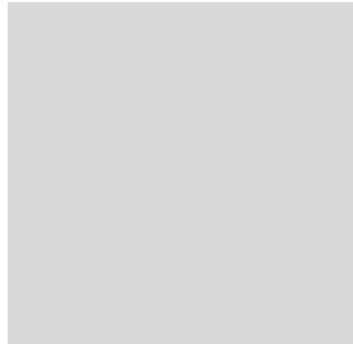


OPEN ENROLLMENT PLAN YEAR 2026

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

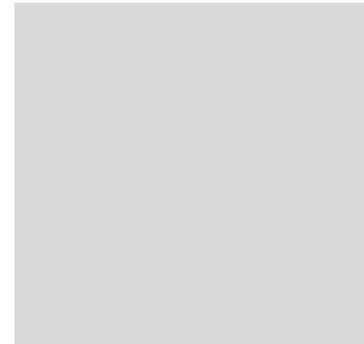


775-684-7000

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. For your privacy, only general questions can be answered during this presentation. If you have questions that are personal in nature, please call the PEBP Member Services Unit or send 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 (800) 326-5496.

A recording of this presentation will be available on PEBP's website once 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

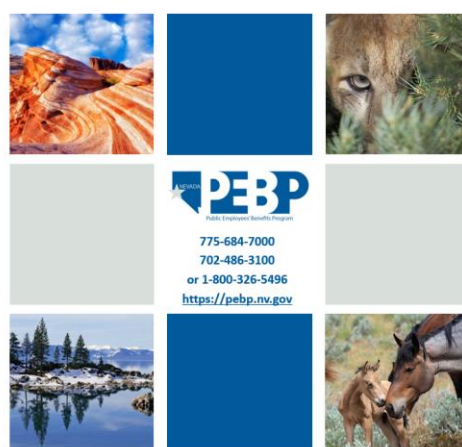
PEBP Fundamentals




Resources



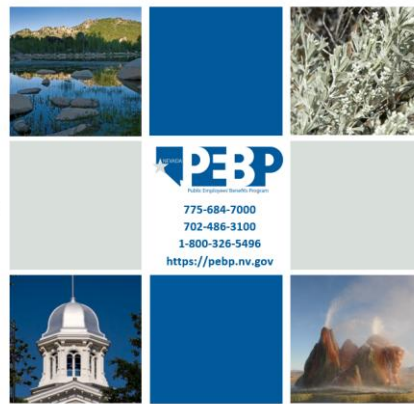
BENEFIT GUIDE
JULY 1, 2025 – JUNE 30, 2026
PLAN YEAR 2026



PEBP
Public Employees' Benefits Program
775-684-7000
702-486-3100
or 1-800-326-5496
<https://pebp.nv.gov>



PREMIUM RATES
JULY 1, 2025 – JUNE 30, 2026
PLAN YEAR 2026



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Public Employees' Benefits Program
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702-486-3100
1-800-326-5496
<https://pebp.nv.gov>

Plan Year 2026 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 2026 Medical Plan Design Features	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
	In-Network			
Service Area	Global		Northern Nevada	Southern Nevada
Annual Deductible (Medical and prescription* combined)	\$1,650 Individual \$3,300 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 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 Deductible	20% Coinsurance	\$600 Copay per admit	\$600 Copay per admit
Outpatient Surgery	You pay 20% after Deductible	\$500 Copay per visit	\$350 Copay per visit	\$350 Copay per visit Ambulatory Surgical Facility \$50 Copay
Affordable Care Act Preventive Services	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay

<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

Send a secure
message through
the E-PEBP
portal and call
Member
Services Unit

Plan Year 2026

July 1, 2025 – June 30, 2026

2025

JANUARY							FEBRUARY							MARCH								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
1	2	3	4	5	6	7					1	2	3	4				1	2	3	4	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11		
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18		
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25		
29	30	31					26	27	28					26	27	28	29	30	31			
APRIL							MAY							JUNE								
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						1							1	2	3					1	2	3
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9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17		
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24		
23	24	25	26	27	28	29	28	29	30	31				25	26	27	28	29	30			
30	31																					
JULY							AUGUST							SEPTEMBER								
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						1							1	2						1	2	
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30	31																					
OCTOBER							NOVEMBER							DECEMBER								
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29	30	31					26	27	28	29	30			24	25	26	27	28	29	30		

