OPEN ENROLLMENT
Plan Year 2023

NORTHERN NEVADA
AND OUT OF STATE

www.pebp.state.nv.us

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 16 – 31, 2022

Complete all changes online through the E-PEBP Portal

All changes made during Open Enrollment will be effective July 1, 2022

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?

<table>
<thead>
<tr>
<th><strong>Legal Spouse or Domestic Partner</strong></th>
<th><strong>Children/Stepchildren (Birth to Age 26)</strong></th>
<th><strong>Disabled Dependent Child</strong></th>
<th><strong>Children under Legal Guardianship</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>If not eligible for group coverage through their own employer*</td>
<td>May be covered from birth through the last day of the month the child reaches age 26</td>
<td>A child of any age with a disability incapable of self-support</td>
<td>Children under <em>permanent</em> legal guardianship to age 19</td>
</tr>
</tbody>
</table>

*Significantly Inferior exception may apply

- To continue coverage after 19 (to age 26), the child must be:
  - Unmarried
  - Reside with participant
  - Full-time student
  - Claimed on tax return
Required Supporting Documents

Upload required documents into your E-PEBP Portal by June 15th, 2022

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 (mmddyyyyssss). 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.
Supporting documents are no longer accepted through email. All documents must be submitted through the E-PEBP portal or on PEBP’s website under Contact Us.

- Review Current Benefits
- Complete Qualifying Life Events
- Enroll in Voluntary Products
How To Decline Coverage

- **Consumer Driven Health Plan**
  - $46.96 per month
  - **Select**
  - **Learn More**

- **Low Deductible PPO Plan**
  - $68.14 per month
  - **Select**
  - **Learn More**

- **PEBP Premier Plan**
  - $161.00 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 inquires regarding your PEBP benefits please send a secure message through your E-PEBP portal.
Summary of Changes
# Upcoming Changes

## Affects All Plans

**Plan Design:** There are 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.

## Affects CDHP, LD PPO, and EPO Plans

**Network Change:** Effective July 1, 2022, the CDHP, LD PPO, and EPO networks (Aetna Signature Administrators), are being replaced with UnitedHealthcare Choice Plus (north) and Sierra Health-Care Options (south).

**UMR:** PEBP’s Third Party Administration (TPA), previously known as Healthscope Benefits.

## Affects Members with an HSA/HRA

**HSA Bank:** HSA Bank is the new HSA/HRA provider effective July 1, 2022. If you currently have HSA funds you must transfer your existing Healthscope HSA to HSA Bank to avoid a monthly fee. If you have HRA funds in your account on June 30th, your balance will transfer automatically from Healthscope to HSA Bank; no action is required.
### What’s New

<table>
<thead>
<tr>
<th>Consumer Driven Health Plan</th>
<th>Premier Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Provider Organization (Statewide/Nationwide CDHP PPO)</td>
<td>Exclusive Provider Organization (Northern Nevada EPO)</td>
</tr>
<tr>
<td>• New United Healthcare Choice Plus (north) and Sierra Health-Care Options (south) network</td>
<td>• New United Healthcare Choice Plus network</td>
</tr>
<tr>
<td>• Deductible $1,500 for an individual and $3,000 for a family</td>
<td>• Deductible $100 for an individual and $200 for a family with a $100 for an individual family member</td>
</tr>
<tr>
<td>• HSA Bank is the new administrator for HSA/HRA funding</td>
<td>• Rx specialty is a 20% after deductible</td>
</tr>
<tr>
<td>• Doctor on Demand: Psychology visit $129 for 50 minutes, psychiatry visit $229 for 45 minutes</td>
<td>• Doctor on Demand: Psychology visit $20 for 50 minutes, psychiatry visit $20 for 45 minutes</td>
</tr>
<tr>
<td>• Out-of-pocket max is $4,000 for an individual and $8,000 for a family</td>
<td>• Impatient Hospital is a $600 copay, primary care visit is a $20 copay, ER visit is a $600 copay</td>
</tr>
</tbody>
</table>

### Low Deductible PPO Plan

Preferred Provider Organization (Statewide/Nationwide LD PPO)

