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LAURA FREED
Board Chair

Annual Notices

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1. Women's Health and Cancer Rights Act of 1998:

Your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. This includes all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymph edema.

If you have questions about coverage of mastectomies and reconstructive surgery, please call your plan administrator for additional information:

- Consumer Driven Health Plan, Low Deductible PPO Plan, and Premier Plan: UMR at 1-888-763-8232
- Health Plan of Nevada: 702-242-7300 or 1-800-777-1840

2. HIPAA Special Enrollment Rights

If you are declining enrollment for medical benefits for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your eligible dependents in the medical benefits provided under this Plan if you or your eligible dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 60 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent due to marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption.

If you request a change due to a special enrollment event within the 60-day timeframe, coverage will be effective the date of birth, adoption, or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

As of April 1, 2009, the Plan must allow HIPAA special enrollment for employees and dependents who are eligible but not enrolled if they lose Medicaid or CHIP coverage because they are no longer eligible, or they become eligible for a state's premium assistance program. Employees have 60 days from the date of the Medicaid/CHIP event to request enrollment under the Plan. (Please see the "Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families" notice.) If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law. To request special enrollment or obtain more information, contact your local human resources department, and any additional contact information of the appropriate plan representative.

3. Medicare Part D Credible Coverage Notice

If you are considering joining a Medicare drug plan you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Please note, eligible members must transition into a medical plan offered through the Medicare Exchange, Via Benefits. Via Benefits gives you access to a Medicare marketplace which offers Medicare Advantage Plans (PPO and HMO plans) and Medigap (supplement) Plans. Failure to enroll in a Medicare plan with VIA Benefits will result in loss of PEBP benefits including basic life insurance and HRA contribution.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. PEBP has determined that the prescription drug coverage offered by the Consumer Driven Health Plan (PPO), Low Deductible PPO Plan (LD PPO), the Health Plan of Nevada (Southern HMO), and the Premier Plan (Northern EPO) are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage visit <https://www.medicare.gov/>. Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at <https://www.ssa.gov/>, or call at 1-800-772-1213 (TTY 1-800-325-0778).

4. Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit <https://www.healthcare.gov/>.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or visit <https://www.insurekidsnow.gov/> to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer sponsored plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance in paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your state for more information on eligibility:

ALABAMA—Medicaid Website: http://myalhipp.com/ Phone: 1-855-692-5447	VIRGINIA—Medicaid and CHIP Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
ALASKA—Medicaid The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	FLORIDA—Medicaid Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS—Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	GEORGIA—Medicaid GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
CALIFORNIA—Medicaid	INDIANA—Medicaid

<p>Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-457-4584</p>
<p>COLORADO—Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p>IOWA-- Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: Phone: 1-800-221-3943/ State Relay 711 Child Health Plan Plus (CHP+): https://www.colorado.gov/pacific/hcpf/childhealth-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/healthinsurancebuy-program HIBI Customer Service: 1-855-692-6442</p>	<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>
<p>KANSAS—Medicaid</p>	<p>NEW HAMPSHIRE— Medicaid</p>
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p>KENTUCKY- Medicaid</p>	<p>NEW JERSEY— Medicaid</p>
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA—Medicaid</p>	<p>NEW YORK— Medicaid</p>
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE—Medicaid</p>	<p>NORTH CAROLINA— Medicaid</p>
<p>Enrollment Website: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p>MASSACHUSETTS—Medicaid and CHIP</p>	<p>NORTH DAKOTA— Medicaid</p>

Website: https://www.mass.gov/info-details/masshealthpremium-assistance-pa Phone: 1-800-862-4840 TTY: 617-886-8102	Website: http://www.nd.gov/dhs/services/medicalserv/medical/ Phone: 1-844-854-4825
MINNESOTA—Medicaid	OKLAHOMA—Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI—Medicaid	OREGON—Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA—Medicaid	PENNSYLVANIA—Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462
NEBRASKA—Medicaid	RHODE ISLAND—Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: 855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
NEVADA—Medicaid	SOUTH CAROLINA—Medicaid
Medicaid Website: http://dhcfp.nv.gov Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA—Medicaid	WASHINGTON—Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS—Medicaid	WEST VIRGINIA—Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH—Medicaid and CHIP	WISCONSIN—Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT—Medicaid	WYOMING—Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/programsand-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since June 2021, or for more information on special enrollment rights, contact either:

U.S Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-ESBA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

5. Newborns' and Mothers' Health Protection Act of 1996:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, please visit the <https://www.dol.gov/> and type "Newborns' and Mothers' Health Protection Act" in the search box.

