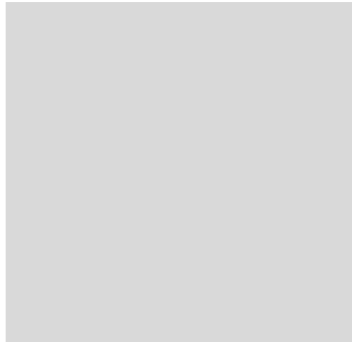


OPEN ENROLLMENT PLAN YEAR 2025

CONSUMER DRIVEN
HEALTH PLAN,
LOW DEDUCTIBLE PLAN,
EXCLUSIVE PROVIDER
ORGANIZATION PLAN,
AND
HEALTH PLAN
OF NEVADA

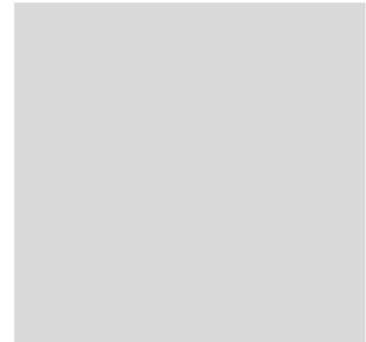


775-684-7000

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

1. PEBP Fundamentals
2. Completing Your Enrollment
3. Summary of Plan Changes
4. Medical Plan Options and Rates
5. Plan Design
6. Health Savings Accounts (HSAs) and Health Reimbursement Arrangements (HRAs)
7. Flexible Spending Accounts
8. Additional Benefits
9. Voluntary Products
10. Call to Action and Important Timeframes
11. Q&A

PEBP Fundamentals



Resources

BENEFIT 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>

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

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

Plan Year 2025 PEBP Plan Comparison

The information provided contains general plan benefits and may not include additional provisions or exclusion. To review in-depth plan benefits, refer to the applicable master plan document.

Plan Year 2025	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Medical Plan Design Features	In-Network			
Service Area	Global		Northern Nevada	Southern Nevada
Annual Deductible (Medical and prescription* combined)	\$1,600 Individual \$3,200 Family	\$0	\$100 Individual \$200 Family	Tier 4 prescription drug coverage (see Prescription Overview)
Medical Coinsurance	You pay 20% after Deductible	You pay 20% after Deductible	You pay 20% after Deductible	N/A
Out-of-Pocket Maximum (OOPM)	\$4,000 Individual \$8,000 Family \$6,850 Individual Family Member OOPM	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member OOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member OOPM	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member OOPM
Primary Care Office Visit	You pay 20% after Deductible	\$30 Copay per visit	\$20 Copay per visit	\$25 Copay per visit
Specialist Care Office Visit	You pay 20% after Deductible	\$50 Copay per visit	\$40 Copay per visit	\$25 copay per visit with a referral \$40 copay per visit without a referral
Urgent Care Visit	You pay 20% after Deductible	\$80 copay per visit	\$50 copay per visit	\$50 copay per visit
Telemedicine**	\$49 Copay medical visit Doctor on Demand	\$10 Copay medical visit Doctor on Demand	\$10 Copay medical visit Doctor on Demand	\$0 Copay 24/7 Advice Nurse NowClinic
Emergency Room Visit	You pay 20% after Deductible	\$750 Copay per visit	\$600 Copay per visit	\$600 Copay per visit
In-Patient Hospital	You pay 20% after	20% Coinsurance	\$600 Copay per	\$600 Copay per

<https://pebp.nv.gov>

Open Enrollment page

Getting to Know Your Plan page

Public Employees' Benefits Program

Administers healthcare benefits for State employees, approved non-state agencies and retirees

PEBP insures approximately 70,000 total lives

43,000 Primary Participants

27,000 Covered Dependents

Submits funding and operational requirements to the legislature as part of the biennial budget for approval

Overseen by a Board of Directors appointed through the Governor

Access Information on the E-PEBP portal and website, quarterly newsletters and the Member Services team

Member Services Unit
Eligibility Team
Quality Control
IT
Operations

Open Enrollment

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

Changes made will be effective **July 1, 2024**

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 basic life insurance beneficiaries
- Enroll or decline voluntary benefits
- Enroll in an FSA

Who is Eligible for Coverage?

Legal Spouse or Domestic Partner

If not eligible for group coverage through their own employer

Significantly inferior exception:
A catastrophic plan with a deductible of \$5,000 or more not paired with an HSA/HRA

Children/ Stepchildren

May be covered from birth through the last day of the month the child reaches age 26

Disabled Dependent Child

A child of any age with a disability incapable of self-support

Children under Legal Guardianship

Children under permanent legal guardianship to age 19

Continue to age 26 if:

1. Resides with participant
2. Unmarried
3. Full-time student
4. Participant provides over one half of support
5. The dependent is a child, brother, sister, step-brother, step-sister, grandchild or a descendant of such a relative



Required Supporting Documents

Due by June 15th, 2024

Copies of Certified Required Documents	Spouse	DP	Children	Step-children	Disabled Child Over Age 26	Permanent Legal Guardianship
Social Security Number	X	X	X	X	X	X
Copy of Certified Marriage Certificate	X			X		
Copy of Certified Domestic Partner Certification		X				
Copy of Certified Birth Certificate			X	X		
Certification of Disabled Dependent Child and Verification of Continuous Health Insurance Since Age 26					X	
Copy of Legal Guardianship Papers Signed by Judge						X

Trouble uploading documents in your E-PEBP Portal?

<https://pebp.nv.gov> > Contact Us page > *Supporting Documents* >

Secure Document Upload Form

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.