- New United Healthcare Choice Plus (north) and Sierra Health-Care Options (south) network
- Deductible $0, N/A
- Doctor on Demand: Psychology visit $20 for 50 minutes, psychiatry visit $20 for 45 minutes
- Out-of-pocket max is $4,000 for an individual and $8,000 for a family

Please note, basic life insurance amounts are $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

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Availability</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consumer Driven Health Plan Preferred Provider Organization (CDHP PPO)</strong></td>
<td>Nationwide</td>
<td>Available with a:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Savings Account (HSA); or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Reimbursement Arrangement (HRA)</td>
</tr>
<tr>
<td><strong>Low Deductible Plan (LD PPO)</strong></td>
<td>Nationwide</td>
<td>Available with:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No HSA or HRA contribution</td>
</tr>
</tbody>
</table>
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, 2022 – June 30, 2023

<table>
<thead>
<tr>
<th></th>
<th>Consumer Driven Health Plan (PPO)</th>
<th>Low Deductible Plan (LD PPO)</th>
<th>Premier Plan (EPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$46.96</td>
<td>$68.14</td>
<td>$161.00</td>
</tr>
<tr>
<td>Employee + Spouse/DP</td>
<td>$251.00</td>
<td>$293.37</td>
<td>$479.10</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$123.46</td>
<td>$152.60</td>
<td>$280.30</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$327.53</td>
<td>$377.82</td>
<td>$598.40</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
- Use subsidy charts to calculate monthly premium
- Must have at least 15 years of service or retire under a long term-disability plan

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

- May participate but will not qualify for a subsidy or Exchange HRA

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

- For unsubsidized rates please view the PY23 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.

**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.
# Retiree Monthly Premium Cost

<table>
<thead>
<tr>
<th>Rates Effective</th>
<th>Consumer Driven Health Plan (PPO)</th>
<th>Low Deductible Plan (LD PPO)</th>
<th>Premier Plan and Health Plan of Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2022 – June 30, 2023</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retiree Only</td>
<td>$241.26</td>
<td>$262.45</td>
<td>$355.31</td>
</tr>
<tr>
<td>Retiree + Spouse/DP</td>
<td>$588.97</td>
<td>$631.34</td>
<td>$817.07</td>
</tr>
<tr>
<td>Retiree + Child(ren)</td>
<td>$371.64</td>
<td>$400.78</td>
<td>$528.48</td>
</tr>
<tr>
<td>Retiree + Family</td>
<td>$719.37</td>
<td>$769.66</td>
<td>$900.24</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subsidy for Retirees Enrolled in the CDHP/HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of Service</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>5</td>
</tr>
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<td>6</td>
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<td>12</td>
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<td>13</td>
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<tr>
<td>14</td>
</tr>
<tr>
<td>15 (base)</td>
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<td>16</td>
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<td>17</td>
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<tr>
<td>18</td>
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<tr>
<td>19</td>
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<tr>
<td>20</td>
</tr>
</tbody>
</table>
Plan Design

Consumer Driven Health Plan (CDHP PPO)
Low Deductible Plan (LD PPO)
Premier Plan (EPO)
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.

**How Co-insurance Works**

- **Member pays 100% until the deductible** is met
- **Member pays 20% until out of pocket max** is met
- **Plan pays 100%**

**CDHP PPO Deductible:**
- $1,500 Individual, $3,000 Family

**LD PPO Deductible:**
- N/A

**EPO Deductible:**
- $100 Individual, $200 Family

**CDHP PPO OOP Maximum:**
- $4,000 Individual, $8,000 Family

**LD PPO OOP Max:**
- $4,000 Individual, $8,000 Family

**EPO OOP Max:**
- $5,000 Individual, $10,000 Family

*Medical and prescription deductibles are combined.