6. Health Insurance Portability and Accountability Act (HIPAA) Privacy Practices:

The HIPAA Privacy Rule provides federal protections for personal health information and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other purposes. You have the right to a paper copy of this notice. To make such a request, submit a written request to:

HIPAA PEBP Privacy Officer
PEBP Quality Control Officer
901 S. Stewart St., Ste 1001
Carson City, NV 89701
(775) 684-7000

For more information, please visit <https://www.hhs.gov/ocr/index.html>.

7. Exchange Notice (Notice of Coverage Options)

Eligible State of Nevada employees qualify to receive health insurance options that meet the Minimum Value test as outlined by the Affordable Care Act (ACA) affordability percentage threshold. A health plan meets the minimum value standard if it is designed to pay at least 60 percent of the total cost of medical services for a standard population and its benefits include coverage of physician and inpatient hospital services. If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered

coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. For more information visit <https://www.healthcare.gov/>.

*Department of Labor New Health Insurance Marketplace Coverage Options and Your Health Coverage Form (expires 6/30/2023): <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

8. Portability of Life Insurance

PORTABILITY PRIVILEGE FOR BASIC LIFE INSURANCE FOR COVERED PERSON EPORT-UHC 12

Portability allows eligible insured employees to “port” (or buy) Group Life insurance coverage when they are losing coverage through voluntary or involuntarily plan termination. The portable group insurance coverage offers Group Term Life. Under United Healthcare’s portability, insured employees may port their Basic Life insurance if it ends for any reason other than:

1. termination of employment due to Sickness or Injury;
2. failure to pay any required premium;
3. the termination of the Policy; or
4. attainment of age 70.

The covered person needs to have been insured for at least 3 consecutive months (coverage under the employer’s prior plan qualifies). Employees can port their insurance providing the insured employee does not retain any portion of his or her Life insurance as part of a retiree class under the employer-paid group policy, and he or she meets the eligibility requirements to port.

The Covered Person may port the full amount of their Basic Life Insurance amount as of the day insurance under the Policy terminates. Portability has smoker and non-smoker rates. These rates may be different than the rates used in the group policy. Portability administration fees are built into the rates. The deadline for an insured employee to apply and pay premium for portability is 31 days after employment termination. The termination date for employment may differ from the termination date for coverage. The employer should give notification of the options to port as soon as possible from the date of employment termination or termination or reduction in coverage, so that the insured employees can respond in a timely manner. Contact UnitedHealthcare Customer Service: 1-888-763-8232.

PORTABILITY PRIVILEGE FOR VOLUNTARY LIFE INSURANCE FOR COVERED PERSON FOR THE STANDARD

Portability allows eligible insured employees to “port” (or buy) Voluntary Life insurance coverage when they are losing coverage through voluntarily or involuntarily termination. The portable group insurance coverage offers Accidental Death and Dismemberment (AD&D). Under The Standard’s portability, insured employees may port these types of insurance:

1. Under the age of 65;
2. Have been insured for at least 12 consecutive months (coverage under the employer’s prior plan qualifies); and
3. Able to perform the material duties of at least one gainful occupation.

If employees do not buy Life insurance for themselves, they may not purchase any other insurance coverages. Employees can port their insurance providing the insured employee does not retain any portion of his or her Life insurance as part of a retiree class under the employer-paid group policy, and he or she meets the eligibility requirements to port. For insured employees, the maximum amount eligible for portability of Life is the same as it is for AD&D, which is the lesser of \$300,000. For insured employees, the minimum amount eligible for portability of Life is \$10,000, the same as it is for AD&D. Portability has smoker and non-smoker rates. These rates may be different than the rates used in the group policy. Portability administration fees are built into the rates. The deadline for an insured employee to apply and pay premium for portability is 60 days after employment termination. The

termination date for employment may differ from the termination date for coverage. The employer should give notification of the options to port as soon as possible from the date of employment termination or termination or reduction in coverage, so that the insured employees can respond in a timely manner. Contact The Standard at <https://www.standard.com/individual/contact/contact-us>.