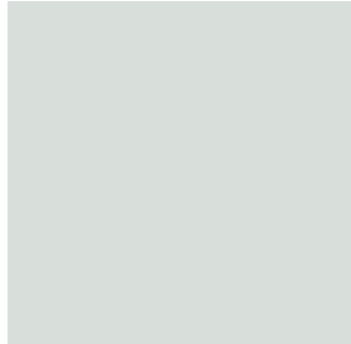




# NEW HIRE ORIENTATION

## PLAN YEAR 2026

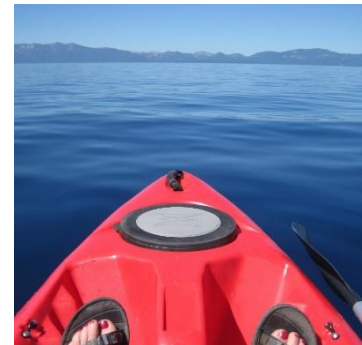
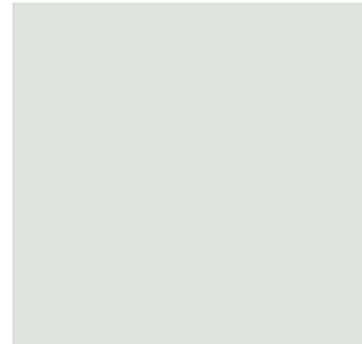


775-684-7000

702-486-3100

1-800-326-5496

<https://pebp.nv.gov>






## Today's Topics

- PEBP Fundamentals
- Completing Your New Hire Event
- Medical Plan Rates and Options
- Plan Design
- Benefits Available to All Active Participants
- Spending Accounts
- Q&A


# PEBP Fundamentals




# Resources



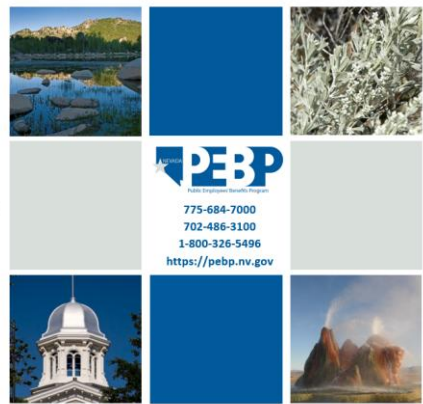
**BENEFIT GUIDE**  
JULY 1, 2025 – JUNE 30, 2026  
**PLAN YEAR 2026**



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**



775-684-7000  
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<br>\$3,300 Family  | \$0   | \$100 Individual<br>\$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<br>\$8,000 Family<br>\$6,850 Individual Family Member OOPM | \$4,000 Individual<br>\$8,000 Family<br>\$4,000 Individual Family Member OOPM | \$5,000 Individual<br>\$10,000 Family<br>\$5,000 Individual Family Member OOPM | \$5,000 Individual<br>\$10,000 Family<br>\$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<br>\$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<br>Doctor on Demand  | \$10 Copay medical visit<br>Doctor on Demand                                  | \$10 Copay medical visit<br>Doctor on Demand                                   | \$0 Copay<br>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<br>Ambulatory Surgical Facility<br>\$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 your  
account on the  
E-PEBP portal,  
send us a secure  
message

Access  
information  
about PEBP  
benefits at  
[pebp.nv.gov](http://pebp.nv.gov)

# Plan Year 2026

July 1, 2025 – June 30, 2026

Open enrollment in May

## 2025

## 2026

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

# Coverage Effective Date



Employees **MUST** enroll or decline coverage no later than the last day of the month coverage is scheduled to become effective

| Date of Hire         | Coverage Effective Date | Date Enrollment Must Be Completed | Dates Supporting Documents Must Be Submitted | Default Coverage Date  |
|----------------------|-------------------------|-----------------------------------|--|--|
| June 1 <sup>st</sup> | June 1 <sup>st</sup>    | June 30 <sup>th</sup>             | June 30 <sup>th</sup>                        | June 30 <sup>th</sup><br><br>Coverage Effective June 1 <sup>st</sup> |
| June 2 <sup>nd</sup> | July 1 <sup>st</sup>    | July 31 <sup>st</sup>             | July 31 <sup>st</sup>                        | July 31 <sup>st</sup><br><br>Coverage Effective July 1 <sup>st</sup> |