2026

JANUARY							FEBRUARY							MARCH							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
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28	29	30	31				25	26	27	28	29			24	25	26	27	28	29	30	
APRIL							MAY							JUNE							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6						1	2	3	4					1	
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21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22	
28	29	30					26	27	28	29	30	31		23	24	25	26	27	28	29	
JULY							AUGUST							SEPTEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
	1	2	3	4	5	6						1	2	3	1	2	3	4	5	6	7
7	8	9	10	11	12	13	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
14	15	16	17	18	19	20	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
21	22	23	24	25	26	27	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
28	29	30	31				25	26	27	28	29	30	31	29	30						
OCTOBER							NOVEMBER							DECEMBER							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1							1	2	1	2	3	4	5	6	7
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20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28	
27	28	29	30	31			24	25	26	27	28	29	30	29	30	31					

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, 2025

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, 2025

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.

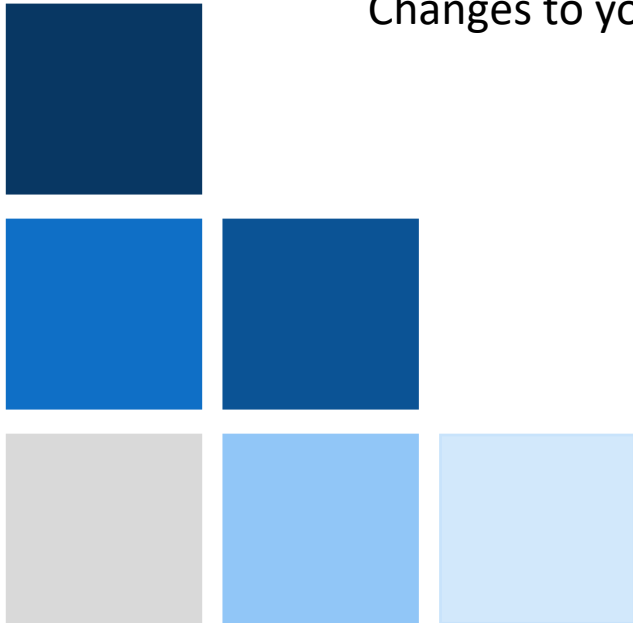
Premium



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



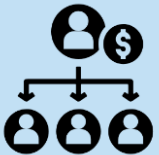
E-PEBP Portal Features



Send a Secure
Message



Complete Open
Enrollment Event



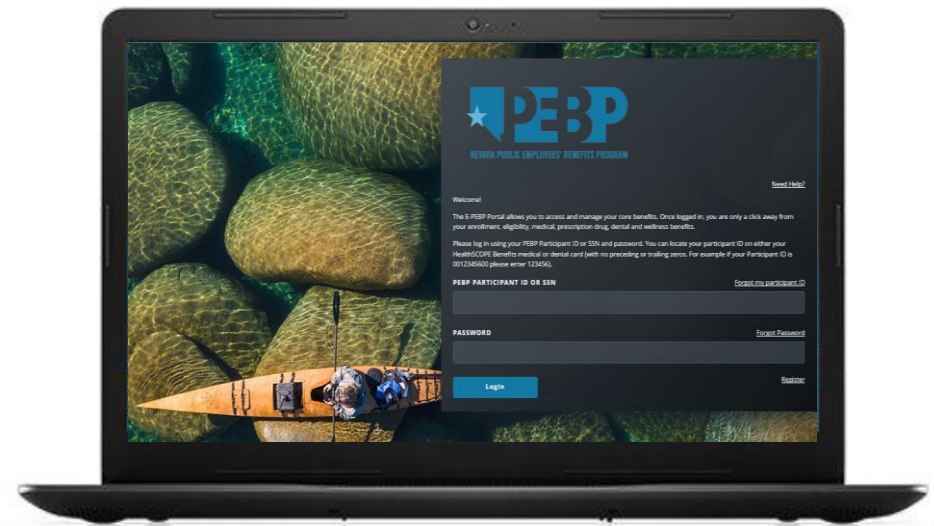
Elect
Beneficiaries



Upload Supporting
Documents



