

# Retaining Your PEBP Benefits Into Retirement:

Retiring Before or After Age 65



## Requirements for Enrollment

## PEBP recommends you begin your retiree enrollment 60-90 before your retirement date

You must enroll in PEBP coverage within 60 days of retirement by submitting the completed and signed Retiree Benefit Enrollment and Change Form (RBECF) and Years of Service Form (YOSF).

A copy of your Medicare card, SSA lack of credits eligibility letter for Medicare *free* Part A, and dependent supporting documentation *may* be required.

Retirement is a **Qualifying Life Event (QLE)** that allows you to change PEBP medical plans. You may add or remove dependents.

#### NAC 287.135 & NRS 287.047

You must have a minimum of five or more years of service credit, and your last employer must be participating in PEBP with their active employees.



## Required Form: Years of Service Form (YOSF)

- To receive years of service (YOS) credit from a non-State or local government participating agency, your last employer must be a current PEBP participating agency with a hire date prior to 2012.
- The final YOS audit is performed by the Public Employees' Retirement System (PERS), Nevada System of Higher Education (NSHE), or other participating retirement plan. Once PEBP receives your YOS form, PEBP works directly with your retirement plan(s) to determine how many qualifying YOS you have for retiree benefits (a monthly premium subsidy or Exchange HRA contribution).
- PERS will only issue your YOS audit to PEBP once your retirement status has been confirmed with them.
- The YOSF is also used to help PEBP verify your official retirement date.

	EVADA DEDD	Years Of Service Form
Carson City, NV 89706  https://pebp.nv.gov Email: memberservices@peb.nv.gov Phone: 775-684-7000, 702-486-3100 or 1-800-326-5496	Public Employees' Benefits Program	First Day of Retirement (MM/DD/YYYY)  The "First Day Retired" is the first day you are in a retirement status with your retirement plan.
Eligibility for the monthly Years of Service (YOS) 287.046. To qualify for a YOS premium subsidy of the State of Nevada, NSHE, PERS, or a PEBP p contribution is determined by the retiring emp employee's retirement plan. The YOS premium service credit to a maximum of 20 years; purcha 1, 2010, must have a minimum of 15 years of e plan, e.g., PERS or NSHE. Employees hired al contribution. To apply for a YOS premium subs retirement effective date. A subsidy will be appl the YOS from PERS or other participating retire status with your retirement plan.  1 Participant Information (Please Print Cle	or Exchange HRA contribution, the employer bloyee's total years of service from all h subsidy or Exchange HRA contribution sed service credit does not apply. Emplo armed service credit, except when the fiter January 1, 2012, do not qualify fi sidy or an Exchange HRA contribution, particularly filed to your premium cost in accordance ment plan. The "First Day" entered on	yee's last public employer must have been with . The YOS premium subsidy or Exchange HRA levada public employers as determined by the is based on a minimum of 5 years of earned yees with an initial hire date on or after January etiement occurred under a qualifying disability or a YOS premium subsidy or Exchange HRA olease submit this form within 60 days of your ewith Plan Rules upon receipt of verification of
Social Security Number (XXX-XXXXXX)	Date of Birth (MM/DD/Y	YYY)
		Male Female
Last Name	First Name	Middle Initial
	ars and months you worked for each New to the next month. Do not round a mont 12 (Mar. 1992) to 03/17/98 (Mar.1998) -	h up to the next year.
Employer Code Employer Name		Years Months
		Years Months
3 Enter any service credit that was purchased by y Note: Do not list repayment of refunded contributions		Purchased:
I acknowledge that the information provided is true. service credits earned. Subsidies or Medicare HRA co retirement plan(s). I understand that until this audit (if applicable).	ontributions will not be applied until the info	rmation provided herein has been verified by my
Signature:		Date:
Please SIGN and DATE and re	eturn to PEBP by mail <b>-OR-</b> online,	doing both may delay enrollment.
	City, NV 89706   Online: https://pebp.nv.gov	