Failure to enroll or decline coverage will result in coverage being defaulted to *self-only coverage on the CDHP with HRA*.  
**You will pay a monthly premium for default coverage.**

# 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 1<sup>st</sup> – June 30<sup>th</sup>) before your health insurance begins to pay 100% of the allowed amount.

---

## **Premium**

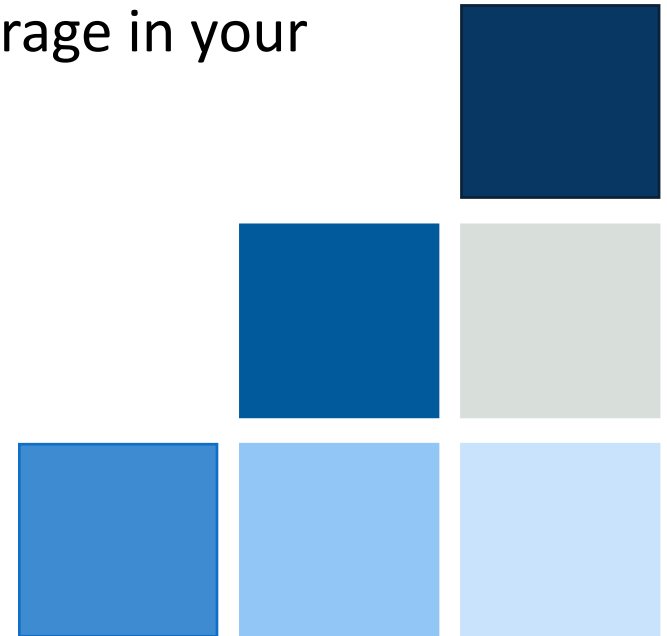


The amount you pay to obtain a health insurance plan. Most members premiums are automatically deducted from their paycheck. Premiums are separate from your deductible, copay, coinsurance and OPM.



# Completing Your New Hire Event

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



# 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

Can be extended to age 26 if meets certain criteria

# Required Supporting Documents

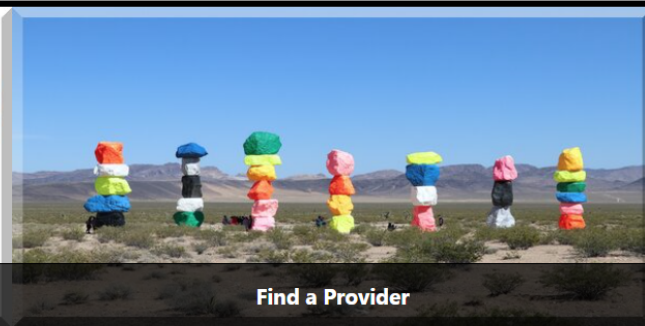
|  | Spouse | Domestic Partner | Children | Stepchildren | Disabled Child Over Age 26 | Permanent Legal Guardianship |
|--|--------|------------------|----------|--------------|----------------------------|------------------------------|
| Social Security Number   | X      | X                | X        | X            | X                          | X                            |
| Certified Marriage Certificate   | X      |                  |          | X            |                            |                              |
| Certified Domestic Partner Certification   |        | X                |          |              |                            |                              |
| Certified Birth Certificate  |        |                  | X        | X            |                            |                              |
| Certification of Disabled Dependent Child and Verification of Continuous Health Insurance Since Age 26 |        |                  |          |              | X                          |                              |
| Legal Guardianship Papers Signed by Judge  |        |                  |          |              |                            | X                            |

**Trouble uploading documents in your portal?**

<https://pebp.nv.gov> > Contact Us > *Supporting Documents* > *Secure Document Upload Form*

# Accessing Your E-PEBP Portal

## Nevada Public Employees' Benefits Program



### What's New

Stay up to date with PEBP's outgoing communications, quarterly newsletters and other important information.

