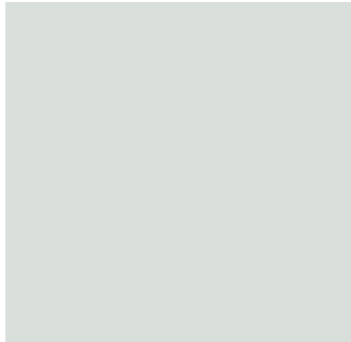


OPEN ENROLLMENT PLAN YEAR 2025

MEDICARE EXCHANGE RETIREES
ENROLLED WITH
VIA BENEFITS

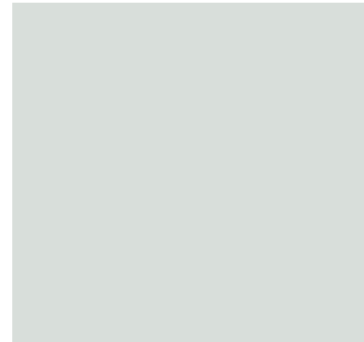


775-684-7000

702-486-3100

or 1-800-326-5496

<https://pebp.nv.gov>



Questions will NOT be answered until the Q&A portion of the presentation. Please sit back, relax and enjoy the presentation and hopefully I will have answered your question by the time we get to the Q&A. For your privacy, only general questions can be answered during this presentation. If you have questions that are personal in nature, please call our Member Services Team or send us a secure message through your E-PEBP portal.

Is Your Phone Number and Mailing Address Up-To-Date?

Log on to your E-PEBP Portal to send a secure message.

Call Member Services: 775-684-7000, 702-486-3100 or 1-800-326-5496.

Email addresses can be updated at the initial log-in for your E-PEBP portal.

A recording of this presentation will be available on PEBP's website once all the webinars have concluded.

Today's Topics



PEBP Fundamentals



Upcoming Changes



The Enrollment Process



Dental Plan



Monthly Exchange HRA Contribution



Voluntary Benefits

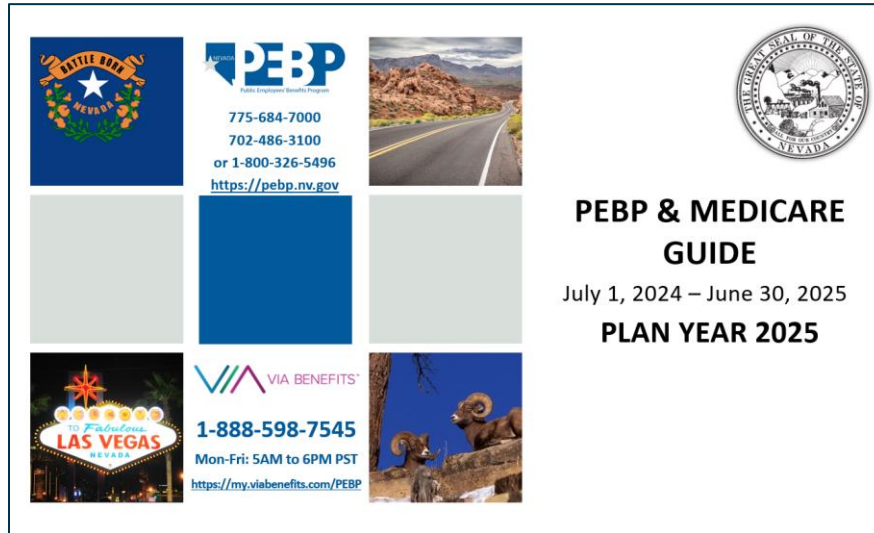


Contact Information

PEBP Fundamentals



PEBP & Medicare Guide



PEBP & MEDICARE GUIDE
July 1, 2024 – June 30, 2025
PLAN YEAR 2025

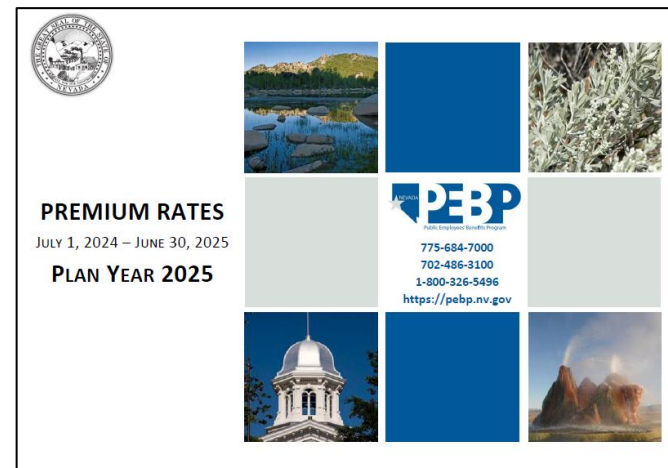
775-684-7000
702-486-3100
or 1-800-326-5496
<https://pebp.nv.gov>

