



Pre-Medicare Age-In Presentation



Plan Year 2024 July 1, 2023 – June 30, 2024

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





NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM



Approximately 2 months* before your 65th birthday, PEBP will mail you:

- Happy Birthday Letter
- PEBP and Medicare Guide (Also available interactively online)
- Retiree Benefit Enrollment and Change Form (RBECE)

*If not received about 6 weeks prior to your birthday month please call PEBP Member Services or access them online



2023 Getting Reimbursed Guide

How to use your Health Reimbursement Arrangement (HRA) – a guide for both Pre-Medicare and Medicare Benefit Recipients



PEBP NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Retiree Benefit Enrollment and Change Form

PLEASE NOTE: This form is subject to state or federal insurance benefits of your PEBP component and a PEBP component is not required to complete this form.

Effective Date of Change (MM/DD/YYYY)

Following events:

- Name Change
- Death of Dependent
- Survivor Election
- Disabled Retiree
- COBRA Election (Med/Deaf/Vision)
- Dependent Gains Own Coverage
- Dependent Loses Own Coverage
- Establish Domestic Partnership
- Terminate Domestic Partnership
- Address Change/Move Outside Coverage Area

(Please Print Clearly and Legibly)

Without Selecting

Date of Birth (MM/DD/YYYY)

First Name

Last Name

Sex Male Female

Primary Phone Number (Home or Cell)

Alternate or Work Phone Number

State

Zip Code

Email (Work or Personal)

Change. Mark Only One Box in This Section

Medicare Exchange - Includes MSA for Eligible Retirees Only

- WITH PEBP Dental Coverage
- WITHOUT PEBP Dental Coverage
- TRICARE for Life - WITH PEBP Dental Coverage
- TRICARE for Life - WITHOUT PEBP Dental Coverage
- Declined/Active Coverage for Health Insurance, MSA, Funding, Life Insurance and Voluntary Benefits (If applicable)

Participant + DP's Child(ren) (P-C)

Participant + DP's Child(ren) (P-C)

PEBP USE ONLY

REMS WILL BE RETURNED

PEBP STATE OF NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

STEVE BIRLOAK Governor

Laura Freed Board Chair

Medicare Birthday Notice

ACTION IS REQUIRED

Dear Mr. or Mrs. Last Name:

You are approaching your 65th birthday. You may be eligible for Medicare Part A and Part B. Please contact our office for more information.

When you are a retiree (or covered spouse/dependent partner) PEBP requires you to enroll in Medicare. The Social Security Administration (SSA) will mail you a Medicare card and enrollment kit. You must enroll in Medicare before your 65th birthday by submitting a copy of the Part A, Social Security card to the PEBP office.

Medicare Part A: If you are eligible for premium-free Medicare Part A, you must enroll in Medicare Part A before your 65th birthday by submitting a copy of the Part A, Social Security card to the PEBP office.

Medicare Part B: Medicare Part B coverage. Please provide proof of Medicare Part B enrollment to the PEBP office.

Failure to provide the required Medicare information will result in termination of your Health Reimbursement Arrangement (HRA) and your PEBP health insurance coverage. For more information, please contact our office at 775-684-7000.

Please note, the Part B premium credit will be applied to your Medicare Part B enrollment. Please call our toll-free number, 1-800-326-5496, for more information.

NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

775-684-7000
702-486-3100
or 1-800-326-5496

<https://pebp.state.nv.us>

MEDICARE GUIDE

July 1, 2023 – June 30, 2024

PLAN YEAR 2024

1-888-598-7545

Mon-Fri: 5AM to 6PM PST

www.MyViaBenefits.com/PEBP

Retiree Benefit Enrollment and Change Form (RBECE)

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

https://pebp.state.nv.us
 Email: memberservices@peb.nv.gov
 Phone: 775-684-7000 or 1-702-486-3100



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.

Medicare Effective Date

1. Choose one of the following events:

- Retirement
- Medicare Eligibility Change
- Marriage
- Divorce
- Birth or Adoption
- Name Change
- Death of Dependent
- Survivor Election
- Disabled Retiree
- COBRA Election (Med/Dent/Vision)
- Dependent Gains Own Coverage
- Dependent Loses Own Coverage
- Establish Domestic Partnership
- Terminate Domestic Partnership
- 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 Female

Last Name First Name Middle Initial

Address Line 1 Primary Phone Number (Home or Cell)

Address Line 2 Alternate or Work Phone Number

City State Zip Code Email (Work or Personal)

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

- Consumer Driven Health Plan (CDHP-PPO) Includes Health Reimbursement Arrangement (HRA)
- Low Deductible PPO (LD-PPD)
- PEBP Premier Plan (Northern Nevada EPO)
- Health Plan of Nevada (Southern Nevada HMO)
- Medicare Exchange - Includes HRA for Eligible Retirees Only
 - WITH PEBP Dental Coverage
 - WITHOUT PEBP Dental Coverage
 - TRICARE for Life - WITH PEBP Dental Coverage
 - TRICARE for Life - WITHOUT PEBP Dental Coverage
- I Decline/Waive Coverage for Health Insurance, HRA Funding, Life Insurance and Voluntary Benefits (if applicable)

4. Choose Coverage For:

- Participant Only
- Participant + Spouse (P+S)
- Participant + Participant's Child(ren) (P+C)
- Participant + Family (P+F)
- Participant + Domestic Partner (P+DP)
- Participant + DP's Child(ren) (P+C)
- Participant + DP's Child(ren) + Participant's Child(ren) (P+C)
- Participant + DP + DP's Child(ren) (P+F)
- Participant + DP + Participant's Child(ren) (P+F)
- 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.