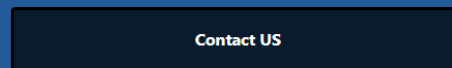
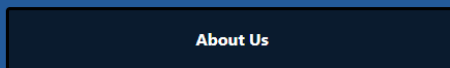
[Plan Year 2025 Open Enrollment Letter for CDHP, LD, EPO and HMO Participants](#),  
[Plan Year 2025 Open Enrollment Letter for Retirees Enrolled with Via Benefits](#)

### Quick Tips

Quickly connect with tips on how to manage and get the most out of your benefits.

[The Member Assistance Program \(Anonymous Access Code: FP3EAP\)](#)  
[Real Appeal](#)  
[Obesity and Overweight Care Management Program](#)

<https://pebp.nv.gov>



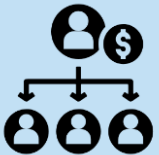
# E-PEBP Portal Features



Send a Secure  
Message



Complete New  
Hire Event



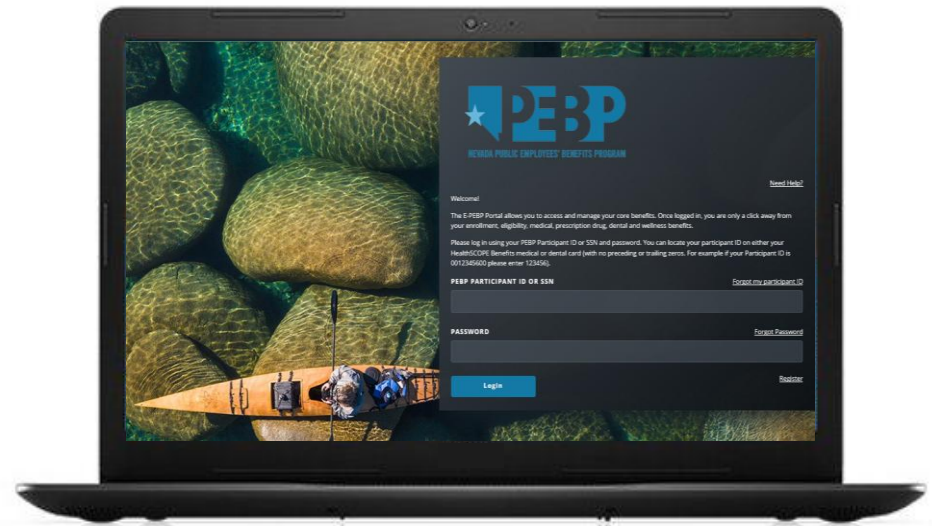
Elect  
Beneficiaries



Upload Supporting  
Documents



Enroll in Voluntary  
Products







[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](#)

Login

[Register](#)



Hi JOSHUA

🔍 Search here?



Home

JOSHUA, here are some things you may do next:



### NEW HIRE

You have 38 days to complete this event.

#### MY TOOLS



#### MY BENEFITS

Quick Actions



## PEBP+ Voluntary Benefits

- ★ 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



## 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:      New Hire      | July 1, 2025

[View my Enrollment Summary](#)



Once you have completed your new hire 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.

# PEBP+ Voluntary Benefits

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

| Voluntary Products                | New Hire, 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  | X       |
| Auto, Home, and Renters Insurance |  | X       |
| Identity Theft Protection         |  | X       |
| Pet Insurance                     |  | X       |

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





# Medical Plan Rates & Options



# Medical Plan Options

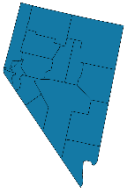
## Consumer Driven Health Plan Preferred Provider Organization (CDHP PPO)

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



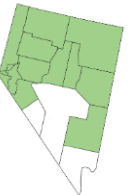
## Low Deductible Plan (LD PPO)