VIA BENEFITS
1-888-598-7545
Mon-Fri: 5AM to 6PM PST
<https://my.viabenefits.com/PEBP>

<https://pebp.nv.gov>

Open Enrollment page

Getting to Know Your Plan page



PREMIUM RATES
JULY 1, 2024 – JUNE 30, 2025
PLAN YEAR 2025

PEBP
775-684-7000
702-486-3100
1-800-326-5496
<https://pebp.nv.gov>

Plan Year 2025

July 1, 2024 – June 30, 2025

2024

2025

JANUARY							FEBRUARY							MARCH						
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JULY							AUGUST							SEPTEMBER						
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OCTOBER							NOVEMBER							DECEMBER						
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27	28	29	30	31			24	25	26	27	28	29	30	29	30	31				

Open Enrollment

Complete your open enrollment event between May 1st through May 31st online in your E-PEBP Portal. Supporting documents for dependents due no later than June 15th.

Changes made are effective **July 1, 2024**

If you do not want to make any changes NO action is required.

Coverage tier:

- Participant Only
- Participant + Spouse or DP
- Participant + Child(ren)
- Participant + Family

Options during open enrollment:

- Enroll in or decline PEBP dental coverage
- Add or delete dependent(s)
 - Spouse/DP must be enrolled in Medicare to enroll in PEBP dental
- Designate basic life insurance beneficiaries
- Enroll or decline voluntary retiree benefits

Granting Caregivers' Permission

	Authorization to Release Personal Information (Limited)	Authorization to Release Personal Information (Full)	Financial Power of Attorney (POA)
PEBP	Allows a representative to get information only	N/A	Allows a representative to act on your behalf and make decisions
Via Benefits	Allows a representative to get information only	Allows a representative to act on your behalf	Allows a representative to act on your behalf and make decisions



Important Details

Basic Life Insurance

State retirees enrolled in PEBP coverage receive \$12,500 in basic life insurance. Non-State retirees receive \$7,500. Reinstated coverage through Late Enrollment forfeits Basic Life Insurance.

Cap on Exchange HRA

Medicare Exchange HRA balances will be capped at \$8,000 on May 31, 2023. Although you can accrue more than \$8,000 throughout the plan year, any balances over \$8,000 will be reduced to the limit.

HRA Funding

Medicare retirees eligible for an HRA will continue to receive \$13 per month per year of service.

PEBP Dental

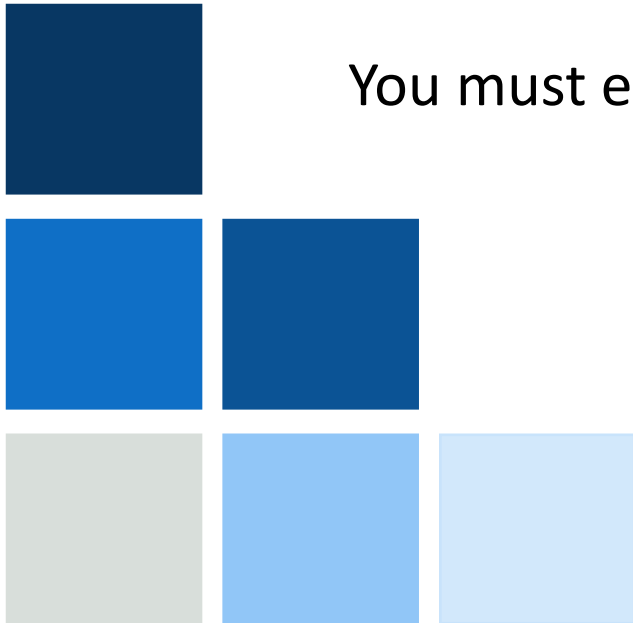
The annual maximum dental is \$2,000 per person.

Voluntary Life Insurance

Voluntary Life Insurance through the Standard will require participants to have a minimum of \$5,000 in VLI for themselves to have any dependent coverage.