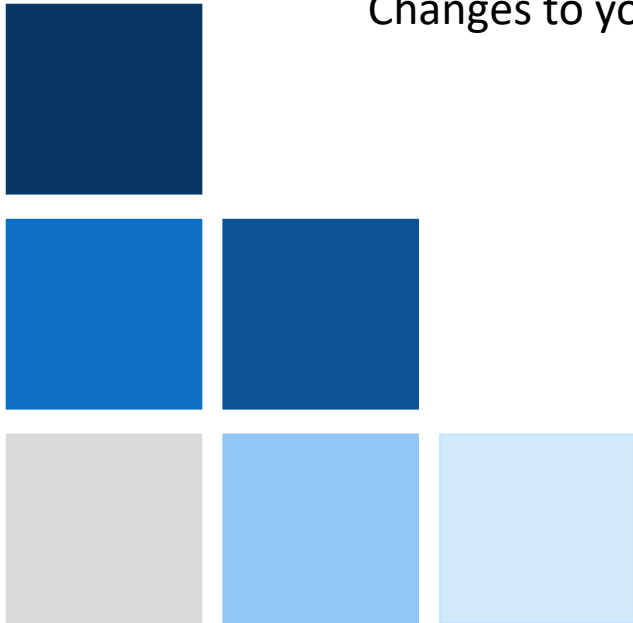
Premium



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.

Completing Your Enrollment

Changes to your plan must be made in your E-PEBP Portal



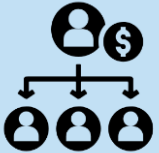
E-PEBP Portal Features



Send a Secure Message



Complete Open Enrollment Event



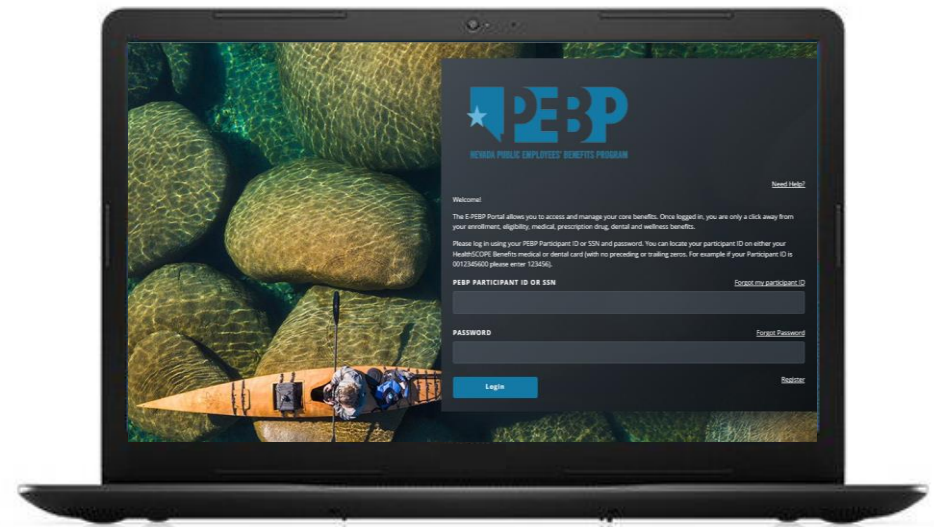
Elect Beneficiaries



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 UMR 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

[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

MEDICAL 
Low Deductible PPO Plan

Policy #

ID

Who is covered

Access

[Access Express Scripts](#)
[Access UMR](#)

[Quick Actions](#)

MY BENEFITS

YOUR MONTHLY COST

[Quick Actions](#)



Personal



Physical



Financial

Boost your coverage with
PEBP⁺ Voluntary Benefits

[Learn and Enroll](#)

Selecting Your Coverage



Family



Medical Coverage



HSA/HRA



Voluntary Benefits



Beneficiaries



Complete your
Enrollment

HPN - Health Plan of
Nevada

\$

per month

Select

Learn More

Low Deductible PPO
Plan

\$

per month

Select

Learn More

Consumer Driven
Health Plan

\$

per month

Select

Learn More

Decline coverage

\$0.00

per month










Select

Learn More











Summary of Plan Changes










Plan Year 2025 Benefit Changes

	DESCRIPTION OF CHANGE	CDHP	LD	EPO	HPN
1.	Increase deductible as required for the Health Savings Account to \$1,600 for single tier coverage and \$3,200 for spouse, children and family tiers.				
2.	Integrated HSA/HRA: CDHP, LD, EPO and HPN <i>State active employees</i> will receive an integrated HSA/HRA employer contribution effective July 1, 2024. Participants have flexibility to change health plans during open enrollment while retaining existing HRA dollars.				
3.	<p>Plan Year 2025 *<u>One-Time</u> HRA or HSA contribution: Applies to State active employees enrolled in the CDHP, LD, EPO or HPN on July 1, 2024. Prorated contributions apply participants enrolled 8/1/24 – 6/1/25.</p> <ul style="list-style-type: none"> • \$300 Employee Only, • \$400 Employee + Child(ren)/Spouse, • \$500 Employee + Family <p>*One-time contribution applies to Plan Year 2025 only. Future one-time contributions are at the discretion of the PEBP Board and/or Legislature; therefore, are not guaranteed for future plan years.</p>				
4.	<p>PY 2025 “base” HSA or HRA contribution: Applies to participants enrolled in the CDHP on 7/1/24. Prorated contribution applies for CDHP participants enrolled 8/1/24 – 6/1/25.</p> <ul style="list-style-type: none"> • \$600 Participant Only 				

