



NEVADA HEALTH AUTHORITY
PUBLIC EMPLOYEES' BENEFITS PROGRAM

3427 Goni Road, Suite 109
 Carson City, Nevada 89706

NVHA.NV.GOV
PEBP.NV.GOV



Stacie Weeks
 Director



Nik Proper
 Interim Executive Officer

Joe Lombardo
 Governor

AGENDA ITEM

☒ Action Item

☐ Information Only

Date: July 31, 2025

Item Number: 8

Title: Plan Year 2026 and 2027 Changes for Approval

Plan Design Changes: The following are changes to plan design; for board approval.

I. The following changes will be effective July 1, 2025.

Clarification: Behavioral interventions and eating disorders.

#	Change Type	Proposed Change	Justification	Document/s
1	Nutritional Counseling	Remove visit limits for Nutritional Counseling for cardiovascular disease prevention and clarify "behavioral interventions".	UMR Staff Clarification	Master Plan Documents for the EPO, CDHP, and the LDPPO

~~Healthy Diet and Physical Activity Counseling for Cardiovascular Disease Prevention in Adults with Cardiovascular Risk Factors: Behavioral Counseling Interventions~~

~~Healthy Diet/Physical Activity Counseling and Obesity Screening/Counseling for adults aged 18 years and older are covered under the Wellness/Preventive Care Benefit when the Participant or covered dependent is referred by a primary care practitioner; for those who are obese; and have additional cardiovascular disease (CVD) risk factors. This wellness/preventive benefit is limited to twelve (12) Healthy Diet/Physical Activity Counseling or Obesity Screening/Counseling sessions according to recommendations from the USPSTF. Additional visits are subject to a specialist visit copay, deductible, or coinsurance where applicable.~~

Behavioral Interventions

Participants and covered dependents who have a body mass index of 30 or higher, cardiovascular disease (CVD) risk factors, or prediabetes may be referred for behavioral interventions by their primary care physician, consistent with recommendations of the US Preventive Services Task Force (USPSTF).

#	Change Type	Proposed Change	Justification	Document/s
<p><i>Such behavioral interventions are covered under the Wellness/Preventive Care Benefit provided by an in-network provider.</i></p> <p>This change is completed.</p>				
2	Eating Disorders	Under Behavioral Health Services	UMR Staff Clarification	Master Plan Documents for the EPO, CDHP, and the LDPPO
<p>A behavioral health condition/illness is any illness that is defined within the mental disorders section of the current edition of the International Classification of Diseases (ICD) manual or is identified in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), including <i>an eating disorder or</i> a psychological and/or physiological dependence on or addiction to alcohol or psychiatric drugs or medications regardless of any underlying physical or organic cause.</p> <p>Medically necessary behavioral health services provided by a doctor, clinical psychologist, clinical social worker, clinical nurse specialist, nurse practitioner, physician assistant, <i>licensed dietician</i>, or other qualified mental health care professional are covered according to the limits provided in the <i>Schedule of Benefits</i> sections.</p> <p>This change is completed.</p>				

II. The following changes will be effective January 1, 2026.

Enhancement: Genetic Counseling

#	Change Type	Proposed Change	Justification	Document/s
1	Genetic Counseling		SB 189 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO
<p><i>Genetic counseling provides guidance and information relating to genetic disorders. Genetic counseling must be provided by a licensed health care provider who specializes in genetic counseling.</i></p>				

III. The following changes will be effective July 1, 2026.

Mandatory Changes: Out-of-pocket maximums and HSA contribution (CDHP).

