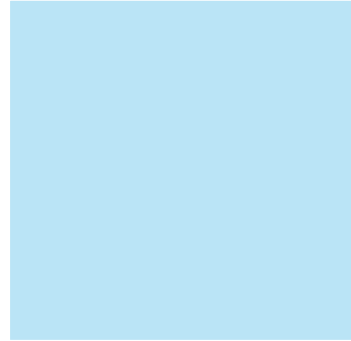




# NEW HIRE ORIENTATION PLAN YEAR 2024



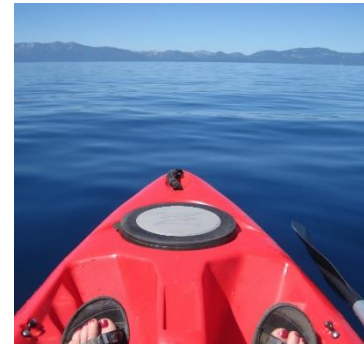
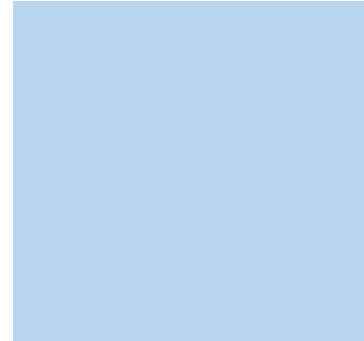
NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

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
- Spending Accounts
- Benefits Available to All Active Participants
- Tour PEBP's Site
- Q&A

# PEBP Fundamentals



# Public Employees' Benefits Program

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

PEBP insures approximately 70,000 total lives

44,000 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

Consists of MSU, eligibility, quality control, public information, accounting and IT

# Plan Year 2024

July 1, 2023 – June 30, 2024

Open enrollment in May

2023
2024

### 2023 CALENDAR

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						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	M	T	W	T	F	S	
						1	1	2	3	4	5	6	1	2	3					
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10
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	

JULY							AUGUST							SEPTEMBER						
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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23	24	25	26	27	28	29	27	28	29	30	31			24	25	26	27	28	29	30
30	31													28	29	30	31			

OCTOBER							NOVEMBER							DECEMBER							
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29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	

### 2024 CALENDAR

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						1	2	3							1	2
7	8	9	10	11	12	13	4	5	6	7	8	9	10	3	4	5	6	7	8	9		
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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			
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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						1	2	3							1	2	3
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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								

# 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>  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>  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.

---

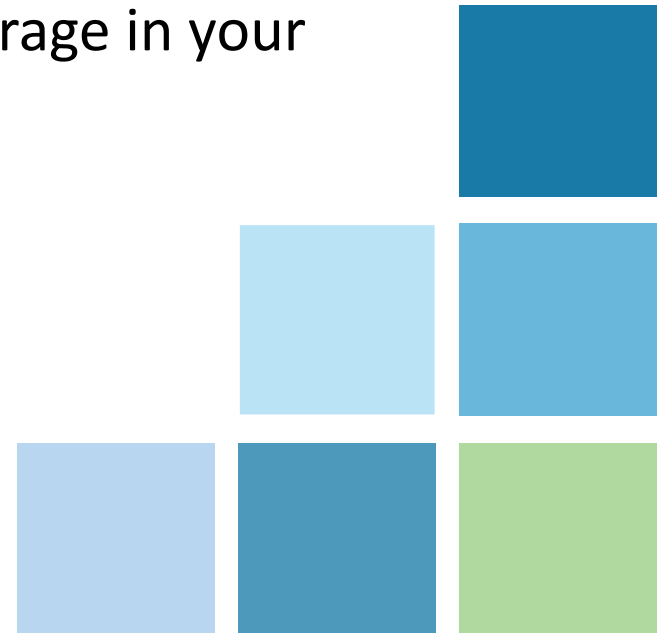
## **Premium**



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







# Accessing Your E-PEBP Portal

Browser address bar: <https://pebp.nv.gov>

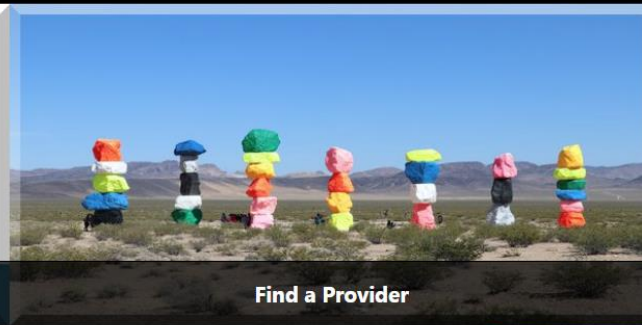
Skip to Main Content

NV.gov Nevada Public Employees' Benefits Program

Search State Agencies State Jobs ADA Assistance

Plans Resources Meetings & Events About Us Contact Us 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.

### Quick Tips

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

<https://pebp.nv.gov>

E-PEBP Portal

Plans

Resources

Meetings & Events

About Us

Contact US



NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM



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 and eligibility, medical, prescription drug, dental and wellness benefits.

Please log in using your PEBP Participant ID or SSN and password. You can locate your participant ID on either your HealthSCOPE Benefits medical or dental card (with no preceeding zeros).

**PEBP PARTICIPANT ID OR SSN**

[Forgot my participant ID](#)

**PASSWORD**

[Forgot Password](#)

Login

[Register](#)



Hi Test

🔍 Search here?