Plan Year 2025 Benefit Changes

	DESCRIPTION OF CHANGE	CDHP	LD	EPO	HPN
5.	<p>For services requiring precertification's Outpatient and Physician Surgery, "When outpatient and physician surgery is performed at an In-Network, contracted ambulatory surgical center (ASC) by an In-Network, contracted physician, prior authorizations is not required.</p> <p>However, when services are not performed at an In-Network, contracted ASC, procedures will require prior authorization. This is commonly referred to as Site of Service.</p> <p>Prior authorization for dialysis has been removed.</p>				
6.	<p>Contracting with Carrum Health effective July 1st. Carrum Health is a value-based Centers of Excellence platform that negotiates directly with top healthcare providers to offer upfront bundled payments to employers. Their unique approach ensures patients receive more appropriate care that is better, less expensive, and easier for everyone. This benefit is coordinated with Hinge Health to offer more value and targeted care.</p>				
7.	<p>Bring plans into compliance under the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).</p> <ul style="list-style-type: none"> • Modify or remove certain exclusions/limitations • Clarify certain day limits or visit limits • Clarify certain benefit descriptions • Reassign certain benefit classifications • Other considerations 				

Plan Year 2025 Benefit Changes

	DESCRIPTION OF CHANGE	CDHP	LD	EPO	HPN
8.	<p>For Specialty Drugs part of the SaveOnSP program, the coinsurance applies (CDHP 20%, LD 30%, EPO 20%).</p> <p>For Specialty Drugs not part of the SaveOnSP program, the respective coinsurance applies with a copay limitation \$100 minimum and a maximum of \$250.</p>				
9.	<p>Travel Benefit to allow for reimbursement up to U.S. General Service Administration rates. This change will allow reimbursement for meals, travel, and lodging for the member and one companion. This benefit would apply to these specific medically approved services:</p> <ul style="list-style-type: none"> • Bariatric • Hip/Knee • Organ/Tissue Transplant • Abortion 				

What's New

Higher Quality. Lower costs. Surgery and cancer care have never been better.

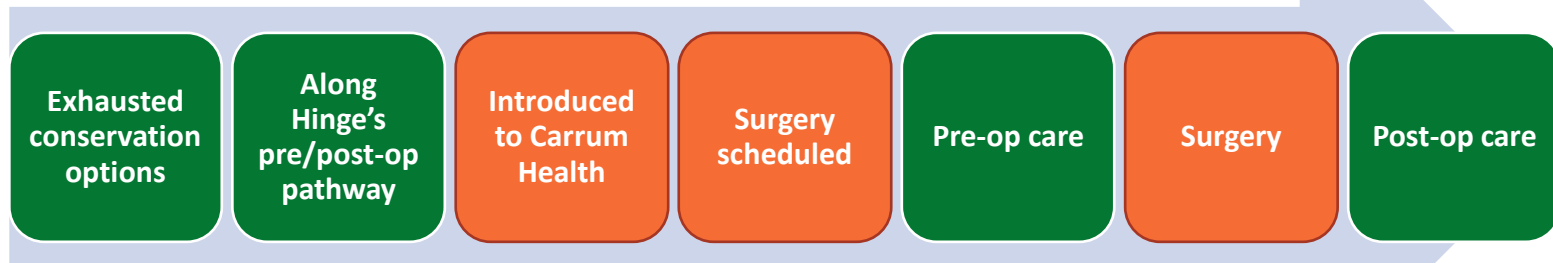


Carrum Health is a value-based Centers of Excellence platform that negotiates directly with top healthcare providers to offer CDHP, LD and EPO participants upfront bundled payments to employers. Their unique approach ensures patients receive more appropriate care that is better, less expensive, and easier for everyone.

- Total, partial, and revision hip and knee replacement surgery
- Spinal fusion surgery; Bariatric (weight loss) surgery
- Other orthopedic and spine procedures (e.g., hand, wrist, elbow, shoulder, ankle, foot)
- Cardiac (heart) surgery
- Oncology

Integrated clinical workflows enable end-to-end visibility and support of participants throughout their care journey.

Hinge Health participant interested in surgery:



Carrum Health participant inquiring about surgery for MSK pain:



Medical Plan Rates and Options



Medical Plan Options

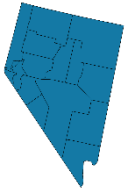
Consumer Driven Health Plan Preferred Provider Organization (CDHP PPO)

- Available Nationwide
 - Always paired with a Health Savings Account (HSA)
or a Health Reimbursement Arrangement (HRA)



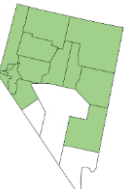
Low Deductible Plan (LD PPO)

- Available Nationwide



Exclusive Provider Organization (Northern Nevada EPO)

- Available in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln, Elko counties