# Required Form: Retiree Benefit Enrollment and Change Form (RBECF)

Public Employees' Benefits Program 3427 Goni Road, Suite 109 Carson City, NV 89706 https://pebp.nv.gov	NEVADA	B	and Cl	nefit Enrollment hange Form
Email: memberservices@peb.nv.gov Phone: 775-684-7000, 702-486-3100 or 1-800-326-5496	Public Em	ployees' Benefits Program	First Day	of Retiremen
1. Choose one of the following	events:		Effective Date of	Change (MM/DD/YYYY)
Retirement	☐ Name Change		Dependent Gains Own C	Coverage
☐ Medicare Eligibility Change	Death of Dependen	t 🗆	Dependent Loses Own C	overage
Marriage	Survivor Election		Establish Domestic Partr	nership
Divorce	☐ Disabled Retiree		Terminate Domestic Par	
☐ Birth or Adoption	COBRA Election (Me	_	Address Change/Move C	
			_ radics change, more c	outside coverage Area
2. Participant Information (Ple		and Legibly)		
Social Security Number (Please enter witho	out dashes)	Date of Birth (MM/DD/)		ale Female
			M	
Last Name		First Name		Middle Initial
		B. C. C. Bl. C. B.	(11 #-III)	
Address Line 1		Primary Phone Number (Home or Cell)		
Address Line 2				
Address Line 2		Alternate or Work Phon	e Number	
City	State Zip Code	Email (Work or Personal	N	
City		Email (Work of Persona	,	
3. Select Your Healthcare Covider of Consumer Driven Health Plan (CDHP-PPC Includes Health Plan (EDHP-PPC)    Down Deductible PPO (ID-PPO)    PEBP Exclusive Provider Organization Plac (Northern Nevada EPO)    Health Plan of Nevada (Southern Nevada)	D) Medicare Exch ent (HRA) WITH WITH an TRIC	One Box In This S unge - Includes HRA for H PEBP Dental Coverage HOUT PEBP Dental Coverag ARE for Life - WITH PEBP D ARE for Life - WITHOUT PEI	Eligible Retirees Only  e ental Coverage	☐ I Decline/Waive Coverage for Health Insurance, HRA Funding, Life Insurance and Voluntary Benefits (if applicable)
4. Choose Coverage For:				•
Participant + Spouse (P+S) Participant + Participant's Child(ren) (P+C) Participant		icipant + DP's Child(ren) (P+C) icipant + DP's Child(ren) + Participant's Child(ren) (P+C) icipant + DP + DP's Child(ren) (P+F) icipant + DP + Participant's Child(ren) (P+F)		
Participant + Domestic Partner (P+DP)			Child(ren) + Participant's Child(ren) (P+F)	
5. Do You and/or a Covered D	ependent Have (C	Choose All That Approvide PEBP with a copy of any	pply or skip):	
Medicare Part A?		A+B Card; and if applicable, a oback of the Military ID Card for		and a
Medicare Part B?	☐ If you	are ineligible for prem		PEBP USE ONLY
Medicare Part D?		Part A please provide a ial Security Benefits Verificat		PEBP OSE ONLY
TRICARE for Life?				
PLEASE BE SURE TO <u>SIGN AND DATE</u> 2 <sup>n</sup>	<sup>d</sup> PAGE BEFORE RETURN	IING TO PEBP. INCOMP	LETE OR INCORRECT FOR	MS WILL BE RETURNED.

- When you retire, you must notify PEBP of your work status change by filling out and submitting the RBECF.
- Your retirement day is the first calendar day after your last day worked.
- Choose the "Retirement" box in section one.
- For section three of the RBECF:
  - If you retire before age 65, you will select a PEBP plan (CDHP, LD, EPO, or HPN).
  - If you retire after age 65, you will enroll in Medicare Part A and B and select a Medicare Exchange option.
  - Exceptions apply. Those retiring after age 65 may stay on a PEBP plan if they are:
    - Anchored by a non-Medicare dependent.
    - Not eligible for Medicare free Part A.



