

Pre-Medicare Age-In Presentation



Plan Year 2026: July 1, 2025 – June 30, 2026

Today's Topics



Required PEBP Forms



PEBP's Medicare Requirements



PEBP Dental Plan Option



Enrollment Options



Who is Via Benefits



CDHP HRA vs Via Benefits HRA



How the Via Benefits HRA Works



Maintaining Enrollment Through Via






- Happy Birthday Letter


PEBP and Medicare Guide

Retiree Benefit Enrollment
and Change Form (RBE CF)


Also available on PEBP's website





PEBP
PUBLIC EMPLOYEES' BENEFITS PROGRAM
3427 Goni Road, Suite 109
Carson City, Nevada 89706
Phone: 775-684-7000, 702-486-3100, 1-800-326-5496
www.pebp.nv.gov




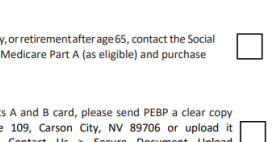
Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706
https://pebp.nv.gov
Email: info@pebp.nv.gov
Phone: 775-684-7000, 702-486-3100 or 1-800-326-5496



Retiree Benefit Enrollment and Change Form
Please note: This form is subject to a fee in accordance with Nevada law. Your PEBP administrator will determine if your PEBP administrator is required to pay this fee for you.

It's as Easy as 1-2-3 (4-5)

1

Three months prior to your 65th birthday, or retirement after age 65, contact the Social Security Administration and apply for Medicare Part A (as eligible) and purchase Medicare Part B.

☐

2


After you receive your Medicare Parts A and B card, please send PEBP a clear copy by mail to: 3427 Goni Road, Suite 109, Carson City, NV 89706 or upload it securely at <https://pebp.nv.gov> > Contact Us > Secure Document Upload Form. Don't forget to send the Retiree Benefit Enrollment and Change Form (RBECF) to enroll in or decline PEBP dental. **No faxes or emails of the RBECF are accepted.**

☐


3


CALL Via Benefits at 1-888-598-7545 to complete your profile and schedule an

☐



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







PEBP & MEDICARE GUIDE


July 1, 2025 – June 30, 2026

PLAN YEAR 2026



VIA BENEFITS
1-888-598-7545
Mon-Fri: 9AM to 6PM PST
<https://my.viabenefits.com/PEBP>





Retiree Benefit Enrollment and Change Form (RBE CF)

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



Retiree Benefit Enrollment and Change Form

Please note: You may be subject to a gap in health insurance benefits if your PERS retirement date is different than the termination date of your PERS or PERS to your employer.

Medicare Effective Date

1. Choose one of the following events:

- | | | |
|--|---|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Name Change | <input type="checkbox"/> Dependent Gains Own Coverage |
| <input type="checkbox"/> Medicare Eligibility Change | <input type="checkbox"/> Death of Dependent | <input type="checkbox"/> Dependent Loses Own Coverage |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Survivor Election | <input type="checkbox"/> Establish Domestic Partnership |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Disabled Retiree | <input type="checkbox"/> Terminate Domestic Partnership |
| <input type="checkbox"/> Birth or Adoption | <input type="checkbox"/> COBRA Election (Med/Dent/Vision) | <input type="checkbox"/> Address Change/Move Outside Coverage Area |

2. Participant Information (Please Print Clearly and Legibly)

Social Security Number (Please enter without dashes)		Date of Birth (MM/DD/YYYY)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>		<input type="text"/>			
Last Name		First Name		Middle Initial	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address Line 1		Primary Phone Number (Home or Cell)			
<input type="text"/>		<input type="text"/>			
Address Line 2		Alternate or Work Phone Number			
<input type="text"/>		<input type="text"/>			
City	State	Zip Code	Email (Work or Personal)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

3. Select Your Healthcare Coverage. Mark Only One Box In This Section

- | | | |
|--|--|--|
| <input type="checkbox"/> Consumer Driven Health Plan (CDHP-PPO)
Includes Health Reimbursement Arrangement (HRA) | <input type="checkbox"/> Medicare Exchange - Includes HRA for Eligible Retirees Only | <input type="checkbox"/> I Decline/Waive Coverage for Health Insurance, HRA Funding, Life Insurance and Voluntary Benefits (if applicable) |
| <input type="checkbox"/> Low Deductible PPO (LD-PPO) | <input type="checkbox"/> WITH PEBP Dental Coverage | |
| <input type="checkbox"/> PEBP Exclusive Provider Organization Plan (Northern Nevada EPO) | <input type="checkbox"/> WITHOUT PEBP Dental Coverage | |
| <input type="checkbox"/> Health Plan of Nevada (Southern Nevada HMO) | <input type="checkbox"/> TRICARE for Life - WITH PEBP Dental Coverage | |
| | <input type="checkbox"/> TRICARE for Life - WITHOUT PEBP Dental Coverage | |