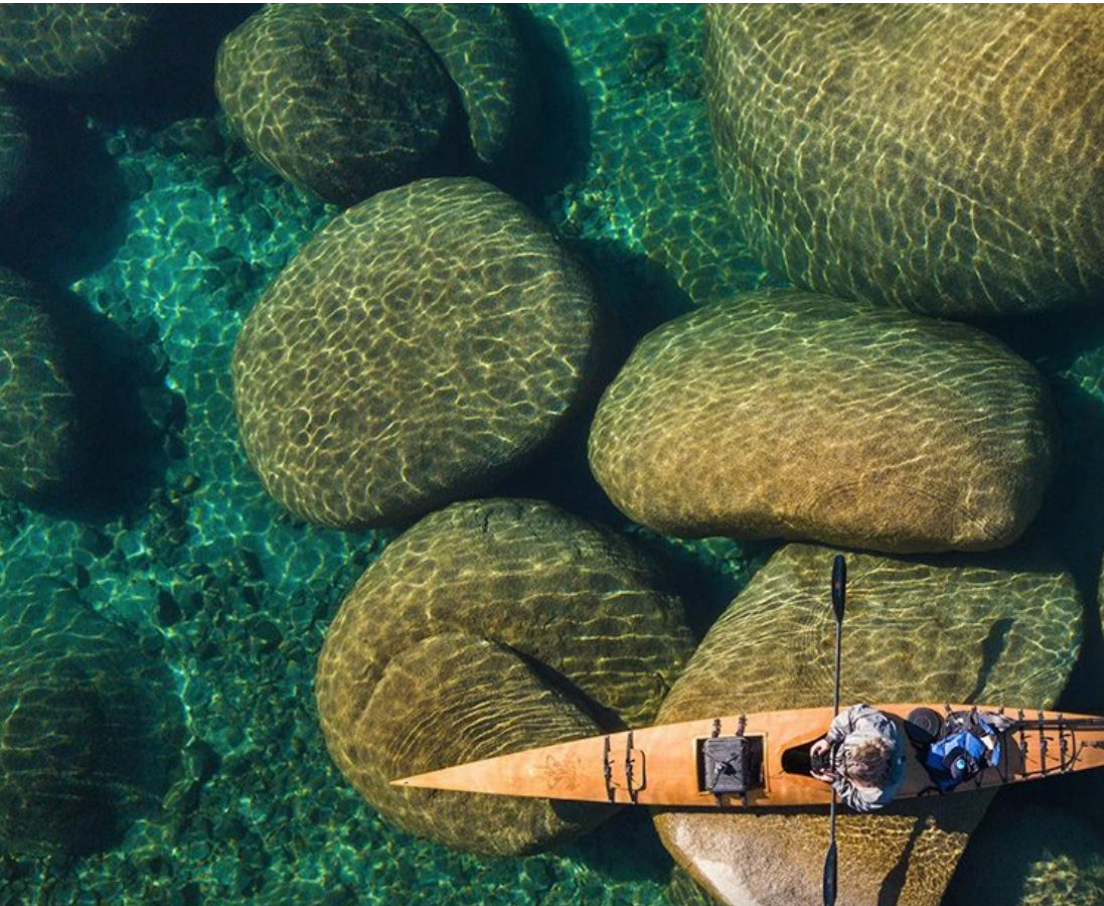
Enroll in Voluntary
Products




E-PEBP Portal



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





NEVADA
PEBP
Public Employees' Benefits Program

[Need Help?](#)

Please note that the Open Enrollment Period is now from May 1, 2024 through May 31, 2024.

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 full Social Security number (No dashes or spaces) and your password. If you have forgotten your password, please press "Forgot Password" on the upper right corner of the Password field below.

PEBP PARTICIPANT ID OR SSN

PASSWORD

[Forgot Password](#)

[Register](#)

Hi JOSHUA

🔍 Search here?



Home

JOSHUA, here are some things you may do next:



OPEN ENROLLMENT

You have 38 days to complete this event.

MY TOOLS

MY BENEFITS

Quick Actions



One-time only benefits now
available with PEBP+ Voluntary
Benefits through May 31.

- ★ New provider
- \$ Rate reduction
- ✓ Expanded eligibility

Learn and Enroll

Selecting Your Coverage

Family Medical Coverage HSA/HRA Beneficiaries Complete your Enrollment

Open enrollment - July 1, 2025

Medical Coverage



HPN - Health Plan of Nevada

\$643.23
per month

Select

Learn More

Consumer Driven Health Plan

\$313.94
per month

Learn More

Low Deductible PPO Plan

\$386.99
per month

Select

Learn More

Decline coverage

\$0.00
per month

Select

Learn More

Spouse/Domestic Partner Attestation

You must indicate your spouse's/domestic partner's eligibility for healthcare coverage under their current employer. This information is required to assess your dependents' eligibility for coverage. Please attest your Spouse's eligibility in the "Select Who is Covered" section below.