Add Delete Change

Social Security Number Date of Birth (MM/DD/YYYY) Male Female

Last Name First Name Middle Initial

Spouse Domestic Partner (DP) Participant's Child DP's Child Step Child Legal Guardianship Disabled Dependent Child

Add Delete Change

Social Security Number Date of Birth (MM/DD/YYYY) Male Female

Last Name First Name Middle Initial

Spouse Domestic Partner (DP) Participant's Child DP's Child Step Child Legal Guardianship Disabled Dependent Child

Add Delete Change

Social Security Number Date of Birth (MM/DD/YYYY) Male Female

Last Name First Name Middle Initial

Spouse Domestic Partner (DP) Participant's Child DP's Child Step Child Legal Guardianship Disabled Dependent Child

Add Delete Change

Social Security Number Date of Birth (MM/DD/YYYY) Male Female

Last Name First Name Middle Initial

Spouse Domestic Partner (DP) Participant's Child DP's Child Step Child Legal Guardianship Disabled Dependent Child

Add Delete Change

Social Security Number Date of Birth (MM/DD/YYYY) Male Female

Last Name First Name Middle Initial

Spouse Domestic Partner (DP) Participant's Child DP's Child Step Child Legal Guardianship Disabled Dependent Child

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.



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:				
<ol style="list-style-type: none"> 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

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

1

Three months prior to your 65th Birthday contact the Social Security Administration and apply for Medicare *free* Part A (as eligible) and purchase Medicare Part B.

2

Send a clear copy of your Medicare Parts A and B card by mail to **PEBP, 3427 Goni Road, Suite 109, Carson City, NV 89706**. Submit it online at <https://pebp.nv.gov>-> **Contact Us** -> **Document upload form**. You will need to submit the Retiree Benefit Enrollment and Change Form (RBECE) to enroll in or decline PEBP dental with you Medicare card.

3

CALL Via Benefits at **1-888-598-7545** to complete your profile and schedule an enrollment appointment with a licensed benefit advisor or set up your online profile at www.My.ViaBenefits.com/PEBP and “Shop” for plans. You will need your Medicare card, preferred doctor(s) and prescription drugs.

4

CALL Via Benefits and complete your enrollment over the phone or complete your enrollment online. Automate the HRA reimbursement process as much as possible.

5

Via Benefits will mail eligible participants a Reimbursement Guide about 8-12 weeks from your plan effective date. Set up direct deposit to expedite reimbursement from your HRA.

Step 1: Enroll in Medicare



PEBP's and Medicare's 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)

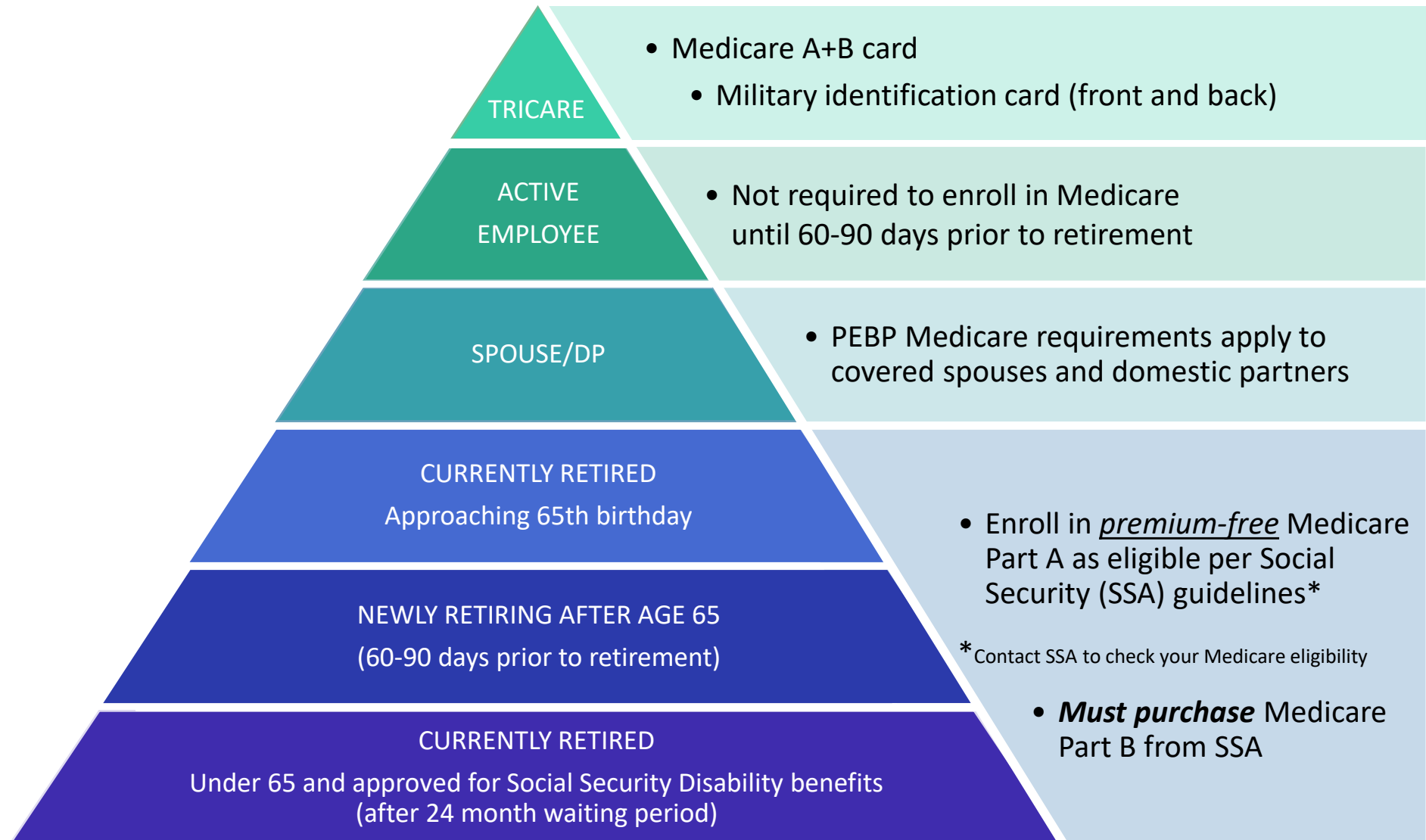
Coverage starts/Cobertura empieza
01-01-2021
01-01-2021