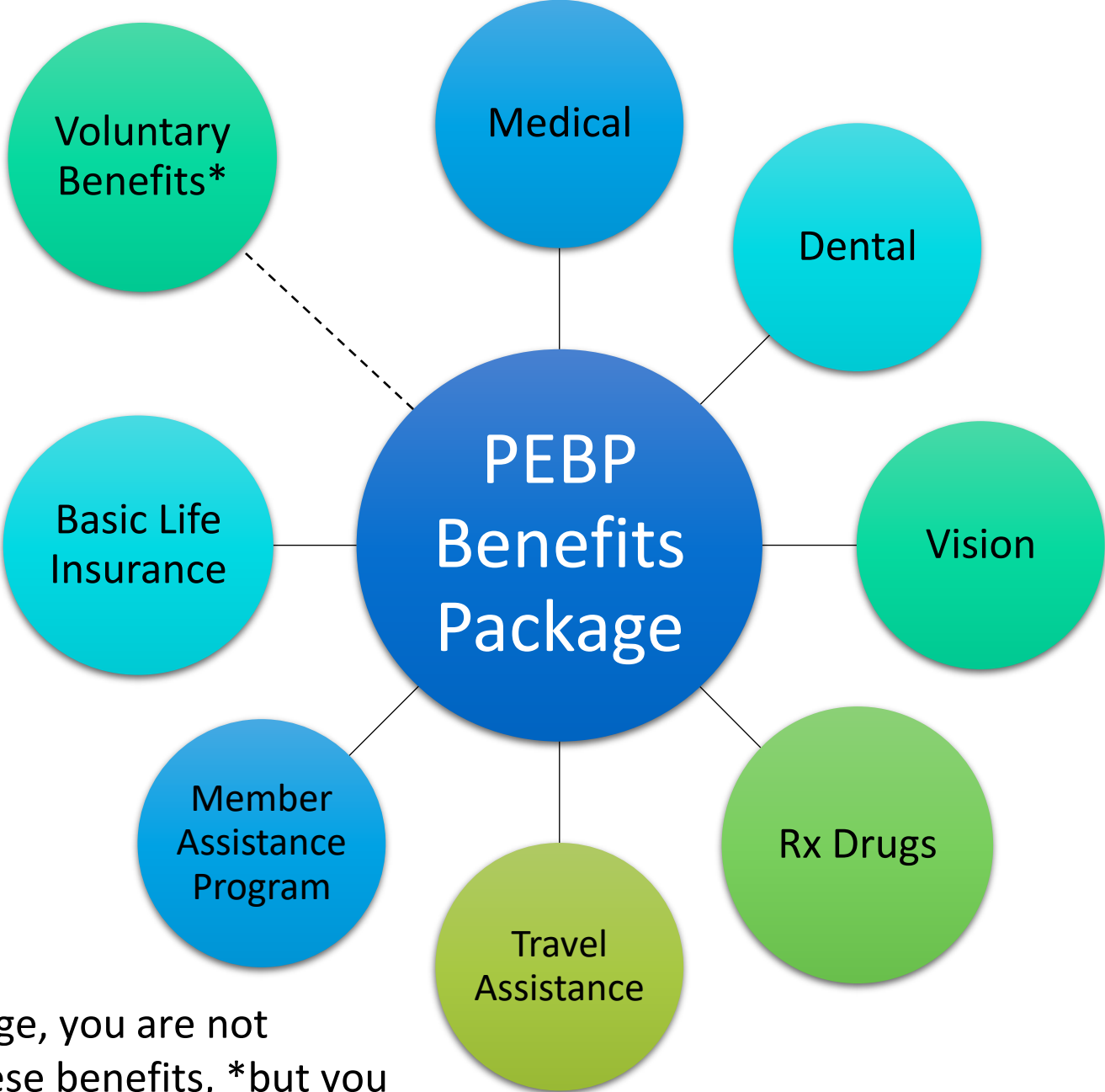


Health Plan of Nevada Health Maintenance Organization (Southern Nevada HMO)

- Available in Clark, Esmeralda, and Nye counties



All included in your monthly premium, minus voluntary benefits.



If you decline coverage, you are not eligible for any of these benefits, *but you may still enroll in voluntary products



Monthly Premium Cost

State Rates Active Employees	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization (EPO) & Health Plan of Nevada (HMO)
Employee Only	\$55.26	\$85.26	\$181.24
Employee + Spouse/DP	\$271.27	\$331.28	\$523.25
Employee + Child(ren)	\$136.26	\$177.52	\$309.50
Employee + Family	\$352.28	\$423.54	\$651.51

Central payroll employees: Health insurance/voluntary benefit premiums are split 50/50 between the first and second paycheck of each month.
 Deductions for your Health Savings Account or Flexible Spending Account are deducted on the second check of each month.



Monthly Premium Cost

Non-State Rates Active Employees	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization (EPO) & Health Plan of Nevada (HMO)
Employee Only	\$997.33	\$1,063.39	\$1,075.11
Employee + Spouse/DP	\$1,979.98	\$2,112.10	\$2,135.54
Employee + Child(ren)	\$1,365.83	\$1,456.66	\$1,472.77
Employee + Family	\$2,348.47	\$2,505.37	\$2,533.20

Non-State Actives: Those whose last employer is a non-State public entity (a local government that is contracted with PEBP to provide coverage to their active employees pursuant to NRS 287.025).

--Subsidies for non-state active employees are determined by the employer and are not published here.



Retiree Monthly Premium Cost

**RETIRES INITIAL
HIRE DATE,
RETIREMENT
DATE AND
EARNED YEARS
OF SERVICE ARE
NEEDED TO
DETERMINE
ELIGIBILITY**

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

Must have at least 15 years of service to qualify for a subsidy or Exchange HRA

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

May participate but **will not** qualify for a subsidy or an Exchange HRA, and will be charged the full unsubsidized rate

Retiree Coverage for Employees
Initially Hired Before
January 1, 2010

May participate and **may** qualify for a subsidy or 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.