PLEASE CHOOSE FROM ONE OF THE FOLLOWING OPTIONS:

- ☐ My Spouse/DP is not eligible for other employer coverage
- ☐ My Spouse/DP is eligible for other employer coverage

Completing Your Enrollment

Open enrollment - July 1, 2025

Complete Enrollment

Below is a summary of your benefit selections. Take a moment to review your choices below before completing your enrollment.



Enrollment Confirmed

Event type: Open enrollment | July 1, 2025

[View my Enrollment Summary](#)














Once you have completed your open enrollment event, opening it again can cancel changes you've previously made. Please ensure each time you access the event you move all the way to the end and see the big green checkmark that shows you've completed the event.
















Summary of Plan Changes


















Plan Year 2026 Benefit Changes

	DESCRIPTION OF ENHANCEMENT/CLARIFICATION	CDHP	LD	EPO	HPN
1.	Increase deductible as required for the Health Savings Account to \$1,650 for single tier coverage and \$3,300 for spouse, children and family tiers.				
2.	PY 2026 “base” HSA or HRA contribution: Applies to participants enrolled in the CDHP on 7/1/25. Prorated contribution applies for CDHP participants enrolled 8/1/25 – 6/1/26. <ul style="list-style-type: none"> • \$700 Participant Only • \$200 Dependents (up to three dependents) 				
3.	Prescription Drug Benefit: Added coverage for Lofexidine to the list of drugs used to treat substance use disorders and added that drugs for substance use disorders are not subject to step therapy.				
4.	Prescription Drug Benefit: Added coverage for FDA approved drugs used for the prevention of HIV.				
6.	Prescription Drug Benefit: The following are considered routine vaccinations: Covid-19, dengue, diphtheria, tetanus, pertussis, Flu, Hepatitis A & B, Shingles & Herpes Zoster, HPV, Measles, Mumps, and Rubella (MMR), Meningococcal, Monkeypox, Pneumonia, TDAP (whooping cough), Polio, RSV, Rotavirus, and Varicella.				

Plan Year 2026 Benefit Changes

	DESCRIPTION OF ENHANCEMENT/CLARIFICATION	CDHP	LD	EPO	HPN
7.	Prescription Drug Benefit: clarified that testing in accordance with NRS 695G.1714 is a component of maternity services and does not require prior authorization.				
8.	Mammograms: Mammograms for women begin at age 40. Additional mammography recommendations include high risk women (20% chance or greater of developing breast cancer) beginning at age 30, and some women with genetic mutations present beginning at age 20. Men at high risk or with genetic mutations present may receive breast cancer screenings, including mammograms or other diagnostic testing.				
9.	Removed vision benefit limitation for children under the age of 19.				
10.	Added a copay structure for telehealth and removed coinsurance requirement after deductible. Telehealth is not provided out of network.				
12.	Verified coverage for condoms for those aged 13 and older. The medical plan may reimburse the purchase for condoms obtained at an in-network pharmacy with a prescription.				

Plan Year 2026 Benefit Changes

	DESCRIPTION OF ENHANCEMENT/CLARIFICATION	CDHP	LD	EPO	HPN
13.	Clarified that abortion services are covered pursuant to NRS 422.250.				
14.	Gestational carrier defined and covered for maternity services.				
15.	Clarified payment procedures for out-of-new mental health and substance abuse providers, NRS 686A.135.				
17.	Clarified that members may obtain 3 emergency prescription refills per prescription/per plan year and may also receive an emergency refill if in a designated disaster area.				
18.	Began coverage for hormone replacement therapy coverage in the last plan year, clarified in current MPDs.				

Medical Plan Rates and Options



Medical Plan Options

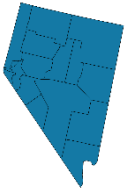
Consumer Driven Health Plan Preferred Provider Organization (CDHP PPO)

