



Quarterly Newsletter

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PEBP Board Approved COVID-19 Premium Surcharges for PY2023 (Effective July 1, 2022)

On Dec 2, 2021 the PEBP Board approved the implementation of a COVID-19 surcharge on unvaccinated members to cover the increase in costs associated with a higher occurrence of hospitalization/treatment for unvaccinated members and weekly testing requirements for unvaccinated employees. *It is estimated that without the surcharges, premiums would potentially increase for ALL members by an average of \$60 depending on tier and plan.*

Unvaccinated employees/retirees will be assessed a \$55 monthly surcharge and each unvaccinated dependent over age 18 will be assessed a \$175 monthly surcharge. PEBP anticipates the ability to populate vaccination data into member accounts with a tool to upload proof of vaccination through the member portal in the near future.

More information on the COVID premium surcharge and exemption process will be released once details are finalized.

PY 2023 Benefit Design Decisions effective July 1, 2022

Good news! PEBP will be lowering deductibles and out-of-pocket maximums on all plans for Plan Year 2023.

The PEBP Board approved option 2 ([click here for Board Meeting notes](#)) which comes close to restoring deductibles and out-of-pocket maximums to pre-pandemic levels. Since the Board voted to spread the funding over 3 years, the benefits will be fully funded through PY26.

Overview of Plan Year 2023 Changes

	CDHP Current	CDHP PY2023	LD PPO Current	LD PPO PY2023	HMO/EPO Current	HMO/EPO PY2023
Deductible	\$1750/\$3500	\$1500/\$3000	\$500/\$1000	\$0/\$0	\$150/\$300	\$100/\$200
Out-of-pocket Maximum	\$5000/\$10000	\$4000/\$8000	\$5000/\$10000	\$4000/\$8000	\$5000/\$10000	\$5000/\$10000

Other Board Approved Changes

COVID-19 Cost Sharing	Effective March 1, COVID-19 treatment will be subject to cost sharing (deductibles, copays).
COVID Testing	COVID testing conducted for purposes other than diagnostic (employer mandated, travel, social/entertainment purposes) will not be covered. Medically appropriate COVID testing due to symptoms or possible exposure will continue to be covered at 100%.

Myths and Facts about the COVID-19 Vaccine

Myth: The vaccines were developed too quickly and have not had sufficient time to be tested.

Fact: The reality is the paperwork was the rushed part. Viruses related to coronavirus have been studied by scientists for years so much of the research already existed. The mRNA science used in the Pfizer and Moderna vaccines had been used in the study of other diseases such as the flu, Zika and rabies.

Myth: If you have had COVID already, you don't need to get vaccinated.

Fact: It is unclear how long you are protected from the disease after a previous infection. Additionally, new research suggests that COVID-19 vaccines offer better protection than natural immunity.

Myth: The vaccines cause fertility problems or miscarriage.

Fact: There is no evidence that any vaccines, including COVID-19 causes fertility problems in men or women or causes miscarriage.

Myth: The vaccines were manufactured using fetal tissue.

Fact: Existing vaccines for diseases such as chickenpox and rubella are produced using cell lines descended from fetuses aborted decades ago. Fetal cells were not used in the development or production of the COVID vaccines.

Myth: The vaccine doesn't work because vaccinated people still get and spread COVID.

Fact: While those who are vaccinated can still become infected, the severity is much less. According to the CDC, vaccinated individuals are 8 times less likely to get COVID-19, and 25 times less likely to be hospitalized or die. In PEBP, we have seen several high-cost claims with billed charges over \$500k stemming from COVID-19. Unfortunately, most were unvaccinated. These costs ultimately get spread to all members in the form of higher premiums. By getting vaccinated, you are doing your part to reduce costs for the program and to the members covered by PEBP.

<https://www.mayoclinichealthsystem.org/hometown-health/featured-topic/covid-19-vaccine-myths-debunked>

<https://www.britannica.com/list/the-top-covid-19-vaccine-myths-spreading-online>

https://www.aarp.org/health/drugs-supplements/info-2020/covid-vaccine-myths.html?CMP=KNC-DSO-COR-COVID-21439-GOOG-HEALTH-COVID-DrugsSupplement-VaccineMyths-Phrase-NonBrand&gclid=CjwKCAiAiKuOBhBQEiwAId_sK_pKgk3nhqXfjGN8LYzUx4xSDPQblJrstgg5MW7RLJzje5fsVjBCPxoCosEQAvD_BwE&gclsrc=aw.ds

Contract Changes Coming to Plan Year 2023

On December 2, 2021 the PEBP Board approved a new contract with UMR Inc. to begin 7/1/2022. UMR will be replacing HealthScope Benefits (HSB) as the new Third Party Administrator (TPA). Great news is that UMR is the parent

company to HSB so there will be a smooth transition.

UMR has agreed to hold contracts for the Telemedicine Provider, Shopping Comparison Tool, and Second Opinion Services.