** 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>MEDICAL PLAN DESIGN FEATURES</th>
<th>CONSUMER DRIVEN HEALTH PLAN (CDHP PPO)</th>
<th>LOW DEDUCTIBLE PLAN (LD PPO)</th>
<th>PREMIER PLAN (Northern EPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Areas</td>
<td>In-Network: Global</td>
<td>Global</td>
<td>Northern Nevada Urgent and Emergent</td>
</tr>
<tr>
<td></td>
<td>Out-of-Network: Global</td>
<td>Global</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1,500 Individual</td>
<td>$4,000 Individual / $8,000 Family / $6,850 Individual Family Member</td>
<td>$100 Individual / $200 Family / $100 Individual Family Member</td>
</tr>
<tr>
<td>(medical and prescription</td>
<td>$3,000 Family / $2,800 Individual</td>
<td>$4,000 Individual / $8,000 Family / $4,000 Individual Family Member</td>
<td></td>
</tr>
<tr>
<td>combined)</td>
<td>Family Member</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$4,000 Individual / $8,000 Family</td>
<td>$4,000 Individual / $8,000 Family / $4,000 Individual Family Member</td>
<td>$5,000 Individual / $10,000 Family / $5,000 Individual Family Member</td>
</tr>
<tr>
<td>(Effective 7/1 – prorated</td>
<td>$6,850 Individual Family Member</td>
<td></td>
<td></td>
</tr>
<tr>
<td>thereafter)</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Base HSA/HRA PEBP Contribution (Effective 7/1 – prorated thereafter)</td>
<td>Primary Participant: $600 (Effective 7/1 – prorated thereafter)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Medical Coinsurance</td>
<td>20% after Deductible</td>
<td>20% after Deductible</td>
<td>20% after Deductible</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>20% after Deductible</td>
<td>$30 Copay</td>
<td>$20 Copay</td>
</tr>
<tr>
<td>Specialist Care Office Visit (No Referral Required)</td>
<td>20% after Deductible</td>
<td>$50 Copay</td>
<td>$40 Copay</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>20% after Deductible</td>
<td>$80 Copay</td>
<td>$50 Copay</td>
</tr>
<tr>
<td>ER Visit</td>
<td>20% after Deductible</td>
<td>$750 Copay</td>
<td>$600 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 PPO PLAN</th>
<th>PREMIER PLAN (Northern EPO)</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$20 Copay 90-day</td>
<td>$20 Copay 90-day</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>20% after Deductible</td>
<td>$40 Copay 30-day</td>
<td>$40 Copay 30-day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$80 Copay 90-day</td>
<td>$80 Copay 90-day</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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$150 Copay 90-day</td>
<td>$150 Copay 90-day</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>20% 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 Preventive Medications</td>
<td>20% Coinsurance</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Not subject to Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Required Smart90 Pharmacy (90-Day Medications)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</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>PREMIER PLAN (Northern EPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision Network</strong></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>PEBP does not maintain a network specific to vision care</td>
</tr>
<tr>
<td><strong>Vision Exam</strong></td>
<td>$25 copay Maximum Benefit of $95 Subject to Usual &amp; Customary Limits</td>
<td>$10 copay Maximum Benefit of $100 Subject to Usual &amp; Customary Limits</td>
<td>$10 copay Maximum Benefit of $100 Subject to Usual &amp; Customary Limits</td>
</tr>
<tr>
<td>(limited to one exam per Plan Year, per covered individual)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>Not Covered</td>
<td>$10 copay every 24 months (Maximum Benefit of $100)</td>
<td>$10 copay every 24 months (Maximum Benefit of $100)</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td>Not Covered</td>
<td>$10 copay every 24 months Maximum Benefit of $100</td>
<td>$10 copay every 24 months Maximum Benefit of $100</td>
</tr>
<tr>
<td>(in lieu of lenses and frames)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<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
With HSA Bank

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)
2023 HSA Contribution Limits

• 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL</td>
<td>FAMILY</td>
</tr>
<tr>
<td>$3,850</td>
<td>$7,750</td>
</tr>
</tbody>
</table>
HSA Transition Information and Resources

Visit the Resource Center: hsabank.com/NVPEBP

### What is an HSA?
- Health Savings Account
- Employer & Employee Funding Available
- Individually-Owned account
- Triple Tax Savings
- No monthly maintenance fees

### HSA Contribution
- PEBP Employer Contribution of $600
- You can set/change your contribution amounts during Open Enrollment or anytime during the year.

