

1st Quarter-Plan Year 2026

Quarterly Newsletter

July 2025

Plan Year 2026 Health Savings Account/ Health Reimbursement Arrangement Employer In This Issue Contribution Consumer Plan Year 2026 Low Exclusive PY26 HSA/HRA Driven Health Health Plan of Deductible HSA/HRA Annual Provider Employer 1 Plan (PPO) Nevada Contribution Employer Plan (PPO) Organization HSA/HRA (HMO) Contribution (EPO) Account PY26 In-Network 2 **Base Employer** Accumulators Contribution for \$700 N/A N/A N/A Participant Carson Tahoe 3 Employer Health Update \$200 Contribution for N/A N/A N/A up to three dependents **Dependents** Via Benefits 3 **Total Employer Direct Deposit** Contribution Up to \$1,300 N/A N/A N/A Amount Smoking/ Prorated supplemental contributions for all employer contributions apply after July 1, Tobacco 3 2025. The CDHP is the only plan to receive an employer contribution. Cessation If you are enrolled in tax money to fund this acthis account is owned by **Real Appeal** PEBP's IRS qualifying high count on their own. An the employer. If a mem-4 -deductible health plan, the ber disenvolls from HSA is owned by the ac-Consumer Driven Health count holder and remains PEBP. their HRA balanc-Hinge Health: Plan (CDHP), you are enwith the account holder es are forfeited. 5 Menopause rolled either in a Health until the fund balance is Learn more at the HSA exhausted. Eligibility rules Savings Account (HSA) or **Bank Employee Resource** a Health Reimbursement apply. **Basic Life** Center. Log into your 5 Arrangement (HRA). Insurance What is a Health HSA Bank account using What is a Health Reimbursement the single sign-on feature in your <u>E-PEBP Po</u>rtal. **Savings Account? Arrangement?** Contact HSA Bank Cus-View PEBP's An HSA is an account that An HRA is an account that tomer Service at 1-833upcoming events at can be used to pay for qualcan be used to pay for 228-9364. ified medical expenses qualified medical expenses such as copays, dental, vi-Meetings & Events such as copays, dental, vi-



(pebp.nv.gov) (p

sion and prescriptions.

Members are not able to

contribute to an HRA and

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Plan Year 2026 In-Network Accumulators

	Member pays	
/ Member pays \	coinsurance	Plan Pays
100% until the	and/or copays	100% once
deductible is	until the out-of	out-of-pocket
met /	-pocket	maximum is
	maximum is	met
	met	

Plan	In-Network Medical and Rx Deductible	In-Network Coinsurance/ Copayments	In-Network Out-of-Pocket Maximum
Consumer Driven Health Plan	\$1,650 Individual \$3,300 Family	20% Coinsurance	\$4,000 Individual \$8,000 Family \$6,850 Individual Family Member
Low Deductible Plan	\$o	Mix of Copayments and 20% Coinsurance; 30% coinsurance on tier 4 pre- scription drug coverage	\$4,000 Individual \$8,000 Family \$4,000 Individual Family Member
Exclusive Provider Organization Plan	\$100 Individual \$200 Family \$100 Individual Family Member	Copayments and 20% Co- insurance on tier 4 pre- scription drug coverage	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member
Health Plan of Nevada	\$O	Copayments and 20% Co- insurance on tier 4 pre- scription drug coverage	\$5,000 Individual \$10,000 Family \$5,000 Individual Family Member

Individual & Family Deductibles start July 1st (the first day of the Plan Year) & reset the following Plan Year on July 1st. The Plan Year Deductibles combine medical & prescription drug expenses (dental deductibles are separate). PEBP Plans do not include a Deductible carryover or rollover provision.

Coinsurance is the percentage of costs that you and the Plan pay for Eligible Medical Expenses after your Deductible is met. Copayments apply as applicable to your PEBP Plan and are payable by the covered participant. Copayments do not apply towards the Deductible but do apply towards the Out-of-Pocket Maximum (OOPM). The out-of-pocket costs you pay toward your Deductible & Coinsurance for Eligible Medical Expenses accumulate toward the OOPM.

Once an Individual or Family satisfies the OOPM, the Plan will pay 100% of eligible medical and prescription drug expenses for the remainder of the Plan Year.

Use of Out-of-Network providers may result in higher cost sharing and OOPM's. Visit <u>https://pebp.nv.gov</u> to review plan documents for more information.

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Carson Tahoe Health Update

For those enrolled in a plan with UMR and certain **Medicare retirees** enrolled with Via Benefits who utilize **Carson Tahoe** Health in Carson City.