- 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

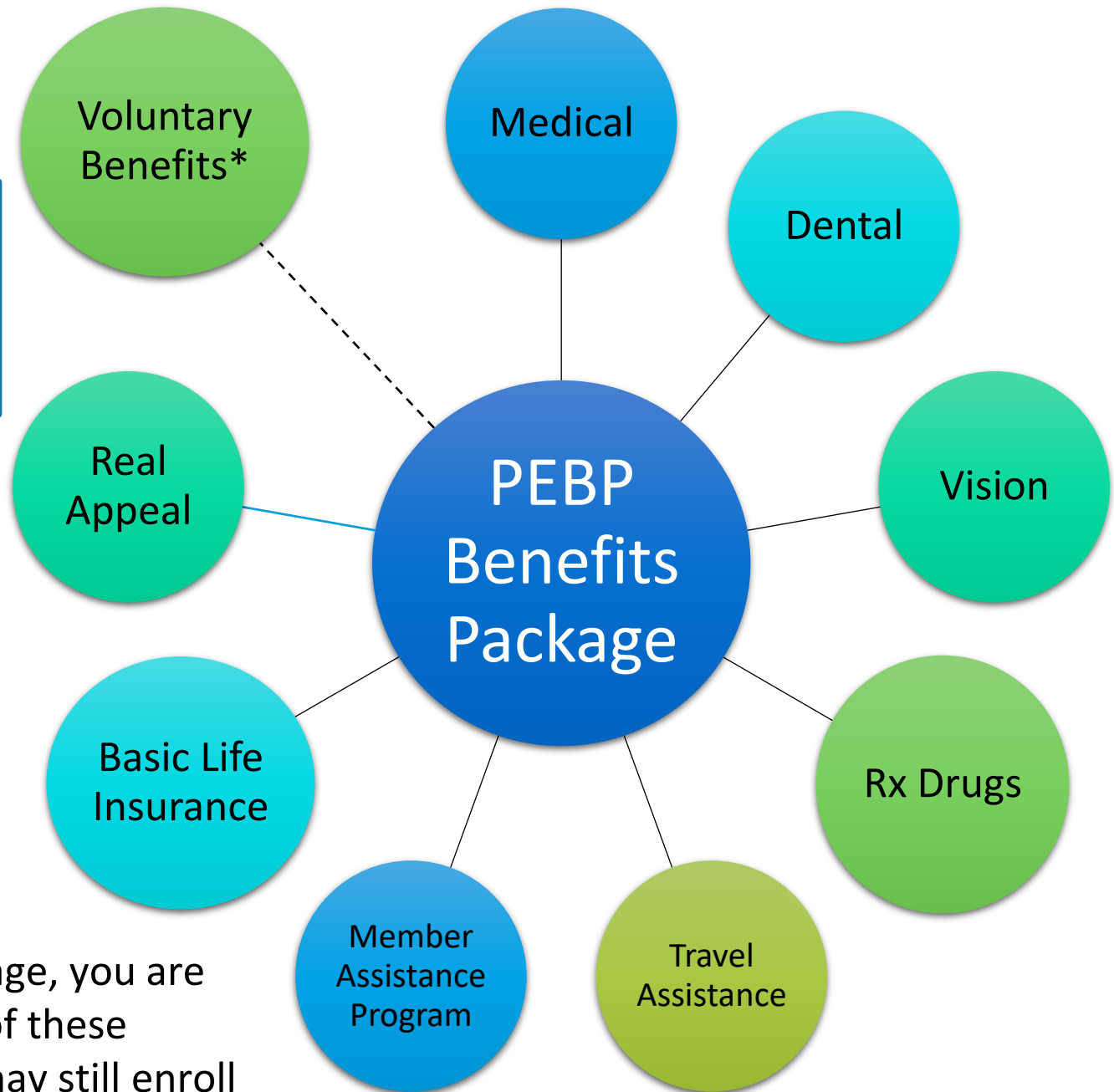


Health Plan of Nevada Health Maintenance Organization (Southern Nevada HMO)

- 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



Employee 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	\$91.79	\$219.91
Employee + Spouse/DP	\$313.94	\$386.99	\$643.23
Employee + Child(ren)	\$152.27	\$202.48	\$378.65
Employee + Family	\$410.94	\$497.68	\$801.97

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.

Employee 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	\$962.11	\$999.75	\$1,138.10
Employee + Spouse/DP	\$1,909.28	\$1,984.57	\$2,261.28
Employee + Child(ren)	\$1,317.30	\$1,369.06	\$1,559.30
Employee + Family	\$2,264.47	\$2,353.88	\$2,682.47

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

**RETIREE'S 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

Non-State/participating local government years of service credit criteria: To receive years of service (YOS) credit from a non-State or local participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.