4. Choose Coverage For:

- | | |
|---|--|
| <input type="checkbox"/> Participant Only | <input type="checkbox"/> Participant + DP's Child(ren) (P+C) |
| <input type="checkbox"/> Participant + Spouse (P+S) | <input type="checkbox"/> Participant + DP's Child(ren) + Participant's Child(ren) (P+C) |
| <input type="checkbox"/> Participant + Participant's Child(ren) (P+C) | <input type="checkbox"/> Participant + DP + DP's Child(ren) (P+F) |
| <input type="checkbox"/> Participant + Family (P+F) | <input type="checkbox"/> Participant + DP + Participant's Child(ren) (P+F) |
| <input type="checkbox"/> Participant + Domestic Partner (P+DP) | <input type="checkbox"/> Participant + DP + DP's Child(ren) + Participant's Child(ren) (P+F) |

5. Do You and/or a Covered Dependent Have (Choose All That Apply or skip):

	YOU	SPOUSE/DP	CHILD
Medicare Part A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part B?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRICARE for Life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide PEBP with a copy of any applicable Medicare A+B Card; and if applicable, a copy of the front and back of the Military ID Card for TRICARE.

If you are ineligible for premium free Medicare Part A please provide a copy of your Social Security Benefits Verification Letter.

You may skip this section if not applicable.



PEBP USE ONLY

Supporting Documentation For Dependent Coverage Will Be Required.

List only eligible new dependents, dependents to be deleted, or current dependents who require a status change.

<input type="checkbox"/> Add	Social Security Number	Date of Birth (MM/DD/YYYY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="checkbox"/> Delete	Last Name	First Name	Middle Initial	
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner (DP) <input type="checkbox"/> Participant's Child <input type="checkbox"/> DP's Child <input type="checkbox"/> Step Child <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Disabled Dependent Child				

<input type="checkbox"/> Add	Social Security Number	Date of Birth (MM/DD/YYYY)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="checkbox"/> Delete	Last Name	First Name	Middle Initial	
<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner (DP) <input type="checkbox"/> Participant's Child <input type="checkbox"/> DP's Child <input type="checkbox"/> Step Child <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Disabled Dependent Child				

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<input type="checkbox"/> Change	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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AUTHORIZATION

I understand I am applying to PEBP for coverage for myself, and my eligible dependent(s), 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 DP, if any, is not eligible to participate in any employer provided medical plan maintained by my spouse or DP'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 PERS to deduct any required contributions from my retirement check, if applicable, for the coverage I have selected. I certify, under penalty of perjury, that the above answers and information are true and that I have read and understand the authorization on this form.

Signature _____ Date _____

Please **SIGN and DATE** and return to PEBP by mail -OR- online, doing both may delay enrollment.

PLEASE BE SURE TO **SIGN AND DATE** 2nd PAGE BEFORE RETURNING TO PEBP. INCOMPLETE OR INCORRECT FORMS WILL BE RETURNED.



Important Retiree Timeframes for PEBP Benefits

R E T I R E E S	Termination Date	Retirement Date	Retiree Health Benefit Start Date	Benefit Impact
	May 30 th	May 31 st	June 1 st	NO BREAK IN COVERAGE
	May 31 st	June 1 st	June 1 st	
	When the retirement date occurs immediately after the termination date, without a gap, there is no break in coverage.			
	May 30 th	June 3 rd	July 1 st	BREAK IN COVERAGE
	When termination/separation date and retirement date occur in different months the retiree will:			
	1. Be offered COBRA coverage, OR			
2. Have a break in coverage & will lose ALL PEBP benefits				

**Retiree resources are online at
<https://pebp.nv.gov> under Retiring
Before and Retiring After Age 65**

Retirees will need to fill out the Retiree Benefit Enrollment and Change Form (RBECE) and the Years of Service (YOS) form

It's as easy as 1-2-3-4-5

1 Three months prior to your 65th Birthday or retirement after age 65:
Apply for Medicare *free* Part A (as eligible) and purchase Medicare Part B

2 Submit to PEBP: Medicare Parts A and B card, RBECE, and for those newly retiring, the YOS Form
PEBP, 3427 Goni Road, Suite 109, Carson City, NV 89706
<https://pebp.nv.gov> > Contact Us > Supporting Documents

3 Contact Via Benefits to complete your profile and schedule an enrollment appointment with a Licensed Benefit Advisor:
Call **1-888-598-7545** or visit **www.MyViaBenefits.com/PEBP**
You will need: Medicare card, preferred doctor(s) and prescription drugs

4 Complete your enrollment over the phone or complete your enrollment online.
Automate the HRA reimbursement process as much as possible.

5 Eligible participants will wait four weeks from their new plan effective date for their Reimbursement Guide from Via Benefits.
Set up direct deposit to expedite reimbursement from your HRA.