During the summer of 2024 Carson Tahoe Health sent a notice of termination with United Healthcare explaining that Carson Tahoe Regional Healthcare and **Carson Tahoe Medical** Group would no longer be considered in network after May 31st, 2025.

Select United Healthcare plans, including State of

Nevada PEBP members, have been granted an extension that allows these plans to remain in network with Carson Tahoe Regional Healthcare and Carson Tahoe Medical Group until December 31st, 2025.

For more information about Carson Tahoe Health's decision to end its contract with United

Healthcare visit, United Membership Update.



Via Benefits: Direct Deposit Only for HRA Reimbursements

VIA BENEFITS[®] ment. Reim-bursements will

Medicare retirees, beginning September 1, 2025, Via Benefits will no longer be issuing paper checks for reimbursements from the Exchange Health Reimbursement Arrange-

be made using only direct deposit.

If you are currently receiving paper checks for your reimbursements you must set up direct deposit with Via Benefits before

September 1st to ensure there are no delays in vour reimbursements.

There are two ways to set up direct deposit:

1. Log into your Via Benefits account, go to your HRA Account and follow the prompts to enroll in

direct deposit at Via Benefits - Get the Most out of Medicare, or through the mobile app.

2. Call Via Benefits at 888-598-7545 to have a form mailed to you. Banking information cannot be taken over the phone to set up direct deposit.

Smoking/Tobacco Cessation

You're ready to guit. Your plan includes setting a quit date, setting up a support system and thinking over your strategy to



manage cravings and triggers. You've got this!

Prescription and overthe-counter smoking/ tobacco cessation

products are covered under the prescription drug program, and are eligible to be paid at 100% including Chantix, nicotine gum, nicotine patches, and nicotine lozenges.

Benefits for over-thecounter products are

limited to those that are FDA-approved and recommended by the Surgeon General. Over-thecounter smoking/ tobacco cessation products may be obtained by presenting a physician's written prescription to an in-network pharmacy, or participants can submit a purchase receipt for the product with the physician's written prescription attached to the Prescription Drug Reimbursement Claim Form



found on PEBP's Forms page. For more information visit your plan's master plan document.

<u>Real Appeal</u>



HELPING YOU CREATE LASTING CHANGE



Smart nutrition made easy

Eating healthy doesn't have to be so complicated. Real Appeal is an online program that gives you everything you need to build healthy habits that stick.

Farewell to fad diets

Real Appeal is a healthy lifestyle and weight management program that focuses on nutrition education and empowering members to make healthy choices. With just a few small steps, Real Appeal can help you develop easy-to-follow daily habits that will have you feeling your best.

Real Appeal is available to members enrolled in the CDHP, LD, EPO and HPN at no addi-



Visit <u>enroll.realappeal.com</u> or scan the QR code to take the first small step toward a healthier life.

Achieve your wellness goals with:

Tools for healthy living

Start your health journey with a Success Kit complete with scales, as well as access to online fitness and nutrition content.

Expert guidance

Set achievable nutrition, exercise, and weight-loss goals, then track your progress from your daily dashboard.

The support you need

Stay focused on your goals with online group sessions led by expert coaches, and connect to a community of supportive members just like you.

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Hinge Health: Introducing Menopause Care

Take control of your menopause symptoms

Menopause symptoms are often overwhelming and unexpected. Consumer Driven Health Plan, Low Deductible Plan, and Exclusive Provider Organization Plan participants can manage menopause symptoms like joint pain, hot flashes, and more.

What does menopause care include?

- A virtual care plan that features personalized exercises, guided breathing, and educational articles.
- **Expert guidance** from a physical therapist trained in menopause care.
- A convenient app where you can access all of the above— anytime, anywhere.

Scan the QR code to join now or visit:

hinge.healthnevadapebp-menocare





Hinge Health

Basic Life Insurance Amounts Updated for Plan Year 2026

Basic life insurance is provided to eligible active and retired members.

Beginning Plan Year 2026, basic life insurance amounts for non-State active employees and non -State retirees are being reinstated to prepandemic amounts, mirroring the amounts for State employees and State retirees. Employees are eligible to receive \$25,000 and retirees are eligible to receive \$12,500 in basic life insurance. For more details about basic life insurance and eligibility visit, <u>Basic Life</u> <u>Insurance, the Member</u> <u>Assistance Program &</u> <u>Travel Assistance</u>.

Membership Class	Class 1— Employee	Class 2— Retiree
State and non-State Basic Life Insurance Amounts	\$25,000	\$12,500

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