### Transition Overview
- Late June, your new HSA Bank debit card and welcome kit will arrive.
- **ACTION NEEDED**
  - Provide electronic consent 5/4/2022 – 7/31/2022 at hsabank.com/NVPEBP using code 9HTP4Y

### Additional Resources
- Access your account via the employee portal and HSA Bank Mobile App.
- Website for more information hsabank.com/NVPEBP
  - HRA Transition Overview Flyer, FAQ & More!
- Client Assistance Center 1-833-228-9364
HSA E-Consent – Complete by 7/31/2022

- Access HSA Bank's [E-Consent Microsite](#) and enter access code: 9HTP4Y
- Enter your full name and SSN.
- Read the ESIGN authorization and consent information.
- If agreeable, select “Accept” and “Submit.”
Tax-free contributions from PEBP

For employees who are ineligible for the HSA

Participant cannot make contributions

If you terminate coverage*, the money will revert to the State

Tax-free contributions from PEBP

Regulated by the IRS. Must keep receipts

Funds can be used on tax dependents

PEBP owned and funded

Health Reimbursement Arrangement With HSA Bank

*Terminating coverage includes leaving the CDHP PPO (by declining coverage or switching plans) or by leaving state service
HRA Transition Information and Resources

Visit the Resource Center: hsabank.com/NVPEBP

**What is an HRA?**
- Non-Medicare Health Reimbursement Arrangement
- Employer funded account
- No monthly maintenance fees

**HRA Funding**
- PEBP Employer Contribution of $600
- No individual contributions can be made

**Transition Overview**
- Late June, your new HSA Bank debit card and welcome kit will arrive.
- HSA Bank will take over all PY22 HRA claims not previously filed with HealthSCOPE starting July 18, 2022.
- All PY23 claim submissions can start via HSA Bank starting July 1, 2022.
- Do not use your new HSA Bank Debit Card to pay for PY22 expenses.

**Additional Resources**
- Access your account via the employee portal and HSA Bank Mobile App.
- More helpful information & resources available at: hsabank.com/NVPEBP
  - HRA Transition Overview Flyer, FAQ & More!
  - Client Assistance Center 1-833-228-9364
### Important HRA/HSA FAQ’s

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is the new HSA/HRA administrator?</td>
<td>HSA Bank is the new HSA/HRA provider effective July 1, 2022. If you currently have HSA funds you must transfer your existing Healthscope HSA to HSA Bank <strong>to avoid a monthly fee</strong>. If you have HRA funds in your account on June 30th, your balance will transfer automatically from Healthscope to HSA Bank; no action is required by you.</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 with an HRA, when I transition to Via Benefits, what happens to the balance of CDHP 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></th>
<th>Health Care FSA</th>
<th>Limited Purpose FSA</th>
<th>Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who is Eligible</strong></td>
<td>Fulltime active state employees covered under the CDHP PPO, LD PPO, or EPO plans.</td>
<td>Nonsate 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>
</tr>
<tr>
<td><strong>Examples of Covered Expenses</strong></td>
<td>Qualified medical, dental and vision expenses such as:</td>
<td>Qualified dental and vision expenses such as:</td>
<td>Qualified dependent care expenses such as certain:</td>
</tr>
<tr>
<td></td>
<td>• Chiropractor</td>
<td>• Vision exams</td>
<td>• Preschool expenses</td>
</tr>
<tr>
<td></td>
<td>• Glasses</td>
<td>• LASIK surgery</td>
<td>• Nursery school expenses</td>
</tr>
<tr>
<td></td>
<td>• Contact lenses</td>
<td>• Glasses</td>
<td>• Child care in your home</td>
</tr>
<tr>
<td></td>
<td>• Orthodontia</td>
<td>• Contact lenses</td>
<td>• Licensed home child care</td>
</tr>
<tr>
<td></td>
<td>• Copays</td>
<td>• Dental services</td>
<td></td>
</tr>
<tr>
<td><strong>IRS Annual Allowed Maximum Calendar Year Contribution</strong></td>
<td>$2,850</td>
<td>$2,850</td>
<td>$5,000 per household ($2,500 if married - filing separate)</td>
</tr>
<tr>
<td><strong>Can you have an HSA</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Do funds roll over from year to year</strong></td>
<td>Carry over up to $570. Funds in excess of $570 will be forfeited.</td>
<td>Carry over up to $570. Funds in excess of $570 will be forfeited.</td>
<td>No carry over. All excess funds will be forfeited.</td>
</tr>
</tbody>
</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
Interactive Guides

**MEDICARE GUIDE**
July 1, 2022 – June 30, 2023
PLAN YEAR 2023

**BENEFIT GUIDE**
July 1, 2022 – June 30, 2023
PLAN YEAR 2023

**OPEN ENROLLMENT GUIDE**
July 1, 2022 – June 30, 2023
PLAN YEAR 2023
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:

- Northern Nevada Providers
- Southern Nevada Providers
- Out-of-State Providers
- Nevada

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

There are three plans available to northern Nevadan participants who reside in and want to utilize services in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln, and Elko counties. Aetna Signature Administrators Network is available to CDHP PPO, LDP PPO, and Premier EPO participants.