This means that effective 7/1/22 PEBP will no longer hold a contract with Healthcare Bluebook.

The Board also approved a contract with HSA Bank for Health Savings Account/Health

Reimbursement Account Administrator Services. This means that if you have questions regarding your HRA or HSA you will want to call PEBP, not HSB.

Aetna will be replaced by the UMR Choice/SHO networks.

New E-PEBP Portal Effective 01/03/2022

Effective 1/3/2022, the Public Employees' Benefits Program (PEBP) changed Enrollment and Eligibility systems:

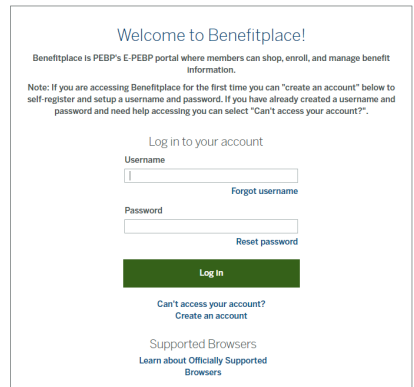
◆ There will be a new portal for PEBP members to log into. You MUST create new login credentials to access your portal, if you haven't done so already.

◆ If you wish to make any changes to your medical plan you must do so during Open Enrollment, which is typically held from May 1 – May 31, on the new portal.

◆ If you want to view or make any changes to your Health Savings Account (HSA) or view your Health Reimbursement

Account (HRA) you will do so through Benefitplace. If you have any questions, please contact PEBP.

If you need any assistance logging in or creating an account, please view the [Self-Registration Guide](#) or contact BenefitFocus at 1-855-915-6381.



Benefitfocus®

Pre-Medicare Informational Meetings



Good news! PEBP will resume the weekly Pre-Medicare informational sessions. These will be virtually 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-11:00am and 2:00pm-3:00pm.

Registration is required to attend.

February 2022

February 1st	From 10 am - 11 am 2/1 Registration Link
February 8th	From 2 pm - 3 pm 2/8 Registration Link
February 15th	From 10 am– 11 am 2/15 Registration Link
February 22nd	From 2 pm - 3 pm 2/22 Registration Link

You can find the registration links on the [Calendar of Events](#) page or above.

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 Plans → [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



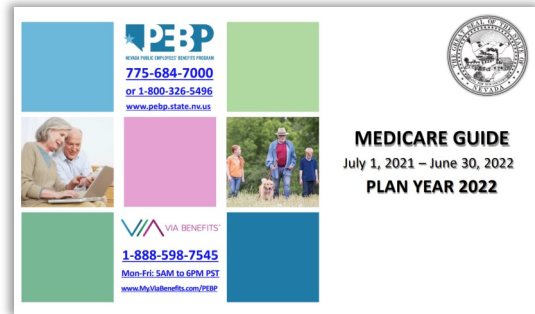
Tax Season is Coming

In the next few months, 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, LD PPO 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, LD PPO 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.



COVID-19 Home Testing Kit Reimbursement

Effective January 15th, 2022, health plans and health insurance issuers are mandated to provide coverage for over-the-counter (OTC) COVID-19 test kits during the public health emergency.

If you are enrolled in the Consumer Driven Health Plan, Low Deductible Plan, and Premier Plan:

Currently, purchased tests must be submitted for reimbursement. Within the next 30 days, Express Scripts expects to have additional options that will allow you to acquire OTC tests at participating pharmacies with no upfront costs.

Additional information will be provided once this becomes available.

OTC tests may be purchased at a pharmacy or retailer such as Amazon.

To be reimbursed for your test, you will need to submit a pharmacy receipt along with a [paper claim form](#) to Express Scripts. *For assistance, please contact Express Scripts at 1-855-889-7708.*

The maximum reimbursement for each test may be limited to \$12. Tests that come in packs of

(counted as 2 of the 8 limit) may be limited to a \$24 reimbursement rate.

If you are enrolled in Southern Nevada's Health Plan of Nevada:

HPN has partnered with Walmart or Rite Aid Pharmacies so tests can be acquired with no upfront costs.

Tests purchased at other pharmacies will need to be paid for upfront. Submit your receipt along with a [paper claim form](#) through HPN's online member center for reimbursement. *For assistance, please contact HPN at 1-800-777-1840.*

Paper claim forms can be found at <https://pebp.state.nv.us/resources/forms-publications/>

Please note: This benefit is separate from the state testing requirement and does not affect the PEBP Board's decision to implement COVID-19 surcharges on unvaccinated members beginning July 1, 2022.

Remember To Update Your Beneficiaries

Beneficiaries DID NOT transfer over to the new E-PEBP portal. You **MUST** update your beneficiaries into Benefitplace, your new E-PEBP portal. If you have not yet created an account please view page three of this Newsletter for more information.

As your life changes, it's important to make sure you update your beneficiaries on all of your accounts.

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

Please view the [How to Add or Change a Beneficiary Guide](#) on PEBPs website for step by step instructions.

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

Types of 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