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

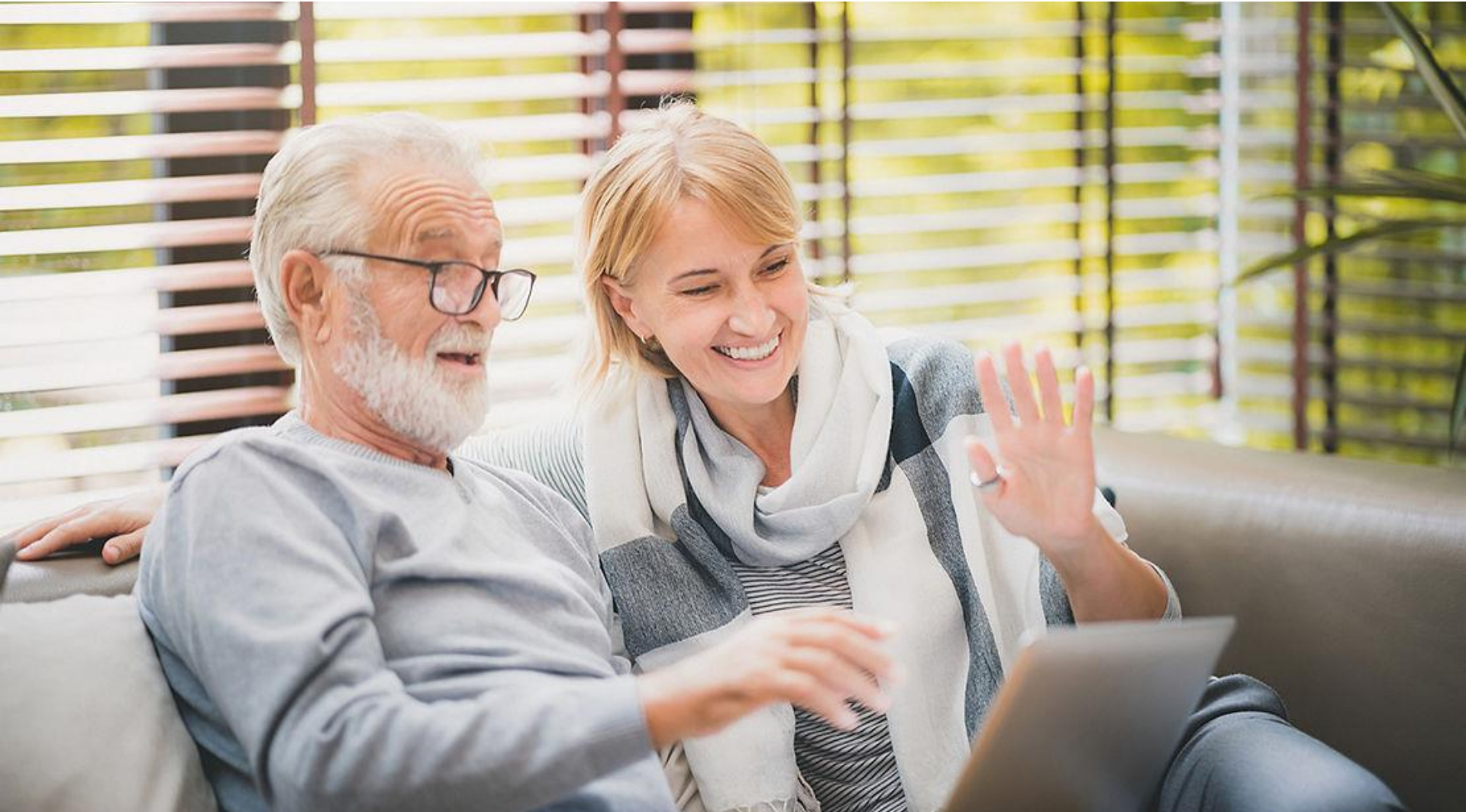
1-800-772-1213

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

PEBP's Medicare Requirements



Step 2: PEBP Enrollment Options



Sending in Your Paperwork



You must submit your Medicare card and RBECE to PEBP within 60 days of the Medicare effective date