- Northern Nevada CDHP Provide
- Southern Nevada CDHP Providers
- Primary Care Provider – UNR School of Medicine

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 2023 (July 1, 2023 - June 30, 2023)

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

View the Plan Comparison
View the PY23 Monthly Premium Rates
View the Qualifying Life Event Guide
Additional Services
Hand-picked doctors from top medical schools with 15 years average experience.

4.8/5

Average Doctor Star Rating

Doctors Available

24/7/365

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

CDHP PPO

Medical Visit
$49 copay

Behavioral Visit
$79 copay for 25 minutes
$129 for 50 minutes

LD PPO and EPO

Medical Visit
$10 copay

Behavioral Visit
$20 copay for 50 minutes

Psychiatry Visit
$20 copay for 45 minutes
24/7 Advice Nurse

We’re on call. 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 urgent care, emergency care, or schedule an appointment with your provider.

Get health care advice at no additional cost to you:

Call toll-free
702-243-4646
855-822-4169

Speak to a registered nurse about:
- Choosing where to get medical care
- Minor illnesses or injuries
- Medication interactions

Everything you need is in your wallet.
You can also find the phone number for the advice nurse on the back of your health plan ID card.

Know before you go.
It’s important to know where to go for the type of medical care you may need. If you have a life-threatening situation, call 911 or go to the nearest hospital emergency room. But if it’s not an emergency, comparing care options could help save you time, money and frustration. Compare your options at www.sierrahealthcareoptions.com
State of NV PEBP employees, retirees, and their eligible dependents enrolled in PEBP's Consumer Driven Health Plan (CDHP PPO), Low Deductible PPO (LD PPO), or Premier Plan (EPO) 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.

<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></td>
</tr>
<tr>
<td>Buy-Up Vision Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Critical Illness Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hospital Indemnity Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Legal Plan</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Short Term Disability</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Voluntary Life Insurance</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Auto, Home, and Renters Insurance</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Identity Theft Protection</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Pet Insurance</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Participants and eligible dependents do not need to be enrolled in a medical plan to enroll in voluntary products.
PLAN FOR THE UNEXPECTED

ACCIDENT INSURANCE, CRITICAL ILLNESS, HOSPITAL INDENMITY INSURANCE:
Gain the **power** to make treatment decisions, without putting your **finances at risk**.

- **GUARANTEED ISSUE**
- **INCLUDES CANCER COVERAGE**
- **PAYS BENEFITS DIRECTLY TO YOU**
- **EASY ONLINE APPLICATION**
- **INCLUDES HEALTH SCREENING BENEFITS**
- **DEPENDANT COVERAGE AVAILABLE**

**E-PEBP Portal → Open Enrollment**

Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.
SECURE YOUR IDENTITY

IDENTITY THEFT PROTECTION: Last year over 14.4 million consumers became victims of identity theft. That’s nearly 40,000 victims per day. Don’t wait to get protected.

- CREDIT ALERTS
- CREDIT REPORTING
- SOCIAL MEDIA REPUTATION MONITORING
- DIGITAL WALLET
- IDENTITY REMEDIATION
- ID THEFT INSURANCE POLICY

E-PEBP Portal → PEBP+ Voluntary Benefits

Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.
LIVE YOUR LIFE CONFIDENTLY

LEGAL SERVICES: Protect yourself and your family. Legal Services can help you find the extra guidance you need, when you need it.

- Expert Attorneys in all fields
- National Network of Attorneys
- Real Estate Transaction Coverage
- Family Law Coverage
- Financial & Consumer Coverage
- Auto & Traffic Coverage

E-PEBP Portal → Open Enrollment

Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.
LIFE INSURANCE: Provide your family with financial peace of mind after your passing. This benefit can help your loved ones cover basic living expenses, final arrangements, tuition, and more.

