



4th Quarter – Plan Year 2021

Quarterly Newsletter

Upcoming Plan Year Issue: PY2022 Starts July 1, 2021

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Plan Year 2022 Monthly Premium Rates

State Active Employee's Participant Premiums	CDHP – PPO	LD–PPO	EPO/HMO
Employee Only	\$44.63	\$64.27	\$144.18
Employee + Spouse	\$240.77	\$280.05	\$439.87
Employee + Child(ren)	\$118.18	\$145.19	\$255.06
Employee + Family	\$314.33	\$360.98	\$550.77

Voluntary PEBP Dental Coverage for Medicare Participants*	State Rate	Non-State Rate
Retiree Only	\$49.76	\$42.28
Retiree + Spouse/DP	\$99.52	\$84.56
Surviving/Unsubsidized Spouse/DP	\$49.76	\$42.28

*For active members enrolled in the CDHP, LD-PPO, HMO and EPO plans the dental premium is included in the monthly premium rate. For retiree monthly premium rates please view the [PY22 Monthly Premium Rates](#) on PEBP's website.

For all plan year 2022 documents and for more information please view the PY2022 Monthly Premium Rates, Plan Comparison, Open Enrollment Guide, and Master Plan Documents on pebp.state.nv.us under [Open Enrollment Plan Year 2022](#).

Upcoming Changes to Routine Lab Services

For members on the CDHP-PPO, LD-PPO, and EPO plan, effective July 1, 2021 routine lab services performed at Renown Hospital will no longer be covered under your health insurance plan. Pre-admission testing, ER, and urgent care lab services at Renown will be covered. 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. You may use the Find a Provider tool at <https://pebp.state.nv.us> to search for in-network laboratories.



A c c e s s . Q u a l i t y . A f f o r d a b i l i t y .

Life Insurance and Beneficiary Designation

Active Employee Basic Life Insurance Amount	Retired Member Basic Life Insurance Amount
\$15,000	\$7,500

Basic life insurance amounts for plan year 2022 will be adjusted to \$15,000 for active employees and \$7,500 for retired members effective July 1, 2021. Additional voluntary life insurance can be purchased during open enrollment. Contact The Standard at

1-888-288-1270 for more information.

Eligible members can elect and update beneficiaries for their life insurance and Health Savings Accounts at any time through their E-PEBP portal. To view the step-by-step instructional presentation on how to add

and update your beneficiaries through your E-PEBP portal view the [How to Add or Change Your Beneficiary Guide](#).



HSA/HRA Funding for Plan Year 2022

For plan year 2022, the Consumer Driven Health Plan (CDHP-PPO) is the only plan that offers a Health Savings Account or a Health Reimbursement Arrangement. The new health plan option, the Low Deductible plan (LD-PPO), does **NOT** have a Health Savings Account or a Health Reimbursement Arrangement.

If you choose to elect the new LD-PPO this open enrollment season and were previously on the Consumer Driven Health Plan with a HRA, any remaining funds in your HRA account will

PY 2022	CDHP-PPO	LD-PPO
Base HSA/HRA Funding Effective 7/1	\$600 Primary Participant	N/A

revert to the State on July 1, 2021. If you have an HSA, any remaining funds are yours to keep. You can continue to use your HSA funds while on the LD-PPO plan.

Members who are enrolled on the Consumer Driven Health Plan (CDHP) will be

given \$600 for the upcoming plan year to help cover the cost of eligible healthcare expenses. To see the complete list of eligible expenses visit [the official IRS publication](#).

The funds will be loaded onto your HealthScope Benefits Visa card during the first few weeks of July. If you

have not previously had an account a HealthScope debit card will be mailed to you.

Unsure if you have a HSA or HRA or how much you have in your account? You can learn more by accessing the HealthScope Benefits website by logging into your E-PEBP portal and using the single sign on feature. Or by calling HealthScope Benefits at 1-888-763-8232.



CDHP and EPO Network Change Effective 7/1/2021

Effective July 1, 2021 the Aetna Signature Administrators (ASA) network will replace the Hometown Health and Sierra Health-Care Options networks. The ASA network may include changes to the

network status of hospitals, laboratories, primary care physicians, specialists, and ancillary providers.

Consumer Driven Health Plan (CDHP), Premier Plan (EPO), and Low

Deductible PPO Plan members are encouraged to confirm the ASA network status of provider(s) before receiving health care services beginning July 1, 2021. It is your responsibility to confirm

the network status of a provider before accessing services. To confirm the status of a provider, visit: <http://www.aetna.com/asa>, or contact HealthSCOPE Benefits at 1-888-763-8232 (1-888-7NEVADA).

Open Enrollment is May 1st—31st

PEBP's open enrollment is May 1st through May 31st. Please be sure to review all plan details before making a decision as to which health plan will work best for you. Any changes made during open enrollment will be effective July 1, 2021. To learn more about the upcoming changes for the new plan year, please attend an open enrollment (OE) meeting.

