



4th Quarter – Plan Year 2022

# Quarterly Newsletter

## Plan Year 2023 Starts July 1, 2022

### Inside This Issue

Supporting Documents Are Due	1
Premium Deductions	1
CDHP & EPO Network Change	2
Beneficiary Designation	2
Dr. On Demand	2
HSA/HRA Funding	3
Moving to HSA Bank	3
Listen Up!	4
Routine Lab Service Change	4
Appointments Available	4

### Supporting Documents Are Due June 15th



If you added dependents to your plan during this open enrollment period your supporting documentation is due to PEBP no later than Wednesday, June 15th. The required supporting documentation may include but not limited to copies of certified birth certificates, marriage certificates, proof of

domestic partner certifications, and guardianship paperwork that has been signed by a judge. You can upload these required documents by logging into your [PEBP portal](#), or you can use our [secure document upload form on our Contact Us page](#) under Supporting Documents. If your required documentation is not submitted to us by the end of the day on June 15th, your depend-

ents will not be added to your plan effective July 1st. You will have to wait until next open enrollment period or a [qualifying life event](#) to add your dependents to your plan.

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### Premium Deductions for Active Members

For active employees, your health insurance premium deductions from your paychecks are split 50/50 between the first and the second check of each month. The premium rates for the upcoming plan year effective July 1st have increased

slightly for the CDHP PPO, LD PPO, Premier Plan EPO and HPN HMO. The corresponding chart shows how much more you can expect to pay each month for your health insurance premium. Each of these plans are comprehensive, bundling your

medical, pharmacy, dental, and vision together. Have more questions about the upcoming plan year's premium rates? [View the PY23 Premium Rates here.](#)

State Active Employee's Participant Premium Increases from PY22	CDHP – PPO	LD – PPO	EPO/HMO
Employee Only	+\$2.33/month	+\$3.87/month	+\$16.82/month
Employee + Spouse	+\$10.23/month	+\$13.31/month	+\$39.23/month
Employee + Child(ren)	+\$5.28/month	+\$7.41/month	+\$25.24/month
Employee + Family	+\$13.19/month	+\$16.84/month	+\$47.63/month

**CDHP and EPO Network Change Effective 7/1/2022**

Effective July 1, 2022 the Aetna Signature Administrators (ASA) network is being replaced by Sierra Health-Care Options in southern Nevada, and United Healthcare Choice Plus Network for out-of-state and northern Nevada members. The network changes may include changes to the network status of hospitals, laboratories, primary care physicians, specialists, and ancillary providers.

Sierra Health-Care Options will replace the PPO provider network for members in southern Nevada enrolled in the CDHP and the LD PPO, including participants who reside in and want to utilize services in Clark, Esmeralda, and Nye counties. Members can search for [SHO providers here](#). Additionally, UnitedHealthcare Choice Plus Network will replace the PPO and EPO provider network for all out-of-state and northern Nevada members enrolled in the CDHP, the LD PPO, and the Premier

Plan EPO, including participants who reside in and want to utilize services out-of-state or in Washoe, Carson, Douglas, Storey, Lyon, Churchill, Pershing, Humboldt, Mineral, Lander, Eureka, White Pine, Lincoln, and Elko counties. Members can search for [UHC providers here](#). Members are encouraged to confirm the network status of provider(s) before receiving health care services beginning July 1<sup>st</sup>, 2022. It is your responsibility to confirm the



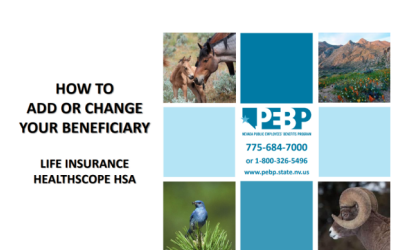
network status of a provider before assessing services. To confirm the status of a provider contact UMR at 1-888-7NEVADA (1-888-763-8232).