Home

Test, here are some things you may do next:



NEW HIRE



# Declining Coverage

- Family
- Medical Coverage
- HSA/HRA
- Voluntary Benefits
- Beneficiaries
- Complete your Enrollment

New Hire - October 1, 2022

## Family

Please review your family members currently on file. You may add, update or remove family members if the information displayed is not accurate. Family members must be listed below in order to be eligible for medical and/or dental coverage.



+ Add Family Member

### Test NewHire-North

Relationship                      Myself  
D.O.B                                      May 3, 1985

[Learn More](#)

# Who is Eligible for Coverage?

## Legal Spouse or Domestic Partner

If not eligible for group coverage through their own employer\*

*\*Significantly Inferior exception may apply*

## 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

### Select who is covered

- Test NewHire-North  
Myself
- Sample NewHire  
Spouse  
[Edit Attestation](#) >>?

### Consumer Driven Health Plan ✓

**\$251.00**  
per month

[Learn More](#)

### Low Deductible PPO Plan

**\$293.36**  
per month

[Select](#)

[Learn More](#)

### PEBP Exclusive Provider Organization Plan

**\$479.10**  
per month

[Select](#)

[Learn More](#)

### Decline coverage

**\$0.00**  
per month

[Select](#)

[Learn More](#)

[Scroll down](#)

[Previous](#)

Your monthly cost:  
**\$251.00**

Employer cost:  
**\$1,089.02**

[See all benefits and costs](#)

[Next](#)

## Terms and Conditions

I have read, understand and agree to the Terms and Conditions related to the Health Savings Account.

I have read, understand and agree to the Custodial Agreement and Disclosure related to the Health Savings Account.

I understand I am applying to PEBP for coverage for myself, my spouse and/or my dependents, if any, as shown on this form. If electing dependent coverage, I also understand that I am required to supply copies of certified birth certificate(s), marriage certificate, and other related documentation as determined by PEBP, for coverage to become effective. My spouse or domestic partner, if any, is not eligible to participate in any employer provided medical plan maintained by the spouse or domestic partner's current employer. I understand that any misstatements on this form may be used as a basis for rescission of insurance for me and my dependents, if any, from the original effective date. I further understand that if the insurance applied for becomes effective, I will be subject to all the terms of the PEBP Master Plan Document. I hereby authorize

[Read full terms and conditions](#)

I agree to the Terms and Conditions

[Go back and make changes](#)



## Enrollment Confirmed

Event type: New Hire | October 1, 2022

[View my Enrollment Summary](#)

### To do

These documents are required to be filled and returned to your benefits administrator. If you decide to download them later, they will be available in the portal.

 [Marriage Certificate \(Sample NewHire\)](#)

Submit by: November 1, 2022



## PEBP+ Voluntary Benefits

Get coverage for unexpected health events. Available for a limited time

- Vision Care: Save on eyewear, and contact lenses while receiving access to quality eye care.
- Critical Illness Insurance: This program can help cover unforeseen expenses like childcare or co-pays.
- Accident Insurance: Helps with out-of-pocket expenses from an unexpected injury.
- Legal Plan: Covers legal issues affecting most life events.
- Hospital Indemnity Insurance: A hospital stay can be expensive. Be ready for costs not covered by your medical plan.
- Long Term Disability: Supplements your income if you are unable to work due to a qualifying injury.
- Short Term Disability: Helps with expenses that health insurance won't cover when you can't work.

### Other Available Products

Pet Insurance • Identity Theft Protection • Home & Auto Insurance

[Enroll Now](#)



[Take me home](#)

Participants and eligible dependents do not need to be enrolled in a medical plan to enroll in voluntary products, but they do need to be listed as a dependent on your account if electing voluntary life insurance.



PEBP+ VOLUNTARY  
BENEFITS

[Learn More & Enroll](#)



# 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.state.nv.us> > Contact Us page > look for *Supporting Documents* > then, *Secure Document Upload Form*

# Medical Plan Rates & Options



# Medical Plan Options

## Consumer Drive Health Plan (CDHP-PPO)

The CDHP is a high-deductible Preferred Provider Organization plan that provides a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA).



## Low Deductible (LD-PPO)

The LD plan is a Preferred Provider Organization and because it is low deductible it does not meet the IRS requirements for an HSA or an HRA.



## Exclusive Provider Organization Plan (EPO)

The EPO is an Exclusive Provider Organization. Except for urgent and emergency care, in-network providers must be used to receive benefits under the plan.