Step 1: Enroll in Medicare



PEBP and Medicare Requirements

Premium-Free Medicare Part A



You or your spouse (or former spouse of 10 years) have at least 40 credits (10 years) of work in any job in which you paid Social Security taxes

-OR-

You are eligible for Railroad Retirement Benefits



-OR-



You are under age 65 and approved for Social Security Disability Benefits



Social Security



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A)
MEDICAL (PART B)

Coverage starts/Cobertura empieza
01-01-2021
01-01-2021

Please call the Social Security Administration (SSA) to verify your Medicare Eligibility

1-800-772-1213

Everyone age 65 or older can ***purchase*** Medicare Part B

PEBP's Medicare Requirements

TRICARE

- Medicare A+B card
- Military identification card (front and back)

ACTIVE
EMPLOYEE

- Not required to enroll in Medicare until 60-90 days prior to retirement

SPOUSE/DP

- PEBP Medicare requirements apply to covered spouses and domestic partners

CURRENTLY RETIRED
Approaching 65th birthday

NEWLY RETIRING AFTER AGE 65
(60-90 days prior to retirement)

- Enroll in premium-free Medicare Part A

As eligible per Social Security (SSA) guidelines
Contact SSA to check your Medicare eligibility

CURRENTLY RETIRED
Under 65 and approved for Social Security Disability benefits
(after 24 month waiting period)

- **Must purchase** Medicare Part B

Step 2: PEBP Enrollment Options



Sending in Your Paperwork

Eligibility Scenarios

Active Employee Not Yet Retiring

Not required to enroll in Medicare

If Medicare is obtained, submit copy of card to PEBP

CDHP HSA → HRA

Active employees enrolled in a PEBP plan have credible coverage, meaning that it is at least as good as Medicare provides and will not cause you to incur a Medicare late enrollment penalty.

Retired with Medicare A+B and No Covered Dependents

Must enroll at VIA Benefits



Medicare A+B Covering Non-Medicare Dependent(s)

Retiree *may* stay on PEBP PPO, EPO or HMO with dependent(s)

OR

Retiree *may* enroll at Via Benefits

Dependent(s) may terminate coverage or stay on a PEBP plan at full unsubsidized rate

Medicare A+B Enrolled in TRICARE for Life

Not required to enroll at Via Benefits

Submit your Military ID (front and back) to PEBP

Enrollment period: you must submit your Medicare card and RBECF to PEBP within 60 days of the Medicare effective date



NOT Eligible For Free Medicare Part A

- May remain on CDHP, LD, EPO or HPN
- ***Must*** purchase Medicare Part B
- Obtain SSA Eligibility Letter (lack of credits)
- Monthly premium reduced by *up to* \$145.30 after receipt of Medicare Part B card

PY26 Retirees Enrolled in the CDHP/LD/EPO/HMO Plans

Years of Service	Subsidy	Years of Service	Subsidy
5	+\$520.50	13	+\$104.10
6	+\$468.45	14	+\$52.05
7	+\$416.40	15 (base)	--
8	+\$364.35	16	-\$52.05
9	+\$312.30	17	-\$104.10
10	+\$260.25	18	-\$156.15
11	+\$208.20	19	-\$208.20
12	+\$156.15	20	-\$260.25

Eligibility for the Retiree Premium Subsidy

- For participants who retired **BEFORE January 1, 1994**, the participant premium for the selected plan and tier is shown on the retiree rate pages.
- For participants who retired **ON OR AFTER January 1, 1994**, add or subtract the appropriate subsidy in the table to the participant premium in the selected plan and tier.
- Participants who were hired **ON OR AFTER January 1, 2012**, do not receive a subsidy. Those hired between 2010-2012 must have a minimum of 15 years to receive a subsidy or retire under a long-term disability plan.

Visit <https://pebp.nv.gov> > Getting to Know Your Plan > Rate Guide

PEBP Dental Option

- Must be enrolled in a Via Benefits supplemental medical plan/TRICARE for Life to have the option to elect the PEBP dental plan
- Same dental coverage you had as an active employee or a pre-Medicare retiree
- Dental coverage effective for the *entire* plan year
- Mail in or upload the RBECF to enroll (or decline) in PEBP dental
- Monthly dental premium will be automatically deducted from your PERS pension
- No PERS pension? Pay online or set up automatic payments through your E-PEBP Portal



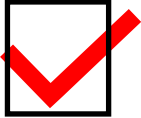
Monthly PY26 PEBP Dental Plan Rates

July 1, 2025 – June 30, 2026

	State Retiree	Non-State Retiree
Retiree only	\$53.18	\$50.31
Retiree + Spouse/DP*	\$106.36	\$100.62
Surviving/Unsubsidized Spouse/DP*	\$53.18	\$50.31


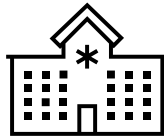
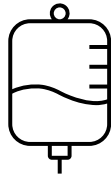
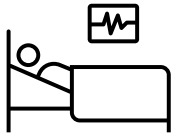
*Spouse/DP must be enrolled in Medicare in order to elect PEBP dental

You've Already



Enrolled in Medicare A+B (original Medicare) through Social Security, as eligible

- Medicare A provides about 80% hospital coverage and Medicare B provides about 80% medical coverage
- Medicare will be your primary coverage



Provided proof of your Medicare enrollment by sending a copy of your Medicare A & B card to PEBP



Submitted your RBECE (and YOS Form if newly retiring) to elect or decline PEBP dental and changed your status to "Medicare Eligible"

What's Next

Prepare

- Read through PEBP materials two months prior to your 65th birthday or your retirement after age 65. Gather information about your preferred doctors and the medications you're taking