#	Change Type	Proposed Change	Justification	Document/s
1	CDHP Deductible and out of pocket maximums	Raise the CDHP deductible and out of pocket maximums based on Calendar Year 2026 IRS rates.	Mandatory IRS Requirements	Master Plan Document for the CDHP
<ul style="list-style-type: none"> • \$1,700 deductible for individual (\$50 increase) - In Network • \$3,400 deductible for family (\$100 increase) – In Network <p><i>No changes to out-of-pocket maximums for in-network. No changes to out of network.</i></p>				

#	Change Type	Proposed Change	Justification	Document/s
2	HSA Contribution Limit	Raise the HSA Contribution limit. Based on the 2026 HSA and EBHRA Contribution limits.	Mandatory IRS Requirements	Master Plan Document for the CDHP
<ul style="list-style-type: none"> • \$4,400 maximum contribution for individual (\$100 increase) • \$8,750 maximum contribution for those with a family (\$200 increase) <p>Those aged 55 + may make an additional \$1,000 contribution</p>				

Enhancements: Speech therapy, wigs for alopecia, and treatment of Autism.

#	Change Type	Proposed Change	Justification	Document/s
1	Speech Therapy	Remove visit limits for Nutritional Counseling for cardiovascular disease prevention and clarify “behavioral interventions”.	Alignment with the ACA	Master Plan Documents for the EPO, CDHP, and the LDPPO
<ol style="list-style-type: none"> 1. Raise the age from 19 to 26. 2. Include stuttering and stammering. 				
2	Wigs	Include alopecia	PEBP Staff Recommendation	Master Plan Documents for the EPO, CDHP, and the LDPPO
Patients undergoing chemotherapy, or who have been diagnosed with alopecia , may be eligible for 1 wig, any type, synthetic or not, per Plan Year, up to \$350 (excluding sales tax).				
3	Treatment of Autism	Revise the definition of “autism spectrum disorder”.	SB 257 (2025)	Master Plan Documents for the EPO, CDHP, and the LDPPO
<p>Autism spectrum disorder is categorized as a developmental disability and is generally diagnosed prior to age 3. This development disorder may impair social interaction/development and communication or include restrictive and repetitive patterns of behavior. Any diagnosis of an autism spectrum disorder by a provider acting within the scope of their practice or rendered in accordance with the standard set forth in NRS 427A.827 is sufficient to for the purposes of treatment.</p> <p>Treatment is individualized. Treatments include, but not limited to:</p> <ul style="list-style-type: none"> • Ongoing assessment • Medication • Behavioral Therapy (Social skills training, applied behavioral analysis, and early intervention) • Speech & Language Therapy • Physical Therapy • Diet <p>These treatments shall be available until age 22.</p>				

Clarification: Behavioral health visits & provider qualifications for the OCDM Program.

#	Change Type	Proposed Change	Justification	Document/s
1	Behavioral Health Visits	Clarify visits equal therapy sessions for copay purposes.	UMR 3 rd Quarter Audit Observation	Master Plan Documents for the EPO and the LDPPO.
<p>Mental health office visit ————— \$30 Copay per Visit</p> <p><i>Mental health therapy session \$30 Copay per session or therapy type</i></p> <p><i>More than one mental health therapy session/ therapy type may be scheduled in a single day; treated as separate sessions/ therapy types for copay and billing even if the provider is the same.</i></p>				
2	Provider qualification	Obesity Care Disease Management (OCDM) Program	PEBP Recommendation to obtain additional providers	Master Plan Documents for the EPO and the LDPPO.
<ul style="list-style-type: none"> • An In-Network <i>health care professional who has received specialized training and certification in the diagnosis, treatment, and management of obesity.</i> provider who specializes in weight loss services; • An In-Network provider who is certified by the American Board of Bariatric Medicine (ABBM); • An In-Network provider who is in training to become certified by the American Board of Bariatric Medicine (ABBM); or • If no provider as described above is available within 50 miles of a participant's residence, then any In-Network provider. <p><i>Providers may include physicians, nurses, nurse practitioners, physician assistants, registered dietitians, and other types of health care professionals. Certifications are excepted from the American Board of Obesity Medicine or other equivalent organizations specializing in obesity management (diagnosis, treatment, and management of obesity).</i></p>				

Recommendation from PEBP Staff:

- Approve PEBP Staff's proposed changes, as presented.
- Allow for technical adjustment as necessary.