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	\$278.06	\$314.58	\$442.70
Retiree + Spouse/DP	\$702.81	\$775.85	\$1,032.09
Retiree + Child(ren)	\$437.34	\$487.56	\$663.73
Retiree + Family	\$862.09	\$948.83	\$1,253.12
Surviving/Unsubsidized Dependent	\$842.96	\$879.48	\$1,007.60
Surviving/Unsubsidized Spouse + Child(ren)	\$1,155.82	\$1,206.04	\$1,382.21

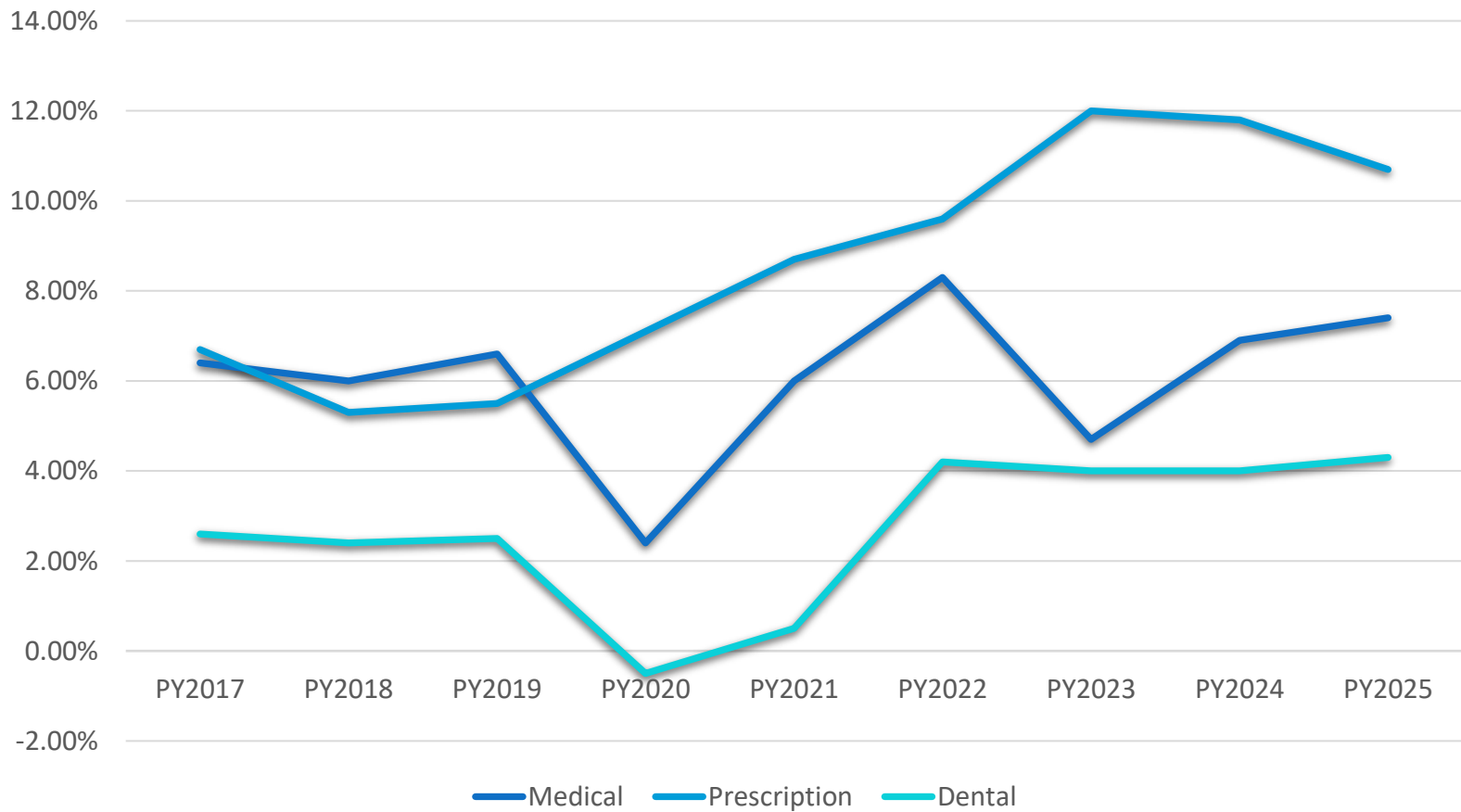
Subsidy for Retirees Enrolled in the CDHP/LD/EPO/HPN Plan	
Years of Service	Subsidy
5	+\$520.50
6	+\$468.45
7	+\$416.40
8	+\$364.35
9	+\$312.30
10	+\$260.25
11	+\$208.20
12	+\$156.15
13	+\$104.10
14	+\$52.05
15 (base)	-
16	-\$52.05
17	-\$104.10
18	-\$156.15
19	-\$208.20
20	-\$260.25