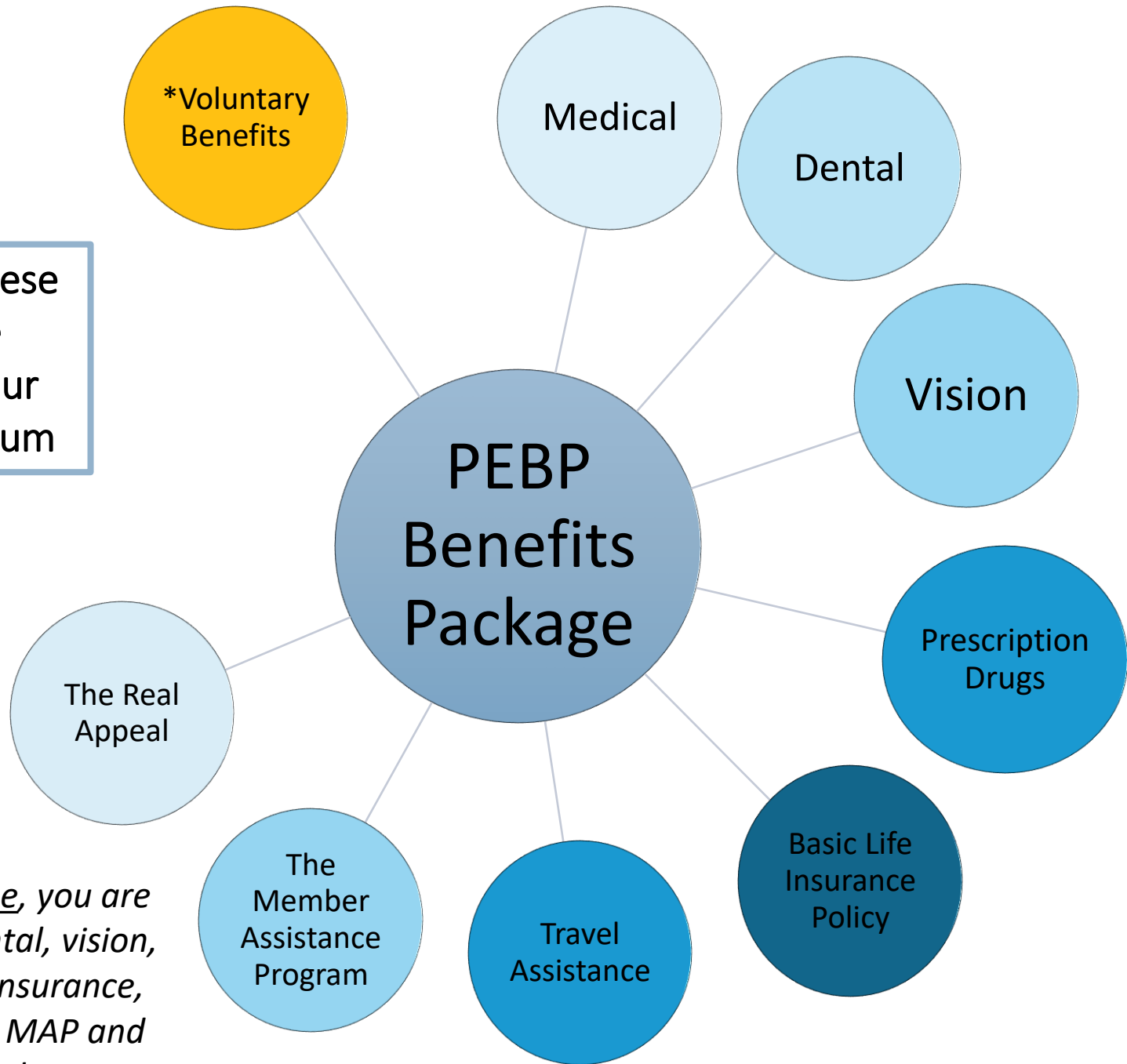


## Health Plan of Nevada (HPN-HMO)

HPN is a Health Maintenance Organization that requires the selection of a primary care provider (PCP).



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



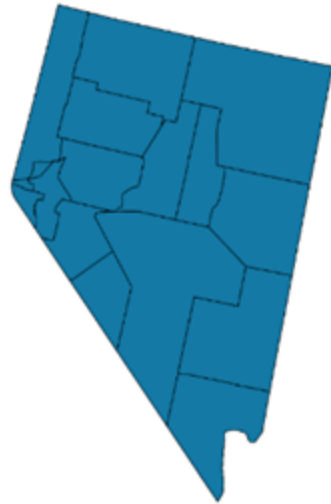
*If you decline coverage, you are declining medical, dental, vision, pharmacy, basic life insurance, travel assistance, the MAP and the Real Appeal.*



# Monthly Premium Cost

Rates Effective July 1, 2022 – June 30, 2023	Consumer Driven Health Plan (PPO)	Low Deductible (PPO)	Exclusive Provider Organization Plan (EPO) Health Plan of Nevada (HMO)
Employee Only	<b>\$46.96</b>	<b>\$68.14</b>	<b>\$161.00</b>
Employee + Spouse/DP	<b>\$251.00</b>	<b>\$293.36</b>	<b>\$479.10</b>
Employee + Child(ren)	<b>\$123.46</b>	<b>\$152.60</b>	<b>\$280.30</b>
Employee + Family	<b>\$327.52</b>	<b>\$377.82</b>	<b>\$598.40</b>

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.

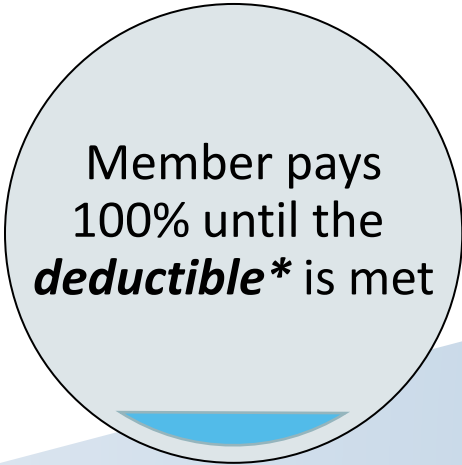


# Plan Design

Consumer Driven Health Plan (PPO)


# How the CDHP PPO Works

Choose from a Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA)