**Beneficiary Designation**

Any changes that you made to your beneficiary designation in your E-PEBP portal on or after January 1, 2022 may not have transferred when PEBP transitioned back to the MyLife E-PEBP

portal effective 5/2. Beneficiary designation for basic and voluntary life insurance, and HSA funds are evergreen, meaning they can be made anytime, and do

not need a qualifying life event to complete. Click on the image to the right for a step-by-step guide to updating your beneficiaries.



**Dr. On Demand**

Doctor on Demand connects CDHP PPO, LD PPO, and Premier Plan EPO participants face-to-face with a board-certified doctor or licensed psychologist (by appointment) on your smartphone, tablet or computer through live video. The table to right outlines prices for PY23 effective 7/1. Visit [Dr.On Demand](#) or call DoD Customer Service at 1-800-997-6196 to get the care you need from the comfort of your home.



<b>What It Costs</b>	<b>CDHP PPO</b>	<b>LDP PPO</b>	<b>Premier Plan EPO</b>
<b>Urgent Medical Care</b> Including dermatology	\$49	\$10	\$10
<b>Mental Health Therapy</b>	\$79 (25 minutes)	\$20 (25 minutes) \$30 (50 minutes)	\$20 (25 minutes) \$20 (50 minutes)
<b>Psychiatry Initial Visit</b>	\$229	\$30	\$20
<b>Psychiatry Follow-Up</b>	\$99	\$20	\$20

*A c c e s s . Q u a l i t y . A f f o r d a b i l i t y .*

**HSA/HRA Funding for Plan Year 2023**

For plan year 2023, the Consumer Driven Health Plan (CDHP PPO) is still the only plan that offers a Health Savings Account or Health Reimbursement Arrangement. The Low Deductible Plan (LD PPO) does **NOT** have a Health Savings Account or a Health Reimbursement Arrangement.

If you elected the LD PPO this open enrollment season and were previously on the CDHP PPO with an HRA, any remaining funds in your HRA account will revert to the State on June 30, 2022. If you have an HSA, any remaining funds are yours to keep, helping to

pay for any qualifying out-of-pocket medical expenses.

For members who are enrolled in the CDHP PPO, PEHP is contributing \$600 for the upcoming plan year to offset the cost of eligible healthcare expenses. To see the complete list of eligible expenses, visit [the official IRS publication](#).

PY 2023	CDHP-PPO	LD-PPO
<b>Base HSA/HRA Funding Effective 7/1</b>	\$600 Primary Participant	N/A

**HSA/HRA Administration for Plan Year 2023**



HSA Bank is the NEW administrator for plan year 2023 for Health Savings Accounts and Health Reimbursement Arrangements. This upcoming plan year PEHP is contributing \$600 to your account. No additional contributions will be deposited in HealthSCOPE

accounts after June 30, 2022. Since PEHP is changing administrators from HealthSCOPE Benefits to HSA Bank, there is a call to action on your part if you have an HSA. **To avoid monthly administrative fees (\$2.50/month)** from the current administrator, HealthSCOPE, and

to keep all your funds in one place, you'll need to provide electronic consent to transfer your HSA funds to HSA Bank. **Completing the electronic consent by 7/31/2022 also avoids a potential closure fee from the current administrator.** You can access e-consent via [hsabank.com/NVPEBP](https://hsabank.com/NVPEBP)

using code 9HTP4Y.

By late June for members enrolled in an HSA/HRA, your new HSA Bank debit card and welcome kit will arrive. Contact the Client Assistance Center at 1-833-228-9364.