The Enrollment Process

You must enroll or decline coverage online in
your E-PEBP portal



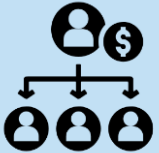
E-PEBP Portal Features



Send a Secure
Message



Elect or Decline
PEBP Dental



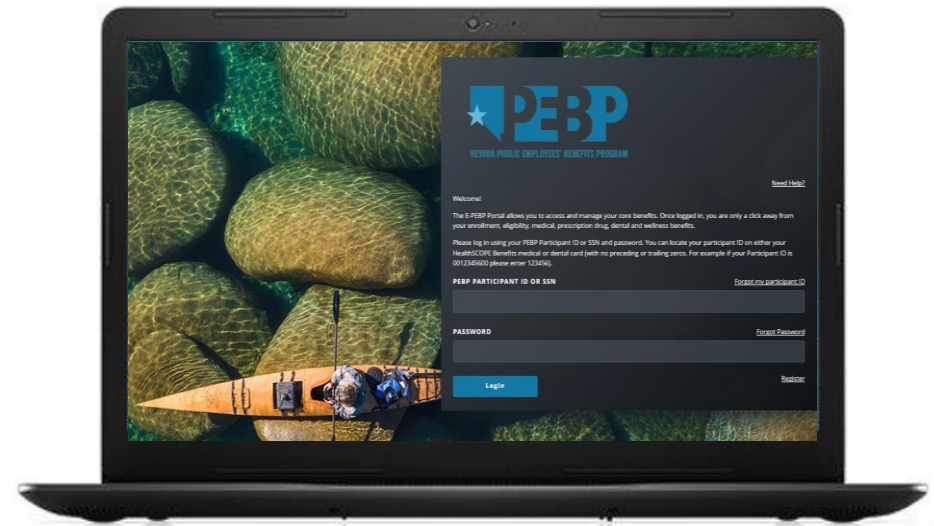
Elect
Beneficiaries



Upload Supporting
Documents



Enroll in Voluntary
Products





E-PEBP Portal



Visit <https://pebp.nv.gov> and click on any “E-PEBP Portal” link to access your online account



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

[Need Help?](#)

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. If your Participant ID is 0012345600 please enter 123456).

PEBP PARTICIPANT ID OR SSN

[Forgot my participant ID](#)

PASSWORD

[Forgot Password](#)

Login

[Register](#)



[Home](#)

Daphne, here are some things you may do next:



OPEN ENROLLMENT
You have 65 days to complete this event.
[Restart](#) [Modify](#) [Cancel](#)

MY TOOLS

MY BENEFITS

YOUR MONTHLY COST


Quick Actions



Personal



Physical



Financial

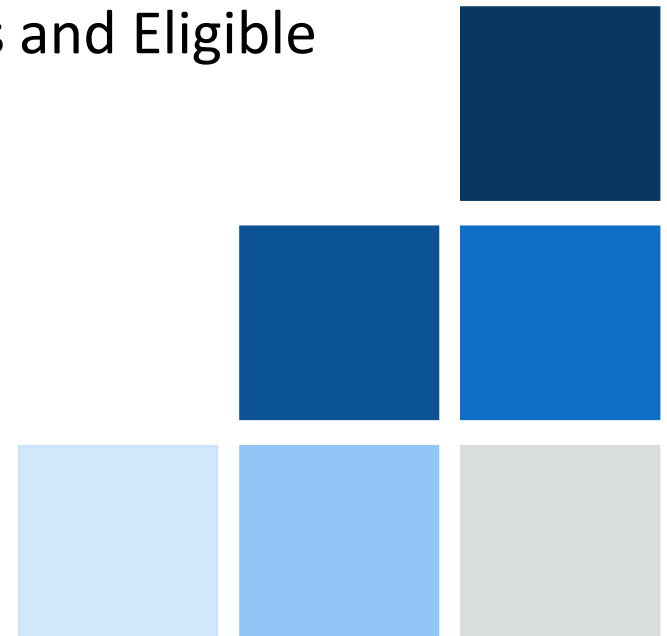
Boost your coverage with
PEBP⁺ Voluntary Benefits

Learn and Enroll

Supporting documents must be submitted through the E-PEBP Portal or on PEBP’s Contact Us page under Supporting Documents.