- Lump Sum Payment to You
- Portable Plans
- Partner Coverage Available
- Use Benefits for Any Expenses
- Convenient Payroll Deduction
- Guaranteed Issue

E-PEBP Portal → Open Enrollment

Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.
WE’VE GOT YOU COVERED

AUTO & HOME INSURANCE: Start saving on your Auto and Home Insurance by choosing from three of the nation’s top providers, offering plans that fit your lifestyle, and your wallet.

- MULTI-POLICY DISCOUNTS
- SPECIAL EMPLOYEE SAVINGS
- COVERAGE CAN BEGIN NEXT DAY
- 24/7/365 CLAIM REPORTING
- PORTABLE PLANS
- SWITCH CARRIERS ANYTIME

E-PEBP Portal → PEBP+ Voluntary Benefits

Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.
FOCUS ON YOUR RECOVERY

LONG OR SHORT TERM DISABILITY INSURANCE:
Help replace a portion of your income when you’re unable to work so you can focus on recovering.

- GUARANTEED ISSUE
- CHOICE PLANS AVAILABLE
- PAYS BENEFITS DIRECTLY TO YOU
- EASY ONLINE APPLICATION
- PORTABLE PLANS
- CONVENIENT PAYROLL DEDUCTION

E-PEBP Portal → Open Enrollment

* Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.
VISION CARE: Start seeing your best with the personalized and affordable vision care you deserve from a trusted eye doctor at low out-of-pocket cost.

- VARIOUS EYE CARE SERVICES
- WIDE SELECTION OF TOP BRAND NAMES
- IN AND OUT OF NETWORK COVERAGE
- COVERAGE FOR YOU AND YOUR FAMILY
- CONTACTS OR LENSES EVERY PLAN YEAR
- PAYROLL DEDUCTION ELIGIBLE

E-PEBP Portal → Open Enrollment
FETCH GREAT SAVINGS

PET INSURANCE: Protect your pet and your wallet with exceptional savings on veterinary bills. You’ll find coverage for your furry, feathery and scaly friends that fits your needs and your budget.

VISIT ANY VET, ANYWHERE

24/7 VET HELPLINE

X-RAYS, MRIs, AND CT SCANS COVERED

INJURIES LIKE CUTS & BROKEN BONES COVERED

SURGERIES & HOSPITALIZATIONS COVERED

CHOICE PLANS AVAILABLE

E-PEBP Portal → PEBP+ Voluntary Benefits

Certain eligibility requirements and program restrictions apply for insurance and other voluntary benefits.
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/
Photo is for representative purposes only and does not depict an actual patient.

Pharmacy Benefit Overview
TODAY WE’LL DISCUSS

- Pharmacy benefit available to you
- Helpful information and common definitions
- Resources, including the Express Scripts® mobile app
YOUR BENEFIT IS MANAGED
BY EXPRESS SCRIPTS

- Medication delivered to your door
- Access to pharmacists 24/7
- Manage prescriptions anytime and anywhere

Photo is for representative purposes only and does not depict an actual patient.
### CDHP
- Generic 20% coinsurance
- Preferred Brand 20% coinsurance
- Non-Preferred Brand 100% coinsurance

<table>
<thead>
<tr>
<th>Mail 90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic 20% coinsurance</td>
</tr>
<tr>
<td>Preferred Brand 20% coinsurance</td>
</tr>
<tr>
<td>Non-Preferred Brand 100% coinsurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Pharmacy 90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic 20% coinsurance</td>
</tr>
<tr>
<td>Preferred Brand 20% coinsurance</td>
</tr>
<tr>
<td>Non-Preferred Brand 100% coinsurance</td>
</tr>
</tbody>
</table>

### Premier EPO / Low DED PPO
- Generic $10
- Preferred Brand $40
- Non-Preferred Brand $75

<table>
<thead>
<tr>
<th>Mail 90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic $20</td>
</tr>
<tr>
<td>Preferred Brand $80</td>
</tr>
<tr>
<td>Non-Preferred Brand $150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participating Pharmacy 90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic $20</td>
</tr>
<tr>
<td>Preferred Brand $80</td>
</tr>
<tr>
<td>Non-Preferred Brand $150</td>
</tr>
</tbody>
</table>