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	\$278.06	\$314.58	\$442.70
Retiree + Spouse/DP	\$702.81	\$775.85	\$1,032.09
Retiree + Child(ren)	\$437.34	\$487.56	\$663.73
Retiree + Family	\$862.09	\$948.83	\$1,253.12
Surviving/Unsubsidized Dependent	\$995.85	\$993.49	\$1,131.84
Surviving/Unsubsidized Spouse + Child(ren)	\$1,311.04	\$1,362.80	\$1,553.04

Subsidy for Retirees Enrolled in the CDHP/LD/EPO/HPN Plan	
Years of Service	Subsidy
5	+\$520.50
6	+\$468.45
7	+\$416.40
8	+\$364.35
9	+\$312.30
10	+\$260.25
11	+\$208.20
12	+\$156.15
13	+\$104.10
14	+\$52.05
15 (base)	-
16	-\$52.05
17	-\$104.10
18	-\$156.15
19	-\$208.20
20	-\$260.25

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/prescription
expenses

PEBP Plan	Medical Deductible	Out-of-Pocket Maximum
Consumer Driven Health Plan (PPO)	\$1,650 Individual \$3,300 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 2026	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 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.

Price Your Medication Tool/ Find a Pharmacy

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 2026	Consumer Driven Health Plan (PPO)	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Vision Exam	Plan pays 80% after deductible One screening every 24 months	\$10 Copay One screening every 12 months Maximum Benefit of \$100	\$10 Copay One screening every 12 months Maximum Benefit of \$100	\$10 copay Maximum benefit of \$100 per annual exam
Hardware Lenses	Not covered*	\$10 Copay Maximum Benefit of \$100 every 24 months	\$10 Copay Maximum Benefit of \$100 every 24 months	\$10 Copay every 12 months
Hardware Frames	Not covered*			Maximum Benefit of \$100 every 24 months
Hardware Contact Lenses	Not covered*	\$10 Copay Maximum Benefit of \$100 every 24 months	\$10 Copay Maximum Benefit of \$100 every 24 months	Maximum Benefits of \$250 every 12 months (subject to limitation)

No benefit limitation for dependents under 19.

Dental Benefits Overview

CDHP, LD, EPO & HMO Participants

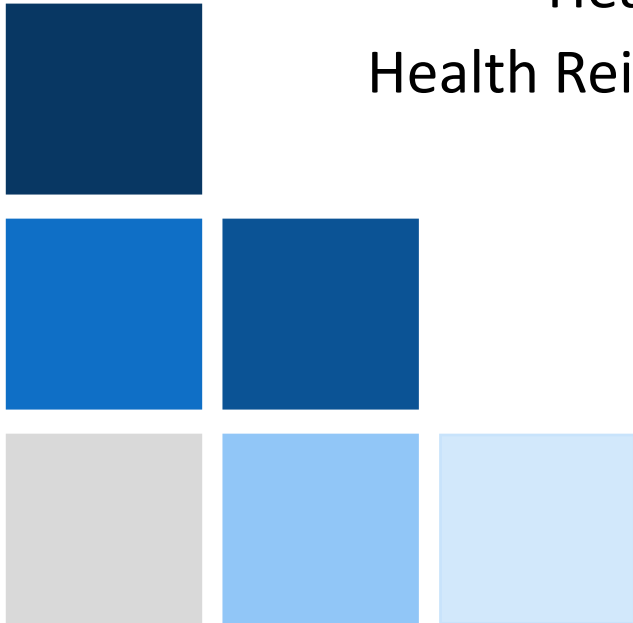
BENEFIT CATEGORY	In-Network	Out-of-Network
Individual Plan Year Maximum No plan year max for dependents under 19	\$2,000 per person	\$2,000 per person
Plan Year Deductible	\$100 per person or \$300 per family (3 or more)	\$100 per person or \$300 per family (3 or more)
Preventive Services Routine cleanings (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. 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	\$3,300	\$3,300	\$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 \$660. Funds more than \$660 are forfeited.	Carry over up to \$660. Funds more than \$660 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 2026 HSA/HRA Annual Contribution Amounts	Consumer Driven Health Plan (PPO) HSA/HRA Account	Low Deductible Plan (PPO)	Exclusive Provider Organization Plan (EPO)	Health Plan of Nevada (HMO)
Base Employer Contribution for Participant	\$700	N/A	N/A	N/A
Employer Contribution for Dependents	\$200 (up to three dependents)	N/A	N/A	N/A
Total Employer Contribution Amount	Up to \$1,300	N/A	N/A	N/A