Active Employee
Not yet Retiring
Not required to enroll in Medicare

If Medicare is obtained, submit copy of card to PEBP
CDHP HSA → HRA

Retired
Medicare A+B
No Covered Dependents

Must enroll at VIA Benefits

Medicare A+B
Covering Non-Medicare Dependent

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

OR

Retiree *may* enroll at Via Benefits
Dependent(s) may stay on PEBP (unsubsidized rate) or terminate coverage

NOT Eligible for Free Medicare Part A
May remain on PPO, EPO or HMO

Must purchase Medicare Part B
Obtain SSA Eligibility Letter (lack of credits)

Monthly premium reduced by *up to* \$135.50 after receipt of Medicare Part B card

Medicare A+B
TRICARE for Life

Not required to enroll at Via Benefits
Submit your Military ID (front and back) to PEBP



Commonly Asked Questions

Q. I'm an *active* employee. Do I need to enroll in Medicare when I turn 65?

- A. Yes
- B. No

B. No. 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.

Certificate of Credible Coverage letters are sent out at the beginning of the new plan year.

Commonly Asked Questions

Q. I'm retiring after age 65, or I'm retired and approaching my 65th birthday. When should I sign up for Medicare?

Enroll in Medicare 60-90 days prior to this event.



Social Security Administration
1-800-772-1213
www.ssa.gov

PEBP Dental Option

- Via Benefits supplemental medical plan = 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 RBEFCF 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 PY24 PEBP Dental Plan Rates

July 1, 2023 – June 30, 2024

	State Retiree	Non-State Retiree
Retiree only	\$46.93	\$41.46
Retiree + Spouse/DP*	\$93.86	\$82.92
Surviving/Unsubsidized Spouse/DP*	\$46.93	\$41.46

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

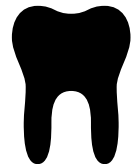
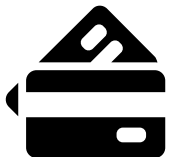
You've Already:

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 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

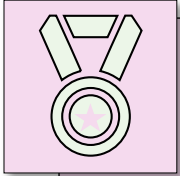
Wait

- Via Benefits will now manage your new plan and funding account. Wait 8-12 weeks from your effective date for your funding packet to arrive from Via Benefits

Step 3 and 4: Who is Via Benefits?



Your Future Coverage



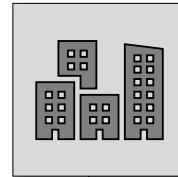
First and largest private Medicare Market Exchange Company



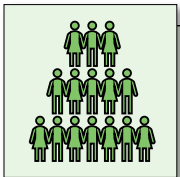
Personalized options with plans from a nationwide network



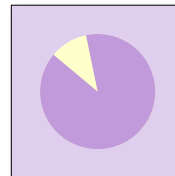
18th Enrollment Season



1,000+ plan options



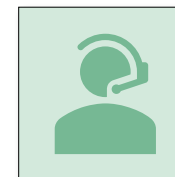
2MIL+ Million Retirees



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

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.

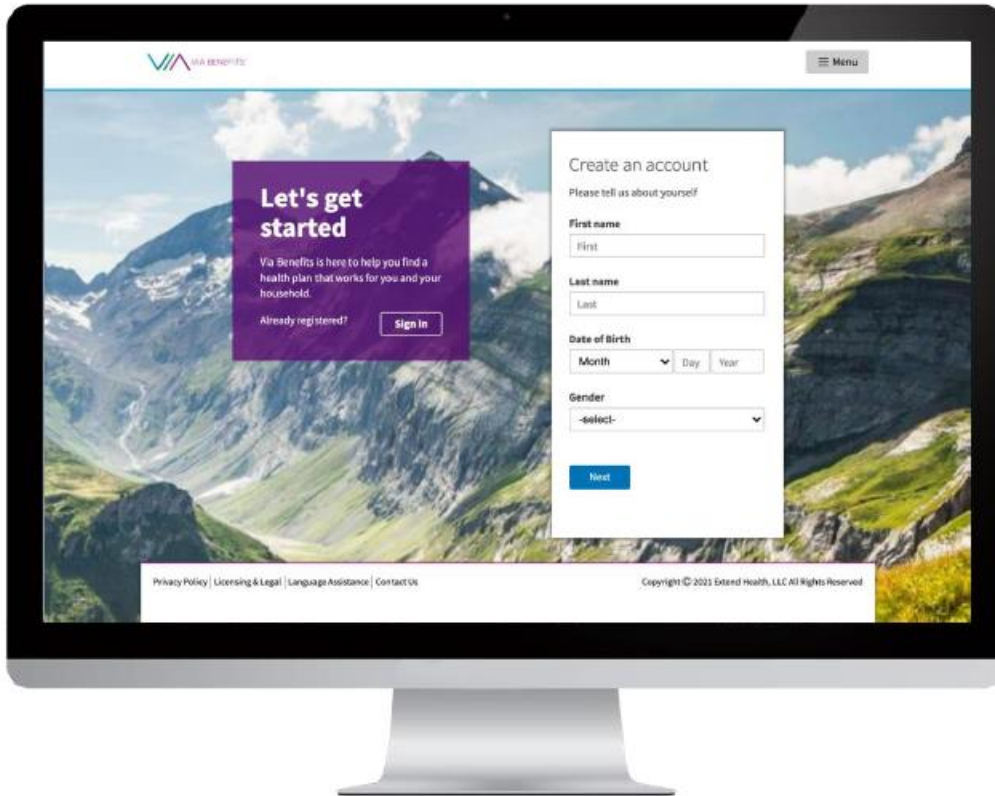
[Get Additional Details](#)

