



## NEVADA HEALTH AUTHORITY

### Public Employees' Benefits Program

3427 Goni Road, Suite 109

Carson City, NV 89706

<https://pebp.nv.gov>

Phone: 775-684-7000 | 702-486-3100 | (800) 326-5496

## Annual Notices

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### 1. Women's Health and Cancer Rights Act (WHCRA)

Consistent with the Women's Health and Cancer Rights Act of 1998 (WHCRA), PEBP provides benefits for individuals who elect breast reconstruction after a mastectomy, in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and,
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits may be subject to annual deductibles and coinsurance consistent with those established for other medical benefits under the PEBP plan.

Additional consumer information on WHCRA is available in the publication, "Your Rights After a Mastectomy," available at <https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/your-rights-after-a-mastectomy>.

## 2. Medicare Part D Creditable 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 Plan (PPO), the Exclusive Provider Organization Plan (EPO), and the Health Plan of Nevada (HMO) 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'll 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: (1) Visit [www.medicare.gov](http://www.medicare.gov). (2) 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. (3) 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 them at 1-800-772-1213 (TTY 1-800-325-0778).

### 3. 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 aren’t eligible for Medicaid or CHIP, you won’t 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 [www.healthcare.gov](http://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 [www.insurekidsnow.gov](http://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 aren’t 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 plan, contact the Department of Labor at <http://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 paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility.**

## A

ALABAMA—Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
ALASKA—Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIP.com">CustomerService@MyAKHIP.com</a>

Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS—Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)

## C

<b>CALIFORNIA—Medicaid</b>
Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO—Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442

## F

<b>FLORIDA—Medicaid</b>
Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

## G

<b>GEORGIA—Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp">https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: 678-564-1162, Press 2

## I

<b>INDIANA—Medicaid</b>
Health Insurance Premium Payment Program All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> and <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a> Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

**IOWA—Medicaid**

Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>

Phone: 1-800-338-8366

Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>

HIPP Phone: 1-888-346-9562

## K

**KANSAS—Medicaid**

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660

**KENTUCKY—Medicaid**

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: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP Website: <https://kynect.ky.gov>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## L

**LOUISIANA—Medicaid**

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

## M

**MAINE—Medicaid**

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)

Phone: 1-800-442-6003 TTY: Maine relay 711

Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>

Phone: 1-800-977-6740 TTY: Maine relay 711

**MASSACHUSETTS—Medicaid and CHIP**

Website: <https://www.mass.gov/masshealth/pa>

Phone: 1-800-862-4840 TTY: 711

Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

**MINNESOTA—Medicaid**

Website: <https://mn.gov/dhs/health-care-coverage/>

Phone: 1-800-657-3672

<b>MISSOURI—Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA—Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HSHIPPPProgram@mt.gov">HSHIPPPProgram@mt.gov</a>

## N

<b>NEBRASKA—Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA—Medicaid</b>
Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE—Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a>
<b>NEW JERSEY—Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710 (TTY: 711)
<b>NEW YORK—Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA—Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA—Medicaid</b>
Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825

## O

<b>OKLAHOMA—Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>Oregon—Medicaid and CHIP</b>

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075

## P

### **PENNSYLVANIA—Medicaid and CHIP**

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>  
CHIP Phone: 1-800-986-KIDS (5437)

## R

### **RHODE ISLAND—Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

## S

### **SOUTH CAROLINA—Medicaid**

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

### **SOUTH DAKOTA—Medicaid**

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## T

### **TEXAS—Medicaid**

Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493

## U

### **UTAH—Medicaid and CHIP**

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>

CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a>
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## V

<b>VERMONT—Medicaid</b>
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Website: <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a>
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Phone: 1-800-250-8427
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<b>VIRGINIA—Medicaid and CHIP</b>
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Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a>
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Medicaid/CHIP Phone: 1-800-432-5924
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## W

<b>WASHINGTON—Medicaid</b>
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Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>
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Phone: 1-800-562-3022
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<b>WEST VIRGINIA—Medicaid and CHIP</b>
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Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>
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Medicaid Phone: 304-558-1700
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CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
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<b>WISCONSIN—Medicaid and CHIP</b>
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Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>
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Phone: 1-800-362-3002
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<b>WYOMING—Medicaid</b>
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Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>
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Phone: 1-800-251-1269
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To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human  
Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## 4. Newborns and Mothers' Health Protection Act of 1996

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.

Under the Newborns' Act, group health plans may not restrict benefits for mothers or newborns for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. The 48-hour (or 96-hour) period starts at the time of delivery, unless a woman delivers outside of the hospital. In that case, the period begins at the time of the hospital admission.

The Newborns' Act provisions always apply to coverage that is self-insured. If the plan provides benefits for hospital stays in connection with childbirth and is insured, whether the plan is subject to the Newborns' Act depends on state law. Many states have enacted their own version of the Newborns' Act for insured coverage. If your state has a law regulating coverage for newborns and mothers that meets specific criteria and coverage is provided by an insurance company or HMO, state law will apply.

For more information, see the Frequently Asked Questions (FAQs) About the Newborns' and Mothers' Health Protection Act. Link: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/faqs/newborns-mothers-health-protection-act-faqs.pdf>

## 5. Health Insurance Portability and Accountability Act (HIPAA) Privacy Practices

The HIPAA Privacy Rule provides federal protections for personal health information and gives members 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  
3427 Goni Road, Suite 109  
Carson City, NV 89706  
(775) 684-7000

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

## 6. Portability of Life Insurance

Employees enrolled in a PEBP medical plan receive a basic life insurance benefit in an amount established by PEBP.

Employees who terminate employment will lose their basic life insurance benefit. The group life insurance policy allows eligible employees to “port” or “convert” the basic life and/or voluntary life insurance, in accordance with policy provisions and limitations, when they lose coverage due to termination of employment.

Under the portability provision, insured employees may port their life insurance for themselves and any supplemental life insurance for their dependents, if they are:

1. Under the age of 65 on the date employment terminates,
2. Have been insured for at least 12 consecutive months (coverage under the basic life insurance plan qualifies), and
3. Able to perform the material duties of at least one gainful occupation.

Under the conversion provision, insured employees may convert their life and dependent’s supplemental life if:

1. They were insured under the basic life insurance policy,
2. Their insurance is ending due to termination, and
3. They are not losing coverage due to the non-payment of premiums.

The deadline for an insured employee to apply for portability or conversion is 31 days measured from the date PEBP medical coverage ends.

Employees are not eligible for portability if:

1. They were terminated due to sickness or injury,
2. They failed to pay any required premiums,
3. They are age 65 or older, or
4. The policy has been terminated.

For more information about basic life insurance, contact UnitedHealthcare Customer Service: **1-888-763-8232**.

For more information about Voluntary Term Life Insurance, visit PEBP+ Voluntary Benefits in your E-PEBP Portal.