Call

- Call Via Benefits at **1-888-598-7545** to schedule an appointment with a certified licensed benefit advisor, or set up your profile online at **www.My.ViaBenefits.com/PEBP** and browse your Medicare options

Enroll

- Complete enrollment by calling and speaking to a licensed benefit advisor, or complete your enrollment at www.My.ViaBenefits.com/PEBP

Wait

- Via Benefits will now manage your new plan and funding account. Wait four weeks from your effective date for your funding packet to arrive from Via Benefits

Step 3 & 4: Who is Via Benefits



Your Future Coverage



First and largest private
Medicare Market
Exchange Company



Personalized options
with plans from a
nationwide network



19th Enrollment Season



1,000+ plan
options

aetna



HealthNet
A Better Decision

UnitedHealthcare

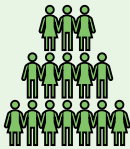
vso

Anthem

DELTA DENTAL

EXPRESS SCRIPTS

AARP



2 Million + Retirees



Unbiased advocacy with a
98 % satisfaction rate



Never any
fees for services



Licensed Advisors
provide guidance and
ongoing advocacy

Via Benefits Process



Consultative Process

A Licensed Benefit Advisor will assist you and recommend plans that meet your needs and fit your budget



Simplified Selection

Advisors will explain the details of coverage and answer your questions



Effortless Enrollment

The insurance enrollment forms will be completed over the phone



Ongoing Advocacy

Dedicated specialist are a phone call away to help you with your new healthcare coverage

 **Privacy Policy Update** We updated our Privacy Policy. You can view the Privacy Policy [here](#).



Welcome to Via Benefits

Medicare Coverage Simplified

Not looking for Medicare plans?
[Learn About Individual and Family Plans](#)

Browse Your Medicare Options

Answer a few simple questions to get started.

[See Plans](#)

Returning to Via Benefits?

[Sign In](#)

New to Via Benefits? [Sign Up](#)

Our customer service, trained and licensed benefit advisors, and comprehensive knowledge of the Medicare market make Via Benefits the trusted advisor for hundreds of thousands of retirees.

Via Benefits helps you choose the medical, prescription drug, dental and vision plan that fit your medical requirements and budget. We help you to make informed and confident enrollment decisions.

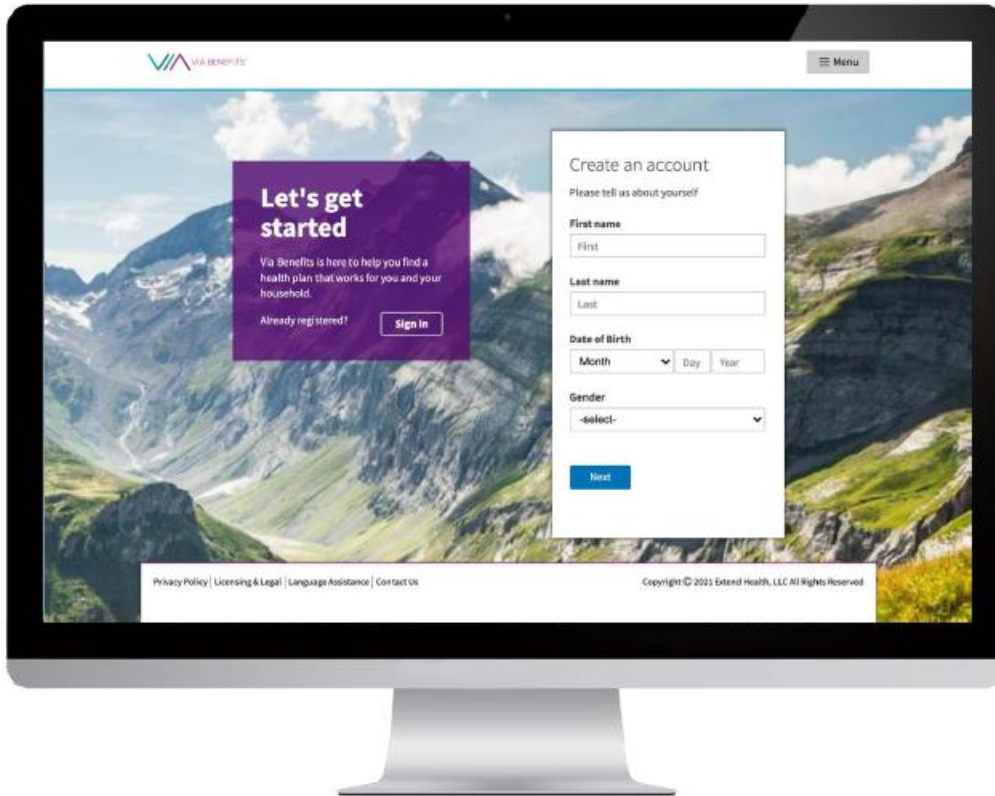
[Get Additional Information](#)

<https://My.ViaBenefits.com/PEBP>



Watch educational videos by visiting VIA Benefits' website

Create Your Via Benefits Profile



Please submit to PEBP your Medicare card & RBECP before setting up your Via Benefits account