*If you fill your prescription at a non-preferred retail pharmacy, you will pay an additional $10 per prescription.*
LONG-TERM MEDICATIONS

Choose your way to save with a 3-month supply:

Express Scripts® Pharmacy

- Delivered straight to your door with FREE standard shipping
- Transfer prescriptions easily online, by phone, or via Express Scripts® mobile app
- Auto-refills and refill reminders available
- Talk with a pharmacist by phone 24/7

OR

Participating Pharmacy

- Go to a convenient location near you
- Transfer your prescription easily in-store, by phone, or online
- Ask about auto refills and refill reminders
- Find your nearest participating pharmacy at express-scripts.com

Get Started: Log in or register at express-scripts.com/90day or call the Member Services number on your member ID card
VACCINATIONS

- Covered by your prescription plan at a participating retail pharmacy
- Ask your pharmacist which vaccines are right for you and to learn more
- Don’t forget to present your member ID card to the pharmacist
Ongoing support from pharmacists & nurses and Therapeutic Resource Centers (TRCs)

Patient monitoring and care coordination that lead to healthier outcomes

Mobile and online support tools and patient assistance programs available

Accredo is a trademark of Express Scripts Strategic Development, Inc.
Common definitions and helpful information
MEDICATIONS ON YOUR DRUG LIST ARE COVERED BY YOUR PRESCRIPTION PLAN

- Routinely reviewed by an independent panel of physicians and pharmacists to ensure you get clinically effective care
- Preferred medications, including generics and brand-name
- Talk with your doctor about moving to preferred generics
**GENERIC PRESCRIPTIONS**

<table>
<thead>
<tr>
<th>FDA-APPROVED GENERIC MEDICATIONS</th>
<th>CONTAIN THE SAME ACTIVE INGREDIENT AS BRAND NAME COUNTERPARTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine out of 10 prescriptions filled in the U.S. are for generic medications</td>
<td></td>
</tr>
<tr>
<td>Review your medications regularly with a doctor or pharmacist and ask, “Is there a generic for that?”</td>
<td></td>
</tr>
<tr>
<td>Use the Express Scripts® mobile app or visit express-scripts.com to find a generic or price a medication</td>
<td></td>
</tr>
</tbody>
</table>
**MONITORS PRESCRIPTION MEDICATIONS**

- **PRIOR AUTHORIZATION**
  - Makes sure your prescription is suitable for the intended use & covered by your prescription plan
  - Simply means that more information is needed to see if your plan covers the medication
  - To get your prior authorization started, contact your doctor’s office
Express Scripts will make sure you receive the amount – or quantity – considered safe and effective by the FDA.

- Most cost-effective product strength is dispensed.
- Helps reduce waste.
STEP THERAPY

HELP REDUCE COSTS

- Safe and proven-effective medication
- First step medications are typically generic and lower-cost brand-name medications
- Second step medications are best suited for the few patients who don’t respond to first step medications
SMARTER PHARMACY CONSUMER

- Ask your doctor for a generic or a lower-cost equivalent
- Use the most cost-effective pharmacy option
- Take your medications as prescribed
- Don’t be fooled by coupons
- Set reminders to help you stay on track

Photo is for representative purposes only and does not depict an actual patient.
Resources
Customer service number located on your Medical member ID card
Available 24/7
General information, complex concerns or health conditions
THE EXPRESS SCRIPTS® MOBILE APP

- Download it for free, and use the same username and password to access the mobile app and express-scripts.com
- Home delivery prescription information, price medications and locate a pharmacy near you
- View your past prescription activity, get reminder notifications and more!
Register your preferences, including email address and signing-up for text messaging

Check order status with tracking details

Enroll in automatic refills, view pharmacy options and savings, transfer to home delivery, and more!

EXPRESS-SCRIPTS.COM
Find helpful information like plan details and medication prices, and find out what medications are covered.

Locate a pharmacy near you.

Learn more about Express Scripts.
Dates and Deadlines

Plan Year 2023
Open Enrollment
May 16th - May 31st

Deadline to Complete Changes
May 31st

Deadline to Upload Supporting Documents
June 15, 2022

Changes Become Effective
July 1, 2022

This presentation is available on the Open Enrollment section of the PEBP website
Questions?

Nicole Broyles, 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!