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



Watch educational videos by visiting VIA Benefits' website

Create a Via Benefits Profile



You will not be able to create a profile with VIA until PEBP has your RBEFCF and has requested VIA to activate your 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"> • Navigation • Update personal information • Questions and concerns • Affordability concerns • Billing issues with Exchange plan(s) • Carrier and provider issues • HRA reimbursement issues • 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
Call 888-598-7545 Monday through Friday, 5:00 AM until 6:00 PM Pacific Time	Call 775-684-7000, 702-486-3100, or 800-326-5496 Monday through Friday, 8:00 AM until 5:00 PM Pacific Time

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

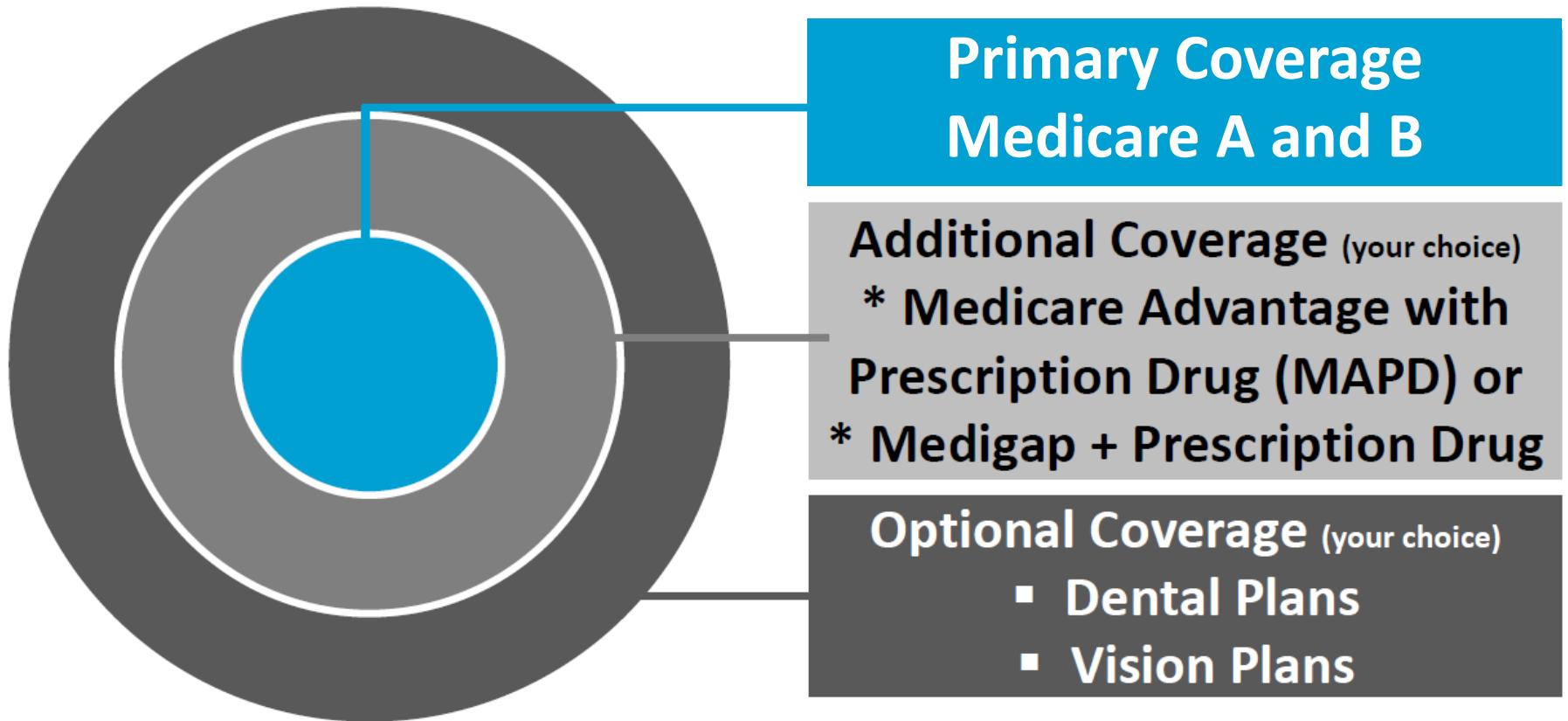
Medicare Plan Types



Medicare Advantage vs. Medigap

Your Future Coverage

How Medicare Coverage Works



Medicare Advantage Prescription Drug (MAPD) Plans

HMO

MAPD

PPO

Medicare Advantage plans are generally network based and are copay driven 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 2024**	
\$7,060	\$3,530