**\*This does not apply to or affect retirees with HRAs as that remains with Via Benefits.**

<u>HSA</u>	<u>HRA</u>
Health Savings Accounts	Health Reimbursement Arrangements
<b>ACTION NEEDED:</b> Provide electronic consent now through 7/31/2022 at <a href="https://hsabank.com/NVPEBP">hsabank.com/NVPEBP</a> using code 9HTP4Y	HSA Bank will take over all PY22 HRA claims not previously filed with HealthSCOPE starting July 18, 2022.
From 8/15 - 8/30 your HealthSCOPE HSA accounts will be temporarily frozen. You will be able to use your HSA Bank card after 8/30/2022.	All PY23 claim submissions can start via HSA Bank starting July 1, 2022.  *Do not use your new HSA Bank Debit Card to pay for PY22 expenses.

Please join us for a webinar to learn about HSA Bank, important dates to be aware of and what to expect in the coming weeks. The webinar will demonstrate how to authorize the move of your existing HSA from HealthSCOPE to HSA Bank.

HSA Bank Transition Webinars	
Wednesday, June 15th @ 2-3pm PT	<a href="#">Register for this event</a>
Thursday, June 16th @ 10-11am PT	<a href="#">Register for this event</a>
Tuesday, June 21st @ 11-12pm PT	<a href="#">Register for this event</a>
Wednesday, June 22nd @ 9-10am PT	<a href="#">Register for this event</a>

**Listen Up!**

According to Amplifon 40 million Americans have hearing loss. Hearing loss affects people of all ages. About 12% of the U.S. working population has hearing difficulty.

Hearing loss is caused by temporary obstructions in the outer or middle ear or permanent damage to the tiny hairs in the inner ear. Common causes of damage include exposure to noise, aging, other health conditions caused by obesity, family history and smoking,

and certain medications including NSAIDs, antibiotics, diuretics, and some cardiac medicine.

Hearing loss can come on so gradually that you may not even know that it is happening. In general you should have your hearing screening every 3 to 5 years, and tested annually if you're over the age of 50 or experiencing any of the following: constant exposure to loud noises; difficulty understanding in noisy environments or in

groups; hearing mumbling or feeling as though people are not speaking clearly; or, ringing in your ears.

You can prevent hearing loss by: wearing hearing protection and limiting the time you're exposed to noise; turn the volume down to 50% while listening to music or watching TV; maintain a healthy lifestyle and



avoid conditions that contribute to hearing loss, such as high blood pressure and diabetes; and, talk to your healthcare professional about limiting ototoxic medications.

To learn more [visit Amplifon on the web](#), or call them at 833-669-2515 TTY:711.



<b>Pricing</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
<b>Average Manufacturer Suggested Retail Price (per year)</b>	\$2,203/ear	\$2,999/ear	\$4,280/ear	\$6,172/ear	\$7,698/ear
<b>Amplifon Price (per year)</b>	\$995/ear	\$1,495/ear	\$1,795/ear	\$2,195/ear	\$2,645/ear

**Upcoming Changes to Routine Lab Services**

For CDHP, LD PPO, and EPO members, effective July 1, 2022 routine lab services performed at Renown Hospital will now be covered under your health insurance plan. Outpatient laboratory services for routine/preventive

lab testing may be performed at Renown labs, or a non-hospital-based, free-standing laboratory such as Lab Corp or Quest. If Renown labs, or a freestanding, non-hospital-based la-

boratory facility is not available within 50 miles of your residence, you may use an in-network outpatient hospital facility or hospital-based lab draw station. You may use the Find a Provider

tool at <https://pebp.state.nv.us> to search for in-network laboratories.



**Appointments Available on Thursdays**

The Public Employee's Benefits Program is open for appointments on Thursdays by calling Member Services at 775-684-7000, option 2.

Although you can still contact PEPP by phone, members may receive

additional assistance by logging into their E-PEPP Portal and sending a secure message. If you are not a PEPP member and need assistance you can reach us at

[memberservices@peb.nv.gov](mailto:memberservices@peb.nv.gov).

To retain quality communications with our members, many in person meetings have continued to be offered as webinars. Our Calendar of Events

page at <https://pebp.state.nv.us/events/> is under construction. Check back soon to join us virtually for Medicare informational sessions and board meetings.