You'll be asked for:

- ✓ Name
- ✓ Date of Birth
- ✓ Gender

Then to Verify Your Account:

- ✓ Social Security Number
- ✓ Email Address
- ✓ Security code



For the security code:

Enter the 6 digit code sent to you via email

Create a password

Granting Caregivers' Permission

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





Via Benefits is Your Ongoing Advocate

VIA Benefits	PEBP
<ul style="list-style-type: none">• Update personal information• Carrier and provider information• Exchange HRA reimbursements• Annual plan review	<ul style="list-style-type: none">• Updating personal information• Billing issues with your PEBP dental plan (if enrolled)• Questions about retiree life insurance
Plan year runs from January through December	Plan year runs through July through June of the following year
Medicare open enrollment is October 15 th – December 7 th	PEBP open enrollment is generally during May

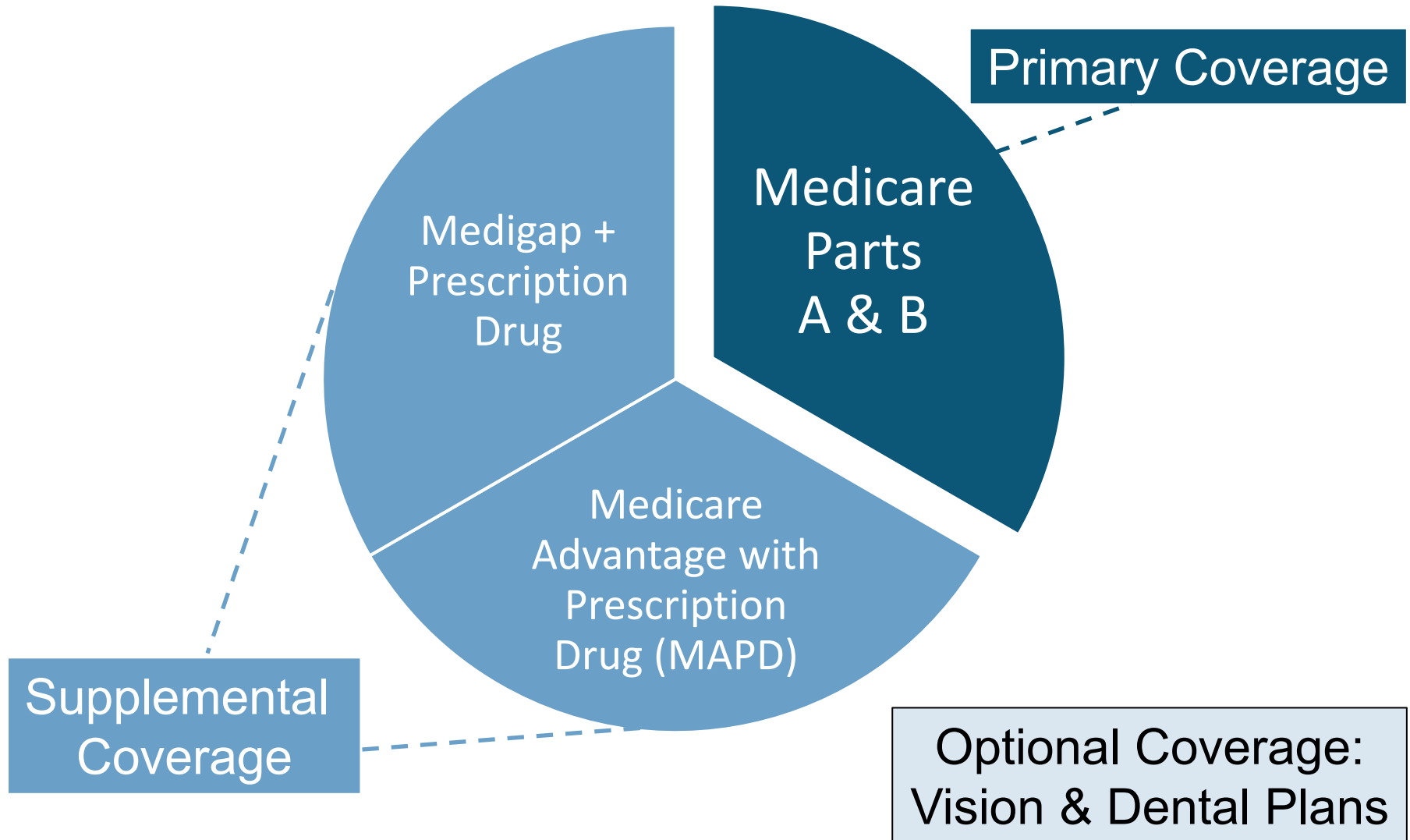
No need to re-enroll during open enrollment unless you want to make plan changes.