This year you can view and participate in an open enrollment meeting via live webinar.

You must register to attend an OE meeting, with the exception of Medicare Exchange Retirees who do not need to register before joining the meeting. The links to register for the live webinars are available on PEBP's website under [Calendar of Events](#), or by using the links below.

While attendance is not mandatory, there will be some major plan design changes this year, including:

- All Plans: Reduction to Basic Life Insurance, Long-Term Disability Benefit elimination, and changes to plan design.
- New: Low Deductible PPO Plan (LD-PPO)
- CDHP: HSA/HRA contribution changed to \$600 per participant with no additional funds for dependents.
- CDHP-PPO, LD-PPO, and EPO: New Aetna network, in-network laboratory change, 30-day Express Advantage Network, and

mandatory Smart 90 pharmacy network.

- EPO: Now includes a deductible, change to copayment amounts, and coinsurance for some services. In addition, benefits such as lab services and durable medical equipment change from \$0 copayment to 80% after plan year deductible.

For more information about Plan Year 2022 please visit the open enrollment page at pebp.state.nv.us.

PLAN YEAR 2022 Effective 7/1/2021 - OPEN ENROLLMENT MEETINGS

Saturday, May 1, 2021	10:00am—12:00pm	Northern Nevada or Out-of-State Click here to register
Saturday, May 1, 2021	1:00 pm—3:00 pm	Southern Nevada or Out-of-State Click here to register
Monday, May 3, 2021	1:00pm—3:00pm	Northern Nevada or Out-of-State Click here to register
Tuesday May 4, 2021	10:00am—12:00pm	Southern Nevada or Out-of-State Click here to register
Tuesday, May 4, 2021	1:00pm—3:00pm	Southern Nevada or Out-of-State Click here to register
Wednesday May 5, 2021	10:00am—11:00am	Medicare Exchange Retirees Click here to join the meeting

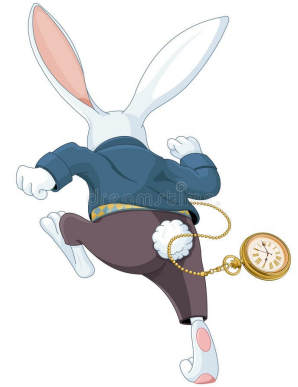
Retiree Late Enrollment

A retired public officer or employee of the State, NSHE, a participating local government, or his or her surviving spouse or domestic partner, may reinstate insurance during the open enrollment period if the retired public officer or employee did not have more than one period during which he or she was not

covered under the PEBP Plan on or after October 1, 2011, or on or after the date of his or her retirement, whichever is later. Meaning, the above individuals will only have one opportunity to rejoin the PEBP Plan following retirement. To enroll as a late enrollee, contact PEBP between April 15th

and May 15th to request the retiree late enrollment form. All retiree late enrollment forms must be completed and submitted to the PEBP office by May 31st. Approved enrollment for reinstated retirees will become effective July 1st. Reinstated retirees are not eligible for basic life

insurance coverage through PEBP.



Preventive Care



A wellness screening is an important first step that creates awareness and knowledge about key health indicators, how to keep them in a healthy range and help you lead an active lifestyle. Wellness screenings encourage optimum member wellness by detecting medical issues before they

become costly major medical issues.

As a PEBP member you and your family are eligible for some important preventive services at no additional cost to you. There is no copayment, co-insurance, or deductible to receive recommended preventive health services, such as:

- Blood pressure, diabetes, and cholesterol tests
- Many cancer screenings
- Counseling on topics such as quitting

smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use

- Regular well-baby and well-child visits, from birth to age 21
 - Routine vaccinations
 - Counseling, screening, and vaccines to ensure healthy pregnancies
 - Flu and pneumonia shots
- To view all of the 63 distinct preventive services [click here](#).

While members are entitled to this benefit the provider is responsible to

bill appropriately. If you schedule a yearly wellness benefit, but come in requesting a diagnosis or focus on a separate matter that does not fall under the wellness benefit, your provider will likely bill the visit accordingly.

Wellness/preventive benefits may be subject to age and frequency guidelines. Refer to the applicable Master Plan Document for details. Eligible wellness/preventive services are covered only when using in-network providers.

Office Closed to the Public



The Public Employee's Benefits Program is continuing to close its doors

to the public. Although you can still contact PEBP by phone, members may receive additional assistance by logging into their E-PEBP Portal and sending a secure message. If you are not a

PEBP member and need assistance you can reach us at memberservices@peb.nv.gov. To retain quality communications with our members, all in person meetings have transitioned to webinar-based meetings.

Please visit our Calendar of Events page at <https://pebp.state.nv.us/events/> to join us virtually for Medicare informational sessions, open enrollment webinars and board meetings.