- 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



\*Voluntary  
Benefits

\*Minus VBs, these  
benefits are  
included in your  
monthly premium

# PEBP Benefits Package

Medical

Dental

Vision

Prescription  
Drugs

Basic Life  
Insurance  
Policy

Travel  
Assistance

The  
Member  
Assistance  
Program

The Real  
Appeal

*If you decline coverage, you are  
declining medical, dental, vision,  
pharmacy, basic life insurance,  
travel assistance, the MAP and  
the Real Appeal.*

## Monthly Premium Cost

| State Rates<br>Active Employees | Consumer Driven<br>Health Plan (PPO) | Low Deductible<br>Plan (PPO) | Exclusive Provider<br>Organization (EPO)<br>&<br>Health Plan of<br>Nevada (HMO) |
|---------------------------------|--------------------------------------|------------------------------|---|
| Employee Only                   | \$55.26                              | \$91.79                      | \$219.91  |
| Employee +<br>Spouse/DP         | \$313.94                             | \$386.99                     | \$643.23  |
| Employee +<br>Child(ren)        | \$152.27                             | \$202.48                     | \$378.65  |
| Employee +<br>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.

## Monthly Premium Cost

| Non-State Rates<br>Active Employees | Consumer Driven<br>Health Plan (PPO) | Low Deductible<br>Plan (PPO) | Exclusive Provider<br>Organization (EPO)<br>&<br>Health Plan of<br>Nevada (HMO) |
|-------------------------------------|--------------------------------------|------------------------------|---|
| Employee Only                       | \$962.11                             | \$999.75                     | \$1,138.10  |
| Employee +<br>Spouse/DP             | \$1,909.28                           | \$1,984.57                   | \$2,261.28  |
| Employee +<br>Child(ren)            | \$1,317.30                           | \$1,369.06                   | \$1,559.30  |
| Employee +<br>Family                | \$2,264.47                           | \$2,353.88                   | \$2,682.47  |

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



# Plan Design



# How Co-Insurance Works

Member pays  
100% until the  
***deductible*** is met

Member pays  
coinsurance/  
copays 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<br>\$3,300 Family                              | \$4,000 Individual<br>\$8,000 Family<br>\$6,850 Individual Family Member |
| Low Deductible Plan (PPO)                  | \$0   | \$4,000 Individual<br>\$8,000 Family<br>\$4,000 Individual Family Member |
| Exclusive Provider Organization Plan (EPO) | \$100 Individual<br>\$200 Family                                  | \$5,000 Individual<br>\$10,000 Family                                    |
| Health Plan of Nevada (HMO)                | N/A<br>With exception of Tier 4 for<br>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><br>\$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<br>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<br>30-day supply   |   |                               |