Retiree Monthly Premium Cost

State Retirees Non-Medicare	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO) & Health Plan of Nevada (HMO)
Retiree Only	\$263.82	\$293.82	\$389.80
Retiree + Spouse/DP	\$635.73	\$695.72	\$887.69
Retiree + Child(ren)	\$403.26	\$444.52	\$576.52
Retiree + Family	\$775.18	\$846.44	\$1,074.41
Surviving/Unsubsidized Dependent	\$708.40	\$747.22	\$846.32
Surviving/Unsubsidized Spouse + Child(ren)	\$970.98	\$1,024.36	\$1,160.62

Subsidy for Retirees Enrolled in the CDHP/HMO Plan	
Years of Service	Subsidy
5	+\$400.50
6	+\$360.45
7	+\$320.40
8	+\$280.35
9	+\$240.30
10	+\$200.25
11	+\$160.20
12	+\$120.15
13	+\$80.10
14	+\$40.05
15 (base)	-
16	-\$40.05
17	-\$80.10
18	-\$120.15
19	-\$160.20
20	-\$200.25

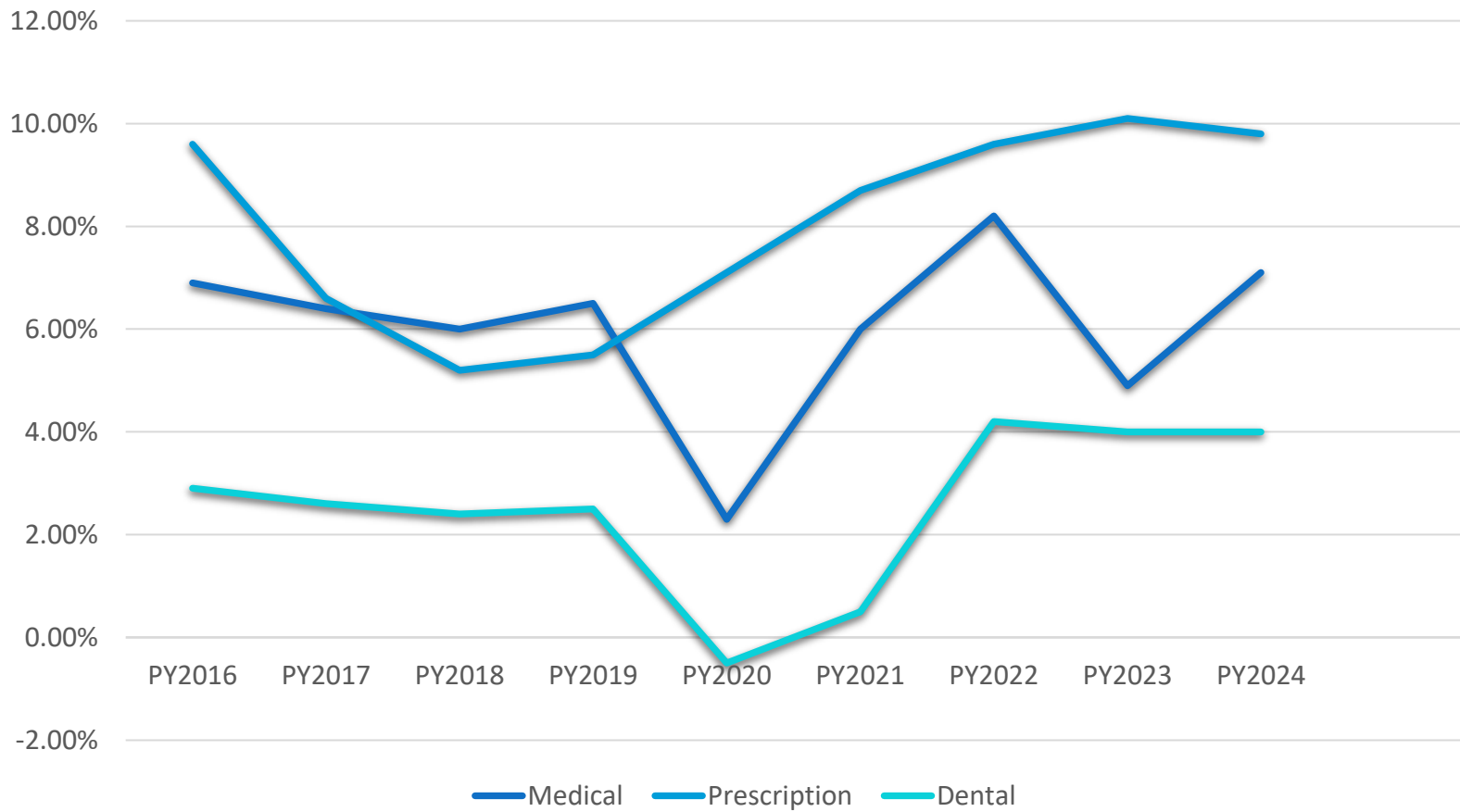


Retiree Monthly Premium Cost

Non-State Retirees Non-Medicare	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO) & Health Plan of Nevada (HMO)
Retiree Only	\$263.82	\$293.82	\$389.80
Retiree + Spouse/DP	\$635.73	\$695.72	\$887.69
Retiree + Child(ren)	\$403.27	\$444.52	\$576.52
Retiree + Family	\$775.19	\$846.44	\$1,074.41
Surviving/Unsubsidized Dependent	\$990.86	\$1,056.92	\$1,068.64
Surviving/Unsubsidized Spouse + Child(ren)	\$1,359.36	\$1,450.18	\$1,466.30

Subsidy for Retirees Enrolled in the CDHP/HMO Plan	
Years of Service	Subsidy
5	+\$400.50
6	+\$360.45
7	+\$320.40
8	+\$280.35
9	+\$240.30
10	+\$200.25
11	+\$160.20
12	+\$120.15
13	+\$80.10
14	+\$40.05
15 (base)	-
16	-\$40.05
17	-\$80.10
18	-\$120.15
19	-\$160.20
20	-\$200.25