Medicare Plan Types



Medicare Advantage Prescription Drug (MAPD) vs. Medigap Plans

How Medicare Coverage Works





Medicare Advantage Prescription Drug (MAPD) Plans

HMO

MAPD

PPO

MAPD plans are generally network based and copay driven

Medigap Plans

Medigap Plans										
Benefits	A	B	C	D	F	G	K	L	M	N
Medicare Part A coinsurance and hospital costs (up to an additional 365 days after Medicare benefits are used)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Blood (first 3 pints)	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Part A hospice care coinsurance or copayment	100%	100%	100%	100%	100%	100%	50%	75%	100%	100%
Skilled nursing facility care coinsurance			100%	100%	100%	100%	50%	75%	100%	100%
Part A deductible		100%	100%	100%	100%	100%	50%	75%	100%	100%
Part B deductible			100%		100%					
Part B excess charges					100%	100%				
Foreign travel emergency (up to plan limits)			80%	80%	80%	80%			80%	80%
You can't buy plans C and F if you were new to Medicare on or after January 1, 2020.							Out-of-pocket limit in 2025			
							\$7,220	\$3,610		

Medicare Plan Type Overview



Medicare Advantage Prescription Drugs (MAPD)	Medicare Supplement Insurance (Medigap)
Healthy, not many doctor visits	Many doctor/specialist visits
Routine care in specific geographical area	Routine care anywhere in the USA that accepts Medicare
Pay copay or coinsurance for visits	Pay an upfront higher premium

Your initial transition to the Medicare Exchange with Via
 Benefits is a special enrollment period

Ready to Enroll

Enroll by phone



Call Via Benefits when you are ready to enroll



A member of the care team will help you review and enroll in a plan



Identity is voice-verified



Disclaimers are read to you



With your permission, a friend or family member may join the call

After you select your plan, allow up to 45 minutes to complete applications



45 min.

Enroll online



Enroll anytime



Compare plans side by side, select a plan, and enroll using the website



Identity is verified when you sign into Via Benefits



You read the disclaimers and confirm on the site



Shop Via Benefits with help from a friend or family member

After you select your plan, allow up to 15 minutes to complete applications

- Selection Confirmation Letter this will confirm your plan choices
- Communications from your confirmed insurance carrier you will receive a packet with your new insurance cards and information about your new plan benefits
- Information about your new HRA funding account

Step 5: Funding



Health Reimbursement Arrangement (HRA)



Exchange Health Reimbursement Arrangement (HRA)

Tax-free account

used to reimburse you for eligible
health care expenses —
you pay first and then get reimbursed

If you are eligible, **PEBP** will make a
monthly contribution to a
Health Reimbursement Account (HRA)

You may use HRA funding to **reimburse
yourself and your spouse** for eligible
medical, prescription drug, dental, vision, and
Medicare Part B premiums, as well as eligible
out-of-pocket healthcare expenses

Your HRA funding
will be available within
**four weeks of your
effective date and
monthly thereafter**

Unused funds
DO
roll over*

***Subject to 365-day rolling
reimbursement request submission
deadline from the date the service
was incurred.**

Eligible Expenses

Premiums

- Medicare Medical
- Prescription
- Dental
- Vision
- Medicare Part B

Most Common Expenses

- Office Visit Copays
- Physician Service Copays
- Prescription Copays
- Deductibles
- Co-Insurance
- Dental Treatments
- Eye Exams
- Eyeglasses

Other Eligible Expenses

- Artificial Limbs and Teeth
- Ambulance Hire
- Chiropractor
- Contact Lenses
- Hearing Aids and Batteries
- Immunizations
- Laboratory Fees
- Medical Supplies and Equipment
- Oral Surgery
- Osteopath
- Psychiatrist
- Stop Smoking Programs
- Vaccines
- Wheelchair
- X-Rays

This is not an all-inclusive list of eligible expenses. The IRS's Publication 502 has the complete list.

PEBP Offers Two Separate HRAs

1

Consumer Driven Health Plan (CDHP PPO)

- Funded on an annual basis in July
- Participants will receive up to \$1,300 for PY26
- Prorated if hired/reinstated after 7/1

Once transitioned to Via Benefits, remaining funds are no longer available

You will not get to keep the **CDHP HRA** when you enroll through Via Benefits.

Any HRA money left on the HSA Bank debit card reverts to the State.

2



On or May 31 of each year there is a cap on the available HRA balance of \$8,000

Via Benefits HRA

- Funded monthly
- Funded according to the retirees'
 1. Hire Date
 2. Retirement Date
 3. YOS Credit (5-20 years)