*Plans F and G offer a high-deductible plan in some states. With this option, you must pay for Medicare-covered costs (coinsurance, copayments and deductibles) up to the deductible amount of \$2,800 in 2024 before your policy pays anything.

** For plans K and L, after you meet your OOP yearly limit and Part B deductible (\$240 in 2024), the Medigap plan pays 100% of covered services for the rest of the calendar year.

***Plan N pays 100% of the Part B coinsurance. You must pay a copayment of up to \$20 for some office visits and up to \$50 copayment for emergency room visits that don't result in an inpatient admission.

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

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 **8-12 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

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

Via Benefits HRA vs Consumer Driven Health Plan HRA

PEBP offers two types of HRAs:

Consumer Driven Health Plan (CDHP PPO)

- Funded on an annual basis in July
- Participants will receive \$600 for PY 2024
- Prorated if hired/reinstated after 7/1
Hire date 11/1/2022 = \$400
- **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 will revert to the State.

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

Via Benefits HRA

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

How is my HRA Funded?

Effective July 1, 2023

(National average \$7)

EXAMPLE HRA (18 YOS)

My Monthly HRA Allowance \$234.00

Medigap Plan G
(medical supplement).....(\$124.00)

Medicare Part D Plan
(prescription drugs).....(\$22.00)

Optional PEBP Dental.....(\$49.76)

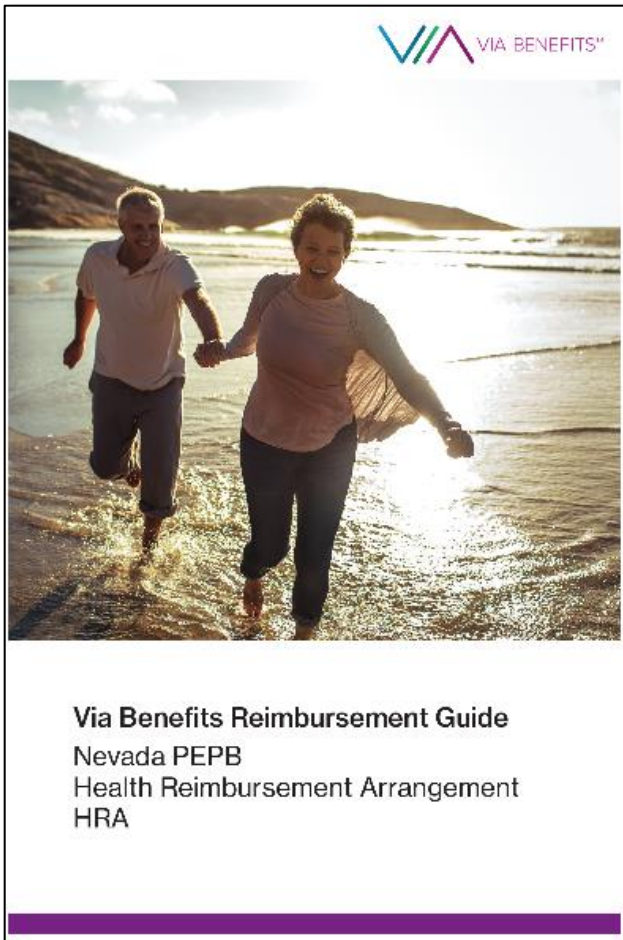
Remaining Monthly HRA Balance \$38.24

PY 2024 HRA Contribution	
Years of Service	Contribution
5	\$65
6	\$78
7	\$91
8	\$104
9	\$117
10	\$130
11	\$143
12	\$156

PY 2024 HRA Contribution	
Years of Service	Contribution
13	\$169
14	\$182
15	\$195
16	\$208
17	\$221
18	\$234
19	\$247
20	\$260

- Retirees hired from 2010-2012 need at least 15 YOS to qualify for HRA funding. If hired after 2012 you do not receive funding
- 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
- The kit will include claim and direct deposit forms and will normally arrive within 8-12 weeks from your *effective* date

Qualify for your Health Reimbursement Arrangement



- Participants *must* be enrolled in Medicare Parts A and B in order to enroll in a plan through Via Benefits
- Participants *must* enroll in a medical plan through Via Benefits before their enrollment period ends in order to have access to their HRA (normally within 60 days from the Medicare effective date)
- **Participants *must remain* enrolled through Via Benefits each year to continue to have access to their HRA or risk permanently forfeiting the rights to their HRA, basic life insurance and PEPB dental benefits (if applicable)**
- Your Via Benefits HRA allocation amount will be 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