## Important Retiree Timeframes for PEBP Benefits

R	Termination Date	Retirement Date	Retiree Health Benefit Start Date	Benefit Impact		
÷	May 30 <sup>th</sup>	May 31st	June 1 <sup>st</sup>	NO BREAK IN		
	May 31 <sup>st</sup>	June 1st	June 1st	COVERAGE		
R	When the retirement date occurs immediately after the termination date, without a gap, there is no break in coverage.					
E -	May 30 <sup>th</sup>	June 3 <sup>rd</sup>	July 1st	BREAK IN COVERAGE		
S	When termination/separation date and retirement date occur in different months the retiree will:  1. Be offered COBRA coverage, OR  2. Have a break in coverage & will lose ALL PEBP benefits					

Submit forms and supporting documents via mail to the PEBP office, or submit them online at <a href="Contact PEBP">Contact PEBP</a> > Submit Supporting Documents > Secure Document Upload Form



# What Happens If I Don't Notify PEBP That I'm Retiring?

If you do not notify PEBP of your retirement within 60 days of your retirement:

- Your PEBP coverage will terminate on the last day of the month in which you worked.
- You may be eligible for COBRA coverage to continue your healthcare insurance for up to 18 months.
- NRS 287.0475 You will have only one opportunity to reinstate your PEBP coverage during an upcoming PEBP open enrollment period as a late enrollee. These retirees forfeit their basic life insurance upon reinstatement.





### Two Options for Retirees

Retiree Enrolled in PEBP Benefits

1

#### Enrolled in a PEBP Plan

(Consumer Driven Health Plan w/HRA, Low Deductible, Exclusive Provider Organization or Health Plan of Nevada)

May be eligible for the retiree premium subsidy and/or the Medicare Part B premium subsidy

## Enrolled in Medicare Part A and Part B, and either:

- 1. A supplemental medical plan with Via Benefits, or
- 2. TRICARE for Life

May be eligible for the retiree Medicare Exchange Health Reimbursement Arrangement (HRA)

Optional coverage: PEBP PPO Dental



Am I Eligible for the Retiree Premium Subsidy or HRA?

## Eligibility for the Retiree Premium Subsidy or the Medicare Exchange HRA PEBP Contribution

- Participants who retired BEFORE January 1, 1994, receive the 15-year base premium subsidy or base HRA contribution.
- Participants who retired ON OR AFTER January
   1, 1994, the premium subsidy or HRA contribution is based on your years of service.
- Participants who were hired ON OR AFTER
  January 1, 2012, do not receive a premium
  subsidy or HRA contribution. Those hired
  between January 1, 2010, and December 31,
  2011, must have a minimum of 15 years to receive
  a premium subsidy or HRA contribution, or retire
  under a long-term disability plan.
- Please note: Spouses/domestic partners do not receive an Exchange HRA or additional funding.



### How is the Retiree Premium Subsidy Applied?



10

16

+\$260.25

-\$52.05

## Premium Subsidy Examples (18 YOS)

\$0

-Retiree enrolled in the LD -Retiree + Spouse coverage -Retiree Medicare eligible/spouse not yet Medicare eligible (anchored)

-Retiree enrolled in the CDHP -Retiree only coverage -Retiree is over 65 but is not eligible for Medicare *free* Part A

Participant Premium \$775.82 **18 YOS** -\$156.15 Medicare Part B Subsidy (up to) -\$145.30 Monthly Premium \$474.37 Participant Premium \$278.06 **18 YOS** -\$156.15 **Medicare Part B** Subsidy (up to) -\$145.30 Monthly Premium