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

Individual Deductible: \$1,500  
Family Deductible: \$3,000



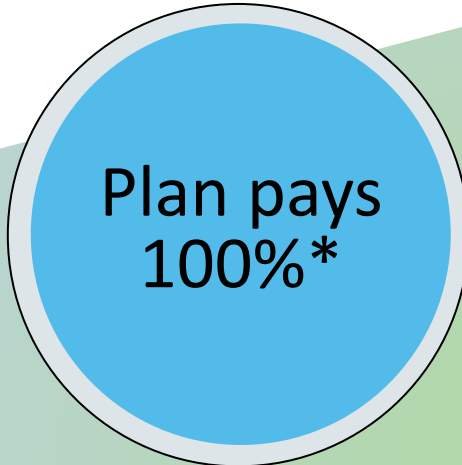
Member pays  
20% until **out-  
of-pocket max** is  
met

In Network:

Individual Max OOP: \$4,000  
Family Max OOP: \$8,000

Out of Network:

Individual Max OOP: \$10,600  
Family Max OOP: \$21,200



Plan pays  
100%\*

\*of eligible medical  
expenses

\*Medical and Prescription Deductibles are  
combined



# Consumer Driven Health Plan (PPO)

Benefit Category	Amount You Pay In-Network	Benefit Category	Amount You Pay In-Network
Service Area	Global	Urgent Care Visit	Deductible, then 20% coinsurance
Deductible	\$1,500 Individual \$3,000 Family • \$2,800 Individual family member	Emergency Room Visit	
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family • \$6,850 Individual family member	Hospital Inpatient/Outpatient	
Primary Care Visit	Deductible, then 20% coinsurance	Imaging (CT, MRI, X-rays)	
Affordable Care Act Prevention Services	\$0 (Covered at 100%)	General Lab Services	
Telemedicine Visit (Doctor on Demand)	\$49 copay per medical visit \$79 copay for 25 minutes	Chiropractic/Acupuncture Services	
<ul style="list-style-type: none"> <li>Medical Visit</li> <li>Behavioral Health (psychologist)</li> </ul>		Annual Vision Screening	
Specialist Visit	Deductible, then 20% coinsurance	Vision Hardware (frames, lenses and contacts)	Not covered*



## Diabetes Care Management Program

- Two (annual) physician office visits and routine laboratory blood services
- Diabetes related medications and supplies
- No cost for blood glucose monitors
- Copayments will not apply to the Deductible but will apply to Annual Out-of-Pocket Maximum

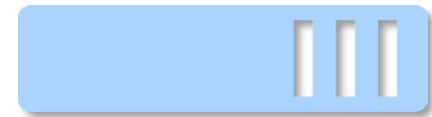
## Obesity Care Management Program

- Medically supervised weight loss program
- Weight-loss medications for a flat copayment
- Nutritional counseling

## Preventive Drug Program

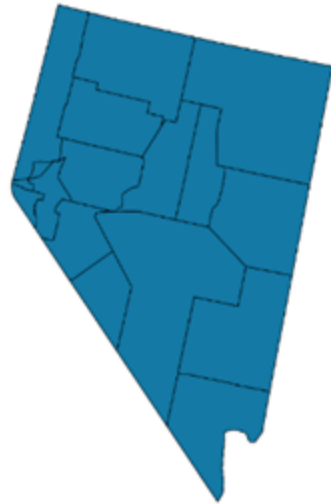
- Participant pays 20% coinsurance
- 20% is applied to Out-of-Pocket Max

The image shows two overlapping forms. The top form is titled 'Diabetes Management' and the bottom form is titled 'Obesity Care Management Initial Evaluation Form'. Both forms have the PEBP and UMR logos at the top. The Diabetes Management form includes sections for member information (name, date of birth, gender, etc.), biometric assessment (cholesterol, blood pressure, HbA1c, etc.), and a section for the provider to complete. The Obesity Care Management form includes sections for member information (name, date of birth, height, weight, BMI, etc.), biometric assessment (blood pressure, waist circumference, etc.), and a section for the provider to complete.



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



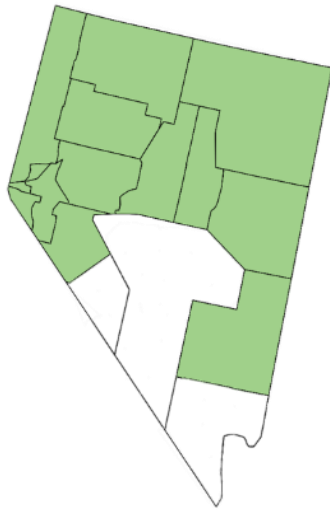


# Plan Design

Low Deductible (PPO)

# Low Deductible (PPO)

Benefit Category	Amount You Pay In-Network	Benefit Category	Amount You Pay In-Network
Service Area	Global	Urgent Care Visit	\$80 copay per visit
Deductible	\$0	Emergency Room Visit	\$750 copay per visit
Annual Out-of-Pocket Maximum	\$4,000 Individual \$8,000 Family • \$4,000 Individual Family Member	Hospital Inpatient/Outpatient	You pay 20%/ \$500 copay per visit*
Primary Care Visit	\$30 copay per visit	Imaging (CT, MRI, X-rays)	You pay 20%
Affordable Care Act Prevention Services	\$0 (Covered at 100%)	General Lab Services	You pay 20%
Telemedicine Visit (Doctor on Demand) <ul style="list-style-type: none"> <li>• Medical Visit</li> <li>• Behavioral Health (psychologist)</li> </ul>	\$10 copay per medical visit \$20 copay for 25 minutes/ \$30 copay for 50 minutes	Chiropractic/Acupuncture Services	\$50 copay per visit
Specialist Visit	Deductible, then 20% coinsurance	Annual Vision Screening	\$25 copay - max benefit of \$95 per annual exam One exam per year
		Vision Hardware (frames, lenses and contacts)	\$10 copay Maximum benefit of \$100 every 24 months