Summary of Plan Cost Trends



Plan Design



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%
of eligible
medical expenses

PEBP Plan	Medical Deductible	Out-of-Pocket Maximum
Consumer Driven Health Plan (PPO)	\$1,600 Individual \$3,200 Family	\$4,000 Individual \$8,000 Family \$6,850 Individual Family Member
Low Deductible Plan (PPO)	\$0	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member
Exclusive Provider Organization Plan (EPO)	\$100 Individual \$200 Family	\$5,000 Individual \$10,000 Family
Health Plan of Nevada (HMO)	N/A With exception of Tier 4 for prescription drug coverage	\$5,000 Individual Family Member

Medical Benefits Overview

MEDICAL PLAN DESIGN FEATURES	CONSUMER DRIVEN HEALTH PLAN (PPO)	LOW DEDUCTIBLE PLAN (PPO)	EXCLUSIVE PROVIDER ORGANIZATION (EPO)	HEALTH PLAN OF NEVADA (HMO)
Medical Coinsurance	20% after Deductible	20% after Deductible	20% after Deductible	N/A
Primary Care Office Visit	20% after Deductible	\$30 Copay	\$20 Copay	\$25 Copay
Specialist Care Office Visit	20% after Deductible	\$50 Copay	\$40 Copay	\$25 Copay <i>with a referral</i> \$40 <i>without a referral</i>
Urgent Care Visit	20% after Deductible	\$80 Copay	\$50 Copay	\$50 Copay
Emergency Room Visit	20% after Deductible	\$750 Copay	\$600 Copay	\$600 Copay
In-Patient Hospital	20% after Deductible	20% after Deductible	\$600 Copay	\$600 Copay
Out-Patient Hospital	20% after Deductible	\$500 Copay	\$350 Copay	\$350 Copay Ambulatory Surgical Facility \$50 Copay
Affordable Care Act Preventive Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay



Prescription Benefits Overview

Plan Year 2025	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Preferred Generic	You pay 20% after Deductible	\$10 Copay 30-day supply		
		\$20 Copay 90-day retail and mail	\$25 Copay 90-day mail	
Preferred Brand	You pay 20% after Deductible	\$40 Copay 30-day supply		
		\$80 Copay 90-day retail and mail	\$100 Copay 90-day mail	
Non-Formulary	You pay 100% of the cost of medication	\$75 Copay 30-day supply		
		\$150 Copay 90-day retail and mail	\$187.50 Copay 90-day mail	
Specialty (30-day supply)	You pay 20% after Deductible; drugs not on SaveOnSP program \$100 min/\$250 max	You pay 30% after Deductible; drugs not on SaveOnSP program \$100 min/\$250 max	You pay 20% after Deductible; drugs not on SaveOnSP program \$100 min/\$250 max	You pay 20% Coinsurance
ACA Preventive Medications	\$0	\$0	\$0	\$0
CDHP Preventive Medications	You pay 20%, not subject to Deductible	N/A	N/A	N/A



Prescription Benefits Overview

Available to Consumer Driven Health Plan (PPO), Low Deductible Plan (PPO) & Exclusive Provider Organization Plan (EPO) Participants



30-Day Express Advantage Network (EAN) Program

Use in-network pharmacies (excludes CVS and Walgreens) for short-term medications.

Smart90 Program

For medications you take regularly for ongoing conditions. Get them mailed to you or pick them up from a EAN pharmacy.

Accredo Specialty Drug Program

Specialty drugs are used to treat complex conditions, such as cancer, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, rheumatoid arthritis, etc. Specialty drugs and prescriptions are generally limited to a 30-day supply.

Price Your Medication Tool

We're partnering with PEBP - Nevada Public Employees' Benefits Program to manage your pharmacy benefits.

Explore your plan options.

- CDHP Plan - Individual Coverage
- CDHP Plan - Family Coverage
- Exclusive (EPO) Plan
- Low Deductible PPO Plan

Vision Benefits Overview

Plan Year 2025	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Vision Exam	You pay 20% after Deductible	\$10 copay Maximum benefit of \$100 per annual exam		
Hardware frames lenses contacts	Not covered	\$10 Copay Maximum benefit of \$100 every 24 months		



Dental Benefits Overview

CDHP, LD, EPO & HMO Participants

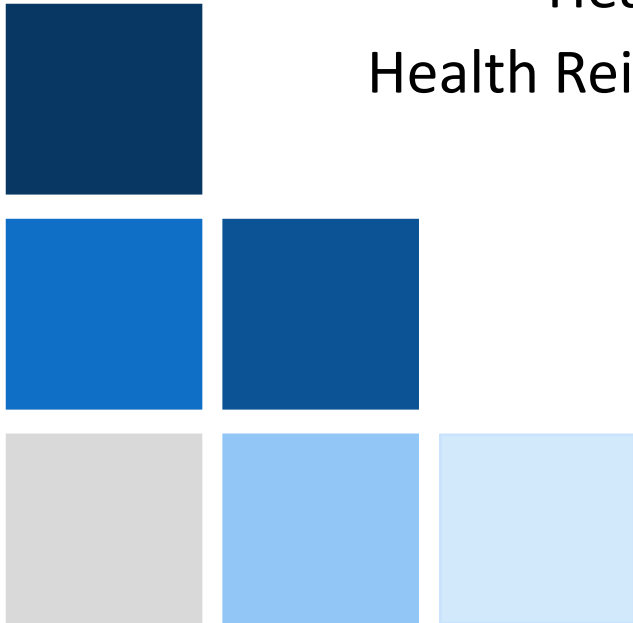
BENEFIT CATEGORY	In-Network	Out-of-Network
Individual Plan Year Maximum No plan year max for dependents under 19	\$2,000 per person	\$2,000 per person
Plan Year Deductible	\$100 per person or \$300 per family (3 or more)	\$100 per person or \$300 per family (3 or more)
Preventive Services Routine cleanings (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	
Orthodontia (adults and children)	Not Covered	Not Covered