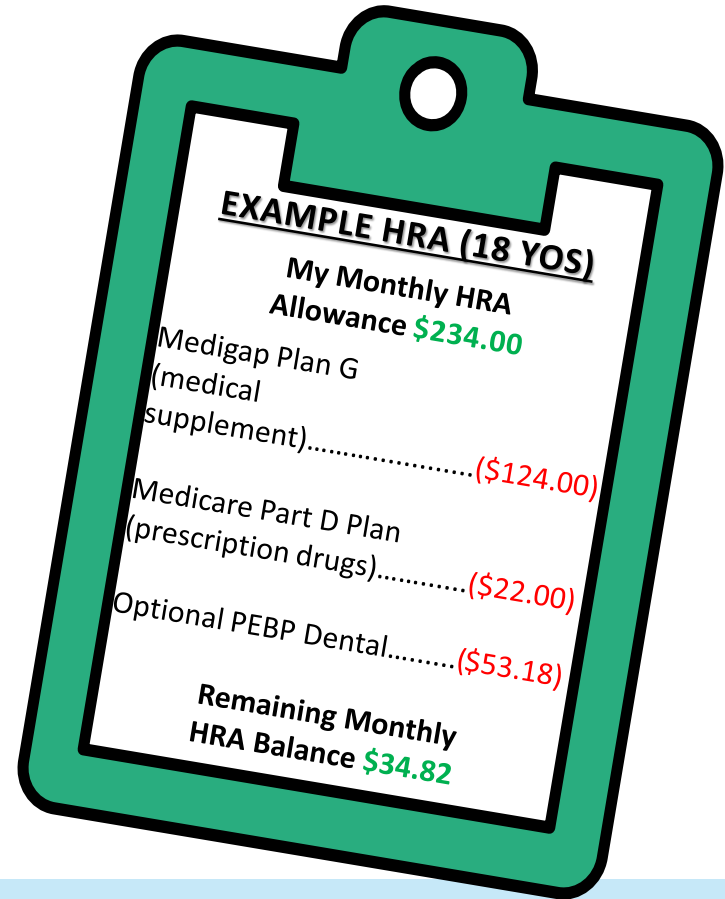
How is my HRA Funded?

Eligibility for the Retiree Medicare Exchange HRA PEBP Contribution

- Participants who retired **BEFORE January 1, 1994**, receive the 15-year (\$195) base contribution.
- Participants who retired **ON OR AFTER January 1, 1994**, the monthly contribution is based on years of service.
- Participants who were hired **ON OR AFTER January 1, 2012**, do not receive a contribution. Those hired between 2010 – 2012 must have a minimum of 15 years to receive a contribution or retire under a long-term disability plan.
- Spouses/domestic partners do not receive an Exchange HRA or additional funding.

How is my HRA Funded?

PY 2026 HRA Contribution		PY 2026 HRA Contribution	
Years of Service	Contribution	Years of Service	Contribution
5	\$65	13	\$169
6	\$78	14	\$182
7	\$91	15 (base)	\$195
8	\$104	16	\$208
9	\$117	17	\$221
10	\$130	18	\$234
11	\$143	19	\$247
12	\$156	20	\$260



- PEBP will automatically establish your Exchange-HRA after your qualified medical plan through Via Benefits is effective
- Once established, you will receive the Via Benefits-HRA funding kit with information on how to use the Exchange-HRA, usually within four weeks from your *effective* date

Qualify for your Health Reimbursement Arrangement



- You **must** be enrolled in Medicare Parts A and B to enroll in a plan through Via Benefits
- You **must** enroll in a medical plan through Via Benefits before the enrollment period ends to have access to the Exchange HRA **(within 60 days from the Medicare effective date)**
- You **must remain enrolled through Via Benefits** to continue to have access to the Exchange HRA or risk permanently forfeiting the rights to the HRA, basic life insurance and PEBP dental
- Your Via Benefits HRA allocation amount is based three criteria:
 1. Your date of hire
 2. Your date of retirement
 3. Earned YOS credit (5-20 years)

Reimbursement Options

1 Auto-Reimbursement

2 Recurring Premium Reimbursement

3 One-Time (Manual) Reimbursement Request

Participant pays plan premium directly to insurance company

Insurance company forwards receipt of payment to Via Benefits

Step 1

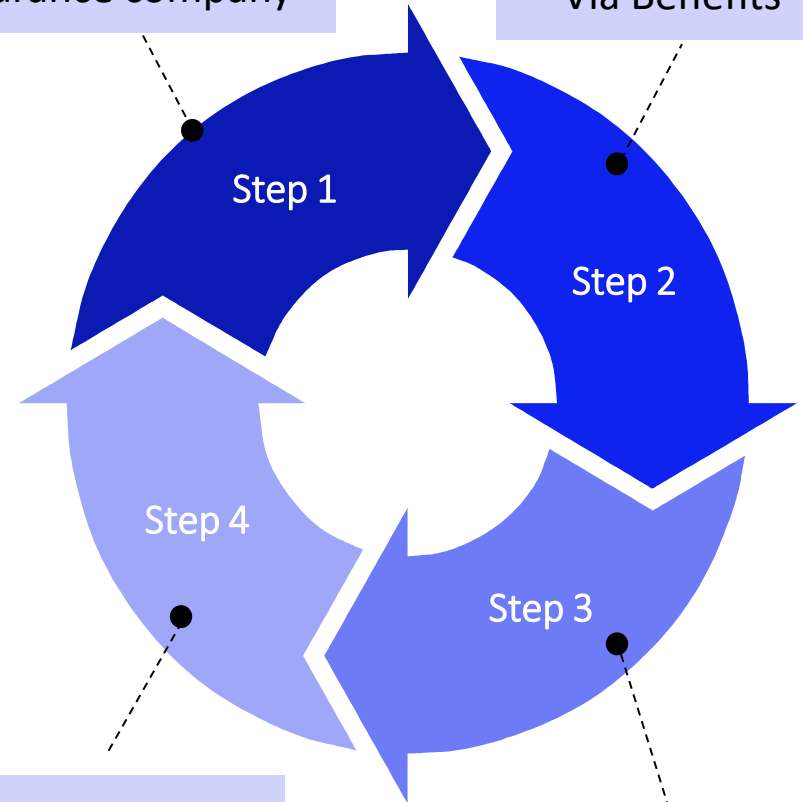
Step 2

Step 3

Step 4

Via Benefits reimburses participant via direct deposit up to allowed monthly amount