# Plan Design

Exclusive Provider Organization Plan (EPO)



# Exclusive Provider Organization Plan (EPO)

Benefit Category	Amount You Pay In-Network	Benefit Category	Amount You Pay In-Network
Service Area	Northern Nevada (Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln, and Elko counties)	Emergency Room Visit	\$600 per visit
Deductible – Individual/Family	\$100/\$200	Hospital Inpatient	\$600 per admit
Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family	Outpatient Surgery	\$350 copay
Primary Care Visit	\$20 copay	2D or 3D Mammogram	\$0 (one per plan year)
Affordable Care Act Prevention Services	\$0 (Covered at 100%)	Chiropractic/ Acupuncture Services	\$40 copay (20 visits per year)
Urgent Care Visit	\$50 copay	Annual Vision Screening	\$10 copay - max benefit of \$100 per annual exam One exam per year
Specialist Visit	\$40 copay (no referral required)	Vision Hardware (frames, lenses, contacts)	\$10 copay for eyeglasses Max benefit of \$100 every 2 years  Contact lenses in lieu of eyeglasses \$100 every two years
Telemedicine Visit (Doctor on Demand) <ul style="list-style-type: none"> <li>• Medical Visit</li> <li>• Behavioral Health (psychologist)</li> </ul>	\$10 copay \$20 copay (25 min)		
Ambulance (ground/air & water)	Plan pays 80% after deductible		
CT/MRI	Plan pays 80% after deductible		



EXPRESS SCRIPTS®

Prescription  
Drug Benefit

- Consumer Driven Health Plan (PPO)
- Low Deductible (PPO)
- Exclusive Provider Organization Plan (EPO)



# Pricing Your Medications



Pharmacy Benefit Plans | About Express Scripts

## Accredo Specialty Drug Program

Specialty drugs are used to treat complex conditions. Specialty drugs and prescriptions are generally limited to a 30-day supply.

### Enhanced level of individual service:

One-on-one clinical support with Accredo nurses to help administer your medication.

Check with Express Scripts to determine if your prescription is considered specialty.

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



Premier (EPO) Plan



Low Deductible PPO Plan

[www.express-scripts.com/NVPEBP](http://www.express-scripts.com/NVPEBP)

Express Scripts Customer Service: 1-855-889-7708

Accredo Specialty Pharmacy: 1-877-ACCREDO (1-877-222-7336)



# Express Scripts Pharmacies

- Use an Express Advantage Network (EAN) pharmacy for antibiotics and other short-term prescriptions.
  - Non-EAN retail pharmacies incur a \$10 surcharge for each short-term prescription and does not apply toward your deductible or out-of-pocket maximum.
- Use the Smart 90 program for long-term medications:
  1. Express Scripts Pharmacy home delivery service
    - free standard shipping
    - 24/7 access to a pharmacist from the privacy of your home
    - order your refills online, over the phone, or by using the Express Scripts mobile app
  2. Use a retail pharmacy in the Smart 90 network for medications that can't be mailed.

**Ask your physician to write a new prescription for a 90-day supply of any long-term medications you are currently taking.**





## Additional Benefits

- Consumer Driven Health Plan (PPO)
- Low Deductible (PPO)
- Exclusive Provider Organization Plan (EPO)

4.8/5



Average Doctor Star Rating

Dr DOCTOR  
ON DEMAND

Hand-picked doctors  
from top medical  
schools with 15 years  
average experience.

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.

\*excludes narcotics

### Exclusive Provider Organization Plan

Urgent Medical Care

\$10

Mental Health Therapy

\$20 (25 or 50 minutes)

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

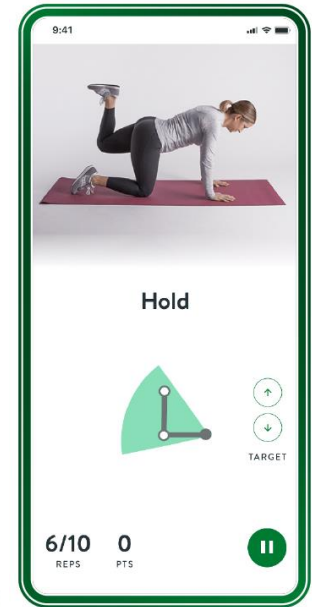
- *“Do I have the right diagnosis?”*
- *“Am I getting the best treatment for my medical condition?”*
- *“Is this surgery or procedure the best option for me?”*
- *“Is the medicine I’m taking right for me?”*

Virtual expert consultation and medical navigation service at **NO COST** for participants and their dependents enrolled in the CDHP, LD and EPO plans.

Connect with 2nd.MD’s Care Team:

[www.2nd.MD/pebp](http://www.2nd.MD/pebp)