|                              |   | \$20 Copay<br>90-day retail and mail  |   | \$25 Copay<br>90-day mail     |
| Preferred Brand              | You pay 20% after Deductible  | \$40 Copay<br>30-day supply   |   |                               |
|                              |   | \$80 Copay<br>90-day retail and mail  |   | \$100 Copay<br>90-day mail    |
| Non-Formulary                | You pay 100% of the cost of medication  | \$75 Copay<br>30-day supply   |   |                               |
|                              |   | \$150 Copay<br>90-day retail and mail   |   | \$187.50 Copay<br>90-day mail |
| Specialty<br>(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<br>2026              | Consumer Driven<br>Health Plan (PPO)                            | Low Deductible<br>Plan (PPO)  | Exclusive<br>Provider<br>Organization Plan<br>(EPO)                     | Health Plan of<br>Nevada (HMO)                                    |
|--------------------------------|---|---|---|---|
| <b>Vision Exam</b>             | Plan pays 80% after deductible<br>One screening every 24 months | \$10 Copay<br>One screening every 12 months<br>Maximum Benefit of \$100 | \$10 Copay<br>One screening every 12 months<br>Maximum Benefit of \$100 | \$10 copay<br>Maximum benefit of \$100 per annual exam            |
| <b>Hardware Lenses</b>         | Not covered*  | \$10 Copay<br>Maximum Benefit of \$100 every 24 months                  | \$10 Copay<br>Maximum Benefit of \$100 every 24 months                  | \$10 Copay every 12 months  |
| <b>Hardware Frames</b>         | Not covered*  |   |   | Maximum Benefit of \$100 every 24 months                          |
| <b>Hardware Contact Lenses</b> | Not covered*  | \$10 Copay<br>Maximum Benefit of \$100 every 24 months                  | \$10 Copay<br>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  |
|---|--|---|
| <b>Individual Plan Year Maximum</b><br>No plan year max for dependents under 19                                       | \$2,000 per person   | \$2,000 per person  |
| <b>Plan Year Deductible</b>   | \$100 per person or<br>\$300 per family (3 or more)  | \$100 per person or<br>\$300 per family (3 or more)   |
| <b>Preventive Services</b><br>Routine cleanings (4/plan year)<br>Exams (4/plan year)<br>Bitewing X-rays (2/plan year) | <ul style="list-style-type: none"> <li>• Covered 100%</li> <li>• Not subject to deductible</li> <li>• Does not apply towards individual plan year max</li> </ul> | <ul style="list-style-type: none"> <li>• Covered 80%</li> <li>• Not subject to deductible</li> <li>• Does not apply towards individual plan year max</li> </ul> |
| <b>Basic Services</b><br>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   |
| <b>Major Services</b><br>Bridges, crowns, dentures, tooth implants  | You pay 50% coinsurance after deductible is met  |   |
| <b>Orthodontia (adults and children)</b>  | Not Covered  | Not Covered   |