- Enroll in a participating plan
- Available for plan premiums only
- You pay your premium to carrier directly first
- Ask Via Benefits to turn on auto-reimbursement

2

Recurring Premium Reimbursement

- You pay your requested expense first
- Submit reimbursement request one time per year to receive a recurring payment
- Available for premiums and Medicare Part B only

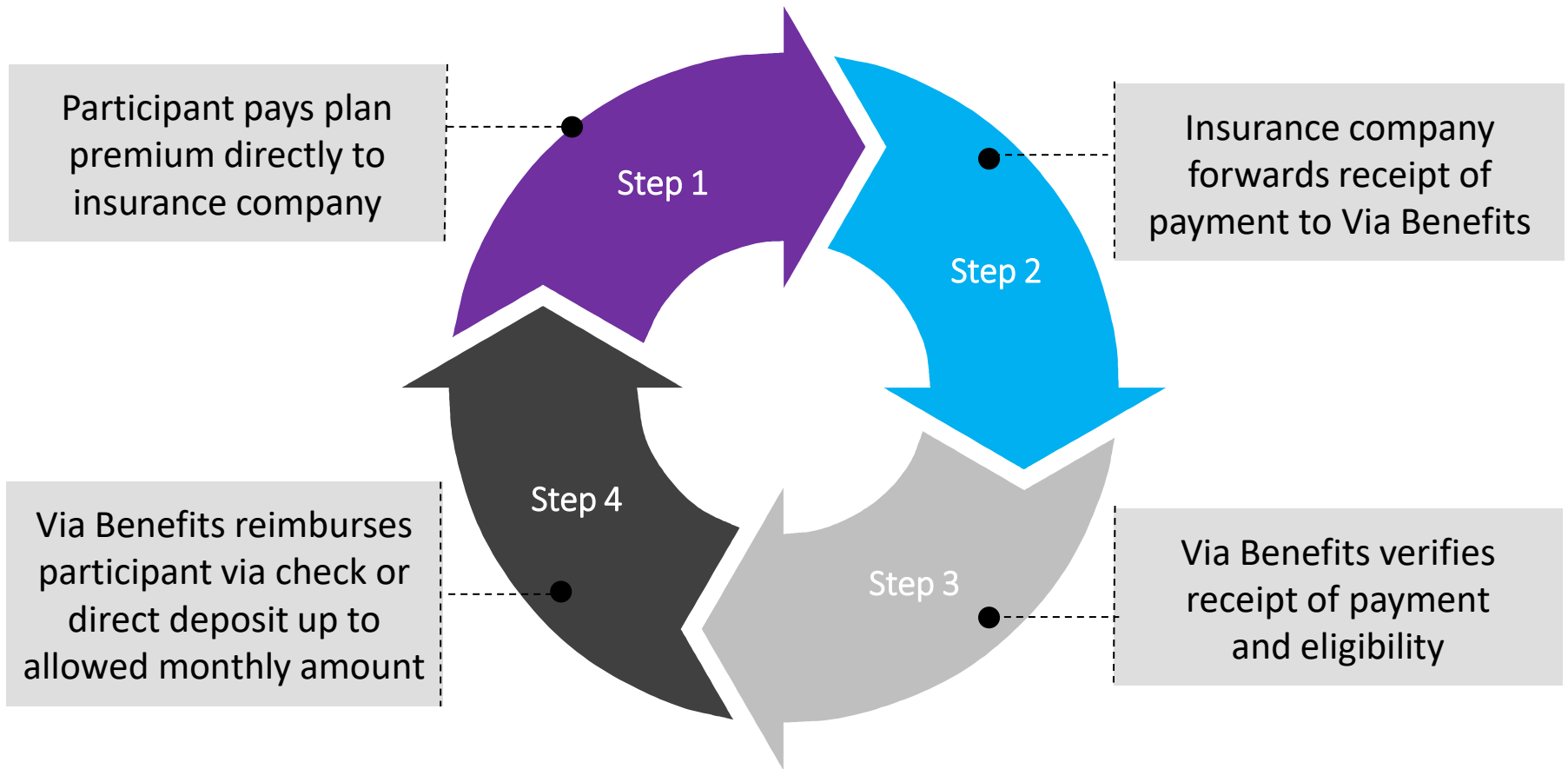
3

One-Time (Manual) Reimbursement Request

- You pay your expense first
- Submit reimbursement request
- Available for eligible out-of-pocket health care cost, premiums, and Medicare Part B premium

How Option #1 Works

Automatic Reimbursement





Medicare Part B Premium Reimbursement Enhancement

You may now **automate your Medicare Part B reimbursement** if you have a core medical plan with Via Benefits. A reimbursement request form and supporting documentation is no longer needed for the standard Medicare Part B premium amount in 2024 of **\$174.70 per month**.

