tests, sutures, and much more).

Available 7 days a week 8 a.m. – 10 p.m. Call the 24/7 advice nurse at 1-800-288-2264, to see if an urgent care house call is appropriate for you and set up your appointment.
MyHPN App

Easily manage your health plan information on the go.

**STEP 01**
Search for **MyHPN** in your app store and download the app.

**STEP 02**
Sign in with your One Healthcare ID. First-time users will need to create an account.

**STEP 03**
Save your password with Touch ID or Face ID, if desired.

**STEP 04**
Use the MyHPN app to:
- Find out who is on record as your primary care provider (PCP).
- Talk with an advice nurse. Available 24/7.
- Video chat with a provider 24/7. No appointment needed.
- Search for a doctor, specialist, facility or lab.
- Get step-by-step directions to contracted urgent care, convenient care and hospitals near you.
- View, download, email and save your health plan ID card to your Apple Wallet™.
- See your copay, deductible, and out-of-pocket expenses, if applicable.
- Check the status of a claim, prior authorization or referral.
- Access your health records.*
- Update your contact information and address.
- Select communication preferences.
We’ve got you covered.
Our Health Education and Disease Management teams provide support and resources to help you stay well.
Questions?

Telephone Number: 1-877-545-7378, TYY 711

Website: MyHPNStateofNevada.com
This presentation is available on the Open Enrollment section of the PEBP website.
Questions?

Nicole Pluta, Education and Information Officer
Public Employees’ Benefits Program
901 S. Stewart St. Suite 1001
Carson City, NV 89701

www.pebp.state.nv.us
memberservices@peb.nv.gov
775-684-7000 or 1-800-326-5496

Log on to your E-PEBP Portal to contact us!

Thank You FOR JOINING US!