# 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



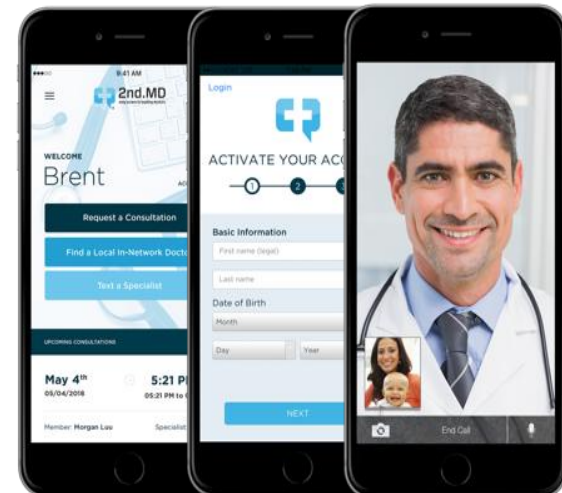
Connects you with the leading specialists in their respective fields to answer questions, like:

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 2<sup>nd</sup> MD's Care Team:

- Call: 866-841-2575
- Visit: [www.2nd.MD/pebp](http://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 & 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](https://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)

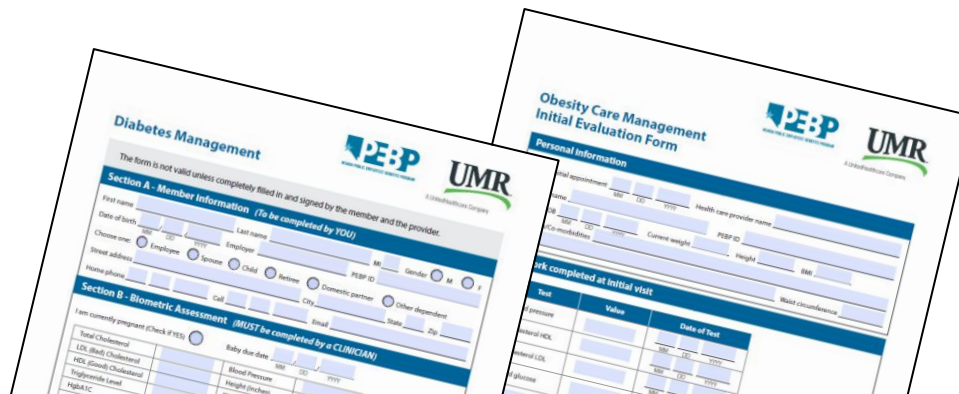
- Obesity Care Management Program

## 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](https://enroll.realappeal.com) to get started.**

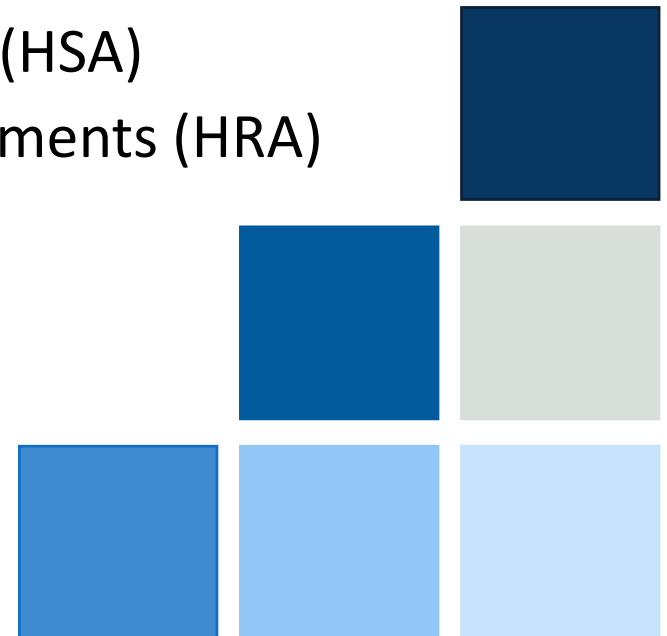


# Spending Accounts

Flexible Spending Accounts

Health Savings Accounts (HSA)

Health Reimbursement Arrangements (HRA)



# Flexible Spending Accounts

|  | Health Care FSA   | Limited Purpose FSA  | Dependent Care FSA  |
|--|---|--|---|
| <b>Who is Eligible</b>                                       | Fulltime active state employees covered under the CDHP, LD, EPO or HMO plan.<br>NSHE employees are ineligible for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer. |  |   |
| <b>Examples of Covered Expenses</b>                          | Qualified medical, dental and vision expenses such as: <ul style="list-style-type: none"> <li>• Chiropractor</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Orthodontia</li> <li>• Copays</li> </ul>     | Qualified dental and vision expenses such as: <ul style="list-style-type: none"> <li>• Vision exams</li> <li>• LASIK surgery</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Dental services</li> <li>• Orthodontia</li> </ul> | Qualified dependent care expenses such as certain: <ul style="list-style-type: none"> <li>• Preschool expenses</li> <li>• Nursery school expenses</li> <li>• Childcare in your home</li> <li>• Licensed home childcare</li> </ul> |
| <b>IRS Annual Allowed Maximum Calendar Year Contribution</b> | \$3,300   | \$3,300  | \$5,000 per household (\$2,500 if married - filing separate)  |
| <b>Can you have an HSA</b>                                   | No  | Yes  | Yes   |
| <b>Do funds roll over from year to year</b>                  | 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.  |