Spending Accounts

Flexible Spending Account (FSA)

Health Savings Account (HSA)

Health Reimbursement Arrangement (HRA)





Flexible Spending Accounts

	Health Care FSA	Limited Purpose FSA	Dependent Care FSA
Who is Eligible	Fulltime active state employees covered under the CDHP, LD, EPO or HMO plan. Non-State and NSHE employees are ineligible for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer.		
Examples of Covered Expenses	Qualified medical, dental and vision expenses such as: <ul style="list-style-type: none"> • Chiropractor • Glasses • Contact lenses • Orthodontia • Copays 	Qualified dental and vision expenses such as: <ul style="list-style-type: none"> • Vision exams • LASIK surgery • Glasses • Contact lenses • Dental services • Orthodontia 	Qualified dependent care expenses such as certain: <ul style="list-style-type: none"> • Preschool expenses • Nursery school expenses • Childcare in your home • Licensed home childcare
IRS Annual Allowed Maximum Calendar Year Contribution	\$3,200	\$3,200	\$5,000 per household (\$2,500 if married - filing separate)
Can you have an HSA	No	Yes	Yes
Do funds roll over from year to year	Carry over up to \$640. Funds more than \$640 are forfeited.	Carry over up to \$640. Funds more than \$640 are forfeited.	No carry over. All excess funds will be forfeited.

Enrollment is not automatic. You must re-enroll each year if you want to participate in a Flexible Spending Account and pay a \$3.15 per month administration fee.



HSA/HRA Employer Contributions

Plan Year 2024 HSA/HRA Annual Contribution Amounts	Consumer Driven Health Plan (PPO) HSA/HRA Account	Low Deductible Plan (PPO) HRA Account	Exclusive Provider Organization Plan (EPO) HRA Account	Health Plan of Nevada (HMO) HRA Account
Base Employer Contribution for Participant	\$600	N/A	N/A	N/A
One-time HRA Employer Contribution for State Active Employees <u>Allocation Tiers:</u> EE = Employee Only E+C = Employee + Child(ren) E+S = Employee + Spouse E+F = Employee + Family	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)	\$300 (EE) \$400 (E+C, E+S) \$500 (E+F)
Total Employer Contribution Amount	up to \$1,100	up to \$500	up to \$500	up to \$500

Health Savings
Account



*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:

1. You are an active employee covered under the Consumer Driven Health Plan
2. You cannot have other coverage (Medicare, TRICARE, Tribal, HMO, COBRA, etc.) unless the coverage is also an IRS qualified high deductible health plan
3. You or your spouse cannot be enrolled in a Medical Flexible Spending Account (unless this is a limited purpose FSA), or have an HRA
4. You cannot be claimed on someone else's tax return (excludes joint returns)

HSA Contribution Limits

- PEBP + Employee contribution limit
- Family is defined as two or more covered individuals on your plan
- Funds are regulated by the IRS



HSA Contribution Limits	
	2024
Individual Coverage	\$4,150
Family Coverage	\$8,300
Catch-Up Contribution (Aged 55 or older)	\$1,000

It is your responsibility to keep track of your contributions.

Health
Reimbursement
Arrangement



*Terminating coverage includes declining PEBP coverage or by leaving state service

Additional Benefits



Connects you with the leading specialists in their respective fields to answer questions, like:

An exclusive membership for Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (EPO) participants with 2nd.MD, a virtual expert consultation and medical navigation service for **\$0 copay**.

Connect with 2nd MD's Care Team:

- Call: 866-841-2575
- Visit: www.2nd.MD/pebp
- Download the 2nd.MD App

- *“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?”*



Sign up for help with any of the following:

- Addressing pain or limited movement
- Recovery from a past injury
- Reducing stiffness in achy joints
- Women's pelvic health

Each program is custom tailored. You could receive:

- Virtual visits anytime, anywhere
- Unlimited 1-on-1 health coaching
- Motion-tracking technology for instant form correction

\$0
cost to you

Scan the QR code to learn more or apply at
hinge.health/nevadapebp or call (855)902-2777

Participants must be 18 years and older.

Take Control of Your Pain

Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), and Exclusive Provider Organization Plan (and EPO) participants and your eligible dependents have access to Hinge Health's programs for muscle and joint pain for **\$0 copay**.





on demand



Consumer Driven Health Plan

Urgent Medical Care
\$49
Mental Health Therapy
\$79 (25 minutes)

Some of the conditions that can be treated:

- Cold & Flu
- Asthma & Allergies
- Bronchitis & Sinus Issues
- Rashes & Skin Issues
- Eye Issues

Low Deductible Plan

Urgent Medical Care
\$10
Mental Health Therapy
\$20 (25 minutes)
\$30 (50 minutes)



Prescriptions sent directly to your pharmacy of choice, excluding narcotics

Exclusive Provider Organization Plan

Urgent Medical Care
\$10
Mental Health Therapy
\$20 (25 or 50 minutes)

NowClinic® Virtual Visits

Secure video chat with a provider from your computer or mobile device for a \$0 copay.