PEBP Dental Plan

Medicare Exchange Participants and Eligible
Dependents



Dental Benefits Overview

Medicare Exchange Participants

BENEFIT CATEGORY	In-Network	Out-of-Network
Individual Plan Year Maximum (applies to basic and major services)	\$2,000 per person	\$2,000 per person
Plan Year Deductible (applies to basic and major services only)	\$100 per person or \$300 per family (3 or more)	\$100 per person or \$300 per family (3 or more)
Preventive Services Routine cleanings (4/plan year) Exams (4/plan year) Bitewing X-rays (2/plan year)	<ul style="list-style-type: none"> • Covered 100% • Not subject to deductible • Does not apply towards individual plan year max 	<ul style="list-style-type: none"> • Covered 80% • Not subject to deductible • Does not apply towards individual plan year max
Basic Services Periodontal, fillings, extractions, root canals, full-mouth X-rays	You pay 20% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Major Services Bridges, crowns, dentures, tooth implants	You pay 50% coinsurance after deductible is met	You pay 50% coinsurance after deductible is met
Orthodontia	Not Covered	Not Covered

PEBP Dental Option

To enroll in the PEBP dental plan:

- Retiree has a medical plan through Via Benefits
- Enroll or decline coverage in your E-PEBP portal
- PEBP Dental coverage is effective for the *entire* plan year (July 1-June 30)
- For eligible retirees: dental premium is deducted from your PERS pension check and reimbursed to you automatically. If you pay your premium directly to PEBP monthly your premium will also be automatically reimbursed to you. The automatic dental reimbursements come from your Medicare Exchange HRA account.
 - If you do not receive a PERS pension check, you may pay online or set up automatic payments through your E-PEBP Portal.

Plan Year 2025 PEBP Dental Plan Rates July 1, 2024 – June 30, 2025

Monthly Premium Rates	State Retiree	Non-State Retiree
Retiree only	\$50.66	\$44.99
Retiree + Spouse/DP*	\$101.32	\$89.98
Surviving/Unsubsidized Spouse/DP*	\$50.66	\$44.99

*Spouse/DP must be enrolled in Medicare in order to elect PEBP dental.

Monthly Exchange HRA Contribution

VIA Benefits



Via Benefits Exchange HRA Contribution

Medicare retirees will continue to receive \$13 per month per year of service.

Exchange – Monthly HRA Contribution Medicare Retirees Enrolled in Via Benefits

Years of Service	Contribution
5	\$65
6	\$78
7	\$91
8	\$104
9	\$117
10	\$130
11	\$143
12	\$156
13	\$169
14	\$182
15 (base)	\$195
16	\$208
17	\$221
18	\$234
19	\$247
20	\$260

RETIREE MEDICARE EXCHANGE HRA CONTRIBUTION

ELIGIBILITY

- Exchange participants who retired **BEFORE January 1, 1994**, receive the 15-year (base) HRA contribution.
- Exchange participants who retired **ON OR AFTER January 1, 1994**, receive the HRA contribution that corresponds to the number of years the retiree worked for a Nevada public entity.
- Retirees with ***less than 15 years of service***, who were hired by their last employer **ON OR AFTER January 1, 2010**, and who are not disabled do not receive an Exchange HRA contribution.
- Retirees who were initially hired **ON OR AFTER January 1, 2012**, do not receive an Exchange HRA.

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.

Voluntary Benefits

Corestream



PEBP+ Voluntary Benefits

To enroll in voluntary benefits, click PEBP+ on the E-PEBP portal.

Voluntary Products	Open Enrollment or Qualifying Life Event	Anytime
VSP Voluntary Vision	X	
Legal Services	X	
Retiree Critical Illness	X	
Retiree Accident Insurance	X	
Retiree Voluntary Life Insurance*	X	
Auto, Home, and Renters' Insurance		X
ID Theft Protection		X
Pet Insurance		X

*Participants must be enrolled on \$5,000 Voluntary Life Insurance (VLI) to enroll their dependents in VLI



Participants and eligible dependents do not need to be enrolled in a dental plan to enroll in voluntary products.

Dates and Deadlines

If you do not want to make any changes NO action is required.

To make changes to your *medical plan* you must do so through
Via Benefits during Medicare open enrollment
from October 15th – December 7th

Deadline to
Complete Changes

May 31st, 2024

Changes
Become Effective

July 1, 2024



Plan Year 2025
Open Enrollment

May 1st - May 31st

Deadline to Upload
Supporting Documents

June 15, 2024



Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706

<https://pebp.nv.gov>

memberservices@peb.nv.gov

775-684-7000 or 702-486-3100

Send us a secure message in your E-PEBP Portal

Thank You!