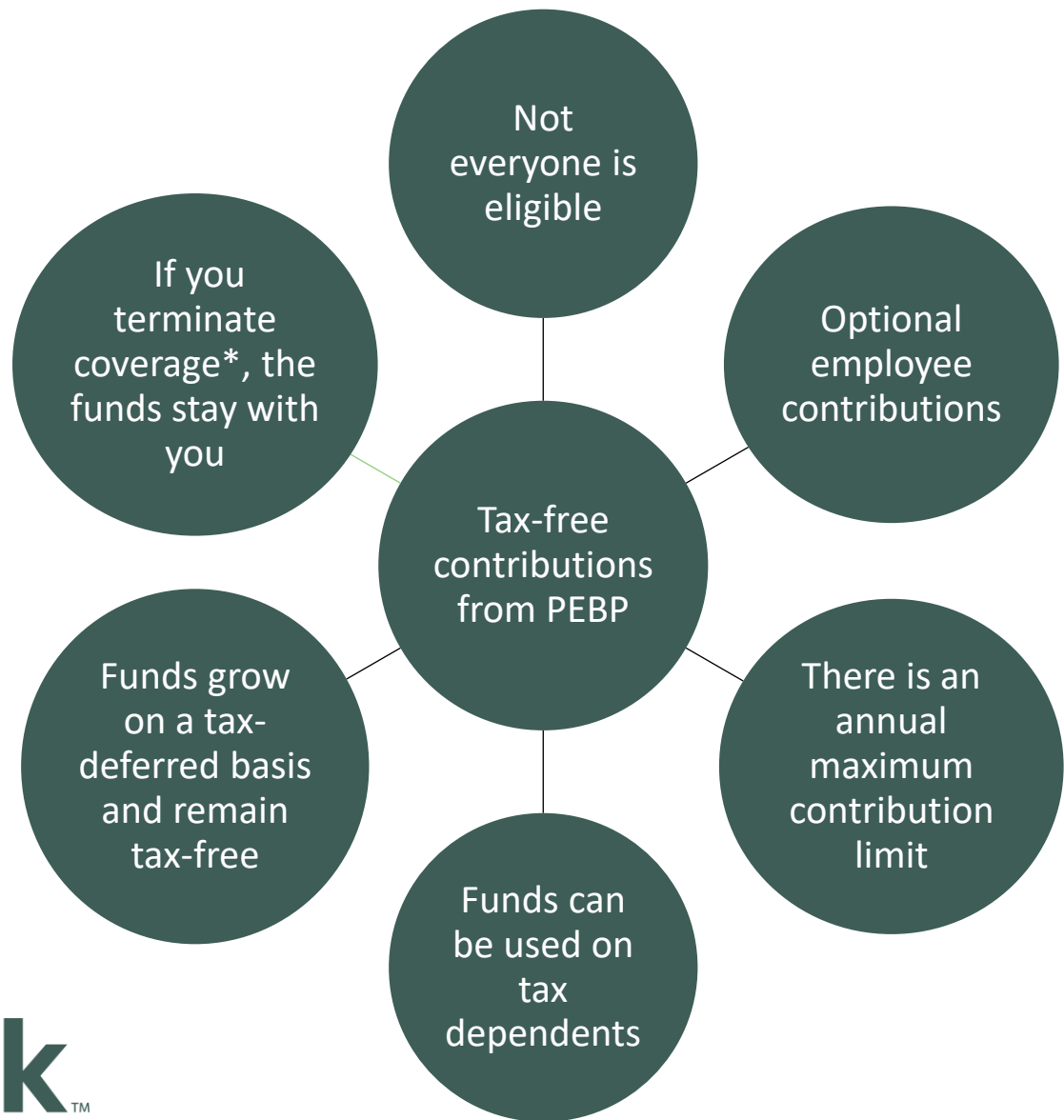
Enrollment is not automatic. You must re-enroll each year if you want to participate in a Flexible Spending Account and pay a \$3.15 per month administration fee.



# HSA/HRA Employer Contributions

| Plan Year 2026<br>HSA/HRA Annual<br>Contribution<br>Amounts | Consumer<br>Driven Health<br>Plan (PPO)<br>HSA/HRA<br>Account | Low Deductible<br>Plan (PPO) | Exclusive Provider<br>Organization Plan<br>(EPO) | Health Plan of<br>Nevada (HMO) |
|---|---|------------------------------|--|--------------------------------|
| Base Employer<br>Contribution for<br>Participant            | \$700   | N/A                          | N/A  | N/A                            |
| Employer<br>Contribution for<br>Dependents                  | \$200<br>(up to three<br>dependents)                          | N/A                          | N/A  | N/A                            |
| Total Employer<br>Contribution<br>Amount                    | Up to \$1,300   | N/A                          | N/A  | N/A                            |

# Health Savings Account



# HSA Contribution Limits & Eligibility Criteria

| HSA Contribution Limits                     |         |
|---|---------|
|   | 2025    |
| Individual Coverage                         | \$4,300 |
| Family Coverage                             | \$8,550 |
| Catch-Up Contribution<br>(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





# Call to Action

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





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!