No appointment needed to get care for non-life-threatening and non-urgent medical conditions, such as:

- Allergies
- Bladder infection
- Bronchitis
- Pink eye
- Sinus infections
- Viral illnesses

Appointment required for consultations, follow up care or meetings scheduled by providers, including:

- Behavioral health
- Specialties
- Health education
- Case management

Enroll and get care. Download the **NowClinic app** or go to [NowClinic.com](https://www.nowclinic.com) and sign up. Visit your health plan's website to learn how to schedule an appointment and get information on same-day medication delivery using NowClinic.



24/7 Advice Nurse

Health care advice. Just a phone call away.

Get health care advice at no additional cost to you.

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 care, or schedule an appointment with your provider.



Call 1-800-288-2264
(This number is listed on the back of your ID card)



Virtual Visits



Urgent Care



Emergency room



Schedule an appointment with your provider



Provide self-care advice

Urgent Care House Call

Get on-demand health care at home.

Urgent care house calls can treat most things urgent care centers can for the same cost.

Available seven days a week. Urgent care house calls include the tools necessary to provide advanced medical care in the comfort of your home. Most prescriptions can be sent to your chosen pharmacy.



Some of the things home urgent care visits are good for...

- Migraine headaches
- Cuts that need stitches and skin infections
- Urinary tract infections
- Flu and pneumonia
- Dehydration, IV placements and IV fluids
- Asthma attacks, COPD and respiratory infections



Call **1-800-288-2264** to see if an urgent care house call is appropriate for you and set up your appointment.

Disease Care Management

Consumer Driven Health Plan (PPO)

- Diabetes Care Management Program
- Obesity Care Management Program
- Preventive Drug Program

Low Deductible Plan (PPO)

- Obesity Care Management Program

Exclusive Provider Organization Plan (EPO)

- Obesity Care Management Program

Health Plan Of Nevada (HMO)

- Disease Management Program

Contact UMR

- Asthma
- Bone Disease
- COPD
- Heart Disease
- Malaria
- Blood Thinners
- Ace Inhibitors
- Cholesterol
- Smoking Cessation

The image shows two overlapping forms from UMR. The top form is titled "Diabetes Management" and includes sections for member information and biometric assessment. The bottom form is titled "Obesity Care Management Initial Evaluation Form" and includes sections for personal information and a table for test results.

Test	Value	Date of Test
Fasting		
Postprandial		
HDL		
LDL		
Total LDL		
HgA1C		

Basic Life Insurance

Basic Life Insurance	Class 1 (Employee)	Class 2 (Retiree)
State Active/Retiree	\$25,000	\$12,500
Non-State Active/Retiree	\$15,000	\$7,500

- State Active/Retiree: Those whose last employer is a State agency, NSHE, PERS, the Legislature, Legislative Counsel Bureau or a State Board or Commission.
- Non-State Actives/Retirees: Those whose last employer is a non-State public entity (a local government that is contracted with PEBP to provide coverage to their active employees pursuant to NRS 287.025).

Travel Assistance

Available to you and your eligible dependents when traveling 100 miles or more away from home or outside the country.

Here are just a few of the services UnitedHealthcare Global travel provides:

Travel assistance services

- Emergency travel arrangements
- Assistance in replacing lost or stolen travel documents
- Emergency translation services

Medical assistance services

- Worldwide medical and dental referrals
- Relay of insurance and medical information
- Assistance in replacing corrective lenses

Call Customer Service at
1-410-453-6330
or toll free at
1-800-527-0218

Email
assistance@uhcglobal.com

The Member Assistance Program

Available to you and your eligible dependents:

- Mental health treatment, autism services and alcohol and substance use support
- Legal and financial consultations
- Help dial down stress, anxiety and depression – download the Sanvello® app. For community support and guided journeys (upgrade to Sanvello Premium at no cost using your insurance > UnitedHealthcare > then input your information as it appears on your PEBP insurance card)



Mental health
treatment



Autism
services



Alcohol and substance
use support



UnitedHealthcare®

Access your MAP benefit by calling
1-877-660-3806, TTY 711. Download
Sanvello in the app store.

Visit liveandworkwell.com. Register or
enter anonymously using access code
FP3EAP.



Available to all Consumer Driven Health Plan (CDHP), Low Deductible Plan (LD), Exclusive Provider Organization Plan (EPO) and Health Plan of Nevada (HPN) participants for **\$0 copay**.

With Real Appeal, You'll Learn Ways to:

- Eat healthier
- Stay active
- Fit healthy choices into your lifestyle
- Stay motivated
- Develop lasting, healthy habits

Visit enroll.realappeal.com to get started.

PEBP+ Voluntary Benefits

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

Voluntary Products	Open Enrollment or Qualifying Life Event	Anytime
Accident Insurance	X	
Buy-Up Vision Plan	X	
Critical Illness Plan	X	
Hospital Indemnity Plan	X	
Legal Plan	X	
Long Term Disability	X	
Short Term Disability	X	
Voluntary Life Insurance (VLI)*	X	
Auto, Home, and Renters Insurance		X
Identity Theft Protection		X
Pet Insurance		X

*Participants must be enrolled in \$5,000 VLI to enroll their dependents



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

Call to Action & Important Timeframes



Call to Action

Don't wait until you are sick or in crisis to use your PEBP benefits.



Important Timeframes

Plan Year 2025
Open Enrollment
May 1st - May 31st

Deadline to Upload
Supporting Documents
June 15, 2023



Deadline to Complete
Changes
May 31st

Changes
Become Effective
July 1, 2023

This presentation will be available on the open enrollment section of the PEBP website once the webinars have concluded



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 a secure message in your E-PEBP Portal



Thank You!