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

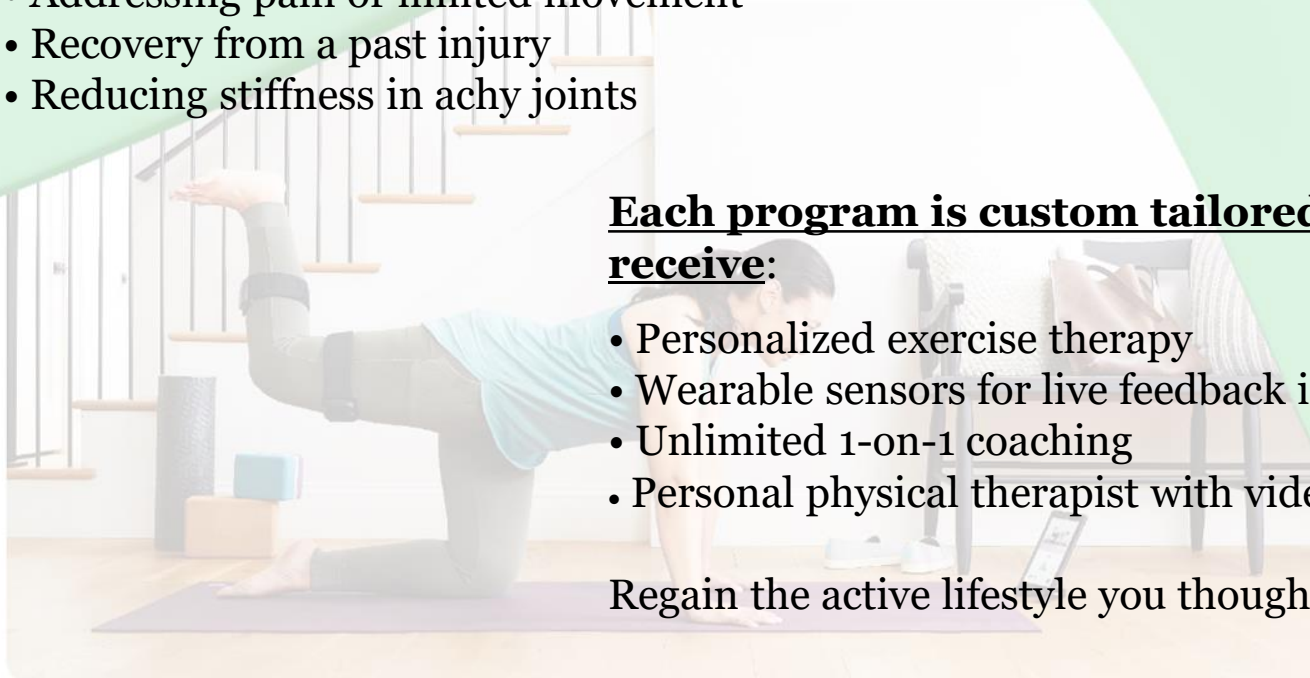
**Sign up for help with any of the following:**

- Addressing pain or limited movement
- Recovery from a past injury
- Reducing stiffness in achy joints

**Each program is custom tailored. You could receive:**

- Personalized exercise therapy
- Wearable sensors for live feedback in the app
- Unlimited 1-on-1 coaching
- Personal physical therapist with video visits

Regain the active lifestyle you thought you'd left behind.





HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

# Plan Design

Health Plan of Nevada (HMO)

# Medical Benefit Snapshot



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

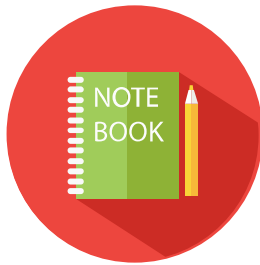


Service	HPN HMO Plan
Service Area	<b>Southern Nevada</b> (Clark, Esmeralda, and Nye counties)
Primary Care Provider Visit	<b>\$25</b>
Specialist Visit	<b>\$25</b> (with a referral) <b>\$40</b> (without a referral)
Urgent Care Visit	<b>\$50</b>
NowClinic® Virtual Visit	<b>\$0</b>
Emergency Room Visit	<b>\$600</b> per visit
Hospital Admission	<b>\$600</b> per admission
Outpatient Hospital Facility Services	<b>\$50</b> per surgery/ \$350 hospital copay
Diagnostic X-ray and Lab	<b>\$0</b>
Pharmacy Tiers 1-4	<b>\$10/\$40/\$75/20%</b>

Form Nos. 17H\_KN\_SOL\_HMO\_5\_SON, 17H\_KN\_SOL\_HMO\_25\_DA\_SON, 17H\_KA\_4T\_RX74075\_40SP\_2\_5X, 17H\_KA\_4T\_RX255075\_40SP\_2\_5X. These Plans include additional benefits, exclusions and limitations which are shown in the Health Plan of Nevada Evidence of Coverage, Attachment A Benefit Schedule, any other applicable Riders and the Summary of Benefits and Coverage. Copies of these documents are available upon request. Plan documents govern in resolving any benefit questions or payments.



## Care While at School or Traveling:



**Student Coverage** is available for eligible dependents enrolled in an accredited college, university or vocational school anywhere in the United States.



**Travel coverage** is available for members and their dependents for certain covered services while traveling for business or pleasure in the United States.

# Vision Benefit Snapshot



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

Vision Plan	Plan Benefits
<b>Examination</b> (one during 12 consecutive months)	<b>\$10</b>
<b>Lenses</b> (one pair during 12 consecutive months)	<b>\$10</b>
<b>Frames</b> (one pair during any 24 consecutive months)	<b>\$100</b> maximum allowance
<b>Medically Necessary Contact Lenses</b> (one pair during any 12 consecutive months, in lieu of lenses and frames)	<b>\$250</b> maximum allowance
<b>Elective Contact Lenses</b> (one pair during any 12 consecutive months, in lieu of lenses and frames)	<b>\$115</b> maximum allowance