To activate this reimbursement type, you can:

- Call Via Benefits
- Activate this option online at 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

Maximize Your Account Online

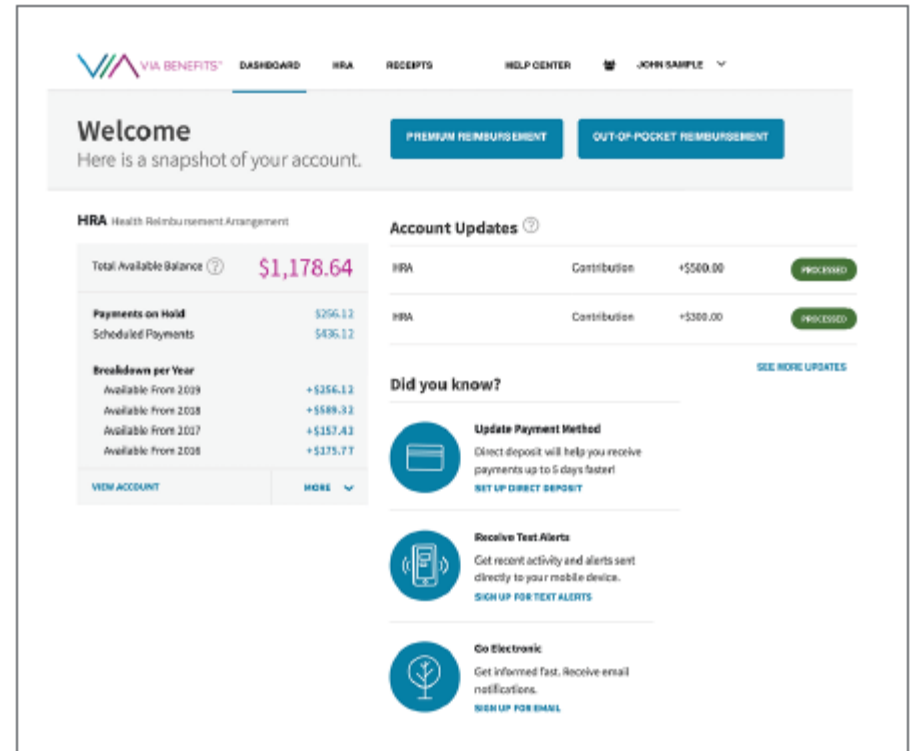
Sign in, Set Up, and Automate

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



my.viabenefits.com/PEBP

Managing your HRA using VIA's website is fast, safe, and secure, and up to 10 days faster than mail or fax



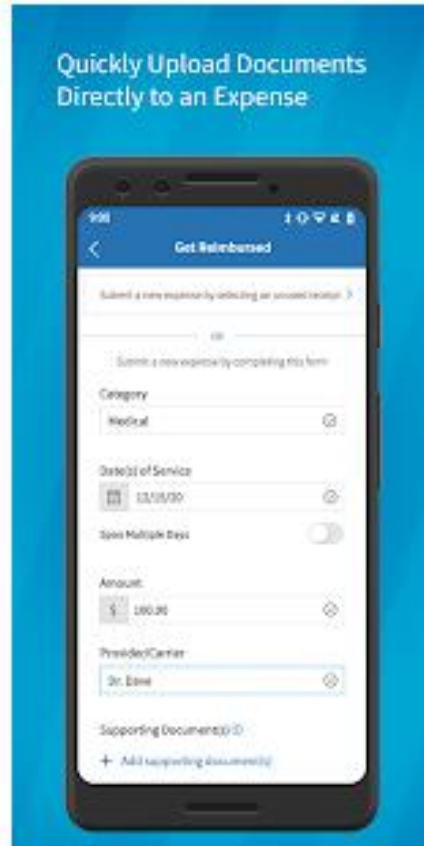
The screenshot shows the VIA Benefits dashboard for a user named John Sample. The dashboard includes a navigation bar with links for Dashboard, HRA, Receipts, Help Center, and a user profile dropdown. The main content area is divided into several sections:

- Welcome:** A greeting with a snapshot of the account and buttons for Premium Reimbursement and Out-of-Pocket Reimbursement.
- HRA Health Reimbursement Arrangement:** A summary table showing:

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
- Account Updates:** A table showing recent HRA contributions:

HRA	Contribution	+\$500.00	PROCESSED
HRA	Contribution	+\$300.00	PROCESSED
- Did you know?:** A section with three tips:
 - 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](#)

Via Benefits Mobile App



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

1

Three months prior to your 65th Birthday contact the Social Security Administration and apply for Medicare *free* Part A (as eligible) and purchase Medicare Part B.

2

Send a clear copy of your Medicare Parts A and B card by mail to **PEBP, 3427 Goni Road, Suite 109, Carson City, NV 89706**. Submit it online at <https://pebp.nv.gov>-> **Contact Us** -> **Document upload form**. You will need to submit the Retiree Benefit Enrollment and Change Form (RBECE) to enroll in or decline PEBP dental with you Medicare card.

3

CALL Via Benefits at **1-888-598-7545** to complete your profile and schedule an enrollment appointment with a licensed benefit advisor or set up your online profile at www.My.ViaBenefits.com/PEBP and “Shop” for plans. You will need your Medicare card, preferred doctor(s) and prescription drugs.

4

CALL Via Benefits and complete your enrollment over the phone or complete your enrollment online. Automate the HRA reimbursement process as much as possible.

5

Via Benefits will mail eligible participants a Reimbursement Guide about 8-12 weeks from your plan effective date. 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

Long distance: 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