#### Plan Year 2026 Retiree Premium Subsidy

#### **Years of Service**

Monthly Premium Subsidy Amount

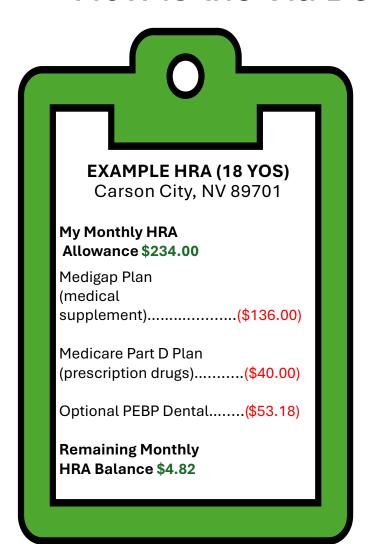
5	6	7	8	9
+\$520.50	+\$468.45	+\$416.40	+\$364.35	+\$312.30
11	12	13	14	15 (base)
+\$208.20	+\$156.15	+\$104.10	+\$52.05	\$0
17	18	19	20 (max)	
-\$104.10	-\$156.15	-\$208.20	-\$260.25	

Visit <u>Getting to Know Your Plan</u> > **Rate Guide** for the State and Non-State retiree rates. Refer to pages 4, 6 and 17. Add or subtract the appropriate subsidy in the table to the participant premium in the selected plan and tier.



### How is the Via Benefits Retiree HRA Funded?





Plan Year 2026 HRA Contribution		Years of Service  Monthly Contribution Amount				
5	6	7	8	3	9	10
\$65	\$78	\$91	\$	3104	\$117	\$130
11	12	13	1	4	15 (base)	16
\$143	\$156	\$169	\$	182	\$195	\$208
17	18	19	2	20 (max)		
\$221	\$234	\$247	\$	260		

In Carson City, Nevada, the average monthly cost for a Medigap plan in 2025 typically ranges from \$100 to \$300, but this can vary significantly based on several factors. Factors like the specific plan type, the insurance company, your age, and where you live can all influence the premium.



### Retiree Resources

Read	Additional resources can be found on the <u>Retiring Before Age 65</u> and <u>Retiring After Age 65</u> sections of PEBP's website.
Download	Retiree packets tailored for those retiring both before and after age 65 are available for you to download at <a href="https://pebp.nv.gov">https://pebp.nv.gov</a> under "Quick Tips." Contact PEBP Member Services Unit it you'd like to have this packet mailed to you.
Join	Join us for a Pre-Medicare Informational Session where we break down the transition to the Medicare Exchange with Via Benefits into five manageable steps. Register on PEBP's Meetings & Events page. The meetings are recorded and available to watch anytime.
Watch	Watch helpful videos about the Medicare Exchange with Via Benefit at <a href="https://my.viabenefits.com/pebp">https://my.viabenefits.com/pebp</a> .

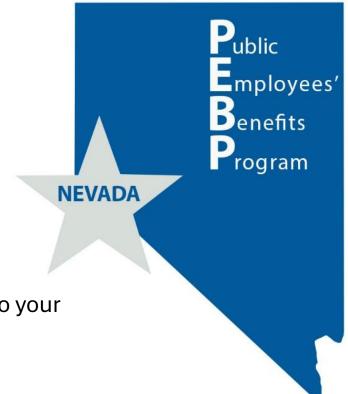
## **Contact Information**

#### **Public Employees' Benefits Program**

3427 Goni Road, Suite 109 Carson City, NV 89706

775-684-7000 or 702-486-3100 (toll free) 1-800-326-5496

E-PEBP Portal – Send us a secure message by logging on to your portal at <a href="https://pebp.nv.gov">https://pebp.nv.gov</a>





#### **Via Benefits**

(toll free) 1-888-598-7545 https://My.ViaBenefits.com/PEBP



#### **Social Security Administration**

1-800-772-1213

https://www.ssa.gov/