# 24/7 Advice Nurse



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

**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

# NowClinic® Virtual Visits



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

**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.

# Urgent Care House Call



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

## 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.

# 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>	<p><b>Fulltime active state employees</b> covered under the CDHP, LD, EPO or HMO plan.</p> <p><u>Non-State and NSHE employees</u> <b>are ineligible</b> for the PEBP sponsored FSA but may be eligible through a similar program offered by their employer.</p>		
<b>Examples of Covered Expenses</b>	<p>Qualified medical, dental and vision expenses such as:</p> <ul style="list-style-type: none"> <li>• Chiropractor</li> <li>• Glasses</li> <li>• Contact lenses</li> <li>• Orthodontia</li> <li>• Copays</li> </ul>	<p>Qualified dental and vision expenses such as:</p> <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>	<p>Qualified dependent care expenses such as certain:</p> <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>	\$3,050	\$3,050	\$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 \$610. Funds in excess of \$610 will be forfeited.	Carry over up to \$610. Funds in excess of \$610 will be 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	CDHP (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	\$600 (EE) \$700 (E+C, E+S) \$800 (E+F)	\$600 (EE) \$700 (E+C, E+S) \$800 (E+F)	\$600 (EE) \$700 (E+C, E+S) \$800 (E+F)	\$600 (EE) \$700 (E+C, E+S) \$800 (E+F)
Total Employer Contribution Amount	up to \$1,400	up to \$800	up to \$800	up to \$800

Employer contributions are prorated according to the effective date of your PEBP coverage.

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 unless the coverage is also an IRS qualified high deductible health plan (Medicare, TRICARE, Tribal, HMO, COBRA, etc.)
3. You or your spouse cannot be enrolled in a Medical Flexible Spending Account or have an HRA (unless this is a limited purpose or dependent care FSA)
4. You cannot be claimed on someone else's tax return (excludes joint returns with a spouse)



# HSA Contribution Limits

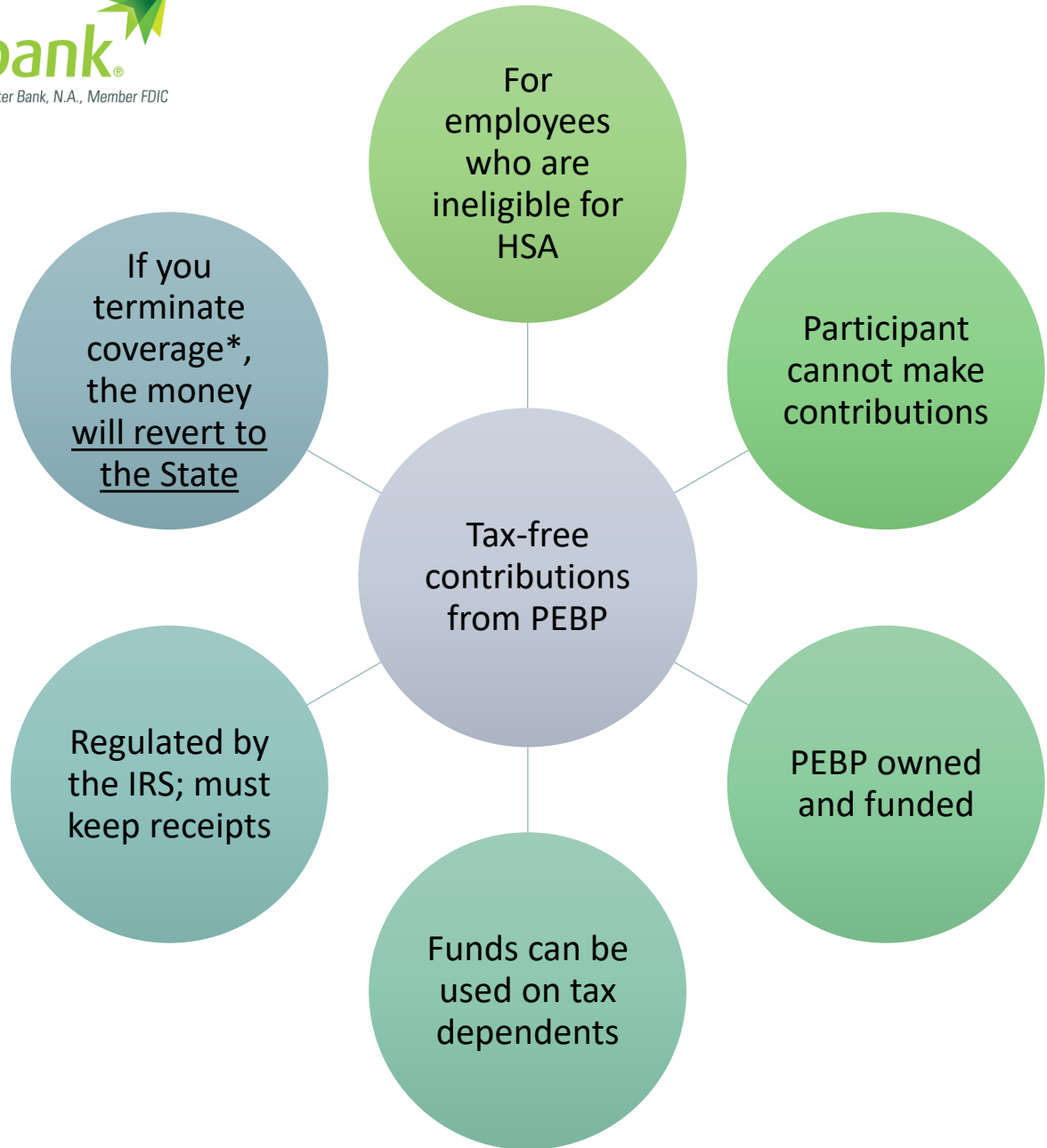
- PEBP + Employee contribution limit
- Family is defined as two or more covered individuals on your plan
- Funds are regulated by the IRS