Via Benefits verifies receipt of payment and eligibility





Medicare Part B Premium Reimbursement Enhancement

Automate your Medicare Part B reimbursement

The standard Medicare Part B premium amount in 2025 of **\$185.00 per month**.

To activate this reimbursement type, you can:

- Call Via Benefits
- Activate this option online at www.my.viabenefits.com/PEBP
- Activate this option on your mobile app

Please note:

If you have a Medicare Part B Premium that is greater or less than the standard premium amount, a claim form and supporting documentation is required.

If you have a Tricare exception to qualify for the HRA, this reimbursement option is not available.

Your Via Benefits Account

Maximize Your Account Online

Sign in, Set Up, and Automate

- Sign onto your online account
- Set up Direct Deposit
- Automate your reimbursements
- Go paperless
- Submit reimbursement requests

VIA BENEFITS DASHBOARD HRA RECEIPTS HELP CENTER JOHN SAMPLE

Welcome
Here is a snapshot of your account.

PREMIUM REIMBURSEMENT **OUT-OF-POCKET REIMBURSEMENT**

HRA Health Reimbursement Arrangement

Total Available Balance	\$1,178.64
Payments on Hold	\$256.12
Scheduled Payments	\$436.12
Breakdown per Year	
Available From 2019	+\$256.12
Available From 2018	+\$589.32
Available From 2017	+\$157.43
Available From 2016	+\$175.77

[VIEW ACCOUNT](#) [MORE](#)

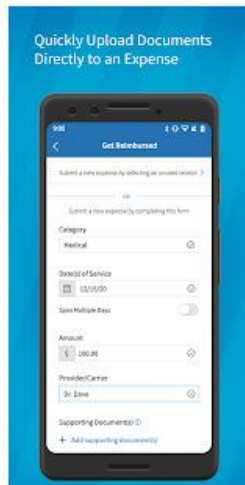
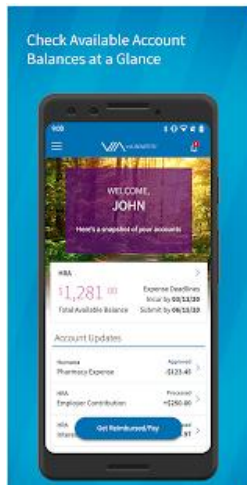
Account Updates

HRA	Contribution	+\$500.00	PROCESSED
HRA	Contribution	+\$300.00	PROCESSED

[SEE MORE UPDATES](#)

Did you know?

- Update Payment Method**
Direct deposit will help you receive payments up to 5 days faster!
[SET UP DIRECT DEPOSIT](#)
- Receive Text Alerts**
Get recent activity and alerts sent directly to your mobile device.
[SIGN UP FOR TEXT ALERTS](#)
- Go Electronic**
Get informed fast. Receive email notifications.
[SIGN UP FOR EMAIL](#)



It's as easy as 1-2-3-4-5

1 Three months prior to your 65th Birthday or retirement after age 65:
Apply for Medicare *free* Part A (as eligible) and purchase Medicare Part B

2 Submit to PEBP: Medicare Parts A and B card, RBECE, and for those newly retiring, the YOS Form
PEBP, 3427 Goni Road, Suite 109, Carson City, NV 89706
<https://pebp.nv.gov> > Contact Us > Supporting Documents

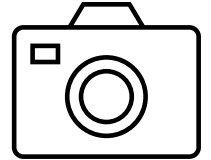
3 Contact Via Benefits to complete your profile and schedule an enrollment appointment with a Licensed Benefit Advisor:
Call **1-888-598-7545** or visit **www.MyViaBenefits.com/PEBP**
You will need: Medicare card, preferred doctor(s) and prescription drugs

4 Complete your enrollment over the phone or complete your enrollment online.
Automate the HRA reimbursement process as much as possible.

5 Eligible participants will wait four weeks from their new plan effective date for their Reimbursement Guide from Via Benefits.
Set up direct deposit to expedite reimbursement from your HRA.



Contact Information



Public Employees' Benefits Program

3427 Goni Road, Suite 109
Carson City, NV 89706

775-684-7000 or 702-486-3100
(toll free) 1-800-326-5496



Upload your retirement documents via our secure document upload form on our Contact Us page at

<https://pebp.nv.gov/Contact/contact-us/>

E-PEBP Portal— Send us a secure message by logging on to your portal at <https://pebp.nv.gov>



Via Benefits

(toll free) 1-888-598-7545

<https://My.ViaBenefits.com/PEBP>



Social Security Administration

1-800-772-1213

www.ssa.gov