If you were a State active employee during Plan Year 2024 and 2025 you may have one-time HRA contributions in your HSA Bank account. For Plan Year 2026 (PY26, July 1, 2025 – June 30, 2026) there are no additional one-time employer contributions for State active employees. Only the Consumer Driven Health Plan (CDHP) will receive an employer contribution for PY26.

Health Savings Account



HSA Contribution Limits & Eligibility

HSA Contribution Limits	
	2025
Individual Coverage	\$4,300
Family Coverage	\$8,550
Catch-Up Contribution (Aged 55 or older)	\$1,000



To be eligible to **establish and contribute** to an HSA on 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)

Health Reimbursement Arrangement



Additional Benefits





Bundled upfront payment for:

- 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

Visit <https://info.carrumhealth.com/pebp/>

Call (888)855-7806



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 and menopause

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

Doctors Available

24/7/365



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)

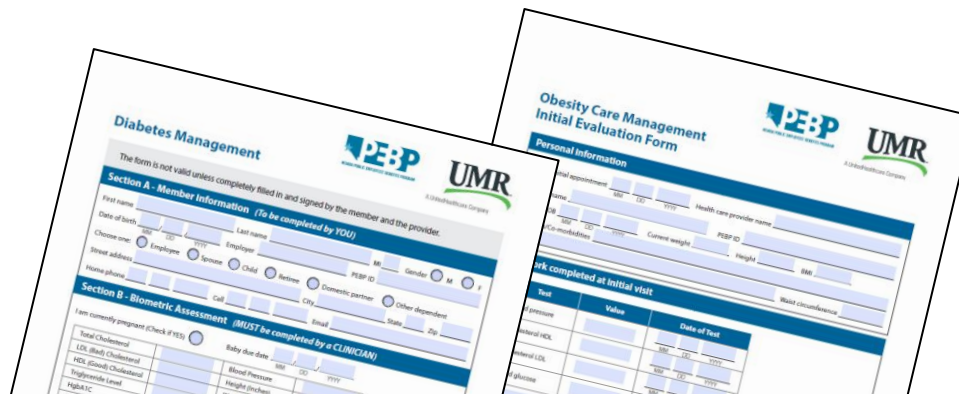
- Obesity Care Management Program

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. The top form is titled 'Diabetes Management' and includes sections for member information, biometric assessment, and a table for test results. The bottom form is titled 'Obesity Care Management Initial Evaluation Form' and includes sections for personal information, biometric assessment, and a table for test results. Both forms feature the PEBP and UMR logos.

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

Travel Assistance

Emergency Travel Assistance Services
Worldwide Medical Assistance Services

The Member Assistance Program

- Mental health treatment, autism services and alcohol and substance use support
- Legal and financial consultations



Mental health
treatment



Autism
services



Alcohol and substance
use support

[Basic Life Insurance, the Member Assistance Program & Travel Assistance](http://pebp.nv.gov) (pebp.nv.gov)

Real Appeal



\$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*		X
Auto, Home, and Renters Insurance		X
Identity Theft Protection		X
Pet Insurance		X

*Highlighted offerings are switching carriers from the Standard to MetLife. If you're currently enrolled in the Standard there is no action required on your part and your coverage will transition seamlessly to MetLife.



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

Call to Action & Important Timeframes



Important Timeframes

Plan Year 2026
Open Enrollment
May 1st - May 31st

Deadline to Upload
Supporting Documents
June 15, 2025



Deadline to Complete
Changes
May 31st

Changes
Become Effective
July 1, 2025

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

Call to Action

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



Carson Tahoe Health

- The contract with United Healthcare has been extended through the end of the calendar year.
- For more information, visit Carson Tahoe Health at, <https://www.carson Tahoe Health.com/unitedmembershipupdate.html?language=en>



Call PEBP Member Services Unit:

(775) 684-7000

(702) 486-3100

(800) 326-5496



Send a secure message in your E-PEBP Portal

Thank You!