HSA Contribution Limits		
	2023	2024
Individual Coverage	\$3,850	\$4,150
Family Coverage	\$7,750	\$8,300
Catch-Up Contribution (Aged 55 or older)	\$1,000	\$1,000
<b>NOTE: The HSA calendar year is from January to December</b>		

**It is your responsibility to keep track of your contributions.**

Health  
Reimbursement  
Arrangement



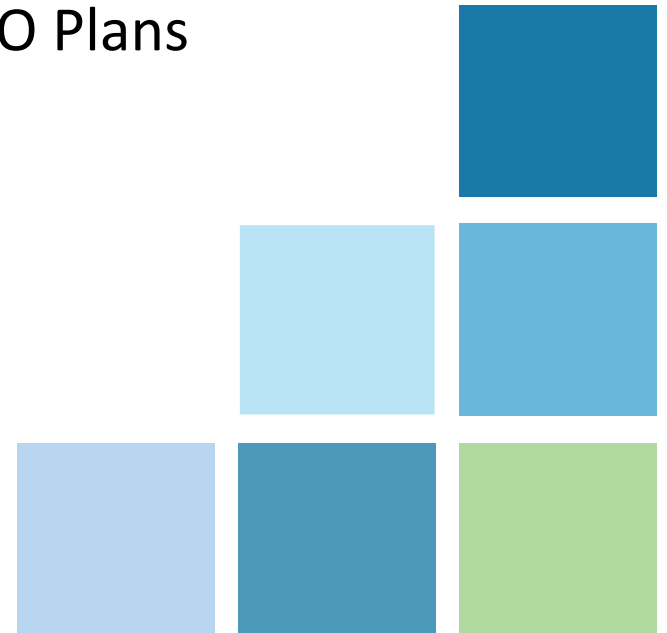
\*Terminating coverage includes declining PEBP coverage or by leaving state service

# The HSA vs HRA Comparison

	<b>HSA</b>	<b>HRA</b>
<b>Employer Contributions</b>	Yes	Yes
<b>Employee Contributions</b>	Yes (pre-tax)	No
<b>Account Owner</b>	Employee	Employer
<b>Portable</b>	Yes	No
<b>Interest Accrued</b>	Yes	No
<b>Roll Over</b>	Yes	Yes
<b>Like a</b>	Personal <i>Debit Card</i>	Personal <i>Credit Card</i>

# Benefits Available to All Active PEBP Participants

For CDHP, LD, EPO and HMO Plans



# PEBP's PPO Dental Plan

## CDHP, LD PPO, EPO and HMO Participants

CDHP, LD PPO, EPO and HMO Participants	
	In-Network
<b>Plan Year Maximum Benefit</b> No plan year maximum benefit for dependents under 19	\$2,000
<b>Plan Year Deductible</b> (applies to basic and major services only)	\$100 per person or \$300 per family (3 or more)
<b>Preventive Services*</b> Teeth cleaning (4/plan year) Oral examination (4/plan year) 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 plan year max benefit</li> </ul>
<b>Basic Services*</b> Full-mouth periodontal cleanings, fillings, extractions, root canals, full-mouth X-rays	You pay 20% coinsurance after deductible is met
<b>Major Services*</b> Bridges, crowns dentures, tooth implants	You pay 50% coinsurance after deductible is met
<b>*Allowable fee schedule applies</b>	

# Basic Life Insurance

Basic Life Insurance	Class 1 (Employee)
State Active	\$25,000
Non-State Active	\$15,000

- Class 1: Full-time employees of the State of Nevada (or any non-State agency approved by the PEBP board), professional full-time employees of the Nevada System of Higher Education (under annual contract), and members of the Nevada Senate or Assembly are all eligible for this benefit. Your employer pays the full cost of basic life insurance.
- State Active: Those whose last employer is a State agency, NSHE, PERS, the Legislature, Legislative Counsel Bureau or a State Board or Commission.
- Non-State Active: non-State agencies approved by the PEBP board.

# 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 – Sanvello® app community support and guided journeys



Mental health treatment



Autism services



Alcohol and substance use support



Access your MAP benefit  
by calling  
1-877-660-3806, TTY 711.

Visit [liveandworkwell.com](https://liveandworkwell.com).  
Enter anonymously using  
access code FP3EAP.



UnitedHealthcare®



## Travel Assistance

Available to you and your beneficiaries when travelling 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](mailto:assistance@uhcglobal.com)







## Make the Change You've Always Wanted



### Live Online Sessions

Join weekly online group sessions led by a coach, with the flexibility to reschedule anytime.



### Tailored to You

You are not visible in the online group sessions and can choose how you'd like to participate.



### Stay on Track

Use our fitness, food and weight trackers to stay on top of your progress and hit your goals.






### Success Kit

A Success Kit with food and weight scales, and more, shipped to you after you attend your first session.

### With Real Appeal, You'll Learn Ways to:

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

### What You Need to Register:

-  PEBP insurance card
-  Personal calendar— to choose your weekly online session day and time
-  Shipping address— to receive success Kit after attending your first online session.

Subject to BMI eligibility requirements.



# Tour PEBP's Site

<https://pebp.nv.gov>



# Q&A





*Access.  
Quality.  
Affordability.*

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

775-684-7000

702-486-3100

1-800-326-5496

<https://pebp.nv.gov>

Send us a secure message in your E-PEBP portal



# Thank You!